

ANNUAL REPORT ON THE USE OF CERF GRANTS THE PHILIPPINES

Country	The Philippines
Resident/Humanitarian Coordinator	Jacqui Badcock
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response	US\$		
	Total amount received for the humanitarian response	US\$ 13,511,750		
	Breakdown of total country funding received by source	CERF:	US\$ 2,997,112	
		CHF/HRF COUNTRY LEVEL FUNDS:	None	
		OTHER (Bilateral/Multilateral):	US\$ 10,514,638	
	Total amount of CERF funding received from the Rapid Response window	None		
	Total amount of CERF funding received from the Underfunded window	US\$ 2,997,112		
	Please provide the breakdown of CERF funds by type of partner	a. Direct UN agencies/IOM implementation:	US\$ 2,372,515	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 643,724	
		c. Funds for Government implementation:	None	
d. TOTAL:		US\$ 2,997,112		
Beneficiaries	Total number of individuals affected by the crisis			
	Total number of individuals reached with CERF funding	522,774 people		
		227,386 children (including 90,000 children under five)		
		22,314 females		
Geographical areas of implementation	Maguindanao, North Cotabato, Lanao del Norte and Lanao del Sur provinces in Mindanao			

II. Analysis

Overview of the humanitarian situation

The southern island of Mindanao in the Philippines has been in a state of low intensity conflict since 1968. The conflict, combined with the impact of clan feuds and natural disasters, has resulted in cycles of displacement in which large numbers of civilians have come to depend on humanitarian assistance. The most recent major displacement occurred in August 2008, with the collapse of the peace talks between the Armed Forces of the Philippines (AFP) and the Moro Islamic Liberation Front (MILF). Approximately 750,000 people were displaced. At the time this request for CERF funding was made in early 2010, some 125,000 people remained displaced.

An assessment carried out in late 2009 by the Humanitarian Country Team (HCT) found that security, shelter and livelihood concerns were preventing IDP returns. Water, Sanitation and Hygiene (WASH), Shelter and Livelihoods were identified as priority areas requiring urgent assistance. A joint UNICEF/WFP Emergency Nutrition and Food security assessment of IDPs carried out earlier in 2009 found that more than 80 per cent of IDPs faced food insecurity, with a worsening malnutrition rate.

The HCT decided to prioritise its efforts in Maguindanao province, which was worst-affected by the conflict and had the highest number of IDPs. Eight clusters were prioritised: Agriculture, Camp Coordination and Camp Management (CCCM), Emergency Shelter, Food Security, Health, Nutrition, Protection and WASH.

Patterns of displacement have made it difficult to accurately estimate the number of IDPs, as displacement is often for short periods, and many IDPs stay with host families or in makeshift sites rather than in government-run evacuation centres. 110,000 IDPs were registered for government assistance as of 4 January 2010, though this excluded many home-based IDPs. This CERF allocation targeted some 616,000 individuals.

Added value of the CERF

Agriculture

CERF funding was used to provide agriculture and fishery inputs to 8,560 IDP households, allowing them to restore lost farming and fishing assets, and restart their livelihood activities. To promote community cohesion and facilitate easy distribution and conduct of technical training, IDPs were organized into groups of 35 for rice and corn, and 12 for vegetables.

Camp Coordination and Camp Management (CCCM)

According to the Mobile and Vulnerable Population (MVP) Tracking Report produced by IOM, 63,297 individuals were tracked at 106 places of origin, evacuation sites, relocation sites, resettlement sites and house based settings with the CERF's support as of 31 December 2010. Most clusters made use of the MVP Tracking Report for planning and analysis.

CERF funds helped to organize site management committees to ensure provision of vital services and support community-level disaster preparedness. 4,848 families also received Non-Food Items (NFIs) procured with CERF funds.

Food

Supplementary feeding targeted 40,000 malnourished children, and pregnant and lactating women. Emergency school feeding targeted 80,000 pupils in schools in remote and conflict-affected areas. The food for assets programme supported approximately one million food insecure returnees with re-establishing their livelihoods by creating and rehabilitating communal assets. CERF funds ensured availability of food for a three month period and helped to avert a pipeline break for food for work beneficiaries.

Health

CERF funds were used to provide equipment, medicines and supplies to Maguindanao Provincial Hospital (MPH) and Dinaig Municipal Hospital, which are the two secondary hospitals closest to the greatest concentration of IDPs. This helped increase the hospitals' capability to handle referrals from primary care units, which directly benefited 100,000 IDPs as well as the total catchment population

served by these hospitals. The CERF allocation also allowed an early warning system to be developed in Maguindanao Province.

CERF enabled the continuation of UNFPA's reproductive health interventions and gender-based violence (GBV) prevention and response mechanisms in IDP sites. CERF funds enabled the provision of Mobile Clinic and Laboratory (MCL) services by funding the hiring of medical staff. The CERF also augmented the supply of reproductive health (RH) and hygiene kits. About 7,500 pregnant and lactating women and adolescents gained access RH services. A health information session (HIS) funded by CERF raised awareness on RH among 8,801 women, men and young people. CERF funds, through UNFPA, helped provide RH kits for a GBV Project implemented by Medicins sans Frontiers (MSF) to address the immediate medical care needs of GBV survivors. Likewise, through UNFPA, MSF's Maternal and Child Health Project received supplies of clean delivery kits for pregnant IDPs as well as FP commodities. Save the Children also received hygiene kits, clean delivery kits and FP commodities procured with CERF funds.

Nutrition

Department of Health (DOH) and MSF received supplies (Ready to Use Therapeutic Food, therapeutic milk, Vitamin A capsules and other drugs) procured by UNICEF with CERF funds. Save the Children and local NGO partners received supplies and direct cash transfers, as well as funding for a nutrition survey. The longer implementation period of the CERF's underfunded emergencies window (compared to the rapid response window) allowed the project to build capacity within the DOH and other NGO partners to target malnutrition within government facilities.

Protection

CERF funding has strengthened protection strategies to respond to persecution and threats to the physical security of IDPs, women, girls and boys through protection monitoring. It has contributed to advocacy and awareness of basic human rights and issues of protection in IDPs situations among implementing partners, government entities, UN agencies and NGOs.

Child Protection

CERF funding enabled the Child Protection Working Group (CPWG) to expand its activities from 54 to 112 of the worst-affected communities.

Shelter

CERF funding benefited 100 families, who were provided with shelter or "half way" houses while they prepared to return to their communities. Families were provided with livelihood kits/NFIs, enabling them to engage in farming and fishing to secure food for them and generate income. IOM provided shelter kits to 262 families at relocation sites and health/hygiene kits to 184 families.

Water, Sanitation and Hygiene (WASH)

UNICEF assisted 48,500 IDPs with the provision of water supplies (40 wells rehabilitated and 15 hand pumps installed), 110 latrines, 110 water kits and 2,500 hygiene kits. Most of the WASH facilities constructed in the camps were funded by the CERF, as funding was provided earlier than that of other donors. WASH committees were established and IDP hygiene promotion volunteers were trained and mobilized. As a result, IDPs became more aware of camp and solid waste management, and health conditions improved with no reports of outbreaks (such as water-related illnesses). Hand-washing with soap improved with soap provision and women's health was improved through the provision of sanitary napkins. Through the IOM shelter project, communal WASH facilities were constructed (including bathing cubicles, latrines, kitchen/washing areas and water points) for 100 families. Corresponding sessions on Integrated Psychosocial for Hygiene Promotion (IPHP) were also conducted to make sure that proper hygiene practices were taught to beneficiaries.

Coordination

Country-level coordination was strengthened through the cluster system. During the preparation of the CERF proposal, cluster lead agencies coordinated closely with cluster partners as well as inter-cluster partners to ensure good planning and complementarity. For example, WFP coordinated closely with FAO (regarding planning for agricultural related projects), UNICEF (regarding planning for supplementary feeding), NGOs and local government units (to verify data and planning assumptions).

Close coordination continued during the implementation phase. For supplementary feeding, WFP and UNICEF complemented each other's efforts; UNICEF had expertise in the identification/screening of malnourished children, while WFP focused on food distribution and monitoring. FAO collaborated with WFP through its Food for Work (FFW) and Food for Training (FFT) programmes. The WASH cluster worked closely with the Health cluster concerning health risks associated with contaminated water and the spread of unregulated use of sanitation facilities, as well as on hygiene awareness. Coordination greatly improved implementation and contributed to capacity building of government staff.

The Mindanao Humanitarian Team (MHT), which is composed of UN agencies and international NGOs, was an effective forum for the coordination of CERF-funded projects. Assessment information, implementation challenges and best practices were shared through the MHT. Agencies working on sexual and reproductive health coordinated closely with the Health, Protection, CCCM clusters and the GBV Sub-Cluster through the MHT. Gender was mainstreamed as a cross-cutting issue through the various clusters. CERF funds encouraged humanitarian clusters to coordinate with each other through the MHT even though CERF did not directly fund coordination activities.

A number of partnership arrangements and mechanisms were established between humanitarian actors and government departments during the implementation of CERF-funded projects, promoting the leveraging of resources, responsibility and accountability. Partnerships with international NGOs and local NGOs were also critical to the successful implementation of CERF-funded projects. Close collaboration fostered among key humanitarian actors is an asset in ensuring a rapid and effective response to address the immediate life-saving needs in the future.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Protection/Human Rights/Rule of Law	10-HCR-016 Assistance to Internally Displaced Persons (IDPs) in Mindanao	101,082	11,262,946	102,500 people Female: 45,000 Male: 37,000 Children under five : 20,500	<ul style="list-style-type: none"> ▪ >100,000 IDPs better protected through improved polices towards forced displacement and promotion/adherence of the Guiding Principles on Internal Displacement ▪ Assistance extended to 1,000 most vulnerable IDPs ▪ Capacity of >5,000 local government officials strengthened through participation in protection and CCCM workshops ▪ >100,000 IDPs benefit from establishment of community-based monitoring for the protection of IDPs in places of return. ▪ CCCM issues better addressed through involvement of national consultant. 	<ul style="list-style-type: none"> ▪ 11 livelihoods-related Quick Impact Projects (QIPs) implemented in Maguindanao. ▪ Protection training conducted for 76 government staff and 21 military personnel. ▪ Community-based assessment conducted. ▪ CCCM training attended by 25 local government officials, with the participation of IOM and UNFPA. 	<p>CERF funding strengthened UNHCR's efforts to implement protection strategies.</p> <p>CERF contributed to improved advocacy, awareness of human rights, and protection issues among implementing partners, government entities, UN agencies and NGOs.</p> <p>The success of Quick Impact Projects in the four pilot communities led to the identification of other opportunities for project implementation.</p>	<ul style="list-style-type: none"> ▪ Monitoring of Quick Impact Projects twice weekly during project implementation. ▪ 10 per cent of beneficiaries were interviewed or participated in focus group discussions 	<ul style="list-style-type: none"> ▪ Training of Trainers involved 68 women and 18 men

Health	<p>10-WHO-017</p> <p>Emergency health assistance to the affected populations of the complex emergency in Central Mindanao</p>	288,552	700,000	100,000 people	<ul style="list-style-type: none"> ▪ Health facilities able to provide essential health services ▪ Functioning referral network ▪ Early detection and response to disease outbreaks 	<ul style="list-style-type: none"> ▪ Approximately 100,000 IDPs able to access essential public health services from community health outposts and rural health units. ▪ IDP patients requiring specialist care no longer need to travel to distant health facilities in Cotabato City. Referrals now handled by two hospitals in Maguindanao province closer IDP sites, which were supported with medicines, supplies and equipment. ▪ Local health workers trained on the use of an early warning system for disease outbreaks at IDP sites. 	<p>CERF facilitated access to essential health care for the affected population.</p> <p>CERF facilitated provision of assistance to IDP returnees in communities of origin.</p>	<ul style="list-style-type: none"> ▪ Progress monitored through monthly Health cluster meetings. ▪ Issues affecting implementation discussed and resolved at monthly Health cluster meetings. 	<ul style="list-style-type: none"> ▪ The project benefited all IDPs, as well as the broader population. ▪ Women and children more often seek consultation
Agriculture	<p>10-FAO-014</p> <p>Livelihood Restoration and Improved Food Security of Internally Displaced People in Conflict-Affected Communities of Mindanao</p>	210,536	5,000,000	<p>7,250 households/43,500 IDPs (including 29,000 children)</p> <p>750 male corn and rice farmers</p> <p>6,000 male and female vegetable producers</p> <p>500 fishers and their wives</p>	<ul style="list-style-type: none"> ▪ Improved food security, nutritional status and income generation by the end of the 2010 wet cropping season ▪ 1,650 MT of corn and paddy rice, 7,500 MT of vegetables and 120 MT of fish harvested ▪ Increased family incomes from the sale of surplus produce and processed commodities ▪ Strengthened technical knowledge and skills among beneficiary families and communities through improved cropping and fisheries practices 	<ul style="list-style-type: none"> ▪ 8,560 IDP households provided with agriculture and fishery inputs to restart livelihood activities. ▪ 6,618 vegetable growers provided with vegetable seeds, fertilizers and garden tools. ▪ 520 corn farmers provided with corn seeds and fertilizers. ▪ 922 rice farmers provided with rice seeds and fertilizers. ▪ 500 fishers provided with fishing equipment. 	<p>The CERF allocation enabled the restoration of lost farming and fishing assets of the IDPs and the restarting of their livelihood activities</p>	<ul style="list-style-type: none"> ▪ Department of Agriculture and Fisheries of the Autonomous Region of Muslim Mindanao (DAF-ARMM) monitored and evaluated project outcomes and impacts. 	<ul style="list-style-type: none"> ▪ Beneficiaries were clustered into groups of 35 to ensure active participation by both genders. ▪ The provision of vegetable seeds and garden tools targeted mostly women members of IDP households. ▪ Trainings were attended by both males and females.

Food	<p>10-WFP-022</p> <p>Immediate Support to Conflict-Affected Populations in Mindanao</p>	713,032	49.4 million	<p>154,800 people</p> <p>Female: 78,948</p> <p>Male: 75,852,</p> <p>Children under five: 52,632</p>	<ul style="list-style-type: none"> ▪ Improved food consumption among targeted households ▪ Reduced or stabilized acute malnutrition among children under five within targeted population ▪ Individual and community assets created through food for work ▪ Livelihood skills and training provided to targeted beneficiaries 	<ul style="list-style-type: none"> ▪ Monitoring results show that most families managed to eat 2-2.5 meals a day. ▪ Data from rural health units where WFP is implementing supplementary feeding show that there have been an increased number of women using health services. ▪ 712 MT of food distributed to 85,434 beneficiaries (56,386 children, 14,814 women). ▪ Food for Work activities ensured rehabilitation of irrigation systems, soil and water conservation, rehabilitation of roads, improved farming practices, construction of ponds, establishment of nurseries, planting of seedlings, construction of dams and dikes and agriculture and farming training. 	<p>CERF funding was received at a critical time as WFP transitioned from relief to early recovery. Resources available to WFP that time were earmarked for specific programmes and could not support early recovery efforts.</p>	<ul style="list-style-type: none"> ▪ WFP employs 11 staff for monitoring the programme, complemented by implementing partner field staff. ▪ WFP food aid monitors report on the selection of beneficiaries and on output and progress indicators. ▪ Implementing partner carries out validation, registrations and food distribution as well as reporting on beneficiary utilisation of food commodities. 	<ul style="list-style-type: none"> ▪ WFP has mainstreamed gender in all programming. ▪ Women are represented in project committees (responsible for the identification and selection of food for work projects), and in food management committees (which oversee distributions at food distribution points). ▪ WFP is also implementing activities, which directly benefit women such as supplementary feeding for pregnant and lactating women. ▪ Enrolment in WFP school feeding shows that there are more girls than boys at the elementary school level.
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Shelter and non-food items	<p>10-IOM-010</p> <p>Transitional Shelter Assistance for IDP families in Maguindanao</p>	374,009	1,000,000	<p>1,500 people</p> <p>Female: 1,050</p> <p>Male: 450,</p> <p>Children under five: 225</p>	<ul style="list-style-type: none"> ▪ 140 transitional shelters built 	<ul style="list-style-type: none"> ▪ 100 shelter units completed. Each building is partitioned into 10 units, each accommodating one family. ▪ Unused funds for shelter construction were reallocated to Non-Food Item (NFI) distribution and construction of communal facilities. ▪ 36 latrines, 75 community kitchens, 75 washing areas, four water points, two community centres, and 39 bathing cubicles constructed. ▪ 140 livelihoods packages and 140 health/hygiene kits were distributed Health/hygiene sessions were also conducted. 	<p>CERF support helped in responding to the most pressing shelter needs.</p> <p>Livelihoods needs were also addressed, ensuring access to food and income-generating activities.</p>	<ul style="list-style-type: none"> ▪ IOM's Project Development and Monitoring in Manila provided M&E oversight for the IOM Mindanao sub-office. ▪ Coordination and Reporting Assistant visited Mindanao for monitoring. ▪ Preparation of project progress reports. ▪ Monthly management team meetings conducted in Mindanao. ▪ Bi -weekly meeting conducted to ensure that timelines and deliverables are met. 	<ul style="list-style-type: none"> ▪ Priority given to female-headed households, persons with disabilities, and child headed households. ▪ Separate queues established for women and men. ▪ Women with children given special consideration. ▪ Hygiene/health kits included sanitary napkins for women. ▪ The site management committee was trained to document protection issues and sexual and gender based violence (SBGV).
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Camp Coordination and Camp Management	<p>10-IOM-009</p> <p>Camp Coordination and Camp Management (CCCM) and Protection Support to Vulnerable Families in Conflict Affected Areas in Central Mindanao</p>	373,568	600,000	114,040 people	<ul style="list-style-type: none"> ▪ 568 NFI kits distributed in IDP sites, evacuation centres and relocation sites ▪ Communication boards established at 100 IDP sites, relocation sites and return communities ▪ Camp management structures clearly established at 100 IDP sites ▪ Small-scale repair of basic facilities in return communities 	<ul style="list-style-type: none"> ▪ 4,480 NFI packages distributed ▪ 124 sites in 14 Maguindanao municipalities benefited from the construction of 84 community centres ▪ 107 CCCM kits distributed to committees in support to information management. ▪ Two training sessions conducted for information committees, with 204 participants from 102 sites. ▪ 107 CCCM/Site Management Structures established at IDP sites and return communities. ▪ Basic repairs carried out at 12 facilities, including school buildings, day care centres and warehouses. 	CERF funding enabled the provision of immediate support to IDP families.	<ul style="list-style-type: none"> ▪ IOM's Project Development and Monitoring in Manila provided M&E oversight for the IOM Mindanao sub-office. ▪ Coordination and Reporting Assistant visited Mindanao for monitoring. ▪ Preparation of project progress reports. ▪ Monthly management team meetings conducted in Mindanao. ▪ Bi-weekly meeting conducted to ensure that timelines and deliverables are met. 	<ul style="list-style-type: none"> ▪ Priority given to female-headed households, persons with disabilities, and child headed households. ▪ Separate queues established for women and men. ▪ Women with children given special consideration. ▪ Hygiene/health kits included sanitary napkins for women. ▪ The site management committee was trained to document protection issues and sexual and gender based violence (SBGV).
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Multi-sector	10-FPA-013 Reproductive Health Care for the IDPs in Mindanao	147,462	500,506	7,500 pregnant, delivering, and post-partum IDP women 7,500 IDP husbands/partners	<ul style="list-style-type: none"> ▪ Reduced maternal and neonatal mortality ▪ Unwanted pregnancies prevented ▪ Early marriage discouraged and teenage pregnancies prevented ▪ Reduced sexually transmitted infections (STI) and HIV/AIDS transmission ▪ Gender-based violence (GBV) prevented or addressed 	<ul style="list-style-type: none"> ▪ Two rapid assessments and one GBV assessment conducted ▪ 8,339 pregnant and post-partum women served during 79 medical missions ▪ Mobile clinic and laboratory (MCL) served 689 patients ▪ 93 per cent of patients at MCL provided with family planning items ▪ Seven sets of educational posters, flip-charts and videos produced ▪ 97 information sessions attended by 5,868 adults and 2,934 young people ▪ Two psychosocial counselling training sessions attended by 46 social workers ▪ Database established to track pregnant IDPs and deliveries ▪ Incorporated MISP indicators in Health Emergency Situation Reports (HEARS). 	<p>CERF funding enabled UNFPA to promptly respond to the reproductive health (RH) needs of IDPs, allowing the immediate procurement of RH kits and hygiene kits and the timely deployment of medical missions which were key in saving the lives of pregnant and post-partum mothers and their newborns.</p> <p>With few donors interested in funding RH interventions, CERF funds enabled the continuation of MCL operations to provide direct and immediate RH services at IDP sites.</p>	<ul style="list-style-type: none"> ▪ UNFPA and government partners met regularly to assess project progress. ▪ NGO partners submitted regular reports on progress. ▪ Weekly meetings Mobile Clinic and Laboratory (MCL) team. 	<ul style="list-style-type: none"> ▪ Primary beneficiaries were women and girls.
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Multi-sector	10-CEF-017 ¹	Total: 788,871	3,250,000	27,500 IDPs	<ul style="list-style-type: none"> ■ Major and minor repairs and improvement of existing water and sanitation facilities especially those in highly critical evacuation centres and relocation sites ■ Installation of additional shallow-well water pumps across the 15 target sites (generally three units/site) ■ Installation of deep-well water pumps in five house-based settings where installation of shallow-well pumps are virtually impossible because of geographic characteristics ■ Construction of additional communal latrines across the 15 target sites (generally five units/site, each unit with two bowls) ■ Provision of maintenance tools for WASH facilities to camp managers and IDP leaders 	<ul style="list-style-type: none"> ■ 40 wells with hand pumps were fixed /rehabilitated ■ 15 shallows well drilled and fitted with hand pumps ■ Five deep wells were fitted with deep pumps ■ 90 latrines and 46 bathing facilities were constructed in IDP ECs and host community to ensure access to safe means of excreta disposal ■ Maintenance tools were provided to the communities where the new hand pumps installed. ■ WASH committees and hygiene promotions volunteers from among the IDPs were established and mobilized. 600 volunteers trained, and 1,320 community committee members ■ IDPs increased level of awareness in terms of camp and solid waste management while they are staying in evacuation camps. ■ IDPs' health conditions were improved and no reports of major outbreak especially water related illness. ■ Hand washing with soap has increased since the supplies are accessed by the IDPs in evacuation centres. 	<p>Coordination and collaboration with UN agencies, NGOs and Government improved.</p> <p>Availability of resources improved.</p>	<ul style="list-style-type: none"> ■ Regular in-house monitoring and evaluation templates used ■ Severely malnourished children cured with appropriate water treatment. Regularly in-house monitoring and evaluation templates were used ■ Common monthly monitoring and progress reports submitted by partners. ■ OCHA bi-monthly situation report inputs submitted. 	<ul style="list-style-type: none"> ■ UNICEF partners used a gender sensitive approach during implementation. ■ WASH facilities separated by gender. ■ Hygiene promotion programme identified best practices to suit women and girls.
	Multi-cluster Humanitarian response to the Protracted Mindanao Emergency	WASH: 240,543							

¹ Programme support costs have not been reflected the individual amounts

					<ul style="list-style-type: none"> ▪ Public health promotion workshops; five workshops for the 15 sites; for community health volunteers, including barangay health workers, recruited and initially trained in the previous two responses to support the conduct of more health and hygiene promotion campaigns at the community level ▪ Extend the training to include community health volunteers at the 15 targeted locations ▪ Distribution of soap in support of the health and hygiene promotion campaigns that will be launched (distributions) ▪ Provision of water containers, mainly for storage purposes, to IDPs in house-based settings which still have limited potable water sources ▪ Production of WASH IEC materials. 	<ul style="list-style-type: none"> ▪ Distributed 8,000 hygiene and water kits. Each hygiene kit for a family of 6 members; contains plastic pail, plastic dipper, washing soap, bathing soap, tooth paste, tooth brush, nail cutter, slippers, and napkins for ladies/girls. The water kit contains a 20 litres jerry-can, hyposol for disinfection. ▪ 12,500 IDPs in both evacuation centres and host community were provided with IEC material, trained and they made aware of the proper hygiene practices 		<ul style="list-style-type: none"> ▪ Monthly WASH cluster updates and progress reporting documented for monitoring and ensuring proper project implementation; the 3Ws were shared with OCHA for reports and IMS 	
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Multi-sector	10-CEF-017 ²	Total:	1,650,000	90,000 children under five	<ul style="list-style-type: none"> ▪ Prevent micronutrient deficiencies in children (6-24 months) with micronutrient powder (MNP) and vitamin A supplementation. ▪ Reduced mortality rate of severely malnourished children. ▪ Severely malnourished children treated. ▪ Diarrhoea cases treated appropriately to reduce duration and severity. 	<ul style="list-style-type: none"> ▪ 40,000 sachets of MNP distributed ▪ 6,500 ferrous sulphate tablets distributed ▪ 30,000 children under five screened for acute malnutrition ▪ 96,000 capsules vitamin A provided to 12 Rural Health Units (RHUs) ▪ 600+ cases of severe acute malnutrition treated. Monthly cure rates >75 per cent. Mortality rates <10 per cent. Monthly defaulter rates <5 per cent ▪ >1500 cases of moderate acute malnutrition referred to supplementary feeding programmes ▪ Community-based Management of Acute Malnutrition established at 17 outpatient sites and two stabilization centres All children with diarrhoea as a complication of severe acute malnutrition and moderate acute malnutrition treated with ReSoMal 	CERF funds ensured supply of life-saving drugs, therapeutic food, micronutrient powders and other supplies, allowing redirection of other funding to staffing and operations needs.	<ul style="list-style-type: none"> ▪ Weekly monitoring at mobile clinics and RHUs and out-patient Therapeutic Programme sites. ▪ Case data gathered regularly. 	<ul style="list-style-type: none"> ▪ Diagnosis of patients with acute malnutrition followed WHO growth charts for boys and girls ▪ Pregnant and lactating women provided with MNPs and ferrous sulphate tablets
	Multi cluster Humanitarian response to the Protracted Mindanao Emergency	788,871							

² Programme support costs have not been reflected the individual amounts

Multi-sector	10-CEF-017 ³ Multi cluster Humanitarian response to the Protracted Mindanao Emergency	Child Protection: 327,283	4,100,000	52,000 children	<ul style="list-style-type: none"> ▪ Community-based child protection committees functioning in 105 communities/ evacuation centres/ IDP camps ▪ Displaced children provided with safe places and access to basic services ▪ 52,000 children participate in group activities and structured play in child-friendly spaces (CFS) ▪ 30,000 displaced children reached with Mine Risk Education messages 	<ul style="list-style-type: none"> ▪ 533 child-friendly space (CFS) volunteers, 1,306 youth focal points. 561 community welfare volunteers, and 1,211 community-based protection network members mobilised at 112 IDP sites. These support groups ensured better protection and better access to services for children. ▪ By June 2010, more than 40,000 children were participating regularly in group activities and structured play in 156 child-friendly spaces. ▪ >40,000 children reached with mine risk education messages integrated in CFS learning sessions 	<p>CERF funding enabled UNICEF and its partners to immediately establish CFSs in evacuation centres and displacement camps, and initiate a programme for the registration and tracing of families of separated and unaccompanied children.</p>	<ul style="list-style-type: none"> ▪ Weekly monitoring visits of the Mindanao-based child protection officer ▪ Monthly meetings of the Child Protection Working Group ▪ Monthly monitoring and progress reports submitted by partners ▪ Bi-monthly situation reports submitted to OCHA 	<ul style="list-style-type: none"> ▪ Girls and boys in IDP camps and displaced communities benefited. ▪ Gender sensitive approaches adopted during organization of CFSs and community protection networks
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³ Programme support costs have not been reflected the individual amounts

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds
Médecins Sans Frontières	Multi-Sector (Health & Protection)	10-FPA-013	12,975 worth of RH and hygiene kits	
Save the Children	Health	10-FPA-013	3,005 worth of RH and hygiene kits	
Kadtabanga Foundation of Peace and Development Advocates, Inc. (Kadtabanga, Inc)	Agriculture	10-FAO-014	8,838	23 September 2010 19 October 2010 28 December 2010
Socio-Economic, Engineering and Environmental Development Technology Foundation, Incorporated	Agriculture	10-FAO-014	9,966	23 September 2010 19 October 2010 28 December 2010
Mindanao Tulong Bakwet	Construction of Transitional Shelter	10-IOM-010	124,678 <i>(first instalment)</i> 177,944 <i>(final payment)</i>	06 July 2010 25 February 2011 <i>(Forwarded to IOM Manila for release)</i>
Oxfam	WASH	10-CEF-017	177,944	7 June 2010
	CCCM and Protection	10-IOM-009	39,764 37,715	6 August 2010 14 October 2010
Mindanao Tulong Bakwet	WASH	10-CEF-017	21,412	10 August 2010
Save the Children	Nutrition	10-CEF-017	75,583	9 September 2010 21 November 2010
Community and Family Services International)	Child Protection	10-CEF-017	140,493	8 September 2010
Mindanao Tulong Bakwet	Child Protection	10-CEF-017	63,292	15 October 2010
Community and Family Services International	Protection	10-HCR-016	8,447,210	

Annex 2: Acronyms and Abbreviations

ACF	Action Contre la Faim
AECID	Agencia Espanola de Cooperacion Internacional para el Desarrollo
AEW	Agriculture extension worker
AFP	Armed Forces of the Philippines
ARMM	Autonomous Region in Muslim Mindanao
ASDSW	A Single Drop for Safe Water
BCPC	Barangay Council for the Protection of Children
CAC	Conflict Affected Communities
CCCM	Camp Coordination and Management
CFS	Child-Friendly Space
CFSI	Community Family Services International
CFSV	Child-Friendly Space Volunteer
CERF	Central Emergency Response Fund
CMAC	Community-based Management of Acute Malnutrition
CP	Child Protection
CPIE	Child Protection in Emergencies
CMAM	Community-Based Management of Acute Malnutrition
CPWG-CM	Child Protection Working Group-Central Mindanao
CWV	Community Welfare Volunteer
DAF	Department of Agriculture and Fisheries
DSA	Datu Saudi Ampatuan
DepEd	Department of Education
DOH	Department of Health
DNRE	Department of Natural Resources and Environment
DSWD	Department of Social Welfare and Development
EMOPS	Emergency Operations
FAO	Food and Agriculture Organization
FFT	Food for Training
FFW	Food for Work
FP	Family Planning
GRP	Government of the Republic of the Philippines
GBV	Gender-based Violence
ha	Hectares
HCT	Humanitarian Country Team
HIS	health information session
IDP	Internally Displaced Persons
IMT	International Monitoring Team

IPHP	Integrated Psychosocial for Hygiene Promotion
KFI	Kadtuntaya Foundation, Inc.
KFPDAI	Kadtabanga Foundation of Peace and Development Advocates Incorporated
MAO	Municipal Agriculture Office
MCL	Mobile Clinic and Laboratory
MHT	Mindanao Humanitarian Team
MLS	Mobile and Vulnerable Population Liaison Support
MSWDO	Municipal Social Welfare and Development Office
MSF	Médecins Sans Frontières
MT	Metric Tons
MTB	Mindanao Tulong Bakwet
MVP	Mobile and Vulnerable Population
NDRRMC	National Disaster Risk Reduction and Management Council
NFIs	Non-Food Items
NGO	Non-Governmental Organization
NPP	Non-Violent Peaceforce Philippines
PAO	Provincial Agriculture Office
PRRO	Protracted Relief and Recovery Operation
PSC	Psycho-Social Counselling
PWG	Protection Working Group
RH	Reproductive Health
RUTF	Ready to Use Therapeutic Food
SEEDTECH	Socio-Economic, Engineering and Environmental Development Technology Foundation
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
TLC	Temporary Learning Centre
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
YFP	Youth Focal Point