

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	The Philippines
Resident Coordinator	Ms. Nileema Noble
Reporting Period	July to December 2007

I. Executive Summary

A series of destructive typhoons struck the Philippines in the span of ten weeks from September to December 2006, affecting 62 of the country's 79 provinces. The cumulative impact of these typhoons was enormous, especially in the provinces of Albay, Camarines Norte, Camarines Sur, Catanduanes, Masbate and Sorsogon in the Bicol region. According to figures from the National Disaster Coordinating Council (NDCC), 1,158 people lost their lives, 3,235 were injured, 891 went missing and more than 300,000 people were displaced. Infrastructure damages and agricultural losses caused by the typhoons were estimated at PHP20 billion (approximately \$400 million).

In the immediate aftermath of the fourth destructive typhoon, the Government of the Philippines (GOP) declared a national state of calamity and requested international assistance. It also requested the UN System, through the UN Resident Coordinator, to facilitate the coordination of assistance from donors and aid agencies, as well as the monitoring of and reporting on these funds. In response, the UN and its partners launched two consolidated appeals: (1) the \$48.7 million¹ Philippines 2006 Typhoon Appeal in December 2006 and (2) the \$16.2 million Appeal for Residual Relief and Recovery Needs in July 2007. Against these appeals, a total of \$28 million, approximately 43 percent of the total requirements projected by all the UN and partner agencies, was mobilized. Overall, it is estimated that 6.8 million individuals and 566 institutions (schools and health centres) benefited from the projects undertaken.

The \$2.6 million received by the Food and Agriculture Organization (FAO), the International Organization for Migration (IOM), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO) from the Central Emergency Relief Fund (CERF) in December 2006 supported immediate, life-saving interventions - i.e. in relation to health, nutrition, water and sanitation, logistics and coordination, protection, shelter, food and livelihood - from January to June 2007 in the Bicol region.²

In mid-2007, in direct support of the Appeal for Residual Relief and Recovery Needs, further needs assessments were undertaken by UN agencies and the GOP, in view of the projection that over 3,000 displaced families would continue to stay in transit sites and schools used as temporary evacuation centres. These assessments, set against the backdrop of a typhoon season forecasted by the country's weather bureau to start impacting the country in the third quarter of the year, clearly revealed residual relief needs for displaced families, specifically in relation to: food aid; emergency shelter and non-food items; health; water, sanitation and hygiene; and livelihood relief assistance. United Nations agency resources were simply not adequate to respond to these identified needs.

With apparent financing gaps³ and the time gap between the pledging and actual receipt of resources by agencies, the vulnerability of the displaced population to risks posed by the coming typhoon season and the required scale of interventions, it was necessary to mobilize additional resources to expeditiously meet outstanding relief needs of a life-saving nature. The Inter-Agency Standing Committee Country

¹ Including the initial CERF request for \$2.6 million.

² A report was submitted to the CERF Secretariat in August 2007.

³ Most of the funds made available through the first tranche of CERF assistance in 2006 had been expended by June 2007.

Team (IASC CT)⁴ thus decided to submit a fresh request for CERF assistance in the amount of \$4,914,416 to sustain gains made in the first half of 2007 and to prevent the deterioration of living conditions and health status of displaced families, which could spawn life-threatening risks.

Total amount of humanitarian funding required and received (per reporting year)⁵	Required: \$16.2 million Received: \$14.39 million			
Total amount of CERF funding received by funding window	Rapid Response: \$938,652 Underfunded: NA Grand Total: \$938,652			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$938,652 Total implementing partners: NA			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	Under 5 years of age	Female (If available)	Male (If available)
	303,135	Info not available	260,000	Info not available
Geographic areas of implementation	Provinces of Albay, Catanduanes, Camarines Sur, Sorsogon and Masbate in the Bicol Region of the Philippines			

II. Coordination and Partnership-building

(a) Decision-making process:

Under the leadership of the United Nations Resident Coordinator (UNRC), the UN System in the Philippines rolled out the Cluster Approach in late December 2006 and subsequently established an IASC CT - chaired by the UN Resident Coordinator and composed of UN agencies, International Federation of the Red Cross and Red Crescent (IFRC), Philippine National Red Cross (PNRC), and a number of other NGO and private sector representatives - in order to strengthen overall coordination in carrying out humanitarian response operations in the country. The Inter-Agency standing committee Country Team (IASC CT) and clusters met regularly in Manila as well as in the field to share information coordinate intra- and inter-cluster activities and optimize the use of available resources in covering urgent humanitarian needs. Decisions on CERF project allocations were made through these coordination mechanisms and were based on needs assessments conducted by agencies that requested CERF assistance, in coordination with their partners and GOP counterparts at the field level. The IASC CT reviewed and cleared project proposals before submission.

(b) Coordination amongst the humanitarian country team:

The IASC CT, which meets every month and more frequently as needed, served as the principal coordination platform for strategic discussions on various humanitarian issues. Coordination on operational issues, cluster plans and cross-cluster issues was also undertaken through the: (1) Cluster Leads' Meetings⁶ facilitated by OCHA in Manila and (2) meetings of the field-based clusters (composed of UN agencies and international organizations, PNRC, international and local NGOs, and community-based organizations). The Ayuda Albay Task Force, a civil society organization based in Albay province, also played a crucial role in coordinating response and rehabilitation efforts by providing secretariat services to

⁴ The UN Disaster Management Team (UN DMT) was transformed into the IASC CT in early 2007, in an effort to improve coordination with non-UN partners from the NGO community and private sector.

⁵ For the period July to December 2007.

⁶ Cluster Leads met at least once every week during the initial stages of relief and response, and monthly thereafter.

the clusters in the field. It was later made the main coordination mechanism in Albay by a virtue of a Provincial Executive Order.

(c) Partnerships:

The UN System worked with its regular partners - other UN/ international agencies, national (NDCC and relevant government agencies) and provincial/ local government entities, and NGOs - in carrying out relief interventions funded through CERF. However, the transformation of the UN DMT into the IASC CT in January 2007 was instrumental in strengthening key partnerships, particularly with the IFRC, PNRC and the NGO community in the country.

Another very important development was the GOP's decision, formalized through an NDCC Circular, to adopt and institutionalize the Cluster Approach throughout the country. The rolling out of the clusters at the national (Manila) and field level facilitated inter-agency collaboration and pooling of collective resources, and enabled the participation of a wide range of stakeholders in relief operations. These coordination and partnership mechanisms served to ensure that target beneficiaries were reached in an efficient fashion, that there was equitable provision of needed services in the affected areas and that accountability was enforced between and among relevant actors.

(d) Prioritization process:

As mentioned in item (a), the projects were identified and prioritized through a consultation process at the IASC CT and cluster levels, and allocations were based on the results of the residual relief needs assessments undertaken towards the middle of 2007. The various projects were presented to the IASC CT for review and clearance prior to submission.

**III. Implementation and Results
Rapid Response**

The request for CERF assistance consisted of rapid response projects, particularly related to emergency shelter, food aid and health (emergency and maternal health). CERF support enabled the recipient agencies (IOM, WFP, WHO and UNFPA) to provide for the residual relief needs of the affected populations and to sustain the gains made in the first half of the year through life-saving interventions. It is estimated that a total of 303,135 people benefited from CERF-supported projects and activities in the provinces of Albay, Catanduanes, Camarines Sur, Sorsogon and Masbate.

Emergency Shelter - "Building of Temporary Shelters" (IOM). Through the second tranche of CERF funding, IOM was able to provide immediate and much needed support to 455 of the most vulnerable families in the province of Camarines Sur. Though the project's original objective was to assist in the decongestion of over-crowded evacuation centres in Albay province, this was later modified to address the needs of families in the neighbouring province of Camarines Sur due to the fact that: (1) decongestion of the evacuation centres in Albay was already underway through donors and other humanitarian agencies that provided temporary and permanent shelter support to the province; and (2) Camarines Sur was in need of shelter support for families whose houses had been destroyed by the typhoon and were unable to rebuild them on their own.

Moreover, IOM was able to provide further support to families residing in transit sites in Albay through the construction of seven information kiosks in all seven transit sites. With the objective of promoting a greater sense of community for the internally displaced persons (IDPs) remaining in transit centres and evacuation sites, these kiosks not only served as an area for IDPs to socialize and engage in recreation, they also contained informative materials such as: (1) up-to-date information regarding permanent relocation; (2) informational material, including local newspapers and educational material for children and other community members; and (3) recreational supplies (e.g. books, television, sports equipment) to foster interaction between community members. Through CERF support, IOM provided assistance to 1,427 typhoon-affected families (approximately 7,135 individuals) as they awaited permanent shelter assistance.

Food Aid - "Food Aid for Displaced People Affected by Typhoon Reming" (WFP). The second tranche of CERF funding for the typhoon response allowed WFP to purchase and distribute an additional 445.60 mt of rice, which enabled the extension of food distribution to the estimated 18,000 people who

were still residing in camps/ transit centres in June 2007, as well as to targeted, vulnerable IDP families within communities. The extension of food distribution was needed due to delays faced by government in securing sufficient safe land for resettlement of IDPs.

Emergency Health - “Sustained Health Sector Response to the Typhoons Disaster of 2006 in the Bicol Region” (WHO). The WHO project aimed to sustain emergency health activities for the 3,000 families remaining in evacuation camps and transit centres in Albay. CERF-supported activities included the provision of emergency medical supplies, including emergency health kits and rapid diagnostic kits that enabled health facilities and health centres to provide life-saving health services to the displaced population.

Reproductive Health - “Reproductive Health Support for Residual Relief” (UNFPA). Through CERF support, UNFPA was able to procure and distribute Reproductive Health (RH) kits for clinical service delivery, family planning, STD/HIV/AIDS and Violence against Women, thereby addressing the reproductive health needs of the typhoon-affected women and girls. It was able to train around 30 service providers in Basic Emergency Obstetric Care (BEmOC) and about 75 health personnel in community managed maternal and newborn care (CMMNC), producing a core of health service providers who can provide skilled health care before, during and after delivery in an emergency setting.

In addition, UNFPA provided RH kits for clinical service delivery, Caesarean sections and contraceptives for the typhoon-affected women in Masbate⁷ province and to procure other types of RH kits, such as those for STI/HIV/AIDS and Violence Against Women (anti-rape kits). Resources were also used to address the trauma and confusion of the affected women through the psycho-social counselling sessions conducted.

(a) Monitoring and evaluation

In line with the Letters of Agreement between CERF and recipient agencies, direct monitoring and evaluation of the progress of the projects was undertaken by the various agencies. However, these agencies reported to the Resident Coordinator on a regular basis on the progress of the implementation of the CERF-funded projects. The monthly IASC CT meetings were the venue for updates on CERF-funded projects. The mechanisms used by the individual agencies are detailed below:

IOM. As part of its evaluation and monitoring process, IOM gathered and processed information from various sources including regular on-site visits, interviews with beneficiaries, feedback from the project implementation team based in Legazpi and Naga City, inputs from the project management and oversight team based in Manila, and the administrative and finance units. Weekly reports were submitted to the IOM Office in Manila. In addition to this, IOM management was in daily contact with project staff throughout project implementation. The beneficiaries were also involved throughout the process and their inputs were made an integral part of IOM's ongoing monitoring and evaluation procedure.

WFP. WFP established an office in Legaspi City with seven staff who actively participated in the direct distribution and monitoring of food distributions. It deployed staff at distribution sites to oversee distributions and to complete one distribution process monitoring checklist and ten exit interviews per distribution site. Monitoring included cross-checking of commodities delivered against allotted quantity, recipients against approved beneficiary registers and actual quantities received against food entitlements. Provincial Social Welfare and Development officers, along with the Ayuda Albay Task Force, also played important roles in liaising with typhoon affected communities and monitoring distributions.

WHO. WHO deployed a Field Operations Officer to Bicol to monitor the implementation of the CERF-funded project and to ensure that medical supplies were delivered to the intended beneficiaries in a timely and efficient fashion. This was done in close coordination with the Department of Health's Health Emergency Management Staff (DOH-HEMS). Reports were submitted on a weekly basis to the WHO Country Office and a technical report was prepared by the Field Operations Officer at the end of the project.

UNFPA. At the field level, the monitoring of the disaster management activities under the CERF project was undertaken by the Field Disaster Management Coordinator who provided regular activity reports on the distribution of RH kits, conduct of the CMMNC trainings and psycho-social counselling sessions. The Humanitarian Response Focal Point in Manila monitored the conduct of the BEmOC trainings and the

⁷ Under the first tranche of CERF resources, UNFPA provided similar kits to Albay, Camarines Norte, Catanduanes and Sorsogon provinces.

purchase of the mobile van. In January 2008, a disaster management team assessment and planning meeting was convened to evaluate the CERF project vis-à-vis the objectives and targets and to prepare the annual work plan for 2008.

(b) Initiatives complimented CERF- funded projects

CERF-funded projects were complemented through additional resources, such as the case of WFP, which received funding from the Government of Canada for the food requirements of the displaced people and for food for work activities to facilitate their recovery. This activity targeted 18,289 typhoon-affected farmers and fisher folk. IOM also received additional donor funding (from ECHO and USAID) to support further temporary shelter improvements in transit sites and cover construction of permanent shelters. The additional funding enabled agencies to build on the gains made through the first and second tranches of CERF projects.

The provision of continuous logistics support by IOM was another factor that contributed to the efficient implementation of CERF-funded projects. For instance, IOM's support enabled UNFPA to easily move, store and distribute RH kits in the Bicol region in a timely and cost-effective fashion.

Initiatives related to early recovery (in particular, the \$1.8 million early recovery programme funded by UNDP BCPR) and the UN/ UNDP efforts to move to disaster risk management and reduction through the READY⁸ and SNAP⁹ projects were also important in this regard.

IV. Lessons learned

The experiences of the various agencies in the course of CERF project implementation yielded a wealth of lessons for both the IASC CT and funding recipients.

IASC CT

- CERF is a reliable source of funding to jumpstart immediate, life-saving interventions, as well as a facility through which the funding gap and the time gap in the receipt of pledged resources may be bridged. The timely submission of CERF proposals and their immediate approval certainly make a difference in the lives of the displaced and affected communities.
- Effective coordination and efficient delivery of services can and do spell the difference between life and death. As such, CERF needs to seriously consider expanding its coverage to include coordination as a life-saving activity, especially since it is one of the key elements of UN Humanitarian Reform.

IOM

- In post-emergency shelter response that involves relocating displaced families to identified relocation sites (other than their original communities); it is necessary for community or leadership structures that will allow organized and active IDP involvement in the course of project implementation to be established. This helps remedy some of the problems related to beneficiary mobilization and constructing temporary and permanent shelters in the relocation sites.
- In situations requiring the purchase of land for relocation sites, community preparation efforts should address the issues regarding longer term accommodation at evacuation centres.

WFP

- Initial difficulties in negotiating an appropriate ration size with the provincial government were resolved following a joint Emergency Food Security Assessment. This highlighted the value of assessments in ensuring the response is needs-driven.
- As NGOs played a relatively minor role in the delivery and distribution of food, a strong, collaborative partnership with the Provincial Government was key to a successful response.

⁸ The READY Project, supported by AusAID, aims to address the problem of disaster risk management at the local level. It covers 27 high risk provinces (in terms of natural hazards) and has three main components, namely: (1) multi-hazard identification and assessment; (2) community-dased disaster preparedness and (3) mainstreaming of risk reduction into the local development planning process.

⁹ The development of the Strategic National Action Plan (SNAP) in the Philippines is supported by the EC and UN/ISDR. It is geared towards advancing disaster risk reduction efforts through the Hyogo Framework for Action.

WHO

- The short period for implementation of CERF activities makes it necessary for the recipient agencies to have the capacity for quick procurement and distribution of needed items.
- Field presence in all stages of the project is also important, particularly in the assessment and identification of needs and target beneficiaries and monitoring.

UNFPA

- Responses to emergencies must not be primarily activity-based and ad-hoc. Agencies must be more strategic and must develop tools and mechanisms to systematically track the results and impact of assistance.

V. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Emergency Shelter	07-IOM-011 "Building of Temporary Shelters"	\$520,808	1,427 internally displaced families or 7,135 internally displaced persons	NA	Improved availability of transit shelters for displaced communities Improved living conditions in existing evacuation/ transit shelters Better access to non-food items for displaced families	<ul style="list-style-type: none"> • A total of two hectares of public land and 1,15 hectares of private land in Camarines Sur negotiated for use as transit sites • 455 transit shelters were built in six sites in Camarines Sur • Seven Information Kiosks in seven Albay transit sites • Increase in the 455 beneficiary households' capacities in the areas of leadership and camp management, health and sanitation, environmental protection, and disaster preparedness and management through IOM's social preparation activities • Two new community leadership structures organized in the government identified relocation sites of Pasacao and Bato, Camarines Sur
Food	07-WFP-040 "Food Aid for Displaced People Affected by Typhoon Reming (Durian)"	\$287,955	18,000 internally displaced people	Provincial Government, Albay	Ensure displaced people were able to meet their immediate, daily food needs	<ul style="list-style-type: none"> • Supplement food access of IDPs through the purchase and distribution of a monthly food ration of 25 kg rice, two kg pulses and one liter oil to 18,000 displaced people (representing all those who remained in camps in mid-2007)

Health	07-WHO-031 "Sustained Health Sector Response to the Typhoons Disaster of 2006 in the Bicol Region, Philippines"	\$47,080	3,000 families	DOH-HEMS Centre for Health Development (CHD) - Region V	Sustained emergency health activities for the 3,000 families still staying in evacuation centres and transit sites	<ul style="list-style-type: none"> The emergency health kits ensured a quicker, more rationalized provision of essential medicines and supplies to the evacuation camps and communities
	07-FPA-015 "Reproductive Health Support for Residual Relief"	\$82,779	260,000 women of reproductive health age	CHD - Region V Provincial Governments of Albay, Catanduanes, Camarines Sur, Sorsogon and Masbate Bicol Reproductive Health Information Network, Inc. (BRHIN) and Dr. Jose Fabella Memorial Hospital	Reduced maternal and neonatal morbidity and mortality of affected population Improved contraceptive prevalence rates Low STI prevalence	<ul style="list-style-type: none"> With the distribution of the reproductive health kits for clinical deliveries, contraceptives, STI/HIV/AIDS, and Violence Against Women (VAW), health service providers have the means to attend to deliveries in Masbate and cover family planning, STI/HIV/AIDS and VAW necessities in the region for a period of three months Trainings increased the health personnel's capacities to attend to normal and complicated deliveries and to newborn babies during emergencies

VI. CERF in Action

Shelter

Months after the cumulative disasters in the Bicol Region in last quarter of 2006, thousands of families continued to live in over-crowded evacuation shelters in Albay province or makeshift shelters scattered throughout the region. To address the needs of the affected population while they awaited permanent relocation, IOM's CERF-funded project aimed to decongest over-crowded evacuation centres in Albay. Upon commencement of implementation, however, the project management team realized that:



Temporary shelter units in Camarines Sur

(1) a substantial number of intended beneficiaries¹⁰ had already resettled in single unit temporary shelters in new transit sites or had begun moving in to permanent shelter units provided by the GOP and other humanitarian agencies; and (2) that constructing the targeted 454 transitional shelters would further strain the province's absorptive capacity causing a significant burden to the initiatives currently in place. As such, the project's objectives were modified towards providing temporary shelter support to the most vulnerable families in Camarines Sur whose houses were completely destroyed by the typhoon and were unable to reconstruct their houses on their own.

The Camarines Sur Provincial Government was eager to provide counterpart support for these shelter initiatives - e.g. through social preparation, provision of trucks and deployment of 100 skilled construction workers. The municipal mayors also welcomed the initiative and offered to provide the land, warehousing assistance and personnel to assist in monitoring project activities. This resulted in an increase in the number of families assisted.

CERF-funded Temporary Shelters in Camarines Sur			
Name of Site	Target	Completed	Occupied
Pasacao	100	100	5
Gainza	84	85	84
Bato	100	100	
Goa	50	50	50
Tigaon	70	70	70
San Jose	50	50	50
Total	454	455	259

Parallel to temporary shelter construction, IOM also conducted social orientation and community integration activities, with the objective of easing the transition of IDPs into the new communities, while also ensuring their continued involvement in project-related activities. This included capacity-building in the areas of leadership and camp management, health and sanitation, environmental protection, and disaster preparedness and management.

In the towns of Pasacao and Bato, homeowners' associations were created with the objective of ensuring the smooth transition and mobilization of the communities from their original areas of residence to government-identified relocation sites.¹¹

In addition to temporary shelter construction and social preparation in Camarines Sur, information kiosks were constructed in seven transit sites in Albay, with the objective of assisting IDPs in gaining a greater sense of normalcy as they awaited permanent relocation and providing easy access to



Community Day activity in Bato

¹⁰ 1,222 of 2,071 families, or approximately, 6,110 of 10,355 people.

¹¹ Unlike the other sites in this project, temporary shelters were not constructed in close proximity to the beneficiaries original residence as these were highly susceptible to geo-physical hazards.

information for beneficiaries. The kiosks included: (1) up-to-date information regarding permanent relocation; (2) informational material, including local newspapers and educational material for children and other community members; and (3) recreational supplies to foster interaction between community members.

CERF Information Kiosks in Albay		
Name of Site	Population	
	Families	Individuals ¹
Mayon, Daraga	200	1,000
Anislag, Daraga ¹	470	2,350
Malabog, Daraga	24	120
Bascaran, Daraga	80	400
Busay, Daraga	31	155
Baligang, Camalig	67	335
San Andres, Sto. Domingo	100	500
Total	972	4,860

Due to specific modifications of project strategies and modalities, the project surpassed initial target commitments, successfully providing temporary shelter construction and upgrading support to 1,427 IDP families (approximately 7,135 individuals) in two provinces in the Bicol Region - three times greater than the initial target number of beneficiaries.

Health

The CERF grants contributed to effective health sector response to the continued needs of the affected communities.

Emergency Health. The WHO CERF-funded project aimed to ensure that evacuation centres and transit sites would be supported with much needed medicines and supplies. The continuous supply of medicines and medical supplies made possible by the grant fund helped re-establish the presence of the health sector in the camps and ensure that essential health services would continue to be received by families not yet relocated to more permanent housing.

An emergency health kit, which was adapted to the local setting and based on epidemiologic data and previously established case management protocols, was developed by WHO’s implementing partner, the DOH-HEMS. The kit allowed for quicker and more effective response to priority needs.



Emergency health kits

Reproductive Health. Efforts related to life-saving and emergency reproductive health needs of the women, men and youth, particularly the pregnant women affected by the disaster were also undertaken with CERF support. Four RH clinical service delivery kits were procured for Masbate province to enable pregnant women to deliver safely in the absence of health facilities; six STI/HIV/AIDS kits were provided to Albay province, where STD cases were reported to be on the rise; an anti-rape kit¹² was provided to

¹² Consists of a guide on clinical management of survivors of rape, information on emergency contraception, medicine and a pregnancy test.

Catanduanes province; and six RH kits, containing contraceptives, were distributed to all five provinces to prevent unwanted pregnancies. In addition, 10 psycho-social counselling sessions were conducted by the NGO **Bicol Reproductive Health Information Network, Inc. (BRHIN)** for women who may have been victims of violence and sex trafficking. A mobile medical van was also procured for the Regional Health Office to conduct normal deliveries for women during emergencies or to provide transport for those with complications.



First batch of CMMNC trainees

Another important intervention was the establishment of a core team of health service providers in the five provinces, capable of providing skilled health care for mothers and their newborns at birth, especially in emergency settings. Training was provided for 33 health service providers in BEmOC and 75 health personnel in CMMNC from November 2007 to January 2008.

**CERF Funding by Country (2007) - Project Detail Philippines
(01-01-2007 to 31-12-2007)**

Agency	Agency Project	Sector	Window*	Approved Amount US\$ / Date	Disbursement Date
UNFPA	Reproductive Health Support for Residual Relief (07-FPA-015)	Health	RR	82,371 11-07-2007	26-07-2007
IOM	Building of Temporary Shelters (07-IOM-011)	Shelter and non-food items	RR	520,808 10-07-2007	24-07-2007
WHO	Sustained Health Sector Response to the Typhoons Disaster of 2006 in the Bicol Region (07-WHO-031)	Health	RR	47,080 11-07-2007	24-07-2007
WFP	Food Aid for Displaced People Affected by Typhoon Reming (Durian) (07-WFP-040)	Food	RR	287,955 03-07-2007	13-07-2007
Total				938,214	

* RR - Rapid Response; UFE - Underfunded Emergency

List of Acronyms:

CERF- Central Emergency Response Fund

CMMNC- Community Managed Maternal and Newborn Care

DOH-HEMS -Department of Health's Health Emergency Management Staff

FAO- Food and Agriculture Organization

GOP- Government of Philippines

IASC- Inter-Agency Standing Committee

IDP- Internally Displaced Persons

IFRC- International Federation of the Red Cross and Red Crescent

IOM- The International Organization for Migration

NDCC- Nation Disaster Coordination Council

NGO- Non governmental organization

OCHA- Office for the Coordination of Humanitarian Affairs

PNRC- Philippine National Red Cross

RC- Resident Coordinator

RH- Reproductive Health

UNDP- United Nations Development Programme

UNFPA- United Nations Population Fund

WFP- World Food Programme

WHO- World Health Organization