



ANNUAL REPORT ON THE USE OF CERF GRANTS IN THE PHILIPPINES 2011

COUNTRY	THE PHILIPPINES
RESIDENT/HUMANITARIAN COORDINATOR	Jacqueline Badcock

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		72,292,785	
	2. Breakdown of total response funding received by source	2.1 CERF		11,348,971
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		N/A
		2.3 OTHER (Bilateral/Multilateral)		18,075,385
		2.4 TOTAL		29,424,356
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded		3,450,334
		1. <i>First Round</i>		N/A
		2. <i>Second Round</i>		3,450,334
		<input checked="" type="checkbox"/> Rapid Response		7,898,637
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		8,875,464
		4.2 Funds forwarded to NGOs for implementation		1,737,341
		4.3 Funds forwarded to government partners		736,166
		4.4 TOTAL		11,348,971

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

FLOOD 2011 (RAPID RESPONSE ALLOCATIONS JULY 2011)

Total number of individuals affected by the crisis	Individuals	906,672 ¹
Total number of individuals reached with CERF funding ²	Female	554,802
	Male	485,096
	Total individuals (Female and male)	1,039,998
	Of total, children <u>under</u> 5	403,775

UNDERFUNDED 2011 SECOND ROUND

Total number of individuals affected by the crisis	Individuals	424,346 ³
Total number of individuals reached with CERF funding	Female	98,592
	Male	73,817
	Total individuals (Female and male)	350,053
	Of total, children <u>under</u> 5	96,854

TROPICAL STORM WASHI (RAPID RESPONSE ALLOCATIONS DECEMBER 2011)

Total number of individuals affected by the crisis	Individuals	471,000
Total number of individuals reached with CERF funding	Female	42,470
	Male	36,428
	Total individuals (Female and male)	275,102
	Of total, children <u>under</u> 5	9,695

¹ Department of Social Welfare and Development, joint HCT-Government donor briefing, Manila, Philippines, 5 June 2011

² "Reached beneficiaries" figures were calculated through the compilation of recipient agencies inputs: a sum of their respective "reached beneficiaries" figures. This is a cumulative figure. Also note that some recipient agencies were unable to provide the breakdown of the "Total number of individuals" reached by their activities. This led to the difference between the number of total of reached beneficiaries and the sum of male or female individuals reached.

³ Source: Department of Social Welfare and Development and Development Municipal Registration Report and IOM IDP Mobile Vulnerable Population Tracking

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

■ Flood 2011 (Rapid Response Allocations July 2011)

- Autonomous Region in Muslim Mindanao (ARMM) – Maguindanao and Lanao del Sur Provinces
- Region XII (Soccksargen) – Cotabato City, North Cotabato and Sultan Kudarat Provinces

■ Underfunded Emergencies Second Round of 2011

- ARMM – Maguindanao and Lanao del Sur Provinces
- Region X (Northern Mindanao) – Lanao del Norte Province
- Region XII – South Cotabato, North Cotabato and Sultan Kudarat Provinces

■ Humanitarian Response to Tropical Storm Washi (Rapid Response Allocations December 2011)

- -Regions VII (Central Visayas), IX (Zamboanga Peninsula), X (Northern Mindanao), XI (Davao), XIII (Caraga) and ARMM

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES NO

Remarks: The reporting requirements were shared electronically with the Humanitarian Country Team, including clusters. The pertinent elements of the draft report was discussed at the monthly HCT meeting on 8 March 2012. Key discussion points from that meeting have been reflected in this report.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

An earlier version of the field draft has been shared with the CERF recipient agencies, HCT members and cluster coordinators for review prior to the submission to the ERC and the Fund Manager.

V. ANALYSIS 1 – FLOOD 2011 (RAPID RESPONSE ALLOCATIONS JULY 2011)

1. The humanitarian context

Mindanao experienced extraordinary rainfall and subsequent flooding from the end of May 2011 to mid-June 2011. According to the Department of Social Welfare and Development (DSWD), a total of 906,672 individuals were affected in 55 municipalities across five provinces in Central Mindanao⁴. The Government confirmed that the worst affected regions were the Autonomous Region in Muslim Mindanao (ARMM) (509,744 individuals) and Region XII (396,928 individuals). The provinces of North Cotabato and Maguindanao were the most severely affected by the floods, which caused severe damage to houses, agriculture and infrastructure. On 15 June 2011, Cotabato City and Local Government Unit of Maguindanao declared a “State of Calamity”. On 24 June 2011 the Secretary of DSWD formally requested UN support for the response in a letter addressed to the RC/HC.

The flooding contributed to further burden the population of Mindanao affected by the triple factors of natural hazards, insecurity, and poverty. The Philippines is one of the most disaster-prone countries in the world. Natural hazards include typhoons, floods, landslides, earthquakes, tsunamis and volcanic eruptions, with an annual average of five destructive typhoons. Furthermore, between one third and one half of the population in Mindanao lives below the poverty line. As a result, an increasing number of people live in vulnerable areas at risk from the impact of natural disasters and many of these disaster-prone areas are also conflict-affected. The four-decade-long conflict between the Government of the Republic of the Philippines and Moro armed groups, sporadic clan fighting and threats of insurgencies have led to cycles of civilian displacements.

Donor allocations for humanitarian activities in the Philippines are limited, which is partially due to its being a middle income country. In addition, donors focus on development activities. This results in a very limited pool of emergency funds in-country. The lack of humanitarian funds is further exacerbated in the specific case of Mindanao, which traditionally has struggled to attract donor support due to the protracted nature of the complex emergency. This is also reflected in the underfunded Philippines (Mindanao) Humanitarian Action Plan (HAP). To date, the CERF represents the most tangible and readily accessible funding source which facilitates prompt delivery of life-saving humanitarian assistance and bridge critical funding gaps at the initial stage of the emergency. The CERF was expected to contribute to the improvement of coordination and help to leverage more funding.

From 15 to 20 June 2011, a joint Damage and Needs Assessment (DANA) was undertaken in Maguindanao province by the Government of ARMM, the UN and international non-governmental organizations (INGOs). Complementary cluster assessments were also conducted in Region XII and ARMM, in conjunction with Government line ministries to develop a comprehensive overview of cluster-specific needs and identify critical life-saving interventions for the cluster responses.

The DANA mission highlighted the following needs and recommendations⁵:

- Camp Coordination and Camp Management - Strengthen management of evacuation sites: Shanties on higher grounds, along highways and in open spaces were being transformed into locations of temporary refuge for flood-affected families. It was estimated that out of the total number of the affected population, 10 per cent were displaced in different locations (mostly in the Municipalities of Mother Kabuntalan, Datu Saudi Ampatuan, Talitay and Datu Salibo). The remaining 90 per cent opted to stay in their houses or close by due to the threat of possible looting and damage to their houses.
- Food - Supply food to affected families, including cash vouchers and identify possible alternative livelihood activities: An overall increase in food commodity prices had been observed. Most of the households interviewed had stocks of food to last for three or four days. The majority of the affected families had no regular income and relied on subsistence farming. According to the report from Department of Agriculture, 14,962 hectares of rice and corn farms had been damaged of which 9,476 hectares had no chance or

⁴ Department of Social Welfare and Development, Joint HCT-Government donor briefing, Manila, Philippines, 5 July 2011

⁵ Mindanao Floods June 2011- Damage and Needs Assessment Report, Government of ARMM and Mindanao Humanitarian Team, 6 July 2011.

recovery while 5,486 hectares with chance of recovery. Reports indicated an inadequate access to food for children under 2 years old. However, exact figures were unknown and access to food for children remained a major concern.

- WASH - Ensure access to safe drinking water, adequate solid waste and disposal and hygiene promotion activities: One third of the existing water supply infrastructure in the assessed areas was destroyed by floods resulting in 44 per cent of the affected population being without access to safe drinking water. The majority of the population was using open river defecation. Solid waste management was very poor increasing the risks of contamination, mosquitos and rodent infestation. Diarrhoea remained a major threat, particularly to the vulnerable population including children, women and the elderly. Common morbidity includes fever, diarrhoea, skin disease, hypertension, coughs and colds.
- Nutrition - Strengthen infant and young child feeding support to all affected areas and provide access to therapeutic or supplementary feeding programmes and micronutrient supplementation. Global Acute Malnutrition (GAM) in Maguindanao remained at 9.8 per cent.
- Education - Establish temporary, safe learning spaces: Floods affected 172 schools in Maguindanao and Lanao del Sur. A total of 1,136 teachers and 58,682 schoolchildren had been affected in both provinces.
- Health - Dispatch medical supplies and additional human resources to restore and enhance health and reproductive health services: While health personnel were generally inadequate in Maguindanao, the flooding also affected the available local health staff further affecting the health services.
- Logistics - Restore municipal and barangay road infrastructure: Significant damage had been noted to road networks. Boat transport was the only means of access to remote villages. Delivery of essential goods and services, including delivery of humanitarian supplies in rural barangays, remained a challenge. Overall, access to flood-affected communities had affected early recovery activities in the IDP return sites in Maguindanao.
- Track the locations of displaced populations and conduct site-specific assessments to determine needs.
- Review and update disaster risk management plans.

The prioritisation made was considered as well-grounded by recipient agencies. The components of the response were targeted to focus on food, logistics, WASH, nutrition, and camp coordination/camp management. The prioritisation process helped provide effective, efficient and appropriate assistance to address the immediate needs of the affected population.

2. Provide brief overview of CERF's role in the country

On 24 June 2011, following flooding in Cotabato City in Region XII, DSWD requested humanitarian assistance from the international community in country. The Mindanao Humanitarian Team (MHT) had been supporting the Government's response efforts from the onset of this disaster. A teleconference was convened by OCHA Philippines with the CERF Secretariat on 30 June 2011 to better understand the Secretariat's acceptance of an application for the Mindanao Floods. The CERF rapid response process was initially announced in a message from the RC/HC Office to HCT members on 1 July 2011.

On 5 July 2011, a joint Government-HCT donor briefing was convened to discuss the current situation and response to the floods in Mindanao. Immediately after this, an ad-hoc HCT meeting was convened to determine the priority needs and geographical areas for inclusion in the CERF rapid response request. Members of the HCT are familiar with the CERF rapid response guidelines. During this meeting the HC provided a brief overview of the CERF rapid response application process and the suggested timeline. Given that the floods had reached their peak and were slowly receding, OCHA stressed the need to develop proposals in accordance with the agreed timeline.

In line with the overarching principles for the CERF rapid response grants and supported by the DANA results, government priorities as expressed in the letter from secretary Soliman on 24 June 2011, OCHA situation reports and reiterated in the joint Government-HCT meeting, the group determined the following priority clusters for the CERF request for the affected populations: food, logistics, WASH, nutrition, and camp coordination/camp management. The priority sectors for the CERF submission were well coordinated and agreed among all member of the country team. The RC/HC and the HCT decided collectively on the overall financial breakdown for the submission per cluster. The HCT was reminded of the CERF secretariat's guidelines, in particular the life-saving criteria, rules on no-cost extensions, implementation timeframes and cluster capacities to respond. Following correspondence with the CERF secretariat on 5 July 2011 of the outcome of the prioritisation meeting with the HCT, the secretariat confirmed the acceptance of a prompt application that was financially proportional to the gravity of the situation.

Clusters/sectors prioritised activities as follow:

FOOD

In order to determine at the total needs and the amount of funding to be requested for the Food cluster, WFP coordinated with the cluster co-lead, DSWD. During the MHT meeting on 7 July 2011, all stakeholders endorsed the decision to support approximately 485,000 people in Maguindanao and Lanao Del Sur provinces through emergency household food rations. It was also agreed that affected farmers would have access to Food for Work activities until the next harvest in January 2012.

LOGISTICS

The need for logistics support, particularly transport, warehousing and supply tracking, was identified during the DANA and reiterated by the MHT and DSWD in Cotabato City on 25 June 2011. Furthermore, the DSWD prioritised logistics support to deliver critical relief items in the letter addressed to the RC/HC requesting UN support to respond to the floods. In response, cluster members conducted a rapid assessment of the situation and needs for enhanced logistics interventions and estimated the costs. The cluster also consulted with the wider humanitarian community to identify logistical gaps and bottlenecks.

WASH

Priority needs were defined based on consolidated WASH cluster member reports and DANA and additional assessments results. Immediate needs included water trucking, the distribution water and hygiene kits, hygiene promotion as well as building and repairing water points and latrines. These interventions are in the SPHERE guidelines, Core Commitments for Children (CCCs) and the WASH Cluster Coordination Handbook (WASH-CCH). The fund distribution strategy was partially decided before the emergency through contingency agreements and plans between UNICEF and WASH cluster members. Organizational strengths and mandates, local experience and SHERE, CCCs and WASH CCH were considered in drafting these contingency agreements (i.e. Action Contre le Faim (ACF) for water trucking, Oxfam for hygiene promotion and local NGOs and the government to support distribution). New plans that were not in contingency agreements were decided within the cluster or were reviewed as the situation progressed.

NUTRITION

The decision-making process for developing this grant request for the nutrition cluster was based on existing needs identified prior to the disaster, specifically Infant and Young Child Feeding (IYCF), Infant Feeding in Emergencies (IFE) and therapeutic feeding to treat children with severe acute malnutrition (SAM). The baseline prevalence of GAM coupled with the risks for developing SAM heightened by the disaster reflected the nutritional needs and the life-saving aspect of appropriate interventions. These were reiterated through the DANA. Subsequent cluster meetings involving government cluster leads and local NGO partners affirmed these priority interventions and possible strategies. Implementing partners were determined by existing technical capacity, complementary interventions from other partners (e.g. Save the Children and ACF) and through established working partnerships with UNICEF and community stakeholders.

CAMP COORDINATION/CAMP MANAGEMENT

The CCCM cluster developed the CERF request based on DANA results, coordination meetings among members of the MHT, including NGOs, Cotabato City counterparts (Cotabato City Coordination Group), DSWD counterparts and consistent OCHA situation reporting that highlighted a critical need for camp coordination and management.

The HCT and MHT had launched the country's first CAP, the Philippines (Mindanao) Humanitarian Action Plan (HAP) for 2011, in early February 2011. The overall response to the flooding was planned within the framework of the HAP. Given that the flooding coincided with the midyear review phase of the HAP, the DANA process, which provided the evidence base for the CERF request, fed into the midyear review. The CERF prioritisation process also contributed to the prioritisation process for the HAP mid-year review.

3. What was accomplished with CERF funding

The flood waters receded in most of the affected areas by July 2011. As of 29 July 2011, the evacuation centers in Cotabato City and the rest of North Cotabato had closed, according to DSWD Region XII. In Cotabato City, 42,000 people sheltered in 43 evacuation centers in June returned to their places of origin the following month. However, subsequent flooding and forced displacement due to armed conflict continued to affect concerned population.

CERF funding enabled a timely, significant and appropriate humanitarian response during the height of the emergency. It bridged critical funding gaps at the initial stage of the emergency and enabled recipient organizations to immediately deploy teams to conduct assessments as well as to immediately purchase and dispatch Non-Food Items (NFI) kits for the affected population.

CERF-funded activities have achieved the following key outcomes:

- Provided life-saving food and NFIs assistance.
- Supported government capacity and strengthened coordination.
- Improved access to safe water and nutrition programmes for children, women and men.
- Strengthened hygiene promotion and increased sanitation coverage.

The targeted areas and populations continued to be affected by several other shocks which disrupted their livelihoods and increased their vulnerability to varying degrees. Such shocks included flooding in September 2011 and persisting incidences of family feuds which resulted in damage to crops, displacement and interruption of livelihood activities. This general instable environment hampered access, mobility and the delivery of services to the population concerned. As a result, despite the quick response enabled by CERF grants, WFP reported that there was no significant improvement in the food consumption score.

UNICEF noted that although CERF funding provided time critical and life-saving assistance to the affected population it could not respond to all sanitary needs in relocation and resettlement sites due to lack of funding.

4. An analysis of the added value of CERF to the humanitarian response

- a) **Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**
YES NO

CERF funds supported fast delivery as well as significant and appropriate assistance to beneficiaries. The lead time for the approval of the project was generally considered short. This enabled recipient organizations to immediately deploy teams to conduct assessments as well as to immediately purchase and dispatch NFI kits for affected families. WFP noted that CERF funds supported emergency food assistance which complemented the government's response to the flood affected population.

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

The rapid response allocation helped trigger the humanitarian response to time critical needs. For example, WFP initiated the response to the floods using existing stocks provided by other donors. However, as caseloads increased, CERF funds enabled WFP to expand and sustain the rapid response to the flood.

c) Did CERF funds result in other funds being mobilized?

YES NO

Recipient agencies reported no additional funding directly subsequent to the rapid response allocation of July 2011.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF funding improved coordination and information exchange amongst the humanitarian community, including key cluster members and field-level NGOs. Through regular meetings among the recipient agencies, humanitarian interventions became more focused and gaps in addressing the various needs of the target communities were avoided as well as duplication of services being provided. Along the response, the health cluster members discussed and agreed on the priorities of the responses based on a collective assessment and understanding of the needs with strong inputs from international and local NGOs.

Coordination was also enhanced under the MHT that came together to seek funds and to jointly respond to the floods. In addition, IOM daily monitoring mechanisms (e.g. beneficiaries' interviews or project and construction monitoring forms) gave a detailed picture of ongoing operations, humanitarian gaps and needs of the displaced population and camp management committees. Based on this information, CCCM situation updates facilitated better coordination and led concerned clusters to take appropriate actions to respond to the highlighted needs.

VI. LESSONS LEARNED

a) Lessons Learned on the CERF Process

LESSONS LEARNED (NGO partners)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The timeframe for fund transfers to implementing NGOs can be further minimized through the development and implementation of emergency procedures for disbursing funds.	As a preparedness strategy, standby agreements with implementing partners should be explored in order to minimize the time between fund disbursement and formalization of agreements with partners.	UN cluster lead agencies
LESSONS LEARNED (Life-saving criteria)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Preparedness and capacity-building activities should be included in the life-saving criteria. This is particularly relevant in the context of the Philippines where preparedness could effectively save lives.	CERF should invest in disaster preparedness, capacity-building and coordination. For example, contingency stockpiles of food and non-food items that can be timely mobilized at the onset of a disaster may be considered both life-saving and preparedness measures.	CERF Secretariat
Child protection and nutrition are often overlooked in the funding of emergency response as others still misconstrue it as not "life-saving". Hard push was needed for child protection to be registered on the radar of humanitarian actors and donors.	Stronger advocacy for nutrition and child protection is needed and should be part of core sectors in emergency response, not only from cluster lead agencies and government but also be addressed adequately by the humanitarian country team. Keep child protection and nutrition as essential and integral components in every emergency response and reporting.	All stakeholders involved UNICEF/UNRC/OCHA
LESSONS LEARNED (Streamlining the CERF process)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Agencies described the expected level of details of the new CERF template as excessively time-consuming.	It was suggested to streamline the CERF process with the CAP process (e.g. with a similar template for project proposals).	CERF secretariat
LESSONS LEARNED (Visibility)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The added value of the CERF allocations is often not emphasized enough on the ground. Better visibility would help raise additional funding for the CERF at the global level.		Recipient agencies
LESSONS LEARNED (Monitoring and technical assistance)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
A stronger CERF project monitoring and technical assistance role should be given to the Mindanao Humanitarian Team in order to improve CERF monitoring, learning systems and provide CERF-related inter-cluster technical guidance at the country level.	The MHT should be able to discuss the progress of the CERF projects on a regular basis during its meetings and provide technical assistance to those projects which are experiencing difficulties especially of an inter-cluster nature.	UN RC/HC
LESSONS LEARNED (Coordination)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Strong coordination mechanisms involving relevant governmental, international and local actors proved essential to ensure an efficient, effective and appropriate implementation of CERF funding. However, convergence in terms of objectives, targeted areas and desired outcome can be improved.	The establishment of inter-cluster mechanisms to plan and define common objectives, expected outcomes and targeted areas and population would improve the overall impact of cluster's activities in the communities.	OCHA

LESSONS LEARNED (Reviewing process)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The proposal review process has been helpful in ironing out the document. It made the proposal more explicit and consistent with CERF life-saving criteria. However, the time spent in moving the document back and forth between UNICEF and OCHA at the country level and between OCHA country office and headquarters due to series of comments can perhaps be made shorter. This is considering that while the review process was ongoing the situation on the ground was changing from the time the proposal was drafted up to the time of its approval and actual fund utilization.	Simpler and faster review process with all comments given at one time. Perhaps, it would help if a two-day proposal review workshop will be conducted with an output of a more final version of the proposal. It would be organized at the country level and involved agencies, OCHA and the CERF Secretariat.	OCHA UNICEF

b) Other lessons learned:

LESSONS LEARNED (Need prioritisation)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
To the extent possible and if time permits at the time of emergency response, material assistance to the affected people should be jointly determined with them based on their needs and with prioritisation criteria.	This method should be employed to ensure that once assistance is provided to beneficiaries, they are fully aware why they received such a set of assistance.	CCCM Cluster, MHT, DSWD
LESSONS LEARNED (hygiene and water kits standards)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
A standard of hygiene and water kits is necessary for equity in distribution.	While all active WASH Cluster partners use the standard set by the WASH Cluster, some other partners who do not actively participate in the cluster system and the private sector provided assistance with a different standard. More work is required to persuade others of the need for a standard.	UNICEF and Department of Health
LESSONS LEARNED (Gaining access)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Gaining the support of local chief executives in target areas ensured the cooperation of local health staff as well as the security and safety of the staff of implementing agencies.	With the decentralized form of government in the Philippines, local chief executives, and not only local sectoral officials (e.g. health), should be fully engaged in project implementation. This will ensure full cooperation of local staff, security and safety of implementing partners as well as UN staff. It will also give a sense of ownership of the project to the community.	Recipient agencies
LESSONS LEARNED (Monitoring and Reporting)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
While collaboration at the grassroots level has expanded the coverage of the monitoring and reporting mechanism (MRM) in most conflict-affected communities, a lot of work still remains to be done to ensure nationwide coverage of MRM and obtain a clearer idea on the magnitude and severity of grave child rights violations in the Philippines.	The rising number of reports received by the Country Task Force calls for more human resources and funding support to meet the requirements of UN field verification.	UNICEF/RC/OCHA
LESSONS LEARNED (UNHCR programming cycle)	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Annual programming cycle of UNHCR and implementation duration of CERF grant is not synchronized.	Develop better understanding of UNHCR programming cycle.	UNHCR

ANNEX 1. FLOOD 2011 (RAPID RESPONSE ALLOCATIONS JULY 2011)

WFP – COORDINATION AND SUPPORT SERVICES							
CERF PROJECT NUMBER	11-WFP-041	Total Project Budget	\$ 350,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Logistics Support to the Humanitarian Response (Provision of Transport and Warehousing Services in support to the Humanitarian Community's response to Flood-Affected Communities in Mindanao)	Total Funding Received for Project ³	\$ 200,000	Individuals	485,336	423,192	
				Female	247,281	215,828	
				Male	237,815	207,364	
				Total individuals (Female and male)	485,336	423,192	
				Of total, children under 5	164,014	143,885	
				TOTAL	485,336	423,192	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 200,069				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Provide Logistics Support (transport and warehousing services) to enable the Government of the Philippines and the humanitarian community to transport their emergency relief items to flood-affected areas of Central Mindanao.</p>		<ul style="list-style-type: none"> ■ Uninterrupted supply of life-saving relief items to the flood-affected population in Central Mindanao. <ul style="list-style-type: none"> ○ A total of 423,192 beneficiaries in Cotabato city and Maguinadanao were served with 1,519.49 metric tons of food commodities (rice and oil) delivered to the flood victims ■ Established logistics coordination mechanisms and services for the humanitarian community to deliver critical life-saving emergency relief items as requested by the Government. <ul style="list-style-type: none"> ○ Provided and installed a "Wiihall" (i.e. a re-locatable food storage structure) in the Office of the Regional Governor-ARMM in Cotabato. The capacity of such storage unit is about 200 metric tons depending on the specific density of stored items. ■ 3. Establish monitoring mechanisms to identify gaps and bottlenecks in the delivery of life-saving items. <ul style="list-style-type: none"> ○ The warehouse management and deliveries of relief goods was carried out by the office of Regional Governor-ARRM. The monitoring was related to utilization of delivered logistics items and it was done on ad-hock basis and during regular visits to the Regional Governor Office compound. ■ Effective (i.e. 100 per cent) utilization of contracted trucks, transport and warehouse capacities. 				<p>3W: The 3W is a database which provides information on which organizations (Who) are carrying out what activities (What) in which locations (Where). It was also used to report food and non-food items transports to affected areas.</p> <p>Daily Movement and Stock reports for all WFP and DSWD warehouses were produced. They describe client organizations, means of transportations, implementing partners, transport costs and dispatched commodities (e.g. content, weight or packaging). These give WFP a daily updated and detailed picture of stocks in warehouses. These reports were shared with DSWD managers on all levels and interested cluster members.</p>	

WFP - FOOD																												
CERF PROJECT NUMBER	11-WFP-042	Total Project Budget	\$ 9,800,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>485,336</td> <td>485,336</td> </tr> <tr> <td>Female</td> <td>247,521</td> <td>247,521</td> </tr> <tr> <td>Male</td> <td>237,815</td> <td>237,815</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>485,336</td> <td>485,336</td> </tr> <tr> <td>Of total, children under 5</td> <td>165,014</td> <td>165,014</td> </tr> <tr> <td>TOTAL</td> <td>485,336</td> <td>485,336</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	485,336	485,336	Female	247,521	247,521	Male	237,815	237,815	Total individuals (Female and male)	485,336	485,336	Of total, children under 5	165,014	165,014	TOTAL	485,336	485,336	Gender Equity Both women and men benefited equally from the life-saving activities implemented through CERF funds.
Beneficiaries	Targeted	Reached																										
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PROJECT TITLE	Assistance to IDPs, returnees and other food insecure households in conflict-affected areas of Central Mindanao and strengthening national capacity on natural disaster preparedness and response	Total Funding Received for Project	\$ 1,701,001																									
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,792,908																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																							
To complement the flood response effort of the Government, through DSWD, to meet the immediate food needs of the flood-affected population.		In general, there was no significant improvement on the food consumption score mainly due to the fact that the targeted areas and populations under the project continued to be affected by several other shocks, which disrupted their livelihoods to varying degrees. Such shocks included flooding in September 2011, and resulted in damage to crops and displacement. Furthermore incidences of family feuds persisted and these not only caused displacement but also in some cases interrupted people from pursuing agricultural activities. Conflict usually disrupts the efficient functioning of markets; markets are critical for households to access food and inputs necessary for agriculture production.			The monitoring system was largely based on multi-stakeholder inputs and participation. Field monitors monitored and reported on the selection of beneficiaries and on outcome, output and process indicators, including the utilization of the food. Data collection by field monitors was guided by the project's logical framework and was based on monitoring checklists, which are in line with WFP's results-based management monitoring guidelines. WFP monitored the distribution of assistance through quantitative and qualitative indicators. Quantitative indicators were obtained from distribution and monitoring reports submitted by implementing partners on a monthly and quarterly basis. Implementing partners and DSWD provided progress reports that were compared against WFP's own monitoring data collected on a regular basis by WFP field monitors. In some cases joint monitoring trips were organised with government counterparts, as appropriate, to enhance communication and collaboration.																							

UNICEF- NUTRITION

CERF PROJECT NUMBER	11-CEF-037-A	Total Project Budget	\$2,014,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>72,000</td> <td>73,950</td> </tr> <tr> <td>Female</td> <td>36,000</td> <td>44,450</td> </tr> <tr> <td>Male</td> <td>36,000</td> <td>29,500</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>72,000</td> <td>73,950</td> </tr> <tr> <td>Of total, children under 5</td> <td>15,000</td> <td>58,950</td> </tr> <tr> <td>TOTAL</td> <td>72,000</td> <td>73,950</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	72,000	73,950	Female	36,000	44,450	Male	36,000	29,500	Total individuals (Female and male)	72,000	73,950	Of total, children under 5	15,000	58,950	TOTAL	72,000	73,950	<p align="center">Gender Equity</p> <p>Screening and treatment for severe acute malnutrition served boys and girls equally. Micronutrient supplementation targeted pregnant and lactating women in addition to boys and girls under five.</p>
Beneficiaries	Targeted	Reached																										
Individuals	72,000	73,950																										
Female	36,000	44,450																										
Male	36,000	29,500																										
Total individuals (Female and male)	72,000	73,950																										
Of total, children under 5	15,000	58,950																										
TOTAL	72,000	73,950																										
PROJECT TITLE	Providing Immediate Nutrition Support to Families and Communities Affected by Floods in Central Mindanao	Total Funding Received for Project	\$771,195																									
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$555,195																									

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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<p>Reduce mortality of children under-five with severe acute malnutrition (SAM).</p> <ul style="list-style-type: none"> - Identification of children 6-59 months old with SAM. - Ensure access to therapeutic feeding services for children 6-59 months old with SAM. <p>Ensure access of children as well as pregnant and lactating women to micronutrient supplementation.</p>	<ul style="list-style-type: none"> • Reduced mortality due to SAM and related complications. Conduct rapid screening for acute malnutrition using MUAC (mid-upper arm circumference) in flood-affected areas <ul style="list-style-type: none"> o 58,142 children 6-59 months (29,500 males, 29,450 females) from 20 sites (evacuation centres and barangays) screened (Target: 10 sites) Establish therapeutic feeding sites in areas without access <ul style="list-style-type: none"> o Sixteen new therapeutic feeding centres established and 28 existing therapeutic feeding centres further capacitated in the flood-affected areas through provision of essential supplies and capacity-building for life-saving treatment protocols for SAM (Target: 3) Provision of life-saving therapeutic feeding to children with SAM <ul style="list-style-type: none"> o Effective reduction of mortality due to SAM from >30 per cent without treatment to <10 per cent <ul style="list-style-type: none"> - Six-hundred girls and boys under-five with severe acute malnutrition enrolled in therapeutic feeding programs. (Target: 500) - Cure rate in therapeutic feeding of 78 per cent (Target: >75 per cent) - Mortality rate in therapeutic feeding 3.5 per cent (Target: <10 per cent) o Defaulter rate in therapeutic feeding >15 per cent (Target: <15 per cent) o >70 per cent coverage of therapeutic feeding in target areas o >75 per cent coverage of micronutrient supplementation for women and children. <p>Note: Target coverage outside evacuation centres is >50% while that for evacuation centres is >90%. Overall coverage is lower than 90% due to the fluidity of transitions of the displaced population between evacuation centres, host communities, and return areas that are all reached by the interventions.</p> • Prevent micronutrient deficiencies in children 6-23 months Distribution of multiple micronutrient powders <ul style="list-style-type: none"> o 15,000 pregnant and lactating mothers provided with micronutrient powders. o 45,000 children provided with micronutrient powders. 	<p>Screening data collected on a weekly basis and consolidated per month.</p> <p>Updates gathered from monthly cluster meetings.</p> <p>Therapeutic feeding data consolidated using standard CMAM reporting formats weekly and consolidated monthly.</p> <p>Monitoring visits to project sites (health centres and hospitals providing the therapeutic feeding services).</p> <p>Reports and databases submitted by implementing partners.</p> <p>Bilateral consultative meetings (as needed).</p>
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UNICEF - WATER SANITATION AND HYGIENE

CERF PROJECT NUMBER	11-CEF-037-B	Total Project Budget	\$ 2,000,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Providing immediate WASH support to Households and Communities Affected by Floods in Central Mindanao	Total Funding Received for Project	\$ 869,762	Individuals	72,000	54,900	The hygiene kits include 3 packs of sanitary napkins for women and adolescent girls, which are distributed to each household.
				Female	36,000	27,450	
				Male	36,000	27,450	
				Total individuals (Female and male)	72,000	54,900	
				Of total, children under 5	15,000	14,000	
				TOTAL	72,000	54,900*	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 869,762	* Note that the total number of beneficiaries is the total of individuals reached through hygiene promotion activities and the total number of individuals that received sanitation and bathing services. It is assumed there is a direct overlap for those that received water services with these sanitation and hygiene services.			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION (M/E) MECHANISMS	
<p>Ensure effective leadership and guidance for the WASH cluster coordination mechanism in place, common approaches and standards that facilitate identification of the most vulnerable and identify gaps and efficient cluster response.</p> <p>Improve access to safe water for children, women and men in evacuation centres.</p> <p>Increase sanitation coverage by providing gender sensitive facilities such as toilets and bathing cubicles.</p> <p>Strengthen hygiene promotion in the affected communities, especially in the evacuation centres.</p>		<ul style="list-style-type: none"> ▪ Ensure effective leadership and guidance for the WASH cluster coordination mechanism in place, common approaches and standards: <ul style="list-style-type: none"> ○ Workshop and orientation on WASH in emergencies for school WASH committee in eight Schools. ○ Orientation and training of local government units and Barangay officials on WASH in disaster risk reduction. ○ 250 health workers and local government units have been trained in water quality monitoring in 36 municipalities. ○ On site coaching during the water quality monitoring and analysis. ▪ 49,020 individuals have improved access to safe water for children women and men in evacuation centres: <ul style="list-style-type: none"> ○ Nine new tap stands installed for children in the schools. ○ Six tube wells installed in community. ○ Three improved tube wells in community. ○ Conducted 1,051 water tests on the different water sources. ▪ A total of 5,400 individuals have improved access to sanitation and hygiene facilities. <ul style="list-style-type: none"> ○ Constructed six twin cabin latrines in community. ○ Constructed three twin cabin latrines in school. ○ Rehabilitated or improved 77 units school latrines ▪ A total of 49,500 individuals have benefited from hygiene promotion activities and supplies hygiene promotion in the affected communities especially in the evacuation centres: <ul style="list-style-type: none"> ○ Household hygiene kits and water kits distributed to 49,500 IDPs. ○ Training on hygiene promotion for 40 students. ○ Training on hygiene promotion for 40 Parents Teachers Associations as WASH committee. ○ Hygiene promotion activities and awareness conducted in schools and in community <p><i>Note: Assessment and monitoring of needs are continually being done by the WASH cluster (such as the Water Quality Monitoring) and plans were changed based on Cluster agreements which have affected some of the actual outcomes.</i></p>				<p>Sources of data are the monthly reports of implementing partners and validated by UNICEF WASH officers field visits.</p> <p>A WASH cluster information management tool was developed and regularly updated by the WASH cluster information manager.</p> <p>The provincial level database on water quality monitoring analysis provides a monitoring overview of the water safety situation.</p> <p>Focus group discussion with the community members and leaders on the issues of water supply (i.e. quantity, quality and design of water sources) and on the quality of the latrines built.</p> <p>Reports of mortality and morbidity rate with Rural Health Units and Barangay Health Workers.</p>	

IOM – CAMP MANAGEMENT

CERF PROJECT NUMBER	11-IOM-027	Total Project Budget	\$ 1,920,862	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Emergency Camp Coordination and Management and Essential NFI Distribution - Support to Flood Affected Populations of Central Mindanao.	Total Funding Received for Project	\$ 1,499,985	Female		500,000	416,062	
				Male		300,000	224,881	
				Total individuals (Female and male)		200,000	191,181	
				Of total, children under 5		500,000	416,062	
				TOTAL		50,000	165,761	
				TOTAL		500,000	416,062	
STATUS OF CERF GRANT	Ongoing As of 31 December 2011	Amount disbursed from CERF	\$ 1,499,985					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>In support of the DSWD, contribute to the continuing flood response efforts through the provision of CCCM support to flood affected populations, including affected populations in evacuation centres, returnees, host communities and populations who have remained at home, by providing humanitarian space necessary for the effective delivery of protection and assistance to families living in evacuation centres, living with host families and those returning to their communities in Central Mindanao.</p>		<ul style="list-style-type: none"> ■ Six Mobile Quick Response Teams (QRT) deployed across Central Mindanao for CCCM support including monitoring, information management and camp coordination <ul style="list-style-type: none"> ○ Six QRTs were deployed in Maguindanao, Sultan Kudarat, North Cotabato, South Cotabato, Lanao Del Sur and Lanao del Norte, Iligan City (under Lanao del Norte) and Cotabato City. ○ The teams conducted bi-monthly site assessments in displacement sites, flooded communities, return communities and flood affected communities. There were twenty sites covered in Cotabato City as most of the <i>barangays</i> in the city were flooded during the height of flooding that started in June 2011. ■ Routine Release of CCCM situation updates including population movement, gaps and needs analysis, across approximately 40 evacuation centres, host and return communities. <ul style="list-style-type: none"> ○ Bi-weekly assessments conducted by the QRT. From July to December 2011, a total of 10 CCCM updates were prepared and shared with other stakeholders. ○ A Provincial Profiling on Displacement and Return (PPDR) was conducted to capture information on the target provinces. The profiling was done to get basic information on the cause and rate of displacement, return patterns and gaps and needs to be able to come up with appropriate responses to specific sectors. ■ Convene regular coordination meetings and activities involving partners from HCT and key Government stakeholders. <ul style="list-style-type: none"> ○ Convened five CCCM Meetings together with the cluster lead, Department of Social Welfare and Development (DSWD). Meetings conducted: <ul style="list-style-type: none"> - 8 August 2011 - 6 September 2011 - 22 September 2011 - 28 September 2011 - 11 October 2011 ○ Major agreements and outputs of the CCCM Meetings are: 						<p>Monitoring and Evaluation Mechanisms used tools established by IOM with the CCCM Cluster:</p> <p>The Displacement Tracking Matrix (DTM) is used to track number of families and individuals who are in displacement sites. The DTM also capture conditions and needs of displaced population based on sectoral concerns (e.g. shelter, WASH, food, non-food items, health or education).</p> <p>The site window is a tool similar to the DTM but is used to assess conditions and needs of affected population outside of displacement sites. This tool is used to capture needs of families/individuals in host communities, return communities and house based-settings (affected but were not displaced). Sectoral needs captured in the DTM are likewise depicted in this tool.</p> <p>The Provincial Profiling on Displacement and Return (PPDR) is a survey conducted by IOM in provinces of coverage to capture province-wide picture of displacement and returns. The PPDR summarizes the causes of displacement and the profile of return communities. Needs, issues and the humanitarian response gaps are likewise captured this survey. The DTM and site windows were the tools used in conducting the PPDR. However, the PPDR covered more sites that the</p>

	<ul style="list-style-type: none"> - Formulation of operationalization plan for the CCCM Terms of Reference (TOR). - Formation of Information Management Technical Working Group (IM TWG) that meets at least one a week to discuss and report of recent displacements in areas of coverage. - Updating of CCCM data base particularly on permanent and alternate representatives to ensure continuity of agency representation that is relevant to decision making processes and action steps. - Formulation of CCCM Cluster response plan and individual projects for the Humanitarian Action Plan 2012. <ul style="list-style-type: none"> ■ Establish Camp Management Committees in approximately 30 evacuation centres that will accommodate IDPs for an extended period of time. <ul style="list-style-type: none"> ○ Established camp management committees in 72 sites across six provinces and two cities. These sites include evacuation centres, flooded/flood affected, host and return communities. Correspondingly, the site management committees were provided with basic orientation on information management and documentation. CCCM kits were also distributed to each site management committee for information gathering and documentation by the committee members themselves. The CCCM kits were composed of record books, ball pen and permanent pens. ■ Provide emergency repair and rehabilitation of basic services to ensure better protection, well being and safety (i.e. communal kitchen, drainage canals, shelter dividers or walls, bathing cubicles, water collection and harvesting tanks). <ul style="list-style-type: none"> ○ Repaired a total of 170 basic community facilities covering 23 municipalities in six provinces and two cities, benefiting 62 barangays or villages. These benefited approximately 14,580 families or the equivalent of 81,108 individuals. ○ The basic community facilities repaired include foot bridges, hanging bridges, water points (deep wells and hand pumps), canal wall protection, school building, day care centres, bridge rip-rap, nutrition posts, barangay health stations, solar dryer, bathing cubicles, latrines, pathways and community centres. ■ Distribute emergency NFIs to at least 10,000 vulnerable families (i.e. family kits, shelter kits) living in evacuation centres, with host families, returnees and who remain in flooded areas. <ul style="list-style-type: none"> ○ Distributed 18,508 Non Food Items (NFI) kits across six provinces. There were 8,744 kits distributed by the six implementing partners in Lanao del Sur, Lanao del Norte, South Cotabato, North Cotabato and Sultan Kudarat provinces and Iligan City. In addition, IOM distributed 11,529 NFI kits in six provinces, namely Lanao del Sur, Lanao del Norte, South Cotabato, North Cotabato, Sultan Kudarat and Maguindanao and one city, Iligan. The NFIs distributed in the city and provinces with implementing partners are to complement the items distributed by them. ○ ○ Distributed 2,812 shelter repair kits (SRK) in six provinces and four cities versus target of 2,300 kits to be distributed. ○ ○ Collectively, the NFI kits and SRK kits were able to reach six provinces, four cities, 26 municipalities, 125 barangays and 241 puroks/sitios (or sub villages). There were 17 evacuation centres covered. <p>Note: The total number of individuals reached by the project is based on the actual count of individuals per household covered in terms of assessments and actual provision of assistance. The target number of individuals is based on the estimate of five members per household. On the other hand, it is noteworthy that the number of beneficiaries for NFIs and shelter repair kits were more than the target number.</p>	<p>regular conduct of DTM and site window since the regular sites were targeted for regular humanitarian needs assessments which was done twice every month during the project life.</p>
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VII. ANALYSIS 2 – UNDERFUNDED EMERGENCIES SECOND ROUND OF 2011

1. The humanitarian context

A ceasefire is in place between the Government and the Moro Islamic Liberation Front (MILF). However, there has been a spike in attacks against the Armed Forces of the Philippines (AFP) by the National People's Army (NPA) in Eastern Mindanao, North Cotabato and South Cotabato. This has brought a significant deterioration in the security situation for IDPs and returnees. In 2008 and 2009, a major upsurge in armed conflict led to the displacement of approximately 750,000 persons and devastation of productive assets, livelihoods, houses and schools.

In addition to the flood response against the background of natural hazards and chronic vulnerabilities noted in section V, *rido*⁶ continues to cause sporadic displacements in Mindanao. During the first quarter of 2011, a cumulative total of 10,000 families have been displaced by *rido*, many of whom have already returned. IDPs fleeing from a *rido* often seek refuge in crowded evacuation sites with minimal access to services and livelihood support. IDPs choose to remain displaced during temporary pauses of armed skirmishes between feuding groups due to security concerns.

The ERC's decision to select the Philippines as a recipient for the second underfunded emergencies round of 2011 was hugely welcomed by the HCT. Given the lack of donor attention, partially due to the fact that the Philippines is a "Middle Income Country" and the nature of the protracted complex emergency, it is difficult to sustain donor support. CERF has been the most tangible and readily accessible funding source for humanitarian activities for Central Mindanao. At the time of the midyear review, the 2011 HAP was only 24 per cent funded, half of which was from CERF rapid response grants allocated for the flood response in June.

Mindanao scores poorly on many of the humanitarian and development indicators in the Philippines. The crude death rate is worst in Maguindanao at 7.5 per 1,000 people compared to the national average of 5.5. Maternal mortality ratio in the ARMM is 245 per 100,000 live births compared to the national average of 162. The under-5 mortality rate in ARMM is 45 per 1,000 live births compared to a national average of 32. ARMM has the lowest percentage (14.4 per cent) of deaths attended by health professionals.⁷ In this overall condition of generalized vulnerability and impaired social services, priority needs identified during the crisis as emphasized in the HAP 2011 were:

HEALTH, NUTRITION AND WASH

In July 2010, many of the health facilities were non-functional due to disrepair, lack of human resources, essential medicines, supplies and equipment. For example, in Lanao del Sur, only 82 out of 1,068 *barangays* (villages), had functioning barangay health stations. Around 78 per cent of births still took place at home, mostly attended by unskilled traditional birth attendants and only 18 per cent of married women of reproductive age were practising family planning. The routine disease surveillance system also required strengthening, as highlighted during the June flooding. Communicable diseases accounted for 30 per cent of the deaths that could otherwise have been prevented.

In Cotabato City, malnutrition, diarrhoea and pneumonia were the leading causes of morbidity following the June flooding, and caused the only reported deaths in children under-5 attributed to the disaster. The trend of acute malnutrition prevalence from 2010 to 2011 has shown a consistent SAM prevalence of 1-2 per cent in central Mindanao after screening more than 60,000 children under-5. The absence of a national monitoring of SAM highlights the need to expand the current community monitoring of acute malnutrition in Mindanao.

Malnutrition has proven links to poor access to safe water in the household. According to the Nutrition Cluster, almost 80 per cent of families with children with SAM reported lack of access to safe water. The DANA report on the June flooding showed that people in Maguindanao used water from unprotected wells, which were either destroyed or polluted by the floods. The need to provide clean water supply and sanitation in flood-affected areas, including health facilities and schools, remained critical.

6 Rido, or feuding between families and clans, is characterized by sporadic outbursts of retaliatory violence between families and kinship groups, as well as between communities.

7 The ARMM-wide Investment Plan for Health (2008-2012).

FOOD SECURITY AND AGRICULTURE

A comprehensive IDP livelihood assessment undertaken jointly by WFP and the World Bank in November 2010⁸ reported that over half of the households in Maguindanao have either poor or borderline Food Consumption Score (FCS), which measures the diversity, frequency, and nutritional value of the food items consumed by the household. The FCS for poor or borderline communities was recorded at 40 per cent in Lanao del Sur, 23 per cent in Lanao del Norte and 18 per cent in Sultan Kudarat.

Furthermore, the floods inundated large area of farmlands, leaving communities in dire need of food and livelihoods support until the next harvest in March 2012. In Maguindanao, 11,200 farmer households faced food and livelihood insecurity while the fisheries sector reported major damage to fishing equipment and corals. A number of affected people resorted to small income-generating activities, such as tricycle-driving, given the lack of formal employment opportunities reported the early recovery cluster.

CCCM

Flood- and conflict-affected communities required hygiene kits, kitchen utensils, sleeping mats and clothing according to assessments conducted by IOM in August and September 2011. Similar needs were reported by cluster partners for communities in temporary shelters who experienced intermittent *rido*-related displacement. In addition, displaced and returning families with damaged and/or dilapidated houses needed immediate shelter repair assistance to improve the living conditions in IDP sites and return areas. Basic facilities in both IDP and return sites also required repair and rehabilitation towards improved health and security of the families.

PROTECTION, INCLUDING GENDER-BASED VIOLENCE (GBV) AND CHILD PROTECTION

Strengthening awareness on early warning, contingency planning and raising awareness on the guiding principles and rights of IDPs were priority needs identified by the Protection Cluster. In 2010-2011, the cluster monitored 70 casualties in ARMM due to mine explosions, 26 in Region IX, 17 in Region XI and 12 in Region XII.

GBV is often under-reported. In ARMM and Region XII, only 10 per cent of health facilities have post-rape kits, and only 50 per cent have trained staff to respond to GBV. The GBV Sub-Cluster received 51 reports of sexual violence against adults and 27 against children in ARMM and Regions X and XII for 2010-2011. Improving access to quality services and fostering a safe environment for treatment, recovery and reintegration is a priority for survivor response.

Grave child rights violations in situations of armed conflict remain widespread. The Philippine Country Task Force on Monitoring and Reporting has noted an increase of recorded grave child rights violations in the past two years. Facilitating response and access to services, continued monitoring of the development of these cases, and pursuing advocacy at all levels for mitigation and prevention have to be sustained. Armed conflict and consequent recurrent displacement make women and girls more vulnerable to human trafficking. In the regions of ARMM, XI and XII there is anecdotal and evidence-based data to suggest that areas across Maguindanao, especially Upi, have the highest flow of children trafficked in the country.

EDUCATION

Armed conflict and natural disasters have affected approximately 70,000 school children in Mindanao. This has led to increased dropout rates due to prolonged displacement, poor access to schools and safe learning spaces, loss of vital documents and damage to schools buildings and facilities. One in every four children is out of school in ARMM and there is evidence that boys have been recruited as child soldiers or child labourers and used by armed groups. The educational facilities in host communities, which have limited resources to begin with, are simply overwhelmed by the sudden and steep increase in enrolment because of displaced children accessing their education services. On the other hand, children returning to their places of origin face very limited or no access to education because schools and day care centres have been damaged or destroyed, learning materials totally lost and the absence or lack of teachers and day care workers. Moreover, the poor health and nutrition status of displaced school children, especially among pre-schoolers, adversely affects their cognitive or learning abilities. Priority areas include construction of temporary learning spaces (TLS), ensure schools and TLS have adequate WASH facilities, provision of instructional materials and mobilising teachers.

⁸ The document was made available in June 2011.

The agreed prioritisation was in general considered appropriate by recipient agencies. The components of the response were targeted towards education, livelihoods (agriculture and early recovery), health and protection. The prioritisation process helped provide timely and critical assistance to address the immediate needs as well as to avoid duplication of relief efforts. IOM reported that the health cluster strategy for prioritisation in particular created a synergic way of delivering health assistance to the same target communities.

However, UNICEF, in consultation with the WASH cluster, decided to modify its priorities within the cluster. Against its initial proposal which was focused on the provision of WASH to health facilities, UNICEF determined that a greater need in the humanitarian context was for pre-positioning hygiene and water kits. Therefore, 6,000 household hygiene kits and water kits were pre-positioning for emergency response with WASH cluster partners. This reorientation was not done through a reprogramming request to CERF. These activities, however, were agreed within the WASH cluster and are part of the HAP plans.

2. Provide brief overview of CERF's role in the country

The CERF process was initiated by the ERC who selected the Philippines to receive grants from the second UFE round of 2011. On 5 July 2011, the RC/HC responded to the ERC and committed to lead the inter-agency prioritisation and submission process, noting that the HAP had undergone a rigorous prioritisation and drafting process as part of the midyear review that clearly identified humanitarian needs and response plans. The HAP was used as the guiding framework for cluster submissions for the CERF application.

On 22 July 2011, an ad-hoc HCT meeting was convened to set priorities and determine which humanitarian activities would receive funding from the CERF UFE window. In line with the overarching principles for the CERF UFE window, the HCT prioritised humanitarian interventions based on assessed needs, inter-cluster convergence to achieve greatest impact for vulnerable populations in Mindanao, Complementarity with government priorities and strategies, cluster capacity to implement within the given timeframe and NGO involvement. Taking into account the low level of funding received which has impeded the clusters' ability to respond to needs identified in the HAP, the HCT agreed that education, livelihoods (agriculture and early recovery), health and protection should be prioritised to support underfunded humanitarian activities and strengthen coverage in these areas.

The priority sectors for the CERF submission were well coordinated and agreed among all member of the country team. Following the methodology of the rapid response grant applications submitted for the Central Mindanao flooding, the RC/HC and the HCT decided collectively on the overall financial breakdown for the submission per cluster/sector. The HCT was reminded of the CERF secretariat's guidelines, in particular the life-saving criteria, no-costs extensions, implementation timeframes and cluster capacities to respond. In addition, the RC/HC emphasized the importance of convergence of project locations to support comprehensive delivery of services and to mainstream the needs of people with disabilities across all CERF project submissions.

In the days following the prioritisation, inter-cluster and intra-cluster prioritisation meetings occurred in order to further prioritise activities, discuss technical issues, agree on funds allocation to prioritised projects and ensure convergence between projects. OCHA attended these meetings to respond to questions pertaining to the CERF guidelines and conducted an analysis of geographical convergence between clusters to ensure complementarity of cluster activities.

LIVELIHOODS (AGRICULTURE AND EARLY RECOVERY)

The rationale behind the inclusion of the livelihoods sector, including early recovery and agriculture, was to bridge the gap between immediate relief and reconstruction and support crosscutting early recovery/livelihood and reintegration activities. A livelihood technical working group composed of the technical agencies of the Government was created to provide guidance in planning and implementation of livelihood initiatives in conflict- and flood-affected return areas. The inter-cluster prioritisation process included discussions and analysis on an assessment of the range of activities being implemented at the return sites. Priorities were agreed to be the provision of flood resilient livelihood interventions to the former IDPs of the 2008 conflict who have been affected by the June floods in Central Mindanao.

EDUCATION

Cluster partners included UNICEF, the Department of Education (DepED) ARMM, Save the Children and CFSI. Cluster members actively participated in joint monitoring of education interventions in Mindanao. In response to the HCT allocation to the Education Cluster, an intra-cluster prioritisation exercise took place to prioritise critical gaps in interventions, people with disabilities and vulnerable populations, and technical discussions on the type, scope and convergence of activities among counterparts, partners, and key stakeholders. Critical life-saving activities include construction of temporary learning centres, repair and rehabilitation of damaged schools and replacement of damaged or lost school supplies and learning materials.

PROTECTION

Following the allocation of \$1 million, an intra-cluster prioritisation meeting was held with participation from sub-cluster leads for child protection and SGBV as well as partner NGOs. The prioritisation process included an analysis of:

- Critical needs,
- Funding,
- Convergence of protection/child protection/GBV activities in prioritised locations,
- NGO partnership and
- Mainstreaming of people with disabilities.

Funds distribution was decided during the intra-cluster meeting based on mandate, organisational strengths, organisational capacity and local experience. Priorities identified include ensuring essential protection is provided including addressing critical child rights violations and establishing life-saving surveillance, monitoring and rescue systems for SGBV cases.

HEALTH (INCLUDING WASH AND NUTRITION)

A convergence exercise was completed during the inter-cluster prioritisation meeting to ensure cluster activities are aligned and addressed complementary needs in health, WASH and nutrition. The prioritised projects aimed to rehabilitate health facilities in the prioritised return areas by providing medicines, supplies and equipment as well as deploying mobile clinic and personnel necessary to provide critical and life-saving health services. Revitalized health facilities and capacitated staff would facilitate the delivery of public health programs including areas where gaps have been identified such as in mental health and psycho-social support, sexual and reproductive health, management of malnutrition, sanitation and water quality. The WASH and nutrition components were developed in coordination with the health clusters, to ensure complementarity and convergence of interventions. Target municipalities and *barangays* of each cluster were taken into consideration in determining geographic target areas as well as the delivery point of interventions.

3. What was accomplished with CERF funding

The current humanitarian situation is a protracted emergency due to cyclical conflict, natural disasters and lack of disaster preparedness and risk management capacities at the local level. Although CERF-funded activities provided needed, timely and effective relief assistance, the HAP remains underfunded and critical humanitarian needs remain in Mindanao.

CERF funding supported effective, efficient and appropriate assistance to the affected population during the height of the emergency. It bridged critical funding gaps at the initial stage of the humanitarian response and enabled recipient organizations to immediately deploy teams to conduct assessments as well as to immediately purchase and dispatch food and NFI kits.

CERF-funded activities have achieved the following key outcomes:

- Provided life-saving food and NFIs assistance,
- Promoted and supported livelihood activities,
- Reduced malnutrition and improved access to safe water for children, women and men,
- Enhanced local health capacity, strengthened hygiene promotion, increased sanitation coverage and ensured access to essential health services,
- Raised awareness and implemented programmes on reproductive health,
- Supported local educational capacity and provided basic education services,
- Prevented and responded to grave child rights violations and ensured the development of a protection environment in which protection principles are recognised and applied,

- Supported government capacities and strengthened coordination.

The unstable security situation (caused by *rido*) as well as natural disasters continues to hamper access, mobility and the delivery of services to the concerned population. The landfall of tropical storm Washi in December 2011 in particular stretched recipient agencies' capacities and led to the redeployment of key staff members to Northern Mindanao which resulted in a relative slow-down in activities covered by the UFE allocation.

Regarding protection monitoring, the non-passage of the national law on IDP protection continues to create confusion among humanitarian organizations as well as government agencies thus delaying the response to the needs and priorities of the IDPs.

On birth registration, UNHCR noted that the process of actual registration until the issuance of birth certificates was more time consuming than expected during the project planning period. Implementing partners needed time to understand the process and to gain the cooperation of other government agencies in order to provide birth certificates, a vital protection tool.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

A fast delivery of assistance was enabled by CERF funding. It enabled recipient organizations to cover critical underfunded activities. As part of the projects funded under the UFE grant, CERF funds enabled UNFPA to deploy a mobile clinic and laboratory to target return IDPs who would have been unable to get these services, including reproductive health (RH) services, due to the lack of service providers and/or RH supplies in existing health centre.

Overall, the UFE application process was perceived to take longer than the rapid response process. However, the experience acquired with the UFE process should reduce the timeframe in the future.

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

YES NO

The CERF UFE allocation represented the most tangible and readily accessible funding source which would facilitate prompt delivery of life-saving humanitarian assistance and bridge critical funding gaps in a context where donor allocations for humanitarian activities are limited. IOM reported that CERF funding supported the response to time critical needs through the implementation of medical and health services in displacement and returnee sites. CERF funds also enabled members of the education cluster lead by the DepED to immediately respond to underserved affected children who were not covered in the previous intervention.

c) Did CERF funds result in other funds being mobilized?

YES NO

The fact that CERF supported the HAP shows that the UN is serious and consistent about what it says regarding needs. This is particularly important with regards to the government and other donors. Thus, CERF sends a strong signal to the humanitarian donor community and has a leveraging effect on other funding sources. UNFPA and UNICEF were able to mobilize other funds to support their humanitarian operations. UNICEF noted that the quick response supported by CERF funding has given the Children's Fund and its partners credibility to leverage subsequent funding.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF contributed to strengthen intra-cluster coordination, increase information exchange and involve agencies in a system with standardised procedures applicable to all actors. UNICEF reported that the CERF UFE funding enabled the organization to forge more partnerships with field-level non-governmental organisations to assist in the documentation, monitoring and coordination of responses for grave child rights violations.

ANNEX 2. UNDERFUNDED 2011 SECOND ROUND - INDIVIDUAL PROJECT RESULTS BY AGENCY

IOM - PROTRACTED CONFLICT RELATED EMERGENCY							
CERF PROJECT NUMBER	11-IOM-032	Total Project Budget	\$ 644,959	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Health Assistance to Families in Conflict Affected Areas in Mindanao	Total Funding Received for Project	\$ 186,983	Individuals	16,500	10,019	The project benefited the whole community, including women, girls, boys and men equally. By making the facility and equipment available, the project allowed local health officials and project partners to make services available for these groups.
				Female	8,580	6,011	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 186,983	Male	7,920	4,008	
				Total individuals (Female and male)	16,500	10,019	
				Of total, children under 5	3,300	2,004	
				TOTAL	16,500	10,019	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Support the government in providing essential health services at the community level through health facility repair and training interventions.</p> <p>Assess damages and equipment requirements of the Barangay Health Stations (BHS).</p> <p>Equip BHS with needed equipment and supplies based on the Health Cluster kit.</p> <p>Repair and refurbish BHS which will also serve as nutrition posts for feeding programs.</p> <p>Coordinate with local government officials, Department of Health and humanitarian agencies from the Health Cluster to ensure activity complementary and avoid duplication.</p>		<ul style="list-style-type: none"> ■ Up to five Barangay Health Stations are repaired and refurbished to resume service delivery to target communities. <ul style="list-style-type: none"> ○ In total, there are eight sites identified for repair and refurbishment of Barangay Health Stations. Breakdown is as follows: <ul style="list-style-type: none"> ○ Completed repair of BHS in: Brgy. Linamonan, Talayan; Brgy. Nunangen, Datu Anggal Midtimbang (DAM); Brgy. Tugal, DAM. All these sites are in Maguidnano province. ○ Sites with on going repairs of BHS are: Brgy. Damablak, Talayan, Maguindanao Province; Brgy. Salat, Pres. Roxas, North Cotabato. ○ There are additional identified sites for BHS repair. Procurement processes such as bidding and awarding of contracts to implementing partners are underway. These sites are: Brgy. Madia, Datu Saudi Ampatuan; Brgy. Pamalian, Shariff Saydona; Brgy. Pikeg, Shariff Saydona. ○ Note: As of writing, the number of beneficiaries reached is 10,019 against a target of 16,500. The project is still ongoing and additional beneficiaries will be counted as the project continues. ■ Up to five BHS with basic equipment or medical supplies. <ul style="list-style-type: none"> ○ The purchase of basic medical equipment and facilities (termed as health Kits) are already completed. Distribution and delivery of these are pending as items are still shipped from the suppliers to IOM. It is planned to target 10 BHS including eight sites for repair and additional two sites for provision of equipments and supplies. 				<p>Monitoring and Evaluation is based on the project results-based matrix.</p> <p>Regular site visits of the engineering unit are conducted to ensure that repairs are going as planned.</p> <p>IOM participates in the Health Cluster Meeting so progress on the project is communicated with the cluster lead and cluster members.</p> <p>Regular and constant communication with the IPHO, Local Government Unit (LGU) and community are sustained.</p> <p>Proper documentation of BHS repairs, such as before and after photo documentation of BHS. This guides the implementation team to determine the extent of repair needed (aside from technical validation) and provided proof of the improvement done on the specific facility.</p>	

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-050	Total Project Budget	\$1,388,159	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Ensuring Access to Essential Health Care for IDPs in Mindanao	Total Funding Received for Project	\$373,946	Individuals	35,000	27,000	As most of the public health programs of the government are related to maternal and child health, women and children (girls and boys) benefited the most with the restoration of function of the health facilities in the beneficiary areas. Majority of local health staff are females. This can also be said for the membership in community organizations. Capacity-building activities benefited more women than men.
				Female	18,200	14,000	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$373,946	Male	16,800	13,000	
				Total individuals (Female and male)	35,000	27,000	
				Of total, children under 5	7,000	5,000	
				TOTAL	35,000	27,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To ensure that returnees have access to essential, preventive, promotive and curative health services across 10 return areas in Maguindanao and North Cotabato provinces.		<ul style="list-style-type: none"> ▪ Returnees in 10 areas in the provinces of Maguindanao and North Cotabato have access to essential preventive, promotive and curative services. <ul style="list-style-type: none"> ○ Increased access to essential health services. - Five of seven health facilities have completed infrastructure repairs. The other two are 60 per cent complete. - Medicines, equipment and supplies have been provided to the five completely repaired health facilities based on national health ministry standards. - Strengthened capacity of local health staff in 10 return sites on integrated management of childhood illnesses, mental health and psychosocial support, disease early warning system. - Health services to return sites without existing health facilities provided weekly by mobile teams. - Community health teams organized to support local staff in health promotion and advocacy, case finding and referral. ○ 2) Detection, control and response of communicable disease outbreaks <ul style="list-style-type: none"> - Disease early warning system in 10 return sites strengthened through the training of rural health midwives and barangay health workers (BHWs). ○ 3) Increased awareness of disability issues <ul style="list-style-type: none"> - 95 NGO implementing partners trained in mainstreaming disability in emergencies. 				Based on activities and outputs identified in the proposals, an output monitoring tool was devised and agreed upon by cluster members to be used for monthly monitoring of activities. A monitoring team was formed, composed of representatives from each of the NGOs and the WHO.	

UNICEF – HEALTH / NUTRITION

CERF PROJECT NUMBER	11-CEF-046-B	Total Project Budget	\$1,214,000	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	1,800			
PROJECT TITLE	Ensuring Access to Nutrition Services by Conflict Affected Communities in Central Mindanao	Total Funding Received for Project	\$ 871,195	Female	1,050	55,850	Screening and treatment for severe acute malnutrition served boys and girls equally. Infant and young child feeding (IYCF) counselling targeted pregnant and lactating women.	
				Male	750	29,500		
				Total individuals (Female and male)	1,800	85,350		
				Of total, children under 5	1,500	59,000		
				TOTAL	1,800	85,350		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$101,353					

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Reduce mortality of girls and boys under-five with Severe Acute Malnutrition (SAM).</p> <p>Identification of girls and boys 6-59 months with acute malnutrition.</p> <p>Determine nutritional status of children in affected areas.</p> <p>Ensure access to therapeutic feeding services for girls and boys 6-59 months with SAM.</p> <p>Information and counselling on appropriate infant and young child feeding (IYCF) practices are accessed by affected women and children.</p> <p>Ensure access of girls and boys and pregnant and lactating women to micronutrient supplementation.</p>	<ul style="list-style-type: none"> ■ Reduced mortality due to SAM and related complications <ul style="list-style-type: none"> ○ More than 400 girls and boys under-5 with severe acute malnutrition enrolled in therapeutic feeding programs (Target: 300) in target areas. ○ Current cure rate in therapeutic feeding at 78 per cent (Target: >75 per cent) in target areas. ○ Current mortality rate in therapeutic feeding at 3.5 per cent (Target: <10 per cent) in target areas. ■ Identification of girls and boys under-5 with acute malnutrition <ul style="list-style-type: none"> ○ Continued active case finding and referral of acute malnutrition being done in at least 10 target areas. ○ More than 40,000 children 6-59 months already screened. ■ Determine nutritional status of children in affected areas <ul style="list-style-type: none"> ○ Nutrition and mortality survey conducted determined Global Acute Malnutrition (GAM) prevalence estimate of 7.3 per cent and SAM prevalence of 2.2 per cent (n= 870 children). ■ Ensure access to therapeutic feeding services for girls and boys 6-59 months with SAM <ul style="list-style-type: none"> ○ Two capacity-building activities, benefiting 45 local health staff on the treatment protocol for severe acute malnutrition (Target: 2 training sessions for 20 health staff). ○ Continuing capacity enhancement of 28 therapeutic feeding centres in the flood-affected areas through provision of essential supplies and capacity-building for life-saving treatment protocols for SAM (Target: 2). ○ Current defaulter rate in therapeutic feeding >15 per cent (Target: <15 per cent). ○ >70 per cent coverage of therapeutic feeding in target areas. ○ >70 per cent coverage of micronutrient supplementation for women and children. ■ Information and counselling on appropriate IYCF practices are accessed by affected women and children <ul style="list-style-type: none"> ○ As of reporting date, 11,400 pregnant and lactating women reached by IYCF counselling activities. ■ Ensure access of girls and boys and pregnant and lactating women to micronutrient supplementation <ul style="list-style-type: none"> ○ As of reporting date, more than 3,000 6-59 month-old children were provided with micronutrient powder supplements <p><i>Note: Beneficiaries numbers well exceeded the target due the combined contribution of the CERF funds (UFE and RR) and internal funds which allowed for scaling-up of interventions in the target areas that were highly affected by both the ongoing conflicts and the flooding.</i></p>	<p>Screening data collected on a weekly basis and consolidated per month.</p> <p>Updates gathered from monthly cluster meetings.</p> <p>Therapeutic feeding data consolidated using standard CMAM reporting formats weekly and consolidated monthly.</p> <p>Monitoring visits to project sites.</p> <p>Bilateral consultative meetings (as needed).</p> <p>Reports and databases submitted by implementing partners.</p>

UNICEF- WATER SANITATION AND HYGIENE																											
CERF PROJECT NUMBER	11-CEF-046-A	Total Project Budget	\$2,000,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>30,000</td> <td>0 *</td> </tr> <tr> <td>Female</td> <td>15,000</td> <td>0 *</td> </tr> <tr> <td>Male</td> <td>15,000</td> <td>0 *</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>30,000</td> <td>0 *</td> </tr> <tr> <td>Of total, children under 5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>30,000</td> <td>0 *</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	30,000	0 *	Female	15,000	0 *	Male	15,000	0 *	Total individuals (Female and male)	30,000	0 *	Of total, children under 5			TOTAL	30,000	0 *	<p>Gender Equity</p> <p>The hygiene kits include three packs of sanitary napkins for women and adolescent girls, which are distributed to each household.</p>
Beneficiaries	Targeted	Reached																									
Individuals	30,000	0 *																									
Female	15,000	0 *																									
Male	15,000	0 *																									
Total individuals (Female and male)	30,000	0 *																									
Of total, children under 5																											
TOTAL	30,000	0 *																									
PROJECT TITLE	Providing WASH services to Health Facilities in areas affected by conflict and natural disasters in Mindanao	Total Funding Received for Project	\$150,000																								
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$150,000 Funds are 100 per cent utilised on transportation and purchasing hygiene and water kits	<p><i>*The number of reached is currently zero as we have used the stock for pre-positioning. Based on the IDP levels and distribution plans from the WASH Cluster, we anticipate utilising this stock in the next few months.</i></p>																							
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
<p>Improve WASH services in health facilities.</p> <p>Ensure regular monitoring of water quality in health facilities.</p> <p>Enhance the capacity of health workers on hygiene promotion.</p>		<ul style="list-style-type: none"> ■ The initial proposal was focused on the provision of WASH services to health facilities. However, the WASH Cluster determined that a greater need in the humanitarian context was for pre-positioning hygiene and water kits. Regular emergencies break out in Central Mindanao and at the time of expenditure there were no stocks available. As an average of more than 20,000 hygiene kits are distributed yearly in Central Mindanao, we expect to use them shortly. <ul style="list-style-type: none"> ○ 6,000 household hygiene kits and water kits were pre-positioned for emergency response with WASH Cluster partners ○ The original outcomes as outlined in the proposal for these activities were partially achieved through CERF (11-CEF-037-B) and funds saved from other projects from the previous year: ○ Access to safe water in four Rural Health Units was improved through the installation of motorized pumps and piping systems. This improved the delivery of health services including therapeutic and supplementary feeding centres. Through leveraging of other donor and LGU resources we expect to meet the objectives of this project by next year's report. ■ 2. Province wide water quality monitoring was being conducted in the health facilities. ■ 3. Rural Health Unit staff were included in the LGU orientations and trainings for Disaster Risk Reduction which included a hygiene promotion module (see outcome 1 under CERF (11-CEF-037-B). Training will still be ongoing in 2012 on hygiene promotion. <p><i>Note: This reorientation was not done through a reprogramming request to CERF. However, it conformed to the original HAP plans and agreed within the WASH cluster.</i></p>			<p>Sources of data are the monthly reports of implementing partners and validated by UNICEF WASH officers field visits.</p> <p>A WASH cluster information management tool was developed and regularly updated by the WASH cluster information manager.</p> <p>The provincial level database on water quality monitoring analysis provides a monitoring overview of the water safety situation.</p> <p>Reports of mortality and morbidity rate with Rural Health Units and Barangay health workers.</p>																						

UNICEF - PROTECTION

CERF PROJECT NUMBER	11-CEF-046-C	Total Project Budget	\$2,000,000	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Protecting Children Affected by Armed Conflict in Mindanao	Total Funding Received for Project	\$341,480			22,000	40,000	Project target group includes both girls and boys affected by armed conflict. Direct responses to Grave Child Rights Violations in situations of armed conflict are provided on a case by case basis; while multi-sector programming that aims to mitigate grave child rights violations (GCRVs) through positively influencing the overall peace agenda is 1) implemented inclusively and equitably for girls and boys in communities selected on multiple vulnerability criteria, and 2) largely outside the scope of this intervention.
STATUS OF CERF GRANT	Ongoing To expire on 30 June 2012	Amount disbursed from CERF	\$341,480			11,000	20,000	
						11,000	20,000	
						22,000	40,000	
						12,000	25,000	
						22,000	40,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>Grave child rights violations in situation of armed conflict are prevented and responded to.</p> <p>Children associated with the MILF-BIAF in Mindanao are released and supported in their reintegration to civilian life within an inclusive, community-based framework.</p>		<ul style="list-style-type: none"> ■ At least 2000 CAAFAG are registered: <ul style="list-style-type: none"> ○ 564 CAAFAG were registered to date. ■ 2. A strategy for reintegration services such as vocational training, accelerated learning classes and/or other educational opportunities for CAAFAG is developed: <ul style="list-style-type: none"> ○ A strategy was drafted based on outcomes of the registration process to date. ■ 3. MILF personnel and communities are aware of the UN-MILF Action Plan and have capacity to access the complaints mechanism: <ul style="list-style-type: none"> ○ One awareness raising session was held with MILF personnel and community members in Davao Oriental. ■ Child Protection Units are established in the MILF-BIAF command structure <ul style="list-style-type: none"> ○ The Child Protection Units have not yet been established. ■ Community partners and local structures are oriented on the mechanisms to report grave child rights violations: <ul style="list-style-type: none"> ○ Eleven training workshops on the Monitoring and Reporting Mechanism (MRM) were conducted in partnership with Non-violent Peaceforce Philippines (NPP), Philippines Against Child Trafficking (PACT), and Cordillera Peoples Alliance (CPA) ○ Trained 298 community leaders and partners in conflict-affected areas in Mindanao, particularly Maguindanao, Sultan Kudarat, North Cotabato, Lanao del Sur, Lanao del Norte, Zamboanga del Sur, Zamboanga del Norte, Basilan, Sulu, Tawi-tawi, Davao del Sur, Davao del Norte and Compostela Valley. ○ Reached around 15,000 community members directly and some 25,000 children indirectly. ■ All verified cases of grave child rights violations in Central Mindanao are responded to <ul style="list-style-type: none"> ○ 75 per cent of the verified cases of grave child rights violations in Central Mindanao were responded to. ○ 40,000 children and young people as well as some 10,000 community members receive messages in relation to child protection including preventing the recruitment of children to armed groups and the dangers of UXOs / Mines. 						<p>Implementation of MRM training based on the global guidelines prescribed by UNICEF and OSRSG.</p> <p>Meetings and dialogues held with parties to the conflict and other stakeholders in conflict-affected communities.</p> <p>Incident reports of GCRVs submitted monthly and compliance reports submitted weekly to UNICEF.</p> <p>Referrals on MRM and MRE forwarded to authorities and agencies.</p>

	<ul style="list-style-type: none">○ 11 training workshops on the Monitoring and Reporting Mechanism (MRM) were conducted in partnership with Non-violent Peaceforce Philippines (NPP), Philippines against Child Trafficking (PACT) and Cordillera Peoples Alliance (CPA).○ Trained 298 community leaders and partners in conflict-affected areas in Mindanao particularly Maguindanao, Sultan Kudarat, North Cotabato, Lanao del Sur, Lanao del Norte, Zamboanga del Sur, Zamboanga del Norte, Basilan, Sulu, Tawi-tawi, Davao del Sur, Davao del Norte and Compostela Valley.○ Reached around 15,000 community members directly and some 25,000 children indirectly.	
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UNICEF - EDUCATION

CERF PROJECT NUMBER	11-CEF-046-D	Total Project Budget	\$ 2,828,150	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Ensuring continued access of conflict and natural disaster-affected children to quality pre-school and basic education opportunities.	Total Funding Received for Project	\$ 1,750,000	Individuals	7,161	12,679	Both displaced and affected boys and girls were served. But while more girls appear to have been reached, the greater benefit seems to be more evident for boys. Without the Education in Emergencies (EIE) interventions, they are more likely not to return to school owing to more acute child labour pressures and greater likelihood to be conscripted in the armed movement. Through the learning-cum-psychosocial interventions in the temporary learning centres, the interest of boys in continuing their education was rekindled. Feedback from NGO partners indicate that a considerable number of these boys who have not been attending school for some time but were served through the temporary learning centres were able to re-enrol or be mainstreamed back to regular schools.
				Female	3,581	6,466	
				Male	3,580	6,213	
				Total individuals (Female and male)	7,161	12,679	
				Of total, children under 5	1,766	5,850	
				TOTAL	7,161	12,679	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 750,000	Remarks: <i>The number of children that we intend to reach with CERF support is still indicative, pending submission of partners' report since implementation is still on-going.</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Provide continued access of 7,161 IDP and returnee children to life-saving early and basic education services.</p> <p>Develop and/or strengthen the capacity⁹ of 167 educators (teachers, day care workers, community facilitators, volunteer educators), including school administrators.</p> <p>Orient 333 members of parent-teacher community associations (PTCAs) and local school boards for sustained quality services in target communities.</p>		<ul style="list-style-type: none"> ■ 7161 IDP and returnee school children able to access quality early and basic education services. <ul style="list-style-type: none"> ○ 18,157 IDP and returnee school children have been served through early and basic education activities, including ECD in emergencies sessions, initiatives on protecting education in conflict situations and child-friendly temporary learning spaces. ■ 167 teachers, day care workers, community facilitators, and volunteer educators trained and applying minimum standards on EIE services. <ul style="list-style-type: none"> ○ 267 educators participated in various teachers' capacity enhancement activities. ■ 333 PTCA and Local School Board members oriented and advocating for child-friendly school system and sustained LGU support for early and basic education. <ul style="list-style-type: none"> ○ 60 PTCA and local school board members attended EIE orientation sessions and committed to respond with stronger policy support and related community initiatives. 				<p>Letter requests and data submitted by DepEd gathered from its local schools; Unicef education section requisition document.</p> <p>Dialogue/ face to face interview with DepEd Officials in Region XII and ARMM.</p> <p>Result of community consultations.</p> <p>Unicef and Implementing partner meetings and joint implementation planning workshops.</p>	

⁹ Capacity building is intended for frontline responders who will directly handle emergency sessions with children. The PTCAs and similar support groups are necessary structures that will ensure emergency sessions with children are carried out effectively as part of the Foundational Standards consistent with the Minimum Standards for Education in Emergencies (MSEE).

<p>Ensure complementarity and convergence of activities with crosscutting clusters to ensure access to life-saving education interventions.</p> <p>Increase access to information on education services by affected communities.</p> <p>Support implementation and institutionalization of Education in Emergencies (EiE) policies and standards, including mainstreaming, accreditation and promotion of children attending alternative modes of education.</p>	<ul style="list-style-type: none"> ■ 20 heavily damaged schools and other learning facilities¹ repaired/rehabilitated and made more Child Friendly School System-compliant with input contribution from government. <ul style="list-style-type: none"> ○ Improvement of learning environments in terms of minor repairs for 20 schools (four schools in Cotabato City, two schools in Pigcawayan, three schools in Midsayap, two schools in North Upi, two schools in Mother Kabuntalan, two schools in Shariff Agua, two schools in Datu Saudi, three schools in Datu Piang) ■ 20 Water and Sanitation Hygiene facilities constructed in 20 Schools in Cotabato City, North Cotabato and Maguindanao (It included the construction of two seated Latrine with lavatory and a jetmatic hand pump with platform and water drainage). <ul style="list-style-type: none"> ○ DepED ARMM or regional/division offices implementing and institutionalizing EiE policies and standards. Development of EiE policy framework completed and being discussed at the Department of Education for translation into operational guidelines. Meanwhile, there is an on-going documentation of EiE practices as evidence for policy advocacy as well as sustained engagement with DepEd officials to better respond to education needs of children affected by disasters. 	<p>Unicef supported process documentation and other studies of implementing partners; dialogues and actual field work with DepEd exposing them to actual response and brainstorming on how to institutionalize EiE.</p>
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UNHCR - PROTECTION

CERF PROJECT NUMBER	11-HCR-041 (\$ 550,000)	Total Project Budget	\$ 1,899,347	Beneficiaries			Gender Equity
	11-HCR-050 (\$450,000)			Targeted	Reached	In all UNHCR undertakings, persons with specific need (PWSN) are prioritised and protection needs of boys and girls, women and men are specifically addressed. UNHCR's undertaking benefited boys and girls, men and women on an equal basis.	
PROJECT TITLE	Assistance to the Internally Displaced Persons in Mindanao	Total Funding Received for Project	\$ 1,000,000	Individuals	82,500		159,465
				Female	45,000		
STATUS OF CERF GRANT	85 per cent COMPLETED	Amount disbursed from CERF	\$ 899,347	Male	37,000		
				Total individuals (Female and male)	82,500		159,465
				Of total, children under 5	20,500		
				TOTAL	82,500	159,465	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
<p>Ensure the development of a protection environment in which protection principles are recognised and applied in all humanitarian responses.</p> <p>Ensure the provision of essential protection services in IDP sites and return areas to all children, women and other vulnerable groups.</p> <p>Ensure the existence of protection mechanisms capable of providing support in a timely manner, through effective coordination, clear referral pathways, early warning and response.</p> <p>Identify needs of returning IDP population and strengthen community self-reliance and livelihoods opportunities.</p>	<ul style="list-style-type: none"> ▪ Co-operative operational protection partnerships exist amongst all relevant actors operating towards a centralized protection approach in conflict and natural disaster-affected areas and returns/resettlement locations in target regions and provinces. ▪ Cooperative operational partnerships on protection amongst relevant actors were developed through the cluster architecture which is being led by the Department of Social Welfare and Development and co-lead by UNHCR. The cluster has expanded coverage from Central Mindanao to cover Northern and Eastern Mindanao with active members including local/national NGOs and international NGOs and government agencies particularly CHR and OCD. The protection cluster strategy was also adopted by cluster members. Related activities and projects were implemented to enhance protection regime in displacement-prone locations. The following activities were conducted together with protection cluster members as well as implementing and operational partners of UNHCR: <ul style="list-style-type: none"> ○ Establishment of the protection cluster (PC) information management unit; ○ Protection monitoring and reporting through the PC information management unit which collects and analyzes data provided by cluster members; ○ Joint protection monitoring visits in areas where displacements are reported especially in the provinces of Lanao del Norte (Region X), Davao del Norte, Compostela Valley, and Davao Oriental (Region XI), Sultan Kudarat and North Cotabato (Region XII), Lanao del Sur and Maguindanao (ARMM); ○ Profiling of IDPs in urban setting was conducted by UNYPHIL-Women in Cobato City and Sultan Kudarat municipality in Maguindanao; ○ Missions to provide protection through presence to the displaced or affected population together with national NGOs, CHR, DSWD and UNHCR staff; ○ Establishment of protection hotline and community based monitors through MinHRAC; ○ 4,500 copies of protection information materials were produced and disseminated; ○ Establishment of referral pathways especially for individual cases and for persons with special needs. It includes the development of specific referral pathways for Child Protection and for the survivors of SGBV under these respective sub-clusters; ○ Emergency response by PC members from Cotabato City and Iligan within few days after Tropical Storm Washi hit Iligan City and Cagayan de Oro City in close coordination with other clusters. PC members demonstrated leadership in increasing life-saving assistance to Washi affected population in remote areas in Iligan City and Lanao del Sur where prior situation of conflict has affected and weaken the coping capacity of both local government and population; 	<p>UNHCR accompanied the IPs frequently to field locations. IPs were oriented on their responsibility to report on a quarterly basis as specified in this agreement. Quarterly financial and operational verifications were undertaken.</p> <p>Partners provided monitoring reports that not only highlighted their achievement, but also challenges and obstacles and proposed solutions. Situation monitoring was conducted by partners periodically to ensure quality and progress of project implementation as well as proper documentation.</p> <p>Reports received from the IPs were shared to the cluster and sought referrals when needed.</p>

	<ul style="list-style-type: none"> ○ Legislative lobby and humanitarian dialogue with security sector, legislators and the Commission on Human Rights were intensified. Positive results include: <ul style="list-style-type: none"> - The mayor in Aleosan agreed to a dialogue between the MILF and the representatives of all 17 barangays in their municipality; - The Bantay Ceasefire in Pikit asked for more volunteers to join the community civilian humanitarian protection group to be organized under the project; - At least 14 senators expressed support for IDP Protection Bill; - For civilian protection, the Congress has approved the funding of the Internal Displacement Act. ■ At least 2000 members of the Armed Forces of the Philippines and the Philippine National Police have implemented and institutionalized International Humanitarian Laws and UN Guiding Principles on Internal Displacement policies and standards ■ To enhance government agencies awareness of IHL and GPID, several meetings and dialogues were conducted at various level of the government. Advocacy meetings in line with the legislation of national law for the protection of IDPs at the national level and dialogues at the local level were conducted. It involved officers/representatives of the legislative bodies, security forces (i.e. national and lower command levels) and local civilian authorities. Meetings were held also with the Coordinating Committee on Cessation of Hostilities secretariat in Manila and in Mindanao. <ul style="list-style-type: none"> ○ In collaboration with the local commands of the AFP/PNP and different local government units as well as with other UN Agencies, 1,224 military officers and government workers were given training on protection. It included sessions on GPID, child protection, civil-military cooperation, GBV and IHL. ○ The Commission on Human Rights was also provided support to conduct 13 multi-level stakeholder forums involving primarily members of several municipal peace and order councils in the Region X, XI and XII. Community-based GPID sessions were also conducted in 114 barangays. <p><u>Over 50,000 displaced persons benefit from civil status documentation</u></p> <p>The Free Mobile Birth Registration project was implemented in partnership with regional officials, local, regional and national government agencies as well as local government units. Seventy-seven personnel were hired, 73 of which were deployed as mobile teams in remote locations.</p> <p>A total of 23,340 individuals in eight municipalities were successfully registered of which at least 9,041 were already issued with birth certificates. Issuance still continues as of this reporting date. The profiles of another 23,770 individuals were recorded but registrations have been delayed due to policy limitations to register them free of charge.</p> <p><u>Protection concerns of IDPs addressed and protection monitoring by the Commission on Human Rights strengthened</u></p> <p>Following outcomes were achieved in line with addressing protection concerns raised by the affected population e.g. IDPs and returnees in particular:</p> <ul style="list-style-type: none"> a. <i>Strengthened community-based structures to support weak local government structures in affected barangays</i> <ul style="list-style-type: none"> ○ MINHRAC organized 136 community-based monitoring teams (663 Montiors) in priority return sites in four provinces. ○ UNYPHIL – 21 People's organization were organized of which nine were organized as cooperatives in CotabatoCity and Sultan Kudarat in Maguindanao. 	
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	<ul style="list-style-type: none"> o BALAY established eight Community Humanitarian Protection Groups in its eight project sites in Aleosan, Midsayap and Pikit in North Cotabato. o SILDAP organized 35 Community Monitoring Volunteers for Compostela Valley and Davao del Sur. o KFI supported reactivating the Tiyakap Kalilintad, community based monitors for peace building and conflict mediation, in nine barangays in Midsayap as well as conducted orientation on UNGPID. <p><i>b. Strengthened links and dialogue processes between affected populations with state and non-state actors</i></p> <ul style="list-style-type: none"> o Balay was able to convene a network of civil society organizations in Manila i.e. the Mindanao Solidarity Network to meet with the MILF regarding peace and safety issues of civilians. o Facilitated the holding of an inter-faith art activity of children to raise peace panels' awareness of children's vulnerability during outburst of violence. o In Aleosan, to raise awareness about protection mechanisms the IP collaborated with the local government unit to bring community leaders to the MILF headquarters in Simuay, Sultan Kudarat in Maguindanao. Another forum was also organized with a member of the GPH peace panel regarding the peace process and guarantees to civilian protection. o Meetings with the Officers of the Armed Forces of the Philippines and the Philippine National Police at different levels were conducted. Dialogue with officers of the Military Civilian Military Affairs and its Human Rights Officers were conducted and allowed community members to raise their concerns to military units operating in their localities. o Humanitarian protection issues were raised before the public through three radio programmes, and generated support for civilian protection. o IDP delegation met CHR Director in charge with IDP protection issues. Complaints filed by IDPs were attended to and actions were undertaken by authorities. HROs investigate complaints against the military. <p><i>c. Strengthened protection monitoring by CHR and collaboration among members of the protection cluster</i></p> <ul style="list-style-type: none"> o CHR deployed six field monitors and organized 94 barangay level monitors composed of barangay leaders. The Commission was able to reach out 315 barangays in 12 provinces across Mindanao. o MinHRAC set up a hotline to provide counselling on armed conflict related issues and available assistance for affected population. At least 10 to 15 text messages and five calls are received daily by monitors. o A referral system is in place to promote more collaboration and coordination among members of the protection cluster. o SILDAP organized 35 Community Monitoring Volunteers for Compostela Valley and Davao del Sur in relation to CHR Region 11. <p><i>d. Protection and assistance provided including to persons with special needs</i></p> <ul style="list-style-type: none"> o During Typhoon Sendong: <ul style="list-style-type: none"> - BALAY provided support to the disaster victims of Tropical Storm Washi in Iligan and Cagayan de Oro. It cooperated with UNHCR and the Protection Cluster to provide relief goods in two municipalities in Bukidnon. - UNYPHIL helped in the distribution of relief goods in Iligan and Cagayan de Oro. - KFI provided bottled water and assisted in transporting relief goods to Cagayan de Oro and Iligan. - CHR monitored protection issues and provided guidance to local authorities. o UNHCR procured 3,250 hygiene kits for the displaced populations of Zamboanga and Basilan caused by armed conflicts. o UNHCR procured 4,000 Protection kits for stockpiling. They were distributed in Cagayan de Oro and Iligan provinces in December 2011. Implementing partners assisted in distributing. o KFI conducted trainings to tackle domestic issues and to support openness in terms of views and 	
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	<p>opinions. It also provided beneficiaries the skills to negotiate between two conflicting parties (local rido).</p> <ul style="list-style-type: none">○ BALAY conducted humanitarian protection and psycho-social seminars and workshops which were attended by 45 communities. They aimed to raised awareness and actions to be taken when in need of protection services.○ KFI was able to respond timely to the life-saving needs of 370 retuning families in Sitio Damago, Mileb, Rajah Buayan, Reina Regenta, Datu Piang, Maguidanao. It included the distribution of 5X10M tarpaulin, 2-doors water-sealed latrines and 1-unit hand pump.○ UNYPHIL - 139 IDP youth successfully completed their training courses on Cosmetology, Food Processing, T-shirt Printing, Dress Making and House Wiring in coordination with TESDA in targeted barangays of Cotabato City and Sultan Kudarat.	
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UNFPA – Health

CERF PROJECT NUMBER	11-FPA-038	Total Project Budget	\$531,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Promoting Reproductive Health and Saving the Lives of IDP Women, Adolescents and Men in Conflict-Affected Areas in Mindanao	Total Funding Received for Project	\$146,617	Individuals	35,000	3,410	A total of 3,410 PLWs, men and adolescents benefited from the project. Of the total beneficiaries, 2,406 or 71 per cent were women who availed themselves of prenatal and post-partum checkups, family planning services, and treatment of STIs and other gynaecological disorders.
				Female	18,200	2,406	
				Male	16,800	1,004	
				Total individuals (Female and male)	35,000	3,410	
				Of total, children under 5	n/a	n/a	
				TOTAL	35,000	3,410	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$146,617	<i>Note: The target of 35,000 beneficiaries was set for the total project budget of \$531,000. CERF provided \$146,617 or 28 per cent of the total funding requirements which should cover 9,800 beneficiaries. To date, the project has covered 3,410 or 35 per cent of targeted beneficiaries. The slowdown was due to a concentration of humanitarian operations in Cagayan de Oro and Iligan from December 2011 to February 2012 due to Typhoon Washi. UNFPA will accelerate operations in the next 3 months to meet the targets by June 2012.</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Reduce maternal and neonatal deaths among IDPs in return sites.</p> <p>Prevent unwanted and unplanned pregnancies.</p> <p>Discourage early marriage and prevent teenage pregnancies.</p> <p>Reduce STI/HIV/AIDs transmission.</p> <p>Raise awareness about reproductive health among the IDP population.</p>		<p>Reduced maternal and neonatal deaths in the 10 return sites by 100 per cent as of May 2012. Four maternal deaths and one neonatal death were reported in 2011 and zero maternal deaths reported in the 10 return sites from February to April 2012.</p> <p>Increased number of family planning (FP) users among the returnees by 38 per cent. From 405 FP acceptors in 2011 based on data from the Rural Health Units, 152 new FP acceptors were recorded by both the RHU's and UNFPA's Mobile Clinic and Laboratory from February to April 2012. This translates to an increase of 38 per cent for the said period.</p> <p>Decreased number of early marriages and teen pregnancies by 60 per cent. There were an estimated 468 cases in 2011 based on key informant interviews conducted among Muslim religious Leaders and baranggay officials of the 10 target return sites. Seventy-two cases were reported from February to April 2012 based on the same KII's. This translates to a 60 per cent decrease in the number of early marriages and teen pregnancies for the said period. The decrease could have been more significant had the Community Health Teams organized in the target return sites been able to conduct the regular Health Information Sessions.</p> <p>Reduced number of syphilis-like infections among pregnant women by 100 per cent. In the absence of 2011 baseline data from the Rural Health Units, data source were the records of UNFPA's Mobile Clinic and Laboratory which showed that 0.3 per cent of pregnant women who had consultations through the MCL tested positive of syphilis-like infections. All of the positive cases were successfully treated. Twenty-five per cent of the total number of clients who had VDRL tests consisted of men and non-pregnant women. Among this group, 50 per cent were successfully treated.</p> <p>Increased level of RH awareness among 6 per cent of the IDP population in the 10 target return sites. Of the 28,949 people in the 10 target return sites, 1,080 were able to attend the Health Information Sessions while 638 consultations were done through the MCL for a total of 1,718. This translates to 6 per cent of the target population provided with RH information. We could have gone way beyond the 20 per cent target if our Community Health Teams had been able to conduct regular Health Information Sessions.</p>				<p>An RH humanitarian database has been set up. An encoder has been hired. Reports from all medical missions and health information sessions are regularly encoded into the database. Monthly reports are generated from the database and analyzed to inform programming and policy decision-making.</p>	

UNFPA – GENDER-BASED VIOLENCE

CERF PROJECT NUMBER	11-FPA-039	Total Project Budget	\$ 446,979	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Addressing Gender-Based Violence (GBV) among the IDPS in Mindanao	Total Funding Received for Project	\$ 447,032 ¹⁰	Individuals	85,000	1,080	The GBV information sessions were largely focused on the rights of women and the laws that protect women.
				Female	42,500	540	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 100,232	Male	42,500	540	
				Total individuals (Female and male)	85,000	1,080	
				Of total, children under 5	n/a	n/a	
				TOTAL	85,000	1,080	
				<i>Note: Apart from the NGO subcontracts that did not push through, there was a major project slowdown in December 2011 after key staff were redeployed to CDO and Iligan due to the crisis brought by Typhoon Washi. Staff are now back in Cotabato and have started to accelerate project activities.</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Establish an effective community-based surveillance, monitoring and rescue system for cases of SGBV in return sites.</p> <p>Ensure access to appropriate and immediate medical and psychological care for GBV survivors.</p> <p>Make functional and strengthen the referral systems for GBV survivors in return areas</p> <p>Raise the awareness of IDPS in return sites about SGBV, gender equality and women's rights</p>		<ul style="list-style-type: none"> ▪ Seventy-five per cent of GBV survivors in the return areas rescued provided with appropriate medical and psychosocial support services. The GBV Sub-Cluster together with the Regional Inter-Agency Council against Trafficking-VAWC (RIACAT-VAWC) in ARMM and Region 12 and partner NGOs, have provided appropriate medical and psychosocial support services to the reported cases of GBV. However, given the lack of a coordinating agency that would collect and consolidate all GBV cases from all service providers, the exact number of GBV cases served cannot be determined. Likewise, the percentage of GBV cases served cannot be determined due to lack of baseline data. However, this gap will be addressed by the GBV sub-cluster. ▪ Awareness of at least 50 per cent of the IDP population in the return sites about SGBV, gender equality and women's rights raised. A total of 1,080 women, men and young people attended the 36 health information sessions increasing the level of awareness on SGBV and RH among the IDPs in the 10 return sites. This will further increase as the partnership with two NGOs will start on May 2012. ▪ Reduced number of GBV cases in the return areas by 50 per cent. This cannot be determined given the lack of baseline data. However, the SGBV Sub-Cluster aims to fill the gaps on data. ▪ Critical and life-saving medical and psychosocial provided to 100 per cent of GBV survivors rescued. The GBV sub-cluster together with RIACAT-VAWC of ARMM and Region 12 and partner NGOs have been working through the referral system and networking. All reported cases of GBV have been given appropriate services needed. 				<p>A humanitarian database has been set up. An encoder has been hired. Reports are regularly encoded into the database. Monthly reports are generated from the database and analyzed to inform programming and policy decision-making.</p>	

¹⁰ \$346,800 were received from AUSAID but this funding also funded activities outside of CERF-related activities.

FAO - AGRICULTURE

CERF PROJECT NUMBER	11-FAO-030	Total Project Budget	\$ 790,262	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Support to Early Recovery Needs of Conflict- and Flood-Affected Areas in Central Mindanao	Total Funding Received for Project	\$ 299,721	10,500	11,000	3,150	3,300	The project restored the source of livelihood of returned IDP's and conflict affected families. Women household members were provided with alternative livelihood skills training.
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 299,721	7,350	7,700	n/a	n/a	
				10,500	11,000			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>Provide agriculture input packages for support to food production and asset restoration to at least 2,100 former IDP families in conflict and flood affected communities in the provinces of North Cotabato and Sultan Kudarat</p> <p>Provide immediate short cycle training in sustainable rice, corn and vegetable production</p>		<ul style="list-style-type: none"> ■ 2,200 former IDP and flood affected households or 11,000 individuals were provided with the following agriculture assistance: <ul style="list-style-type: none"> ○ 1,395 bags of certified rice seeds to 1,395 rice growing farm households ○ 805 bags of Open Pollinated Varieties corn to 805 corn farming households ○ 2,200 bags of fertilizer to 2,200 rice and corn farming households ○ 4,400 packs of assorted vegetable seeds to 2,200 male and female vegetable growers ○ 220 sets of garden tools to 2,200 vegetable growing farm families ■ As a result of the agriculture assistance provided, a total of 1,395 hectares of rice land, 805 hectares of corn areas and 58 hectares of backyard vegetable gardens have been made productive resulting in improved community production and increased family incomes. ■ A total of 27 short cycle trainings on sustainable crop production and gender-supportive alternative livelihoods were provided to 1,069 farming household members. Ten of the training activities were conducted by Department of Agriculture-Local Government Units (DA-LGU) as project counterparts. 						<p>The Department of Agriculture-Regional Field Unit XII (DA-RFU XII) will monitor and evaluate project outcomes and impacts as part of institutional arrangement.</p> <p>The DA-RFU XII assigned a focal person and coordinated with provincial government to make available two provincial agriculturists, six Municipal Agricultural Officers, six Agricultural Technical Officers from the target municipalities.</p> <p>FAO also engaged a partner NGO to assist in the validation and profiling of beneficiaries, clustering into 30 households, monitor the utilization of inputs and evaluation of crop yields.</p>

VIII. ANALYSIS 3 – PRELIMINARY REPORT ON THE RESPONSE TO TROPICAL STORM WASHI (Rapid Response Allocations December 2011)

1. The humanitarian context

Tropical storm Washi (known locally as Sendong) made landfall on 16 December 2011 in Surigao del Sur province on the North-Eastern coast of Mindanao. Although the Philippines routinely suffers storms of similar or higher strength every year (10 in 2011 alone), Tropical Storm Washi struck far to the south of the most storm-prone region of the country. Tropical storms of this strength and the volume of accompanying rains are rare in Mindanao and preparedness measures are not as well developed as elsewhere in the Philippines. The heavy rains caused flash floods and landslides across the region. According to NDRRMC, the disaster affected 190 *barangays*, eight cities and 30 municipalities in 13 provinces across six regions. The greatest impact was seen in the cities of Cagayan de Oro and Iligan in Region X (Northern Mindanao) where the flash floods struck in the early hours of the morning, giving residents little warning and killing many people as they slept.

The Government reported 1,470 people killed, 1,074 missing and 2,020 injured. An estimated 624,600 people were affected with still 283,000 persons displaced from their homes in February 2012. Essential services including power, communications and transportation had been disrupted and extensive impact was also observed on local staple crops of rice and corn.

As befits one of the world's most disaster-prone countries, the Philippines has a well developed and experienced disaster management capability. However, tropical storm Washi struck a part of the country that rarely sees disasters of this magnitude and available resources have been overwhelmed by the demand for a large and rapid response.

Donor allocations for humanitarian activities in the Philippines are limited, which is partially attributed to its classification as a middle-income country, with donors focusing primarily on development activities. The timing of the disaster also presented added urgency, occurring less than a week before Christmas at a time when staff in many major donor agencies were on leave. The CERF's rapid response window represented the most tangible and readily accessible funding source which would facilitate prompt delivery of life-saving humanitarian assistance and bridge critical funding gaps at the initial stage of the emergency. CERF funding was expected to contribute to improve coordination and help to leverage more funding.

Needs and priorities arising from the disaster were identified through a number of targeted assessments. The NDRRMC and HCT undertook a joint multi-sectoral rapid needs assessment in Cagayan de Oro and Iligan cities on 19 December. The assessment involved the Office of Civil Defence (OCD), DSWD, Department of Health (DOH), UNICEF, WFP, UNDP, ACF, CFSI, Plan International, CRS, UNHCR, ACF, OCHA, IOM, ILO, AECID, MSF, SC, WHO and Kaabag Ranaw. Based on interviews with the affected people and local key informants, the following immediate priority sectors were identified: Food, NFIs (especially cooking utensils, sleeping kits, blankets, jerry cans and clothing), shelter and WASH (water, soap, hygiene kits, and latrines).

Food: Affected populations cited food as one of their major concerns. Many of those in evacuation centres were dependent on food assistance, lacking funds to buy food themselves. National and local government, the private sector and private individuals as well as NGOs had been providing food. However, supplies were insufficient to meet needs, particularly of the displaced. People interviewed during the joint assessment also cited concerns over the nutritional value of available emergency foods as well as problems ensuring equitable distribution.

Non-Food Items (NFI): The suddenness of the flash floods, particularly in Cagayan de Oro and Iligan cities, left survivors with little time to save essential household items. Most of the displaced were without even the most basic materials and supplies, including sleeping kits, kitchen utensils, clothing and blankets. There had been strong support from the private sector but supplies were still limited. With many families potentially facing a prolonged stay in temporary shelter due to damaged housing, there was a need to ensure they had access to basic supplies and materials.

Shelter: In Cagayan de Oro, most houses along the riverbank were destroyed with the displaced moving to evacuation centres, staying with relatives or setting up makeshift shelters in the open. With over 10,000 houses damaged or destroyed and conditions at many evacuation centres overcrowded and unsanitary, housing repair and reconstruction was cited as a priority, both to allow affected families to rebuild their lives and to relieve overcrowding at the evacuation centres. As areas close to rivers would remain exposed to future flash floods, consideration was given to permanent relocation of some families, which could potentially mean their extended stay in temporary or transitional shelters.

WASH: Access to water was the most commonly cited priority in all evacuation centres. In Iligan, a third of water sources were reported as damaged and water is being rationed in affected barangays. The muddy floodwaters increased the need for clean water for bathing, but many people were forced to bathe on the street using the town water supply. Sanitation was a major concern; evacuation centres were overcrowded and had limited access to latrines and bathing facilities, as well as basic hygiene supplies.

Other needs were identified in the areas of CCCM, coordination, early recovery, health, protection and security. These needs were addressed in part through an emergency revision to the 2012 HAP that was launched in Manila on 22 December 2011.

Recent results of IOM activities under CERF confirmed an adequate prioritisation in terms of provision of emergency shelter and mapping of needs inside IDP camps. IOM and CERF supported the overall intervention of the Government as shelter and CCCM support was prioritised by both the national and city governments. CERF funded specific and targeted shelter needs in Cagayan de Oro and Iligan cities and IOM received significant government support and assistance in the fast tracking project implementation.

2. Provide brief overview of CERF's role in the country

The main impact of the disaster occurred in the early hours of 17 December 2011. The scale of the disaster was immediately apparent as reports were received from affected areas, and the HCT began immediate plans to provide humanitarian assistance if requested by the government. In this context, on 18 December 2011, a revision to the 2012 HAP was initiated, with clusters asked to begin identifying priority needs and activities.

On 19 December joint Government and HCT assessment teams were despatched to the two worst affected areas of Cagayan de Oro and Iligan. On the same day, the RC/HC a.i. made a written offer of international assistance to the government, which was immediately accepted on behalf of the government by the chair of the NDRRMC. Donor representatives from Australia, ECHO, Spain, Switzerland and the USA met with OCHA following the request for assistance and indicated their interest in funding an appeal for assistance, as long as the appeal could be launched by 22 December 2011.

On 20 December 2011, a field draft of the HAP revision was submitted to OCHA Geneva for review by agency HQs. The HAP revision sought \$28.5 million to provide support to 471,000 affected persons. The revision was launched on 22 December 2011 by the RC/HC a.i. and the Director of OCD. At the launch, a representative of Switzerland indicated that PhP80 million to 90 million (\$1.8 million to 2 million) would be available for the HAP revision.

This compressed timeframe is representative both of the scale and urgency of the disaster, as well as the need to secure funding and begin operations before potential delays over the Christmas holiday period.

Priorities for the HAP revision were agreed among all clusters through inter-agency consultation, together with Government Cluster Leads. On 20 December 2011, the RC/HC a.i. visited the affected areas in Cagayan de Oro and chaired a coordination meeting with the MHT. Humanitarian organizations agreed that key clusters must fully operationalize in Cagayan de Oro as quickly as possible, and many of the clusters shared their plans to increase capacity. The RC/HC a.i. and cluster representatives agreed on priority funding needs to be addressed through a CERF request as identified by the Government and confirmed through several assessments: Food, NFIs, Shelter and WASH.

3. What was accomplished with CERF funding

Two months after tropical storm Washi swept through northern Mindanao, some 283,000 people remained displaced with over 13,600 people staying in 40 evacuation centres in Cagayan de Oro and Iligan cities and another 197,500 living with host families or in makeshift shelters. Shelter assistance and managing evacuation centres and transitory sites remained top priorities, while the need to build permanent housing and identify land for transitional shelters continued to pose a significant challenge.

However, even if needs remained, humanitarian assistance through CERF funding has without a doubt improved the situation of population in the affected areas. The government and aid agencies have provided urgent relief in the worst-affected areas and continue to offer support in shelter, food, water, sanitation, health, psycho-social care and other vital services. Government and humanitarian partners are also working to support local communities as they rebuild their livelihoods and strengthen their resilience.

CERF funding enabled a timely, effective, efficient and appropriate humanitarian response during the height of the emergency. It bridged critical funding gaps at the initial stage of the emergency and enabled recipient organizations to immediately deploy teams to conduct assessments as well as purchase and dispatch NFI kits for affected population.

CERF-funded activities have achieved the following key outcomes:

- Ensured rapid delivery of life-saving food assistance;
- Increased sanitation coverage, strengthened hygiene promotion and improved access to safe water for children, women and men;
- Provided shelter support and improved living conditions in IDP sites;
- Strengthened the WASH cluster coordination mechanisms;
- Supported the Government in the overall humanitarian efforts.

Recipient agencies reported no specific factors that have impeded the implementation of CERF projects.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

CERF funding was the first external funding available to UN agencies and their implementing partners. The rapid response allocation helped to “kick-start” delivery as well as significant and appropriate assistance to beneficiaries. The short lead time for the approval of the project was very much appreciated. This enabled recipient organizations to immediately deploy teams to conduct assessments as well as purchase and dispatch NFI kits for affected families.

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

YES NO

The rapid response allocation for tropical storm WASHI provided by CERF allowed, for instance, IOM to identify, report on and target critical needs of the displaced populations in CDO and Iligan. The situation after the storm, where thousands of IDPs were staying inside cramped evacuation centres with few or no facilities was improved through the provision of needed coordination and actual repair/upgrade of facilities and enhancement of camp management activities inside these sites.

c) Did CERF funds result in other funds being mobilized?

YES NO

The fact that CERF supported the HAP shows that the UN is serious and consistent about what it says

regarding needs. This is particularly important with regards to the government and other donors. Thus, CERF sends a strong signal to the humanitarian donor community and has a leveraging effect on other funding sources. Following the receipt of the CERF grant which largely supported the articulation of the urgent needs in the affected areas, IOM was able to mobilize funds from three other donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF contributed to strengthen intra-cluster coordination, increase information exchange and involve agencies in a system with standardised procedures applicable to all actors. Making funds available at the early stage of the emergency enabled the recipient organizations to deploy strong presence on the ground and work with the Government towards the identification of the needs and delivery of the needed humanitarian assistance.

ANNEX 3. PRELIMINARY REPORT ON THE RESPONSE TO TROPICAL STORM WASHI (Rapid Response Allocations December 2011)

UNICEF – WATER AND SANITATION							
CERF PROJECT NUMBER	11-CEF-067	Total Project Budget	\$ 4,500,000	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Immediate Delivery of WASH Services to Households and Communities Affected by TS Washi in Northern Mindanao	Total Funding Received for Project	\$ 980,655	Individuals	50,000	75,000	Separate latrines facilities were made for men and women with a ratio of 3:4 respectively. Stickers were developed to identify the latrines for men and women. Hygiene kits contained sanitary napkins and special bins were placed in latrines for disposal of the sanitary napkins.
				Female	25,000	40,000	
				Male	25,000	35,000	
				Total individuals (Female and male)	50,000	75,000	
				Of total, children under 5	6,000	9,000	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 980,655	TOTAL	50,000	75,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Ensure effective leadership and guidance for the WASH cluster with coordination mechanisms in place as well as common approaches and standards that facilitate identification of the most vulnerable and identify gaps and efficient cluster response.</p> <p>Improve access to safe water for children, women and men in evacuation centres.</p> <p>Increase sanitation coverage by providing gender sensitive facilities such as latrines and bathing cubicles.</p> <p>Strengthen hygiene promotion in the affected communities especially in the evacuation centres.</p>		<ul style="list-style-type: none"> ■ Ensure effective WASH cluster coordination: <ul style="list-style-type: none"> ○ Weekly/Monthly cluster meetings and contribution to situation reports and 3Ws. ○ Formation of three technical working groups (TWGs) for water, sanitation and hygiene promotion. The TWGs meet weekly. ○ The WASH cluster had dedicated WASH Cluster coordinator, an information manager, a water specialist as well as a sanitation and hygiene specialist. ○ Development of three cluster strategies for water, sanitation and hygiene. ○ WASH focal points were assigned to ECs and transition sites. ■ One hundred thousand individuals provided with access to safe drinking water in 25 ECs and transition sites: <ul style="list-style-type: none"> ○ A total of 18,900 households received water kits for safe water treatment and safe storage. ○ Supply of safe water to 30 evacuation centres through water trucking and installation of 35 5,000 litre and 10,000 litre water bladders. The activities are still ongoing. ○ 15 hand pumps, three boreholes were constructed and one water purification unit was deployed. ○ Twenty water testing kits were purchased and provided to sanitary inspectors in Cagayan de Oro and Iliagan for water quality monitoring. ■ Thirty thousand individuals provided with access to sanitary toilet facilities in 25 ECs and transition sites <ul style="list-style-type: none"> ○ Two hundred portalets with regular desludging were provided in the first month, 110 latrines in the second month and 80 units during the third month. ○ 383 temporary latrines were constructed. ○ Two sludge dumping and processing sites were built, one in each city in coordination with the City Health Offices (CHO) and the Regional Department of Health (DOH). ○ Solid waste was coordinated through the CHOs and DOH regional office. 				<p>WASH cluster situation reports are regularly submitted to OCHA.</p> <p>3Ws are also regularly updated.</p> <p>WASH focal points from cluster partners are to submit daily monitoring reports on immediate WASH needs and gaps.</p> <p>Sanitary Inspectors from the government were mobilized to monitor ECs and transition sites weekly to ensure WASH standards are being met.</p>	

	<ul style="list-style-type: none">■ 100,000 individuals benefitted from hygiene promotion supplies activities in 25 ECs and Transition sites<ul style="list-style-type: none">○ A total of 19,400 households received hygiene kits in ECs and transition sites.○ Hygiene promotion materials were developed for specific context and distributed in 15 evacuation centres and transitions sites; some activities still on going.○ Twenty thousand individuals participated in hygiene promotion sessions.	
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IOM - Shelter and Non-Food Items

CERF PROJECT NUMBER	11-IOM-046	Total Project Budget	\$9,024,422	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Shelter Assistance to Typhoon Affected Families	Total Funding Received for Project	\$1,000,025	Individuals	20,000	5,048	The most vulnerable flood-affected and displaced persons were selected as beneficiaries of all activities under CERF. Selection process includes prioritisation of households that are female-, elderly- or child-headed. Displacement reports that help address needs capture specific information for all sectors including and most especially numbers of men, women, boys and girls inside camps.
				Female	12,000	2,470	
				Male	8,000	1,428	
				Total individuals (Female and male)	20,000	5,048	
				Of total, children under 5	2,000	695	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$1,000,025	TOTAL	20,000	5,048	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Support the Government in over-all humanitarian efforts to provide life-saving assistance for up to 20,000 storm-affected individuals specifically through emergency shelter support and improvement of living conditions in IDP sites.</p>		<ul style="list-style-type: none"> ■ Provision of emergency shelter support to displaced and flood-affected families: Displaced families were able to move in emergency shelters (i.e. bunkhouses) <ul style="list-style-type: none"> ○ 230 full-shelter kits (bunkhouses) constructed with the first 130 occupied by IDP families ■ IDP sites repaired for improved living conditions of IDPs: IDPs living inside evacuation centres/transitory sites are provided with more humane living conditions through repair and rehabilitation of basic facilities. <ul style="list-style-type: none"> ○ Four IDP sites benefited with the following repair and rehabilitation of basic facilities. ■ Cash-for-work activities: Small grants provided to individuals while unable to return or find new livelihood solutions after the disaster. <ul style="list-style-type: none"> ○ A total of 206 individuals were provided with emergency livelihood support through IOM's cash-for-work activities: <ul style="list-style-type: none"> - Repair and rehabilitation of basic facilities in IDP sites. - Construction of emergency shelter-bunkhouses. ■ Regular reports providing information on displacement situation: Critical humanitarian needs and gaps inside IDP sites were reported to all agencies for a more coordinated and targeted delivery of service <ul style="list-style-type: none"> ○ Four Displacement Tracking Matrix reports were produced capturing displacement situations in over 50 existing IDP sites in CDO and Iligan from December 2011 up to February 2012. Each report was presented to cluster leads and implementing agencies on a weekly basis. ○ Provision of information management support to DSWD through the deployment of data collection and processing teams with computers to encode and process profiles of affected population inside and outside of evacuation centres. 				<p>IOM deploys operations and construction staff to all project sites (evacuation centres, transitory sites and affected communities) to conduct monitoring of ongoing and completed projects.</p> <p>Repair of damaged houses using the emergency shelter kits is being monitored by operations staff in the beneficiary communities. Monitoring is conducted through an interview using IOM's monitoring forms developed in past typhoon-response projects.</p> <p>Repairs in IDP sites are monitored daily by IOM engineers and foremen including operations staff deployed at the sites. All reports on daily accomplishments are logged in the construction monitoring documents used by IOM engineers and finance officer. Cash-for-work beneficiaries are also monitored through this mechanism which includes their daily accomplishments and daily time reports.</p> <p>Operations staff that are permanently deployed in particular IDP sites monitor the daily needs and gaps of the displaced population and camp management committees and course the reports to IOM's operations unit.</p>	

WFP – FOOD

CERF PROJECT NUMBER	11-WFP-004	Total Project Budget	\$8,450,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>81,498</td> <td>195,054</td> </tr> <tr> <td>Female</td> <td>41,564</td> <td>N/A</td> </tr> <tr> <td>Male</td> <td>39,934</td> <td>N/A</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>81,498</td> <td>195,054</td> </tr> <tr> <td>Of total, children under 5</td> <td>9,229</td> <td>N/A</td> </tr> <tr> <td>TOTAL</td> <td>81,498</td> <td>195,054</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	81,498	195,054	Female	41,564	N/A	Male	39,934	N/A	Total individuals (Female and male)	81,498	195,054	Of total, children under 5	9,229	N/A	TOTAL	81,498	195,054	Gender Equity	
Beneficiaries	Targeted	Reached																											
Individuals	81,498	195,054																											
Female	41,564	N/A																											
Male	39,934	N/A																											
Total individuals (Female and male)	81,498	195,054																											
Of total, children under 5	9,229	N/A																											
TOTAL	81,498	195,054																											
PROJECT TITLE	Emergency Food Assistance to tropical Storm Washi – Affected Population in Northern Mindanao	Total Funding Received for Project	\$ 800,036				Both women and men benefited equally from the life-saving activities implemented with the help of CERF funds.																						
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 800,036	<i>Note: WFP has not yet isolated CERF beneficiaries from its overall activities. The figures above include all beneficiaries reached by WFP through general food distributions during the Washi response from December 2011 to March 2012.</i>																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																							
To provide immediate life-saving and life-sustaining food assistance to 81,000 beneficiaries for three months.		<ul style="list-style-type: none"> ■ Life-saving and sustaining food requirements are met for 81,000 beneficiaries for three months while also meeting the additional nutritional requirements through supplementary feeding for the most affected beneficiaries whose coping mechanisms have been undermined. <ul style="list-style-type: none"> From January to March 2012, 195,054 beneficiaries were reached. <ul style="list-style-type: none"> ○ A total of 126,084 beneficiaries were reached through general food distributions. ○ About 25,000 children were provided with Plumpy Doz (ready to eat-nutritious food). ○ A total of 64,880 school children were provided with meals through school feeding programmes. ○ A total of 68,970 beneficiaries were reached through food-for-work programmes. ■ Adequate caloric in-take among targeted populations ensured. <ul style="list-style-type: none"> The household food consumption score based on a survey conducted in March indicates an acceptable food consumption score of 61.8 per cent in the disaster-affected areas of CDO, Illigan and LDS. 				<p>The monitoring system was largely based on multi-stakeholder inputs and participation. Field monitors report on the selection of beneficiaries and on outcome, output and process indicators, including the utilization of the food. Data collection by field monitors was guided by the project's logical framework and was based on monitoring checklists, which are in line with WFP's results-based management monitoring guidelines.</p> <p>WFP monitored the distribution of assistance through quantitative and qualitative indicators. Quantitative indicators were obtained from distribution and monitoring reports submitted by implementing partners on a monthly and quarterly basis. Implementing partner provide progress reports that indicate the level of outcomes achieved.</p>																							

WFP – Coordination and Support Services								
CERF PROJECT NUMBER	11-WFP-075	Total Project Budget	\$ 662,000	Beneficiaries		Targeted	Reached	Gender Equity
	PROJECT TITLE		Logistics Augmentation in support of the Government of the Philippines response to Tropical Storm Washi	Total Funding Received for Project	\$ 400,000	Individuals	n/a	
Female		n/a						
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 200,002	Male	n/a			
				Total individuals (Female and male)	n/a			
				Of total, children under 5	n/a			
				TOTAL	n/a			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES (AS OF MARCH 2012)				MONITORING AND EVALUATION MECHANISMS		
<p>To ensure the rapid delivery of relief items to the affected population as prioritised by the Government and the HCT.</p> <p>Three specific objectives will direct the action:</p> <p>Augment the storage capacity available in the affected areas;</p> <p>Guarantee the rapid delivery of relief items through the provision of tactical logistic support both within Mindanao and from Manila</p> <p>Provide operational support equipment to assist the government in its response to the floods.</p>		<ul style="list-style-type: none"> ■ All the requests made by the Government and HCT for logistics services are met (reference 3W template) <ul style="list-style-type: none"> ○ A total of 44 requests for logistics services were made and met. ■ Augmented storage capacity in the affected area <ul style="list-style-type: none"> ○ Temporary storages were provided for humanitarian partners (e.g. UNFPA, UNICEF, DSWD, ACF or IOM). ■ Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community <ul style="list-style-type: none"> ○ Warehouse trainings were conducted for staff of DSWD. ■ Reduced lead times for delivery of relief goods and assistance <ul style="list-style-type: none"> ○ An improved coordination with partners reduced lead times for delivery of relief goods and assistance from 3-4 days in the past to one day. 				<p>The 3W is a database which provides information on which organizations (Who) are carrying out what activities (What) in which locations (Where). It was used among other to report food and non-food items transports to affected areas.</p> <p>On daily basis Daily Movement and Stock reports for all WFP and DSWD warehouses were produced. They describe client organizations, means of transportations, implementing partners, transport costs and dispatched commodities e.g. content, weight, expiry dates or packaging. It gives WFP a daily updated and detailed picture of stocks in warehouses. These reports were shared with DSWD managers on all levels and interested cluster members.</p>		

ANNEX 4 CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-CEF-037-A	Nutrition	UNICEF	ACF-Spain	INGO	77,164	25/08/2011	08/08/2011	Initially funded by emergency programme fund (EPF), an internal loan facility
11-CEF-037-A	Nutrition	UNICEF	Save the Children	INGO	317,069	12/08/2011	08/08/2011	Initially funded by EPF
11-CEF-037-B	WASH	UNICEF	Oxfam	INGO	102,781	31/08/2011	31/08/2011	Close to completion, including a no cost extension
11-CEF-037-B	WASH	UNICEF	Save the Children	INGO	110,115	25/08/2011	25/08/2011	Close to completion, including a no cost extension
11-CEF-037-B	WASH	UNICEF	ASDWS	NNGO	121,889	31/08/2011	31/08/2011	Close to completion
11-CEF-037-B	WASH	UNICEF	ACF	INGO	101,343	19/08/2011	19/08/2011	Close to completion
11-IOM-027	CCCM	IOM	Mahintana Foundation, Inc. (MFI)	NNGO	4,599	26/09/2011	01/09/2011	Final payment dated 30 January 2012
11-IOM-027	CCCM	IOM	MTB	NNGO	4,599	26/09/2011	01/09/2011	
11-IOM-027	CCCM	IOM	OND Hesed Foundation, Inc.	NNGO	4,599	26/09/2011	15/09/2011	
11-IOM-027	CCCM	IOM	Kaabag Ranaw, Inc.	NNGO	4,599	07/10/2011	15/09/2011	
11-IOM-027	CCCM	IOM	Kalimudan Foundation, Inc.	NNGO	4,599	07/10/2011	01/09/2011	
11-WHO-050	Health	WHO	CEMILARDEF	NNGO	39,950	15/11/2011	08/2011	The NGO used its own funds for activities prior to the release of the sub-grant. Amount spent was then reimbursed upon receipt of the sub-grant.
11-WHO-050	Health	WHO	HOM	NNGO	54,950	25/11/2011	08/2011	
11-WHO-050	Health	WHO	MTB	NNGO	67,920	18/11/2011	08/2011	
11-WHO-050	Health	WHO	MYROi	NNGO	60,980	25/11/2011	08/2011	
11-CEF-046-C	Child Protection	UNICEF	Non-violent Peaceforce Philippines (NPP)	INGO	145,639	20/09/2011	02/09/2011	Activity was initially charged to another funding source, pending receipt of CERF finds. *reversal of charging for DCTs still under process
11-CEF-046-C	Child Protection	UNICEF	Philippines Against Child Trafficking (PACT)	NGO	2,361	15/09/2011	08/09/2011	
11-CEF-046-C	Child Protection	UNICEF	Cordillera Peoples Alliance (CPA)	NGO	9,472	15/09/2011	12/09/2011	
11-CEF-046-D	Education	UNICEF	CFSI	INGO	180,390	02/2012	02/2012	Supplies were given to implementing partners
11-CEF-046-D	Education	UNICEF	BALAY Rehabilitation Center	INGO	60,618	02/2012	02/2012	

11-CEF-046-D	Education	UNICEF	DepED, Region 12 and ARMM, PSWDOs	Government	320,819	02/012	02/2012	Supplies were given to implementing partners
11-HCR-041 11-HCR-050	Protection	UNHCR	CHR	Government	218,528	26/07/2011	01/09/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	DSWD	Government	186,419	26/08/2011	01/09/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	MinHRAC	NGO	79,717	28/03/2011	01/09/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	Balay	NGO	23,052	03/10/2011	01/10/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	UNYPHIL	NGO	35,000	38/03/2011	01/10/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	KFI	NGO	38,263	28/03/2011	01/10/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	SILDAP	NGO	43,810	11/10/2011	01/10/2011	Completed
11-HCR-041 11-HCR-050	Protection	UNHCR	UNOPS	UN AGENCY	29,863	20/01/2011	01/10/2011	Completed
11-FPA-038	Health - Reproductive Health	UNFPA	DOH-ARMM	Government	10,400	30/11/2011	1/11/2011	Payment for the salaries of the medical team Contracts of Medical Team was with DOH-ARMM but UNFPA paid personnel directly upon request of DOH-ARMM
11-FPA-039	Protection - SGBV	UNFPA	MINHRAC HOM UNYPHIL	NGO	None			Partnership with NGOs did not materialize. Negotiations ongoing with Non-violent Peace Force to take over project.
11-FAO-030	Agriculture	FAO	Bangsamoro Women Foundation for Peace and Development Inc (BMWFPDI)	NGO	12,000	17/01/2012	03/01/2012	- Payment to NGO is in four instalments based on project deliverables/outputs - First payment was \$3,623 comprising 30 per cent of the total project commitment

ANNEX 5: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Accion Contra el Hambre – Action Against Hunger
AECID	Spanish Agency for International Development Cooperation
AIDS	Acquired Immune Deficiency Syndrome
ARMM	Autonomous Region in Muslim Mindanao
ASDSW	A Single Drop for Safe Water
AT	Agriculture Technologist
BALAY	Balay Rehabilitation Centre
BCPC	Barangay Council for the Protection of Children
BHS	Barangay Health Station
BIAF	Bangsamoro Islamic Armed Forces
CAAFAG	Children Associated with Armed Forces and Groups
CAFGU	Citizen Armed Force Geographical Units
CCCM	Camp Coordination and Camp Management
CEMILARDEF	Central Mindanao Integrated Livelihood Assistance and Resource Development Foundation, Inc.
CERF	Central Emergency Response Fund
CFSI	Community and Family Services International
CHR	Commission on Human Rights
CMAM	Community-Based Management of Acute Malnutrition
CVO	Civilian Volunteers Organizations
CWV	Community Welfare Volunteers
DA	Department of Agriculture
DAM	Datu Anggal Midtimbang municipality
DANA	Damage and Needs Assessment
DA-RFU	Department of Agriculture-Regional Field Unit
DepED	Department of Education
DOH-ARMM	Department of Health –Autonomous Region of Muslim Mindanao
DSWD	Department of Social Welfare and Development
DTM	Displacement Tracking Matrix
EiE	Education in Emergency
FP	Family Planning
G.I. sheet	Galvanized Iron sheet
GAM	Global Acute Malnutrition
GRP	Government of the Philippines
HCT	Humanitarian Country Team
HIS	Health Information Sessions
HIV	Human Immunodeficiency Virus
HOM	Health Organization for Mindanao, Inc.
IDP	Internally Displaced Person
IM	Information Management
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPHO	Integrated Provincial Health Office
IYCF	Infant and Young Child Feeding
KFI	Kalimudan Foundation, Inc.
KRI	Kaabag Ranaw, Inc.
LGUs	Local Government Units
MAO	Municipal Agricultural Officer
MCL	Mobile clinic and laboratory
MFI	Mahintana Foundation, Inc.

MHT	Mindanao Humanitarian Team
MILF	Moro Islamic Liberation Front
MINHRAC	Mindanao Human Rights Action Centre
MPC	Mindanao People's Caucus
MRM	Monitoring and Reporting Mechanism
MSEE	Minimum Standards on Education in Emergencies
MSWDO	Municipal Social Welfare and Development Office
MTB	Mindanao Tulong Bakwet, Inc.
MYROi	Muslim Youth Religious Organization, Inc
NFI	Non Food Items
NGO	Non-Governmental Organization
NNGO	National Non-Government Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PA	Provincial Agriculturist
PLW	Pregnant and lactating women
PPDR	Provincial Profiling on Displacement and Return
PSWDO	Provincial Social Welfare and Development Office
PTCA	Parent Teacher Community Association
QRT	Quick Response Team
RHU	Rural Health Station
RUTF	Ready-to-use therapeutic food
SAM	Severe Acute Malnutrition
SGBV	Sexual and gender-based violence
SMART	Standardized Monitoring Assessment of Relief and Transitions
SPCMAD	Special Projects Coordinating and Management Assistant Division
SRK	Shelter Repair Kits
STI	Sexually transmitted infections
TOR	Terms of Reference
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNYPHil	United Youth of the Philippines-Women
UXOs	unexploded ordnances
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization