

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

**19-RR-PHL-39649
PHILIPPINES
RAPID RESPONSE
EARTHQUAKE
2019**

RESIDENT/HUMANITARIAN COORDINATOR	GUSTAVO GONZALEZ
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REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	13 July 2020
<p>The UN Resident Coordinator and Humanitarian Coordinator (RC/HC) led the After-Action Review meeting on 13 July 2020. A total of 53 representatives from CERF recipient agencies, implementing partners and government counterparts joined the meeting, including: UNICEF, UNFPA, IOM, Catholic Relief Services (CRS), Mangungaya Mindanao Inc. (MMI), Community Family Services International (CFSI), United Youth Philippines (UnyPhil) Women, Mindanao Organization for Social and Economic Progress Inc. (MOSEP), Provincial Government of Cotabato, Department of Education Cotabato Province, Provincial Social Welfare and Development Office Cotabato Province, and Local Government Units (LGUs) of Kidapawan City, Makilala and Tulunan municipalities (Municipal Planning and Development Office (MPDO), Municipal Social Welfare and Development Office (MSWDO), Municipal Health Office (MHO)). Internally displaced persons (IDP) representatives also attended. Due to COVID-19 movement restrictions the day-long meeting was organized virtually through a Zoom call. To ensure the voices of beneficiaries were heard, many of them not having connection to the internet, recipient agencies were asked to record short videos ahead of the meeting, querying the beneficiaries on the impact of CERF projects on their lives in the last few months.</p>	
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The HCT discussed the draft report during its August meeting. Participants deliberated on lessons learned and reflected on the reprogramming for the COVID-19 compounding event. The HCT was given an opportunity to comment on the final draft version of the report.</p>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The final version of the report was shared with CERF recipient agencies, which are also cluster leads of their respective clusters.</p>	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF response complemented that of the Government and helped catalyze additional donor funding. The disaster came at a time when the Government was still facing other protracted displacements in Mindanao, including the Marawi conflict response. The Humanitarian Country Team (HCT), with its field team, the Mindanao Humanitarian Team (MHT), led a strategic and prioritized response, engaging with leadership of the province, targeted municipalities and affected communities. The role played by local authorities is a lucid example of localized humanitarian leadership with strong collaboration among all actors. The early decision by some agencies to establish field offices ensured continuity of project implementation when lockdown was imposed due to COVID-19. All seven projects reached the majority of set targets. Implementing partners recognized that the CERF funding improved coordination, complementarity and cooperation among them. COVID-19 and its impact prompted adaptation to the changing situation, including through a no-cost extension and reprogramming of projects that enabled implementation of health and safety measures to safeguard IDPs, many of whom remained at displacement sites. Community engagement also gained prominence due to COVID-19, reaching more beneficiaries. Displaced in Mindanao were also prioritized under the HCT's COVID-19 Humanitarian Response Plan (March-December 2020).

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	19,800,000
FUNDING RECEIVED BY SOURCE	
CERF	3,066,075
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral) (ECHO, Start Fund, Sweden, AECID, Canada)	2,770,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	5,836,075

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
IOM	19-RR-IOM-038	Emergency Shelter and NFI - Shelter and Non-Food Items	647,229
IOM	19-RR-IOM-038	Camp Coordination / Management - Camp Coordination and Camp Management	431,486
UNFPA	19-RR-FPA-049	Health - Health	385,199
UNFPA	19-RR-FPA-049	Protection - Sexual and/or Gender-Based Violence	290,589
UNICEF	19-RR-CEF-113	Water Sanitation Hygiene - Water, Sanitation and Hygiene	511,513
UNICEF	19-RR-CEF-113	Protection - Child Protection	419,703
UNICEF	19-RR-CEF-113	Education - Education	380,356
TOTAL			3,066,075

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,704,644
Funds transferred to Government partners*	43,925
Funds transferred to International NGOs partners*	742,424
Funds transferred to National NGOs partners*	575,082
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,361,432
TOTAL	3,066,075

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

A series of earthquakes struck Cotabato province on 16 October (6.3-magnitude), 29 October (6.6-magnitude) and 31 October (6.5-magnitude). According to the Philippine Institute of Volcanology and Seismology (PHIVOLCS), these earthquakes, all with an epicenter close to Tulunan, North Cotabato, were considered part of a sequence of events from interrelated faults in the region. The earthquakes caused ground shaking and soil liquefaction followed by multiple landslides and debris flows, in particular in mountainous areas, as well as flooding of several barangays (villages) as the result of damaged dikes. Many locations that were struck belong to the most underdeveloped and conflict-affected areas of the Philippines. Over 1.5 million people were affected in areas severely impacted by the earthquakes in Region IX, X, XI, XII and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). In the immediate aftermath, around 349,266 people were in need of assistance in 362 barangays in five provinces of Regions XI and XII (22 January 2020, NDRRMC).

The earthquakes damaged over 49,690 infrastructures, including roads and bridges, government structures, schools, hospitals, barangay halls, gyms, which critically disrupted essential services. Around 47,662 houses were damaged, out of which 25,895 were destroyed and 21,767 were partially damaged. As of 20 January 2020, the government disbursed a total of 118.9 million pesos (US\$2.4 million) through the DSWD, DOH and OCD, which provided some type of assistance to almost 60,130 IDPs in 107 evacuation centres, and 125,609 IDPs with host families. Families with their houses destroyed or structurally compromised stayed for months in makeshift shelters next to their homes or in nearby open spaces, which exposed them to monsoon rains, hailstorms, health and protection concerns. With risks posed by additional landslides and damaged buildings, the entire population of eight remote barangays in Makilala evacuated after the third earthquake and moved to evacuation sites. Several devastated areas were declared as at risk, with structures on shifting ground prone to landslides and rockslides and families cautioned from returning too soon. In many municipalities, the entire population was displaced for months as even people whose houses had sustained no damage were sleeping in tents near their homes due to aftershocks and fear of another earthquake. Due to the nature of the damage and subsequent evacuation of barangays in these areas, some families have been displaced for nine months. At the beginning of the COVID-19 pandemic, movement restrictions were imposed throughout Mindanao and many ECs were closed, giving families no choice but to return home; some constructed makeshift shelters near their damaged houses. As of 4 August, there are around 12,000 people (2,414 families) still displaced in 18 ECs in Kidapawan City, Makilala and Magpet municipalities in Cotabato province according to data from the Department of Social Welfare and Development.

The Consolidated Assessment Report prepared by the MHT and endorsed by the HCT identified acute needs in the areas of emergency shelter, camp coordination and camp management (CCCM), water, sanitation and hygiene (WASH) and emergency education. Over one third of sites visited by an IOM assessment team reported that no official IDP registration had taken place,

which posed a challenge to targeting and tracking assistance. Almost all sites were managed by government officials, mostly barangay captains or their representatives, without adequate training on site management, a major concern given the scale of the emergency. Shelter was highlighted as a primary need by both IDPs and local government. There was an urgent need for shelter-grade tarpaulins, ropes, locally sourced shelter materials, carpentry tools and related training to improve existing temporary shelter stability and resistance. The lack of sufficient WASH facilities and subsequent poor sanitary conditions increased the risk of hygiene-related diseases. This was particularly concerning given the recent polio outbreak nearby in Mindanao. Initial assessments also highlighted increased protection risks and emphasized the need to prioritize sectoral interventions that are sensitive to and address people's protection needs, particularly psychosocial support and counselling.

The Municipality of Makilala was the most impacted by the earthquakes. At the start of response, over 103,000 people were in need and according to the official data, less than a fifth of those had received assistance by the government. Based on initial information, out of total 23,000 houses destroyed by the earthquakes, almost 19,000 were in Makilala and according to local authorities, only a quarter of municipality's territory has been declared safe for relocation. In Tulan and Kidapawan, community water supplies were damaged and the entire local population experiencing water scarcity, relying on intermittent bottled water and short-term water supplies. According to IOM reports in November, most assessed evacuation sites had makeshift drainage systems insufficient to cope with the amount of rain and wastewater and potentially exacerbating the spread of waterborne diseases. Most water was trucked to the sites, with some reporting that a shallow well and rivers were also being sourced.

The affected mountainous areas of North Cotabato are home to indigenous people (IPs). Even before the earthquakes, IPs faced protection issues and concerns of civil registration, malnutrition, basic education, health concerns of the elderly and children, registration of indigenous people in the political structure, inclusion of ancestral domain, hygiene and sanitation. These challenges were further exacerbated with displacements by the earthquakes. In Kidapawan, 2,800 families lived in 21 evacuation centres and were from areas declared as 'high risk'; 70 per cent of them were of the Manobo tribe. People expressed protection concerns and fear of forced relocation. The earthquakes also damaged 1,545 schools, of which 37 were totally damaged, while many others were used as evacuation centres, which hampered classes for learners. Collapsed and severely damaged schools will need an estimated PhP3.3 million (US\$64 million) to rehabilitate. Displaced learners were expected to continue holding classes in tents and makeshift learning facilities at least until the end of the school year in mid-2020. Field assessments confirmed the need for continuing protection services, such as gender-based violence awareness raising, establishment of referral systems, segregation of latrines and bathing facilities, lighting and mental health and psychosocial support (MHPSS). Considering the nature of the disaster and the structural damage to buildings and infrastructure, displacement in many affected areas was anticipated to continue for at least one year. With prolonged displacement, the importance of addressing needs in health, food security and agriculture, and nutrition was expected to increase.

The government led the response and while the national government did not formally request international assistance, regional authorities and line departments made bilateral requests to UN and NGO partners in-country. Under the leadership of the RC/HC a.i., the HCT prepared the Humanitarian Needs and Priorities (HNP) document drawing from field assessments and reflecting a strategy aligned to augment the government response. Financial resources amounting to an estimated US\$19.8 million were required by humanitarian partners to support the government-led response and meet priority needs in protection, emergency shelter, CCCM, WASH, education, early recovery and livelihoods, health, food security, nutrition and logistics of people in need over six months. The HNP response strategy focused on the most vulnerable groups among the displaced population. Planned assistance prioritized key needs inside formal evacuation sites and of people living in informal or unrecognized settlements within the most affected areas of Makilala, Tulan, Kidapawan City (North Cotabato in Region XII), Bansalan and Magsaysay (Davao del Sur in Region XI). People with disabilities and pre-existing health issues, elderly, children, pregnant women and indigenous groups were disproportionately exposed to the effects of displacement and were therefore prioritised. Protection monitoring and mainstreaming were central components of the response. Key protection interventions, such as assistance in

accessing services and distribution sites, establishing referral pathways, two-way communication channels, and capacity building of service providers ensured that protection risks and needs were identified and addressed. Primary interventions focussed on the acute needs in five priority areas: shelter (construction of emergency shelter; electricity supply), WASH (appropriate and sufficient latrines and sanitation facilities in evacuation camps; distribution of hygiene kits), education (provision of temporary learning spaces), health (psychosocial support; sexual and reproductive health services) and CCCM (IDP registration; care and maintenance of facilities).

Active feedback mechanisms and inclusive community engagement were integral to the response strategy, ensuring communication on quality and adequacy of interventions, and addressing concerns and complaints. This included consultation and active participation of affected communities, including marginalized and socially excluded groups, from the initial planning stage until the final evaluation of relief efforts.

3. CONSIDERATION OF FOUR PRIORITY AREAS¹

The overall objective of the CERF funded response was to ensure that children and women, together with their families, learners and indigenous people living inside and outside evacuation centres in the three municipalities most affected by the earthquakes, have access to and are provided with appropriate and timely multisectoral aid. To address the CERF four priority areas in a sustainable manner, the prioritized sectoral responses were designed to complement each other in addressing compounded needs of targeted beneficiaries. The joint CERF strategy focused on adding value to the quality of the government response with interventions in emergency education, child protection, gender-based violence (GBV) and sexual and reproductive health (SRH), while meeting basic needs in shelter, water, sanitation and hygiene. Offering psychosocial services (PSS) to those most affected in this emergency was considered as a cross-cutting intervention. Agencies leveraged past and current good practices in each sector to strengthen the overall response. The adjustments made with the integration of COVID-19 response addressed the compounded needs that the affected communities faced, ensuring timely and recalibrated support at the most uncertain time.

a. Women and girls, including gender-based violence, reproductive health and empowerment

The priorities of women and girls, including the prevention of GBV, were mainstreamed throughout the CERF strategy, which included targeted interventions to address the needs of 4,433 women and girls. With government restrictions due to COVID-19, the awareness raising activities which require face-to-face interaction were reprogrammed to radio and other public announcements, addressing the needs of 123,853 indirect beneficiaries. The Sexual and Reproductive Health Cluster and the GBV Cluster ensured the provision of life-saving services and information for sexual and reproductive health as well as the prevention and response to GBV for affected women and girls. The GBV referral pathway and the Local Council Against Trafficking and Violence Against Women and Children (LCAT-VAWC) were reactivated, serving as institutional mechanisms for GBV and sexual exploitation and abuse (SEA) survivors to seek appropriate and timely redress.

b. Programmes targeting persons with disabilities

CERF-funded projects delivered sectoral interventions targeting 762 persons with disabilities, and reaching 908 PWD at the end of the project. Their needs were mainstreamed through prioritization of interventions that addressed the most vulnerable segments of the affected population. IOM produced site level reports under its Displacement Tracking Matrix (DTM) methodology, which highlighted the number of persons with disabilities in each displacement site. This information, as well as

other key data on site needs and vulnerabilities, was shared with government and CERF partners to ensure interventions were able to target persons with disabilities.

c. Education in protracted crises

The Education Cluster focussed on providing safe educational and recreational activities for children, while the WASH Cluster addressed water and sanitation needs in schools. Child protection and psychosocial support for affected children were key as some learners were afraid to go back to school. The Cluster convened at the regional level to ensure learning continuity in affected schools, with the support from UN, and NGO partners. CERF-funded projects enabled vulnerable communities to be included in the learning spaces, cross-cutting protection interventions in the learning modality.

d. Other aspects of protection

Indigenous people: The provincial authorities led a series of community consultations of indigenous people groups, ensuring them a voice in the decision-making for the plan to relocate or return to ancestral homes. While these plans for relocation are still being realized in many areas, the CERF allocations were able to support the needs of IP groups throughout the implementation period. For example, CCCM actors ensured sites were culturally sensitive and included spaces for worship for all people. Furthermore, the Education cluster provided temporary learning spaces that watched over the young children of IPs which returned to their farms for livelihood reasons during the day.

Psychosocial support services: Considering many people in need were traumatized by the earthquakes and afraid to return to their homes, PSS was a critical component of a value-added design of the CERF response. Existing PSS tools and approaches were applied to ensure quality services were provided and properly coordinated and that activities were implemented by properly trained volunteers under the guidance of MHPSS experts. CCCM also coordinated CERF-funded interventions in PSS and counselling, including with the Health, Education and Protection clusters.

4. PRIORITIZATION PROCESS

The CERF strategy was developed in parallel with the HNP document. On 11 November, an ad hoc core HCT meeting composed of principals of cluster lead agencies convened to discuss the CERF application and outlined sectoral priorities, which were based on needs assessments and the HNP response objectives. On 12 November, technical experts from identified priority cluster lead agencies met to further refine the sectoral and geographical focus as well as target beneficiaries.

Key criteria for prioritization were the severity and time-criticality of needs as identified in the assessment report and the HNP document, also the analysis of sectors where the government had already provided assistance and where it was determined the majority of people in need in Region XI had been adequately serviced. Focus for the CERF response was therefore placed on Region XII. Assessments also identified that the response of government and individual donors had provided sufficient food assistance. Other factors taken into consideration were the number of people affected and the extent of damage in the areas versus the capacity of affected local government units. The epicentre of the first earthquake was the municipality of Tulunan, but succeeding earthquakes were centred in Makilala, where all residents were reportedly affected, tagging Makilala as 'ground zero'. With close proximity to the epicentre, nearby Kidapawan City sustained greater damage compared to other adjacent municipalities. Damage to a part of Kidapawan City's water source posed a grave concern for a couple of months to the affected residents and establishments in the city.

The HNP document informed the CERF response planning, particularly the response strategy which centred on augmenting government efforts in saving lives by providing immediate assistance and protection to people in need, facilitating early recovery

by assisting the government in rehabilitation, and enhancing the sustainability and long-term impact of the response. The life-saving criteria, value-added, and the quality of response (e.g. mainstreaming protection, Accountability to Affected Populations (AAP), and the most vulnerable groups) were also used to prioritize needs for CERF funding. Considering the Philippines is a middle-income country, and the Emergency Relief Coordinator's priority areas on support for women and girls, GBV, reproductive health and empowerment, programmes for differently abled people, education and cash were factored in.

Individual CERF agency proposals were prepared by the relevant IASC cluster lead agencies, working closely with government authorities responsible for the respective sectors and in consultation with the implementation partners. All cluster coordinators were either based in Mindanao or had visited the affected areas and conducted initial rapid needs assessments. Cluster leads, also through the MHT, were regularly in contact with the authorities at national, regional and provincial levels and joined most of their coordination meetings.

The HNP and CERF application were brought to the attention of the Administrator of the Office of Civil Defense and Executive Director of NDRRMC, leading the national disaster response, who had no objection and expressed an overall agreement with the proposed prioritization of response activities.

5. CERF RESULTS

In November 2019, the Philippines HCT was awarded \$3,066,075 from the CERF RR window for the humanitarian response in three areas of North Cotabato - the municipalities of Tulum and Makilala and Kidapawan City – hardest hit by the earthquakes. The CERF-funded projects added value to the quality of response in the province, with interventions in emergency education, child protection, GBV and reproductive health while also supporting camp coordination and meeting basic needs in shelter, water, sanitation and hygiene. CERF recipient agencies - UNICEF, UNFPA and IOM – and their implementing partners prioritised life-saving activities in the six months starting in November. Four months into project implementation, the COVID-19 pandemic was declared throughout the country, with stringent movement restrictions implemented to contain and prevent the spread of the disease. Implementing agencies requested reprogramming and no-cost adjustments that extended project duration - until 4 August for IOM, 30 July for UNICEF and 4 July for UNFPA. This provided the opportunity to adapt to the context of COVID-19, implement health safeguarding measures, and surpass further most of the set targets, with CCCM reaching 27,485 people; Education, 12,928; Shelter and NFIs, 15,737; Health, 6,155 Child Protection, 32,989; SGBV, 4,433; and, WASH, 57,804.

Camp Coordination and Camp Management, Emergency Shelter and NFIs: IOM and its iNGO implementing partner, CRS, supported 27,485 vulnerable IDPs affected by the earthquakes in late 2019 through CCCM, displacement tracking, and emergency shelter/NFI assistance. Between December 2019 and August 2020, IOM and CRS capacitated 1,724 camp managers and IDP leaders in 27 IDP sites in CCCM, GBV prevention, mitigation and response and AAP; engaged 436 workers through cash-for-work programme for refurbishment and maintenance across 23 highly vulnerable and insufficiently supported sites; produced 170 DTM summary and site-specific reports that highlighted the needs of IDPs and distributed those reports to 32 humanitarian partners and eight LGUs; and provided 3,000 displaced families with emergency shelter kits and cash vouchers for NFIs.

Reproductive Health and Sexual and Gender-based Violence: UNFPA supported 1,799 safe pregnancies and deliveries through emergency maternity tent facilities established in three LGUs; provided conditional cash-for-health assistance to 633 pregnant women, cash-for-work programme for 120 women-friendly-space facilitators/ youth-friendly-space facilitators and 60 GBV watch group monitors, and unconditional cash-for-protection support to 146 GBV survivors and persons with severe psychosocial issues; trained 36 local government personnel on MHPSS and psychological first aid; established a Women and Child Protection Unit in the Cotabato Provincial Hospital for clinical management of rape survivors; reactivated the local council against trafficking and violence against women and children; distributed 1,000 solar lamps and 1,684 dignity kits and 600 maternity packs to women of reproductive age (WRA) and pregnant and lactating mothers; reached 2,461 WRA and 4,084 youth through face-to-face SRH/GBV/MHPSS information sessions pre-COVID; reached an estimated listenership of 27,579 WRA

and 21,788 adolescents through local radio spots on SRH/GBV/MHPSS in relation to COVID-19; reached 2,882 WRA and 1,551 youth through face-to-face GBV prevention/response information sessions pre-COVID and 70,018 women and 53,835 youth by community-based public announcements during the pandemic.

Child Protection, Education, WASH: The project assisted a total of 57,804 people ensuring access to water, sanitation and hygiene, child protection and education services targeting highly vulnerable families in municipalities of Makilala, Tulunan and Kidapawan city.

UNICEF and its partners established a Provincial Child Protection Working Group, a Child Protection and Gender-Based Violence Referral Pathway through issuance of Executive Order No. 52 series of 2020; provided PSS to 17,506 children through establishment of 60 child friendly spaces (CFS); oriented 8,577 community members on how to address protection and MHPSS needs of at-risk children and families; trained 464 sectoral staff and community volunteers in basic PSS principles (e.g. PFA, PSEA, IASC guidelines on MHPSS) and "do no harm"; trained 260 adolescent as CFS Facilitators and Mobile Animators; and trained 5,298 parents and teachers in assessment and referral of children in need of PSS.

UNICEF and its partners provided education supplies (tents, student kits, teacher kits, early childhood development kit, school-in-a-box kit, recreational kit and hygiene supplies) benefiting 3,896 children three to four years old, 8,695 school children and 327 teachers; trained 127 Child Development Workers in PFA; and provided 33 TLS benefiting 2,625 children.

UNICEF and its partners also provided 4,324 displaced families with access to safe water; provided 1,360 families with access to properly designed toilet and hand washing facilities; provided 851 families with sanitation repair kits; provided 8,000 families with hygiene promotion messages; provided 4,865 families and 6,000 students with hygiene kits/supplies; and provided 750 students with access to drinking water and appropriate designed toilets in school/learning facilities.

6. PEOPLE REACHED

A majority of the indicators set were surpassed, when factoring in both direct and indirect beneficiaries, due in part to adjustments introduced to adapt to the COVID-19 pandemic. Out of planned 45,431 beneficiaries, more than 59,387 were reached. The changes in focus multiplied the numbers of beneficiaries actually reached, for example, 9,300 boys in baseline compared to 18,691 actually reached at the end of the project. The recalibrated behaviour change communication strategy enabled UNFPA, for example, to cover higher number of indirect beneficiaries. The response, however, was notably challenged to meet the overall target set for persons with disabilities, where the baseline was based on estimates and significantly higher than the actual numbers of PWDs on site. Out of 180 girls with disabilities targeted in the baseline, only 10 girls were reached during the reporting period. Nonetheless, the PWD target was reached by education and child protection activities.

For other specific targets, particularly under CCCM, the deviation between planned and actual numbers of people reached was affected by changes in the number of people displaced. Initial estimates of displacement were based on government reports but then revised after the validation process. Based on IOM's DTM reporting, the displacement numbers slowly decreased after December 2019 as some families from the low risk areas returned home.

With the outbreak of COVID-19, evacuation centres were closed by local government and implementation of activities hindered due to the government-imposed restrictions on movement. To overcome the challenges, agencies modified the timetable, implementation strategies and beneficiaries targeted. Face-to-face contact replaced using radio, community criers, social media and pre-recorded messages for communications. Approval for the Reprogramming and No-Cost Extension enabled agencies to reprioritize and integrate COVID-19 considerations into existing programmes through provision of personal protective equipment, dissemination of appropriate communication messages and construction of additional WASH facilities. Re-aligned budgets were also used to provide personal protective equipment to front liners and individuals manning checkpoints in project areas, and to support other health safeguarding measures for the targeted beneficiaries.

To avoid possible double counting, the approach used for determining people reached was to identify and draw upon the statistics of the cluster with the highest population reached per each target population group. The same approach was used in the CERF application process.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	44,431	58,587
Other affected persons	1,000	800
Total	45,431	59,387

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	11,001	15,830	9,300	9,300	45,431
Reached	10,478	11,527	18,691	18,691	59,387

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	165	237	180	180	762
Reached (Out of the total reached)	160	160	294	294	908

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Camp Coordination / Management - Camp Coordination and Camp Management	11,001	15,830	4,942	7,112	38,885
Education - Education	25	100	4,777	4,973	9,875
Emergency Shelter and NFI - Shelter and Non-Food Items	4,244	6,107	1,906	2,743	15,000
Health - Health	0	4,000	0	3,000	7,000
Protection - Child Protection	3,500	3,500	9,000	9,000	25,000

Protection - Sexual and/or Gender-Based Violence	0	4,000	0	4,000	8,000
Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,200	3,200	9,300	9,300	25,000

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Camp Coordination / Management - Camp Coordination and Camp Management	7,971	10,994	3,573	4,947	27,485
Education - Education	10	317	6,509	6,082	12,918
Emergency Shelter and NFI - Shelter and Non-Food Items	4,406	6,452	2,046	2,833	15,737
Health - Health	0	2,071	0	4,084	6,155
Protection - Child Protection	4,476	10,747	8,947	8,819	32,989
Protection - Sexual and/or Gender-Based Violence	0	2,882	0	1,551	4,433
Water Sanitation Hygiene - Water, Sanitation and Hygiene	10,211	10,211	18,691	18,691	57,804

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

CERF projects were implemented at the outset of the earthquake response, effectively reaching vulnerable groups and facilitating the targeting of assistance in coordination with the government, NGOs and CSOs. The CERF-funded response made multisectoral aid and services more readily accessible to targeted beneficiaries, and leveraged existing agency capabilities, for example, the DTM of IOM and PFA training from UNICEF. The application process started in November, at a time when Government-led response clusters were also being activated and which provided agencies on the ground with a venue for better coordination and technical support. Early on, IOM was requested by DSWD to provide technical inputs on CCCM in the province, at a time when there were several layers of government coordination. This helped jumpstart working relations between government leads and CERF partners, including liaison during agency level assessments and field missions. Approval of the CERF allocation at the end of November 2019 gave further momentum to the support of agencies in key identified sectors, enabling the three lead agencies to rapidly mobilize at a time when other members of the MHT were still conducting assessments and field liaison.

b) Did CERF funds help respond to time-critical needs?

YES ☒

PARTIALLY ☐

NO ☐

Through CERF funding, critical needs for WASH, temporary shelter, education and protection of children, women and girls were addressed early in the response. Cash-for-work was used as a rapid means to fill gaps in disrupted maternal health services. Time-critical assistance also supported the government at the regional, provincial and municipal levels to register the IDPs and effectively manage the camps, including informal camp settings included in the response. The rapid provision of emergency shelter was a lifesaving intervention, responding to the acute vulnerability of IDPs camped in open spaces. An early focus on WASH in camps helped compliment the polio prevention campaign, and later to protect communities from COVID-19. Child protection and prevention of SGBV were at the forefront of response, ensuring that referral pathways were established in good time. The prioritization of health and special needs of pregnant and lactating women while at the displacement sites was also highlighted early on in the response, making a clear distinction from among the

competing needs of the IDPs. Through their presence, CERF partners were well-positioned to support additional IDPs that entered targeted sites with registration and tarpaulins following the compounding effects in Makilala of the earthquake that hit Davao del Sur in December 2019.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

CERF was instrumental in strengthening coordination with the government, providing a platform for joint government-MHT coordination meetings at the provincial, city and municipal levels. Municipal level coordination was led by local chief executives, which allowed for frontline operational coordination among lead agencies and partners, and other members of the MHT. CERF partners took on additional tasks to co-lead these municipal level meetings, such as IOM in Tulunan and UNFPA in Kidapawan. A provincial CP-GBV Working Group was created and referral pathways down to the barangay level put in place. A Cash Working Group was formed to consolidate efforts of agencies and partners, including to determine rates for Cash for Work and foster incorporation of additional protection measures for CFW beneficiaries, including insurance and PPE. Close collaboration between WASH and CCCM/Shelter clusters helped in identifying gaps and provision of immediate solutions. For example, the WASH cluster set up handwashing stations in coordination with CCCM partners who conducted Cash for Work programming to lay water lines and connect the stations to a mains supply in Makilala. IDP feedback mechanisms installed at displacement sites was maximized by the implementing agencies for inputs on engaging with the affected communities. Also, collaboration among different NGOs in the affected areas and with the rest of the MHT markedly improved.

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

YES ☒

PARTIALLY ☐

NO ☐

The CERF allocation fostered an environment conducive to securing additional resources. UNFPA was able to mobilize funding to support 1,000 pregnant women until December 2020. The DTM tool was extensively used as a reference in subsequent project proposals and helped IOM to advocate for needs and successfully raise additional funds from USAID/BHA, New Zealand MFAT and the British Embassy in Manila for WASH, MHPSS and CCCM interventions in the remaining 45 displacement sites across North Cotabato and Davao del Sur. UNICEF was able to mobilize resources specifically for cluster coordination both in Cotabato province and Davao Del Sur. The HCT's Humanitarian Needs and Priorities (HNP) document, which required US \$ 19.8 million as of January 2020, received 29% funding or \$ 5.8 million. The rapid CERF response also created a firm basis for advocacy around the needs of the earthquake-affected communities in Davao del Sur, giving credibility to the capacity of agencies to expand operations and respond immediately.

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

CERF funds were realigned to support the COVID-19 response and strengthen health safeguarding measures for target communities. As a result, activities were adapted in the midst of the earthquake response and this flexibility allowed agencies to continue with implementation despite the pandemic. Reprogramming also enabled support like distribution of PPEs; installation of handwashing facilities in ECs, checkpoints, government offices and hospitals; delivery of risk communication and community engagement for IDPs and government partners. CERF projects were success stories in highlighting the value of frontline coordination and localisation. There were opportunities for monthly project reviews among CERF lead implementing agencies, facilitated by OCHA, allowing sharing of progress of implementation, addressing bottlenecks and soliciting joint decisions and greater convergence. The mid-term review and after-action review were highly inclusive, where all partner stakeholders were given opportunity to provide inputs. Local knowledge and expertise were tapped, ensuring that the projects were culturally appropriate, respecting the diverse composition of populations and respecting the rights and cultures of the indigenous peoples. The provincial authorities were appreciative of the CERF interventions, highlighting that the projects complemented the gaps in the province, providing appropriate technical expertise and experience of good practices. Provincial Governors expressed public appreciation to the UN and its partners.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
<ul style="list-style-type: none"> – After the CERF project was approved, another equally strong earthquake struck in Davao del Sur on 15 December and CERF funding was not sufficient to also address the needs of the additional affected people in two provinces, Cotabato and Davao Del Sur. – On the other hand, given the unexpected occurrence of COVID-19, the flexibility of the CERF secretariat in allowing reprogramming and NCE was viewed as a good practice, being timely, relevant for donors and above all affected communities, that were hit by a compounding crisis. 	<p>While CERF includes a mechanism allowing it to address a sudden deterioration of a protracted crisis, similar flexibility is not there when there is a compounding event on top of an existing sudden-onset emergency. Partners expressed a need for greater flexibility to consider additional funding allocations for other areas affected by multiple sudden onset events, i.e. the subsequent earthquake in Davao del Sur; and to allow extended support for projects up to the recovery phase.</p>

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>Government ownership. 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. end.</p>	<ul style="list-style-type: none"> • Systematically document process to produce additional evidence-based reports and strengthen the M&E system. • To strengthen the ties with local authorities also organize more regular visits of the HCT members to the affected areas during the CERF implementation period. • Organize a follow-up meeting with the government on the response, focussing on lessons learnt and formulation of an exit strategy of the projects. 	Local level leadership, under overall direction of the HCT
<p>Local partners. Localization of the response and reliance on local partnerships were ever more important as the COVID-19 pandemic started. A challenging operational environment during COVID-19 increased the necessity for greater collaboration among humanitarian agencies, international NGOs, local CSOs and LGU counterparts to ensure the response addresses both earthquake and COVID-19 requirements.</p>	<ul style="list-style-type: none"> • Encourage maximum involvement of local community leaders in all phases and encourage them to act as champions of the project. For example, the CERF project reached geographical isolated and disadvantaged areas as YFS and WFS facilitators were themselves coming from those communities. • Advocate for the recruitment of additional trained facilitators with local governments to increase sustainability of interventions and support for local capacity. • Reliance on local actors is important for the sustainability of the projects but even more in the context of highly unpredictable operational environment due to COVID-19. 	Implementing Partners
<p>Innovation. Agility and innovative adaptations were needed to continue implementing CERF projects in spite of COVID-19 related access</p>	<ul style="list-style-type: none"> • Prioritize continuation of Cash for Health and Cash for Protection and CFW activities with the government. All digital and remote 	Implementing Partners/OCHA

<p>restrictions, hampering movement of beneficiaries, LGU personnel and other partners.</p> <p>Multi-sectoral strategies were developed and implemented in the delivery of services to IDPs. Agencies and local partners with presence on the ground used local radio stations and community mobilization through community crier to disseminate correct and appropriate health information and key messages. As a result, Information, Education and Information (IEC) materials reached vulnerable groups. Robust M&E and feedback mechanisms were established and evaluation of interventions measured their efficiency of implementation.</p>	<p>interventions had much better prospects to be continued once movement restrictions were imposed. They often represented the sole lifeline for the most vulnerable members of the community.</p> <ul style="list-style-type: none"> • Work across clusters to improve multi-sectoral preparedness/contingency planning and emergency response capacity, e.g., develop integrated health and WASH plan as part of area-based disaster risk reduction and management plans; conduct hygiene promotion while delivering WASH kits and ensure acceptance/ownership of facilities prior to construction. WASH interventions in schools to focus on TLS and pre-existing water resource mapping. • Work with implementing partners to adopt a unified community feedback mechanisms to ensure responsive solutions and timely referral. • Advocate for improved internet broadband connectivity for online/digital content in the areas targeted by CERF. • Begin mapping local suppliers' capacity early on to understand their capacities and potential supply bottlenecks and ability to respond to supply shocks. • Gather sex and age disaggregated data for 'leave no one behind' groups, e.g. indigenous people, persons with disabilities, and other vulnerable groups. Have more interventions targeting also boys and men. 	
<p>Amplify communication activities throughout the project, particularly on lessons learned, good practices, voices from the field and beneficiaries. Due to the COVID-19 situation, a planned visit by the OCHA Regional Office to document and communicate about the CERF project needed to be cancelled.</p>	<ul style="list-style-type: none"> • Implementing agencies should continue to advocate on the impact of their work beyond the end of the CERF implementation period, bringing attention to good practices and highlighting opportunities for continued engagement. 	<p>Implementing Partners</p>

PART II

9. PROJECT REPORTS

9.1. Project Report 19-RR-IOM-038 – IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Philippines
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items Camp Coordination / Management - Camp Coordination and Camp Management	4. Project Code (CERF):	19-RR-IOM-038
5. Project Title:	Life-saving CCCM and Shelter Assistance to the most vulnerable earthquake affected IDPs in Tulunan, Makilala and Kidapawan, North Cotabato province, Region XII		
6.a Original Start Date:	05/12/2019	6.b Original End Date:	04/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	04/08/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,944,580
	c. Amount received from CERF:		US\$ 1,078,715
	d. Total CERF funds forwarded to implementing partners		US\$ 419,979
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 419,979	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>IOM and its implementing partner, Catholic Relief Services (CRS), provided critical support to 27,485 vulnerable IDPs affected by the earthquakes in late 2019 through camp coordination and camp management, displacement tracking, and emergency shelter/NFI assistance under the CERF RR. Between December 2019 and August 2020, IOM and CRS capacitated a total of 1,724 camp managers and IDP leaders in 27 IDP sites in CCCM, carried out GBV prevention/mitigation/response and AAP; engaged 436 workers through cash for work for refurbishment and maintenance across 23 highly vulnerable and insufficiently supported sites; produced 170 DTM summary and site-specific reports highlighting the needs of IDPs and distributed to 32 humanitarian partners and eight LGUs; and provided 3,000 displaced families with emergency shelter kits and cash vouchers for NFIs. Despite the enforcement of movement restrictions in response to the coronavirus disease (COVID-19) from early March, the project successfully supported IDPs residing in all displacement sites in Kidapawan, Makilala, and Tulunan throughout the implementation period. At the end of the CERF project, approximately 11,470 IDPs remain in evacuation centres in North Cotabato, bereft of durable solutions nine months on from the earthquakes. While there has been progress towards recovery, the pandemic has only intensified the strains of protracted displacement on these communities.</p>

3. Changes and Amendments

The declaration of a public health emergency as a result of the COVID-19 pandemic during project implementation posed several key challenges, including restricted access to IDP sites, as well as restrictions on movement and gathering within the sites themselves. These local restrictions were imposed in alignment with the national and provincial quarantine protocol to mitigate COVID-19 transmission. Fortunately, there has yet to be a COVID-19 positive case within the displacement sites in North Cotabato, however the protective restrictions did impact the delivery of services to IDPs - down around 64% since the start of COVID-19 restrictions according to DTM Report #11 (30 June 2020). IOM requested a 2-month no-cost extension from the CERF secretariat to ensure that support to IDPs under the project was sustained given the change in context. The project also adopted alternative modalities for several key activities as part of efforts to support beneficiaries without increasing their risk of exposure. This included remote DTM data collection through camp managers and IDP site committees, small CFW groups with respect for physical distancing, delivery of site refurbishment and shelter repair materials at the displacement sites' points of entry, and intensified WASH support to vulnerable sites. Furthermore, the change in context also required extensive coordination with camp managers, LGUs, and other humanitarian actors on the ground to limit the potential exposure of beneficiaries. As part of the project's adaptation to the additional needs that resulted from the pandemic, both IOM and CRS included COVID-19 prevention messages during all activities and conducted distributions in compliance with the government health and safety recommendations. This adaptation in the approach, and the NCE, did not result in any unspent balance.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	11,001	15,830	4,942	7,112	38,885
Other affected persons	0	0	0	0	0
Total	11,001	15,830	4,942	7,112	38,885
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	165	237	74	107	583

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	7,971	10,994	3,573	4,947	27,485
Other affected persons	0	0	0	0	0
Total	7,971	10,994	3,573	4,947	27,485
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people reached")	25	18	15	5	63
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4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	4,244	6,107	1,906	2,743	15,000
Other affected persons	0	0	0	0	0
Total	4,244	6,107	1,906	2,743	15,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	63	92	29	41	225

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	4,406	6,452	2,046	2,833	15,737
Other affected persons	0	0	0	0	0
Total	4,406	6,452	2,046	2,833	15,737
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	25	18	15	5	63

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

The target for total number of support needed for displaced individuals (38,885) was based on an initial estimate of displacement in target areas by the government Disaster Response Operations Monitoring and Information Center (DROMIC) reports. This figure was then revised to 27,485 after a validation process. The displacement, as tracked by the DTM, slowly decreased after December 2019 as some families returned home to rebuild in low risk areas. With the outbreak of COVID-19, LGUs closed ECs and encouraged families from low risk areas to return to their points of origin. After a series of executive orders, ECs quickly dropped from approximately 99 (approx. 39,000 IDPs) across North Cotabato and Davao del Sur to 45 (approx. 20,000 IDPs).

4.c Persons Indirectly Targeted by the Project

In addition to IDPs, the implementation of CERF project contributed to the improvement of existing capacities of government partners and other humanitarian actors in providing life-saving services for affected population. Strong coordination mechanisms were established to facilitate collaboration in delivery of services, which built confidence and ownership of the response from government partners. This active participation of LGUs and IDPs was visible throughout activities, meetings, and trainings.

5. CERF Result Framework

Project Objective	The most vulnerable IDPs, both inside and outside evacuation centres (ECs) have their most critical needs met through CCCM and shelter assistance.
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Output 1	ECs are provided with care and maintenance through Cash for Work, for safer and more dignified living conditions for IDPs with strengthened protection against GBV and increased disability-friendliness			
Sector	Camp Coordination / Management - Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of individuals in ECs which are provided with care and maintenance (including such as: drainage, desludging, repair of latrines, bathing cubicles, lighting, cooking counters, privacy partitions for GBV prevention/mitigation, multipurpose halls and other communal facilities) – with consideration for users with disabilities, to the extent possible.	33,885	27,485	DSWD DROMIC Report, DTM Report
Indicator 1.2	% of individuals residing in ECs expressing that their living conditions in the ECs are improved through the assistance	80% (measured through household surveys with at least 5% statistically accurate representative sample)	86%	Post Distribution Monitoring Report
Indicator 1.3	Number of IDPs directly supported by cash assistance (Cash for Work)	200	436	Acknowledgement Receipts, Contracts, Monitoring Reports (Database)
Explanation of output and indicators variance:		<p>Indicator 1.1: At the outset of CERF project implementation, DSWD DROMIC report reflected that the number of individuals inside ECs in the three target areas were 27,485. This figure fluctuated and slowly decreased, as monitored by the DTM, over the course of the project.</p> <p>Indicator 1.3: IOM expanded the CFW activities as broadly as possible to meet heightened IDP needs and gaps in service delivery in sites as movement restrictions were implemented due to COVID-19.</p>		
Activities	Description	Implemented by		
Activity 1.1	Assess and determine specific care and maintenance work for each EC (including such as: drainage, desludging, repair of latrines, bathing cubicles, cooking counters, privacy partitions for GBV prevention/mitigation, multipurpose halls and other communal facilities)	IOM		
Activity 1.2	Conduct care and maintenance work for each EC through Cash-for-Work scheme engaging local labourers, including	IOM		

	provision of basic materials). As much as possible, EC facilities to be repaired/installed will have disability-friendly features	
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Output 2	CCCM capacities of the ECs (including GBV prevention/mitigation/response and AAP) are improved through technical assistance			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of individuals in ECs where camp managers and IDP leaders were capacitated on CCCM through technical assistance	33,885	27,485	DSWD DROMIC Report, DTM Report
Indicator 2.2	Number of individuals who received CCCM technical assistance including GBV prevention/mitigation/response and AAP (such as IDP leaders and camp managers)	1,575	1,724	Attendance Sheets, Activity Reports
Indicator 2.3	Feedback mechanism set up and functioning for CCCM assistance	At least 1 mechanism for CCCM component	3	Logbook, Monitoring Reports (Database)
Explanation of output and indicators variance:		<p>Indicator 2.1: At the outset of the CERF project implementation, DSWD DROMIC Report reflected that the number of individuals inside ECs in the three target areas were 27,485. IOM capacitated and supported camp managers from the start of the project.</p> <p>Indicator 2.3: At least one feedback mechanism was installed in each EC, including feedback boxes, provision of hotline number and sharing of social media accounts.</p>		
Activities	Description	Implemented by		
Activity 2.1	Assess needs for technical assistance for each target EC and determine training plans	IOM		
Activity 2.2	Conduct technical assistance (e.g. leaders training, proper food/NFI distribution training, psychosocial support/PSS, GBV prevention/mitigation/response, Accountability for Affected Population (AAP) planning and activities, community engagement, IDP consultation activities) including provision of basic training materials, CCCM kits for camp managers and leaders	IOM		

Output 3	Displacement tracking and needs assessment are regularly conducted, contributing to strengthening of AAP			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of humanitarian partners receiving DTM data as reference and information source for their assistance	At least 20	32	HCT/MHT Mailing List
Indicator 3.2	Number of DTM reports (needs assessment reports) issued highlighting needs and concerns of different segments of displaced persons in target areas	At least 18	170	DTM Reports and Site Reports

Explanation of output and indicators variance:		Indicator 3.2: In addition to 11 summary DTM Reports, a total of 159 reports were crafted per site (collective centre, self-settled) which focused on its specific situation and needs.
Activities	Description	Implemented by
Activity 3.1	Conduct DTM and needs assessment across target areas and population (in and out ECs)	IOM
Activity 3.2	Publish reports highlighting needs and concerns of different segments of displaced persons in target areas	IOM

Output 4	IDPs inside and outside ECs are provided with short-term emergency shelter assistance			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of households inside ECs receiving short-term emergency shelter assistance	2,000 (estimated 10,000 individuals)	3,602 (18,010 individuals)	Post-distribution monitoring report
Indicator 4.2	Number of households outside ECs receiving short-term emergency shelter assistance	1,000 (estimated 5,000 individuals)	1,280 (6,400 individuals)	Post-distribution monitoring report
Indicator 4.3	Number of households receiving cash assistance for NFIs	3,000 (Estimated 15,000 individuals)	3,000 (11,103 individuals)	Beneficiary Database, Activity Reports
Indicator 4.4	Feedback mechanism set up and functioning for shelter assistance	At least 1 mechanism for Shelter component	1	Excel Feedback Logs
Explanation of output and indicators variance:		<p>Indicator 4.1: IOM provided 1,882 households with emergency shelter assistance inside ECs by utilizing tarpaulins assigned to essential site maintenance. The remaining 1,720 households were supported under the planned shelter assistance from CRS.</p> <p>Indicator 4.2: CRS increased its emergency shelter assistance for families displaced outside of ECs to meet the higher than anticipated need. CRS provided 1,820 kits outside ECs from the total 3,548 distributed.</p>		
Activities	Description	Implemented by		
Activity 4.1	Procure emergency shelter materials	IOM and CRS		
Activity 4.2	Distribute emergency shelter support (including tarpaulins) to target IDP households along with technical guidance by mobile shelter technical assistance team	CRS		
Activity 4.3	Distribute cash/voucher to target IDP households along with technical guidance by mobile shelter technical assistance team.	CRS		

Output 5	Technical assistance is provided to IDPs to install / set up emergency shelters with consideration for GBV/protection			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of households receiving technical assistance for installing emergency	3,000 (estimated 15,000 individuals)	3,548	Post-distribution monitoring report

	shelters, with considerations for GBV/protection			
Indicator 5.2	% of households who received technical assistance feeling that they are able to install / have installed emergency shelters with improved techniques	80% (measured through household surveys with at least 5% statistically accurate representative sample	93%	Post-distribution monitoring report
Explanation of output and indicators variance:		Indicator 5.1: Through cost efficiency, CRS was able to support an additional 548 households with emergency shelter kits and technical assistance for their installation.		
Activities	Description	Implemented by		
Activity 5.1	Assess needs of target IDP households for technical assistance, to ensure beneficiary involvement and AAP	CRS		
Activity 5.2	Conduct technical assistance	CRS		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The participatory consultation of IDPs was ensured through assessments and regular planning/coordination meetings, in line with the evidence- and needs-based approach of project activities. With regular coaching and mentoring, camp managers, IDP leaders, and LGU partners identified the cash-for-work activities in each site, developed the selection criteria for shelter/NFI beneficiaries, and organized the IDP communities for the continued maintenance of existing facilities. By focusing on beneficiary participation during the project implementation, beneficiaries had a sense of ownership as they designed activities to suit their displacement setting, while the mentoring of key individuals in each site increased the likelihood that this participatory approach will continue after the project.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing structures such as camp management structure in camps and the incident command system in LGUs were maximized in the response. IDP engagement was coordinated through camp managers and IDP leaders, and strengthened through the establishment of IDP site committees, to capture the needs of most vulnerable sector such as women, persons with disabilities, and older persons. In turn, IOM supported camp managers as they raised these needs in coordination meetings at the provincial, municipal and barangay levels.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Information about IOM, its principles, its policy on SEA and AAP, and CERF objectives were presented through courtesy calls and project orientations to level off expectation. They were reinforced in regular coordination meetings with LGUs and affected population promoted timely feedback to project implementation.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Hotlines and complaint box were installed in each of the target sites across North Cotabato and these mechanisms were widely utilized by the IDP communities. IOM and CRS ensured that the appropriate stakeholder to address each issue was contacted and referred in

line with IOM's Data Protection Policies. The complaints and suggestions mechanisms were open to the whole community, including beneficiaries that may not have received assistance.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

IOM coached, mentored, and strengthened IDP site committees in each of the target areas. These committees included IDP protection focal points which, along with the rest of the committee, received protection and referral pathway orientations. These orientations allowed the focal points to support the reporting of any SEA-related complaints from IDPs.

Any other comments (optional):

The COVID-19 pandemic and the ensuing movement restrictions forced the project to adapt its implementation modalities to meet the evolving needs of the IDP communities. The leadership of the camp managers, IDP leaders, and site committees was often key to the success of CERF activities when under community quarantine. However, the reduced interaction with the communities meant that IOM and CRS had to tailor its messaging, both on COVID-19 and on AAP-related initiatives to ensure they maintained functionality. This included additional messaging on feedback mechanisms, frequent contact with site committee focal points on site conditions/concerns, and facilitation of communication between IDP leaders and local government, particularly when movement restrictions were in place.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA 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).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
CASH	US\$ 58,000	Multi-purpose cash	Camp Coordination / Management - Camp Coordination and Camp Management	Conditional	Unrestricted
VOUCHER	US\$ 74,000	Sector-specific	Emergency Shelter and NFI - Shelter and Non-Food Items	Unconditional	Restricted

Supplementary information (optional):

Cash

IOM continued with cash for work throughout the period of municipal and site-level movement restrictions for several key reasons. Cash for work (CFW), which was always conducted in coordination with local government and camp managers, provided a remote means of meeting the needs of each site, particularly regarding the additional WASH needs of the displacement sites. This activity relied on the skills of the beneficiaries within each site to empower them to meet their needs, with IOM providing semi-remote technical assistance via phone calls and limited face-to-face consultations to ensure beneficiaries were not put at additional risk of exposure to COVID-19. The CFW also provided financial support to IDP families that were often left exposed by socio-economic fallout from the movement restrictions and reduced humanitarian activity. IOM also adopted a direct cash distribution modality, due to the limited working hours of Financial Services Providers and restrictions on IDP movement.

Vouchers

The e-voucher redemption was modified to ensure COVID-19 health safety protocols and compliance with mobility restrictions. The project team consulted household members, the Municipal/City LGU, Barangay LGU and community leaders to modify the process which included setting a list of household items per barangay that were typically redeemed through the e-voucher system and then

conducting direct distributions of the agreed items. The households were always consulted on what will be included in the household items and each barangay had their own list of household items per kit depending on their need and preference. The distribution and e-voucher redemption was completed July 12, 2020.

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

Post Distribution Monitoring was carried out remotely through SMS and other digital solutions and validated through DTM.

The following recommendations were determined during the joint IOM-CRS After-Action Review:

1. Maintain and cultivate close coordination with LGUs and other stakeholders through regular updating of the status of the project, as was done throughout the project with support from OCHA and other CERF partners.
2. Given the multitude of cultures in the target communities, cultural orientations with key stakeholders should be rolled out during the early stage of project implementation.
3. In future, projects should establish a unified feedback mechanism to ensure responsive solutions and timely referral.
4. The mobilization of local camp managers, IDP leaders, and site committees during implementation of activities was a good practice, which reaped dividends during the period of COVID-19-related movement restrictions.
5. Share and present the DTM reports to other agencies in one venue to have a clear interpretation of data and support a synchronized response from all humanitarian actors.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

9.2. Project Report 19-RR-FPA-049 – UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Philippines
3. Cluster/Sector:	Health - Health Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-049
5. Project Title:	Ensuring Life-Saving Sexual and Reproductive Health and Gender-based Violence Services and Information to Women and Girls Severely Affected by the Mindanao Earthquakes		
6.a Original Start Date:	05/12/2019	6.b Original End Date:	04/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	04/07/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 675,788 <i>Health: US\$ 385,199 Protection – SGBV: US\$ 290,589</i>
	c. Amount received from CERF:		US\$ 675,788
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 249,742
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 249,742	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

The CERF RR grant enabled North Cotabato's local government to ensure continuous delivery of lifesaving SRH/GBV information and services to women and girls whose pre-existing vulnerabilities were significantly exacerbated by the earthquakes and COVID-19. With the CERF funding, UNFPA supported 1,799 safe pregnancies/deliveries through the Early Marriage Task Forces established in three North Cotabato LGUs; provided 633 pregnant women with conditional Cash for Health, 120 WFS facilitators, 120 YFS facilitators, and 60 GBV watch group monitors with Cash for Work, and 146 GBV survivors and persons with severe psychosocial issues with unconditional Cash for Protection; trained 36 LGU personnel on MHPSS/PFA; established a Women and Child Protection Unit (WCPU) in the Cotabato Provincial Hospital for clinical management of rape survivors; reactivated the local council against trafficking and VAWC; distributed 1,000 solar lamps and 1,684 dignity kits and 600 maternity packs to WRA and pregnant and lactating mothers; reached 2,071 WRA and 4,084 youth through face-to-face SRH/GBV/MHPSS information sessions pre-COVID; reached an estimated listenership of 27,579 WRA and 21,788 adolescents through local radio spots on SRH/GBV/MHPSS in relation to COVID-19, aired during the pandemic; and reached 2,882 WRA and 1,551 youth through face-to-face GBV prevention/response information sessions pre-COVID as well as 70,018 women and 53,835 youth by community-based public announcements during the pandemic.

3. Changes and Amendments

With the rapid spread of COVID-19 in March, UNFPA shifted its implementation strategies to conform to the mobility restrictions and physical distancing requirements brought about by the government's declaration of community quarantines. Project activities had to be recalibrated and funds reprogrammed to more viable approaches given the following challenges: 1) limited mobility and access of implementing partners to the communities due to the lockdown of BARMM and Region XII; 2) overstretched capacities of the LGUs' health and social service personnel due to their respective COVID-19 responses; and 3) timely disbursement of cash assistance to beneficiaries from geographically isolated and disadvantaged areas.

The adjustments made to the strategies due to the pandemic complemented the original earthquake response design in as much as they addressed the compounded risks that the affected women and girls faced with the additional COVID-19 induced restrictions to mobility for the target populations, community facilitators, and service providers alike. UNFPA Philippines continued to focus on the rights of women and girls for SRH and prevention and response to GBV, ensuring that critical services and information were available, while being sensitive to the need to prevent the spread of COVID-19 and to prioritize the treatment of COVID patients. In this regard, the project required additional time for approaches to demand generation in communities, actual service provision, and capacity development of health and GBV service providers to be recalibrated to adapt to these additional constraints and to ultimately ensure the continuity of critical life-saving SRH and GBV services for women and girls in need.

On 15 April 2020, UNFPA, through OCHA, requested for a reprogramming and no-cost extension until 4 July 2020. The request was approved on 1 May 2020. As of the reporting date, the project has delivered either 100% or beyond across all project indicators and targets and has utilized 100% of the CERF grant.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	4,000	0	3,000	7,000
Other affected persons	0	0	0	0	0
Total	0	4,000	0	3,000	7,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	70	0	30	100

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	2,071	0	4,084	6,155
Other affected persons	0	0	0	0	0
Total	0	2,071	0	4,084	6,155

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	75	0	10	85

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	4,000	0	4,000	8,000
Other affected persons	0	0	0	0	0
Total	0	4,000	0	4,000	8,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	70	0	30	100

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	2,882	0	1,551	4,433
Other affected persons	0	0	0	0	0
Total	0	2,882	0	1,551	4,433
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	61	0	0	61

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

The significant discrepancy between the number of people reached vs. planned is mainly due to adjustments in delivery mode of the information sessions for both SRH and GBV to adapt to COVID-19 restrictions.

(4.b – SRH) In response to the mobility restrictions due to the COVID-19 pandemic, the original face-to-face Health Information Sessions (HIS) done within the confines of the evacuation camps, which initially reached 6,155 IDP women and adolescent girls, were reprogrammed instead to the airing of radio spots highlighting topics on sexual and reproductive health, GBV, MHPSS, family planning, and COVID-19. More than 10 hours-worth of primetime radio spots reached an estimated 27,579 WRA, 11,451 adolescent girls,

	<p>and 10,337 adolescent boys across the three target areas who were not originally targeted by the information sessions but benefited indirectly from these recalibrated BCC activities.</p> <p>(4.b – GBV) Before the pandemic, a total of 4,433 IDP women and adolescent girls were reached through the regular face-to-face GBV information sessions in the evacuation camps. With the COVID-19-induced mobility restrictions, face-to-face sessions were reprogrammed instead to community-based information sessions using recordings and roving public address systems (e.g. recorrida) targeting all barangays and evacuation centers across the three municipalities. These recorridas resulted in a wider coverage with about 70,018 women and 53,835 adolescent girls benefitting indirectly from these key messages on SRH, GBV, the referral pathways and reporting systems, and COVID-19 prevention and response.</p>
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4.c Persons Indirectly Targeted by the Project

Overall, COVID-19 adaptations affected the way BCC activities were implemented (i.e. from face-to-face interactions to primetime radio spots and roving public address systems) and resulted in a wider indirect reach of about 49,367 women and adolescents for the SRH sub-cluster and about 123,853 women and adolescents for the GBV sub-cluster, comprising all barangays in the three North Cotabato LGUs.

5. CERF Result Framework

Project Objective	Ensure provision of life-saving services and information for sexual and reproductive health and prevention and responding to sexual and gender-based violence for the severely affected women and girls in earthquake-affected areas of Kidapawan, Makilala and Tulunan, Province of North Cotabato, Mindanao
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Output 1	Assured availability and accessibility of minimum life-saving Sexual and Reproductive Health and Gender-based Violence services and information for affected women and young people particularly adolescent girls			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of maternal health tents serving as temporary birthing clinics	Three maternity tents	3	Delivery receipts
Indicator 1.2	Number of safe deliveries managed in supported (temporary /permanent) facilities	1,500 pregnant women	1,799	Birthing and Service Logs, Registration Forms Partners Report
Indicator 1.3	Functional interim WCPU in the Cotabato Provincial Hospital for Clinical Management of Rape	One	One	MOA, List of Trained Personnel
Indicator 1.4	Re-activated and functional local council against trafficking and VAWC (LCAT-VAWC)	One LCAT-VAWC	One	Executive Order 53 Series 2020
Indicator 1.5	Established GBV and MHPSS referral pathways	One per LGU	One	Minutes of February 26; PCPC adoption of Referral Pathway and Documentation of March 9 launching of Referral Pathway at the 1st Provincial Women's Conference

Indicator 1.6	Number of youth and adolescents reached with RH information and protection against GBV	7,060	4,084 (face-to-face) 21,788 (radio spots)	Attendance sheet Partners report
Indicator 1.7	Number of GBV survivors/ Persons with severe psychosocial issues who have accessed Cash for Protection	100	146	Medical Abstract, Copy of Case Summary, Acknowledgement Receipt
Explanation of output and indicators variance:		<p>Indicator 1.2: Aside from the targeted clients, there were pregnant women who sought maternal services in the three Early Marriage Task Forces as services were provided non-stop even during the COVID-19 restrictions, hence, more pregnant women were supported than the initial target.</p> <p>Indicator 1.3: As part of establishing the Interim WCPU, 1 physician, 1 social worker, and 2 police officers underwent an online Training on Handling Violence Against Women and Children.</p> <p>Indicator 1.4: Included in the establishment of the GBV and MHPSS referral pathways was the information dissemination on both pathways during the radio spots and the mobile announcement service (<i>recorrida</i>). Tarpaulins on the GBV and MHPSS referral pathways were also posted in ECs and barangays halls in the three municipalities.</p> <p>Indicator 1.5: As part of UNFPA's adaptation due to COVID-19, the project saw the need to strengthen LGU capacities in responding to and managing the mental health issues of the IDPs. An online training on MHPSS and on PFA was conducted by the Ateneo de Davao University Center of Psychological Extension and Research Services (COPERS) for 36 LGU personnel from the provincial and municipal health and social welfare offices.</p> <p>Indicator 1.6: Prior to COVID-19, 4,084 adolescents were reached through the face-to-face information sessions on SRH and protection against GBV. With the COVID-19 restrictions on group meetings, face-to-face sessions were reprogrammed instead to the broadcasting of radio spots on the same topics, including COVID-19 key messages. Aired for a month on prime-time slots, the radio spots reached an estimated listenership of 11,451 adolescent girls and 10,337 adolescent boys.</p> <p>Indicator 1.7: Maximizing the savings from other activities, an additional 46 survivors and patients with severe mental health problems benefited from the unconditional cash grant through the cash-for protection scheme.</p>		
Activities	Description	Implemented by		
Activity 1.1	Provide organizational support to health and protection clusters for baseline assessment	UNFPA		
Activity 1.2	Support the establishment and operation of temporary health facilities for sexual and reproductive health services including, safe motherhood, childbirth, and postpartum family planning and, and including mental health and psychosocial support (with financial support for Level 4 MHPSS cases).	MOSEP		
Activity 1.3	Provide technical assistance in activating local councils against trafficking and VAWC (LCAT-VAWC) and mapping of GBV services including WCPU, MHPSS services	UNFPA		

Activity 1.4	Support the establishment of an interim WCPU in Cotabato Provincial Hospital for Clinical Management of Rape with Integrated Psychosocial Support (such as Trauma-Informed Care) and Financial Support for Rape Survivors	Child Protection Network
Activity 1.5	Procure and distribute the following RH* and GBV commodities and equipment to three rural health facilities- 1,684 Dignity Kits (684 for visibly pregnant, 1,000 for IDPs at Evacuation Centers) - 1,000 Solar Lamps- 600 maternity packs- Three Emergency Maternity Tent Facilities (including 3 RH Kit 2A, 3 RH Kit 6A)- Three RH Kit 3 (post-rape treatment); Provide onsite orientation to service providers on the use of the various RH Kits.	UNFPA
Activity 1.6	Regular conduct of information sessions for SRH, GBV and PFA to adolescents and young people	MOSEP
Activity 1.7	Cash voucher assistance to GBV survivors and/or People with Severe Psychosocial Issues accessing care	MOSEP

Output 2	Increased access to and utilization of facility-based delivery by pregnant women			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of women to benefit from information sessions on RH, safe motherhood and Mental Health	4,070 women of reproductive age	2,071 (face-to-face) 27,579 (radio spots)	Attendance Sheet Partners Report
Indicator 2.2	Number of pregnant women able to access Cash for Health Program	500 women of reproductive age	633	Antenatal Care Logs (Target Client List), Acknowledgment receipt (maternity kits and Cash Assistance)
Indicator 2.3	Number of facility-based deliveries supported	300 facility-based deliveries	633	Acknowledgment receipt of Cash Assistance, Copy of Philhealth Claim Forms/Discharge Slip
Explanation of output and indicators variance:		<p>Indicator 2.1: Face-to-face information sessions on RH, safe motherhood and mental health reached 2,071 women. Under the COVID-induced constraints, UNFPA had to adapt approaches to delivering SRH information, hence face-to-face information sessions were reprogrammed instead to the broadcasting of radio spots on the same topics, including COVID-19 key messages. Aired for a month on prime-time slots, the radio spots reached an estimated listenership of 27,579 WRA.</p> <p>Indicators 2.2 and 2.3: Savings and fund realignments resulted in the project benefiting an additional 133 pregnant women with conditional cash assistance through the cash-for-health programme.</p>		
Activities	Description	Implemented by and		
Activity 2.1	Conduct information sessions on RH and safe motherhood	MOSEP		
Activity 2.2	Register 500 pregnant mothers for cash for health	MOSEP		

Activity 2.3	Conduct 300 mobile community-based information sessions with integrated Psychosocial Support activities on the following: (a) 150 health information sessions for sexual and reproductive health, and (b) 150 health information sessions for adolescent sexual and reproductive health.	MOSEP
Activity 2.4	Provide cash assistance after prenatal visits for supportive nutrition and transportation to health facilities	MOSEP
Activity 2.5	Provide cash assistance to pregnant mothers who will deliver in a health facility and attended by a skilled birth attendant	MOSEP

Output 3	Reduced risk and vulnerability to GBV of women and young people particularly girls through community-based, participatory and inclusive GBV prevention and psychosocial support activities			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of women reached with gender-responsive community-based information sessions for the prevention of GBV	4,000	2,882 (face-to-face) 70,018 (recorrida)	Quarterly Report, Monthly monitoring tool
Indicator 3.2	Number of youth reached with SRH and GBV information	4,000	1,551 (face-to-face) 53,835 (recorrida)	Quarterly Report, Monthly monitoring tool
Indicator 3.3	Number of women, adolescent girls and boys who receive cash for work (CFW) cash assistance for serving as Women Friendly Space (WFS) / Youth Friendly Space (YFS) facilitators	120 women and young people	120 women and young people	Training reports and facilitators profile
Indicator 3.4	Number of women who receive CFW cash assistance for serving as GBV watch group monitors	60 GBV watch group monitors	60 GBV watch group monitors	Facilitators' profile
Explanation of output and indicators variance:		<p>Indicators 3.1 and 3.2: The mobile community-based information sharing modality (i.e. recorrida) allowed the project target more indirect beneficiaries by reaching out to women and youth in the barangays while conforming to COVID-19 physical distancing guidelines through the playing of recordings that highlighted key messages on SRH, gender rights, addressing and preventing GBV, and COVID-19.</p> <p>An estimated 70,018 women and 53,835 adolescent girls and boys benefitted indirectly from the mobile community announcements. Through the recorrida, women and youth facilitators were able to cover all the 107 barangays in the three municipalities. WFS facilitators, YFS Facilitators and focal persons for Violence Against Women and Children in local government units were mobilized to support the recorrida.</p>		
Activities	Description	Implemented by		
Activity 3.1	Procure and distribute 3 WFS Tents and Kits, 3 Child Care Kits, and 3 Youth-Friendly Spaces Set to Kidapawan, Makilala and Tulunan	UNFPA		

Activity 3.2	Establish and operate three Women-Friendly Spaces with premium on activities for protection, SRH and MHPSS in the Kidapawan, Makilala and Tulunan	MMI and UNYPHIL
Activity 3.3	Undertake Last Mile Mobile Solution registration of 30 youth volunteers, 60 women facilitators and 60 GBV watch group member	MMI and UNYPHIL
Activity 3.4	Train 60 WFS, 30 YFS facilitators to conduct GBV prevention education and psychosocial support	MMI and UNYPHIL
Activity 3.5	Undertake 300 protection sessions by WFS/YFS facilitators on IDP rights, VAWC laws and SRH & GBV referral pathways, and psychosocial support	MMI and UNYPHIL
Activity 3.6	Implement cash assistance as CFW (cash for work) for youth facilitators, women facilitators and GBV watchgroup monitors in Tulunan, Makilala and Kidapawan.	MMI and UNYPHIL

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNFPA consulted with women, youth and other at-risk groups as part of the project design phase. To ensure a speedy response, UNFPA also engaged local CSOs with proven track record and previous history of working with UNFPA as project Implementing Partners. These CSOs were accepted by the target communities, knowledgeable of the humanitarian situation, familiar with the geographical area, and aware of the local contexts and culture. Together with the implementing partners (Magungaya Mindanao, Inc. [MMI], United Youth for the Philippines-Women [UnYPhil-Women], Mindanao Organization for Social and Economic Progress, Inc. [MOSEP]), UNFPA held coordination and planning meetings with LGU officials and staff to discuss the selection of project sites and the appropriate project strategies that would ensure a rights-based and culturally sensitive implementation of the SRH- and gender-related activities.

During the project implementation phase, members of the vulnerable population such as women and youth IDPs, including indigenous peoples and persons with disabilities, were mobilized and capacitated to become WFS facilitators and GBV watch group monitors, and were provided cash assistance through the cash-for-work scheme. Adolescent girls and boys were also capacitated as YFS facilitators.

During the project monitoring phase, qualitative feedback mechanisms were embedded into the information sharing and awareness raising activities to directly gather the concerns and insights of the affected communities. For instance, regular WFS/YFS facilitators' meetings and consultations with team leaders were convened to share updates, experiences, and current needs of the affected communities. Individual monthly accomplishment reports were also submitted by the WFS/YFS facilitators and GBV watch group monitors to UNFPA's implementing partners which document their own observations, good practices, challenges, and opportunities encountered during implementation. The consolidated feedback was then discussed with the relevant stakeholders at the level of the IPs and the municipal/provincial authorities through monthly coordination meetings in order to ensure relevance of interventions, consistency with the project's results framework, complementarity of efforts, improve service delivery, and that implementation gaps identified by the communities are immediately addressed.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Among the key interventions of UNFPA funded by this CERF RR allocation was continuous reinforcement of UNFPA's own capacity as RH Sub-Cluster Co-lead in the Health Quad Cluster, as Co-lead of the RH Coordination Team with the North Cotabato Provincial Health Office, as well as Co-lead of the GBV Working Group with the Provincial Social Welfare and Development Office. Other local stakeholders and duty-bearers engaged through these mechanisms were the Office of the Governor, Police Provincial Office, the Local Council for the Protection of Children, the Offices of the Municipal Mayors, and the Municipal Health and Social Welfare Offices.

For the North Cotabato earthquake response, UNFPA also actively participated in the MHT - a localized version of the national-level HCT - composed of members of UN agencies and other NGOs operating at the sub-national level. The MHT serves as a platform for information

sharing on planned and ongoing projects. In the MHT, UNFPA took the lead in the discussions of SRH- and GBV-related issues and concerns. UNFPA ensured the complementation of SRH and GBV activities among the MHT members to minimize duplication and wastage of resources. In addition, UNFPA mainstreamed both SRH and GBV in other critical sectors/clusters including the Education, Child Protection, WASH, Shelter, and CCCM.

To meaningfully and adequately capture women and youth beneficiaries' SRH and GBV concerns directly affecting their communities, the project maximized the availability of WFS, YFS and GBV Watch Groups organized under the project to serve as alternative engagement channels.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Before the project implementation kick-off, UNFPA and its implementing partners engaged stakeholders at various tiers from the provincial down to the community levels to intensify information sharing about the programme. Orientation sessions were undertaken to introduce the organizations involved and present the various activities which the project intended to deliver and results it aimed to achieve under the CERF RR funding. In addition, different national government agencies represented at the regional level were consulted to advocate for support, ownership, institutionalization, and eventual scale-up/replication of the interventions.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Throughout the project implementation, periodic FGDs and key informant interviews were held with beneficiaries, WFS facilitators, YFS facilitators, GBV watch group monitors and government partners to obtain their latest assessments of the project. UNFPA worked with the implementing partners to enact improvements in the project approach and be more responsive to the affected communities' needs and suggestions. Moreover, monthly coordination meetings were held with government partners to provide status/updates on project implementation and to openly discuss issues and challenges encountered based on the communities' and IPs' feedback.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

UNFPA has zero tolerance for SEA, any form of inappropriate sexual conduct perpetrated by IP employees or other persons performing services under the IP agreement against recipients of assistance and other members of vulnerable communities.

In its contract/agreement with its implementing partners, UNFPA's prohibition of SEA is explicitly mentioned as follows: "the Implementing Partners shall ensure that all its employees and personnel comply with the provisions of ST/SGB/2003/13 entitled 'Special Measures for Protection from Sexual Exploitation and Sexual Abuse'." The IP Agreement outlines obligations relating to prevention, training, reporting and investigation that implementing partners and UNFPA must meet, including ensuring adequate safeguards and appropriate action related to SEA, such as:

- SEA is strictly prohibited for IP employees and other persons performing services under the IP agreement;
- All IP personnel have to undertake mandatory training on PSEA concepts and obligations. The IP has to screen candidates for employment - to the extent legally possible - to prevent hiring of known offenders;
- All IP personnel are obligated to report incidents or suspicions of SEA immediately to the UNFPA Office of Audit and Investigation Services through any of the confidential reporting mechanisms;
- The IP is further obligated to conduct its own investigation of the incident; assist victims through medical, psychosocial, legal and material support as needed; and take corrective action when SEA has occurred. The IP has to keep UNFPA informed at all stages during the process, provide an unreacted report of the investigation and, if requested, available evidence; and
- If the IP fails to comply with any of these PSEA-related obligations, UNFPA may suspend or terminate the IP Agreement.

In addition, the GBV referral pathway and the LCAT-VAWC - both successfully launched and re-activated, respectively, under this project - served as the more regular, long-term and institutional mechanisms by which GBV and SEA survivors could seek appropriate and timely redress from even beyond the project life.

Any other comments (optional):

None

7. Cash and Voucher Assistance (CVA)					
7.a Did the project include Cash and Voucher Assistance (CVA)?					
Planned			Achieved		
Yes, CVA was planned as a component of the CERF project.			Yes, CVA was a component of the CERF project.		
7.b Please specify below the parameters of the CVA 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).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash for Work	US\$ 37,220	Sector-specific	Protection - Protection	Conditional	Unrestricted
Conditional Cash Transfer	US\$ 25,320	Sector-specific	Health - Health	Conditional	Unrestricted
Cash for Health					
Multi- purpose cash transfer	US\$ 29,200	Sector-specific	Protection - Protection	Unconditional	Unrestricted
Cash for Protection					
Supplementary information:					
<p>Cash for Work - Support to WFS/YFS facilitators and GBV monitors who led the awareness-raising sessions on gender rights and GBV</p> <p>As a Protection strategy, a cash-for-work scheme was used to reduce risks and vulnerability to GBV. In the aftermath of the series of earthquakes in October 2019 and due to the pre-existing impoverished situation of the farming families mostly affected by these earthquakes, cash-for-work scheme was a welcome relief from the stress brought about by the lack of funds to bring food to the table, a factor recognized as aggravating risks and vulnerability to GBV in households. The delivery set-up prior to COVID-19 was a one-time disbursement after the submission of an accomplishment report to the IPs by each of the 180 WFS/YFS facilitators and GBV Watch Group monitors. With COVID-19, the disbursement approach had to be recalibrated with the IP channelling the cash-for-work aid, via a money remittance service, to the WFS/YFS team leaders assigned to each EC and barangay. The WFS/YFS team leaders then distributed the cash assistance to the facilitators and watch group members under their care and secured receiving copies that were then submitted to the IP. To ensure accountability, IP staff would call all cash-for-work recipients to validate receipt of the cash assistance. Other modes of disbursement were through the area coordinators of WFS/YFS facilitators and GBV WG monitors who met with the IP staff at designated locations. Area coordinators then distributed the cash assistance to each WFS/YFS facilitator and GBV working group monitor. In all delivery modes, the IDPs affixed their signature on a prepared document upon receipt of the PHP2,400 assistance (\$49). The IPs also called/sent SMS to each of the community partners to validate receipt of the full amount from their respective area coordinators.</p>					
<p>Cash for Health - Support to pregnant women to access and utilize critical maternal health services: antenatal care, facility-based delivery, postnatal care</p> <p>More than 5,500 pregnant women were affected as the series of Mindanao earthquakes resulted in damaged birthing facilities and the disruption of maternal health services. Given the limited access to health facilities (resulting in delays for pregnant women in accessing critical prenatal care), the low-income status of affected households, limited resources to augment life-saving SRH services, and the compounding effects of the displacement and the pandemic, cash-for-health programme served as an added critical social safety net for poor pregnant women apart from incentivizing positive health-seeking behaviours. The cash was utilised to encourage complete prenatal visits, facility-based deliveries and postpartum check-ups to ensure safe deliveries and avert preventable maternal deaths. The amount of cash-for-health assistance (at \$40 per pregnant woman [\$4 x 4 antenatal care, \$20 facility-based deliveries, \$4 for postnatal care]) was based on the estimated indirect costs of accessing maternal healthcare. To complement this support, UNFPA established emergency birthing clinics that affected pregnant women can have easy access to. To operationalize cash-for-health aid, the master list of targeted pregnant women was established and clear guidelines for cash distribution, including the selection criteria for qualified pregnant women, were formulated, in collaboration with the IP and government counterparts. The key criteria agreed upon in selecting pregnant women as beneficiaries were as follows: 1) IDP is at least three (3) months pregnant before registration to the programme, 2) an IDP is registered with the municipality, and 3) the IDP belongs to indigenous peoples groups and/or is an indigent. Cash-for-health assistance was provided</p>					

to a pregnant woman on the condition that she accesses maternal healthcare services in government facilities. There are no restrictions on how the beneficiary decides to utilize her cash grant.

Cash for Protection

This consisted of \$200 cash assistance support to GBV survivors and persons with severe psychosocial issues to help them meet protection-related needs such as food, medicine, education, transportation fare when accessing protection services. Given their disadvantaged positions in the communities – burdened with financial difficulties, low access to much-needed public services, being a GBV survivor and/or a person with severe psychosocial issues – beneficiaries of cash-for-protection assistance, amounting to \$200 per survivor, were able to support their expressed needs such as school-related expenses, professional fees of medical practitioners, health services, medication, communications, and transportation expenses. The delivery set-up for cash-for-protection programme consisted of the following: (a) GBV survivors were identified collaboratively by the IPs, the city/municipal social welfare and development offices (C/MSWDO), and the Mental Health Coordinators of city/municipal health offices (C/MHOs) based on the cash-for-protection operational guidelines/criteria; (b) recommendation forms accomplished by the C/MSWDOs and C/MHOs were submitted to the implementing partner; (c) the IP scheduled the cash assistance release dates while C/MSWDOs and C/MHOs informed all qualified survivor-recipients; (d) the Rural Health Units prepared the supporting documentation attesting to the beneficiaries' compliance to the cash-for-Health conditionalities and submitted the report to the IP; and (e) the IP individually released the cash assistance on the scheduled dates.

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

While UNFPA did not organize an internal overall evaluation nor an internal AAR for its overall UNFPA CERF RR Project, it participated in the mid-term review and AAR organized by UN OCHA, together with LGU representatives and invited stakeholders.

In addition, given the novelty of Cash-for-Protection among the various GBV response strategies, UNFPA implemented under this project and in order to provide an evidence base for its potential replication in future humanitarian responses, UNFPA focused on doing a qualitative assessment (employing phone-based key informant interview as the main methodology given COVID-19 constraints) of this innovative modality on a sample of 40 Cash-for-Protection recipients to explore the immediate effects of the cash assistance on the beneficiaries, their immediate families, and key service providers. Highlights of the assessment showed a generally positive feedback among the respondents: (1) cash assistance was used to complement/support their existing livelihoods; (2) the cash-for-protection modality is appropriate to women's needs, and their safety and security were ensured; (3) the cash assistance improved their access to life-saving services, such as essential health and protection services, as supported by their immediate and family members. The service providers were also interviewed as part of the assessment and they described cash-for-protection assistance as timely and relevant after observing peaks in the numbers of MHPSS cases after the earthquake. The cash support enabled the survivors to secure at least three months' worth of medicines.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

9.3. Project Report 19-RR-CEF-113 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Philippines
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection Education - Education	4. Project Code (CERF):	19-RR-CEF-113
5. Project Title:	Multi-sector (Education, Child Protection, and WASH) Emergency Response for Most Vulnerable Population affected by earthquake in Region XII, Mindanao, Philippines		
6.a Original Start Date:	01/11/2019	6.b Original End Date:	30/04/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	30/07/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,441,340
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,384,000
	c. Amount received from CERF:		US\$ 1,311,572
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 691,711
	Government Partners		US\$ 43,925
	International NGOs		US\$ 322,445
National NGOs		US\$ 325,340	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, UNICEF and its partners provided 57,804 individuals including 37,382 children with access to safe water; access to properly designed toilet/hand washing facilities; sanitation repair kits; hygiene promotion messages; hygiene kits/supplies; drinking water and appropriate designed toilets in school/learning facilities.</p> <p>Established a Provincial Child Protection Working Group and CPGBV Referral Pathway; provided child protection services to 33,789 individuals including 17,638 children through establishment of CFS; orientation on protection and MHPSS needs of at-risk children and families, assessing and referral of children in need of psychosocial support; training of sectoral staff and community volunteers in basic psychosocial support principles and training of adolescent as CFS Facilitators and Mobile Animators.</p> <p>Provided education supplies and services benefiting 12,591 children, 327 teachers/Child Development Workers in Psychological First Aid; and 33 TLS.</p> <p>Between November 2019 - July 2020, the project assisted a total of 57,804 people ensuring access to water, sanitation and hygiene, child protection and education services in municipalities of Makilala, Tulunan and Kidapawan city – all affected by the sudden displacement due to the Tulunan earthquake.</p>

3. Changes and Amendments

The COVID-19 pandemic significantly hindered the implementation of activities including delays to the installation of temporary learning spaces, community orientation sessions, psychosocial recovery activities and construction of sanitation facilities. This was mainly due to government-imposed restrictions on movement including of humanitarian agencies and their staff who were required to obtain specific working passes from local government authorities.

To overcome the challenges of COVID-19, especially the need to physically distance and cancel large gatherings and face-to-face meetings, UNICEF and partners modified implementation timetables and strategies including by using radio, community criers, arts, social media, pre-recorded messages for communications instead of face-to-face means. Individual reviews replaced focus group discussions.

To address the critical needs of IDPs, and with the approval of CERF secretariat, the project duration was extended by three months to 30 July 2020 with no additional cost.

In response to the COVID-19 context, US\$62,076 Project funds from child protection and education were reprogrammed while US\$40,000 from WASH was re-aligned for COVID. This enabled the Project to provide personal protective equipment (face masks, face shields, gloves, sanitizers, soaps, disinfection material) to 900 front liners and 150 individuals manning checkpoints in the Project areas as well as for -7,021 children, 864 adults, and staff of 60 child-friendly spaces; and provide 40 hands free handwashing facilities and household hygiene items (good for one month)..

All CERF funds have been fully utilised.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Education – Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	25	100	4,777	4,973	9,875
Other affected persons	0	0	0	0	0
Total	25	100	4,777	4,973	9,875
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1	2	75	50	128

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Education – Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	10	317	6,509	6,082	12,918
Other affected persons	0	0	0	0	0

Total	10	317	6,509	6,082	12,918
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	12	6	18

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,200	3,200	9,300	9,300	25,000
Other affected persons	0	0	0	0	0
Total	3,200	3,200	9,300	9,300	25,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	60	60	180	180	480

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	10,211	10,211	18,691	18,691	57,804
Other affected persons	0	0	0	0	0
Total	10,211	10,211	18,691	18,691	57,804
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	160	160	294	294	908

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0

Returnees	0	0	0	0	0
Internally displaced persons	3,000	3,000	9,000	9,000	24,000
Other affected persons	500	500	0	0	1,000
Total	3,500	3,500	9,000	9,000	25,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	60	60	180	180	480

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total ²
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	4,209	10,214	8,947	8,819	32,189
Other affected persons	267	533	0	0	820
Total	4,476	10,747	8,947	8,819	33,009
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	3	4	0	1	8

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

Exceeded the target for orientation and training of community members on importance of MHPSS for children because of larger needs than initially planned and lower per unit costs. PWD were reached in education and child protection while in WASH activities were focused on providing the services at the family/household level, WASH facility designs were to be PWD friendly. PWD targets were estimated.

4.c Persons Indirectly Targeted by the Project

3,021 (2,474 female and 274 male) parents of children below 5 years old were oriented on the importance of early childhood care and development (ECCD); on the importance of continuity of early learning during emergencies and child safety and protection. Teacher kits were also provided to 200 teachers.

In addition to CERF targets, 8,935 (7,021 of them children) were provided with personal protective equipment (face masks, face shields, gloves, sanitizer and disinfection material).

5. CERF Result Framework

Project Objective	Children and their families have access to, and are provided with appropriate and timely multi-sectoral aid
Output 1	Girls and boys affected by emergency have access to quality education services and enjoy their rights in a protective environment

² UNICEF clarified that values represent individuals reached based on the basis of interventions they have directly received and activities they have participated in.

Sector	Education – Education			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of 3-4 y/o children attending supervised neighbourhood playgroup (SNP) sessions (with sex disaggregation)	3,750	3,896 (1,971 boys; 1,925 girls)	Provincial Social Welfare and Development Office (PSWDO) Early Learning Enrolment Data
Indicator 1.2	Number of learners with access to safe learning environment (with sex disaggregation)	6,000	8,695 (4,538 boys; 4,157 girls)	DepEd Schools Division of Cotabato Enrolment
Indicator 1.3	Number of Child Development Workers (CDWs) with psychosocial support and training on responding to the needs of children in an emergency and emergency preparedness and response strategies	125	127 (1 male; 126 female)	CFSI Program Document Progress Report
Explanation of output and indicators variance:		2,625 children indirectly benefited from TLS that were installed in addition to the number of children who directly benefited from the student and hygiene kits. Available classrooms/tents were decongested when TLS were installed making learning for children more comfortable and safer. Likewise, 200 teachers were also provided with teacher kits in addition to the 125 CDWs.		
Activities	Description	Implemented by		
Activity 1.1	Psychological First Aid (PFA) for CDWs	CSO partner CFSI		
Activity 1.2	Setting-up of SNPs: Orientation on PFA/SNP and provision of ECD and hygiene Kits to early learners	CFSI and Provincial/Municipal Social Welfare and Development Offices		
Activity 1.3	Conduct of PFA/SNP sessions for early learners	Child Development Workers (CDWs)		
Activity 1.4	Setting-up of 25 72 sqm Temporary Learning Spaces (TLS), double shifting of classes for both early learners and school-aged children	Department of Education (DepEd)		
Activity 1.5	Provision of “School in a box”, hygiene and student learning kits to students	Department of Education (DepEd)/UNICEF		

Output 2	Girls and boys affected by emergency have access to child protection services and enjoy their rights in a protective environment			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Coordination mechanism (CPWG and support for MHPSS) and information management system in place and functional (3Ws, infographics, weekly/monthly meetings.)	1	1	CFSI Report
Indicator 2.2	% of separated children successfully reunified with families or provided appropriate alternative care arrangements.	100	100	CFSI Report
Indicator 2.3	# of vulnerable children and families identified and referred for basic services (female headed households) child headed	600	45	CFSI Report

	families, PWD, families headed by senior citizens)			
Explanation of output and indicators variance:		Under indicator 2.3, 45 vulnerable individuals have been identified and all were assisted (29 cases endorsed to DSWD and MHO and were given assistance, 16 cases were conducted home visitation and given assistance). Target of 600 was estimated for planning.		
Activities	Description	Implemented by		
Activity 2.1	Support to CPWG coordination leadership	CSO partner CFSI		
Activity 2.2	Conduct of Child Protection Rapid Assessment in affected areas and establish referral pathways to child protection services	CSO partner CFSI		
Activity 2.3	Support for coordination on MHPSS between DOH, DSWD, and DepEd at field level	CSO partner CFSI		

Output 3	Children's resilience is strengthened through Community Based MHPSS programmes designed and implemented with the participation and engagement of the community members			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of Child Friendly Spaces established to reach affected children in accordance with Philippines CFS guidelines	60 (30 in schools and 30 in evacuation centres)	60 (30 in schools and 30 in evacuation centres)	CFSI Report
Indicator 3.2	# of community members oriented on how to address protection and MHPSS needs of at-risk children and families	6,000	8,577	CFSI Report
Indicator 3.3	# of at-risk boys and girls (all ages), caregivers and women who use safe spaces	18,000	23,062	CFSI Report
Indicator 3.4	# of sectoral staff and community volunteers trained in basic psychosocial support principles (e.g. PFA, PSEA) and "do no harm" strategies (e.g. IASC, MHPSS guidelines).	120	464	CFSI Report
Indicator 3.5	# of adolescent girls and boys trained as youth CFS Facilitators and Mobile animators (120 in CFSI and 140 Mobile Animators) (with sex disaggregation)	260	260	CFSI Report
Indicator 3.6	# of parents, teachers and community members (preferably members of BCPC/LCPC) trained in assessing and referral of children in need of psychosocial support	1,000	5,298	CFSI Report
Indicator 3.7	% of vulnerable children and parents/caregivers who have received Psychological First aid (with sex disaggregation)	80	82 (11,174 male and 15,471 female)	CFSI Report
Indicator 3.8	% of vulnerable children and parents/caregivers who report satisfaction	80	100	CFSI Report

	with protection and supportive functions of safe spaces.			
Explanation of output and indicators variance:		Most targets were met. Exceeded the target in 3.2, 3.3, 3.4 and 3.6 for orientation and training of community members because of larger than planned needs and lower unit costs.		
Activities	Description	Implemented by		
Activity 3.1	Establishment of 60 Child Friendly Spaces and conduct psychosocial structured activities to the children per age categories as such 3-5 years old, 6-8 years old, 9-12 years old.	CSO partner CFSI		
Activity 3.2	Conduct of protection, PFA & DRR, MHPSS and effective parenting orientation for 6,000 parents	CSO partner CFSI		
Activity 3.3	Organizing 3,000 adolescent girls and boys for the formation of youth clubs/youth responders and planning session for the peer-to-peer strategies (with sex disaggregation)	CSO partner CFSI		
Activity 3.4	Training on CPiE and PFA of 200 teachers to receive training on strategies in helping children manage their own behaviour	CSO partner CFSI		
Activity 3.5	Care for the Carers Session for 150 caregivers and Service Providers	CSO partner CFSI		
Activity 3.6	Training on PSEA, PSS, PFA & CFS Management for 260 CFS Youth Animators	CSO partner CFSI		

Output 4	Effective and efficient programme management including Accountability to Affected Population			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Beneficiary feedback used to adjust response plan	Yes	Yes	CFSI Report
Indicator 4.2	# of Focus Group Discussions (FGDs) collecting beneficiary feedback from most vulnerable including adolescents	10	10	CFSI Report
Indicator 4.3	After Action Review/assessment workshop carried out with participation from affected population	1	1	CFSI Report
Explanation of output and indicators variance:		No variance.		
Activities	Description	Implemented by		
Activity 4.1	Engagement, Mobilization & Communication with target beneficiaries	CSO partner CFSI		
Activity 4.2	Conduct FGDs during design and implementation of project activities	CSO partner CFSI		
Activity 4.3	Conduct of After-Action Review workshop	CSO partner CFSI		

Output 5	Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/ sector coordination mechanisms on critical inter-sectoral issues.			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 5.1	# of LGUs with active WASH Cluster focal groups proactively managing WaSH interventions	1 province, 2 municipalities, 1 city	1 province, 2 municipalities, 1 city	CSO partner report
Explanation of output and indicators variance:		Target met as planned		
Activities	Description	Implemented by		
Activity 5.1	Support to WASH coordination leadership and information management at the Provincial and city/municipal levels	CSO partner ASDW		

Output 6	Children and women access sufficient water of appropriate quality and quantity for drinking, cooking, and maintaining personal hygiene.			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 6.1	# of target population provided with access to water as per agreed standards	3,700 families	4,324 families	CSO partner report
Explanation of output and indicators variance:		Increased the number of water point construction based on IDP needs identified prior to COVID-19 restrictions.		
Activities	Description	Implemented by		
Activity 6.1	Installation of water tanks/bladders to evacuation camps	CSO partner ASDSW		
Activity 6.2	Rehabilitation or installation of new water points	CSO partner ASDSW		
Activity 6.3	Water quality monitoring and training	CSO partner ASDSW		

Output 7	Children and women access toilets and washing facilities that are culturally appropriate, secure, and sanitary, and are user friendly and gender appropriate.			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 7.1	# of target population provided access to appropriately designed toilets	1,000 families	1,360 families	CSO partner report
Indicator 7.2	# of target population with access to functional handwashing facilities and soap or an alternative	1,000 families	1,360 families	CSO partner report
Indicator 7.3	# of population provided with sanitation repair kits	800 families	851 families	CSO partner report
Indicator 7.4	# of home latrines to be repaired/constructed through cash programming	800 latrines	851 latrines	CSO partner report
Explanation of output and indicators variance:		Additional bathing facilities as part of the sanitation and handwashing facilities constructed (under indicators 7.1 and 7.2). The increase in the beneficiaries under indicators 7.3 and 7.4 was based on the actual verified number of beneficiaries endorsed by the LGUs in Makilala and Tulunan.		
Activities	Description	Implemented by		
Activity 7.1	Construction/repair of emergency latrines c/w handwashing	CSO partner ASDSW		
Activity 7.2	Construction of relocation site/communal semi-permanent latrines c/w handwashing	CSO partner ASDSW		
Activity 7.3	Construction of Bathing facilities	CSO partner ASDSW		

Activity 7.4	Material Equity Support for Home Latrine repair construction	CSO partner ASDSW
Activity 7.5	Desludging Services	CSO partner ASDSW

Output 8	Children and women receive critical WASH related information to prevent child illness, especially diarrhoea.			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 8.1	# of target population reached with hygiene promotion messages	5,000 families	8,000 families	CSO partner report
Indicator 8.2	# of population provided with hygiene kits or key hygiene items	3,000 families	4,865 families	CSO partner report
Indicator 8.3	% of focus groups/community group interviews where messages were understood and received positively	75% (15 out of 20) of focal group interviews with positive results understanding and accepting promo	100% of individual interviews with positive results understanding and accepting promotion of WASH messages	Individual interview reports from CSO partner documentation
Explanation of output and indicators variance:		Radio was used for promoting sanitation and hygiene during the COVID-19 pandemic increased the coverage of indicator 8.1. Hygiene items replenishment with COVID-19 related items like alcohol and masks were distributed to 1,865 IDP families, thus, the additional coverage. The pandemic limited group interactions with IDPs, thus, individual interviews were conducted instead of FGDs.		
Activities	Description	Implemented by		
Activity 8.1	Provision of Hygiene Kits and resupply	CSO partner ASDSW; IPHO North Cotabato;		
Activity 8.2	Hygiene Promotion Development, Materials, promotion and Training (includes setting up camp/community WaSH Committees)	CSO partner ASDSW		

Output 9	Children access safe water, sanitation and hygiene facilities in their learning environment and in child friendly spaces			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 9.1	# of children in school/learning programmes provided with access to 3 litres of water per child per day (for drinking and handwashing)	6,000 pupils in 15 schools	750 pupils in 2 Temporary Learning Space	CSO partner report
Indicator 9.2	# of children (male and female) provided with access to appropriately designed toilets at schools/learning spaces	6,000 pupils in 15 schools	750 pupils (398 boys, 352 girls) in 2 Temporary Learning Space	CSO partner report
Indicator 9.3	# of children in schools or learning programmes provided with access to hygiene kits or key hygiene items	6,000 pupils in 15 schools	6,000 pupils in 2 Temporary Learning Space	CSO partner report
Indicator 9.4	% of focus groups/community group interviews at schools /learning programmes where messages were	75% (11 out of 15) of focal group interviews with positive results	100% of individual interviews with positive results understanding	Individual interview reports from CSO partner documentation

	understood and received positively (not monthly)	understanding and accepting promo	and accepting promotion of WASH messages	
Explanation of output and indicators variance:		Repair of facilities in the target schools were not possible as most buildings were condemned after assessment by local government authorities. Activity was carried out in two Temporary Learning Spaces. The pandemic limited group interactions with IDPs, thus, individual interviews were conducted instead of FGDs.		
Activities	Description	Implemented by		
Activity 9.1	Distribution of Water Storage and Hygiene Kits	CSO partner ASDSW		
Activity 9.2	Distribution of Hygiene Kits for pupils	CSO partner ASDSW		
Activity 9.3	Repair or construction of Toilets and handwashing facilities in schools used as evacuation camps	CSO partner ASDSW		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Community members affected by the earthquake, including vulnerable groups, were consulted during the rapid assessment of their needs and were involved throughout the project implementation. Several focus group discussions and individual interviews were conducted to obtain feedback from community members and improve service delivery where necessary. Based on suggestions from community members a shift was made from providing a standard set of latrine repair kits to provision of specific repair items after consultations. For child protection, the selection of sites for the establishment of child friendly spaces and the conduct of psychosocial support activities in schools were designed based on recommendations of affected community members. Orientation sessions for community members and parents shifted from weekdays to weekends after most of the parents stated that they are were working on weekdays.

Department of Education (DepEd) schools identified for temporary learning spaces (TLS) and school supplies were identified after rapid assessment and report on damaged schools. These reports were further validated through school visits and interviews with teachers, parents and children. School heads and teachers were recommended to enhance the current design of the TLS to be more comfortable and conducive for learning. Thus, DepEd engineers re-designed them considering end-user recommendations and installed them with better ventilation, concrete floors and insulated ceilings. DepEd engineers including the DRRM Coordinator monitored the implementation of the project

Under WASH, facilities designs were agreed with community members including specific locations for the construction. WASH committees or focal points were assigned by camp leaders to monitor the WASH situation and the facilities in the IDP camps. After the distribution of sanitation repair kits to crisis-affected families that remained in their communities, community health volunteers (who were affected themselves) supported the monitoring of the actual repair activities by the beneficiary households.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

For the WASH response, provincial and municipal WASH cluster mechanisms were established to coordinate the responses to crisis-affected populations. At the IDP camp level, the leaders were organized to identify WASH committee or focal points to coordinate, report, and monitor WASH activities.

Since the emergency, a Child Protection Working Group (CPWG) convened coordination meetings and distributed the caseloads by assigning different Evacuation Centers to different Child Protection actors ensuring equal availability of services and avoiding duplication. CPWG continued advocating for establishment of Provincial Child Protection Working Group under the structure of Provincial Protection working groups which was then officially created by Provincial government of North Cotabato through the Executive Order 52 s. 2020 on

March 2, 2020, an order creating the Provincial Child Protection Working Group and adoption of a provincial Child Protection and Gender-based Violence Referral Pathway.

Education cluster coordination was activated at the regional level at the onset of the emergency. The DepEd Regional Director presided over all Division Office DRRM Coordinators who were assigned to support learning continuity in affected schools in Cotabato and Kidapawan City Divisions. DepEd provided updates on damages, gaps and challenges during the cluster meetings and private companies, CSOs, UN agencies and international NGOs corroborated based on findings from field visits, observations and interviews from the affected communities. The cluster was able to ensure support for many schools in different locations through the good coordination among member organizations and government counterparts.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Before implementation of the WASH response, provincial and municipal authorities were consulted on the CERF project including its principles and deliverables.

Community level awareness sessions/orientation were conducted in target communities where field assistants provided information on availability of services and how affected populations could obtain more information or share feedback/complaints for improving service delivery.

Courtesy visits with DepEd, PSWDO and Local Government Units prior to program implementation enabled UNICEF to build confidence of government partners in dealing with the emergency response. Government counterparts were oriented on UNICEF support either through CFSI, DepEd or directly. CFSI Staff were oriented on the planned results of the full project prior to commencing implementation. The conduct of frequent meetings with partners enabled UNICEF to obtain timely feedback and recommendations for improvement of program design, implementation and monitoring. Through this, UNICEF and partners jointly identified good practices and lessons learned to consider in future emergencies

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

A complaint mechanism was established through a hotline as well as posters on how to contact/share feedback/complaints fixed in each CFS.

CFSI provided tarpaulins with contact details open for feedback and other comments on the project. Likewise, DepEd and UNICEF provided contact details to school heads for concerns in the installation of TLS specially during the lockdown period in the province. Feedback on TLS installation was directed directly to DepEd Division Office, which immediately called the attention of the contractors and necessary action was taken accordingly.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

For WASH activities, a hotline was printed in the IEC materials distributed to IDP camps to accommodate complaints from the beneficiaries and report WASH issues. For education and child protection, secure email address and hotline was provided through printed banners displayed in the communities.

All CSO implementing partners received PSEA / SEA orientations in advance of project implementation and confirmed their organisation commitments as a condition of partnership with UNICEF.

Any other comments (optional):

Activity implementation modalities were adjusted in the context of COVID-19 restrictions. Community orientations on child protection and gender-based violence referral pathway including information awareness on COVID 19 were conducted through radio plugging and community criers. Youth and adolescent support activities were continued utilizing different arts and social media platforms. Use of pre-recorded announcements/promotional messages on hygiene and Covid-19 information in the evacuation camps.

Conducted individual interviews instead of focus group discussions to assess community satisfaction on WASH facilities

The Child Protection Policy of DepEd was observed during the project implementation.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA 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).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Voucher	US\$ 48,000	Sector-specific	Water Sanitation Hygiene - Water, Sanitation and Hygiene	Conditional	Restricted

Supplementary information (optional):

A commodity voucher was used to deliver beneficiary-identified needed materials for the repair of their damaged latrines.). Each voucher cost no more than PHP3,000 (US\$60) per household beneficiary. In case needed materials are more than the ceiling amount, they become part of beneficiaries' counterpart contributions aside from labour for repairing the latrines.

The CSO partner ASDSW, along with community leaders and health volunteers, identified and verified beneficiaries based on a set of criteria. Beneficiaries identified the materials they needed and submitted to ASDSW for verification. ASDSW prepared and distributed commodity vouchers to which the beneficiaries can exchange for the actual materials. Suppliers delivered the materials to each of the beneficiary communities where beneficiaries exchange the vouchers for the actual materials. The delivery and exchange of vouchers were facilitated and guided by ASDSW, community leaders, and health volunteers.

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

After-Action Reviews (AAR) conducted for Child Protection, Education and WASH interventions jointly with relevant CSOs and key LGU partners and reviewed accomplishments, gaps, and recommendations on the intervention in response to earthquake affected areas in the province. Key recommendations include strengthening contingency planning, improve multi-sectoral preparedness at LGU level, strengthening coordinated MHPSS services for young people, expanding orientation on child protection and GBV referral pathways in municipalities not covered under current response, ensure ownership and acceptance of facilities prior to construction, focus WINS activities on Temporary Learning Spaces instead of damaged school structures, involving of Local Government Units (LGUs) and P/MSWDO – ECCD Focals in coordination and planning education continuity and the need for improved community awareness on importance of sending children to school even in times of emergency.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-FPA-049	Health	UNFPA	NNGO	126,581
19-RR-FPA-049	Gender-Based Violence	UNFPA	NNGO	47,519
19-RR-FPA-049	Gender-Based Violence	UNFPA	NNGO	71,280
19-RR-FPA-049	Gender-Based Violence	UNFPA	NNGO	4,362
19-RR-IOM-038	Shelter & NFI	IOM	INGO	419,979
19-RR-CEF-113	Education	UNICEF	INGO	42,000
19-RR-CEF-113	Education	UNICEF	GOV	43,925
19-RR-CEF-113	Child Protection	UNICEF	INGO	280,446
19-RR-CEF-113	Water, Sanitation and Hygiene	UNICEF	NNGO	325,340

ANNEX 2: SUCCESS STORIES

Below is a collection of communication material prepared by partners featuring success stories for this CERF allocation, it includes web stories as well as videos (IOM, UNFPA).

UNICEF



02182020 CERF HIS FINAL Healing for teChild Protection Ear



CERF HIS FINAL



02212020 CERF HIS FINAL WASH earthqu

IOM

https://iomint-my.sharepoint.com/:v/g/personal/aempamano_iom_int/EaXQ8AEKT1VHkQrU_oyQtgoBUvhhZzQqOAz-R48RFJmKDg?e=8FIKtq

UNFPA

<https://www.youtube.com/watch?v=rog3fwXw9o0>

<https://philippines.unfpa.org/en/news/single-mother-mindanao-survives-domestic-abuse-earthquakes-and-covid-19>

<https://philippines.unfpa.org/en/news/unfpas-cerf-project-helped-pregnant-mothers-mindanao-survive-earthquakes-and-covid-19>

<https://philippines.unfpa.org/en/news/fathers-hope-stronger-his-daughters-recovery-emergency-induced-mental-illness-unfpa-support>

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
ASDSW	A Single Drop for Safe Water
BCPC	Barangay Council for the Protection of Children
CCCM	Camp Coordination and Camp Management
CDWs	Child Development Workers
CFS	Children Friendly Spaces
CFSI	Community and Family Services International
CFW	Cash For Work
CHP	Cash for Health Program
COVID-19	Corona Virus Disease of 2019
CP	Child Protection
CPP	Cash for Protection Program
CPWG	Child Protection Working Group
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
CVA	Cash and Voucher Assistance
DepEd	Department of Education
DOH	Department of Health
DROMIC	Disaster Response Operations Monitoring and Information Center
DSWD	Department of Social Welfare and Development
DTM	Displacement Tracking Matrix
EC	Evacuation Centre / Evacuation Camp
ECD	Early Childhood Development
FGD	Focus Group Discussion
GBVWG	Gender-Based Violence Working Group
HCT	Humanitarian Country Team
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IPs	Implementing Partners
LCAT-VAWC	Local Committees on Anti-Trafficking and Violence Against Women and their Children
LCPC	Local Council for the Protection of Children
LGU	Local Government Unit
MHPSS	Mental Health and Psychosocial Support
MHT	Mindanao Humanitarian Team
MMI	Magungaya Mindanao Incorporated
MOSEP	Mindanao Organization for Social and Economic Progress, Incorporated
M&E	Monitoring and Evaluation
NFI	Non-Food Item
NGOs	Non-Government Organizations
PCPWG	Provincial Child Protection Working Group
PFA	Psychosocial First Aid
PSEA	Protection Against Sexual Exploitation and Abuse
PSS	Psychosocial Support
PSWDO	Provincial Social Welfare and Development Office
RC/HC	Resident Coordinator/Humanitarian Coordinator

RH	Reproductive Health
SEA	Sexual Exploitation and Abuse
SNP	Supervised Neighbourhood Playgroup
SRH	Sexual and Reproductive Health
TLS	Temporary Learning Spaces
UNCERF	United Nations Central Emergency Response Fund
UN GHRP	United Nations Global Humanitarian Response Plan
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN-IOM	United Nations International Organization for Migration
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UnYPhil-Women	United Youth of the Philippines-Women
WASH	Water, Sanitation and Hygiene
WCPU	Women and Child Protection Unit
WFS	Women Friendly Spaces
WRA	Women of Reproductive Age
YFS	Youth Friendly Spaces