United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS PHILIPPINES RAPID RESPONSE DISPLACEMENT 2017

RESIDENT/HUMANITARIAN COORDINATOR	**Ola Almgren**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR was held on 18 January 2018 in Iligan City, Mindanao. Thirty-six participants from nine UN agencies, six national NGOs, two international NGOs and a government counterpart participated. Together they represented all six projects and other sectors of the response that were not funded by the CERF (e.g. Food Security and Agriculture, Early Recovery). The Resident Coordinator / Humanitarian Coordinator and the Head of OCHA Philippines also took part in the exercise.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The report was shared with the Humanitarian Country Team, cluster members and implementing partners such as Mindanao Organization for Social and Economic Progress, Inc (MOSEP), Mindanao State University-Iligan Institute for Technology (MSU-IIT), Maranao People Development Center Inc (MARADECA), Muslim Youth Religious Organization, Inc. (MYROi), and Ecosystems Work for Essential Benefits Inc (ECOWEB).

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 60,961,027		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,477,274
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	17,580,735
	TOTAL	**20,058,009**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 06/07/2017			
Agency	**Project code**	**Cluster/Sector**	**Amount**
WHO	17-RR-WHO-027	Health	425,553
UNFPA	17-RR-FPA-036	Health	250,641
UNICEF	17-RR-CEF-072	Water, Sanitation and Hygiene	600,270
IOM	17-RR-IOM-029	Camp Coordination and Camp Management	500,460
UNHCR	17-RR-HCR-021	Protection	450,000
UNFPA	17-RR-FPA-037	Sexual and/or Gender-Based Violence	250,350
TOTAL			**2,477,274**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,214,957
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,218,942
Funds forwarded to government partners	11,233
TOTAL	**2,445,132**

HUMANITARIAN NEEDS

The Government of the Philippines launched a military and law enforcement operation in Marawi City on the northern shores of Lake Lanao in Lanao del Sur province, the Autonomous Region in Muslim Mindanao (ARMM), on 23 May 2017 to interrupt a planned operations of the Maute Group, a local armed group recently joined by a high-profile leader of the Abu Sayyaf Group. This escalated to an armed conflict between the Armed Forces of the Philippines and the Maute Group. Within hours of the conflict outbreak, President

Rodrigo Duterte declared martial law for the entire Mindanao region lasting for 60 days. Marawi City declared a state of calamity on 25 May.

Residents of Marawi City (population of 201,000 people in the 2015 census) – predominantly inhabited by Maranaos, most of whom profess Islam as a religion - fled in all directions; many headed north towards Iligan City, Lanao del Norte province in Region X, or to the neighbouring municipalities. One month on, the Marawi conflict had displaced at least 348,000 people from within and the surroundings of Marawi City to 7 out of 18 regions in the country, of which 330,000 people (95 per cent) were staying with relatives and friends (known locally as "home-based internally displaced persons (IDPs)") while 17,000 (5 per cent) were staying in 89 evacuation centres, according to the Department of Social Welfare and Development (DSWD). An estimated 60,000 children, 11,500 pregnant women and another 7,600 lactating women with children 0-6 months old were affected, according to Education and Health clusters.

Line departments and regional authorities leading the relief operation made written requests to the Humanitarian Country Team (HCT) members since as early as 29 May, asking for support for Water, Sanitation and Hygiene (WASH), Health and Reproductive Health, Nutrition, Education, Food Security, Logistics, and Information Management. The HCT was particularly alarmed to learn from the Health cluster that 104 cases of diarrhoea were recorded in Iligan City evacuation centres between 13 and 15 June. An additional 98 cases of diarrhoea have been recorded in area hospitals between 28 May and 20 June. Nine of the cases have been confirmed with cholera as of 24 June. In addition, 5 children from evacuation centres in Iligan City have been diagnosed with suspect measles.

While the Department of Health created a task force to monitor diarrhoea cases, improve surveillance and promote hygiene, as well as initiated vaccination, HCT cluster coordinators for Health, WASH, Camp Coordination and Camp Management (CCCM) and Protection concluded on 19 June that immediate reinforcement was needed to prevent an outbreak of water-borne and communicable diseases. Request for CERF funding was considered critical to this effort. This plan was further discussed at the full Inter-Cluster Coordination Group meeting on 20 June.

II. FOCUS AREAS AND PRIORITIZATION

The focus of the CERF-funded projects was to jump-start activities that prevent the outbreak of communicable and water-borne diseases in order to prevent unnecessary loss of lives. As a common target, participating agencies prioritized four municipalities that had a high risk of disease outbreaks and were accessible for high impact. An estimated 58,700 displaced people who were home-based or in evacuation centres in the municipalities of Balo-I, Pantao Ragat and Pantar in Lanao del Norte, and Saguiaran in Lanao del Sur were selected as targets for a disease surveillance system and protection from health threats over a four-month period. Of the target beneficiaries, about 29,350 people (50 per cent) were women, 19,700 people were under 20 years (34 per cent), and 38,900 people were 20 years and older (66 per cent). The majority was Maranaos.

Signs for a possible disease outbreak noted in chapter I were reported against a backdrop of a steady increase of the number of IDPs by more than six folds from the initial report of 55,000 people (Philippine Red Cross, 29 May). Evacuation centres were then heavily congested with poor sanitation and hygiene causing extreme discomfort among the IDPs who complained of hypertension and other illnesses due to heat and humidity inside the poorly ventilated and overcrowded evacuation centres, according to the CCCM cluster. A survey of five evacuation centres in Iligan City covering 4,000 displaced people highlighted the following: evacuation centres are without privacy and sufficient safe spaces; lack protection referral pathways; limited role for camp managers (i.e. relief distribution) and limited organized participation of IDPs themselves in camp management; disrupted education for school-aged children; and insufficient number of latrines/toilets (IOM displacement tracking matrix of 16 June and the Rapid Information Communication and Accountability Assessment survey). Congested evacuation centres and host-communities urgently required clean water supply, improved sanitation facilities, immediate access to health and hygiene information, better camp management and protection services.

Of note, sanitation coverage in the region were already poor prior to the emergency - in Lanao del Sur and Lanao del Norte, only 13 per cent and 66 per cent of households respectively were reported to have a sanitary toilet (Philippines Field Health Service Information System 2015). Initial rapid needs assessments undertaken by WASH cluster partners between 28 May and around 10 June revealed poor sanitation and hygiene practices that will further increase public health risks.

Deep-seated prejudice and mistrust against Maranao Muslims, the majority of the displaced, were observed to have complicated IDPs' access to assistance and services - especially those who were home-based - according to the Protection cluster. Many did not have a valid identification, and in the context of tightened security measures (the authorities have set up check points with a strict "no ID, no entry" policy) and suspension of the privilege of the writ of Habeas Corpus due to martial rule, their freedom of movement was curtailed. IDPs were forced to stay where they are - even in heavily congested, unsanitary living conditions.

Furthermore, women and girls were increasingly vulnerable to gender-based violence (GBV) as a result of the pre-existing gender inequality, breakdown of community networks and structures, and lack of protection mechanisms during conflict and displaced settings. Conditions in evacuation centres such as limited access to water sources and sanitation facilities, for example, were known to increase the risks and vulnerability of women, girls and other vulnerable groups to GBV and sexual exploitation and abuse.

With CERF funding, the HCT planned to alleviate life-threatening conditions related to water-borne and communicable diseases by rapidly scaling up the following activities in the most congested communities and evacuation centres hosting IDPs: (1) strengthen emergency disease surveillance; (2) ensure access to health services, including basic medical consultations, reproductive health, mental health and psychosocial support, and immunization; (3) improve sanitation and hygiene conditions; and (4) improve access to aid and protection.

III. CERF PROCESS

The overall CERF strategy was set by the RC/HC, who proposed the prevention of water-borne and communicable disease outbreaks as the immediate priority for HCT's response. His decision was primarily based on government reports, a discussion of humanitarian needs at the 15 June HCT meeting, and consultations with Heads of Agencies and government counterparts. The RC/HC advised cluster coordinators directly involved in this area of work to reflect on the technical aspects of such a strategy.

A consultation amongst Health, WASH, CCCM and Protection cluster coordinators on 19 June concluded that government response should be immediately reinforced to prevent disease outbreaks, and this proposal was further discussed at the full Inter-Cluster Coordination Group meeting (including a gender expert) on 20 June. A number of activities in other sectors that have traditionally contributed to the prevention of disease outbreaks such as Nutrition and Child Protection were to seek funding from other resources in order to allow the four core sectors to ask for CERF grants and achieve immediate impact in those sectors. To achieve efficiency and maximum impact, clusters prioritized four municipalities as a common target based on high risk of disease outbreaks, high number of IDPs, secured access, and the volume of other sectoral activities underway that can be leveraged.

Cluster coordinators consulted their respective government counterparts (both in Manila and in Iligan City), cluster members and potential implementing partners in developing this CERF application, either through remote consultation or in face-to-face meetings. All cluster coordinators have visited IDP sites, listened to the affected people, and referred to the findings of the rapid information communication accountability assessment (Peace and Conflict Journalism Network, World Vision and IOM, 3 June) and the Displacement Tracking Matrix (IOM, 16 June) to reflect the perspectives of the affected communities in this application.

Efficiency, value for money, and the principle of enhancing, not replacing, national capacity were considered in the choice of the disease surveillance mechanism. For example, WHO decided to set up Surveillance in Post-Extreme Emergencies and Disasters (SPEED) adopted by the Department of Health ARMM and Department of Health Lanao del Sur. IOM, which initially considered complementing SPEED with its own community-based early warning system, agreed to focus on camp coordination and camp management.

The Mindanao Humanitarian Team (MHT) in Iligan City, a sub-national representation of the HCT, established a Communications Working Group to coordinate community engagement activities to meet the information needs of affected communities. Implementing agencies were to work with this Working Group to ensure two-way communication on service delivery. WASH cluster, for example, planned to organize orientation meetings in host communities with municipal and barangay officials (village leaders) and IDP community representatives, who will also take part in the project implementation and monitoring.

The HCT was in the process of developing a coordinated humanitarian response plan at the start of the CERF process. Consultations for the CERF grant provided critical inputs to the development of the overall response plan.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis:360,000									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Camp Coordination and Camp Management	20,325	25,450	**45,775**	18,182	22,938	**41,120**	38,507	48,388	**86,895**
Health	10,121	12,829	**22,950**	9,724	12,326	**22,050**	19,845	25,155	**45,000**
Protection	127	17,436	**17,563**	97	14,970	**15,067**	224	32,406	**32,630**
Sexual and/or Gender-Based Violence	5,938	11,126	**17,064**	2,038	3,732	**5,770**	7,976	14,858	**22,834**
Water, Sanitation and Hygiene	22,617	36,396	**59,013**	23,024	36,736	**59,760**	45,641	73,132	**118,773**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	21,337	41,504	62,841
Male	22,110	42,334	64,444
Total individuals (Female and male)	**43,447**	**83,838**	**127,285**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

Assessments and information validation were limited due to security reasons. Beneficiary tracking was also a challenged by the fluid movement of IDPs. For example, with the reproductive health project, pregnant women on their third trimester were particularly difficult to track as some moved out of the target areas in preparation for delivery. In order to address this particular challenge, the reproductive health project conducted more medical missions than originally planned to ensure that none of the pregnant or lactating women in need of services within the target areas were missed.

In order to avoid significant double counting within the Health cluster, WHO and UNFPA have concluded from direct observation that beneficiaries of the reproductive health services are likely to be a beneficiary of the provision of broader primary care services and strengthened disease surveillance. As such, the beneficiary figures of the WHO project were used as the overall beneficiaries for the health sector. UNICEF's project was implemented in a home-based setting, and they closely coordinated with respective local governments of target communities (barangays) including identification, recording and monitoring of beneficiaries, both for IDPs and

vulnerable members of host communities. In almost all cases, local WASH committees were formed from amongst the beneficiaries themselves which also validated beneficiary listings and recordings.

Beneficiary estimation was difficult for broadcast information campaigns undertaken in the protection project as there were limited means to verify the number of beneficiaries reached.

CERF RESULTS

Although the causality is difficult to establish, there were no outbreak of communicable diseases following the implementation of CERF-funded activities. This is considered one of the most important collective achievements of this grant.

Overall, the CERF directly benefited about 127,285 people affected by the conflict in Marawi City. This is more than twice the planned target of 58,700 people. The increase is primarily due to the nature of WASH activities which benefited not only the initially targeted home-based IDPs but also their host communities.

Recipient agencies set 43 targets ("indicators") of which 38 were fully met. The only significant under-achievement was the number of IDPs reached through broadcast information campaigns in the protection project (17 per cent of target reached). However, the low figure is due to challenges in verification and it is most likely that more beneficiaries received information on their rights and essential services. A verifiable indicator will be set for similar activities in the future. All the projects except for protection reached the planned number of beneficiaries.

Following are key outcomes achieved through CERF funding:

- Women and their newborn infants, young people and men received greater access to integrated, high-quality reproductive health, maternal health and neonatal health services
- Women, men, girls and boys gained improved access to sufficient water of appropriate quality and quantity for drinking, cooking and maintain personal hygiene as well as to permanent/semi-permanent sanitary toilets and hand-washing facilities. They also received critical WASH-related information to prevent child illness, especially diarrhoea, while increasing their capacity to address similar health and hygiene issues in the future.
- IDPs in evacuation centres were served by trained camp managers and dignified facilities. The needs of IDPs and their host communities were regularly profiled.
- Conditions of IDPs in evacuation centres and home-based settings were improved through the issuance of identification documents, registration, provision of avenues for participation and access to information, and provision of specialized support to address specific needs of extremely vulnerable individuals.
- Community-driven mechanisms to prevent and address GBV were enhanced. A focus was placed on psychosocial support, awareness-raising for the affected community on issues of women's rights and GBV, and establishment of GBV referral system.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Not only did CERF funds lead to fast delivery of assistance to beneficiaries, the CERF-funded assistance amplified benefits for the IDPs. For example, the displaced people who received PhilHealth identity documents as a legal identification to safeguard freedom of movement, the document also enabled access to health care. Timely establishment of women-friendly spaces also provided a venue for improved and accelerated services.

Some projects experienced delays in project implementation due to challenges in hiring qualified staff. However, in the case of the Health project, the delay suited in the provision of psychosocial support for which the need became more pronounced few months after the start of project implementation. In the case of the WASH project, challenges were also encountered in the procurement of construction materials and in a number of instances, related to land ownership.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

The CERF funds helped to prevent an outbreak of communicable diseases, which was time critical response.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

The CERF grant was one of the first sources of funding for agencies responding to the Marawi crisis. It helped agencies to leverage funds from other donors and draw from Headquarters rapid response funds.

The implementation of CERF-funded activities also led to improved situation analysis, providing an evidence base to craft better informed project proposals for other donors such as Australian Department of Foreign Affairs and Trade, and the private sector. WASH partners managed to formulate multi-sector project proposals based on information gathered through the implementation of the CERF project, which led to additional contributions.

Further, awarding of the CERF funding raised the credibility of implementing partners and helped them mobilise funds from other donors and expand partnerships with the private sector. This was particularly significant for local NGOs, giving them credence to access other forms of resources, e.g. establishing credit lines and negotiating better deals to procure supplies and logistic services. The "CERF brand" established credibility to the response and allowed the expansion of target sites.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☐ PARTIALLY ☒ NO ☐

CERF galvanized partnerships between MHT members and government counterparts in ARMM, Region X and Region XII. As a result, coordination amongst government counterparts across administrative regions was strengthened. For example, three regions were working together for the Regional Child Protection and Gender-Based Violence Working Group, which was actively facilitated by MHT partners. Engagement with government's Task Force Bangon Marawi was facilitated by the MHT. CERF funds also enabled grant recipient agencies to engage existing networks and local partners on the ground with capacities for the project implementation. This resulted in improved coordination among broader humanitarian actors.

CERF facilitated sectors to complement each other within target geographical areas. For some grant recipients, this facilitated coordination amongst relevant actors. For other recipients, there was an apparent lack of joint planning, a missed opportunity to maximize the use of limited resources. The latter group of agencies cited the experience of implementing the underfunded emergencies grant for displacement in Maguindanao in 2013 as an example of good practice for joint planning and implementation.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF projects indirectly met regional authorities' request for support for coordination and information management. Information management for the CERF project implementation enabled faster and timely dissemination and utilization of information within and across clusters. This helped agencies to address inter-sectoral needs.

[1]Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The HCT could have requested a larger amount of CERF funds to cover needs in other sectors not prioritised for this application package.	The CERF Secretariat to consider increasing funding to at least 50 per cent of the overall requirement of the emergency response.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Other sectors could have been prioritised for the CERF grant, given the magnitude of needs and government capacity.	The HCT to develop an overall humanitarian response strategy and plan earlier in the crisis. The CERF proposal should be part of this overall strategy and plan. Consultation on the CERF process should include actors based in Mindanao and not primarily focused on discussions amongst Manila-based colleagues. Indigenous people and other stakeholders should also be consulted to the extent possible.	HC, HCT
The CERF allocation provided an opportunity for agencies to converge activities especially for IDPs' return process wherein agencies from different sectors provided assistance together, e.g. Food Security, CCCM and Protection.	Increase CERF visibility where there is a convergence of agency activities.	Recipient agencies, implementing partners, MHT, OCHA
A proper consultation amongst agencies is a requirement to avoid duplication and to maximize the use of allocated funds. Also, implementing partners had a difficult time seeking clarification on the use of CERF during the implementation.	Implementing agencies to meet regularly during implementation and strengthen inter-sectoral coordination. Agencies met more often for the 2013 allocation of CERF underfunded emergencies grant for displacement in Maguindanao province, which was a good practice. Implementing agencies can also draw on the capacity of HCT Working Groups and networks, e.g.	Recipient agencies, implementing partners, OCHA
Most projects achieved targets (80 to 90 per cent achievement) but it is questionable whether the activities reached the most vulnerable population.	Allow flexibility with geographic targeting, especially for complex emergencies. Targeted IDPs were mobile and moved out of and into target geographic areas. At the mid-point review meeting, agencies could have reviewed target municipalities, e.g. consider extending support to the eastern side of Lake Lanao, which was underserved.	Recipient agencies, implementing partners, OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	**5. CERF grant period:**	24/07/2017 - 23/01/2018
2. CERF project code:	17-RR-WHO-027	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Protecting populations affected by the Marawi conflict against health threats		

7.Funding				
	a. Total funding requirements[2]:	US$ 3,540.000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[3]:	US$ 48,760	▪ *NGO partners and Red Cross/Crescent:*	US$ 211,856
	c. Amount received from CERF:	US$ 425,553	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	10,121	9,724	19,845	9,003	8,650	17,653
Adults (≥ 18)	12,829	12,326	25,155	11,934	11,466	23,400
Total	**22,950**	**22,050**	**45,000**	**20,937**	**20,116**	**41,053**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	45,000	26,684
Host population		14,369
Other affected people		
Total (same as in 8a)	**45,000**	**41,053**

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[3]This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	• On several occasions, the visits of the mobile health teams coincided with food distribution which the IDPs prioritized. • Although the agreement reached with local officials was for the teams to visit their village every two weeks, in at least 2 municipalities the teams were able to visit more frequently due to changes in strategy. Local officials asked the teams to postpone scheduled future visits as they said they "had grown tired" of the frequent visits. • A number of planned visits to barangays were called off due to security reasons or bad weather making roads difficult for vehicles to use. • Of the total 92 barangays, 2 areas were never visited. In one barangay, the village chief refused entry to the team. In the other barangay, the health team needed to cross a river in small boats. The project officer decided this was too risky. Along the course of project implementation, 3 more barangays were removed from the itineraries of the teams for security reasons as advised by local officials.

CERF Result Framework			
9. Project objective	To prevent excess morbidity and mortality from communicable diseases among home-based IDPs and those in evacuation centres		
10. Outcome statement	Excess morbidity and mortality due to communicable diseases among home-based IDPs and those in ECs are avoided.		
11. Outputs			
Output 1	Emergency disease surveillance system and outbreak control strengthened for early detection and response to disease outbreaks in IDP sites		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Proportion of alerts responded to within 48 hours	100%	100%
Indicator 1.2	Proportion of functional health facilities providing regular surveillance information	100% (8/8)	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Train and equip field teams to facilitate and strengthen data collection from different sites including health facilities, IDP sites in the identified municipalities, and in areas with poor telecommunication coverage	WHO and Philippine Nurses Association (PNA)	WHO
Activity 1.2	Provide expert advice to health authorities at the municipal, provincial and regional levels to collate, validate, analyse and interpret surveillance data	Department of Health, with support from WHO	WHO
Output 2	Health facilities and mobile teams adequately equipped to provide primary care services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Proportion of functional health facilities providing selected relevant services	100% (8/8)	100%

Indicator 2.2	Proportion of health facilities without stockout of a selected essential drug in 4 groups of drugs	100% (8/8)	100%
Indicator 2.3	Number of visits by mobile medical teams in selected IDP sites	1 visit/week	2 visits per month per barangay
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Deployment of mobile medical teams to provide primary care services in IDP sites	Mindanao Organization for Social and Economic Progress (MOSEP)	Mindanao Organization for Social and Economic Progress (MOSEP)
Activity 2.2	Augmenting medicines and supplies of rural health units and barangay health stations	WHO	Muslim Youth Religious Organization, Inc.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Maranao IDPs and non IDPs including health staff and NGOs were engaged in the identification, planning and design of the most appropriate activities to address identified needs, taking into account cultural nuances, as well as in the selection of priority sites. Local NGOs, familiar with the tongue and the Maranao culture were engaged as implementing partners. A project monitoring scheme was implemented with the affected population, local health staff and implementing partners.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	01/07/2017 - 31/12/2017
2. CERF project code:	17-RR-FPA-036	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Ensuring Access to Reproductive Health Services to the Vulnerable Displaced Population of the Marawi City Humanitarian Crises		

7.Funding

a. Total funding requirements[4]:	US$ 543,125	d. CERF funds forwarded to implementing partners:	
b. Total funding received[5]:	US$ 743,694	▪ *NGO partners and Red Cross/Crescent:*	US$ 49,950
c. Amount received from CERF:	US$ 250,641	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	6,670	1,905	8,575	5,938	2,038	7,976
Adults (≥ 18)	10,130	2,895	13,025	11,126	3,732	14,858
Total	**16,800**	**4,800**	**21,600**	**17,064**	**5,770**	**22,834**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	21,600	22,834
Host population		
Other affected people		
Total (same as in 8a)	**21,600**	**22,834**

[4] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[5]This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There were no significant discrepancies.

CERF Result Framework			
9. Project objective	To provide mechanisms for the promotion of Sexual and Reproductive Health (SRH), particularly access to life-saving reproductive health information and services to targeted pregnant and lactating women, young girls and boys, among the IDPs currently staying in evacuation centres as well as those who are home-based and staying with host families.		
10. Outcome statement	Increased utilization of integrated, high-quality reproductive health, maternal health and neonatal health services by women and their newborn infants, young people and men		
11. Outputs			
Output 1	Provision of emergency reproductive health kits for clean delivery and emergency obstetric and newborn care		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of emergency RH Kits for primary health care (individual clean delivery kits; post rape treatment kit) procured and transported to the project sites	4	4
Indicator 1.2	Number of health facilities provided with emergency RH kits for delivering RH care at community and primary health care level	4	4
Indicator 1.3	Number of emergency RH Kits for health center or hospital level (clean delivery assistance, equipment and medicines) procured and transported to the project sites	2	2
Indicator 1.4	Number of health facilities provided with emergency RH kits for basic emergency obstetric and newborn care at the health center or hospital level	2	2
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement and transportation of Emergency RH kits for Primary health care level facilities (Individual clean delivery kits; post rape treatment kits)	United Nations Population Fund (UNFPA)	United Nations Population Fund (UNFPA)
Activity 1.2	Distribution of Emergency Reproductive Health Kits to Primary health care level facilities that would ensure clean delivery for targeted pregnant women who are in their 3rd trimester of pregnancy, including medicines and supplies for the clinical management of sexual violence, and facilitating referral for GBV services.	NGO implementing partner in coordination with Municipal Health Offices in the target areas	NGO Implementing Partner – Community and Family Services, International (CFSI) in coordination with MHOs in target areas
Activity 1.3	Procurement and transportation of Emergency RH	United Nations	United Nations

	kits for Health Center or Hospital level facilities (Clean delivery assistance, equipment and medicines)	Population Fund (UNFPA)	Population Fund (UNFPA)
Activity 1.4	Distribution of Emergency Reproductive Health Kits for clean delivery assistance to health centers or hospital that would support basic emergency obstetric and newborn care	NGO implementing partner in coordination with Municipal Health Offices in the target areas	NGO Implementing Partner (CFSI) in coordination with MHOs in target areas
Output 2	Conduct Outreach Medical Missions for vulnerable women and girls of reproductive age, including pregnant and lactating women and persons with disabilities to become avenues for the provision of reproductive health information and services, including distribution of dignity kits		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of dignity kits procured and transported to the project sites	3,600	3,600
Indicator 2.2	Number of RH Medical Missions conducted	18	23
Indicator 2.3	Number of vulnerable women and girls reached by RH Medical Missions	3,600	3,497
Indicator 2.4	Number of pregnant women provided with dignity kits	2,160	1,718
Indicator 2.5	Number of lactating mothers with infants 0-6 months old provided with dignity kits	1,440	1,779
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement and transportation of 3,600 dignity kits to the project sites	UNFPA	UNFPA
Activity 2.2	Support in the conduct of outreach medical missions for vulnerable women and girls of reproductive age, including pregnant and lactating women and persons with disabilities that would be the venue for the provision of critical RH information and services, including prenatal, post-partum, family planning, maternal and newborn health care services	NGO implementing partner in coordination with Municipal Health and Social Welfare Offices in the target areas	NGO Implementing Partner (CFSI) in coordination with MHOs and MSWDOs in target areas
Activity 2.3	Distribution of dignity kits to vulnerable women and girls of reproductive age, including pregnant and lactating women and persons with disabilities, that would provide basic hygiene supplies for their health promotion needs, including protection items to possibly prevent incidences of gender based violence	NGO implementing partner in coordination with Municipal Health and Social Welfare Offices in the target areas	NGO Implementing Partner (CFSI) in coordination with MHOs and MSWDOs in target areas
Output 3	Conduct of Community Outreach Missions for young people, for adolescent sexual and reproductive health (ASRH) information and services, including mobilization of young people		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of community outreach missions on ASRH	50	251
Indicator 3.2	Number of adolescents reached through ASRH community outreach missions	5,000	5,011

Indicator 3.3	Number of young people mobilized for the humanitarian response	20	20
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Community Outreach Missions to be conducted providing an avenue for the provision of critical ASRH information and services targeting adolescent boys and girls 15-19 years old, integrated with GBV information sessions in established Women Friendly Spaces in the communities	NGO implementing partner in coordination with the Municipal Health and Social Welfare Offices, and Community Youth Organizations	NGO Implementing Partner (CFSI) in coordination with MHOs and MSWDOs and Youth Organization in target areas
Activity 3.2	Mobilization of young people who are amongst the displaced communities who shall themselves be provided capacity building and mentoring support for peer education, and assist in the humanitarian response	NGO implementing partner in coordination with the Municipal Health and Social Welfare Offices, and Community Youth Organizations	NGO Implementing Partner (CFSI) in coordination with MHOs and MSWDOs and Youth Organization in target areas

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

At the outcome level, the project aimed to strengthen the capacity of the health system to deliver core RH information and services to the women and their newborn infants, young people and men, particularly in targeted geographical sites within the context of the humanitarian situation. It sought to increase the utilization of an integrated high-quality reproductive health services for all beneficiaries, particularly maternal and newborn health services for pregnant women, lactating mothers and their newborns, including SRH services for adolescent boys and girls. While a more thorough impact evaluation would be needed to measure attribution level to outcome improvement, these had nonetheless been exhibited during coordination meetings and feedback from stakeholders.

At the output level, the project objective has been achieved on the promotion of SRH, in particular access to life-saving reproductive health information and services to targeted pregnant and lactating women, young girls and boys, among the IDPs currently staying in evacuation centres as well as those who are home-based and staying with host families. Overall there has been no significant variance between planned and actual activity outputs under output 1 and 3 with the exception of the number of ASRH missions undertaken which was five times more than planned as the number of adolescents reached per mission turned out to be much lower than planned. This necessitated the conduct of more ASRH missions in order to reach and maximize the proposed target number of adolescent beneficiaries for the project. Overall all the targets were reached as planned.

Under output 2 overall there were a slightly lower (97%) than expected number of vulnerable women and girls reached by RH Medical Missions and the breakdown between pregnant and lactating women was different than planned but that is not unusual in emergency responses as the responses are different in nature while the planned figures are based on standards used for all emergencies.

The small variance in overall achievement could be attributed to difficulties in IDP tracking and movement of populations particularly pregnant women on their 3rd trimester who move out of the area in preparation for delivery. In order to address this, more medical missions (23) than planned (18) were undertaken to ensure that no pregnant or lactating women in need of services within the target areas were missed out.

The overall achievement of project outputs has been executed in close collaboration with the Health cluster and the Reproductive Health Working Group, alongside government, non-government and civil society partner in the targeted affected

communities reached by the outreach missions.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

In the project design, it was explicitly mentioned "the Implementing Partner shall ensure that all its employees and personnel comply with the provisions of the Special Measures for Protection from Sexual Exploitation and Sexual Abuse." This was further strengthened by the conduct of an orientation workshop on the Protection from Sexual Exploitation and Sexual Abuse with humanitarian organizations operating in the area as facilitated by UNFPA through the GBV Sub-Cluster and in coordination with the inter-cluster working groups.

The implementing partner engaged for this project was the Community and Family Services International (CFSI), a local NGO with an extensive networking capacity in the area and knowledgeable of the Maranao culture. The NGO partner, in close coordination with local government unit (LGU) personnel, conducted a series of consultations and focus group discussions with women, girls and other at-risk groups, ensuring rights-based and culturally sensitive implementation of the outreach activities for reproductive health.

In the implementation of the support activities, local health service providers and the IDPs themselves were consulted in mapping out communities and target sites for prioritizing intervention areas. Within the conduct of outreach missions, a qualitative feedback mechanism had been established to gather the concerns and insights of the affected communities, which were discussed with stakeholders in order to further improve service delivery and address implementation gaps in the communities.

Close monitoring of project activities was conducted to ensure that interventions remain relevant to the needs of the affected populations, that no untoward incidents happen, and that activity outputs remain aligned with the CERF results framework. A Technical Team from CFSI and UNFPA worked closely with stakeholders and conducted weekly coordination meetings to discuss complementarity of efforts, accountability to affected populations, addressing implementation gaps, and identifying lessons learned and ways forward.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No specific evaluation is planned for the project, except for the over-all After Action Review of the whole CERF Rapid Response Projects being organized by OCHA.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	17/07/2017 - 16/01/2018
2. CERF project code:	17-RR-CEF-072	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒Concluded
4. Project title:	Immediate provision of emergency WASH services to the conflict affected areas in ARMM and Region X		

7.Funding			
	a. Total funding requirements[6]:	US$ 3,600,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 2,975,000	▪ *NGO partners and Red Cross/Crescent:* US$ 561,000
	c. Amount received from CERF:	US$ 600,270	▪ *Government Partners:* US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	19,500	19,500	39,000	22,617	23,024	45,641
Adults (≥ 18)	13,000	13,000	26,000	36,396	36,736	73,132
Total	**32,500**	**32,500**	**65,000**	**59,013**	**59,760**	**118,773**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		0
IDPs	65,000	57,840
Host population		60,933
Other affected people		0
Total (same as in 8a)	**65,000**	**118,773**

[6] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[7] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	As the project was originally intended to support IDPs in home-based settings, i.e., not those staying in evacuation centres, expectedly the more vulnerable residents of host communities, e.g., those who also do not have toilets, also benefitted from the various project activities.

CERF Result Framework			
9. Project objective	Prevent morbidity and mortality due to diarrhoea and other water-borne diseases by ensuring coordinated and efficient WASH activities		
10. Outcome statement	Excess morbidity and mortality due to diarrhoea and other water-borne diseases are immediately arrested through coordinated, timely and efficient WASH interventions that ensures protection and participation of women and girls, men and boys.		
11. Outputs			
Output 1	Women, men, girls and boys access sufficient water of appropriate quality and quantity for drinking, cooking, and maintaining personal hygiene.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of water tests done to determine sources are safe for drinking and domestic use	600 tests	686 tests
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Conduct Water Quality Monitoring (WQM) training for the municipal or barangay health workers or sanitary inspectors	Action Against Hunger, and A Single Drop for Safe Water (ASDSW)/ Humanitarian Response Consortium (HRC)	Action Against Hunger and ASDSW/HRC Of the target of 50 people to be trained, 99 individuals (60 women, 39 men), generally barangay officials and community health volunteers (barangay health workers, sanitary inspectors, etc) from host communities, were given training that was extended even to non-CERF target municipalities. The training also covered operations and maintenance of water systems.
Activity 1.2	Supply test kits for WQM	Action Against	Action Against

		Hunger and ASDSW/HRC	Hunger and ASDSW/HRC The targeted 40 test kits were all distributed. Distribution was supported with formulation of WQM plans. In the end though, number of test kits targeted was still not enough to cover the affected barangays in the target municipalities.
Activity 1.3	Conduct regular water quality testing of water sources.	Government authorities, with support from Action Against Hunger and ASDSW/HRC	Government authorities, with support from Action Against Hunger and ASDSW/HRC Initial test results showed water sources in communities hosting IDPs, including in schools, were generally contaminated. Results were promptly shared with respective barangay officials, municipal health offices (MHOs) and local government units (LGUs), and chlorination, which was not traditionally done, was strongly encouraged. Regular water quality testing and monitoring now being led by rural sanitary inspectors (RSIs) and personnel of rural health units (RHUs)

			of host communities under the supervision of MHOs. In some barangays, budgets have been allotted in their investment plans for 2018 for the continued procurement of water testing kits. Others have started taking into account WQM results in the formulation of water safety plans.
Output 2	Women, men, girls and boys access toilets and hand washing facilities that are culturally appropriate, secure, and sanitary, and are user friendly and gender appropriate.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of women, men and children (girls and boys) accessing appropriate sanitation facilities.	17,200 people	31,440 people
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Construction of appropriately designed communal toilets with handwashing facilities	Action Against Hunger and ASDSW/HRC	Action Against Hunger and ASDSW/HRC The target of constructing 40 blocks of permanent (i.e., with corresponding septic tanks) communal latrines, with each block consisting of 4 toilet bowls (2 for men, 2 for women), and equipped with appropriate hand washing facilities (e.g., children-accessible), was reached. The communal latrines were generally set up around public areas in the host communities, e.g.,

			mosque, barangay halls, where there is high concentration of IDPs. At least 7,527 people, both IDPs and members of host communities (3,635 women/girls, 3,622 men/boys) are now benefiting from the facilities constructed.
Activity 2.2	Provision of toilet construction kits	Action Against Hunger and ASDSW/HRC, Government authorities	Action Against Hunger and ASDSW/HRC 2,800 latrine construction kits were distributed as targeted, reaching 23,963 people (10,995 women/girls, 12,968 men/boys), both IDPs and vulnerable members of host communities. From the kits distributed—these included only the basic materials, e.g., toilet bowls, plastic drums to serve as septic tanks, cement, tarps, etc—semi-permanent latrines were built by families hosting IDPs who also extended counterparts, e.g., materials for the super-structure part of the structures (walling, roofing). With this activity members of the target communities

			are now seriously considering launching zero open defecation programmes.
Activity 2.3	Training on toilet construction for the beneficiaries	Action Against Hunger and ASDSW/HRC, Government authorities	Action Against Hunger and ASDSW/HRC From an initial target of 140 people, 220 individuals (65 women, 155 men) were trained on toilet construction, including operations and maintenance, consisting of both IDPs and interested individuals in the host communities. From the people that were trained monitoring teams were formed to monitor the construction of household latrines (from the distribution of latrine construction materials) and extend technical assistance as may be needed.
Activity 2.4	Setting up and management of temporary sludge disposal/treatment sites	Action Against Hunger and ASDSW/HRC, Government authorities	ASDSW/HRC, Government authorities As targeted, 2 sites were selected with concerned LGUs where temporary sludge disposal/treatment sites were set up. These facilities served not just the latrines installed in host communities but even those in evacuation centres

			in the CERF project sites (at least 15), even as far as those in Iligan City (not anymore covered by CERF support).
Output 3	Women, men, girls and boys receive critical WASH related information to prevent child illness, especially diarrhoea.		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of women, men and children (girls and boys) reached with hygiene promotion activities	65,000 people	87,234 people
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct hygiene and sanitation promotion activities for women, men, girls and boys	Action Against Hunger and ASDSW/HRC, Government authorities	Action Against Hunger and ASDSW/HRC, Government authorities Hygiene and sanitation promotion activities conducted with the support of at least 271 people (206 women, 65 men)—these are mostly government health personnel at the barangay/municipal and regional levels—trained on community hygiene promotion. These learning activities basically centred around key messages on proper hand-washing, household water treatment and safe storage, operations and maintenance of WASH facilities, and environmental sanitation. In applicable situations, the hygiene and sanitation

			promotion activities were also launched in conjunction with other response programmes of the implementing partners, e.g., with their parallel WASH in schools and nutrition program-mmes. At least 86,963 people were reached: 15,814 girls, 15,287 boys, 28,238 women and 27,624 men.
Activity 3.2	IEC materials (development and distribution)	Action Against Hunger and ASDSW/HRC, Government authorities	Communication for Development (C4D) activities conducted including production of storybooks, posters and other IEC materials, radio broadcast and public service announcements (including composition of jingles), and participation in Global Hand-washing Day celebrations that attracted partici-pation from at least 1,400 people.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In general, there is significant increase in the number of beneficiaries as benefits of the project were also extended to vulnerable residents of communities hosting the IDPs. It should also be noted that UNICEF and its implementing partners, Action Against Hunger and ASDSW/HRC, utilising other funding sources, complemented CERF activities with the following WASH actions:

- Installation of hand pumps in selected communities, benefiting at least 22,000 persons;
- Construction of bathing and laundry facilities in specific sites, serving some 1,500 people;
- Replenishment of perishable hygiene kit materials for around 2,800 IDP families;
- Formation of WASH clusters/task forces at the 4 CERF-targeted municipalities;
- WASH in schools programming reaching at least 47,000 students;
- Support to WASH Cluster coordination at both national and sub-national/Iligan levels, i.e., appointment of cluster

coordinator and information management officer, to directly assist the Department of Health, WASH Cluster lead
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
In every aspect of project implementation, there was sufficient consultation with the target beneficiaries, the IDPs themselves, as well as with vulnerable residents of hosting communities, including their respective leaders at the barangay and municipal levels; and for every community consultations initiated targeted efforts were taken to urge equal representation from both women and men. At the barangay level, WASH committees from amongst the IDPs and members of the host communities were organised and capacitated to support the actual management of project inputs. At the municipal level, WASH clusters/task forces, composed of relevant LGU officials and staff of concerned government lines agencies, were also formed. While at the level of the WASH cluster at the sub-national level, a consultation with religious leaders was facilitated at the onset of project implementation to strongly integrate the Muslim beliefs and practices within project actions particularly those related to hygiene and sanitation promotion.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No specific evaluation is planned for this project given the limitations in funding. Such an exercise has also not been specified.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	01/07/2017 - 31/12/2017
2. CERF project code:	17-RR-IOM-029	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Camp Coordination and Camp Management		☒Concluded
4. Project title:	Camp Coordination and Camp Management (CCCM) Support to the Displaced Population of Marawi City		

7.Funding			
	a. Total funding requirements[8]:	US$ 500,460	d. CERF funds forwarded to implementing partners:
	b. Total funding received[9]:	US$ 500,460	▪ *NGO partners and Red Cross/Crescent:* US$ 31,758
	c. Amount received from CERF:	US$ 500,460	▪ *Government Partners:* US$ 11,233

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	12,993	12,994	25,987	20,325	18,182	38,507
Adults (≥ 18)	15,882	15,882	31,764	25,450	22,938	48,388
Total	**28,875**	**28,876**	**57,751**	**45,775**	**41,120**	**86,895**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	57,751	86,895
Host population		
Other affected people		
Total (same as in 8a)	**57,751**	**86,895**

[8] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[9] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project's overall objective was to help increase the resilience of the conflict-affected population of Marawi City through CCCM support and IDP Profiling. To achieve this end, 40 evacuation centres received a variety of CCCM training, CCCM toolkits and facility improvement. The four municipalities hosting these evacuation centres and other home-based IDPs were profiled and their needs shared with humanitarian partners and the government. IOM planned to improve 44 facilities across the 40 evacuation centres with features including private partitions, welfare desks and multi-purpose halls. With efficient procurement, IOM improved 67 facilities for the 40 evacuation centres which increased the quality of living for IDPs. While the original plan was to publish a Displacement Tracking Matrix (DTM) report for each DTM roll-out, some of the roll-out results were combined into one DTM report due to the absence of change in the needs and population in the evacuation centres.

CERF Result Framework			
9. Project objective	Contribute to the efforts of the Government of the Philippines and its humanitarian partners to increase the resilience of the conflict-affected population of Marawi City with life-saving CCCM support		
10. Outcome statement	To help increase the resilience of the conflict-affected population of Marawi City through life-saving CCCM support and IDP Profiling.		
11. Outputs			
Output 1	Evacuation centres and host barangays in target municipalities have regular critical needs and IDP profiling through DTM		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of Displacement Tracking Matrix (DTM) Assessments conducted	16 (4 roll-outs x 4 months)	16
Indicator 1.2	Number of evacuation centre to be covered in DTM	40	45
Indicator 1.3	Number of DTM Reports circulated to the Clusters and HCT	16	13
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Signing of partnership agreement with implementing partner	IOM, MSU-IIT	IOM, Mindanao State University-Iligan Institute for Technology (MSU-IIT), Maranao People Development Center Inc (MARADECA), Ecosystems Work for Essential Benefits Inc (ECOWEB)
Activity 1.2	Training of DTM enumerators	IOM, MSU-IIT	IOM, MSU-IIT, MARADECA, ECOWEB
Activity 1.3	Roll out of DTM assessments	MSU-IIT	IOM, MSU-IIT, MARADECA, ECOWEB

Activity 1.4	Generation and Circulation of DTM reports	IOM	IOM, MSU-IIT, MARADECA, ECOWEB
Output 2	Evacuation Centers have trained camp managers and dignified facilities for IDPs		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of people trained on CCCM including camp managers, LGU/NGO representatives and IDP leaders	520	525
Indicator 2.2	Number of evacuation centres with improved facilities	15	15
Indicator 2.3	Number of individuals benefitting from Cash for Work on facility rehabilitation	460	490
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Signing of partnership agreement with implementing partners	IOM, CFSI, MARADECA	IOM, Mindanao State University-Iligan Institute for Technology (MSU-IIT), Maranao People Development Center Inc (MARADECA), Ecosystems Work for Essential Benefits Inc (ECOWEB
Activity 2.2	Conduct CCCM Trainings for Camp Managers, LGUs, CSOs & IDP leaders	IOM	IOM, MSU-IIT
Activity 2.3	Installation of visibility items in the evacuation centers	IOM	IOM
Activity 2.4	Procurement and issuance of CCCM Kits to the camp managers	IOM	IOM
Activity 2.5	Conduct of Social Preparation activities for the IDPs	IOM	IOM, MARADECA, ECOWEB
Activity 2.6	Dissemination of IEC Materials on camp care and maintenance and return plans	IOM	IOM
Activity 2.7	Procurement of materials and facilities improvement (CCCM welfare desk, private partitions, multi-purpose halls)	IOM	IOM
Activity 2.8	Selection of the most vulnerable families to be prioritized for the labour Cash for Work scheme in facilities repair or upgrade	IOM	IOM
Activity 2.9	Cash transfer is done for workers engaged in facility rehabilitation through Cash for Work	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

IOM provided much-needed humanitarian aid through CCCM support such as training for camp managers, LGUs, NGOs and IDP leaders, tracking of needs in evacuation centres using DTM, setting up alternative dwelling spaces to de-congest evacuation

centres, and upgrading camp facilities.

IOM partnered with MARADECA, ECOWEB and MSU-IIT to implement the DTM. This information management tool effectively provided information on the needs and gaps of about 87,000 IDPs across the five prioritised locations. This information helped inform the decision-making behind the implementation of alternative dwelling spaces to improve the overall conditions of the displacement sites. These activities were complemented by wider CCCM support such as provision of camp management kits and trainings for camp managers.

One of the project's key discrepancies between planned activities and actual results is on the definition of 'facility' in line for improvement. Originally, IOM planned to provide private partitions within the evacuation centres to ensure dignified living of the IDP families. During the initial phases of consultations with the communities, it was recognized that the target evacuation centres were not only overcrowded but also exposed to environmental elements such as wind, rain and water logging as a result of poor drainage. To meet this need, IOM provided alternative living spaces outside of the evacuation centres which are more durable and dignified than tents. This 'Alternative Dwelling Spaces' is composed of the same materials as partitions, but provide an elevated bunkhouse-type of structure with 12 cubicles. Cash for Work was used for the construction of the alternative dwelling spaces, and IOM involved not only the most vulnerable groups of people but also others, in order to ensure inclusivity (and the budget allowed for that approach).

Another discrepancy is that IOM provided the IDPs with support for returning to their places of origin in Marawi after the conflict was declared to have ceased. Around 2,330 families or 11,650 IDPs were assisted to return with 15 vans and food/water packs for the first six days of the return. This activity was in line with evolving needs of the IDPs as the conflict came to a close during the project.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM involved target beneficiaries from the project planning stage through consultations and social preparations. This information helped IOM reflect their needs in the activities, as demonstrated by the enhancement of facility improvement and IDP return support. Furthermore, IOM ensured that there was a beneficiary feedback system in place in all the target areas. The hotline numbers were provided to all the camp managers in the 40 evacuation centres and the IDPs were encouraged to pass along their concerns.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation is planned.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	01/07/2017 - 31/12/2017
2. CERF project code:	17-RR-HCR-021	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Protection		☒Concluded
4. Project title:	Access to rights and protection for IDPs of Marawi		

7.Funding			
	a. Total funding requirements[10]:	US$1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[11]:	US$ 450,000	▪ *NGO partners and Red Cross/Crescent:* US$ 169,907
	c. Amount received from CERF:	US$ 450,000	▪ *Government Partners:* US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	14,202	14,201	28,403	127	97	224
Adults (≥ 18)	9,468	9,468	18,936	17,436	14,970	32,406
Total	**23,670**	**23,669**	**47,339**	**17,563**	**15,067**	**32,630**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	47,339	32,630
Host population		
Other affected people		
Total (same as in 8a)	**47,339**	**32,630**

[10] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[11] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Justification and further information on the implementation provided in the narrative section (12).

CERF Result Framework			
9. Project objective	Improve conditions of IDPs both in evacuation centres and homebased settings through issuance of identification documents, registration, provision of avenue for participation and access to information, and prioritization of specialized support to address specific needs of extremely vulnerable individuals in a four-month timeframe.		
10. Outcome statement	IDPs' condition in evacuation centers and homebased settings as well as their access to protection and essential services and assistance is improved.		
11. Outputs			
Output 1	Support for IDPs to obtain identification documents is provided		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of IDPs supported with identification documents	10,000	9,687
Indicator 1.2	# of communication and referral/grievance mechanisms established	1	1
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision of identification documents	UNHCR	UNHCR and PhilHealth
Activity 1.2	Establishment of communication and referral/grievance mechanism	UNHCR	LGUs of Region X and Autonomous Region in Muslim Mindanao, and Marawi City Government, with UNHCR
Output 2	Registration of IDPs in home based settings is facilitated		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of registration points established	20	2
Indicator 2.2	# of home based IDPs registered	10,000	275,887
Indicator 2.3	# of home based IDPs profiled	10,000	10,995
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Establishment of accessible registration points	UNHCR, DSWD	Department of Social Welfare and Development, UNHCR provided technical support

Activity 2.2	Registration of home based IDPs	UNHCR, DSWD	Department of Social Welfare and Development-Autonomous Region in Muslim Mindanao, LGU of Iligan City, UNHCR
Activity 2.3	Profiling of home based IDPs	UNHCR	UNHCR
Output 3	IDPs' access to relevant information on their rights and essential services is enhanced		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of municipalities where communication strategy is implemented	4	6
Indicator 3.2	# of IDP reached through information campaign	47,339	8,398[12]
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Development of a comprehensive communication strategy for IDP rights awareness and services	UNHCR, Protection Cluster	UNHCR, Protection Cluster
Activity 3.2	Conduct of Protection Information Campaign	UNHCR	UNHCR
Output 4	Sufficient avenue for IDP participation to determine priority needs is provided		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Extent AGD assessment structure, tools, and processes harmonized	100%	100%
Indicator 4.2	# of focus group discussions conducted	20	20
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Harmonization of AGD assessment structure, tools, and processes	UNHCR, Protection Cluster	UNHCR, Protection Cluster, Handicap International
Activity 4.2	Conduct of Focus Group Discussions with multi-sector groups	UNHCR, Community and Family Services International (CFSI)	UNHCR, Community and Family Services International (CFSI)
Output 5	Specialized allocation to meet specific needs of extremely vulnerable individuals is provided		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	# of extremely vulnerable individuals provided with support	1,000	3,550
Indicator 5.2	# of protection monitoring activities conducted	50	104
Output 5 Activities	**Description**	**Implemented by**	**Implemented by**

[12]Reach could be higher than what is reported, however, reported figure is the only quantifiable data (beneficiaries reached by the infocast). Further details on the relevant activities implemented are provided in the narrative.

		(Planned)	(Actual)
Activity 5.1	Distribution of specific support to extremely vulnerable individuals	Community and Family Services International (CFSI)	Community and Family Services International (CFSI)
Activity 5.2	Conduct of Protection Monitoring activities	UNHCR, Community and Family Services International (CFSI)	UNHCR, Community and Family Services International (CFSI)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

With the funding from CERF, UNHCR has focused in addressing the priority needs of home based IDPs within the target areas for implementation.

Support for IDPs to obtain identification documents

To address the restriction on freedom of movement among the displaced population, which severely impacts IDPs' ability to integrate and establish livelihood, UNHCR has implemented a project with PhilHealth together with the DSWD Field Offices Region X and Region XII, DSWD-ARMM, Provincial Social Welfare and Development Office of Lanao del Sur, Armed Forces of the Philippines (AFP) Joint Task Force Ranaw, and the Iligan City Police. Through the partnership with PhilHealth, UNHCR facilitated the issuance of identification cards to member and qualified non-member IDPs. A total of 9,687 IDPs were provided with identification documents at the completion of the project. During the implementation phase, several constraints were encountered which include logistics, timeframe for the implementation, and security challenges. There were difficulties faced in terms of logistical arrangements since the project team had to ensure the accessibility of the distribution venue to the beneficiary IDPs. Internet access and stable power supply was also a major consideration since registration of new members and verification of records of existing members have to be done online. PhilHealth was also constantly challenged to deploy the required number of staff to support the distribution as they also have other responsibilities for their regular operations. Moreover, operating hours of the team was limited to six hours due to security concerns in the distribution venues.

Establishment of grievance mechanism

The LGU of Marawi City has initiated the establishment of a Grievance Committee as part of its Technical Working Group led by the City Legal Office. The scope of the Grievance Committee is limited to issues and complaints related to the process of IDPs' return to Marawi City; other concerns such as those regarding the selection of beneficiaries of temporary shelter units and exclusion from assistance distributions are not covered. The Grievance Committee held several meetings but is yet to finalize its Terms of Reference, in addition to addressing challenges such as insufficiency of personnel and limited technical capacity. As support, UNHCR provided technical assistance in setting up the system structure and its referral pathways. Representatives of the Grievance Committee participated in the UNHCR-organized Protection Forum and actively coordinated with the other members. Through the City Legal Office, it aims to strengthen its current capacities and to develop clearer strategies to approach other displacement-related concerns, such as those pertaining to housing, land, and property (HLP) issues. Moreover, UNHCR also conducted a specialized capacity-building session together with the City Legal Office of Marawi City for the legal community of Lanao area which included the Public Attorney's Office, Prosecutor's Office, Provincial Legal Office, Integrated Bar of the Philippines Lanao, and Initiatives for Dialogue and Empowerment through Alternative Legal Services, Inc. (IDEALS) to further support the implementation of the mechanism.

Registration of IDPs in home based settings

At the onset of the emergency, DSWD and the Government of ARMM facilitated the registration of the IDPs from both the evacuation centres and those in home-based settings covering all areas affected. With this, the plan to establish mobile registration points under the project has not materialized.As support to this initiative, UNHCR conducted technical orientation on registration and data management involving the DSWD Municipal Links of Lanao del Sur. UNHCR also provided DSWD with material support as a way of reinforcing the systematization of DSWD's registration processes. A centralized encoding center

with DSWD-ARMM and the LGU of Iligan City was set-up with a total of 35 encoding stations to support the encoding of DSWD's Disaster Assistance and Family Access Card (DAFAC). As a result, a total of 282,336 IDPs were registered of which 98 per cent or 275,887 IDPs were identified as homebased.

Profiling of home based IDPs

In an effort to gather and analyse data on the humanitarian needs and protection concerns of the IDPs, UNHCR in partnership with other UN agencies and civil society organizations conducted a massive Community Engagement and Intention and Needs Assessment. A total of 14,491 IDPs (majority of whom are home-based, but also including those in evacuation centres) from three cities and 33 municipalities across the provinces of Lanao del Sur, Lanao del Norte, and Misamis Oriental participated in the survey. The surveyed population accounts for 18.47 per cent of the total Marawi IDP population of 78,466. The survey results have served as an advocacy tool urging the duty bearers to continuously address humanitarian and protection needs of the affected population. It has been presented to national and local (autonomous region, province, and city level) government stakeholders, members of MHT from all of the different response clusters, international NGOs, and local CSOs, including the members of the Protection Forum and the Information Management and Strategic Communications Support Group of the Task Force Bangon Marawi in Iligan City. Following the presentation of the results, recommendations and ways forward were identified to address the key needs and concerns highlighted in the survey. Through bilateral discussions as well with government and humanitarian actors, the survey was proposed to be used as input for the humanitarian programming and in the planning for recovery and rehabilitation of Marawi City. It was also agreed that feedback on the survey results would be disseminated to the IDP population themselves, with the help of the key partners mentioned, as part of accountability mechanisms.

IDPs' access to relevant information on their rights and essential services

Focus group discussion, protection monitoring, and reporting activities in the target four municipalities has been regularly conducted with the support of project partner, Community and Family Services International. Six other municipalities have also been covered with the aim of gathering information on the developing displacement, emerging IDP needs, and protection issues. These activities were conducted to complement as well the registration activities carried out by the DSWD. With the issues gathered from these activities, a Quick Municipal Protection Profile has been developed with the objective to provide a snapshot of the basic demographics, absorptive capacity and general situation of host municipalities affected by the Marawi Crisis. This was also used as a starting point for information and analysis to support humanitarian agencies, policy makers, and other stakeholders with their emergency response.

As part of the overall communication strategy, UNHCR conducted community preparation sessions providing IDPs information on access to humanitarian assistance and services such as the registration and issuance of PhilHealth IDs. The target areas for the community preparations for the registration and issuance of PhilHealth IDs are the Municipalities of Pantao-Ragat (20 barangays), Saguiaran, Balo-I (22 barangays), Pantar (21 barangays), and Iligan City (36 barangays). A total of 26,806 home-based IDP families were covered during the community sessions.

UNHCR also tied up with SMART Telecom in establishing an SMS broadcast service system aimed at supporting government agencies and humanitarian actors in disseminating relevant and up-to-date information on government assistance programs, schedules of relief distribution, transfers of IDPs to transitory sites, and other information crucial to IDPs and community-based groups. A total number of 8,398 IDPs have registered for the infocast who are spread out in the six municipalities in Lanao del Sur. The broadcast has also resulted to a high turnout for the PhilHealth ID registration. Feedback and/or inquiries ranging from schedules of relief distribution, purpose of the IDs, and the next schedules of ID issuance were received. To ensure informed consent and confidentiality of their issues and complaints, the IDPs were briefed regarding this and asked to sign consent forms, explaining clearly the purpose for the information sharing.

UNHCR has also made several attempts at establishing the communication working group in consultation with the Philippine Information Agency of Region X. However, it has not materialized and despite all the efforts by both the local government agencies and humanitarian actors, available communication platforms were not optimized due to the challenges in collecting accurate information from the government.

UNHCR also partnered with Handicap International in the implementation of capacity-building activities and awareness sessions for the government and non-government agencies providing assistance as part of the efforts to harmonize age, gender and diversity assessment structures and processes. This initiative was also aimed at enhancing the capacity of the service providers

in order to make emergency response and recovery actions inclusive, accessible, and sensitive to the basic and specific needs of the IDPs including gender, age, and disability dimensions. A total of 213 service providers participated in these activities.

Specialized allocation to meet specific needs of extremely vulnerable individuals

A total of 1,832 extremely vulnerable IDPs (elderly, persons with disabilities, single parents, orphans, female-headed households, elderly-headed households) were identified through the needs assessment conducted and provided with specialized assistance/core relief items such as assistive devices (cane, sling, walking aid, wheelchair, hearing aid); health kits and equipment (mosquito nets, nebulizer, vigamox drops [eye medicine], colostomy bag); and household items (foam mattress, blanket [*malong*], pillow, solar lamps, school sets, and water container) to enhance their protection conditions.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

A) Project design and planning phase:

The project has been designed with a view to enhance participation of the affected population in addressing their pressing concerns, including those that limits or totally prevents the full enjoyment of rights and protection. While it can be said that their participation in the actual designing of this project is limited, most of the information used in the planning as its critical basis have had its reference from the result of initial protection monitoring visits and direct consultations with IDPs as well as NGO and CSO members responding to the emergency.

B) Project implementation phase:

Comprehensive communication and feedback mechanisms were set in place enabling IDPs to provide critical information that seeks to ensure that target population receives the right attention of the project and achieve optimal results. In collaboration with other members of the Protection cluster, communication channels have been diversified reaching as many IDPs as possible.

Direct consultation and profiling activities were conducted to collect information from the persons of concern. Delivery of assistance was based on the assessed needs and prioritization.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
Finalization of key findings pending since evaluation was only conducted in late December 2017. Copy of the report to be provided as soon as finalized.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	01/07/2017 - 31/12/2017
2. CERF project code:	17-RR-FPA-037	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒Concluded
4. Project title:	Protecting Women and Girls Affected by the Marawi Armed Conflict in Mindanao		

7.Funding

a. Total funding requirements[13]:	US$ 546,171	d. CERF funds forwarded to implementing partners:	
b. Total funding received[14]:	US$ 349,182	▪ *NGO partners and Red Cross/Crescent:*	US$ 194,029
c. Amount received from CERF:	US$ 250,350	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	6,670	1,905	8,575	5,938	2,038	7,976
Adults (≥ 18)	10,130	2,895	13,025	11,126	3,732	14,858
Total	**16,800**	**4,800**	**21,600**	**17,064**	**5,770**	**22,834**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	21,600	22,834
Host population		
Other affected people		
Total (same as in 8a)	**21,600**	**22,834**

[13] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[14] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancy.

CERF Result Framework			
9. Project objective	Improving community-driven mechanisms to protect women, girls and other vulnerable groups against gender-based violence; prevent new GBV cases and ensure survivors' access to care in four municipalities (Balo-i, Pantao Ragat and Pantar in Lanao del Norte and Saguiaran in Lanao del Sur).		
10. Outcome statement	Enhanced community-driven mechanisms to prevent and address GBV with a focus on psychosocial support, awareness-raising for the affected community on issues of women's rights and GBV, and establishment of a GBV referral system		
11. Outputs			
Output 1	GBV survivors access appropriate, life-saving services in a safe and timely manner		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of GBV survivors linked to life-saving interventions	100% The Minimum Initial Service Package (MISP) Calculator estimates that 2% of women of reproductive age will experience sexual violence / are at risk of rape/sexual violence. In this case, it will be 336 (2% of 16,800). The 2% MISP estimate is also only used to calculate for life saving RH kits/supplies (post rape treatment kits) for 3 months. We refrain though from using this estimate given the tendency for it to be 'sensationalized' by media (as experienced in Typhoon Haiyan humanitarian response).	Proactive and preventive interventions such as security patrolling and conduct of awareness-raising sessions were implemented to prevent the occurrence of GBV in evacuation centres and host communities. A Case Management Technical Working Group (TWG) was created within the Joint Regional Child Protection and GBV Working Group. The Case Management TWG coordinated the referral and follow-ups for vulnerable groups such as unaccompanied and separated children (UASC), specifically adolescent girls. Iligan City and other municipalities were engaged to provide appropriate services.
Indicator 1.2	Number of service providers mobilized to provide psychosocial support	60	60
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Map availability of services (medical treatment and health care, psychosocial care and support, options for safety and protection, legal services, reintegration services such as	Magungaya Mindanao, Inc. (MMI) (DSWD to provide technical support)	Magungaya Mindanao, Inc. (MMI) completed this with the Joint Regional Child Protection (CP) and GBV Working Group. The Joint Regional CP and GBV Working Group was led by DSWD ARMM in close coordination

	education and livelihood opportunities) for inclusion in the GBV referral pathway		with DSWD Region X and XII.
Activity 1.2	Print referral pathway materials and disseminate information to IDPs about available services for GBV survivors and their rights and options to report risk and access care	Magungaya Mindanao, Inc. (MMI)	Validated referral pathway was printed and distributed to 36 areas in the four priority municipalities. The validation of the referral pathway was conducted as part of the overall effort of the Joint Regional CP and GBV Working Group – Referral Pathway TWG. The printing and distribution were done by Magungaya Mindanao, Inc. (MMI)
Activity 1.3	Conduct psychosocial support sessions for internally displaced women and GBV survivors	Magungaya Mindanao, Inc. (MMI)	439 psychosocial support sessions were conducted by Magungaya Mindanao, Inc. (MMI)
Activity 1.4	Provide cash accompaniment to GBV survivors so they may access life-saving interventions	Magungaya Mindanao, Inc. (MMI) with the trained WFS Facilitators/GBV Monitors	Funds were realigned to procure 1,272 units of culturally-sensitive mosquito nets for Muslim couples. The lack of conjugal spaces has been repeatedly raised as an issue in GBV Working Group meetings since the lack of sexual relations between Muslim couples has increased tension and possibility of intimate partner violence. Based on focus group discussions, Muslim couples identified the mosquito nets as a measure to address these concerns. The procurement was done by Magungaya Mindanao, Inc. (MMI)
Output 2	Ten (10) women-friendly spaces established and operationalized for women and girls and at-risk/vulnerable groups such as women and girls with disabilities and elderly women		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of women-friendly spaces established and functional according to DSWD guidelines	10	10
Indicator 2.2	Number of internally displaced women capacitated to become WFS Facilitators/GBV Monitors	200	200
Indicator 2.3	Number of women and adolescent girls reached sensitized on GBV risk mitigation and response through information sessions in affected areas	16,800	17,064
Indicator 2.4	Number of men and adolescent boys reached	4,800	5,770

	sensitized on GBV risk mitigation and response through information sessions in affected areas		
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identify locations (inside/nearby evacuation centres or within communities with home-based IDPs) for establishing women-friendly spaces	Magungaya Mindanao, Inc. (MMI) with DSWD, UNFPA	Completed. 4 areas were identified in Balo-i municipality; 1 in Pantao Ragat; 1 in Pantar; and 4 in Saguiaran. The identification of locations was done by Magungaya Mindanao, Inc. (MMI) in close coordination with DSWD Region X, XII and ARMM, and UNFPA.
Activity 2.2	Organize and orient internally displaced women on how to manage women-friendly spaces; conduct security patrolling in evacuation centres and affected communities; and provide accompaniment to GBV survivors	Magungaya Mindanao, Inc. (MMI) with DSWD, UNFPA	Completed. This activity was led by Magungaya Mindanao, Inc. (MMI) with technical support from DSWD and UNFPA.
Activity 2.3	Conduct security patrolling and GBV monitoring in evacuation centres and affected communities	Magungaya Mindanao, Inc. (MMI)	Conducted by Magungaya Mindanao, Inc. (MMI) with the MMI-trained internally displaced women/Women-Friendly Space Facilitators.
Activity 2.4	Coordinate with government agencies, NGOs who can provide information and services (i.e. medical and reproductive health medical missions, nutrition and breastfeeding counselling) in the women-friendly spaces	Magungaya Mindanao, Inc. (MMI) with DSWD, UNFPA	Completed by Magungaya Mindanao, Inc. (MMI) with DSWD and UNFPA.
Activity 2.5	Conduct awareness-raising sessions about women's human rights, relevant GBV laws (rape, intimate partner violence, sexual harassment, trafficking) and protection from sexual exploitation and abuse.	Magungaya Mindanao, Inc. (MMI) with DSWD, UNFPA	Completed by Magungaya Mindanao, Inc. (MMI) with DSWD and UNFPA.
Activity 2.6	Conduct monitoring and quality assurance activities	UNFPA	Completed. The monitoring and quality assurance activities were conducted by UNFPA Country Office Philippines – Gender Unit, Monitoring and Evaluation Unit together with UNFPA Iligan Office and GBV Interagency Coordinator (NORCAP surge deployment).

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The women-friendly spaces provided a safe venue for internally displaced women to access psychosocial support and relevant services and information.

The awareness-raising sessions conducted in the women-friendly spaces helped raised awareness around preventing GBV and promoted positive social norms that support women and girls' empowerment and gender equality. Women and girls realized that they have a right to participate in decision-making at the household level and community level. There was also a consensus among them that had they known about their rights, they would have resisted the decision of their parents/guardians to marry them off at a very young age. The sessions catalyzed the critical re-thinking of parents about the practice of early and child marriage in their communities and how it contradicts the rights of girl and boy children.

The community-level validation of the referral pathway enhanced awareness about the rights of GBV victims-survivors to access life-saving interventions. The IDPs valued the information about how the referral pathway works because they originally thought that they could only approach Muslim Religious Leaders when GBV issues arise in families and communities.

Culturally relevant dignity kits and solar radios were distributed to affected populations to reduce vulnerability and connect women and girls to information and support services.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The implementing partner's field staff were oriented on Special Measures for Protection from Sexual Exploitation and Sexual Abuse to ensure compliance with the contract provisions of UNFPA.

Maranao-speaking community organizers were engaged in the conduct of consultations with women, girls and other at-risk groups with regard to the rights-based and culture-sensitive implementation of the women-friendly spaces and the priority services that should be delivered via these safe spaces.

The initial referral pathway was validated with affected populations and community members, which enabled them to participate and give feedback on the prospective acceptance and usability of the referral pathway. The inputs from the community validation served as inputs to make the referral pathway more culturally sensitive and understandable to the communities.

UNFPA with its partners implemented a feedback and complaints mechanism for beneficiaries to gather their concerns and insights in relation to the implementation of interventions to address GBV. This is why the organization was able to immediately address the concern of Muslim couples regarding lack of conjugal spaces and funds were accordingly realigned to be able to procure the traditional and culturally-sensitive mosquito nets.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A review will be carried out as part of the overall CERF Rapid Response After Action Review on 18 January 2018.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
17-RR-WHO-027	Health	WHO	NNGO	$149,134
17-RR-WHO-027	Health	WHO	NNGO	$62,722
17-RR-FPA-036	Health	UNFPA	INGO	$49,950
17-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	INGO	$264,959
17-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	NNGO	$296,041
17-RR-IOM-029	Camp Management	IOM	NNGO	$15,328
17-RR-IOM-029	Camp Management	IOM	NNGO	$16,430
17-RR-IOM-029	Camp Management	IOM	GOV	$11,233
17-RR-HCR-021	Protection	UNHCR	INGO	$156,193
17-RR-HCR-021	Protection	UNHCR	INGO	$13,714
17-RR-FPA-037	Gender-Based Violence	UNFPA	NNGO	$194,470

ANNEX 2:ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
AAH	Action Against Hunger
AFP	Armed Forces of the Philippines
AGD	age, gender and diversity
ARMM	Autonomous Region in Muslim Mindanao
ASDSW	A Single Drop for Safe Water
ASRH	adolescent sexual and reproductive health
C4D	Communication for Development
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CFSI	Community and Family Service International
CP	Child Protection
CSO	civil society organization
DAFAC	Disaster Assistance and Family Access Card
DSWD	Department of Social Welfare and Development
DOH	Department of Health
DTM	Displacement Tracking Matrix
ECOWEB	Ecosystems Work for Essential Benefits, Inc.
GBV	gender-based violence
HCT	Humanitarian Country Team
HLP	housing, land and property
HRC	Humanitarian Response Consortium

IDEALS	Initiatives for Dialogue and Empowerment through Alternative Legal Services, Inc.
IDP	internally displaced persons
IEC	information, education and communication
IOM	International Organization for Migration
LGU	local government unit
MARADECA	Maranao People Development Center, Inc.
MHO	Municipal Health Office
MHT	Mindanao Humanitarian Team
MISP	Minimum Initial Service Package
MMI	Magungaya Mindanao, Inc.
MOSEP	Mindanao Organization for Social and Economic Progress
MSU-IIT	Mindanao State University - Iligan Institute of Technology
MSWDP	Municipal Social Welfare and Development Office
NGOs	non-governmental organizations
OCHA	Office for the Coordination of Humanitarian Affairs
PNA	Philippine Nurses Association
RC/HC	Resident Coordinator / Humanitarian Coordinator
RH	reproductive health
RHU	rural health unit
RSI	rural sanitary inspector
SPEED	Surveillance in Post-Extreme Emergencies and Disasters
SRH	sexual and reproductive health
TWG	Technical Working Group
UASC	unaccompanied and separated children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFS	women-friendly space
WHO	World Health Organization
WQM	water quality monitoring