

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PHILIPPINES
UNDERFUNDED EMERGENCIES ROUND 1
DISPLACEMENT 2018**

RESIDENT/HUMANITARIAN COORDINATOR	Ola Almgren
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was held on 29 January 2019 in Cagayan de Oro, Mindanao. Forty participants attended from eight UN agencies: FAO, OCHA, UNDP, UNFPA, UNICEF, UNHCR, WFP and WHO; and eight implementing partners: Catholic Relief Services (CRS), Community and Family Services International (CFSI), Health Organization for Mindanao (HOM), Muslim Youth Religious Organization Incorporated (MYROI), Magungaya Mindanao (MMI), OXFAM, Mindanao Organization for Social and Economic Progress (MOSEP) and People's Disaster Risk Reduction Network (PDRRN). Together they represented all eight projects and other sectors that were not funded by the CERF.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

The Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in Humanitarian Country Team and Mindanao Humanitarian Team monthly meetings, during the mid-term review meeting on 28 August 2018 in Iligan City, Mindanao chaired by the RC/HC, and during the after-action review on 29 January 2019 attended by recipient agencies and implementing partners. Input and consultation with recipient agencies were collected during these reviews, and recipient agencies and cluster focal points submitted information on project results, including on sub-grants to implementing partners and on beneficiary estimates. Cluster focal points consolidated input from within their clusters/implementing partners.

YES NO

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

YES NO

The final version of the RC/HC report was shared for review with all CERF recipient agencies, cluster/sector coordinators, members of the HCT and implementing partners such as OXFAM, the Coalition Against Trafficking of Women and Magungaya Mindanao Incorporated. Government counterparts such the Task Force Bangon Marawi, the Department of Trade and Industry – Region X, the Department of Social Welfare and the central offices of the Bangsamoro Autonomous Region of Muslim Mindanao, Region X, XII also received a copy of the report.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The Marawi humanitarian response has reached a critical point in March 2019, a time when resources are very limited and humanitarian activities are winding down. As the Government focuses on rehabilitation efforts in affected communities, the gap in available funding for those still in need of life-saving assistance is widening. With over 66,000 people still displaced either staying with host families, in evacuation centres or temporary shelters, the Humanitarian Country Team remains committed to the Marawi response for as long as people are unable to safely return home.

The 2018 Round 1 CERF Underfunded Emergency grant enabled the assistance of targeted populations through critical interventions to meet basic needs, including provision of food relief, targeted nutrition interventions for children and pregnant and lactating mothers, and agricultural inputs to alleviate food insecurity and nutrition deficiencies while restoring production of food staples. The deployment of mobile health teams, technical assistance and emergency rehabilitation of community health facilities addressed the immediate need for access to basic health services, including reproductive and new-born health services.

The critical protection needs of vulnerable and underserved IDPs in Lanao del Sur was an overarching objective of the grant and interventions included maintaining, profiling and tracking of IDPs to ensure protective services were strengthened to meet the age, gender and disability-specific concerns affecting both IDPs and host families. To address critical GBV and sexual exploitation concerns, women- and child-friendly spaces were created for women and girls to receive psychosocial support services. Multi-purpose cash transfers disbursed funds to the most vulnerable returnees, particularly women and girls and people from marginalized groups to enable and empower them to make financial decisions to meet their immediate basic needs.

Overall, the CERF-funded interventions were cross-cutting in nature, complemented Government-led humanitarian response and ensured convergence of projects. Improved coordination of these interventions resulted in better targeted programming, minimized the duplication of humanitarian efforts and promoted greater ownership of the program by the local authorities.

1. OVERVIEW

18-UF-PHL-28524 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	US\$61,004,152
FUNDING RECEIVED BY SOURCE	
CERF	5,031,703
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	0
OTHER (bilateral/multilateral)	9,410,326
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	\$14,442,029

18-UF-PHL-28524 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)
Allocation 1 – date of official submission: 13/02/2018

Agency	Project code	Cluster/Sector	Amount
FAO	18-UF-FAO-005	Food Security - Agriculture	849,997
UNDP	18-UF-UDP-003	Early Recovery - Early Recovery	691,923
UNFPA	18-UF-FPA-008	Protection - Sexual and/or Gender-Based Violence	400,018
UNFPA	18-UF-FPA-009	Health - Health	399,841
UNHCR	18-UF-HCR-008	Protection - Protection	500,000
UNICEF	18-UF-CEF-019	Nutrition - Nutrition	453,766
WFP	18-UF-WFP-011	Food Security - Agriculture	1,200,000
WHO	18-UF-WHO-007	Health - Health	536,158
TOTAL			5,031,703

18-UF-PHL-28524 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	\$3,019,954
- Funds transferred to Government partners*	
- Funds transferred to International NGOs partners*	\$630,692
- Funds transferred to National NGOs partners*	\$1,381,057
- Funds transferred to Red Cross/Red Crescent partners*	
Total funds transferred to implementing partners (IP)*	\$2,011,749
TOTAL	\$5,031,703

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Since 23 October 2017, following the cessation of five months of armed conflict between the Government of the Philippines and a local non-state armed group inspired by ISIS, in Marawi City, Lanao del Sur, over 353,000 civilians from Marawi City and other Lanao del Sur municipalities were on the Government's displacement registry. The conflict left 24 of Marawi City's 96 barangays – almost its entire commercial district – uninhabitable, affecting as many as 60,000 of the city's 201,000 residents who were not be able to return. Additionally, social services, utilities, housing, livelihoods and local economies for Marawi City and other affected Lanao del Sur municipalities around Lake Lanao remained severely impacted. Martial law which was imposed by the national government for the entire island of Mindanao following the conflict's outbreak has been extended and remained in place.

Since November 2017, authorities who were leading the response within the Task Force Bangon Marawi set up by the national government have focused their attention on the organized return of the displaced population to their places of origin. A return intent assessment conducted by the Protection Cluster in September 2017 found 94 per cent of internally displaced persons (IDPs) from Marawi who were surveyed indicated their desire to return but were unable to do so at the time for security reasons. Within two weeks of the end of the conflict, the Government started a phase return of Marawi City residents to barangays cleared of unexploded ordnance and mines. By the end of December 2017, nearly 100,000 residents had been registered to return. However, security risks and restoration of basic services were a challenge. Local authorities noted that many people who had been allowed to return to Marawi City went back to evacuation centres and host communities due to delays in the restoration of

utilities, services, schools and livelihood opportunities. Local markets are slowly resuming but food security and access to potable water and sanitation are immediate gaps.

Lanao del Sur is the poorest province in the Philippines, with more than 66 per cent of its population living below the poverty threshold. A November 2017 food security and nutrition assessment found that 35 per cent of the displaced population was severely or moderately food insecure. Average incomes had dropped by 40 per cent, and 39 per cent of those assessed spending more than 65 per cent of their income on food. This and protracted reliance on food relief have contributed to low dietary diversity for more than half of the affected population. Additionally, a rapid assessment of gender-based violence (GBV) and child protection concerns undertaken in October 2017 found 45 per cent of conflict-affected sites surveyed report girls affected by sexual violence or exploitation, including early or forced marriage by survivors of sexual violence to their perpetrators.

Protection concerns remain for those living with host families and those in formal and community-based evacuation centres. These include the lack of identification documents and land titles, GBV, exploitation and abuse, and unequal access to humanitarian assistance, services and information. Other challenges that need to be addressed in the return process include peace building, reconciliation and countering extremism. The hardships of people displaced by the conflict was exacerbated by Typhoon Tembin (locally named Vinta), which crossed over the conflict affected areas in December 2017, causing flash floods and landslides.

The Humanitarian Country Team (HCT) released a strategic planning and resource mobilisation document “Marawi Response and Resources Overview” (HRRO) in July 2017 that outlines a framework for a coordinated response to the Marawi crisis. The HRRO and subsequent revisions targeted 199,000 people – 115,000 people displaced in the municipalities of Lanao del Sur and Lanao del Norte provinces, and 84,000 residents of Marawi City – for the provision of basic services, protection and early recovery support. Priority attention was given to addressing the food security, WASH, health and protection-related needs of those still displaced. The HCT also sought collaboration with development actors to collectively address factors that perpetuate protracted displacement.

3. PRIORITIZATION PROCESS

A deliberate and consultative approach was taken to identify and develop the prioritization strategy for the CERF UFE grant. An initial meeting was chaired by the RC/HC on 19 December 2017, where three working groups –Basic Needs, Protection and Safe and Sustainable Return– were established to prioritise needs and activities by theme.

The group collectively considered the humanitarian response strategy of the Marawi HRRO, a document used in lieu of an HRP for this response, as well as findings of recent needs assessments on food security and GBV and child protection. They further reviewed the monthly field reports to the HCT on current needs, responses and gaps, as well as consultations made by the Mindanao Humanitarian Team. Additional factors that were considered included areas that previously lacked access to basic humanitarian relief and services and to basic social services, protracted displacement in unsatisfactory living conditions, and the priorities of the Government’s Task Force Bangon Marawi, which continues to lead the humanitarian response while planning for the recovery and reconstruction of Marawi City.

From these information sources, the group agreed to focus on IDPs in Lanao del Sur communities as the most urgently in need of life-saving humanitarian assistance, as access to most of the province by humanitarian actors, including government services, has been restricted until recently by security concerns. This discussion also concluded in the identification of three thematic areas for which working groups were formed.

The working groups, in consultation with their actively responding cluster partners, were tasked to develop proposals for submission to the RC/HC by the end of December 2017. The working groups further considered the agreed priorities, exacerbation of humanitarian needs by the recent typhoon, capacities of implementing partners, and availability of funding from other sources to narrow the geographic and thematic scopes to Marawi City and five core municipalities and eight projects. The Governments of Australia, Belgium, Japan, New Zealand, and the United States, among others, are providing additional financial

support to address the humanitarian needs of the conflict-affected IDPs, which was fully considered in the development of the strategy. The RC/HC consulted respective agencies on his final selection of projects in a meeting he chaired on 24 January.

The HCT members agreed to seek to alleviate life-threatening conditions and prevent unnecessary loss of lives amongst 59,500 people displaced by the five-month conflict in Marawi City, Mindanao that ended in October 2017. Over a nine-month implementation period, recipient agencies committed to scale up and strengthen support for the most vulnerable conflict-affected people in host communities, evacuation centres and return sites to: 1) meet basic needs in food security, health and nutrition, 2) address protection concerns, and in the process, and 3) create conditions for the safe and sustainable return of those displaced. Of the 59,000 target beneficiaries in Marawi City and five priority municipalities in Lanao del Sur province (Bubong, Ditsaan-Ramain, Marantao, Piagapo and Saguiaran), at least 10,000 are nutritionally at-risk pregnant and nursing women and girls, and 20,000 are children under 5 years old.

To maximise impact, participating agencies prioritized Marawi City and five high-risk municipalities in Lanao del Sur to implement a multi-sectoral intervention. These are areas that are hosting a large number of IDPs, where food security indicators were the most alarming, and agencies have begun implementing activities after access has been restored to UN agencies in November 2017. Saguiaran was targeted for the CERF rapid response grant of July 2017 but required continued support.

In the light of the results of the cash and market assessment undertaken by iAFFORD and FIRM from 11 to 15 January 2018 in Marawi City, Saguiaran and municipalities in Lanao del Norte, a cash assistance programme was also formulated to disburse funds to the most vulnerable returnees, particularly women, girls, people with disabilities, elderly, social minorities and other marginalized groups in Bubong, Saguiaran, and Marawi City. The provision of cash transfers was envisioned to involve the profiling of returnees and mapping of their movements which had been difficult to monitor. The data that would be gathered would integrate beneficiaries into the Government's longer-term social protection programmes led by the Department of Social Welfare and Development of the Autonomous Region in Muslim Mindanao, which include cash transfers and sustainable livelihoods, contributing to the safe and sustainable return of IDPs. The targeting for the cash-based programme was closely coordinated with Food Security and Agriculture, and Protection sectors.

4. CERF RESULTS

The CERF allocated \$5 million to the Philippines from its window of underfunded emergencies to alleviate life-threatening conditions and prevent unnecessary loss of lives amongst 59,500 people displaced by the five-month conflict in Marawi City, Mindanao. Over a ten-month implementation period, this funding enabled UN agencies and partners to improve food security through access to food, livelihoods and increased agricultural capacities to 3,800 direct farmer-beneficiaries, representing household beneficiaries totalling to 19,000 individuals. The funding provided targeted cash transfers to 10,000 people, out of which 6,000 are women and 4,000 are men; improved the availability of survivor-centred, gender-responsive services to respond to and prevent gender-based violence to over 29,697 people; ensured access to reproductive health services to 21,359 people, of which 4,961 are girls and 1,939 are boys; provided life-saving nutrition interventions for 10,425 children under five and 2,827 pregnant and lactating women; and provided 26,076 children with micronutrient supplementation, 1,883 pregnant and lactating women with iron and folic acid supplementation, nutritional supplies and equipment benefiting an estimated 26,000 children.

Over 45,000 people were provided with nutrition in emergency interventions, of which 3,869 boys, 3,766 girls and 1,425 women received specialized nutritious foods. The funding also provided 69,578 people in camps and host municipalities access to primary health services, including essential medication at mobile health units, as well as aided in the repair of damaged health facilities to enable continuation of health services in remote areas.

Recipient agencies set 75 targets ("indicators"), 67 of which were fully met. The under-achievement of indicators was due to the mobile nature of the IDPs, who continuously searched for a sustainable source of support, causing them to move closer to places with livelihood and income opportunities. The observance of Ramadan and two major elections that occurred during the duration of the project were also cited for the delay of some projects. Agriculture, economic recovery, protection, reproductive health, and nutrition either reached or exceeded the number of target beneficiaries.

The following are key outcomes achieved through CERF funding by sector:

Food security/Agriculture

- IDP farming households received rice, corn and vegetable seeds, fertilizers, poultry and livestock, fishery inputs, and small farming machinery, helping restore agricultural livelihoods, increasing their food security and agricultural capacity.
- Life-saving food assistance was provided, which improved the nutritional status of at-risk displaced children, including adolescent girls through a three-month supplementary feeding program.
- Based on monitoring results of food assistance, none of the assessed households have a poor food consumption score after the intervention. All assessed households were satisfied with the assistance they received.

Protection

- Women, men, girls and boys had increased access to protection services and civil documents such as birth certificates and health insurance identification cards. GBV survivors gained access to appropriate, life-saving services.
- IDP women received training as facilitators to manage women-friendly spaces, with information sessions reaching men, women, boys and girls.
- A Women and Children Protection Unit in Amai Pakpak Medical Center was installed, the first in Lanao del Sur offering legal, medical, and psychosocial services. The unit recorded an increase in the rate of cases reported and a demand for life-saving services since the unit opened in October 2018.
- Government officials, religious and community leaders were trained as service providers to the Local Committee on Anti-trafficking and Violence Against Women and Children.

Health

- Pregnant and lactating women IDPs received greater access to integrated, high-quality reproductive health and maternal health services while local health personnel increased their capacity for providing maternal health services for future emergencies.
- Adolescent IDPs have increased awareness of their sexual and reproductive health and rights through trained youth peer educators.
- Women, men, girls and boys, including pregnant and lactating mothers received critical nutrition interventions, screening and treatment for acute malnutrition.
- Access to primary health services and protection from health threats increased, and disease surveillance and outbreak control capacities of local health staff and facilities were strengthened.

Early Recovery

- IDPs received cash assistance, either via one-time transfers or employment through cash-for-work or care work activities and financial literacy interventions. All cash grants required beneficiaries to complete training on financial literacy and the fundamentals of digital payments.
- IDP traders and entrepreneurs received cash grants of \$61, equivalent to 82 per cent of micro-credit support established by the Government to affected traders in affected areas to enable them to restart their businesses as a critical early recovery contribution to restarting local economic activity. As traders and small businesses are critical agents in facilitating the sustained delivery and supply of basic commodities and cash flow in the local market, their rapid restoration during the return process is a life-saving intervention.
- IDPs were introduced to a digital transfer platform called iAFFORD which allowed them to safely save money, send and receive remittances from abroad, pay bills/utilities and access Shari'ah compliant micro-insurance, enabling them to have control over the management of their finances in support of immediate needs and faster recovery.

5. PEOPLE REACHED

One of the significant challenges encountered was the collection of disaggregated data. Some agencies encountered the double entry of names in the master list submitted by government counterparts. The mobile nature of IDPs, as some moved to other

municipalities in search of better opportunities, made their number difficult to track in the field and contributed in the total people reached in some agencies. This also affected the scheduling of project activities, and constant contact with local government authorities as well as beneficiaries was needed to ensure their continued participation. Consultation with local government counterparts also led FAO and WFP to adjust targets from 2,800 farmer-led household beneficiaries (or 14,000 individuals including the indirect beneficiaries within the household) to 3,800 farmer-led household beneficiaries (19,000 or individuals including the indirect beneficiaries within the household) reaching more underserved populations.

Efforts of local partners to conduct outreach sessions in villages and communities enabled some agencies to attain a significantly higher reach. This strategy was used by UNFPA, UNICEF, WFP and WHO to reach displaced people and host communities in remote areas. Local authorities also provided crucial logistical support and transportation to enable better participation. UNHCR cited access issues, the holding of two barangay elections and the observance of Ramadan as factors which affected their projects. Assessment and information validation were limited due to security reasons. For both nutrition and livelihood activities, WFP was able to purchase higher quantity of food, allowing them to expand their reach. The data from which the planned number of beneficiaries for the nutrition intervention was based from turned out to be much higher than the actual demand, thus with higher food quantities and smaller eligible population on the initial covered municipalities, WFP expanded to ten more municipalities in Lanao del Norte and Lanao del Sur.

With UNICEF, the target numbers were estimates based on the Philippine Statistics Authority population since there were no data available on the actual number of mothers and caregivers of children under 23 months and children under-five years. Cumulatively, it shows that the programme reached more than the targeted beneficiaries, however if broken down into age groups, the programme did not reach the targeted number of mothers and caregivers of children under 23 months because the actual number reached in the communities was found to be less than the Philippine Statistics Authority population estimates. As for the number of children under-five reached, the number is higher than the planned targets since this includes children who were given health and nutrition services (i.e. micronutrient supplementation) aside from being screened for malnutrition.

With the limitation of available demographic data, each cluster had their own process of deriving their reached population by age and gender. To avoid significant double counting for the total number of people directly assisted with CERF funding, beneficiary figures from the Nutrition sector were used for the number of children in the number of people reached, while figures from the Health sector were used for adult beneficiaries. To estimate the overall breakdown of the number of IDPs, host population and affected people by category, a percentage distribution was calculated by category. The average of the percent distribution for all sectors by category, which was 63 per cent IDPs, 32 per cent host population, and 5 per cent affected people, was then applied to the total overall people reached (88,199 people).

18-UF-PHL-28524 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Early Recovery - Early Recovery	0	6,014	6,014	0	3,986	3,986	0	10,000	10,000
Food Security - Agriculture	0	4,285	4,285	0	14,715	14,715	0	19,000	19,000
Food Security - Food Aid	11,768	10,208	21,976	11,634	11,550	23,184	23,402	21,758	45,160
Health - Health	3,802	31,683	35,485	3,653	30,440	34,093	7,445	62,123	69,578
Nutrition - Nutrition	12,965	3,097	16,062	13,111	0	13,111	26,076	3,097	29,173
Protection - Protection	5,499	25,050	30,549	3,666	16,700	20,366	9,165	41,750	50,915
Protection - Sexual and/or Gender-Based Violence	5,447	16,415	21,862	1,797	6,028	7,825	7,244	22,443	29,687

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

18-UF-PHL-28524 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING ²									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	16,491	31,274	47,765	16,354	19,516	35,870	32,845	50,790	83,635
Reached	12,965	31,683	44,648	13,111	30,440	43,551	26,076	62,123	88,199

² Best estimates 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.

18-UF-PHL-28524 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	68,635	55,681
Host population	15,000	28,445
Affected people (none of the above)	0	4,073
Total (same as in table 5)	83,635	88,199

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?
 YES PARTIALLY NO

CERF continues to be one of the most rapid funding mechanisms for the Marawi response. Recipient agencies were able to accelerate their response period to the project beneficiaries. The rapid disbursement of funds allowed for the efficient and flexible procurement of food, medication, dignity kits, emergency reproductive health kits, and agricultural inputs and supplies at critical period in the response where livelihoods, food security, access to potable water and sanitation were immediate gaps that needed to be met. The duration of the implementation period provided an adequate timeframe for the project to deliver the agricultural inputs before it ended on 31 December 2018.

The timely availability of quality health services, including reproductive health interventions and psychosocial support mitigated the occurrence of disease outbreaks and risk of sexual violence, abuse and exploitation. The increase in knowledge and awareness in adolescent boys and girls helped them make informed choices and plan an active role in their communities.

CERF also aided in providing IDPs safe and quick access to cash assistance, which stimulated the local markets and economic activity. The funding also supported basic food and non-food needs for a sustainable return to Marawi City, speeding up critical early recovery of displaced families.

b) Did CERF funds help respond to time-critical needs?
 YES PARTIALLY NO

With the overlapping needs of those displaced by the Marawi conflict and Typhoon Tembin making landfall on 22 December 2017, flooding evacuation centres and causing inundation, landslides and damage to agricultural land in Mindanao, there was a critical need to address food insecurity, low dietary intake and disrupted agricultural activities through CERF.

Of the 10,425 under-five children screened, 92 children were found to have severe acute malnutrition, 266 children had moderate acute malnutrition, and 286 were nutritionally at-risk. Sixty-four pregnant and lactating women were found to have moderate acute malnutrition. The delivery of interventions for nutritionally at-risk displaced communities and screening for acute malnutrition in children and the distribution of micronutrient supplements to children and iron-folic acid supplements to pregnant and lactating women prevented the deterioration of their nutritional status.

Farmers who were affected by the conflict had already missed two planting seasons and fisherfolk also lost their assets during the conflict. Their livelihood activities were reduced to a minimum and opportunities to restore income were limited. With the timely support of CERF funds, they were able to resume farming activities during the November/December 2018 planting season, which helped safeguard from threats of food insecurity and malnutrition.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

Convergence of projects is one of the outcomes of improved coordination between the sectors. Coordinated emergency response initiatives were achieved through the identification of common beneficiaries in the project areas. Under this convergence approach, WFP provided food-for-work initiatives to farmer beneficiaries in land clearing, plowing/land cultivation and establishment or repair of paddy dikes and irrigation canals. FAO supported the farmer beneficiaries by providing them agricultural inputs such as rice and corn seeds, assorted vegetable seeds, broiler packages, fishery inputs and farm tools to help ensure food security and short-term income. Other farmer beneficiaries not covered by WFP, received cash-for-work assistance from UNDP to ensure that no one is left behind. A convergence of interventions among FAO, UNDP, and WFP improved the operational delivery of agricultural and fishery input assistance. The CERF grant also provided a platform for WHO, UNFPA, UNICEF, WFP and implementing partners to coordinate their health and nutrition outreach programmes and prevented the duplication of humanitarian efforts, improved coordination and promoted ownership off the program by the local authorities. All sectors were able to engage local authorities and barangay (village) officials, who helped in the preparation and conduct of assessments, health and nutrition outreach programmes, and information campaigns.

The CERF grant was an opportunity for UN agencies to coordinate in developing a larger capacity with their national NGO counterparts. The twelve national NGOs are often in the front lines of humanitarian action, recovery, and development and their invaluable contribution to the Marawi response is highlighted by the success of the agency projects.

d) Did CERF funds help improve resource mobilization from other sources?

YES

PARTIALLY

NO

During the project, a validated master list of 3,800 direct farmer-led household beneficiaries (or 19,000 individuals including the indirect beneficiaries within the household) enabled FAO to lobby for additional funding support with donors and government agencies. As a result, the Department of Trade and Industry Region 10 showed interest to link the 100 CERF fisher beneficiaries to their Shared Services Facility and requested FAO to draft the proposal in order to activate the second phase of intervention. UNHCR, which received funding from the Government of Australia before the CERF UFE grant, was able to complement their activities and use both resources for activities such as civil registration and community empowerment projects, where CERF funds covered six priority areas, while funds from Australia covered other affected municipalities around Lanao del Sur and Lanao del Norte.

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

CERF enabled recipient agencies and implementing partners to assist municipalities not receiving enough assistance from the Government due to financial constraints of their own. Through the eight projects funded by CERF, detailed information regarding the continuing humanitarian needs of displaced communities are documented, which can comprehensively inform the Task Force Bangon Marawi (TFBM) Rehabilitation Plan, a government strategy which intends to address the insecurities faced by different communities in

Lanao Del Sur affected by the Marawi conflict across sectors. CERF also allowed the scaling up of existing programmes of recipient agencies, government partners, and international and local NGOs, continuing the momentum of the Marawi response. This led to agencies complementing their activities and services, making them more impactful. Recipient agencies during the short time period were able to identify additional under-served displaced populations outside their target areas and include them in their programming, either in CERF projects or complementary initiatives.

The CERF grant also raised the profile of the continuing humanitarian needs of those displaced by the Marawi conflict. During the visit of the Assistant Secretary-General for Humanitarian Affairs Ursula Mueller to the Philippines, she visited Marawi City and met with implementing partners and beneficiaries of the different CERF projects, as well as with donors to advocate for continued support and funding. Her visit gained international and national media attention. Donors such as the Government of Australia also sought to complement ongoing activities of CERF-funded projects in reproductive health and protection.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
To promote collaboration among recipient agencies, CERF guidelines should include positive incentives towards joint programming and larger allocations to local partners.	Consider flexibility in funding and budget allocation.
Measuring impact is a challenge as the grant duration was too short to predict long-term results.	The CERF secretariat could formulate a post-assessment window to revisit past CERF projects to concretely analyze the longer-term gains or losses reached by the intervention.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Convergence of interventions with UNDP, WFP, and FAO resulted to improving the delivery of agricultural and fishery input assistance. In addition, the convergence also avoided duplication of humanitarian efforts, attempted more holistic approach in achieving human security, and reached harmony in liaising with the local government units (LGUs).	Strengthening the integration of multi-sectoral interventions between UN agencies and government and implementing partners should be a priority in order to make interventions more impactful.	Recipient agencies, implementing partners, OCHA
Given the bulk of the procurement requirement of the project, it was helpful that a local suppliers forum was organized in Lanao del Sur to be able to reach more potential suppliers, who could bid and deliver the different inputs in a short period of time.	Explore the possibility of establishing an input-voucher system or other innovative procurement approaches, and adopt more flexible procurement processes to facilitate a faster and cost-efficient delivery of assistance within the project timelines	Recipient agencies, implementing partners
Engagement of national NGOs as implementing partners shortened the processing time for the identification and validation of households to be reached. Engaging a national partner enabled access to certain municipalities that were difficult to reach.	There is an opportunity to scale up the identification, validation, monitoring and evaluation of beneficiaries reached if there will be one focal implementing partner to monitor interventions provided in Lanao del Sur. This can lead to the formulation of critical tools like mapping,	Recipient agencies, implementing partners, OCHA

	recognizing zones of unserved populations, among others.	
Involving local government counterparts at the project inception and different stages of project implementation until its completion can strengthen local capacity to manage projects and promote a sense of ownership that will ensure longevity of CERF interventions even after the project.	Include local government authorities in all phases of the CERF project. From inception to post-assessment, government partners should serve as champions of addressing the challenges in food security, nutrition, and livelihood resilience in areas affected by overlapping hazards.	Recipient agencies, Local government authorities
<p>The success of using digital payments, anchored around a community-based financial ecosystem for the Marawi early recovery programme, was a good entry point to facilitate the financial inclusion of IDPs in Lanao del Sur and in other areas of acute displacement.</p> <p>Access to Islamic finance and facilitating the development of Islamic finance products with non-Islamic financial institutions can benefit the economic growth of Marawi. This can support livelihood diversification and rebuilt lost or damaged enterprises which could contribute to the restoration of the local economy and spur income growth for inclusive development.</p>	<p>The initial pool of local merchants and community financial service providers can serve as the financial network for future cash transfer transactions of the government and other aid and development agencies.</p> <p>Recovery plans for Marawi should include financial policies, services and programmes that will strengthen financial infrastructure and services to support Marawi economic growth.</p> <p>Continuous financial literacy programmes should be supported by the government through the Department of Social Welfare and Development under family development sessions.</p>	Development partners, Local government authorities, the Department of Social Welfare and Development.
There is the challenge of sustaining and continuing the momentum of Marawi humanitarian response. With the Government focused on recovery and rebuilding, many humanitarian projects are winding down or have ended although needs remain for over 66,0000 people who continue to be displaced.	Continue to advocate for priority needs of the Marawi humanitarian response – Food, WASH, health and livelihood interventions and funding of the Marawi Response and Resources Overview (HRRO) strategy of the Humanitarian Country Team. The HCT and Mindanao Humanitarian Team must address the next steps of the Marawi response.	Humanitarian Coordinator, Humanitarian Country Team, Mindanao Humanitarian Team

PART II

8. PROJECT REPORTS

8.1. Project Report 18-UF-FAO-005 – FAO

1. Project information			
1. Agency:	FAO	2. Country:	Philippines
3. Cluster/Sector:	Food Security - Agriculture	4. Project code (CERF):	18-UF-FAO-005
5. Project title:	Improve food security through access to food, livelihoods restoration and increased agricultural capacities		
6.a Original Start date:	14/03/2018	6.b Original End date	31/12/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 13,033,132
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,416,868
	c. Amount received from CERF:		US\$ 849,997
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 57,859
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 57,859

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO, with operational support from key implementing partners and government counterparts, delivered various farming and fishing input packages to conflict-affected communities in Lanao del Sur that include the following:

a) rice production package- 1,583 HHs (rice seeds, fertilizers, vegetables seeds); poultry and small ruminants production package – 350 households (free-range chickens, mallard ducks, and goats); corn production package – 1,467 HHs (corn seeds, fertilizers rice, corn, vegetable seeds); fishery inputs package – 100 households (fish cages/pens, fingerlings, feeds, gill nets, fish pots, vegetable seeds); small-farm machineries package -300 households (mini-tillers, vegetable seeds).

In summary, the project supported a total of 3,800 farmer-IDPs and farmers hosting IDPs, including their households (totalling to 19,000 IDPs and host populations, including the indirect beneficiaries within the household) implemented from March to December 2018 and allowed for restoration of agricultural livelihoods thereby improving food security through access to food, livelihood restoration and increased agricultural capacities in four municipalities in Lanao del Sur affected by the Marawi crisis.

3. Changes and Amendments

On 27 August 2018, FAO formally wrote the Resident/Humanitarian Coordinator about our request of minor reprogramming of funds to fully utilize the financial resources reserved for the nine-month implementation period. We justified that since the contracts budget line will not be fully utilized due to the combined actual costs of the letters of agreements pursued (MMI and MARADECA), we proposed to reallocate the remaining funds under this budget line to the expendable and non-expendable budget lines. But note that this movement between budget lines did not go beyond the overall cumulative 15% shift, which requires the approval of the ERC. As internal realignment of funds was pursued, it gave the project adequate flexibility to increase its delivery from serving 2,800 farmer-led household beneficiaries (or 14,000 individuals including indirect beneficiaries within the household) to 3,800 farmer-led household beneficiaries (or 19,000 individuals including indirect beneficiaries within the household), which resulted to a 37% rise in target.

By 31 December 2018, the project has reached approximately 90% fund utilization, which accounted for complete delivery of all input packages including contracting of two implementing partners, who have supported the project in achieving its target outputs. In the event of any savings or unspent funds earned by the project will be disclosed in the financial report upon submission for financial closure.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	0	7,196	7,196	0	6,804	6,804	0	14,000	14,000
Reached	0	4,285	4,285	0	14,715	14,715	0	19,000	19,000

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	12,000	7,100
<i>Host population</i>	2,000	4,880
<i>Affected people (none of the above)</i>	0	7,020
Total (same as in 4a)	14,000	19,000

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Due to internal reprogramming of funds approved by the HC, FAO was able to increase the household reach from 14,000 to 19,000 individuals, which accounted for a 36% increase in target.

5. CERF Result Framework

Project objective	Improving the food security and agricultural production of 2,800 farm and fisher families (14,000 individuals) in Lanao del Sur province in a nine-month period
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Output 1	1,400 families receiving certified rice seeds (CRS), assorted vegetable seeds and fertilizers
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Coverage of the provision of certified rice seeds, assorted vegetable seeds and fertilizers to target beneficiaries in per cent	100% (1,400 farmers)	113 % (1,583 farmers)	Terminal report of the Service Provider (MMI)
Indicator 1.2	Area planted with rice seeds in hectares	1,400 hectares	1,583 hectares	Terminal report of the Service Provider (MMI)
Indicator 1.3	Area planted with assorted vegetable in hectares	53 hectares (380 sqm/packet)	60 hectares (380 sqm/packet)	Terminal report of the Service Provider (MMI)
Explanation of output and indicators variance:		With accrued savings and in consultation with government counterparts, additional rice production packages were procured for additional beneficiaries		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 1,400 bags CRS; 4,200 bags urea/complete fertilizer; 1,400 packets of assorted vegetables	FAO		
Activity 1.2	Facilitation of stakeholder's beneficiary selection in the targeted 4 municipalities	FAO		
Activity 1.3	Distribution of agricultural inputs	FAO, DA-LGU, DSWD, DAR, MMI (NGO)		
Activity 1.4	Monitoring of interventions and report writing	FAO, DA-LGU, MARADECA (NGO)		
Output 2	750 families receiving open-pollinated variety (OPV) corn seeds, assorted vegetable seeds and fertilizers			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Coverage of the provision of OPV corn seeds, assorted vegetable seeds and fertilizers to target beneficiaries in per cent	100% (750 farmers)	151 % (1,467 farmers)	Terminal report of the Service Provider (MMI)
Indicator 2.2	Area planted with corn seeds in hectares	750 hectares	1,467 hectares	Terminal report of the Service Provider (MMI)
Indicator 2.3	Area planted with assorted vegetable seeds in hectares	28.5 hectares	56 hectares (380 sqm/packet)	Terminal report of the Service Provider (MMI)
Explanation of output and indicators variance:		With accrued savings and in consultation with government counterparts, additional corn production packages were procured for additional beneficiaries		
Activities	Description	Implemented by		
Activity 2.1	Procurement of 750 bags CRS; 2,250 bags urea/complete fertilizer; 750 packets of assorted vegetables	FAO		
Activity 2.2	Facilitation of stakeholder's beneficiary selection in the targeted 4 municipalities	FAO		
Activity 2.3	Distribution of agricultural inputs	FAO, DA-LGU, DSWD, DAR, MMI (NGO)		
Activity 2.4	Monitoring and assessment of initial outcome of intervention and report writing	FAO, DA-LGU, MARADECA (NGO)		
Output 3	350 families receiving livestock/poultry inputs and broiler chicken packages, assorted vegetable seeds			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Coverage of the provision of broiler chicken package (chicken, starter feed, grower fee, feeder and waterer) and	100% (150 farmers)	100% (150 farmers)	Terminal report of the Service Provider (MMI)

	assorted vegetable seeds to target beneficiaries in per cent			
Indicator 3.2	Coverage of the provision of mallard ducks and assorted vegetable seeds to target beneficiaries in per cent	100% (100 farmers)	100% (100 farmers)	Terminal report of the Service Provider (MMI)
Indicator 3.3	Coverage of the provision of goats (does and bucks) and assorted vegetable seeds to target beneficiaries in per cent	100% (100 farmers)	100% (100 farmers)	Terminal report of the Service Provider (MMI)
Indicator 3.4	Area planted with assorted vegetables in hectares	13.3 hectares	13.3 hectares	Terminal report of the Service Provider (MMI)
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 3.1	Procurement of broiler chicken production package (broiler chicks, starter feed, grower feed, feeder, waterer) mallard ducks, goats, and assorted vegetables seeds	FAO		
Activity 3.2	Facilitation of stakeholder's beneficiary selection in the targeted 4 municipalities	FAO, DA-LGU, DSWD, DAR, MMI (NGO)		
Activity 3.3	Distribution of broiler chicken production package, mallard ducks, goats, and assorted vegetable seeds	FAO, DA-LGU, DSWD, DAR, MMI (NGO)		
Activity 3.4	Monitoring of interventions and report writing	FAO, DA-LGU, MARADECA (NGO)		

Output 4	100 families receiving fisheries inputs (floating cages, fingerlings, starter and growout feeds, gill net, fish pot) and assorted vegetable seeds			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Coverage of the provision of fisheries inputs (floating cages, fingerlings, starter and growout feeds, gill net, fish pot) and assorted vegetable seeds to target beneficiaries in per cent	100% (100 farmers)	100% (100 farmers)	Terminal report of the Service Provider (MMI)
Indicator 4.2	Area planted with assorted vegetables in hectares	3.8 hectares	3.8 hectares	Terminal report of the Service Provider (MMI)
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 4.1	Procurement of fisheries inputs (floating cages, fingerlings, starter and growout feeds, gill net, fish pot) and assorted vegetable seeds to target beneficiaries	FAO		
Activity 4.2	Facilitation of stakeholder's beneficiary selection in the targeted 4 municipalities	FAO		
Activity 4.3	Distribution of fisheries inputs and assorted vegetable seeds	FAO, DA-LGU, DSWD, DAR, MMI (NGO)		
Activity 4.4	Monitoring of interventions and report writing	FAO, DA-LGU, MARADECA (NGO)		

Output 5	200 families receiving mini tillers and rotavators, and assorted vegetable seeds			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Coverage of the provision of mini tiller and rotavator, and assorted vegetable seeds to target beneficiaries in per cent	100% (200 farmers)	150% (300 farmers)	Terminal report of the Service Provider (MMI)

Indicator 5.2	Areas planted with assorted vegetables in hectares	7.6 hectares	11.4 hectares	Terminal report of the Service Provider (MMI)
Explanation of output and indicators variance:		With accrued savings and in consultation with government counterparts, additional corn production packages were procured for additional beneficiaries		
Activities	Description	Implemented by		
Activity 5.1	Procurement of mini tiller and rotavator, and assorted vegetable seeds	FAO		
Activity 5.2	Facilitation of stakeholder's beneficiary selection in the targeted 4 municipalities	FAO		
Activity 5.3	Distribution of mini tiller and rotavator and assorted vegetable seeds	FAO, DA-LGU, DSWD, DAR, MMI (NGO)		
Activity 5.4	Monitoring of interventions and report writing	FAO, DA-LGU, MARADECA (NGO)		

6. Accountability to Affected People

A) Project design and planning phase:

FAO drew on its commitment to integrate Accountability to Affected Populations (AAP) messaging in its response planning and implementation, to ensure that needs of the targeted communities would be further examined, re-evaluated and validated in consultation with LGUs and members of the targeted communities during the inception phase of the project.

B) Project implementation phase:

AAP considerations such as sourcing and delivering area-appropriate inputs, using culturally-sensitive distribution protocols, communicating guidelines and input information to farmer/fisher communities were addressed. Technical briefing about the quality/specifications, handling and use of the agricultural/fisheries inputs has been done prior to distribution to beneficiaries. Specific AAP activities include the following:

- FAO coordinated with DAF-ARMM and concerned LGUs to organize input distribution and minimize service overlaps and duplication.
- The project team explained FAO beneficiary targeting methodology and AAP mechanisms in the municipal and barangay levels. Pre-distribution meetings were also held with partners a day before the actual distribution to refine distribution processes and minimize delays during the actual distribution activity.
- Chairs and tables were provided during registration and priority was given to persons with disabilities, senior citizens, pregnant women, and lactating mothers.
- Gender concerns were well-integrated in the selection and prioritization of beneficiary-households. Female- and child-headed households were also automatically included in the list of beneficiaries.
- Staff members allotted time for technical orientation and briefing for each input distributed. This is to ensure that beneficiaries know how to use the inputs.
- FAO highlighted the convergence arrangements with UNDP and WFP and how such activities are integrated in the overall goal of the project.
- Key messages involving feedback mechanisms, selection processes, and further implementation arrangements were provided prior to distribution.

C) Project monitoring and evaluation:

FAO actively sought the views of affected populations ensuring that feedback and complaints mechanisms are streamlined, appropriate, and sufficient to deal with complaints about breaches in project implementation and stakeholder dissatisfaction.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>The project has engaged a service provider, MARADECA (Maranao Peoples Development Center, Inc.) to measure or evaluate the short to intermediate outcomes of the intervention to 3,800 farming households.</p> <p>Highlights of the study are provided in succeeding paragraphs: MARADECA Inc., a local NGO based in Marantao, Lanao del Sur, was contracted by FAO to conduct a study on the immediate outcome of the FAO CERF project. Interview questionnaires, key informant interviews (KII), and FGD were the tools used by the NGO for the evaluation activities. 317 individuals participated in the study with 290 from farming communities and 27 from fishing communities. The respondents were drawn from the four project municipalities of Ditsa-an Ragain, Marantao, Piagapo, and Saguiaran, in the province of Lanao de Sur.</p> <p>Major findings from the study includes the following: a) Majority of the beneficiaries considered the different types of assistance received as useful in addressing food security and alternative income sources; b) the respondents pointed out that they did not received the inputs on initially agreed dates which was due to availability of inputs which require additional time for consolidation such as fishery component like fingerlings.</p> <p>As such following recommendations were put forward: a) given the short project timeframe, it was difficult to ascertain its impact or measure the level of contribution of the in improving the lives of the beneficiaries; b) involvement of the local NGO in the whole project process of project implementation.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.2. Project Report 18-UF-UDP-003 – UNDP

1. Project information			
1. Agency:	UNDP	2. Country:	Philippines
3. Cluster/Sector:	Early Recovery - Early Recovery	4. Project code (CERF):	18-UF-UDP-003
5. Project title:	Targeted Cash Transfers to Vulnerable Internally Displaced Persons (IDPs) Affected by the Marawi Conflict		
6.a Original Start date:	02/04/2018	6.b Original End date	31/12/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 991,923
	c. Amount received from CERF:		US\$ 691,923
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 571,897
	▪ Government Partners		
	▪ International NGOs		US\$ 571,879
	▪ National NGOs		
	▪ Red Cross/Crescent		

2. Project Results Summary/Overall Performance
<p>Through the CERF UFE grant, UNDP and its implementing partners supported 10,000 IDPs (6,000 women and 4,000 men) in Marawi City and the municipalities of Bubong, Ditsaan-Ramain, and Saguigaran in Lanao del Sur to meet their basic and lifesaving needs through safe, secure, efficient and Shariah-compliant digital cash transfers. Out of the 10,000 IDPs, 8,350 received one-time transfers; 1,050 were employed through cash for work or care work activities; and 600 IDPs were assisted to recover assets or gain access to diversified livelihood.</p> <p>Beyond the immediate beneficiaries, the project is estimated to have reached 60,000 people through complementary advocacy, communications, and financial literacy interventions corollary to the introduction of the digital transfers platform (a personalized identification and pre-paid card called "iAFFORD"). The project facilitated the quick and safer sourcing of basic goods and services directly from local traders and service providers via cashless purchases at participating community stores, some of whom were the asset-recovery beneficiaries themselves. The beneficiary IDPs were also able to use the iAFFORD card to safely store their money, send remittances, pay bills/utilities, and access Shari'ah-compliant micro-insurance; thus, enabling them to have better control over the management of their finances in support of immediate needs and faster recovery.</p> <p>Towards the end of the project, the beneficiaries signified continued interest in making use of the iAFFORD card and taking advantage of its many features. In the post-distribution evaluation, it has been determined that the beneficiaries find the cards continually useful in making purchases, saving money, and sending and receiving remittances. Moreover, in view of the personalized feature of the cards, many beneficiaries carry it with as supplementary/secondary proof of identification. It should be noted finally that the project beneficiaries, as enrolled account holders in the iAFFORD platform, now form part of a community network that can be easily tapped and further supported in the building of a truly inclusive financial ecosystem in Lanao del Sur and in other places in the Bangsamoro. For this reason, the local government of the Province of Lanao del Sur has taken interest in exploring how it may adopt the modality of using innovation</p>

and the inclusive finance lens in implementing its local government projects that have a cash transfer component, beginning with those already enrolled in iAFFORD system.

3. Changes and Amendments

One change during the cash and card distribution process was the inclusion of the municipality of Ditsaan-Ramain as part of the project's areas of operation. This was necessitated due to the changes in the physical location of previously registered IDPs (originally from the town of Bubong) and the eventual, actual place where they chose to claim their cash support in the neighbouring town of Ditsaan-Ramain.

The sporadic migration and mobility of IDPs considerably affected the scheduling of project activities. The IDPs' continuous search for sustainable source of support cause them to move closer to places where livelihood and income opportunities are thought to be present. To adapt to this, the project, in close coordination with local government and using the registered mobile identification number (MIN) of registered IDPs, was able to trace the project beneficiaries and check their interest in continuing their participation in the project.

Cultural and deeply personal/identity-related considerations on the part of some beneficiary IDPs also contributed to the slight variances in the targets and actual numbers. This pertains to the adjustments of the achievements across the project's areas of operation. For instance, many IDPs who were former residents of Marawi City but are currently, physically present in an evacuation centre or host-family in the neighbouring town of Saguwaran would still prefer to be registered and counted as part of the Marawi City cohort. As such, while they were originally counted/targeted to be part of the Saguwaran cohort, in the actual count for these IDPs were ultimately considered as part of Marawi City.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	0	6,000	6,000	0	4,000	4,000	0	10,000	10,000
Reached	0	6,014	6,014	0	3,986	3,986	0	10,000	10,000

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	10,000	10,000
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	10,000	10,000
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	None. All targets have been met.	

5. CERF Result Framework

Project objective	10,000 most vulnerable IDPs affected by Marawi crisis, 60% of which are women, met basic needs and restore or diversify livelihood through efficient, transparent and safe cash transfer and functional market.
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Output 1	10,000 most vulnerable IDPs gain immediate access to basic needs, 84% of which through unconditional cash grants and 16% through emergency employment or asset recovery			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people with immediate access to basic needs through cash grants	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Indicator 1.2	Number of people with immediate access to food	8,350 (1,100 from Bubong; 1,374 from Saguiaran and 5,876 from Marawi)	8,351 (1,006 Bubong; 228 from Saguiaran and 7,117 from Marawi)	Project Narrative Report
Indicator 1.3	Number of people employed through cash for work or cash for carework activities	1,050 (150 from Bubong; 150 from Saguiaran and 750 from Marawi)	1,049 (828 from Saguiaran and 221 from Marawi)	Project Narrative Report
Indicator 1.4	Number of people with recovered asset/diversified livelihood	600 (150 from Bubong; 150 from Saguiaran and 300 from Marawi)	600 (600 from Marawi)	Project Narrative Report
Indicator 1.5	Amount of one-time cash grant (with transaction fees) received by IDPs directly in prepaid cards	US\$ 421,000 (US\$ 341,515 for unconditional cash grant, US\$ 42,945 for Cash for care/work; and US\$ 36,540 for Asset recovery)	US\$ 422,000 (US\$ 342,391 for unconditional cash grant, US\$ 43,009 for Cash for care/work; and US\$ 36,600 for Asset recovery)	Project Finance Report
Explanation of output and indicators variance:		Most of the registered IDPs in the evacuation centres and with host-families in the municipalities of Bubong and Saguiaran were residents of Marawi City. While their present, physical address is at these neighbouring host areas, they still feel very much strongly about keeping Marawi City as their permanent address – and therefore they must be counted as part of the Marawi City cohort. Most IDPs in host cities also refuse to re-build or recover businesses in host areas.		
Activities	Description			Implemented by
Activity 1.1	Coordination with Mindanao Humanitarian Team (MHT)/Cash working group, municipal local government unit (LGU), UN agencies and other stakeholders			Oxfam
Activity 1.2	Facilitation of Stakeholder's beneficiary selection in three (3) priority areas in target locations: evacuation centres, transitional shelters and safe zones			Oxfam
Activity 1.3	Livelihood inventory and market assessment for asset recovery			Oxfam
Activity 1.4	Livelihood /Skills training or network referral for training			Oxfam
Activity 1.5	Cash for Work activities			Oxfam
Activity 1.6	Community-based Digital Card Distribution caravan			Oxfam
Activity 1.7	Conduct of community prepaid card and financial literacy caravan			Oxfam
Activity 1.8	Mobilization and merchandising of community-money-in and money-out centres			Oxfam
Activity 1.9	Post Distribution Monitoring			Oxfam

Output 2	Efficient, safe and transparent cash transfer increased IDPs' dignity, protection and access to inclusive financial services			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Number of people owning personalized pre-paid card	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Indicator 2.2	Number of people with benefiting from efficient processing, distribution and cash disbursement through digital platform	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Indicator 2.3	Number of people with increased security and protection through digital disbursement	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Indicator 2.4	Number of people with increased choice and control on managing cash to support immediate needs and faster recovery through accessible digital financial services	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Indicator 2.5	Number of people with increased accessibility to cash and market	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Indicator 2.6	Number of micro-merchants activated or accredited for cash pay-out and selling of basic goods	50 (7 Saguiaran, 7 Bubong, 36 Marawi)	312 (11 Saguiaran, 2 Bubong, 166 Marawi, 133 other municipalities)	Project Narrative Report
Indicator 2.7	Number of people awarded with life or livelihood asset protection through micro-insurance	10,000 (6,000 women and 4,000 men)	10,000 (6,014 women and 3,986 men)	Project Narrative Report
Explanation of output and indicators variance:		On Indicator 2.6, more micro-merchants were accredited to ensure that IDPs have multiple access points particularly for cashless transactions and other financial services within and, as much as practicable, as near as can be to their localities.		
Activities	Description			Implemented by
Activity 2.1	Community market mapping			Oxfam
Activity 2.2	Accreditation or upgrading and merchandising of micro-merchants as community-money-in and money-out centres			Oxfam
Activity 2.3	Digital Payment and disbursement Training of micro-merchants as community-money-in and money-out centres and customer service support			Oxfam
Activity 2.4	Real-time Cash disbursement			Oxfam
Activity 2.5	System notification to registered IDP on amount received from cash transfer programme			Oxfam
Activity 2.6	Distribution of micro-insurance to 10,000 IDP families			Oxfam
Activity 2.7	Advocacy and Promotion of Digital Cash Disbursement including Islamic financing with ley stakeholders			Oxfam
Activity 2.8	Documentation and sharing of case stories and learning on electronic cash transfer programmes (CTP)			Oxfam

6. Accountability to Affected People

A) Project design and planning phase:

The inputs of the IDPs regarding critical needs formed the basis for determining the cash transfer project design. This was culled from the UNCHR Intentional Survey last August 2017 where IDPs expressed preference for cash interventions to help them meet their varying immediate and recovery needs, including use of mobile banking for cash transfer. A local advisory group (IDP youth, community leader,

religious leader, Islamic finance advisor and barangay local government representative) at the barangay level was formed by the project to guide the direction and means of communicating to IDPs; especially on the use of cash and on literacy trainings on Islamic finance for Marawi recovery.

B) Project implementation phase:

IDP needs on safe and quick access to cash and functional market were assessed and integrated in building or strengthening the local market and financial ecosystem. In identifying priority needs of IDPs, especially for the women and most vulnerable groups, the knowledge, attitude and practice on cash transfer programme modalities were considered. These were all included in the market assessment, gender analysis, and baseline study that were conducted during the implementation phase.

The project also made sure to share and constantly feedback with the Mindanao Humanitarian Team, the Task Force Bangon Marawi, and the OCHA. There was also close coordination with priority thematic clusters on livelihood led WFP and FAO and this led to the jointly-developed “convergence” plan in Saguiaran and Bubong municipalities. This convergence strategy provides maximum coverage and avoids the duplication of support to IDPs in the thematic programme priorities and geographical coverage among different local actors and stakeholders. The convergence strategy also led to the finalization of the list of participants in coordination with barangay local councils and representatives of the cash transfer programme participants. Notably, the Philippine Department of Trade and Industry (DTI) became part of the data sharing collaboration.

C) Project monitoring and evaluation:

A customer service and complaints feedbacking mechanism was established by the project. The community-based feedbacking mechanism at the Barangay level was activated to receive and open feedback from the beneficiary IDPs. The project also put up hotline numbers, installed drop boxes at the distribution venues, placed public announcement through radio, and released SMS blasts and community bulletins during the post distribution phase. Case story collection and learning conferences served as venue for sharing of experiences and lessons learned.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
Yes, CBI is a component of the CERF project		Yes, CBI is a component of the CERF project		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work/Carework	US\$ 43,009	Multi-purpose cash	Unconditional	Unrestricted
Multi-purpose Cash Grant (one-off unconditional cash transfer)	US\$ 342,391	Multi-purpose cash	Unconditional	Unrestricted
Multi-purpose Cash Grant (for asset recovery / diversified livelihood)	US\$ 36,600	Sector-specific	Conditional	Restricted
The cash grants provided to the IDPs were according to the following modalities and amounts:				
1) Cash Grants (CG) – one-time cash grant amounting to \$41 were provided to 8,351 individuals (84% of the project's beneficiaries), which supported IDPs basic food and non-food needs for a safe and sustainable return. The valuation of the amount was based on the Philippine government's guidelines on cash grants.				

- 2) Cash for Work or Cash for Care Work (CFW/CfcW) – 1,049 individuals or 10% of the project beneficiaries received one-time cash amounting to \$41. The valuation is based on the 10 days maximum emergency employment rate provided by the government. Cash for work activities performed during the project were debris clearing, caring for sick, elderly and children; cleaning of mosque and other related livelihood activities such as local market and goat fencing construction.
- 3) Cash for Asset Recovery (CFAR) – 600 traders/entrepreneurs equivalent to 6% of the project beneficiaries received a one-time cash grant of \$61. This amount is equivalent to 82% of micro-credit support established by government to the affected traders and enterprises in the affected areas to enable them to restart their enterprises as a critical early recovery contribution to restarting local economic activity. The project cash grant will correspond to emergency support to recover lost or damaged assets or, if necessary, to support alternative livelihood activities (e.g., rendering financial services, sewing) of displaced and affected traders, micro-merchants and enterprises. As traders and enterprises are critical agents in facilitating the sustained delivery and supply of basic commodities and cash flow in the local market, their rapid restoration during the return process will be employed as life-saving intervention.

All the cash grants modalities required the beneficiaries to complete training on financial literacy and the fundamentals of digital payments prior to receiving cash grants. The project also followed the agreed CERF vulnerability selection criteria for selecting its project beneficiaries, as follows:

- No questionable documentation (DAFAC, BC);
- With pre-existing vulnerabilities (i.e. chronic illness, GBV, child-headed, etc.);
- Lost a non-combatant family member;
- Poorest of the poor;
- No access to cash grants/remittances from immediate families from overseas;
- IPDs who have prematurely returned;
- HLP-based, MAA residents, renters/sharers, informal settlers, Vinta affected, etc.; and
- Economic vulnerability.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>Some key points in the evaluation report (file/URL to follow) are:</p> <ul style="list-style-type: none"> • Majority of the IDPs (97%) find the cash support timely and useful, in the purchase of immediate needs such as food, capital for livelihood, and even sending children back to school. • IDPs recommended amounts, particularly on CFAR, increased to US\$300 to viably support small scale enterprises. • A clear desire on the part of the IDPs to increase awareness and advocacy campaigns on Islamic finance, insurance and Shariah compliant savings. • The evaluation study recommended to build support on strengthening the halal industry as a critical component corollary to Islamic finance in support of Marawi recovery. 	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>Depending on the availability of outside resources and limitations of the confidential transaction information of iAFFORD system, another evaluation study focusing on the behavioural impact on the use of the digital platform for recovery support is planned to be completed by end of April 2019.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.3. Project Report 18-UF-FPA-008 – UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Philippines
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project code (CERF):	18-UF-FPA-008
5. Project title:	Protecting Women and Girls Affected by the Marawi Armed Conflict in Mindanao		
6.a Original Start date:	09/03/2018	6.b Original End date	31/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,705,500
	b. Total funding received for agency's sector response to current emergency:		US\$ 650,368
	c. Amount received from CERF:		US\$ 400,018
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 306,940
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 306,940

2. Project Results Summary/Overall Performance
<p>The CERF UFE grant to UNFPA has helped improve the availability of survivor-centred, gender-responsive services to respond to and prevent gender-based violence in the six sites covered.</p> <p>Six Women Friendly Space (WFS) were established with 120 women IDP facilitators trained to manage the WFS and 30 volunteers to provide psychosocial support (PSS). The information sessions reached 29,687 men, women, boys, and girls. The information sessions and capacity building improved IDPs' knowledge on women's rights, and GBV leading to a higher propensity to report cases and seek services.</p> <p>The Women and Children Protection Unit (WCPU) in Amai Pakpak Medical Center (APMC) is the first ever 'one-stop crisis centre' for GBV survivors in the entire province of Lanao del Sur. A physician, social worker, and police officer were provided with specialized training and now offers a coordinate set of essential and quality multi-sectoral services for GBV survivors. The WCPU recorded an increase in reporting of GBV cases and demand for life-saving services since the WCPU opened in October 2018.</p>

The Local Committee on Anti-trafficking and Violence Against Women and their Children (LCAT-VAWC) was reactivated in the target areas. A total of 163 government officials, religious, and community leaders were trained as service providers, and 400 community officials and members received orientation on relevant laws on anti-trafficking and VAWC.

3. Changes and Amendments

A total of 29,687 IDPs were reached with awareness-raising sessions by the end of the project compared to the original target of 18,375 IDP women, girls, men and boys. The sixty-one percent deviation between the target and the actual accomplishment was mainly due to the inclusion of community members in host communities in the information sessions.

The IDPs in the target sites are mostly home-based and living with extended families, relatives, and friends, and are integrated within the host communities. It was common for the IDPs to live in far-flung areas that made the WFS inaccessible. As a strategy, the WFS reached these communities through the assistance of village-level officials who also realized the need for their constituents to participate in the information sessions. The community leaders provided logistical assistance to the WFS facilitators as well as contributed snacks for the participants of the information sessions.

When targeting for IDP youth, the WFS entered the local schools and leveraged on the opportunity to reach as many youths as possible, including non-IDPs. Of the targeted 180 members of inter-agency protection mechanisms oriented on rights-based, culturally-sensitive and survivor-centred GBV prevention and response, 163 members were capacitated. CERF-UFE funded projects were being implemented simultaneously thus it was challenging for local government unit representatives to participate in all activities. UNFPA and CATWP-AP, addressed this by: 1) providing flexibility by offering participants the opportunity to attend any of the six batches of training; and 2) conducting town hall meetings and community-level orientations that reached 400 community leaders and members.

4. People Reached

4a. Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,250	8,750	14,000	1,750	2,625	4,375	7,000	11,375	18,375
Reached	5,447	16,415	21,862	1,797	6,028	7,825	7,244	22,443	29,687

4b. Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	18,375	29,687
Host population		
Affected people (none of the above)		
Total (same as in 4a)	18,375	29,687

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Due to the modular nature of the WFS sessions, the total number of beneficiaries reached, including those who returned to participate in more than one session is **29,687**. The significantly higher reach was also due to the efforts of the WFS facilitators to conduct outreach sessions in villages and communities where IDPs reside in homes of families and relatives. This was a strategy to reach as many IDPs in host communities who live in far-flung areas that are distant from the WFS. LGUs provided logistical support through

	transportation and additional snacks when participants exceed the expected number of attendees.
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5. CERF Result Framework	
Project objective	Protecting women and girls, men and boys affected by the Marawi armed conflict by improving community-driven mechanisms that safeguard women, girls and other vulnerable groups against GBV and ensuring survivors' access to life-saving interventions in six priority areas in Lanao del Sur over a nine-month implementation period.

Output 1	Six (6) WFS established and operationalized for women and girls and at-risk/vulnerable groups such as women and girls with disabilities.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of WFS established and functional according to DSWD guidelines	6	6	Documentation reports and photo documentation
Indicator 1.2	Number of internally displaced women capacitated to become WFS Facilitators	120	120	WFS Management Training Attendance and Documentation Report
Indicator 1.3	Number of service providers/community-based volunteers mobilized to provide psychosocial support through WFS	36	36	WFS Management Training Attendance and Documentation Report
Indicator 1.4	Number of women and adolescent girls reached with women's human rights and GBV awareness-raising messages in the local language	14,000	16,162	Information sessions attendance sheet and database
Indicator 1.5	Number of men and adolescent boys reached with women's human rights and GBV awareness-raising messages in the local language	4,375	5,856	Information sessions attendance sheet and database
Explanation of output and indicators variance:		The number of men and boys and women and girls reached is higher than the target as the conduct of information sessions expanded to the host communities. This strategy was employed to reach the home-based IDPs who live in far-flung villages/ barangays. The village local government unit officials requested the WFS facilitators to conduct sessions in their communities. They provided transportation and snacks for the WFS facilitators and additional snacks to participants.		
Activities	Description	Implemented by		
Activity 1.1	Identify locations for establishing WFS in close coordination with local government units, IDPs, DSWD, and other relevant stakeholders.	Identification of WFS locations was conducted with the guidance and support of the local government units, through the coordination and facilitation of UNFPA and Magungaya Mindanao, Inc. (MMI). Security and		

		accessibility are the main considerations in choosing the locations.
Activity 1.2	Deliver pre-positioned WFS tents and kits (warehoused in Metro Manila) to the identified locations.	Delivery of pre-positioned WFS tents and kits was implemented by UNFPA in coordination with Magungaya Mindanao, Inc. (MMI), and the city/municipal and barangay LGUs. The LGUs provided transportation from Iligan City, where the tents and kits were delivered from Metro Manila to Marawi City and the five other municipalities.
Activity 1.3	Organize and orient internally displaced women on how to manage WFS and conduct security patrolling in transitional sites and affected communities and provide accompaniment to GBV survivors.	Magungaya Mindanao, Inc. (MMI) led in the organizing, orientation, and training of WFS facilitators, with technical support from UNFPA, Department of Social Welfare and Development – Central Office (DSWD-CO), Department of Social Welfare and Development – Autonomous Region in Muslim Mindanao (DSWD-ARMM), GBV Working Group, and the Philippine National Police - Iligan City.
Activity 1.4	Provide cash-for-work to the WFS Facilitators	Magungaya Mindanao, Inc. (MMI) managed the work schedule in the WFS, and the distribution of cash-for-work, with oversight of the City/Municipal Social Welfare and Development Office. The cash-for-work was released every 15 th and 30 th of the month.
Activity 1.5	Conduct security patrolling and GBV monitoring in transitional sites and affected communities.	The WFS facilitators are the frontliners in the reporting, monitoring, and referral of GBV cases to City/Municipal Social Welfare and Development Office C/MSWDO).
Activity 1.6	Conduct psychosocial support sessions for internally displaced women, girls, men and boys and GBV survivors.	Trained PSS volunteers provided support sessions to IDPs.
Activity 1.7	Coordinate with government agencies, NGOs who can provide information and services (i.e. reproductive health medical missions, nutrition, and breastfeeding counselling) in WFS.	Trained WFS facilitators coordinate with government agencies and NGOs who can provide correct information and access to services to IDPs. Coordination was guided by assigned MMI, DSWD, and UNFPA staff. Bilateral coordination was also done by UNFPA project officer with key focal persons from various local service providers.
Activity 1.8	Conduct awareness-raising sessions about women's human rights, relevant GBV laws (rape, intimate partner violence, sexual harassment, trafficking).	The WFS facilitators, with technical support from MMI and UNFPA, took the lead in conducting awareness-raising sessions.
Activity 1.9	Conduct monitoring and quality assurance activities	Magungaya Mindanao, Inc. (MMI) and UNFPA conducted coordinated monitoring and quality assurance activities such as visits during information sessions, focused-group discussions with WFS facilitators and PSS volunteers, regular monthly and on-demand meetings between UNFPA and MMI, and follow-up meetings with the LGUs. A midterm/exit reporting of accomplishments, challenges, and sustainability plans was also conducted in partnership with the local government units.

Output 2	GBV survivors access appropriate, life-saving services in a safe and timely manner.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of targeted areas/municipalities with a functional GBV Referral Pathway	6	6	Documentation of meetings, consultations, and orientations
Indicator 2.2	Number of hospitals with functioning Women and Children Protection Units according to DOH guidelines	1	1	Documentation of monitoring visits and focused group discussions with WCPU team
Indicator 2.3	Number of inter-agency protection mechanism members oriented on rights-based, culturally sensitive and survivor-centred GBV prevention and response	180	163	Documentation of the training activity, attendance sheets, and photo documentation
Indicator 2.4	Number of existing grassroots monitors of Nonviolent Peaceforce oriented on monitoring of GBV cases in communities	30	31	Documentation of the training activity, attendance sheets, and photo documentation
Explanation of output and indicators variance:		Due to conflicting schedules among UN agencies with CERF UFE projects in similar sites, some of the targeted members of the inter-agency protection mechanisms were not able to attend the series of trainings. This is despite the efforts of Coalition Against Trafficking in Women – Asia Pacific (CATW-AP) and UNFPA to ensure follow-up to invitations and conduct necessary communications. To maximize the budget for these activities, town hall meetings and community-level orientations were conducted, reaching 400 community officials and members.		
Activities	Description	Implemented by		
Activity 2.1	Coordinate with service providers to check and map availability of services for GBV survivors (medical treatment and health care, psychosocial care and support, options for safety and protection, legal services, reintegration services such as education and livelihood opportunities) for inclusion in the GBV referral pathway.	UNFPA led the technical working group that was formed from the GBV Working Group to conduct the revalidation of the referral pathway. UNFPA and MMI worked together in conducting the coordination, mapping of services, gathering of contact information of service providers, and orientation in the six covered areas.		
Activity 2.2	Conduct consultations and validation at the community level of the GBV Referral Pathway.	MMI conducted the validation of the GBV Referral Pathway at the community level.		
Activity 2.3	Print validated GBV Referral Pathway and disseminate information to internally displaced population/affected communities about available services for GBV survivors and their rights and options to report GBV cases and access care.	MMI conducted the printing of the validated IEC materials and the orientation and dissemination of information to IDPs.		

Activity 2.4	Enhance provision of life-saving services such as clinical management of rape through the establishment of a WCPU in Amai Pakpak Medical Center in Marawi City.	Child Protection Network (CPN) Foundation facilitated the specialized training of one physician, one social worker, and one police officer. UNFPA assisted in the coordination activities to local partners.
Activity 2.5	Procure equipment for WCPU in Amai Pakpak Medical Center in Marawi City.	UNFPA implemented the procurement of equipment for the WCPU.
Activity 2.6	Deliver equipment for WCPU in Amai Pakpak Medical Center in Marawi City.	UNFPA facilitated the delivery of equipment through service providers. The Amai Pakpak Medical Center provided transportation from Iligan City to Marawi City.
Activity 2.7	Orient members of inter-agency protection mechanisms at village and city/municipal level on rights-based, culturally sensitive and survivor-centred GBV prevention and response measures	CATW-AP implemented the orientation to members of inter-agency protection mechanisms at the municipal and village level. Field monitoring visits were conducted to ensure the implementation of action plans crafted in relation to the orientations.
Activity 2.8	Orient existing grassroots monitors of Nonviolent Peaceforce on monitoring of GBV cases in communities	CATW-AP implemented the orientation to existing grassroots monitors of the Nonviolent Peaceforce.
Explanation of output and indicators variance:		<p>As part of its sustainability plan, UNFPA with its implementing partners advocated with Local Chief Executives and LGU officials for the continued support to the strengthening of its inter-agency protection mechanisms and implementation of WFS intervention as part of its regular programs and services.</p> <p>The Lanao del Sur Provincial Social Welfare and Development Office allocated budget for the strengthening of the provincial level Local Inter-Agency Committee on Anti-Trafficking and Violence Against Women and Their Children (LCAT-VAWC) and the Gender and Development (GAD) focal for Marawi City included the establishment of a Women and Children Crisis Center (a temporary shelter for GBV survivors or a facility to support access of GBV survivors to multi-sectoral services) in the 2019 Annual Investment Plan. Consistent follow-up, advocacy, and technical support will be required to ensure that the planned initiatives will be implemented following survivor-centred guidelines.</p>

6. Accountability to Affected People

The project was designed based on the results of the October 2017 GBV and Child Protection Rapid Assessment, which revealed that girls and young women are facing increased risk to GBV with forty-five percent (45%) of conflict-affected sites assessed reported that girls were the most affected by sexual violence and the January 2018 Assessment of the Needs-Response-Gaps from the GBV Working Group that highlights the need to continue ensuring access of women and girls to psychosocial support services, information on rights, and safe and non-stigmatizing referrals to GBV response services.

Together with the implementing partners, UNFPA met with government partners and agencies to orient them on the project, gain active support and involvement. The Municipal/City Social Welfare and Development Office (M/CSWDO), provided guidance and support during the implementation. Community assemblies were conducted to brief the beneficiary communities about the project. It also served as a venue for community vetting and selection of WFS facilitators and PSS volunteers based on the DSWD criteria.

During the implementation, the WFS facilitators reached out to communities and became a channel for accurate information to the IDPs, not only for WFS-specific project but also for government humanitarian and development interventions. In turn, they were also able to gather and voice the needs, suggestions, and views of the IDPs to the concerned offices for GBV and other concerns. This included the referral of IDPs to government service providers such as DSWD and rural or city/municipal health offices.

Throughout the implementation, periodic focused-group discussions were conducted with the WFS facilitators and PSS volunteers and with groups of IDP men, boys, women, and girls, WCPU team, and the Municipal/City Social Welfare and Development Officers regarding their evaluation of the project. UNFPA worked with the implementing partners to enact improvements in the implementation to feedback and recommendations from affected populations.

Mid-term reporting of accomplishments, exit meeting and submission of the executive report to the local government units were also undertaken. The LGU partners voiced their observation and assessment of the projects during these activities and UNFPA had the opportunity to advocate for the sustainability of the project.

As final activity, an After-Action Review for the GBV Working Group was conducted from November 26 to 28, 2018, involving government partners, implementing partners, and other GBV actors to discuss the accomplishments, lessons learned, good practices, and remaining needs and gaps that still need to be addressed in 2019.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of this CERF project	Cash for Work, as a component of the project, has been implemented.

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work	US\$ 49,403	Multi-purpose cash	Conditional	Unrestricted

Cash-for-work has been provided to the trained 120 internally displaced women who took on the role of WFS Facilitators as well as to 36 IDPs who acted as community-based Psychosocial Support (PSS) providers. In exchange for the work rendered, the WFS facilitators and PSS volunteers are provided with cash to meet their requirement for food and other necessities. The implementation of the Cash-for-Work is managed by the implementing partner with supervision and in coordination with the municipal/city social welfare and development offices. The cash-for-work supported the economic empowerment of women and decreased their vulnerability to GBV, sexual exploitation and abuse, and risky coping behaviour.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Although an external evaluation or study was not carried out, an After-Action Review (AAR) was conducted last 26-28 November 2018, participated by implementing partners, partner government agencies, and other GBV actors/ members of the Joint Child Protection and	EVALUATION CARRIED OUT <input type="checkbox"/>
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<p>Gender-based Violence Working group. The review provided a venue to discuss the accomplishments, lessons learned, good practices and remaining needs and gaps that needs to be addressed in 2019.</p> <p>Result of the review will be shared with the CERF Secretariat.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

8.4. Project Report 18-UF-FPA-009 – UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Philippines
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-UF-FPA-009
5. Project title:	Ensuring access to reproductive health services to the vulnerable displaced population		
6.a Original Start date:	09/03/2018	6.b Original End date	31/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,129,841
	c. Amount received from CERF:		US\$ 399,841
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 178,504
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> 		
<ul style="list-style-type: none"> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ 178,504	

2. Project Results Summary/Overall Performance

With this CERF UFE Grant, UNFPA and its partners were able to bring life-saving SRH information and services closer to the 2,786 pregnant and lactating women (PLWs) through the conduct of 29 Reproductive Health (RH) medical missions with 2,000 dignity kits and 1,250 maternity packs provided to PLWs. Skills and capacities of local health service providers in the provision of SRH services in Lanao del Sur also improved through the strengthening of the functionality of the service delivery network for maternal health services, ensuring the availability of emergency RH kits to 6 primary care facilities and one referral facility, capacity building to 145 local health personnel, and provision of system-wide support to improve resilience and reduce vulnerability of populations for future emergencies. In addition, 5,985 young people have increased their knowledge and awareness on adolescent sexual and reproductive health and rights through the 20 youth peer educators trained under this project.

The project, in support of the local government and the local health agencies, assisted a total of 21,359 people. The integration of SRH and GBV activities helped ensure the access of women and young people to comprehensive services in an efficient and effective manner.

3. Changes and Amendments

Initially, UNFPA planned to engage with Philippine Society for Responsible Parenthood (PSRP) and Center for Health Solutions and Innovations (CHSI) as its main NGO implementing partners (IPs). During the course of the preparation of the work plan however, due to

other pre-existing commitments and perceived local mobilization challenges, the supposed partnership with PSRP and CHSI did not push through. Consequently, UNFPA then engaged with alternatively capable implementing partners Mindanao Organization for Social and Economic Progress (MOSEP) and Y-PEER Pilipinas, which have likewise been UNFPA's existing IPs under the current Country Programme. After consultations with the target local government units (LGUs) through the local health authorities, the Annual Work Plan (AWP) was revised based on the agreements made during the inception and micro-planning workshop and was finally approved on 28 May 2018.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,250	8,750	14,000	1,750	2,625	4,375	7,000	11,375	18,375
Reached	4,961	14,077	19,038	1,939	382	2,321	6,900	14,459	21,359

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	18,375	8,122
Host population		13,237
Affected people (none of the above)		
Total (same as in 4a)	18,375	21,359

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 Health Information Sessions during the RH Medical missions (RHMMs) are intended not just for mothers but also their spouses as the topics are on safe motherhood, family planning, STIs, prevention of gender-based violence and male participation in pregnancy. Oftentimes however, neighbouring pregnant and lactating mothers come together to the medical mission, hence the low turnout for the number of men reached.

Nevertheless, a larger number of women were reached as, based on consultations with the Municipal Health Officer, two to three barangays were clustered in the conduct of the RHMMs. It was also observed that during those times where there was a convergence of services on general health by WHO, nutrition by UNICEF/WFP, and reproductive health by UNFPA, there was a greater number of people who came for check-up/assessment as barangay officials helped announce about the activity in the barangays. Moreover, the provision of emergency reproductive health kits for clean delivery to the six primary care facilities and comprehensive emergency obstetric care to the referral level facility equips these facilities for RH response to a larger population.

5. CERF Result Framework

Project objective	Protecting 18,375 IDPs, with focus on women and girls, lactating mothers and their children, and pregnant women from risks of complications and poor health outcomes over nine months
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Output 1	Provision of emergency RH kits for clean delivery to 6 primary care facilities and for emergency obstetric and newborn care to 1 referral level facility			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of emergency RH kits for primary health care (individual clean delivery kits) procured and transported to the project sites	6	6	procurement documents, delivery acknowledgement receipt, photo documentation
Indicator 1.2	Number of health facilities provided with emergency RH kits for delivering RH care at community and primary health care level	6	6	procurement documents, delivery acknowledgement receipt, photo documentation
Indicator 1.3	Number of emergency RH kits for Comprehensive Emergency Obstetric and Newborn Care (referral level and blood transfusion kits) procured and transported to the project sites	1	1	procurement documents, delivery acknowledgement receipt, photo documentation
Indicator 1.4	Number of referral health facilities provided with emergency RH kits for Comprehensive Emergency Obstetric and Newborn Care (referral level and blood transfusion kits)	1	1	procurement documents, delivery acknowledgement receipt, photo documentation
Explanation of output and indicators variance:		None		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transportation of emergency RH kits for primary health care level facilities (Individual clean delivery kits). <i>Emergency RH clean delivery kit provided is for use by individual for 3 months for 10,000 women</i>	United Nations Population Fund		
Activity 1.2	Distribution of emergency RH kits to primary health care level facilities that would ensure clean delivery for targeted pregnant women who are in their 3rd trimester of pregnancy	NGO Implementing Partner – Mindanao Organization for Social and Economic Progress (MOSEP) in coordination with Lanao del Sur-Integrated Provincial Health Office (LDS-IPHO) and Marawi City Health Office		
Activity 1.3	Procurement and transportation of emergency RH kits for Comprehensive Emergency Obstetric and Newborn Care (referral level and blood transfusion kits)	United Nations Population Fund		
Activity 1.4	Distribution of emergency RH Kits for Comprehensive Emergency Obstetric and Newborn Care to referral level hospitals that would support services for Caesarian Section and blood transfusion. <i>Emergency RH kits provided containing reusable equipment for reproductive health (RH Kit 11A), containing drugs and disposable equipment (RH Kit 11B) and for safe blood transfusion (RH Kit 12) is for use for 3 months for 150,000 women</i>	NGO Implementing Partner – Mindanao Organization for Social and Economic Progress (MOSEP) in coordination with Lanao del Sur-Integrated Provincial Health Office (LDS-IPHO), Marawi City Health		

		Office and Amai Pakpak Medical Center (APMC)
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Output 2	Supporting local government health offices in the conduct of 25 outreach medical missions for 2,000 vulnerable women and girls of reproductive age, including pregnant and lactating women and persons with disabilities, to become avenues for the provision of RH information and services, including the distribution of 3,250 dignity kits and maternity packs.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of dignity kits and maternity packs procured and transported to the project sites	3,250 (2,000 dignity kits and 1,250 maternity packs)	3250	activity report, attendance sheets, photo documentation
Indicator 2.2	Number of RH medical missions supported	25	29	activity report, attendance sheets, photo documentation
Indicator 2.3	Number of vulnerable women and girls reached by RH medical missions	2,000	2,774	activity report, attendance sheets, photo documentation
Indicator 2.4	Number of pregnant women following antenatal care provided with dignity kits	1,000	1,169	activity report, attendance sheets, photo documentation
Indicator 2.5	Number of pregnant women in their 3rd trimester and lactating mothers with babies 0-3 months provided with maternity packs	1,250	1,250	activity report, attendance sheets, photo documentation
Indicator 2.6	Number of lactating mothers with infants 0-6 months old following postpartum care provided with dignity kits	1,000	831	activity report, attendance sheets, photo documentation
Explanation of output and indicators variance:		<p>Requests for additional conduct of RH Medical missions for resettlement sites were made by the Marawi City Health Office. UNFPA and the implementing partner was able to maximize the funds and were able to conduct more missions and reached more beneficiaries as reflected in indicators 2.2 and 2.3.</p> <p>For indicator 2.6, another RH actor (USAID through Jhpiego) provided dignity kits to pregnant and lactating women. To avoid duplication, 169 dignity kits were provided to pregnant women as reflected in indicator 2.4, instead of providing to lactating women who already received dignity kits.</p>		

Activities	Description	Implemented by
Activity 2.1	Procurement and transportation of 2,000 dignity kits and 1,250 maternity packs to the project sites	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 new-born health care services	MOSEP, LDS-IPHO, Marawi CHO
Activity 2.3	Distribution of dignity kits and maternity packs to targeted 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, protection items to possibly prevent incidences of gender based violence, and basic maternity and new-born supplies	MOSEP, LDS-IPHO, Marawi CHO

Output 3	Conduct of 100 community outreach missions for 5,000 young people, for ASRH information and services, including mobilization of 20 young people			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of community outreach missions on ASRH	100	115	attendance sheets, photo documentation, activity report
Indicator 3.2	Number of adolescents reached through ASRH community outreach missions	5,000	5,985	attendance sheets, photo documentation, activity report
Indicator 3.3	Number of young people mobilized for the humanitarian response	20	20	attendance sheet, photo documentation, activity report
Explanation of output and indicators variance:		In the desire to maximize the funds provided, UNFPA, together with its implementing partner, were able to conduct additional ASRH community outreach missions and reached more beneficiaries as the Department of Education was able to provide additional guidance on the schools to approach for the information sessions.		
Activities	Description	Implemented by		
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	MOSEP-YPEER, Department of Education		

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	MOSEP-YPEER
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Output 4	Capacity-building support for 125 health service providers to improve SRH services for IDPs and host communities
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of service providers trained on MISP for SRH in Emergencies	25	34	attendance sheets, photo documentation, activity report
Indicator 4.2	Number of midwives trained on Basic Emergency Obstetric and Newborn Care (BEmONC) services	30	30	attendance sheets, photo documentation, activity report
Indicator 4.3	Number of health service providers trained on Family Planning – Competency Based Training (FPCBT) Level 1	35	36	attendance sheets, photo documentation, activity report
Indicator 4.4	Number of health service providers trained on FPCBT – Level 2: Progestin Subdermal Implant insertion and removal	35	45	attendance sheets, photo documentation, activity report

Explanation of output and indicators variance:	For indicators 4.1, 4.3, and 4.4, UNFPA and the implementing partner was able to maximize the funds and were able to train more personnel.
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Activities	Description	Implemented by
Activity 4.1	The training on MISP for SRH in emergencies will equip targeted service providers on critical SRH concerns that needs to be addressed across the full spectrum on the humanitarian emergency from preparedness, to response and rehabilitation and recovery.	MOSEP
Activity 4.2	BEMONC training for midwives will address capacity gaps for Maternal and Newborn Health services at the primary health care facility level, ensuring availability of skilled birth attendance for vulnerable pregnant women about to deliver among the IDPs	MOSEP
Activity 4.3	FPCBT trainings will ensure full capacity of service providers to address unmet need for modern family planning, enabling women and families to plan their pregnancies	MOSEP
Activity 4.4	Post training supportive supervision support provided to the health service providers who undergone training on MISP, BEMONC and FPCBT	MOSEP

Output 5	Conduct of stakeholder consultations to ensure better collaboration and efficiency of project implementation, monitoring and evaluation
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Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Inception and Transition Planning Workshop conducted	1	1	inception report, attendance sheet, photo documentation
Indicator 5.2	Exit Conference and After-Action Review conducted	1	1	exit conference, attendance sheet, photo documentation, after action review report
Explanation of output and indicators variance:		None		
Activities	Description			Implemented by
Activity 5.1	The Inception and Transition Planning Workshop will be conducted with relevant stakeholders, including government partners, non-government organizations, cluster and working group representatives to level off on the CERF-UFE project support, map out collaboration mechanisms, in support of the transition, recovery and rehabilitation plan for the Marawi crisis.			MOSEP
Activity 5.2	The Exit Conference and After Action Review will be conducted towards the end of project implementation to take stock of project outputs, lessons learned, recommendations for future responses, and sustainability mechanisms for better resiliency of affected communities.			MOSEP

6. Accountability to Affected People

A) Project design and planning phase:

The project design and planning phase was conducted in close consultation with the key government partners together with other UN agencies under the health cluster (WHO, WFP and UNICEF), the implementing partners and other NGOs who were implementing health projects to ensure that the needs of the IDPs and the host communities will be addressed and resources are maximized. The team also carried out assessments and interviews with the IDPs in the resettlement sites, camp managers, and local health and social welfare agencies.

B) Project implementation phase:

Scheduling of activities is made in coordination with the local government units and the local health agencies. Relevant information about the project were provided to the affected population through local announcements by the government agencies and the implementing partners prior to the conduct of missions and activities. At the end of the project, exit meetings were conducted with each local government unit.

C) Project monitoring and evaluation:

UNFPA and its implementing partners conducted Joint Monitoring and Evaluation activities throughout the implementation of the project with the World Health Organization as the health cluster lead. Feedback and inputs from the beneficiaries were solicited through the conduct of interviews and FGDs for project implementation guidance. As final activity, three-day joint After Action Review with the Health Cluster and GBV-sub cluster was conducted with the government partners, local health personnel, UN agencies, implementing partners, and other NGOs.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned		Actual		
No		Choose an item.		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>The Health Cluster together with the GBV Sub-cluster conducted its After Action Review on 25 to 28 November 2018 in Cagayan de Oro City together with all implementing partners, partner government agencies, and other cluster members. The ALNAP criteria on relevance/appropriateness, connectedness, coverage, coherence, efficiency, effectiveness, and impact was used for the evaluation on the CERF UFE projects on General Health, Reproductive Health, Nutrition, and GBV.</p> <p>In terms of relevance/appropriateness, the SRH project was able to respond to the urgent need for appropriate medical, equipment, and Family Planning supplies of pregnant and lactating women with the items provided explicitly tailored towards the local needs of women and girls of reproductive age in the community. There were some items recommended to be included or improved in the women's kits (dignity kits) like head scarves and the underwear provided to specify the sizes.</p> <p>On connectedness, results show that the SRH activities provided support for the reinstatement of comprehensive health services through the continued conduct of RH missions and advocacy with local government units on the strengthening of the implementation of ordinances on contraceptive self-reliance and family-based deliveries.</p> <p>On coherence, assessment showed that there is a consistency on the target considering the different key players such as UNFPA, MindaHealth, CFSI, and other NGOs but there was no consistency on the selection criteria of the beneficiary pregnant and lactating women (PLWs). The establishment of the RH Coordination Team was identified as the mechanism which further strengthened coherence among the actors as there was a coordination of all activities, encouraging complementation of activities and a more coordinated response to the needs of the PLWs.</p> <p>On coverage, it was identified that the SRH interventions were able to provide to major population groups with assistance and protection proportionate to their need. Facilitating factors identified were the available of materials and supplies and the strong support of the local health personnel, local government units, and other local government agencies.</p> <p>On efficiency, it was established that the human, technical, material and financial resources were used well in the delivery of RH services to beneficiaries through the close coordination and planning with the local health officials and other SRH actors in the response.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

On effectiveness, results showed that through the timely conduct of the much-needed RH Medical missions and provision of emergency RH kits, the pregnant and lactating women were able to have access to SRH and FP information and services as the local health personnel had very limited resources. The prenatal care, check-ups, Family Planning counselling, health information sessions and other services addressed the needs of the IDPs and the host communities.

On impact, through the efforts of the local health workers, the IDP pregnant and lactating women were all tracked to ensure that they have access to health services. The provision of maternity kits and the health information sessions were recognized to contribute to the increase in the number of antenatal care visits, facility-based deliveries and family planning acceptors. The health workers were also capacitated through the trainings provided to them which were applied in their provision of services.

Lessons learned identified, among others, are (1) the need to involve Muslim Religious Leaders (MRLs) on discussions of family planning; (2) clustering approach works for medical missions but not for ASRH information awareness sessions; (3) the provision of RH kits has supplemented and helped boost the RH Program of DOH given its current lack of resources; and (4) need to continue work with Rural Health Units to identify other possible incentives to motivate PLWs to go to RHUs for check-up.

8.5. Project Report 18-UF-HCR-008 – UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Philippines
3. Cluster/Sector:	Protection - Protection	4. Project code (CERF):	18-UF-HCR-008
5. Project title:	Provision of protection and assistance to IDPs in Lanao del Sur province		
6.a Original Start date:	14/03/2018	6.b Original End date	31/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 950,000
	c. Amount received from CERF:		US\$ 500,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 135,495
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	US\$ 135,495

2. Project Results Summary/Overall Performance
<p>Through the CERF UFE grant, UNHCR and its partners were able to provide support in improving access of IDPs to protection and essential services and assistance. These were achieved through the conduct of IDP profiling, establishment of IDP Help Desks, support in the facilitation of birth registrations and ID issuance, and implementation of community empowerment activities through project partners.</p> <p>28,406 families in Lanao del Sur were profiled, 20 IDP Help Desks were established in the priority areas determined through the vulnerability criteria, 4,888 individuals were given access to civil documents such as birth certificates and PhilHealth IDs, and 20 community empowerment activities were implemented through project partners. As part of the support to implement the civil registration activities, Local Civil Registry Offices of the target areas were provided with relevant IT equipment to increase their capacities and support them in the delivery of assistance to the persons of concern.</p> <p>As a result, the Project was able to reach and provide assistance to 50,915 IDPs from the 6 target project locations which include Marawi City and the municipalities of Bubong, Ditsaan-Ramain, Marantao, Piagapo, and Saguarian in Lanao del Sur.</p>

3. Changes and Amendments

While the project was able to reach most of those who were covered during the community preparations, the targets initially set for the project were not met due to some operational challenges encountered during the course of the implementation particularly in the conduct of the civil registration and identification document issuance activities. Some activities at the preparatory stage were delayed due to the conduct of two major elections (i.e. regular barangay elections and special barangay elections for the 24 most affected barangays in Marawi City) and the observance of the Ramadhan. There were also changes in the national policy on data protection that resulted to a more stringent requirements and thus longer preparation time for obtaining certificates of negative records. In addition, security measures that were set in place during the conduct of the actual registration resulted to crunching the planned schedules thus, significantly reducing the days allotted for the registration exercise. Likewise, the cut-off time imposed during the registration exercise also resulted to having beneficiaries who arrived in the registration venues beyond the schedule not being served. Furthermore, during the time of the registration, barangay IDs and profiles issued by the local government units were already accepted as valid identification which also resulted to the low interest in applying for PhilHealth IDs.

With regard to the reach of the information broadcast, a total of 12,612 IDPs were reached which is lower than the target set for the project. This is since the counting of the reach is limited only to the number of IDPs registered in the text-blast system. However, it is important to note that based on the monitoring activities conducted, the beneficiaries confirmed that the text messages sent through the InfoCast system were also being forwarded by the receivers to their families and other networks.

On the other hand, on the implementation of the IDP profiling and tracking activities, since the project covered the entire Lanao del Sur province, the project was able to reach a total of 48% of the target population (28,406 families) which is higher than what has been set for the project. The overachievement is attributable to the movement of the IDPs to their places of origin and in the transitory sites in Marawi City which facilitated easier access and identification of the target beneficiaries.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,426	29,274	35,700	4,284	19,516	23,800	10,710	48,790	59,500
Reached	5,499	25,050	30,549	3,666	16,700	20,366	9,165	41,750	50,915

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	59,500	50,915
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	59,500	50,911

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

N/A.

5. CERF Result Framework

Project objective	IDPs have access to protection and humanitarian assistance.
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Output 1	IDP tracking and profiling implemented.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	% of population covered by profiling activities	30% of IDP families in Lanao del Sur province (17,850 IDP families out of 59,500 baseline families)	48% of 28,406 IDP families (out of 59,500 baseline families)	Profiling Report; Profiling Database
Explanation of output and indicators variance:		IDP profiling covered the entire Lanao del Sur province and not just the 6 identified municipalities. At the time of the profiling, a sizable segment of the IDP population had already returned in what was termed as “kambalingan”, and others who were unable to return were transferred to transitory sites also within Marawi. This allowed easier identification and access by the enumerators most of whom went from house-to-house or tent to tent.		
Activities	Description	Implemented by		
Activity 1.1	Conduct of profiling activities	UNHCR		

Output 2	IDPs' access to communication and referral/grievance mechanisms supported			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of grievance mechanisms access points established by municipal government units	20	20	Monitoring/Field Reports
Indicator 2.2	# of access points for grievance mechanisms accessed by IDPs	20	20	Monitoring/Field Reports
Indicator 2.3	# of IDPs receiving information broadcasts	59,500	12,612	Monitoring/Field Reports
Explanation of output and indicators variance:		Total IDPs registered in the system and receiving direct information broadcasts was 12,612. However, text messages were forwarded and recirculated to their families and networks.		
Activities	Description	Implemented by		
Activity 2.1	Establishment of communication and referral/grievance mechanism	UNHCR		
Activity 2.2	Provision of information management support to local government unit	UNHCR		
Activity 2.3	Establishment of communication platform for information dissemination	UNHCR		

Output 3	IDPs' access to fair documentation processes supported			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of municipal level registration centres supported to operationalize documentation processes	6	6	Field Reports Vehicle Logs / Security Clearances Photo-documentation
Indicator 3.2	# of IDPs able to obtain identification document	12,000 IDPs	1,953	Field Reports Release list of PhilHealth IDs
Indicator 3.3	# of IDPs able to obtain civil document	12,000 IDPs	2,935	Field Reports Transmittal sheets to LCR UNHCR database of names

Explanation of output and indicators variance:	<p>Factors that affected the achievement of the targets are as follows:</p> <ul style="list-style-type: none"> • Implementation of the activities were delayed due to the conduct of two major elections – regular barangay elections and special barangay elections for the 24 most-affected barangays in Marawi, and the observance of the Ramadhan during the project period. • Security measures that were set in place resulted to crunching the planned schedule per municipality. Thus, the days allotted for the registration in each municipality were significantly reduced. • Limitation on time spent on the field due to security concerns required staff to impose a “cut-off” time for service; those who were originally identified to be beneficiaries but came after the cut off were no longer served. • The perceived value of PhilHealth ID as a valid identification that will provide protection to IDPs changes was no longer the case when the ID issuance commenced. In the interregnum between the planning and implementation stage of the project, the local government units at the barangay level in Marawi began issuing barangay IDs or barangay profiles, which the IDPs used while in transit or when accessing assistance. • High level of mobility of IDPs resulted in big discrepancy between number of identified eligible beneficiaries during the intake period and the actual number of persons who appeared during the one-stop-shops. • Changes in national policy on data protection resulted in more stringent requirements and thus longer preparation time for obtaining certificate of negative record (in behalf of beneficiaries) from PSA.
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Activities	Description	Implemented by
Activity 3.1	Establishment of municipal level registration to operationalize documentation processes	UNHCR, LGUs, Local Civil Registrar (LCR) Offices
Activity 3.2	Issuance of identification documents	UNHCR, PhilHealth, SMART
Activity 3.3	Issuance of civil documents	UNHCR, PSA, LCRs, SMART

Output 4	Community empowerment and peaceful co-existence projects implemented			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of community empowerment and peaceful co-existence projects implemented	20	20	Monitoring Reports, Field Reports, Project Partners' Reports
Explanation of output and indicators variance:		None		
Activities	Description	Implemented by		
Activity 4.1	Municipal protection profiling and needs assessment	UNHCR, Project Partners		
Activity 4.2	Participatory assessment and social preparation with target communities (identification of target communities, community profile analysis, organizing of project committee, participatory planning)	UNHCR, Project Partners		
Activity 4.3	Procurement of supplies and project materials	Project Partners		
Activity 4.4	Actual implementation of identified projects	Project Partners		

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed in a way that would reinforce partnership and promote meaningful participation of the affected population in addressing their most pressing concerns including the limitations that prevent them from fully enjoying their rights as IDPs. The actual designing of the project used information from the results of the initial protection monitoring visits, the outcomes of the consultation activities conducted with partners and other humanitarian actors, and the results of the intent survey conducted in August 2017.

B) Project implementation phase:

Coordination meetings were conducted with various government offices and units such as the DSWD-ARMM, the provincial government of Lanao del Sur and the local government units of the project sites. This was done to apprise the local authorities and the community of the aims of the project to ensure ownership and active support in the implementation. In the case of the community empowerment projects, community consultation was an integral component of all stages of the project (e.g. project identification, design, implementation, and management after turn-over).

Information about the activities were disseminated through UNHCR's InfoCast system, which had the capability to receive replies from registered numbers. This allowed UNHCR to respond to feedback, grievance or requests for further information in a timely manner. Brochures and tarpaulins explaining the activities were produced and distributed to areas with large concentration of IDPs during the social preparations phase and at the actual conduct of the activity and in specific access points located in the target project areas.

C) Project monitoring and evaluation:

Monitoring plans were designed with project partners in which the frequency and nature of assessments were determined by the risk-assessments conducted prior to implementation. During visits to project sites and through participating in field activities, feedback gathered through direct consultation with IDPs were used as reference for the required recalibration of the projects. Conduct of protection monitoring and subsequent reports were used as reference to assess qualitative and quantitative progress on protection data. UNHCR's Information Management unit served as repository of all collected information and was responsible to provide relevant input in the reporting. A workshop participated by IDP representatives and partners is scheduled in February 2019 where lessons learned, gaps and recommendations for ways forward will be discussed with the aim to deliberate on how we can further advance our efforts towards the protection and assistance to the IDPs.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [fill]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

A programme implementation review and lessons learned workshop had been organized by UNHCR with its project partners. Main gains from the interventions as identified during the evaluation are as follows:

- The outcome of the profiling project was vital to address protection gaps and humanitarian needs of Marawi IDPs and inform the programme development of humanitarian agencies and the local government authorities
- The project has improved IDP's access to registration and documentation processes and has enhanced their access to their rights and assistance;
- The communication and feedback mechanisms have enable the IDPs to provide critical information about their conditions and needs and helped protection actors and the local government authorities to respond and provide appropriate assistance to the displaced families.
- Through the implementation of the community empowerment and peaceful coexistence projects basic services and communal facilities for social cohesion were re-established and have improved the protection conditions of the conflict affected areas. These projects also reinforced the resilience of fragile communities and supported vulnerable families in recovering from the effects of recurring displacement. Disaster preparedness was also further strengthened.

Recommendations for forward actions:

The needs and protection gaps which are persistently identified will have to be further referred to appropriate mechanisms/programmes of the government, and consistently tackled through advocacy efforts at all levels.

Areas of concern include:

- access to information on the Government's assistance programs and durable solutions planning;
- access to functional and responsive grievance and referral mechanisms to address alleged violations and to process claims for reparation/compensation;
- improved participation of IDPs in designing and implementing responses;
- enhancement of the current registration system to enable IDPs to access assistance, including collection of accurate and disaggregated data on persons with special needs (PWSN) for prioritized provision of targeted assistance;
- need for sustained and increased measures to mainstream a protection perspective into all aspects of emergency response, in line with the recognition of the centrality of protection in humanitarian action;
- ongoing provision of assistance to underserved persons of concern, including home-based IDPs, those in protracted displacement, IDPs experiencing repeated/multiple short-term displacements;
- more effective and systematic inclusion of host families and communities in support programmes, to address the strain on resources;
- advocacy on the provision of assistance and sustained monitoring of protection issues following return, with emphasis on compliance with core protection standards and principles (voluntariness, safety, dignity, "do no harm");
- stronger prioritization of, and capacities for, emergency preparedness and contingency planning, especially among duty-bearers at local government level;
- improved coordination in implementing early recovery efforts, including infrastructure rehabilitation and livelihood assistance;
- increased support for the enhancement of duty bearers' information management capacities, for the establishment of effective systems for IDP registration, tracking, monitoring, consolidation, and analysis.
- strengthen coordination with different clusters and responding agencies and apply a multisector approach to ensure non-duplication and complementation of ongoing interventions especially in the case of the civil registration activities.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.6. Project Report 18-UF-CEF-019 – UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Philippines
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-UF-CEF-019
5. Project title:	Life-saving nutrition interventions for children, and pregnant and lactating women		
6.a Original Start date:	09/03/2018	6.b Original End date	31/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,471,975
	b. Total funding received for agency's sector response to current emergency:		US\$ 453,766
	c. Amount received from CERF:		US\$ 453,766
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 413,920
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 413,920

2. Project Results Summary/Overall Performance
<p>Through the CERF UFE grant, UNICEF and its partners provided nutritional screening of 10,425 children under-five and 2,827 pregnant and lactating women (PLW); referred 92 severely acute malnourished (SAM) children for treatment; discharged 55 SAM children as cured (8 are ongoing treatment, 13 defaulted, 13 are non-responders, 2 transferred out, and 1 death); referred 266 moderately acute malnourished (MAM) children to the World Food Programme (WFP) for supplementary feeding; provided 26,076 children with micronutrient supplementation, and 1,883 PLW with complete course of iron-folic acid (IFA) supplementation; provided infant and young child feeding (IYCF) counselling to 2,827 PLW and caregivers; trained 192 health workers in management of acute malnutrition; sensitized 78 community nutrition support volunteers; and, provided nutritional supplies and equipment benefiting an estimated 26,000 children.</p> <p>The project assisted a total of 29,173 people, facilitated the prioritization and inclusion of nutrition programmes in the local government of Marawi City and Lanao del Sur, Philippines. The programme interventions contributed to the maintenance of malnutrition indicators within the SPHERE standards between April to December 2018.</p>

3. Changes and Amendments
<p>The target numbers were estimates based on the Philippine Statistics Authority population since there were no data available on the actual number of mothers and caregivers of children under 23 months and children under-five years. Cumulatively, it shows that the programme reached more than the targeted beneficiaries. However, if this is broken down into age groups, the programme did not reach the targeted number of mothers and caregivers of children under 23 months because the actual number reached in the communities was found to be less than the Philippine Statistics Authority population estimates. As for the number of children under-five reached, the</p>

number is higher than the planned targets since this includes children who were given health and nutrition services (i.e. micronutrient supplementation) aside from being screened for malnutrition.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,370	7,000	13,370	6,630	0	6,630	13,000	7,000	20,000
Reached	12,965	3,097	16,062	13,111	0	13,111	26,076	3,097	29,173

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	5,000	7,294
Host population	15,000	21,879
Affected people (none of the above)		
Total (same as in 4a)	20,000	29,173
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>Disaggregated data according to IDP and host population beneficiaries is not available since the programme targeted all affected population (both in Evacuation Centres and host communities) that the services can reach.</p> <p>The slight difference in the target and achieved numbers is attributed to the better coverage of screening conducted by the Barangay Nutrition Scholars (BNS).</p>	

5. CERF Result Framework

Project objective	To deliver a package of high impact and life-saving nutrition interventions for 20,000 children and women displaced by the conflict, including those living within host communities, building upon the gains made in emergency nutrition services coverage so far and expand coverage to reach additional children and women.
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Output 1	Mothers (including adolescent mothers and pregnant teens) with young children in evacuation centres and living with host families are supported for optimum infant and young child feeding (IYCF)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of mothers/caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	7,000 mothers/caregivers with 6-23 months infants/young children	5,072 (72%)	partner's report; partner's database; attendance sheets
Explanation of output and indicators variance:		The target numbers were estimates based on the Philippine Statistics Authority population since there were no data available on the actual number of mothers and caregivers of children under 23 months in the target communities prior to the writing of the CERF-UFE proposal. The target number for mothers and caregivers provided counselling was not reached because the actual number is lesser than the estimated number.		

		The actual number of pregnant and lactating women reached in the communities was found to be less than the Philippine Statistics Authority population estimates.
Activities	Description	Implemented by
Activity 1.1	Counselling on IYCF for PLW and caregivers of children 0-23 months old through skilled IYCF counsellors from government and from civil society organization (CSO) partners using already-available information education campaign (IEC) materials	Government health workers (barangay nutrition scholars, barangay health workers, midwives), nutrition officers, nutrition supervisors Health Organization for Mindanao (HOM), Rural Health Units, Municipal Health Offices Monthly progress report, attendance sheets
Activity 1.2	Monitoring and reporting of violations of the Philippine IYCF legislation (the Philippine Milk Code),	Government health workers (barangay nutrition scholars, barangay health workers, midwives), nutrition officers, nutrition supervisors HOM, Rural Health Units, Municipal Health Offices Monthly progress report, attendance sheets

Output 2	Children are screened for acute malnutrition, and those identified with SAM are referred to services for management, and their caregivers and families counselled on their children's optimum feeding and care practices			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children 6 months to 59 months screened for acute malnutrition	13,000 children 6-59 months are screened for acute malnutrition	10,425 (80%)	partner's report, partners' database, patients' records, Philippine Integrated Management of Acute Malnutrition (PIMAM) registry book
Indicator 2.2	Number and % of children aged 6-59 months identified with SAM and referred to program (outpatient therapeutic care (OTC), inpatient therapeutic care (ITC))	100% identified as SAM referred to therapeutic care services (200=estimated SAM caseload)	46% (92 SAM cases identified and all were referred to therapeutic care services)	partner's report, partners' database, patients' records, PIMAM registry book
Explanation of output and indicators variance:	<p>The target numbers were estimates based on the Philippine Statistics Authority (PSA) population since there were no data on the actual number of children aged 6-59 months in the target communities prior to the writing of the CERF-UFE proposal. The target for screened children was not reached because the actual number of children was found to be less than the estimated number.</p> <p>The number of screened children is the average of the numbers screened monthly. Screening of children for acute malnutrition using Mid-Upper Arm Circumference (MUAC) and checking for oedema was conducted monthly, and that using complete anthropometric measurements (weight, height) was done quarterly.</p> <p>Only 92 (46%) out of the estimated 200 SAM cases were identified. The estimated SAM caseload was computed using population estimates based on the PSA data. As indicated above, the actual number of children was found to be less than the estimated number.</p>			
Activities	Description	Implemented by		
Activity 2.1	Screening (mid-upper arm circumference (MUAC), weight and height measurements) of children 6-59 months for acute malnutrition	Government health workers (barangay nutrition scholars, barangay health workers), nutrition officers HOM, Rural Health Units, Municipal Health Offices		
Activity 2.2	Identification, referral and admission of children with SAM to the programme	Government health workers (barangay nutrition scholars, barangay health workers), nutrition officers		

		HOM, Rural Health Units, Municipal Health Offices
Activity 2.3	Monitoring and supportive supervision of health staff in OTC and ITC	Government health workers (midwives, nurses, doctors), nutrition supervisors HOM, Rural Health Units, Municipal Health Offices
Activity 2.4	Training of Community Nutrition Workers on screening, counselling and referral of children with SAM	HOM, UNICEF

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed taking into consideration the lessons learned from the previous project implemented in Lanao del Sur, including since the onset of the Marawi emergency in May 2017. The project considered field reports and lessons from the November 2017 review. Consultations with the Integrated Provincial Health Office, Provincial/Municipal Local Government Units, and other stakeholders was also done. Further, best practices from nutrition programs implemented outside the CERF sites funded by other donors was considered when this project was designed. The Health Organization for Mindanao, a local NGO, was selected to be the implementing partner based on its knowledge on the context, language, and having been previously engaged in other projects in the area.

B) Project implementation phase:

During the project implementation phase, UNICEF and the HOM conducted regular meetings with the government health workers (barangay nutrition scholars, barangay health workers) and other stakeholders to obtain feedback on the execution of activities. The feedback and other information shared during the meetings were used to do necessary adjustments in upcoming activities. Further, community mobilization strategies were used to raise awareness on SAM and the availability of nutrition services. Advocacies and meetings were also conducted with the local government of Lanao del Sur to inform them about how nutrition sensitive and nutrition specific interventions can help improve the health and nutrition status of the children.

C) Project monitoring and evaluation:

Nutrition cluster meetings with government and nutrition partners, and inter-cluster coordination meetings with agencies from the different sectors were used as avenues to collect feedback and recommendations shared by partners. Mid-term and year-end implementation reviews as well as after-action reviews were conducted to document results, identify good practices, and share lessons learned and recommendations.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	Choose an item.

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

<p>No formal evaluation was carried out but a Program Implementation Review (PIR) was held on 13 Dec 2018. Attached and below are the key findings of the review:</p> <ul style="list-style-type: none"> • Improved capacities of health workers, nutrition support volunteers in managing acute malnutrition, and IYCF counselling. • Due to the acquired skills and knowledge of the health workers, the community is benefiting from the services. Children under-five and PLWs are currently being screened for malnutrition, both are given micronutrient supplements, and PLWs are given IYCF counselling. • Multi-sectoral approach on partnerships led to complementation and non-duplication of activities/interventions. Moreover, the CERF project supplemented nutrition interventions in other non-CERF areas, reaching more beneficiaries. Governance activities led to stronger involvement of the local government/stakeholders, increasing ownership of the nutrition programme. The involvement of the BNS and providing them with monetary incentives helped in strengthening/ensuring wider coverage of health and nutrition service delivery. • Recommendation: emergency response should include governance activities to ensure that the programmes will be sustained after the rehabilitation/recovery phase. 	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

8.7. Project Report 18-UF-WFP-011 – WFP

1. Project information			
1. Agency:	WFP	2. Country:	Philippines
3. Cluster/Sector:	Food Security - Agriculture	4. Project code (CERF):	18-UF-WFP-011
5. Project title:	Addressing food security, nutrition and livelihood activities of households affected by the Marawi conflict		
6.a Original Start date:	19/03/2018	6.b Original End date	31/12/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 8,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,879,578
	c. Amount received from CERF:		US\$ 1,200,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 58,795
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 58,795

2. Project Results Summary/Overall Performance
<p>Through the US\$ 1,200,000 grant received from the United Nations Central Emergency Response Fund - Underfunded Emergencies window, WFP reached a total of 45,504 beneficiaries through its nutrition in emergency and its livelihood creation activities in 14 municipalities of Lanao del Norte and Lanao del Sur provinces as well as in Marawi City.</p> <p>WFP's livelihood activity, in partnership with the Food and Agriculture Organization of the United Nations (FAO) provided food assistance to 7,220 households through the provision of rice. In addition, 15 ha of garden were bio-intensified, 1,871 units of fishnets were produced, 5 units of fish-ponds or cages developed and 246 units rehabilitated, 31 processing centres were constructed and 41 ha of rice- and cornfields prepared for harvesting.</p> <p>WFP enrolled a total of 7,635 children (288 for management of Moderate Acute Malnutrition; 7,347 for the prevention of acute malnutrition). Of the 288 cases of MAM, 73 were discharged at the end of the intervention (80% cured, 19% defaulted, zero mortality and 1 % transferred to SAM treatment), 215 still undergoing treatment taken over by the local health facilities. About 1,425 pregnant and lactating women were also reached for prevention of acute malnutrition.</p>

3. Changes and Amendments

Changes from the initial project plan were triggered by WFP's ability to purchase higher quantities of food with the available funds. WFP purchased a total of 1,257 mt of rice and 48 mt of Ready-To-Use Food (RUSF) versus the initially planned 768 mt of rice and 34 mt of RUSF. Consequently, for both activities, the caseload was increased and the geographic scope expanded.

In the livelihood component, conducted jointly with FAO, the number of participants increased to 7,220 participants in 109 *barangays* (villages): 5,268 male and 1,952 female (or 7,220 participants, benefiting 36,000 individuals). The additional activities and beneficiaries were identified through Community Based Participatory Planning (CBPP) with community representatives and under the leadership of the municipality agriculture officers. The expansion allowed for the inclusion of landless affected households and those with previously limited knowledge on agriculture.

The nutrition component benefited from the increase in available quantities of food but was challenged by a lower than expected update of nutrition coverage and high target based on government data. The initial targets were based on the latest nutrition survey and demographic health surveys of the government, which were significantly higher than the actual demand. Consequently, WFP and its partners expanded the support to ten more affected municipalities in Lanao del Sur and Lanao del Norte that hosted IDPs upon the request of the government that included both blanket supplementary feeding and management of Moderate Acute Malnutrition for all children 6-59 months. The later was justified based on the dramatically high stunting rates of 48 percent in the area and an increase in acute malnutrition based from the two assessments (from 5.8 percent to 7.2 percent). Overall, WFP reached a total of 9,060 children and pregnant and lactating women.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,570	5,226	11,796	6,470	3,334	9,804	13,040	8,560	21,600
Reached	11,768	10,208	21,976	11,634	11,550	23,184	23,402	21,758	45,160

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		17,876
<i>Host population</i>		3,724
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	21,600	45,160

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

For both nutrition and livelihood activities, WFP was able to purchase higher quantity of food compared to the planned quantity. This allowed WFP to expand the geographical reach of the activity and include more eligible populations to participate in the programme. Consequently, the data to which the planned number of beneficiaries for the nutrition intervention was based from appeared to be much higher than the actual demand, thus with higher food quantities and smaller eligible population on the initial covered

	<p>municipalities, WFP expanded to ten more municipalities in Lanao del Norte and Lanao del Sur.</p> <p>As for the livelihood activity, WFP and FAO were able to identify more farmers and fishermen to include in the programme. WFP reached more families with rice due to the multiple number of tranches</p>
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5. CERF Result Framework	
Project objective	To improve the food security and agricultural production of 2,800 farm and fisher families in Lanao del Sur for nine months; and to improve the nutritional status of 7,600 nutritionally at risk displaced young children, pregnant and lactating women including adolescent girls in crisis-affected areas through a three-month supplementary feeding program.

Output 1	2,800 farm and fisher families affected by human-induced shocks and disruptions or natural disasters receive sufficient food to meet their basic food and nutrition requirements and adapt healthy nutrition practices			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Coverage of farm and fisher families receiving food in per cent	100% (2,800 households/ (14,000 individuals)	258% (7,220 households / 36,100 individuals)	Food Request Note, Distribution Reports
Indicator 1.2	Volume of rice provided to farm and fisher families	768.18 MT	1,256.9 MT	Distribution Reports
Explanation of output and indicators variance:		WFP overachieved beyond its targets due to the higher quantities of food procured under this intervention and an increase in the number of farmer/fishermen who participated in FAO's farming and fishing activities, with which WFP complemented with rice.		
Activities	Description	Implemented by		
Activity 1.1	Identification, validation, and profiling of beneficiaries	WFP, FAO, and local government unit		
Activity 1.2	Resource transfers to support access to food	WFP		
Activity 1.3	Monitoring of initial outcome of intervention and report writing	WFP		

Output 2	5,900 children aged 6-23 months, and 1,700 pregnant and lactating women including adolescent girls affected by human-induced shocks and disruptions or natural disasters receive sufficient nutrition supplements to meet their age-specific nutrition requirements.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Volume of specialized nutritious foods provided to PLW and children aged 6-23 months	34.2 MT	47.52 MT	Distribution Reports
Indicator 2.2	Coverage of children aged 6-23 months, and pregnant and 1,700 lactating women including adolescent girls receiving specialized nutritious foods in per cent	100% (3,009 boys, 2,891 girls, 1,700 women)	119% (3,869 boys, 3,766 girls, 1,425 women)	Distribution Reports
Indicator 2.3	Coverage of caregivers (male and female) receiving three key messages delivered through WFP-supported messaging and counselling in per cent	100% (3,009 boys, 2,891 girls, 1,700 women)	129% (3,894 male, 3,741 female)	Based on number of children assisted and approximate 51% male and 49% female caregivers.

Explanation of output and indicators variance:		WFP overachieved beyond its targets for this intervention due to the higher quantity of food procured. Additionally, the demand was significantly lower than the initial targets which was based from the most recent national nutrition survey. WFP instead reached eligible beneficiaries from ten other municipalities.
Activities	Description	Implemented by
Activity 2.1	Identification and selection of eligible children 6-23 months and pregnant and lactating women including adolescent girls	UNICEF, WFP
Activity 2.2	Monthly provision of specialized nutritious food to children 6-23 months and pregnant and lactating women including adolescent girls who are not having severe acute malnutrition	WFP
Activity 2.3	Provision of health and nutrition education to caregivers of children and pregnant and lactating women including adolescent girls	Integrated Provincial Health Office, WFP

6. Accountability to Affected People

A) Project design and planning phase:

During the planning phase, WFP conducted community-based participatory planning and orientation with targeted *barangays*. Together with the Department of Agrarian Reform, WFP consulted with the displaced and returning families on the mechanics of the programming including the eligibility of participants, what entitlement to receive, and the duration of the programme. For the nutrition intervention, WFP collaborated with the Integrated Provincial Health Office in identifying beneficiaries and with UNICEF in for referring beneficiaries for WFP support. WFP also conducted an inception workshop for health and nutrition in partnership with WHO and UNFPA. The beneficiaries received an introduction to the programmes as well as the contact channels they can use to reach WFP.

B) Project implementation phase:

To ensure that important information on the programme reached the beneficiaries, WFP developed Information, Education, and Communication (IEC) materials in the local language. The IEC materials were mounted in strategic areas and explained about the programme to the beneficiaries included in the programme. WFP also has a Complaints and Feedback Mechanism (CFM) in place where beneficiaries and partners can contact WFP. During distribution, WFP established a helpdesk where beneficiaries can ask questions, lodge complaints, and make suggestions.

C) Project monitoring and evaluation:

Beneficiaries' feedback on the programme were collected in the process monitoring where selected beneficiaries were interviewed to gather information on the distribution process and programme implementation. The feedback received through the hotline were stored in the CFM database and were responded to within 24 hours. Concerns regarding the programme implementation were communicated to the programme officers for resolution or possible programme adjustment. WFP also had a third-party monitor that conducted distribution, activity implementation, and process monitoring. Having an oversight function, feedback from the beneficiaries and their observation in the programme implementation were immediately forwarded to WFP for resolution.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	Choose an item.
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through	

each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Due to the short duration of the programme, an evaluation was not carried out for the CERF-funded activities. The results were driven by the over-achievement of the outputs as outlined in the approved project. The After-Action Review held in January 2019 also allowed recipient agencies to reflect on its achievements, challenges, and best practices in collaborating with each other and its respective implementing partners on the implementation of their projects.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.8. Project Report 18-UF-WHO-007 – WHO

1. Project information			
1. Agency:	WHO	2. Country:	Philippines
3. Cluster/Sector:	Health	4. Project code (CERF):	18-UF-WHO-007
5. Project title:	Provide access to essential health services for populations affected by the Marawi conflict		
6.a Original Start date:	09 March 2018	6.b Original End date	31 December 2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,486,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 536,158
	c. Amount received from CERF:		US\$ 536,158
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 288,339
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 288,339

2. Project Results Summary/Overall Performance
The CERF-UFE 2018 grant allowed 69,578 IDPs in camps and host municipalities to access primary health services, including essential drugs at Rural Health Units and through mobile teams. The project also repaired 6 damaged health facilities to enable continuation of health services in remote areas.

3. Changes and Amendments
<p>Bi-monthly mobile health visits to barangays were instead conducted in evacuation centres and temporary shelters.</p> <p>As agreed with Local Government Unit (LGU) officials, the Lanao del Sur province Department of Health (DoH) and the Marawi City Health Office (CHO) provided health and nutrition services, while implementing partners provided administrative, logistic and human resource support.</p> <p>Project implementation was delayed during May 2018 because of Ramadhan and barangay elections. Any gaps were filled thanks to catch up activities at a later stage.</p>

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	17,531	22,221	39,752	16,843	21,350	38,193	34,374	43,571	77,945
Reached	3,802	31,683	35,485	3,653	30,440	34,093	7,455	62,123	69,578

5. People Reached		
4b. Number of people directly assisted with cerf funding by category		
Category	Number of people (Planned)	Number of people (Reached)
IDPs	45,000	30,320
Host population	54,700	39,258
Total (same as in 4a)	77,945	69,578
<i>Reasons for discrepancy between planned and reached beneficiaries:</i>	Some IDPs are no longer located at the project sites. Beneficiaries of improved health services as a result of repaired health facilities are not included in the total.	

6. CERF Result Framework				
Project objective	To ensure populations displaced by the conflict (up to 45,000 IDPs) and host communities have continued access to essential health services and protection from health threats.			
Output 1	6 local health facilities and staff, and mobile teams, are capacitated to provide essential health services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	% of health facilities providing selected relevant services based on national standards	100% (6 RHUs)	100% (6 RHUs)	M&E, Weekly reporting
Indicator 1.2	% of health facilities without stockout of selected essential drug in 4 groups of drugs	100% (6 RHUs)	100% (6 RHUs)	M&E and weekly reporting
Indicator 1.3	# of visits by mobile teams in IDP sites	2 visits/month	100%	M&E and weekly reporting
Explanation of output and indicators variance:		-		
Activities	Description			Implemented by
Activity 1.1	Recruitment of implementing partner and transfer of funds			WHO
Activity 1.2	Deployment of mobile health teams to IDP sites			MOSEP
Activity 1.3	Augmenting medicines and supplies of RHUs			MYROI
Activity 1.4	Minor repairs and installation of water system to health facilities			MYROI
Activity 1.5	Train and equip local health staff and facilities for direct service provision on maternal and child health			WHO
Activity 1.6	Train and equip local health staff and facilities for direct service provision on mental health and psychosocial support			WHO
Output 2	Disease surveillance and outbreak control capacities of local health staff and facilities strengthened			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of health facilities providing regular surveillance reports	100% (6 RHUs)	183% (11 RHUs)	Report, M&E, AAR
Indicator 2.2	% of alerts responded to within 48 hours	100%	100%	Report, M&E, AAR
Explanation of output and indicators variance:		Training included Non-CERF municipalities with high diarrhoea incidence and vulnerable to disease outbreaks.		
Activities	Description			Implemented by
Activity 2.1	Knowledge and skills transfer (training courses and mentoring) to local health staff on data collection, reporting, validation, analysis and dissemination, including prevention and control of disease outbreaks			WHO

7. Accountability to Affected People

A) Project design and planning phase:

The project was designed in consultation with government counterparts, based on information collected during the assessment prior to the project.

At the start of the project, an inception workshop was conducted jointly with provincial, city and municipal Department of Health, implementing partners and UN agencies, to agree on the details of the project implementation, selection criteria for barangays and damaged health facilities, and ways to ensure synergy with other CERF-funded health-related projects in areas like sexual and reproductive health, WASH and nutrition.

B) Project implementation phase:

To ensure full collaboration of local government, briefing meetings with LGU officials were conducted carried out jointly with other UN agencies like UNFPA, UNICEF and WFP.

Once established, mobile teams consisting of local health workers were deployed to the 6 project sites, jointly with the nutrition and reproductive health mobile teams, as per the agreed schedule.

For 8 months, a monthly supply of essential drugs was provided to the mobile teams, based on a drug utilization assessment, priority diseases as per number and type of consultations, amongst others. Routinely provided essential drugs in the form of the so-called CAMPOLAS kit (composed of Cotrimoxazole, Amoxicillin, Mefenamic Acid, Paracetamol, ORS, Lagundi, Vitamin A and skin ointment) continue to be insufficient in most RHUs. All drugs were procured locally at registered pharmacies and in line with standards set by the Philippines Food and Drug Administration (FDA).

C) Project monitoring and evaluation:

Continued monitoring of drug consumption of the health facilities

Monitoring and evaluation (M&E) was conducted jointly between government and all UN health CERF partners using a unified tool, facilitating combined collection of data as well as ensuring smooth collaboration between all partners, including DoH.

Client feedback interviews with randomly selected respondents were conducted in each project site at the start and the end of the project, showing great appreciation for easy access to health services thanks to the mobile clinics.

To advocate for continuation of the activities, an exit meeting was conducted at the LGU level.

The first After Action Review (AAR) held in November 2018 brought together all relevant government agencies, humanitarian agencies, and civil society organizations to evaluate all CERF-funded projects in terms of Appropriateness, Connectedness, Coverage, Coherence, Efficiency, Effectiveness and Impact. The Review drafted best practices and relevant lessons learned to improve future response operation.

A second AAR was held for UN and implementing partners in January 2019, identifying broader recommendations for national and international-level stakeholders.

8. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

9. Evaluation: Has this project been evaluated or is an evaluation pending?

CRITERIA 1: RELEVANCE	EVALUATION CARRIED OUT Yes <input type="checkbox"/>
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<ul style="list-style-type: none"> - The AAR concluded that the health programme addressed the needs of the affected population. The programme aligned with and supported the government's response plan. Interventions were timely; but should have been done prior to the crisis. <p>CRITERIA 2: CONNECTEDNESS</p> <ul style="list-style-type: none"> - Comprehensive health services were provided through: <ul style="list-style-type: none"> • Training for health workers, volunteers, social workers; establishment of referral pathways/systems; medical supplies and services; and repair of damaged health facilities • Integration of health-related service delivery (RH, nutrition) <p>CRITERIA 3: COHERENCE</p> <ul style="list-style-type: none"> - Coordination between partners can always improve to ensure smooth program service delivery - Lack of coherence caused by lack of specific guidelines on providing assistance, irregular meetings <p>CRITERIA 4: COVERAGE</p> <ul style="list-style-type: none"> - Programs provided services to IDPs (living in evacuation centres and home-based) and non-IDPs - Beneficiaries included children, adolescents, PLWs, men, and women - Despite hindering factors (i.e. security issues, mobile population), the program continued to deliver health services to the affected population <p>CRITERIA 5: EFFICIENCY</p> <ul style="list-style-type: none"> - Efficient use of available resources (human, technical, material, financial) and filled knowledge gaps by training health workers and local service providers. <p>CRITERIA 6: EFFECTIVENESS</p> <ul style="list-style-type: none"> - Timely provision of services, deployment and mobilization of health workers, supply of drugs and other medical supplies, nutritional screening and treatment of children with acute malnutrition. <p>CRITERIA 7: IMPACT</p> <ul style="list-style-type: none"> - Involvement and commitment of LGUs in sustaining the programmes is critical, especially in ensuring continuous supply and availability of health workers and other local service providers - Thanks to good coordination and collaboration between all CERF-funded partners, beneficiaries were able to access all services (health, livelihood, food rations, WASH) 	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>
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ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-UF-FAO-005	Agriculture	FAO	NNGO	\$43,998
18-UF-FAO-005	Agriculture	FAO	NNGO	\$13,861
18-UF-UDP-003	Early Recovery	UNDP	INGO	\$571,897
18-UF-FPA-008	Gender-Based Violence	UNFPA	NNGO	\$174,484
18-UF-FPA-008	Gender-Based Violence	UNFPA	NNGO	\$119,735
18-UF-FPA-008	Gender-Based Violence	UNFPA	NNGO	\$12,721
18-UF-FPA-009	Health	UNFPA	NNGO	\$178,504
18-UF-HCR-008	Protection	UNHCR	NNGO	\$87,096
18-UF-HCR-008	Protection	UNHCR	NNGO	\$24,840
18-UF-HCR-008	Protection	UNHCR	NNGO	\$23,559
18-UF-CEF-019	Nutrition	UNICEF	NNGO	\$413,920
18-UF-WFP-011	Nutrition	WFP	INGO	\$58,795
18-UF-WHO-007	Health	WHO	NNGO	\$150,781
18-UF-WHO-007	Health	WHO	NNGO	\$137,558

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountabilities of Affected Populations
AAR	After Action Review
AMDF	Al-Mujadilah Devevelopment Foundation
APMC	Amai Pakpak Medical Center
ARMM	Autonomous Region in Muslim Mindanao
BC	Birth Certificate
BLGU	Barangay Local Government Unit
BFAR	Bureau of Fisheries and Aquatic Resources
CATW-AP	Coalition Against Trafficking of Women – Asia Pacific
CERF	Central Emergency Response Fund
CHO	City Health Office
CFAR	Cash for Asset Recovery
CFM	Complaints and feedback mechanism
CfCW	Cash for Care Work
CFW	Cash for Work
CG	Cash Grant
CPN	Child Protection Network
CSO	Civil Society Organization
CSWDO	City Social Welfare and Development Office
DA	Department of Agriculture
DAFAC	Disaster Assistance Family Access Card
DAF-ARMM	Department of Agriculture and Fisheries – Autonomous Region of Muslim Mindanao
DAR	Department of Agrarian Reform
DepEd	Department of Education
DENR	Department of Environment and Natural Resources
DOH	Department of Health
DOST	Department of Science and Technology
DROMIC	Disaster Response Operations Monitoring and Information Center
DSWD	Department of Social Welfare and Development
DTI	Department of Trade and Industry
FAO	Food and Agriculture Organization of the United Nations
FDA	Food and Drug Administration
FIRM	Financial Inclusion for Recovery of Marawi
GBV	Gender-based violence
HLP	Housing, Land and Property
HOM	Health Organization for Mindanao
IDEALS	Initiatives for Dialogue and Empowerment Through Alternative Legal Services
IDPs	Internally Displaced Persons
IEC	Information Education Campaign
IEC	Information, education and communication materials
IFA	Iron-Folic Acid
ITC	Inpatient Therapeutic Care
IYCF	Infant and Young Child Feeding
LCAT-VAWC	Local Committee on Anti-Trafficking and Violence Against Women and Their Children
LCR	Local Civil Registry

LDS	Lanao del Sur
LDS-IPHO	Lanao del Sur – Integrated Provincial Health Office
LGU	Local Government Units
M&E	Monitoring and Evaluation
MAA	Most Affected Area
MAM	Modern Acute Malnutrition
MARADECA	Maranao Peoples Development Center, Inc.
Marawi CHO	Marawi City Health Office
MHPSS	Mental Health and Psychosocial Support
MHT	Mindanao Humanitarian Team
MIN	Mobile Identification Number
MMI	Magungaya Mindanao Inc.
MinDA	Mindanao Development Authority
MLGU	Municipal Local Government Unit
MOSEP	Mindanao Organization for Social and Economic Progress
MSWDO	Municipal Social Welfare and Development Officer
MUAC	Mid-Upper Arm Circumference
MYROI	Muslin Youth Religious Organization
NEDA	National Economic Development Authority
NGO	Non-Government Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPAPP	Office of the Presidential Adviser on Peace Processes
OTC	Outpatient Therapeutic Care
PDRRN	People’s Disaster Risk Reduction Network
PHC	Primary health care
PLW	Pregnant and lactating women
PIMAM	Philippine Integrated Management of Acute Malnutrition
PLW	Pregnant and Lactating Women
PSA	Philippine Statistics Authority
PSS	Psychosocial Support
RC	Resident Coordinator
RH	Reproductive health
RHU	Rural Health Unit
SAM	Severe Acute Malnutrition
SMS	Short Message Service
SRH	Sexual and reproductive health
SSF	Shared Services Facility
TFBM	Task Force Bangon Marawi
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Childrens Fund
WCPU	Women and Children Protection Unit
WFP	World Food Programme
WFS	Women Friendly Spaces