



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS PHILIPPINES

RESIDENT/HUMANITARIAN COORDINATOR

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012¹

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	13,010,727
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	n/a
	OTHER (Bilateral/Multilateral)	72,612,729
	TOTAL	85,623,456
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	3,955,432
	<i>Second Round</i>	0

II. REPORTING PROCESS AND CONSULTATION SUMMARY

<p>1. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>

¹ Does not include late 2011 allocation.

PART 2: CERF EMERGENCY RESPONSE – TYPHOON (RAPID RESPONSE 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		28,576,219²
Breakdown of total response funding received by source	Source	Amount
	CERF	2,980,718
	OTHER (Bilateral/Multilateral)	14,711,266
	TOTAL	17,691,984

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 22 December 2011			
Agency	Project Code	Cluster/Sector	Amount
IOM	11-IOM-046	Shelter and Non-Food Items	1,000,025
UNICEF	11-CEF-067	Water and Sanitation	980,655
WFP	11-WFP-075	Coordination and Support Services - Logistics	200,002
WFP	12-WFP-004	Food	800,036
Sub-total CERF Allocation			2,980,718
TOTAL			2,980,718

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	2,590,086
Funds forwarded to NGOs for implementation	101,217
Funds forwarded to government partners	289,415
TOTAL	2,980,718

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 are routinely hit by storms of similar or higher strength every year (19 tropical cyclones in 2011 alone of which three were typhoons and four super typhoons), Tropical Storm Washi struck far to the south of the most storm-prone region of the country.

² Based on the revised 2012 Humanitarian Action Plan for the Philippines, which was launched on 22 December 2011.

Tropical storms of this strength and the volume of accompanying rain are rare in Mindanao and preparedness measures were not as well developed as elsewhere in the Philippines. The preliminary assessment from the National Disaster Risk Reduction and Management Council (NDRRMC) showed that the storm affected 190 barangays (villages or wards), eight cities and 30 municipalities in 13 provinces across six regions. The biggest impact was seen in the cities of Cagayan de Oro and Iligan in Region X (Northern Mindanao), where their particular location and geography magnified the impact of heavy rains with disastrous consequences.

The initial response came from the affected communities, regional and local authorities, focussing on search and rescue, evacuation and initial relief operations. The Government mobilized a broad range of institutions and capacities at national, regional and local levels. The Disaster Risk Reduction and Management Councils (DRRMC) were activated from national down to barangay levels. Government agencies including the Department of Social Welfare and Development (DSWD), Department of Health (DOH), Department of Education (DepEd), and Department of Public Works and Highways (DPWH) provided immediate support through their regional and local presence, augmented by capacity at the national level.

All branches of the military as well as the National Police, Bureau of Fire Protection and Coast Guard gave extensive support in search and rescue, and the initial relief phase. Logistical support included the use of trucks, cargo planes, boats and earthmoving equipment as well as deployment of some 20,000 troops. Nearly 500 Red Cross staff and 143 volunteers undertook search and rescue, conducted assessments, provided hot meals to evacuees, and set up welfare and first aid stations in evacuation centres.

As at 26 January 2012, the NDRRMC reported that 1,268 people were killed, 6,071 injured and 181 missing in 851 barangays across 13 provinces. A total of 54,435 houses were damaged, displacing 441,022 people (81,910 families). Of the displaced, 30,985 people were sheltered inside 55 evacuation centres while the remaining 410,037 people sought temporary shelter with relatives or in makeshift structures. The tropical storm had damaged infrastructure, agricultures and school buildings, costing the country Php1.7 billion (\$41.9 million) of financial loss.

Funding for humanitarian response in the Philippines is limited as most donor agencies are contributing for long-term development programmes. According to the Financial Tracking Service (FTS), the 2011 Humanitarian Action Plan attracted 54 per cent funding, reflecting a limited pool of emergency funds available in the country. There was little time to raise funds for emergency response of this scale because the disaster occurred about a week before Christmas holiday. The CERF Rapid Response window represents the most tangible and readily accessible funding source to facilitate the prompt delivery of life-saving humanitarian assistance.

II. FOCUS AREAS AND PRIORITIZATION

The needs and priorities arising from the disaster were identified through a number of targeted assessments. The NDRRMC and Humanitarian Country Team (HCT) undertook a joint multi-sectoral rapid needs assessment in Cagayan de Oro and Iligan cities on 19 December 2011. The assessment involved the Office of Civil Defense (OCD), DSWD, DOH, UNICEF, WFP, UNDP, Accion Contra el Hambre (ACF), Community and Family Services International (CFSI), Plan International, CRS, UNHCR, OCHA, IOM, ILO, Spanish Agency for International Development Cooperation (AECID), MSF, SC, WHO, and Kaabag Ranaw. Based on interviews with affected population and local key informants, food, non-food items (especially cooking utensils, sleeping kits, blankets, jerry cans and clothing), shelter and water, sanitation and hygiene (WASH) items (such as water, soap, hygiene kits and latrines) were identified as priority areas.

Food: Affected populations cited food as one of their major concerns. While the national and local government, private sectors and individuals as well as NGOs distributed food to evacuation centres the supplies were, however, insufficient to meet the needs of the displaced people. People interviewed during the joint assessment also cited concerns over the nutritional value of available emergency food as well as problems ensuring equitable distribution.

Non-Food Items (NFI): 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 did not have basic materials and supplies, such as sleeping kits, kitchen utensils, clothing and blankets. Supplies from the private sectors were limited especially for families who had to stay for extended times in temporary shelters.

Shelter: In Cagayan de Oro, most people who lost their houses in the floods moved to evacuation centres, stayed with relatives or set up makeshift shelters in the open. The sudden influx of displaced people had worsened the evacuation centres' condition. Housing repair and reconstruction were cited as a priority to allow affected families to rebuild their lives and relieve overcrowding at the evacuation centres. Permanent relocation was also considered for families who were exposed to future flash floods, which meant their extended stay in temporary or transitional shelters.

WASH: In Iligan, a third of water sources were reported as damaged and water was rationed in affected barangays. Throughout the most affected areas, private donors provided bottled water, but supplies were insufficient to meet the needs. Clean water was also

needed for bathing. The Bureau of Fire provided water for sanitation, but the needs outnumbered the supply. Overcrowded evacuation centres required additional sanitation facilities, such as latrines and bathrooms as well as hygiene items.

Other needs were identified in the areas of Camp Coordination and Camp Management (CCCM), Coordination, Early Recovery, Health, Protection, and Security. These needs were addressed in part through an emergency revision to the 2012 Humanitarian Action Plan (HAP) that was launched in Manila on 22 December 2011.

III. CERF PROCESS

The early hours of 17 December 2011 was critical as the scale of the disasters became evident through the reports from the ground. The HCT began to plan for immediate humanitarian response once the request from the Government was received. On 18 December, 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 dispatched to two worst-affected areas of Cagayan de Oro and Iligan. On this 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 United States met with OCHA following the request for assistance and indicated their interests in funding an appeal for assistance, as long as the appeal could be launched by 22 December.

On 20 December, 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 people. The revision was launched on 22 December by the RC/HC a.i. and the Deputy Secretary of the 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. Through inter-agency consultation, all Clusters and the Government Cluster Leads agreed on the priorities for the HAP revision.

On the same day, the RC/HC a.i. visited the affected areas in Cagayan de Oro and chaired a coordination meeting with the Mindanao Humanitarian Team. Humanitarian organizations which attended the meeting agreed that key clusters must be fully operational in this area as quickly as possible. Many cluster members shared their plans to increase capacity. The RC/HC a.i. and cluster representatives decided on priority funding needs to be addressed through the CERF request as identified by the Government and confirmed through several assessments: Food, NFIs, Shelter and WASH.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 1,168,726³</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Coordination and Support Services - Logistics	153,000	147,000	300,000
	Food	41,564	39,934	81,498
	Shelter and Non-Food Items	12,000	8,000	20,000
	Water and Sanitation	25,000	25,000	50,000

FOOD: A joint rapid needs assessment conducted by the NDRRMC and the HCT prioritized the worst-affected families who lost their homes completely and depended on food assistance. The Cluster initially planned to reach 81,498 beneficiaries identified to be worst-affected by food insecurity. This estimate was further affirmed after a month through a Multi-Cluster Initial Rapid Assessment (MIRA) jointly held by the government and the HCT. The MIRA result also supported the programme in various modalities of assistance

³ According to NDRRMC sitrep no 47, 26 January 2012.

including the Food-for-Work, school feeding, supplementary feeding and cash-based programmes. Overall, the food assistance increased food access and consumption to affected households and supported the nutrition and health status of children and other vulnerable people, including women.

WASH: For the WASH cluster, joint multi-sector rapid assessments of Government and UN, rapid assessments of UNICEF WASH Partners and secondary data from Government Agencies and partners' capacity to respond were used as basis and consideration to estimate the number of beneficiaries

Shelter and Non-Food Items: IOM made the beneficiaries estimation after reports on the number of affected individuals and families from the Cluster members. The number of target beneficiaries was based on a percentage from the total affected population, budget, and area consideration. IOM then made a list of possible beneficiaries from Local Government Units (LGUs) and line agencies. The list was then validated based on IOM's own selection criteria (such as beneficiary profile and the vulnerability index) which resulted in the number of planned beneficiaries.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	231,564	280,922
Male	219,934	269,393
Total individuals (female and male)	451,498	550,315
Of total, children <u>under</u> 5	51,202	71,252

The emergency response had reached more beneficiaries than actually planned, most notably children under 5, throughout the CERF grant period from December 2011 to July 2012. Most of the Cluster Co-lead agencies attributed this increase to cost-saving measures, effective coordination with the Government Cluster leads and other agencies, exchange rates differences and market price fluctuations. IOM, for example, substituted the emergency shelter wall materials with another one that was locally available and culturally acceptable. WFP reported that food supply was made available in remote areas through partnerships with the Armed Forces of the Philippines (AFP). Exchange rate differences and price fluctuations allowed the Food Cluster to obtain more commodities during procurement and subsequently reached 117,840 beneficiaries, which were beyond the 81,498 beneficiaries originally planned.

The Clusters reported tangible outputs resulting from various critical life-saving interventions in the aftermath of Tropical Storm Washi, such as the construction of emergency shelters, increased access to safe water and sanitation facilities, provision of hygiene kits and hygiene promotion in evacuation centres, and increased food supplies in disaster-affected areas and evacuation centres. Apart from these, the CERF funds also produced the following outcomes:

- Improved livelihood of the affected populations through various initiatives, such as cash-for-work programme during the construction of emergency shelter which benefited over 3,000 individuals.
- Improved reporting mechanism that led to effective coordination. For example, IOM used a Displacement Tracking Matrix tool on Android smartphones that provided fast and efficient information sharing on camp needs and enhanced coordination of humanitarian assistance.
- Improved coordination with humanitarian partners/ stakeholders through regular cluster and inter-cluster meetings resulted in better planning of aid distribution in emergencies.
- Strengthened government capacity. This is evident in logistical matters, such as the capacity to move life-sustaining cargos on a timely basis, set up temporary cargo storage facilities and guarantee the rapid delivery of relief items through the provision of tactical logistics support both within Mindanao and from Manila.

a) **Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
 YES PARTIALLY NO

CERF funds allowed the UN Agencies to kickstart the distribution of humanitarian aid to Typhoon Washi-affected areas immediately. WFP used the funds to locally procure rice and distribute the rice within a short period of time, while UNICEF utilized the fund to start activities with the implementing partners – ACF, Oxfam and A Single Drop for Safe Water (ASDSW) – under the existing Project Cooperation Agreement.

b) Did CERF funds help respond to time critical needs⁴?

YES PARTIALLY NO

The rapid disbursement of CERF funds, about three to four days after the Government launched the call for international assistance, helped the UN recipients and their partners to start life-saving interventions. For example, IOM, which was the Shelter Cluster co-lead agency, used the fund to build transitional shelters thus bridging the gap during the evacuation of typhoon-affected populations from temporary to permanent shelters.

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

YES PARTIALLY NO

CERF funds helped the UN recipients to mobilize additional funding resources from other donor agencies, either for the same emergency or other responses. WFP attracted more contribution by showing the positive impact of its immediate response to Tropical Storm Washi that used the CERF funds. UNICEF reportedly received more funds from other donors from Spain, Japan and New Zealand.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funds improved coordination mechanism through cluster and inter-cluster coordination meetings which facilitated regular information exchanges among Cluster Lead Agencies (the various ministries of the Government), UN agencies, I/NGOs and other humanitarian organizations. WFP gave the joint needs assessment, the MIRA with the Government, as a good example of effective coordination.

⁴ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
There is limited funding opportunities that aim at building the resilience of the community for future disasters and sustainability of response efforts. DRR is considered life-saving.	To consider DRR activities in CERF funding for preparedness and mitigation. To advocate for the inclusion of DRR activities in the CERF's life-saving criteria	CERF secretariat UNICEF
The CERF funds do not allow for capacity building of implementing partners and beneficiaries. Capacity building issue is critical for some clusters/sectors/sub-clusters like those of Gender-Based Violence (GBV) and Food. The lack of trained personnel often forces the Clusters to extend recruitment process thus delaying the programme implementation. Training is crucial for beneficiaries to be able to make use of the assistance (i.e. those using new technology), and to raise awareness and improve disaster response and preparedness skills.	Capacity building and training should be included in the life-saving criteria so that these are eligible for CERF funding.	CERF secretariat, Cluster Leads and co-leads, sub-clusters
CERF proposal requirement of 5-15 % funding for Monitoring and Evaluation (M&E) is difficult to justify in the life-saving criteria, especially at the planning stage. When it is time to undertake M&E, it becomes difficult to raise more funds.	The M&E should be a required component of the CERF proposal, or the CERF grant should cover M&E in emergency responses that use the CERF fund.	CERF secretariat, Cluster Leads and co-leads, sub-clusters
Education has only received one CERF grant since 2011 despite having been categorized as lifesaving activity.	Education sector should be included and prioritized in the rapid response.	HCT, Cluster Leads
There is a funding gap for human resources who are in charge of clusters coordination.	CERF should allow certain percentage of funding for cluster coordination activities, which is separate from the 10% allocation for staffing.	CERF secretariat
CERF does not allocate	CERF should allocate funding for sectoral assessment which is	CERF secretariat

<p>funding for sectoral assessment. For some clusters, such assessments are not easy to get fund however are crucial for mobilising funds from donors other than CERF.</p>	<p>separate from the 10% of programme support cost.</p>	
<p>CERF application template is too complicated.</p>	<p>Simplify CERF application template. Certain requirement that needs specific breakdown of items should be taken out; for example, the question on how partner NGOs will use the items is difficult to estimate at the first few weeks of project implementation.</p>	<p>CERF secretariat</p>
<p>Clusters cannot find local implementing partners (national NGOs) in time for the emergency response.</p>	<p>Support in identifying local partners.</p>	<p>Cluster Co-leads, OCHA Philippines</p>
<p>Clusters that do not receive CERF fund despite the needs that exist are advised to consult relevant Government Cluster Leads.</p>	<p>Improve collaboration and relationships with Government Cluster Leads and Office of Civil Defence.</p>	<p>Cluster Co-Leads</p>

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
<p>Media reports influence the public perception and subsequently the humanitarian appeals outcome. Emergency responses to natural disasters receive more funds than conflict-related disasters.</p>	<p>Mindanao HAP should be kept as separate issue from emergency responses to natural disasters, especially when dealing with the media.</p>	<p>Cluster Leads, co-leads</p>
<p>To have adequate timeframe for reflection on project design and costing</p>	<p>While recognizing the IASC guidance to revise the flash appeal within about a month of the appeal's initial publication, consider a longer timeframe for revision of flash appeal between assessment and flash appeal revision.</p>	<p>CERF and UNICEF</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	05.01.12 – 05.07.12
2. CERF project code:	11-IOM-046	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and Non-Food Items		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Shelter Assistance to Typhoon Affected Families in Region X		
7. Funding	a. Total project budget:		US\$ 9,024,422
	b. Total funding received for the project:		US\$ 1,000,025
	c. Amount received from CERF:		US\$ 1,000,025
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	12,000	15,434	For walling, IOM used woven bamboo sheets (<i>amakan</i>) instead of the materials prescribed by the Shelter cluster. These were much cheaper alternative without sacrificing quality for the cost. The material was also more culturally acceptable for a significant number of beneficiaries.
b. Male	8,000	13,230	
c. Total individuals (female + male):	20,000	28,664	
d. Of total, children <u>under 5</u>	2,000	3,665	
9. Original project objective from approved CERF proposal			
Support the Government in overall humanitarian efforts to provide life-saving assistance for up to 20,000 typhoon-affected individuals specifically through emergency shelter support and improvement of living conditions in Internally Displaced Person (IDP) sites.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Up to 2,578 families (or about 12,890 individuals) provided with emergency shelter support. Up to four IDP sites (hosting an estimated total population of about 5,000 individuals in all four sites or between 200 to 300 families per site) repaired for improved living conditions of IDPs. Emergency livelihood support provided through small cash-for-work activities amounting to 3,000 person days benefiting up to 3,000 individuals. Regular reports providing information on the displacement situation and humanitarian response in target areas disseminated to humanitarian actors to assist in planning, monitoring and coordinating activities. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Up to 2,578 families (or about 12,890 individuals) provided with emergency shelter support. Up to four IDP sites (hosting an estimated total population of about 5,000 individuals in all four sites or between 200 to 300 families per site) repaired for improved living conditions of IDPs. 			

<ul style="list-style-type: none"> • Emergency livelihood support provided through small cash-for-work activities amounting to 3,000 person days benefiting up to 3,000 individuals. • Regular reports providing information on the displacement situation and humanitarian response in target areas disseminated to humanitarian actors to assist in planning, monitoring and coordinating activities. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
For walling, IOM used woven bamboo sheets (<i>amakan</i>) instead of the materials prescribed by the Shelter cluster. These were much cheaper alternative without sacrificing quality for the cost. The material was also more culturally acceptable for a significant number of beneficiaries.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<ul style="list-style-type: none"> • IOM deployed operations and construction staff to all project sites – evacuation centres, transitory sites and affected communities – to conduct monitoring of ongoing and completed projects. • Repair of damaged houses using the emergency shelter kits were monitored by operations staff in the beneficiaries' communities days after the distribution of items. Monitoring was conducted through an interview using IOM's monitoring forms developed in past typhoon-response projects. • Repairs in IDP sites were monitored daily by IOM engineers and foremen including operations staff deployed at the sites. All reports on daily accomplishments were logged in the construction monitoring documents, used by IOM engineers and finance officer. Cash-for-work beneficiaries were also monitored through this mechanism, which includes their daily accomplishments and daily time reports. • Operations staff that were permanently deployed, particularly in IDP sites, monitor the daily needs and gaps of the displaced population and camp management committees and send the reports to IOM's operations unit. • Gender Equity: The most vulnerable flood-affected and displaced persons were selected as beneficiaries of all activities under CERF. Selection process includes prioritization of households that are female-, elderly- or child-headed. Displacement reports captured specific information for all sectors, including and most especially numbers of men, women, boys and girls inside camps as well as protection risks for women, girls, boys and the elderly. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	19.12.11 – 19.06.12
2. CERF project code:	11-CEF-067	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and Sanitation		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Immediate delivery of WASH services to households and communities affected by Tropical Storm Washi in Northern Mindanao		
7. Funding	a. Total project budget:		US\$ 4,500,000 ⁵
			US\$ 2,126,650 ⁶
	b. Total funding received for the project:		US\$ 2,593,375
	c. Amount received from CERF:		US\$ 980,655
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	25,000	27,600	CERF combined with other funding received allowed greater response impact in the affected communities
b. Male	25,000	27,600	
c. Total individuals (female + male):	50,000	55,200	
d. Of total, children <u>under 5</u>	6,000	6,600	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Ensure effective leadership and guidance for the WASH cluster with coordination mechanisms in place, common approaches and standards that facilitate identification of the most vulnerable and identify gaps and efficient cluster response. Improve access to safe water in evacuation centres. Increase sanitation coverage by providing gender-sensitive facilities, such as latrines and bathing cubicles. Strengthen hygiene promotion in the affected communities – especially in the evacuation centres. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Girls, women, boys, and men have safe and reliable access to WASH services. Prevent morbidity and mortality due to diarrhoea and other waterborne diseases by ensuring a coordinated and efficient WASH cluster response. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Ensured effective leadership and guidance for the WASH cluster with coordination mechanisms in place, common approaches and standards that facilitate identification of the most vulnerable and identify gaps and efficient cluster response 			

⁵ Original

⁶ Revised

<p>Targets:</p> <ul style="list-style-type: none"> a. Monthly cluster meetings and contribution to situation reports and 3Ws (Who does What and Where). b. Completed and shared assessment report of damage to water and sanitation infrastructure with recommendations: • Improve access to safe water in evacuation centres. Targets: <ul style="list-style-type: none"> a. Supply of safe water to 15 evacuation centres b. Distribution of water kits to 10,898 HH • Increase sanitation coverage by providing gender sensitive facilities, such as latrines and bathing cubicles. Targets: <ul style="list-style-type: none"> a. Provision of 200 rented portalets (portable toilets) with regular desludging. b. Regular collection and disposal of solid waste • Strengthen hygiene promotion in the affected communities especially in the evacuation centres <p>Targets:</p> <ul style="list-style-type: none"> a. Distribution of hygiene kits to 10,000 HH b. 15 evacuation centres receive hygiene promotion materials or sessions 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Same as above.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No evaluations were made, however, data/information could be accessed through the following sources:</p> <ul style="list-style-type: none"> • Source of data are the monthly reports of implementing partners and validated by UNICEF WASH officers field visits. • WASH Cluster has an information management tool to monitor the distribution of hygiene kits and water kits. • Reports of mortality and morbidity rate with Rural Health Units and Barangay Health Workers. • Gender Equity: The hygiene kits include three packs of sanitary napkins for women and adolescent girls, which are distributed to each household; gender-segregated latrines for females and males are set up in evacuation centres as well as in schools not housing IDPs but caters to school children. • Lessons learned conducted within UNICEF and with other Clusters through OCHA. 	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	22.12.11 – 22.06.12
2. CERF project code:	11-WFP-075	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and support services - Logistics		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Logistics Augmentation in support of the Government of the Philippines response to Tropical Storm Washi		
7. Funding	a. Total project budget:		US\$ 662,000 ⁷ US\$ 400,002 ⁸
	b. Total funding received for the project:		US\$ 400,002
	c. Amount received from CERF:		US\$ 200,002
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	153,000	177,790	* Logistics and coordination support were provided to the Government and other clusters in responding to Tropical Storm Washi.
b. Male	147,000	170,821	
c. Total individuals (female + male):	300,000	348,611*	
d. Of total, children <u>under 5</u>	33,973	44,683	
9. Original project objective from approved CERF proposal			
<p>To ensure the rapid delivery of relief items to the affected population as prioritized by the Government and the HCT. Three specific objectives will direct the action:</p> <ul style="list-style-type: none"> • Augment the storage capacity available in the affected areas. • Guarantee the rapid delivery of relief items through the provision of tactical logistic support both within Mindanao and from Manila. • Provide operational support equipment to assist the government in its response to the floods. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis. • Reduced lead times for delivery of life-saving assistance. • Augmented storage capacity in the affected area. • Minimum required logistics capacity and services available to support the government and ensure the uninterrupted delivery of 			

⁷ Original

⁸ Revised

sufficient humanitarian relief to address the needs of the affected population.

11. Actual outcomes achieved with CERF funds

- All the requests made by the Government and HCT for logistics services are met (reference 3W template).
- Augmented storage capacity in the affected area.
- Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community.
- Reduced lead times for delivery of relief goods and assistance.
- Timely and adequate storage, transport and delivery of 2,402 mt of various food commodities (rice, oil beans, high energy biscuits and Plumpy'Doz – part of which was funded by CERF) that were used to assist the 348,611 beneficiaries. This was possible because of prompt arrangements with National Food Authority that provided additional storage capacity in Iligan and Cagayan de Oro as well as timely contracting of local commercial transporters and strong logistics coordination with the AFP and other agencies.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

None.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

The logistical support helped the delivery of assistance to the beneficiaries. The 3Ws is a matrix of information that helped to track who does what and where. This tool is a monitoring indicator on whether the logistics support was undertaken as desired. The CERF fund was utilized to provide improved logistical support to the tropical storm disaster response; the monitoring task associated with this included availing storage places, monitoring of stock received and delivered balancing of food between programmes and maintaining good storage standard.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	24.01.12 – 24.07.12
2. CERF project code:	12-WFP-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Food Assistance to Tropical Storm Washi Affected Populations in Northern Mindanao		
7. Funding	a. Total project budget:		US\$ 8,450,000 ⁹ US\$ 4,022,574 ¹⁰
	b. Total funding received for the project:		US\$ 3,603,090
	c. Amount received from CERF:		US\$ 800,036
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	41,564	60,098	Because of exchange rate and price fluctuations, WFP obtained a higher tonnage of commodities during the actual procurement. WFP thus provided assistance to more beneficiaries than initially planned.
b. Male	39,934	57,742	
c. Total individuals (female + male):	81,498	117,840	
d. Of total, children <u>under 5</u>	9,229	15,104	
9. Original project objective from approved CERF proposal			
To provide immediate life-saving and life-sustaining food assistance to 81,000 beneficiaries for three months.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Lifesaving 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. Adequate caloric intake among targeted populations ensured. 			
11. Actual outcomes achieved with CERF funds			
<p>Through the CERF fund, beneficiaries reached included 117,840 individuals. The obtained commodities were used for life-saving food assistance and were provided to beneficiaries in general food distributions.</p> <p>Based on a survey conducted in March, the indicated household food consumption score (acceptable food consumption score) in the disaster affected areas of Cagayan de Oro, Illigan and Lanao del Sur was 61.8%.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

⁹ Original

¹⁰ Revised

Same as above.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<ul style="list-style-type: none"> • The monitoring system was largely based on multi-stakeholder inputs and participation. Field monitors monitored and report on the selection of beneficiaries and on outcome, output and process indicators, including the utilization of the food. Data collection by field monitors were guided by the project's logical framework and 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 obtained from distribution and monitoring reports, submitted by implementing partners on a monthly and quarterly basis. Implementing partner provided progress reports that indicated the level of outcomes achieved. 	

PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT (UNDERFUNDED ROUND II 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		33,258,170
Breakdown of total response funding received by source	Source	Amount
	CERF	3,450,334
	OTHER (Bilateral/Multilateral)	9,581,954
	TOTAL	13,032,288

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 19 August 2011			
Agency	Project Code	Cluster/Sector	Amount
FAO	11-FAO-030	Agriculture	299,721
IOM	11-IOM-032	Health	186,983
UNFPA	11-FPA-038	Health	146,617
UNFPA	11-FPA-039	Protection/Human Rights/Rule of Law	100,232
UNHCR	11-HCR-041	Protection/Human Rights/Rule of Law	550,002
UNHCR	11-HCR-050	Protection/Human Rights/Rule of Law	450,000
UNICEF	11-CEF-046-A	Water and sanitation	150,000
UNICEF	11-CEF-046-B	Health-Nutrition	101,353
UNICEF	11-CEF-046-C	Protection/Human Rights/Rule of Law	341,480
UNICEF	11-CEF-046-D	Education	750,000
WHO	11-WHO-050	Health	373,946
Sub-total CERF Allocation			3,450,334
TOTAL			3,450,334

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	1,637,751
Funds forwarded to NGOs for implementation	1,033,101
Funds forwarded to government partners	779,482
TOTAL	3,450,334

Mindanao has been in a state of low-intensity conflict since 1968. The impact of the conflict is exacerbated by recurring family feuds (*rido*) and natural disasters, resulting in cycles of displacement. In 2008 and 2009, a major upsurge in armed conflict displaced approximately 750,000 people and destroyed productive assets, livelihoods, houses, and schools. The conflicts severely affected the poor populations in remote areas, who had already experienced multiple vulnerabilities, including the lack of access to safe water and livelihood initiatives, poor nutritional status and so on. The current President Aquino III administration has continued with the peace process between the Government of the Philippines and the Moro Islamic Liberation Front (MILF), with formal exploratory talks resuming from 9 to 10 February 2011 in Kuala Lumpur, Malaysia.

In the first quarter of 2011, however, sporadic *ridos* broke out and displaced a cumulative total of 10,000 families. Many of them returned home by mid-August 2011 while others chose to remain displaced during temporary pauses of armed skirmishes between the feuding groups due to security concern. Despite a ceasefire agreement, a spike of attacks against the AFP by the military arm of the Communist Party of the Philippines continued in Eastern Mindanao, North Cotabato and South Cotabato, which further deteriorated the security situation and affected IDPs and returnees. The number of security incidents had also increased in eastern Mindanao, South Zamboanga and Basilan, Sulu and Tawi-Tawi (Basulta) regions. Though these areas were beyond the HAP coverage, the Government had acknowledged that humanitarian needs existed, particularly in outer islands of Basulta of the Autonomous Region in Muslim Mindanao (ARMM), and had requested assistance through subsequent HAPs.

Mindanao experienced extraordinary rainfall and flooding from end of May to mid-June 2011, affecting the majority of the conflict-hit provinces. According to DSWD, a total of 906,672 individuals were affected in 55 municipalities across five provinces and a city¹¹. The Government confirmed the worst-affected regions were 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, destroying houses, agriculture and infrastructure. To supplement government-led flood-assessment activities, a number of international and national NGOs, as well as UN agencies, conducted joint ad-hoc assessments with the local authorities to confirm the extent of needs in various sectors.

Donor agencies have been focussing on funding development activities in the Philippines, which is on the World Bank's middle-income country list. This has resulted in a very limited pool of emergency funds in the country. Mindanao has traditionally been experiencing challenges in attracting donor support due to the nature of its protracted, complex emergency context, which is reflected in the underfunded HAP. To date, the CERF mechanism represents the most tangible and readily accessible funding source which would strengthen core elements of humanitarian response in the underfunded crises.

II. FOCUS AREAS AND PRIORITIZATION

Preliminary results from the comprehensive IDP livelihood assessment undertaken jointly by WFP and the World Bank in November 2010 and made available in June 2011 revalidated earlier assessment results. It reports that 56 per cent of the population in Maguindanao fall within borderline or poor food consumption groups, followed by provinces of Lanao del Sur (40 per cent), Lanao del Norte (23 per cent) and Sultan Kudarat (18 per cent). The results also indicate that the returnees have the highest prevalence of food insecurity (42 per cent), even higher than those who remain displaced (25 per cent).

A joint UNICEF and WFP Nutrition and Food Assessment from 2009 highlight the disparity between the national average and conflict-affected areas of Mindanao. Severe acute malnutrition (SAM) was as high as 2.2 per cent, 87 per cent of households faced food insecurity and 75 per cent were limiting their meal sizes. In particular, appropriate therapeutic feeding interventions for children with SAM

¹¹ Department of Social Welfare and Development, *Joint HCT-Government donor briefing*, Manila, Philippines, 5 July 2011.

have been demonstrated to decrease mortality from up to 50 per cent to less than 10 per cent¹². In the community-based management of acute malnutrition (CMAM) interventions by UNICEF and Save the Children, a cure rate of more than 80 per cent and a reduced death rate of 5 per cent were achieved. Also, on a global level, proper infant and young child feeding (IYCF), especially after emergencies, can decrease under-five mortality by up to 19 per cent¹³.

The Government, through the NDRRMC (formerly the National Disaster Coordinating Council/NDCC), formally instituted the cluster approach in May 2007 in an NDCC Memorandum Circular, as a mechanism to improve the delivery of humanitarian assistance during disaster response in a coordinated and effective manner. The HCT was appointed the Cluster Co-Leads to the Government Leads. The constitution of the Government Clusters was amended by another circular in September 2008, where the Government merged several of the key clusters. The HAP for Mindanao represents this broad cluster configuration.

Due to the May and June 2011 floods in Mindanao, the cluster system was strengthened and sectoral meetings continued to take place regularly to ensure a coordinated response. Cluster focal points were designated at the field level in Cotabato City. Based on the HCT prioritization exercise, held on 22 July 2011, the following clusters/sectors were included in the CERF Underfunded Second Round application for the HAP 2011: Education, Livelihoods (agriculture and early recovery), Health, and Protection.

Education: Recent floods affected approximately 58,326 school children, 1,280 teachers and damaged 791 classrooms in 171 schools. In addition, 23 schools were used as temporary evacuation centres. The education cluster provided technical support to DepEd to run education in emergency classes and distributed 800 school packs, six high school recreational kits and book sets, and 88 teachers' packs to 16 flood-affected schools in Cotabato City. Priority areas included construction of temporary learning spaces (TLS), ensuring schools and TLS have adequate WASH facilities, provision of instructional materials and teachers mobilization.

Livelihoods (Agriculture and Early Recovery): The early recovery cluster supports implementation of the ARMM Early Recovery Plan and the convergence of programmes in return areas to achieve greater impact of assistance to affected communities. Eight out of the 36 priority return sites in ARMM were expected to receive livelihood support. Assessments indicated the need to support reintegration into return sites, rebuild sources of livelihood and damaged community infrastructures, and strengthen local governance and leadership. Recent flood assessments indicated significant losses in terms of livelihood and access to affected communities. In Maguindanao alone. The provincial government reported that as of 22 June, total production loss to crops amounted to Php84,917,000 (\$2,1 million), with 9,589 hectares planted to rice, corn, banana and assorted vegetables that had no chance of recovery. The Department of Agriculture and Fisheries (DAF) also reported 8,355 hectares of rice and corn farms were damaged, with 65 per cent or 5,414 hectares, that have no chance of recovery in North Cotabato and Sultan Kudarat provinces. Priority areas included the activation of DRR structures, ongoing damage assessment, the implementation of early recovery planning activities and identification of possible alternative livelihood activities.

Health: Various assessments undertaken by both Government medical teams and cluster partners showed that the recent floods carried public health risks that were likely to continue in the short and medium term. These included the outbreaks of fever, diarrhoea, cough, colds, skin diseases, and increased risk of hypertension. The main contributing factors to these risks included the damage to latrines and sanitation networks, lack of access to functional health facilities, damage to water and power supplies at health facilities, reduction of human resources and surveillance. Priority actions identified by the cluster included ensuring the provision of essential public health services in IDP sites and return areas including reproductive and mental health; strengthening the health referral system; and strengthening local government capacities for disaster risk reduction and emergency management. The health response included the provision of equipment, medicines and supplies to two hospitals, reproductive health interventions and GBV prevention activities, deployment of mobile clinic and laboratory, health information sessions, and reproductive and hygiene kit distribution at the time of the CERF application process.

Protection: In partnership with the Government, the protection cluster continued to monitor and respond to incidents related to the protection of civilians during conflict and natural disasters in Mindanao. Assessments indicated a need to develop a protection environment where principles were recognized and key IDP policy and advocacy issues were addressed; support was provided in a timely manner through clear GBV referral pathways and identification of vulnerable groups; psycho-social support was provided; community-based women and child protection systems were established; and exploitation and abuse of children and women were prevented. Priority areas included responding to GBV cases, persons with disabilities, training of partners on protection principles and practice, mobilizing monitoring teams, monitoring of returnees and ensuring equitable access to services in evacuation centres, and equitable distribution of food stubs/access cards/ration cards to vulnerable groups, such as women, women-headed households and the elderly.

¹² WHO, UNICEF, and SCN, "Informal consultation on community-based management of severe malnutrition in children". *Food and Nutrition Bulletin*, Volume 27, Number 3, September 2006. (Supplement - SCN Nutrition Policy Paper no. 21)

¹³ Jones, G., et al., "How many child deaths can we prevent this year? (Child survival II)", in *The Lancet*. 2003. p. 65–71.

III. CERF PROCESS

The limited aid pipeline reflects the operational constraints that donors and operational agencies faced in implementing humanitarian activities in the Philippines. Until the CERF application process began, agencies had to mobilize or re-programme their own operational resources to initiate humanitarian activities in Mindanao. Approximately \$9,594,799 in total has been received through the HAP MYR revised requirement of \$33,258,170. This represents a total of 24 per cent of the total requirements.

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, the HCT took into account the HAP MYR, Situation Reports, recent assessments and a financial tracking exercise by OCHA, which included an appraisal of pledges/contributions received and not reflected in the FTS such as the recent CERF Rapid Response grant approval for \$4.9 million. The prioritization was based on assessed needs, inter-cluster convergence to maximize impacts to 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 level of funding received, which has impeded the clusters' ability to respond to needs identified in the HAP, the HCT concurred that *Education, Livelihoods (agriculture and early recovery), Health and Protection* should be prioritized to support underfunded humanitarian activities and strengthen coverage in these areas.

The CERF prioritization outcome was well received by all members. The RC/HC and the HCT decided collectively on the overall financial breakdown for the submission per cluster/sector according to set criteria such as lifesaving, no-costs extensions, implementation timeframes, cluster capacities to respond, convergence of project locations to support comprehensive delivery of services and to mainstream people with disabilities across all CERF project submissions. In the following days, inter-cluster and intra-cluster prioritization meetings were conducted to identify prioritized sectors and activities, discuss technical issues, agree on funds allocation to prioritized 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): This sector is expected to bridge the gap between immediate relief and reconstruction and support cross-cutting early recovery/livelihood and reintegration activities. A livelihood technical working group, composed of the government's technical agencies, was created to provide guidance in planning and implementation of livelihood initiatives in conflict- and flood-affected return areas. The inter-cluster prioritization process agreed on the provision of flood-resilient livelihood interventions to the former IDPs of the 2008 conflict who had been affected by the recent floods in Central Mindanao. Priority would be given to the 46 return sites identified by the ARMM government for the autonomous region and the provinces of North Cotabato and Sultan Kudarat in Region XII. The livelihood activities that were supported by the early recovery cluster would provide quick impact at household level and enhance resilience to flooding, including the needs of persons with disabilities. The agriculture cluster will support critical restoration of agricultural resources which were lost to both conflict- and flood-affected populations. These activities had undergone a convergence exercise to ensure the sustainability of the livelihood initiatives and linking activities to existing local industry.

Education: In response to the HCT allocation to this cluster, an intra-cluster prioritization exercise discussed the critical gaps in interventions and agreed to prioritize people with disabilities and vulnerable populations. The meetings also involved technical discussions on the type, scope and convergence of activities among counterparts, partners, and key stakeholders. Critical life-saving activities included the 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 prioritization meeting was held with participation from sub-cluster leads for Child Protection, Sexual and Gender-Based Violence (SGBV) and partner NGOs. The prioritization process analyzed the critical needs, funding, convergence of protection/child protection/SGBV activities in prioritized locations, NGO partnership and, mainstreaming of people with disabilities. Funds distribution was decided during the intra-cluster meeting based on the mandate, organizational strengths, organizational capacity and local experience. Priorities identified included ensuring essential protection is provided, addressing critical child right violations, and establishing life-saving surveillance, monitoring and rescue systems for SGBV cases.

Health (including WASH and Nutrition): The decision-making process for developing this grant request for health, with the inclusion of cross-cutting WASH and Nutrition interventions, was based on existing needs identified during the HAP MYR and recent flood assessments. A convergence exercise was completed during the inter-cluster prioritization meeting to ensure cluster activities were aligned and addresses complementary needs in health, including reproductive health, WASH and nutrition. Projects funded through CERF included rehabilitation of health facilities and provision of equipment and supplies in the prioritized return areas and the provision of critical and life-saving health services. In return areas with no existing health facilities, health services will be provided by mobile

teams, particularly mobile clinic and laboratory. Trainings were provided to health personnel to strengthen the implementation of public health programmes, including in early warning and disease surveillance, health emergency management, and the needs of people with disabilities and other vulnerable populations. Revitalized health facilities and trained staff would facilitate the delivery of public health programmes, including in the areas where gaps have been identified, such as in mental health and psychosocial support, sexual and reproductive health, management of malnutrition, sanitation and water quality. The WASH and nutrition components were developed in coordination with the health cluster to ensure complementarity and convergence of interventions. Targeted municipalities and barangays of each cluster were taken into consideration in determining geographic target areas as well as the delivery point of interventions (i.e. expansion of CMAM and provision of WASH support to target health facilities of the health cluster.)

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 906,672¹⁴</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	3,150	7,350	10,500
	Education	3,581	3,580	7,161
	Health (including Reproductive Health)	44,980	41,520	86,500
	Health-Nutrition	1,050	750	1,800
	Protection/Human Rights/Rule of Law	97,700	91,300	189,000
	Water and sanitation	3,500	3,500	7,000

WASH: The cluster used the results from assessments by WASH Cluster partners in 2010 and Save the Children in 2011 to estimate the number of planned beneficiaries. The 2010 assessment reported inadequate WASH services in IDP camps and return sites. The Save the Children assessment in 2011, which was supported by UNICEF, showed inadequate access to safe drinking water, latrines and hand washing facilities in health facilities with Outpatient Therapeutic Centres and Stabilisation Centres as part of the CMAM programme. The initial proposal focused on the provision of WASH service to health facilities. Given the greater need for life-saving intervention to displaced households, the project was expanded to propositioning hygiene and water kits to these beneficiaries.

Nutrition: The estimated beneficiary targets for nutrition were based on government data, as organized by OCHA during the HAP 2012 preparation. Specific beneficiary targets (e.g. children under age 5) were based on demographic population estimates used by the Department of Health (DOH) in the target geographic areas. Direct beneficiary estimates were determined through estimation beneficiaries reached by the expanded services, as reflected in partners' reports and cluster monitoring databases.

Reproductive Health: The number of pregnant and lactating women beneficiaries is estimated by taking 4 per cent of the affected population in the target barangays. One medical mission reached an average of 150 clients while 30 participants were recorded in each health information session. The actual numbers of beneficiaries reached depend on the target numbers of medical missions and information sessions achieved.

Education: The CERF funded projects reached a total of 27,312 children, who were affected by complex emergencies in the provinces of North Cotabato and Maguindanao as well as Tropical Storm Washi in Region X, based on the completion reports from NGO partners and education cluster members: Community and Family Services International (CFSI), Balay Rehabilitation Centre (Balay), Save the Children International and the Mindanao People's Caucus (MPC). Most of these beneficiaries were from 61 disaster-affected schools in areas covered by the project.

¹⁴ Joint HCT-Government Donor briefing, DSWD, 5 July 2011.

Protection/Human Rights/Rule of Law: Available information from the displacement tracking matrix, reports from the government (e.g. Department of Social Welfare and Development – Autonomous Region in Muslim Mindanao (DSWD-ARMM), NSO's data on unregistered IP and Muslim population) were used to set initial target. UNHCR set its own target relative to protection monitoring activities in three regions, and estimated population with no civil documentations in Central Mindanao. Under the Child Protection Sub-Cluster, majority of the target caseload under this project were Children Associated with Armed Forces and Armed Groups (CAAFAG) coming under the overall rubric of the UN-Moro Islamic Liberation Front (MILF) Action Plan on the issue of the recruitment and use of minors in the armed conflict in Mindanao.

In 2009, when the UN-MILF Action Plan was negotiated and signed, it drew on the guidance of the time; being based on a Disarmament, Demobilization and Reintegration (DDR) framework that began with the identification and registration of CAAFAG. The approach to the Action Plan followed the Paris Principles and Guidelines (2007) in its definition of children associated with armed forces and armed groups, which includes those children engaged in support and auxiliary roles. The planned number of beneficiaries for the CERF project took into account this registration process. However, the MILF claims 3,847 barangays (153,880 *sitios/villages*) with an average of 183 barangays per Base Command. Based on unverified figures from an experimental rapid registration process in early 2010, an average of 30 children was found to be “associated” with the MILF in each barangay, indicating that more than 100,000 boys and girls in Mindanao could, if similarly registered, be categorized as associated with the MILF. Applying the Paris Principles and Guidelines to this context was therefore found to be unworkable, and was discontinued during the project period.

As a result, beneficiary numbers had been altered to reflect those reached through six Community-Based Child Protection Networks (CBCPNs) that had been set up in conflict-affected Bangsamoro communities, and through MRM/Action Plan orientation and awareness-raising sessions for MILF personnel and communities, conducted in the vicinity of two MILF Base Commands in Sarangani and Basilan.

Agriculture: The target beneficiaries for Agriculture were selected based on data from DSWD and cluster co-lead (WFP), damage assessment reports from Department of Agriculture (DA) Field Unit 12, and as organized by OCHA in the HAP 2011 planning. Specific beneficiary targets (e.g. IDPs) were based on agreed criteria, in consultation with project partners and approved by the Project Coordinating Committee (PCC). The PCC composed of DA representatives, provincial agriculture officers of North Cotabato and Sultan Kudarat and FAO. The final determination of beneficiaries, which was based on available funds from CERF, was the major challenge in reaching the final estimate.

Health: Beneficiary targets were based on figures on affected populations compiled by OCHA and agreed upon by all clusters during the HAP preparation. Breakdowns by age and gender were based on methods used by the ministry of health in estimating programme targets. Numbers have also been counterchecked against population census and other official demographic data. As for IOM, the planned beneficiaries were based on prior consultation with DoH at the provincial and municipal levels to identify areas for assistance, which were in line with IOM's own needs assessment activities.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	153,961	215,494
Male	148,000	191,692
Total individuals (Female and male)	301,961	407,186
Of total, children <u>under</u> 5	35,566	86,213

In total, the clusters had reached more beneficiaries, most notably women and children under-5, during the CERF grant period from September 2011 to June 2012. Five clusters – Agriculture, Education, Health and Nutrition, and Water, Sanitation and Hygiene (WASH) – used the following approaches:

- Effective inter-cluster coordination during preparation and resources mobilization. This enabled IOM to expand the rehabilitation of five Barangay Health Stations (BHS) to eight in the areas where WHO and UNFPA provided services. In return, WHO provided health supplies and UNFPA distributed RH-related equipment to these additional BHS.
- CERF funding allowed the clusters to preposition supplies for displaced households, i.e. WASH cluster.
- Project saving measures, i.e. Agriculture cluster.

- Mobilization and capacity building of local partners allowed the Health and Nutrition clusters to expand service coverage to other barangays. Trained local staff in CMAM and IYCF services had successfully reached out to 53,045 children under age 5 from the planned 1,500 children in isolated areas.
- The exchange rate differences.

Other clusters did not reach the planned number of beneficiaries due to several reasons, such as the redeployment of staff to Tropical Storm Washi response had slowed down the project implementation, and the delay in finalizing partnership with local NGOs. Child Protection sub-cluster reported a revise in planned number of Children Associated with Armed Forces and Armed Groups, who were the direct beneficiaries, due to the prolonged peace negotiations between the Government and the MILF.

The delivery and distribution of agriculture inputs coincided with the cropping season, which contributed to the peace and order in the target areas. On the health sector, the rehabilitation of damaged community health facilities and deployment of mobile health teams to affected areas without existing health facilities had restored essential public health services, such as immunization, maternal and child health services, health promotion and advocacy, and the government’s communicable and non-communicable disease programmes, in addition to primary care consultations.

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

YES PARTIALLY NO

CERF funds enabled some Cluster members to deliver fast life-saving interventions. Some challenges that affected the timely distribution of assistance were the security environment of the areas where humanitarian works were carried out, the cropping season, and the sustainability of human resources and emergency supplies during multiple emergencies within a short period of time – in this case, the Tropical Storm Washi, which struck in December 2011.

b) Did CERF funds help respond to time critical needs¹⁵?

YES PARTIALLY NO

Apart from providing the resources needed to start project implementation with local partners, CERF funds also contributed to the implementation of UN-MILF Action plan, a time-bound set of provision required of the MILF to cease all recruitment and use of children, and subsequently improve its accountability.

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

YES PARTIALLY NO

The success of Child Protection sub-cluster and Education cluster in providing critical life-saving interventions in a timely manner, strengthening coordination, and improving reporting mechanism, had increased UNICEF’s credibility and raised its profile among the government partners and donor agencies. This has helped UNICEF to mobilize more funds from the governments of Australia, Spain and so on. For almost similar reasons, UNFPA managed to generate funding from other sources for emergency response to Tropical Storm Washi. Some clusters, however, had to rely on CERF grants for this type of complex emergency.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funds improved coordination in several ways: they helped build the capacity of local partners in various areas, identified the needs and gaps as well as convergence areas, and the distribution of humanitarian aid, regular inter-agency and inter-cluster meetings facilitated information exchanges and inter-agency collaborations. FAO was able to leverage resources, both human and technical supports, from LGUs and other government agencies in completing project activities through their regular programme activities.

¹⁵ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Challenge faced in quantifying beneficiary numbers reached through Child Protection interventions. This is particularly pertinent in the context of non-state armed groups [see 11-CEF-046-C] and programming that seeks to address a particular issue (e.g. recruitment and use) with a particular tool (e.g. UN-MILF Action Plan) within a significantly broader programme intervention (e.g. CBCPNs).	<p>Always allow for narrative explanations when requesting beneficiary numbers.</p> <p>Always include space for including adult/care-giver/community members/etc. beneficiary numbers because these individuals are integral to Child Protection.</p>	CERF secretariat
For resiliency of the community in future disasters and sustainability of response efforts.	Consider DRR activities in CERF Funding for preparedness and mitigation.	CERF and UNICEF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
That a standard of hygiene and water kits is necessary for equity in distributions	While all active WASH Cluster partners use the standard set by the WASH Cluster, some other partners who do not actively participate and the private sector are providing a different standard. More work is required to persuade others of the need for a standard.	UNICEF and Department of Health
CERF allocation was instrumental in strengthening the health systems to prevent child mortality from malnutrition	Nutrition should always be considered as one of the priority projects for CERF allocation.	HCT/UNICEF
<p>Allocation criteria/decisions scarcely recognized the life-saving and life-sustaining value of education interventions for preschool and school-aged children in times emergencies.</p> <p>The proposal review process have been helpful in ironing out the document. It sharpened the proposal's life-saving features. However, the time spent in moving the document back and forth due to series of comments can perhaps be made shorter. This is</p>	Simpler and faster proposal review process with all comments given at one time. Perhaps, it would help if a two-day proposal review workshop is conducted, involving all clusters, with an output of a more final version of the proposal.	HCT, OCHA

<p>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.</p>		
<p>Seek the assistance of other clusters to look for appropriate NGO partners for CERF projects.</p>	<p>OCHA to assist clusters through inter-cluster coordination in finding appropriate NGO partners for CERF projects. There may be a roster or mapping of NGOs in the target sites that OCHA can share through its database.</p>	<p>HCT, OCHA</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	30.09.11 – 30.06.12
2. CERF project code:	11-FAO-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Support to Early Recovery Needs of Conflict and Flood Affected Areas in Central Mindanao		
7. Funding	a. Total project budget:		US\$ 790,262
	b. Total funding received for the project:		US\$ 299,721
	c. Amount received from CERF:		US\$ 299,721
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,150	3,975	FAO requested the CERF Secretariat to use potential project savings in order to target an additional 2,750 beneficiaries. These savings have enabled procurement of additional agricultural inputs.
b. Male	7,350	9,275	
c. Total individuals (female + male):	10,500	13,250	
d. Of total, children <u>under 5</u>	NA	NA	
9. Original project objective from approved CERF proposal			
<p>Overall: To improve the food security of the most vulnerable internally displaced and flood-affected farm households in North Cotabato and Sultan Kudarat in Region XII.</p> <p>Specifically:</p> <ul style="list-style-type: none"> • Provide agriculture input packages for support to food production and asset restoration to at least 2,100 former IDPs families in conflict- and flood-affected communities in the provinces of North Cotabato and Sultan Kudarat. • Provide immediate short-cycle skills training in sustainable rice, corn and vegetable production. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of former IDPs households, including women and disadvantaged people, received flood resilient agricultural inputs and support; • Number of hectares of agricultural land have been made productive; • Number of agricultural and appropriate short-cycle trainings provided to IDP families. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Input packages provided to beneficiaries: <ul style="list-style-type: none"> ○ 1,665 bags of 40 kg/bag of certified rice seeds to 1,665 farm families; ○ 985 bags of 18 kg/bag of open pollinated corn seeds to 985 farm families; 			

- 2,650 bags of 50 kg/bag of fertilizers (1,835 bags of Urea and 815 bag of complete) to 2,650 farm families;
- 4,400 packets of 5 types of vegetable seeds (eggplant, squash, pole sitao, bitter gourd, and okra) to 2,200 farm families;
- 220 sets of garden tools (hoe, shovel, rake, weeding sickle and plastic watering cans or sprinklers) to 220 farm households.
- Number of hectares of agricultural land made productive:
 - 1,665 hectares cultivated to rice;
 - 985 hectares cultivated to corn;
 - 83.6 hectares of backyard vegetable gardens.
- Number of agricultural and appropriate short cycle trainings provided to IDP families
 - A total of 565 beneficiaries (132 men and 433 women) completed skills training in seven batches of sustainable crop production, and 8 alternative livelihood options training.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Project savings have enabled the procurement of additional input packages, resulting in an increase of the area cultivated with crops.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Majority of the beneficiaries who completed trainings on backyard vegetable production and alternative livelihoods were women.

14. M&E: Has this project been evaluated?

YES NO

No formal evaluation has taken place but the DA Regional Field Unit XII and municipal LGUs conduct monitoring visit as part of their regular activities.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	15.09.11 – 30.06.11
2. CERF project code:	11-IOM-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Health Assistance to Families in Conflict Affected Areas in Mindanao		
7. Funding	a. Total project budget:		US\$ 644,959
	b. Total funding received for the project:		US\$ 186,983
	c. Amount received from CERF:		US\$ 186,983
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,580	14,323	There are 10 BHS provided with equipment and supplies. IOM targeted eight sites for repair and an additional two sites for provision of equipment and supplies. These were Barangay (Brgy) Dapiawan in Datu Saudi Ampatuan (Maguindanao Province) and Brgy Upper Dado in Municipality of Alamada (North Cotabato Province). The two sites were areas associated with WHO. As agreed during the health project implementer team meeting, the additional sites of IOM, from five to eight, needed medicine supplies. However, IOM, as per mandate and project deliverables, cannot provide medicine. Therefore it was agreed that IOM provide equipment and supplies to the two sites so that WHO could provide medicines in IOM's additional sites.
b. Male	7,920	9,549	
c. Total individuals (female + male):	16,500	23,872	
d. Of total, children <u>under 5</u>	3,300	4,774	
9. Original project objective from approved CERF proposal			
Support the Government in providing essential health services at the community level through health facility repair and training interventions.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Up to five BHS were expected to be repaired and refurbished with basic equipment and medical supplies: <ul style="list-style-type: none"> ○ Brgy. Linamonan, Talayan ○ Brgy. Nunangen, Datu Anggal Midtimbang (DAM) ○ Brgy. Tugal, DAM ○ Brgy. Damablak, Talayan, Maguindanao Province ○ Brgy. Salat, Pres. Roxas, North Cotabato 			

<ul style="list-style-type: none"> The repair and resupply of five BHSs were expected to benefit a total of 16,500 people. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Eight BHS were repaired and refurbished: <ul style="list-style-type: none"> Brgy. Linamonan, Talayan Brgy. Nunangen, DAM Brgy. Tugal, DAM Brgy. Damablak, Talayan, Maguindanao Province Brgy. Salat, Pres. Roxas, North Cotabato Brgy. Madia, Datu Saudi Ampatuan Brgy. Pamalian, Shariff Saydona Brgy. Pikeg, Shariff Saydona The repair and resupply of BHS with basic equipment and medical supplies (health kits) aided 23,872 direct beneficiaries. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
A total of eight Barangay Health Stations were repaired, exceeding the initial goal of five BHS to be repaired and resupplied.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project was designed to improve the overall health condition of the target communities including men, women, and children.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
There was no CERF funding allotted for M&E. IOM conducted its own internal M&E process to oversee the status of the project and its deliverables.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	06.09.11 – 30.06.12
2. CERF project code:	11-FPA-038	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Promoting Reproductive Health and Saving the Lives of IDP Women, Adolescents and Men in Conflict Affected Areas in Mindanao		
7. Funding	a. Total project budget:		US\$ 531,000
	b. Total funding received for the project:		US\$ 146,617
	c. Amount received from CERF:		US\$ 146,617
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	18,200	15,053	Tropical Storm Washi affected northern Mindanao during a significant part of the CERF implementation period. Given the scale of the storm, a significant amount of human resources was deployed to the emergency response in the affected areas. This move has affected the pace of the project implementation.
b. Male	16,800	13,896	
c. Total individuals (female + male):	35,000	28,949	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Reduce maternal and neonatal deaths among IDPs in return sites. • Prevent unwanted and unplanned pregnancies. • Discourage early marriage and prevent teenage pregnancies. • Reduce STI/HIV/AIDs transmission. • Raise awareness about reproductive health among the IDP population. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Reduce number of maternal and neonatal deaths in the return areas by 20%. • Increase number of Family Planning (FP) users among the returnees by 50%. • Decrease number of early marriages and teen pregnancies by 10% • Reduce number of syphilis-like infections among pregnant women by 50% • Increase level of RH awareness among 20% of the IDP population in return sites. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Conducted 44 RH medical missions providing RH services to a total of 1,922 IDP clients. The conduct of the Reproductive Health Medical Missions (RMMs) improved the overall RH condition of the target population thereby helping reduce cases of maternal and neonatal deaths in the target communities. 			

- The RMMs also became a venue for the provision of Family Planning commodities not only to current FP users, but also to new FP acceptors who availed of free FP commodities during the RMMs.
- The discussion of the consequences of early sexual activity and early marriage during the health information sessions (HIS) enabled a more open discussion among young people on its implications on their health and overall well-being. These discussions discouraged a number of young people from engaging in early sexual activity and early marriage.
- STIs, such as syphilis-like infections, were also treated through the RMMs with diagnosis made possible with the provision of free laboratory services through the mobile clinic and laboratory (MCL).
- 6,000 women, men and young people attended 240 health information sessions (HIS), increasing the level of awareness on reproductive health among the IDP's in the 10 return sites. The HIS enabled the improvement in the health-seeking behaviour among the target population with more clients seeking consultations through the MCL and the regular BHSs and RHUs. The discussion of the consequences of early sexual activity and early marriage during the HIS enabled a more open discussion among young people on its implications on their health and overall well-being. This further discouraged young people from engaging in early sexual activity and early marriage.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The lack of baseline data prevented a more accurate measurement of the achievement of the outcomes.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): By the nature of the project which primarily targets pregnant and lactating women as well as adolescent girls, the project is aimed at improving gender equality through the provision of access to basic services such as reproductive health for women IDPs.

14. M&E: Has this project been evaluated?

YES NO

There was no formal evaluation but regular monitoring visits by the UNFPA staff to the target sites during the period of implementation enabled the early identification and resolve implementation bottlenecks, which improve the implementation rate.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	16.09. 11 – 30.06.12
2. CERF project code:	11-FPA-039	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, Human Rights, Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Addressing Gender-Based Violence (GBV) among the IDPS in Mindanao		
7. Funding	a. Total project budget:		US\$ 446,979
	b. Total funding received for the project:		US\$ 346,800
	c. Amount received from CERF:		US\$ 100,232
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	42,500	540	This was the first GBV-focused project in the conflict-affected Mindanao. In implementing this project, UNFPA faced significant difficulties finding appropriate partners with the necessary technical expertise as well as programmatic and financial capacity due to the sensitive nature of the project; it also dealt with a highly insecure working environment. The challenges, and in particular, the delay in finalizing partnership resulted in reduced coverage of targeted beneficiaries. ¹⁶
b. Male	42,500	540	
c. Total individuals (female + male):	85,000	1,080	
d. Of total, children <u>under 5</u>	NA	NA	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Establish an effective community-based surveillance, monitoring and rescue system for cases of SGBV in return sites. Ensure access to appropriate and immediate medical and psychological care for GBV survivors. Make functional and strengthen the referral systems for GBV survivors in return areas. Raise the awareness of IDPs in return sites about SGBV, gender equality, and women's rights. 			
10. Original expected outcomes from approved CERF proposal			
By the end of the June 2012:			
<ul style="list-style-type: none"> 75% of GBV survivors in the return areas rescued and provided with appropriate medical and psychosocial support services. Awareness of at least 50% of the IDP population in the return sites about SGBV, gender equality and women's rights raised. Reduced number of GBV cases in the return areas by 50%. Critical and life-saving medical and psychosocial provided to 100% of GBV survivors rescued. 			

¹⁶ Before the project even started, UNFPA discussed partnership with three local NGOs -- MINHRAC, HOM and UNIPHIL – that were part of a consortium with MINHRAC as lead, and based on the agreed responsibilities, specifically named in the CERF project proposal. Once CERF funds arrived and the proposal was supposed to be finalized, all three NGOs prepared their proposals, with HOM requesting full funding to cover the entire organizational cost. When UNFPA did not agree to follow the demands, not only HOM but MINHRAC and UNYPHIL also pulled out of the negotiations. Since no other local NGOs based in Cotabato met the criteria, UNFPA turned to international NGOs, and discussed partnering with Nonviolent Peaceforce and CFSI even though their GBV capacity had to be strengthened. By then, it was already June 2013 and the project duration was almost over. Management decided to just return the funds. Since we had a follow through GBV project also under CERF, UOD 27, the international NGOs were hired under the next project and they implemented until December 2013. UNFPA was able to spend 100% of the funds in the next GBV project.

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 1,080 women, men and young people were provided with health information sessions, including sessions on GBV prevention and response. This helped increase awareness on GBV and Reproductive Health among the IDPs in the 10 return sites. • Even if the partnership with the NGOs did not materialize, the GBV Sub-Cluster was able to provide technical assistance and mobilize local government partners to put up the following community-based protection measures: a) Three Violence Against Women (VAW) Centres in Maguindanao are functioning as referral desks and counselling areas; b) all municipalities of the project sites have Women and Children Protection Desks under the Philippine National Police; c) 377 barangays have established VAW desks in Lanao del Sur and Maguindanao; and d) multi-sectoral service providers as well as 15 Muslim religious leaders were provided trainings on GBV in emergencies. • The GBV Sub-cluster together with the Regional Inter-Agency Committee on Anti-Trafficking and Violence Against Women and their Children (IACAT-VAWC) of ARMM and Region XII and partner NGOs were able to establish the GBV referral system to ensure timely medical and psychosocial support to GBV survivors. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
As cited above, this was the first GBV-focused project in the conflict affected Mindanao. In implementing this project, UNFPA faced significant difficulties finding appropriate partners with the necessary technical expertise as well as programmatic and financial capacity due to the sensitive nature of the project; the highly insecure working environment was also a challenge. Hence, planned outcomes, except for the awareness-raising, were not achieved.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Gender marker was not indicated in the project sheet. However, gender was mainstreamed in the project sheet by addressing GBV-focused on women and girl survivors, addressing their specific needs and concerns, and providing confidential, age-appropriate and gender-sensitive survivor-centred and multi-sectoral referral services. Specific activities, such as community-based information sessions, catered to women and girls focusing on their human rights, their roles on prevention and response to GBV. The project also targeted males in the community to address GBV issues.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No formal evaluation has taken place but the UNFPA GBV Coordinator conducted regular monitoring visits in the project sites.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	12.09.11 – 30.06. 12/ 07.10.11 – 30.06.12
2. CERF project code:	11-HCR-041/11-HCR-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, Human Rights, Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Assistance to the Internally Displaced Persons in Mindanao		
7. Funding	a. Total project budget:		US\$ 1,899,347
	b. Total funding received for the project:		US\$ 1,000,000
	c. Amount received from CERF:		US\$ 1,000,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	45,000	78,776	The discrepancy is due to the expansion of Protection Cluster towards Northern and Eastern Mindanao in addition to the partnership established with national NGOs as well as with UNCHR which has been largely involved in protection monitoring. For children under age 5, estimated beneficiaries are only set at 20% of the 40% estimated population of children, based on the total beneficiaries.
b. Male	37,000	80,689	
c. Total individuals (female + male):	82,000	159,465	
d. Of total, children <u>under 5</u>	20,500	12,757	
9. Original project objective from approved CERF proposal			
<p>To reinforce the capacity of the authorities to respond to displacement in line with the UN Guiding Principles on Internal Displacement and within the framework of a UN multi-agency response.</p> <p>Specific objectives include:</p> <ul style="list-style-type: none"> • Ensure the development of a protection environment in which protection principles are recognized and applied in all humanitarian responses. • Ensure the provision of essential protection services in IDP sites and return areas to all children, women and other vulnerable groups. • Ensure the existence of protection mechanisms capable of providing support in a timely manner, through effective coordination, clear referral pathways, early warning and response. • Identify needs of returning IDP population and strengthen community self-reliance and livelihoods opportunities. 			
10. Original expected outcomes from approved CERF proposal			
<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. • At least 2,000 members of the AFP or officers and the Philippine National Police have implemented and institutionalized International Humanitarian Law and UNGPID policies and standards. • Over 40,000 displaced persons benefit from civil status documentation. 			

<ul style="list-style-type: none"> Protection concerns of IDPs addressed and protection monitoring by the Commission on Human Rights strengthened. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Development of a protection environment in which protection principles are recognized and applied in all humanitarian responses. <ul style="list-style-type: none"> Cooperative partnerships for protection monitoring among national NGOs, community-based organizations and CHR has been established in under the Protection Cluster located in 3 different locations including Iligan City for Northern Mindanao, Davao City for Eastern Mindanao, and Cotabato City for Central Mindanao. Protection Monitoring Mechanism needed to systematically, regularly, and in a timely fashion collect and report information related to protection from the communities has been initiated. Implementing partners achieved the introduction of the local protection mechanisms in the project sites. Provision of essential protection services, including ones on security as well as birth registration, in IDP sites and return areas to all children, women and other vulnerable groups. Existence of protection mechanisms capable of providing support in a timely manner, through effective coordination, clear referral pathways, early warning and response. Needs identified of returning IDP population and strengthen community self-reliance and livelihoods opportunities. Returning displaced persons to places of origin were able to meet basic and protection needs and had fully reintegrated in their respective communities. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The discrepancy is due to the expansion of Protection Cluster towards Northern and Eastern Mindanao in addition to the partnership established with national NGOs as well as with CHR which has been largely involved in protection monitoring. For children under age 5, estimated beneficiaries are only set at 20% of the 40% estimated population of children based on the total beneficiaries.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Interventions by UNHCR are conceptualized with an overall multi-year strategy for protection of IDPs. UNHCR conducts regular monitoring of CERF-funded activities implemented directly or by implementing partners albeit no formal evaluation has been conducted yet.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20.09.11 – 30.06. 12
2. CERF project code:	11-CEF-046-A	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Providing WASH services to health facilities in areas affected by conflicts and natural disasters in Mindanao		
7. Funding	a. Total project budget:		US\$ 2,000,000
	b. Total funding received for the project:		US\$ 1,019,762
	c. Amount received from CERF:		US\$ 150,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,500	29,400	1,000 water and hygiene kits have been used for conflict-related emergency in 2012, while 5,000 water and hygiene kits have been used for Typhon Bopha response. The 6,000 water and hygiene kits for replenishment of stock pile for conflict areas with other funding sources.
b. Male	3,500	19,600	
c. Total individuals (female + male):	7,000	49,000	
d. Of total, children <u>under 5</u>	1,500	6,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Improve WASH services in health facilities. Ensure regular monitoring of water quality in health facilities. Enhance the capacity of health workers on hygiene promotion. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Girls, boys, women and men have protected and reliable access to sufficient and safe drinking water, sanitation and hygiene facilities. Morbidity and mortality due to diarrhoea and other water-borne diseases prevented by ensuring a coordinated and efficient WASH cluster response. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The initial proposal was focused on provision of WASH to health facilities; however, the WASH Cluster determined that a greater need in the humanitarian context was for prepositioning 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. 6,000 household water and hygiene kits were prepositioned 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) 			

<p>and funds saved from other projects from the previous year:</p> <ul style="list-style-type: none"> • Access to safe water in four Rural Health Units was improved through the installation of motorised 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 goals of objectives of this project by next year's report. • Province wide Water Quality Monitoring was being conducted including the health facilities. • Rural Health Unit staff was 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 progressed in 2012 on Hygiene Promotion. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The funds were used to provide hygiene kits and water kits for 6,000 households for UNICEF emergency response. The initial proposal was focused on provision of WASH to health facilities; however, the WASH Cluster determined that a greater need in the humanitarian context was for prepositioning hygiene and water kits.¹⁷</p> <p>The current humanitarian situation is an ongoing emergency due to cyclical conflict, natural disaster and poor disaster risk management. As such, hygiene and water kits are required on a regular basis as part of the life-saving intervention for displaced households. CERF has improved the humanitarian situation by providing funding for these supplies which are prepositioned and used on a needs basis.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>No funds were raised beyond CERF. No budget for evaluation.</p>	

¹⁷ The five-year independent CERF review in the Philippines (Aug 2012) indicates, as a lesson learned, that "WASH Cluster co-lead was not informed of this requirement and believed that the Cluster's approval was sufficient".

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20.09.11 – 30.06.12
2. CERF project code:	11-CEF-046-B	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health, Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring Access to Nutrition Services by Conflict-Affected Communities in Central Mindanao		
7. Funding	a. Total project budget:		US\$ 2,014,000
	b. Total funding received for the project:		US\$ 613,610
	c. Amount received from CERF:		US\$ 101,353
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,050	39,266	The grant enabled mobilization and capacity-building of local partners, including community-based health and nutrition workers at the village level, resulting in expanded coverage and reach to barangay-level screening and referrals.
b. Male	750	25,992	
c. Total individuals (female + male):	1,800	65,258	
d. Of total, children <u>under 5</u>	1,500	53,045	
9. Original project objective from approved CERF proposal			
Reduce mortality of girls and boys under 5 with SAM, identification of girls and boys 6-59 months with acute malnutrition; ensure access to therapeutic feeding services for girls and boys 6-59 months with SAM, information and counselling.			
10. Original expected outcomes from approved CERF proposal			
Reduced mortality due to SAM and related complications in target sites, prevented micronutrient deficiencies in vulnerable girls and boys, and enhanced capacity of health facilities to provide CMAM and IYCF services			
11. Actual outcomes achieved with CERF funds			
Mortality rate of SAM children reduced to less than 10%, and almost 200 local health staff in more than 20 municipalities trained in CMAM and IYCF in emergencies.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy in achieved mortality reduction and cure rates versus planned outcomes. Defaulter rates were higher than expected because of challenges and limitations on reaching and sustaining support in far-flung and hard-to-reach barangays.			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

No other funding source was mobilized outside of CERF, hence no budget for a formal evaluation on top of standard program monitoring.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20.09.11 – 30.06.12
2. CERF project code:	11-CEF-046-C	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, Human Rights, Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protecting Children Affected by Armed Conflict in Mindanao		
7. Funding	a. Total project budget:		US\$ 2,000,000
	b. Total funding received for the project:		US\$ 500,000 ¹⁸
	c. Amount received from CERF:		US\$ 319,147
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,200	2,000	Note that the majority of the target caseload under this project is Children Associated with Armed Forces and Armed Groups. However, given the adaptations made to the UN-MILF Action Plan during the reporting period – including the discontinuation of registering CAAFAG – the planned number of direct beneficiaries had to be revised. The total number of reached beneficiaries is calculated (estimated), based on reach of six CBCPNs [see text report], and the extended recipients of MRM/Action Plan orientations [see text report].
b. Male	11,800	2,000	
c. Total individuals (female + male):	22,000	4,000	
d. Of total, children <u>under 5</u>	Not applicable	Data not available	
9. Original project objective from approved CERF proposal			
Grave Child Rights Violations in situations of armed conflict are prevented and responded to; and children associated with the MILF- Bangsamoro Islamic Armed Forces (BIAF) in Mindanao are released and supported in their reintegration to civilian life within an inclusive, community-based framework. This will be achieved through established provisions as set out by the MRM and in the UN-MILF Action Plan. They include, inter alia, registration of children who may be found to be associated with the MILF-BIAF, provision of technical support to community data-gatherers, assisting with the development of a strategy for the reintegration, and roll-out of reintegration support in selected barangays.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> At least 2,000 CAAFAG are registered. A strategy for reintegration services, such as vocational training, accelerated learning classes and/or other educational opportunities for CAAFAG, is developed. MILF personnel and communities are aware of the UN-MILF Action Plan and have capacity to access the complaints mechanism. 			

¹⁸ Earmarked funds received before 2011 and before the HAP: 150,000 (AusAID); 150,000 (UNICEF Regular Resources); 100,000 (Sweden); 100,000 (UNICEF Private Sector Fund)

- Child Protection Units (CPUs) are established in the MILF-BIAF command structure.
- Community partners and local structures are oriented on the mechanisms to report grave child rights violations.
- All verified cases of grave child rights violations in Central Mindanao are 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.

11. Actual outcomes achieved with CERF funds

- At least 2,000 CAAFAG are registered: In consultation with the CTFMR and the Office of the SRSG CAAC, registration of CAAFAG under the UN-MILF Action Plan discontinued due to inherent challenge of identifying degrees of children's 'association' with the MILF given the community-driven dynamic of involvement in the armed conflict that prevails in the region.
- A strategy for reintegration services, such as vocational training, accelerated learning classes and/or other educational opportunities for CAAFAG, is developed: A Concept Note for joint programming between UNICEF and ILO was developed. This set out a strategy for developing a 'package' of livelihood and income generation opportunities for young people in the same conflict-affected Bangsamoro communities that are selected for the establishment of CBCPN. These communities show multiple vulnerability criteria linked to the armed conflict.
- MILF personnel and communities are aware of the UN-MILF Action Plan and have capacity to access the complaints mechanism: Orientations and advocacy on the MRM and Action Plan have continued in October and December 2012 for 256 MILF commanders and personnel across two Base Command areas in Sarangani and Basilan Provinces.
- Child Protection Units are established in the MILF-BIAF command structure: The establishment of CPUs – now to be called Child Protection Focal Points – has been discussed with the MILF Five-Person Panel. Identification of these CP focal points is to some extent self-selecting in that some members of the CBCPNs are also members of the BIAF.
- Community partners and local structures are oriented on the mechanisms to report grave child rights violations: CP Mapping has been conducted in conflict-affected LGUs across Mindanao. In addition, six priority conflict-affected Bangsamoro communities have been selected in partnership with Bangsamoro Development Agency for the strengthening of CBCPNs. Both processes contribute to the development of a robust complaints mechanism in conflict affected barangays where BCPC functionality is weak.
- All verified cases of grave child rights violations in Central Mindanao are responded to: For the reporting period of 1 January to 31 December 2012, the Philippine Country Task Force recorded 16 incidents of recruitment and use of minors. This represents a decrease from the previous reporting period of 2011, which recorded 26 incidents affecting 54 children. Data recorded by the country task force show an annually decreasing number of reported cases over the reporting period, which may be partly attributed to heightened advocacy on MRM by the Country Task Force. The majority of these cases would be categorized as "use" of children in the context of armed conflict.
- 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: Six priority conflict-affected Bangsamoro communities have been selected in partnership with Bangsamoro Development Agency for the strengthening of CBCPNs.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Additional information on outcomes achieved with CERF funds:

The UN in the Philippines continues to engage with the MILF on the implementation of the Action Plan on the issue of the recruitment and use of minors in the armed conflict in Mindanao. For the purposes of the Action Plan, the MILF is represented by a Five-Person Panel, chaired by the MILF's Chief of Civil Military Relations.

Since the expiry of the Action Plan in July 2011, after two years of implementation, the signing of an addendum on extension of the Action Plan remains pending the concurrence of the MILF Leadership. Following the Country Task Force's review and approval of the draft on October 2012, several meetings were held between UNICEF and MILF panel to follow up the signing of the draft Action Plan addendum. Commitments on the GPH-MILF peace negotiations, however, took better of the panel's time.

Interaction and dialogue between the UN and the MILF has remained good during the reporting period, particularly on the challenges of registering children associated with the MILF given the local context, and eliciting greater mutual understanding of the processes and terminologies employed in the wording of the Action Plan. The MILF Five-Person Panel has continued to express commitment in principle to the full implementation of the Action Plan, with recognition of the collective work still to be done.

Recent progress in the peace talks between the MILF and the Government that resulted in the signing on 4 November 2012 of the Framework Agreement towards the new autonomous region of Bangsamoro, promises to provide a more enabling environment for accelerating progress with the Action Plan and enhancing the protection of children affected by armed conflict.

Preparations have been completed for a Knowledge, Attitudes and Practices (KAP) study that will look at the role and influence of peers, parents, and communities in relation to the involvement of children in hostilities. The KAP Study, which is to be undertaken as part of a broader child-centered Conflict Analysis in Mindanao, will inform a wide-ranging communications and awareness-raising campaign for youth, parents and communities in 2013. UN agencies and NGOs from the Country Task Force and the Child Protection Working Group (CPWG) held a workshop on 6 November in preparation for the KAP Study. The workshop focused on 'who does what where' with regard to communications and advocacy work in the region; and made an initial analysis into the audiences and messages that communications and advocacy for the MILF Action Plan must reach and develop. The KAP Study and the Conflict Analysis will consolidate ongoing efforts to map stakeholders throughout areas of MILF influence, towards the more effective dissemination of child protection messages and programming.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

Note: Project is reported on through MRM Global Horizontal Notes and MRM Annual Reports. Evaluation of progress on the UN-MILF Action Plan is therefore scrutinized at the HQ level every two months.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20.09.11 – 30.06.12
2. CERF project code:	11-CEF-046-D	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring continued access of conflict and natural disaster-affected children to quality preschool and basic education opportunities		
7. Funding	a. Total project budget:		US\$ 2,828,150
	b. Total funding received for the project:		US\$ 1,750,000
	c. Amount received from CERF:		US\$ 750,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,581	13,961	The project surpassed its target due to three main factors: The concurrence of the Department of Education that immediate resumption of schooling is in the best interest of children. A total of 325 teachers ensured the continued schooling of children even in times of emergencies. Additionally, day care workers and volunteers also significantly contributed, particularly in the coverage of out-of-school children. Involvement of community leaders triggered children participation in project activities and helped in mobilizing local resources, thus resulting in cost-efficient project implementation. Complementation of CERF and AECID funds enabled the project to cover more schools and children as possible reaching even those affected by Typhoon Sendong in Iligan and Cagayan De Oro.
b. Male	3,580	13,351	
c. Total individuals (female + male):	7,161	27,312	
d. Of total, children <u>under 5</u>	1,766	1,557	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Provide continued access of 7,161 IDPs and returnee children to life-saving early and basic education services. • Develop and/or strengthen the capacity¹⁹ of 167 educators (teachers, day care workers, community facilitators, volunteer educators), including school administrators. • Orient 333 members of parent-teacher community associations (PTCAs) and local school boards for sustained quality services in target communities. • Ensure complementarity and convergence of activities with cross-cutting clusters to ensure access to life-saving education interventions. 			

¹⁹Capacity-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).

- Increase access to information on education services by affected communities.
- Support implementation and institutionalization of Education in Emergencies (EiE) policies and standards, including mainstreaming, accreditation and promotion of children attending alternative modes of education.

10. Original expected outcomes from approved CERF proposal

- 7,161 IDP and returnee school children able to access quality early and basic education services.
- 167 teachers, day care workers, community facilitators, and volunteer educators trained and applying minimum standards on EiE services
- 333 PTCA and Local School Board members oriented and advocating for child-friendly school system and sustained LGU support for early and basic education.
- 20 heavily-damaged schools and other learning facilities²⁰ repaired/rehabilitated and made more Child-Friendly School System-compliant with input contribution from government.
- DepED ARMM or regional/division offices implementing and institutionalizing EiE policies and standards.

11. Actual outcomes achieved with CERF funds

- A total of 27,312 preschool and school-aged children benefited from the project. Of this number, 1,557 pre-schoolers participated in day care sessions facilitated by 25 day care workers in 10 day care centres while 575 were out of school children who took part in the mobile reading programme. Majority of the children came from 61 disaster-affected schools in areas covered by the project. School packs, learning materials and sports/play kits were provided to the schools, day care centres and temporary learning spaces covered by the project.
- Three hundred twenty five (325) teachers, 25 day care workers and 20 volunteer facilitators were trained on Education in Emergencies (EiE), Disaster Risk Reduction (DRR) and provision of psychosocial support and care services. Many of the teachers applied emergency education sessions, particularly those in conflict-affected and flood-prone areas in Maguindanao and Lanao Sur. The day care workers immediately resumed the sessions in their day care classes integrating psychosocial support. The volunteers, on the other hand, organized sessions in the temporary learning spaces and conducted mobile reading programme.
- Members of the Parents-Teachers Association (PTA), representatives of the Barangay (village) and Municipal government units and selected members of Sanguniang Kabataan (youth council) were as well trained on EiE, DRR and on humanitarian protection in general, highlighting the rights of displaced families. A total of 336 community leaders participated in the trainings and subsequent activities at the barangay level. Many of them were able to identify early warning indicators and analyze situations that may have implications in the security and safety of children and other residents in the community. They also created community hazard maps and proposed several action plans for their respective barangay council or schools. Activities at the community level triggered Barangay Councils to discuss security-related issues, such as the threat of *rido*, violations of the ceasefire, movement of troops, militarization, and armed criminal activities, among others causing disruption of classes or hindering children's access to education service. As a result, the Barangay Council for the Protection of Children (BCPC) or the Barangay Disaster Risk Reduction and Management Committees (BDRRMC) were activated. The project team also linked them up with civil society ceasefire monitoring networks, such as the Early Warning-Early Response (EW-ER) group in Barangay Pagangan, the MPC-Bantay Ceasefire, and the Civilian Protection Contingent of the MILF-GPH peace process.
- The provision of instructional materials for teachers enabled them to organize and apply better teaching strategies. The renovations of classrooms in 28 schools have improved the learning environment, more so with additional school supplies and sports facilities; thus nurturing the developmental potentials of the students. Moreover, 40 WASH facilities were installed in selected schools to promote improved hygiene and sanitation among school children.
- EiE materials and supplies were also delivered to 9 School Division offices of DepEd. With these materials, a guideline on stockpiling and prepositioning was developed in each division. The guideline explained the objective of stockpiling the

²⁰ Target schools are among the many schools damaged during the Mindanao floods or armed conflict situation. With an availability of funding support, the Mindanao Education Cluster is to select/prioritize schools to be repaired/rehabilitated, in consultation with the DepEd or the DSWD in the ARMM. Repair/rehab of learning centres is intended to improve physical protection for children while in schools, thus making learning environment safer and more secure. Like trained teachers, supportive PTCA and local school board members, and adequate access to better learning materials, the repair/rehabilitation of learning centres significantly inputs into the overall improvement of the quality of children's education – as a matter of children's right, more so, in times of emergency when affected children are in the process of trying to catch up. Safe schools are said to offer an entry point for the provision of essential support beyond the education sector such as protection, nutrition, water and sanitation, health and psychosocial sectors is important in establishing learner-friendly, safe spaces. Moreover, schools can convey life-saving information to strengthen critical survival skills and coping mechanisms. Examples include information on how to avoid landmines and how to access health care and food.

<p>materials, the process of its release and use, and efforts to maintain the stockpile to ensure that divisions were prepared and have the facilities for education in emergency responses.</p> <ul style="list-style-type: none"> EiE policy recommendation was presented to DepEd ARMM and EiE legislative proposal was recommended to address policy issues in conducting EiE. The policy aims to strengthen resiliency of education system on disaster reduction and management as they will be mandated to implement disaster preparedness, EiE response and early recovery activities. The draft policy proposal was submitted to DepEd ARMM, which was used as basis by the Regional Legislative Assembly to include in the ARMM laws provision of education services in times of emergencies. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Planned outcomes were met.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>Case studies and process documentation were conducted to determine project effectiveness of education in emergency interventions in specific context.</p> <ul style="list-style-type: none"> "Knowing the danger signs: A case of emergency preparedness/DRR of J. Marquez School of Peace" "Education in times of conflict: Schools as 'zones of peace' to protect and ensure uninterrupted learning" "Process Documentation: Modelling of Community Declaration of Learning Institution as Zones of Peace" 	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	26.09.11 – 30.06.12
2. CERF project code:	11-WHO-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring Access to Essential Health Care for IDPs in Mindanao		
7. Funding	a. Total project budget:		US\$ 1,388,159
	b. Total funding received for the project:		US\$ 373,946
	c. Amount received from CERF:		US\$ 373,946
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	18,200	18,200	
b. Male	16,800	16,800	
c. Total individuals (female + male):	35,000	35,000	
d. Of total, children <u>under 5</u>	7,000	7,000	
9. Original project objective from approved CERF proposal			
To ensure that returnees have access to essential, preventive, pro-motive and curative health services across 10 return areas in Maguindanao and North Cotabato provinces			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Increased access to essential health services. • Detection, control and response of communicable disease outbreaks. • Increased awareness of disability issues. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Increased access to essential health services through provision of medical supplies and reparation of BHSs; mobile health teams and MHPSS services at selected barangays; and organization of community health teams. • Detection, control and response of communicable disease outbreaks. 232 local health staff 10 municipalities with capacity enhanced in data collection, reporting, analysis and dissemination for the emergency early warning system. No disease outbreaks reported. • Increased awareness of disability issues among 80 senior level executives and staff of partner organizations within the health sector. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project was designed to restore access to health services and improve the overall health condition of the target communities including men, women, and children.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No formal evaluation of the project was done. However, the Technical Officer for Emergency and Humanitarian Action conducted regular monitoring visits to ensure the project activities were implemented as planned. The allocated budget covered the cost of these monitoring visits.</p>	

PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT (UNDERFUNDED I ROUND 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		75,989,157
Breakdown of total response funding received by source	Source	Amount
	CERF	3,955,432
	OTHER (Bilateral/Multilateral)	30,954,432
	TOTAL	34,909,864

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 21 February 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-008	Agriculture	297,548
IOM	12-IOM-003	Shelter and non-food items	500,039
UNFPA	12-FPA-005	Health	192,306
UNFPA	12-FPA-006	Protection/Human Rights/Rule of Law	100,500
UNHCR	12-HCR-009	Protection/Human Rights/Rule of Law	899,974
UNICEF	12-CEF-010	Water and sanitation	800,253
WFP	12-WFP-014	Food	893,373
WHO	12-WHO-011	Health	271,439
Sub-total CERF Allocation			3,955,432
TOTAL			3,955,432

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	754,240
Funds forwarded to NGOs for implementation	2,846,307
Funds forwarded to government partners	354,885
TOTAL	3,955,432

Mindanao, which is among the poorest provinces in the Philippines, continued to experience conflicts and natural disasters in 2011 and 2012. While the region was still recovering from the effect of severe monsoon floods in July 2011, which displaced 860,000 people, the Tropical Storm Washi (locally known as Sendong) struck the country towards the end of 2011, triggering another massive flash floods and landslides in Northern Mindanao Region that included Lanao del Sur province in the ARMM. According to NDRRMC, a total of 622,400 people were affected across 14 provinces by February 2012.²¹

The impact of the tropical storm was further aggravated by sporadic armed fighting in different parts of the region. On 1 February 2012, 525 people were forced to leave their home in M'lang, Cotabato, following skirmishes with alleged commanders of the MILF. As with other displacement cases, the protection and safety of the families, especially women, children, and the elderly, were of immediate concern.

In 2012, an estimated 698,000 people were in need of humanitarian relief, protection and livelihood support in Mindanao. Of this total, 160,000 people were considered most vulnerable due to the effects of the 2008 conflict, *rido*, or other types of armed conflict and longer-term displacement. The total requirement of the HAP 2012 increased by 56 per cent from 2011 due to an additional humanitarian caseload of 251,000 people as a result of the July 2011 floods and Tropical Storm Washi in December 2011. The priority for 2012 was to support the Government in reducing the vulnerability of the conflict and disaster-affected people, in particular vulnerable individuals and groups, including women, children, youth, and the persons with disabilities.

The Philippines CERF UFE submission focussed on the humanitarian response to the needs of the conflict-affected population in Central Mindanao. The HCT agreed that the protracted and urgent issues in Mindanao had been overshadowed by Tropical Storm Washi tragedy. As the emergency response to the latter had benefited from CERF Rapid Response grant allocation in December 2011, this CERF UFE was allocated for immediate support to the conflict-affected population in Mindanao.

II. FOCUS AREAS AND PRIORITIZATION

The cluster approach was strengthened in Mindanao during the humanitarian responses to June 2011 floods and Tropical Storm Washi December 2011. Sectoral meetings took place regularly to ensure a coordinated response. Cluster focal points were designated at the field level for Mindanao in Cotabato City. Nine clusters were activated – Food, WASH, Health, Education, Nutrition, Logistics, Early Recovery, CCCM and Protection. Following a prioritization exercise on 2 February 2012, the HCT agreed to include five clusters in the CERF UFE first round application for the HAP 2012: Food Security (including Agriculture), Protection (including GBV), WASH, CCCM (Emergency Shelter), and Health (including Reproductive Health).

Food Security: The World Bank-WFP assessment results, released in November 2011, indicated that over half the households studied in Mindanao were either poor or had a borderline Food Consumption Score (FCS). FCS measures the diversity, frequency and nutritional value of the food items consumed by the household. The Emergency Food Security and Livelihoods Study (EFSL 2011), by Oxfam and partners, observed that the majority of poor households in Maguindanao, Sultan Kudarat and North Cotabato did not have food stockpiles to last for a week. The UNDP-administered Action for Conflict Transformation For Peace Programme in November 2011 estimated that 90 per cent of the 176,500 people in Maguindanao that belong to farming households were affected by conflict, and have lost draft animals, small livestock, farm tools and fishing gears. These households are also heavily indebted as a result of loans drawn for crops that were destroyed and not harvested due to floods in June. Approximately 398,000 people face acute food insecurity in Central Mindanao, requiring urgent food assistance until April 2012. WFP had launched the Protracted Relief and Recovery Operation (PRRO) since 2010 to provide food assistance to 1.5 million people and promote peace building, which was aligned with the Mindanao HAP 2012. Under the expanded partnership with the DSWD, WFP received a pledge of 13,000 MT of in-kind rice in 2011 without associated costs (twinning funds), to ensure uninterrupted food supply. In 2011, WFP mobilized over \$2.2 million to distribute 7,300 MT of rice. WFP continued to urgently seek to mobilize the \$1.3 million as twinning funds to be able to immediately distribute the 5,700 MT of rice.

Early Recovery (Agriculture and Livelihoods): Livelihood support was critical in reducing vulnerability, strengthening resilience to shocks, and creating sustainable opportunities particularly for displaced people in evacuation centres, people in host communities, and those who had returned and striving to survive. DSWD-ARMM and the Office of the Regional Governor (ORG) ARMM had provided such support by providing assorted vegetable seeds and farm tools to both conflict- and flood-affected municipalities in Maguindanao. With funding received from the European Union, FAO and UNDP worked with the Government and non-government agencies to conduct community assessments and gather baseline information. These activities provided livelihood and early recovery assistance to 30 barangays in Maguindanao, Lanao Del Sur, Lanao Del Norte and North Cotabato.

²¹ Philippines Tropical Storm Washi Situation Report, Number 17, 7 February 2012.

Protection: Data collection, analysis and field monitoring by over 60 protection cluster organization in six regions had monitored and responded to incidents related to the protection of civilians during conflict and natural disasters in Mindanao, in partnership with the Government. Women and children in Mindanao were most vulnerable to exploitation, violence and abuse because of their gender, age, and status. Men and boys were also subjected to violence particularly as a result of forced recruitment as soldiers or combatants. Families were separated, which further results in a breakdown of traditional community support systems and protection mechanisms. The frequent movement of IDP populations between evacuation centres and places of return and/or resettlement created critical and life-threatening Gender- and Gender Based-Violence (GBV)- related vulnerabilities. GBV was often under-reported. In ARMM and Region XII, only 10 per cent of health facilities had post-rape kits, and only 50 per cent had trained staff to respond to GBV cases.

Health: Populations affected by armed conflicts, natural hazards and *rido* who remain in evacuation sites, with host communities, or had relocated to safer sites, had difficulty accessing basic health services including reproductive health. While the overall ratio of health facilities to population was within standards, this did not translate to appropriate access to health services as many of these health facilities were non-functional. For example, the majority of health services were limited to immunizations, pre- and post-natal care, family planning, blood pressure screening and health education, while additional medical supplies, including drugs and equipment, trained health personnel, and a strengthened referral system were the most needed. The majority of BHS lacked access to sanitation facilities, running water or power supply. Affected populations in return areas and host communities were unable to access medical consultations or secure necessary medication and were not reached by disease prevention and control as well as reproductive health programmes. A routine disease surveillance system was also critical at the community level after the June 2011 floods experience, where communicable diseases accounted for 30 per cent of the deaths that could otherwise have been prevented with early detection and response.

WASH: The damage to WASH facilities in evacuation centres, host communities and places of origins had contributed to poor sanitation practices and widespread diseases. WASH-related risks observed in the community included diarrhoea and poor access to safe solid waste disposal. CCCM data in the HAP 2012 indicated that there were 46,203 people in evacuation centres throughout the flood- and conflict- affected areas. The Joint WASH cluster assessment and the 2011 DANA for the floods in Central Mindanao indicated that there was little change in the WASH needs of these IDPS because they stayed in flood-prone areas, where water was often sourced from unprotected dug wells situated near or in flood-prone areas. The water carried a high risk for contamination. At this moment, there were no long-term solutions to mitigate these risks. Life-saving actions undertaken to date include distribution of safe drinking water to affected municipalities, distribution of water purification items and hygiene kits.

Nutrition: Mindanao is below average on many of the humanitarian indicators in the Philippines. The crude death rate is worst in Maguindanao at 7.5 per 1,000 people (national average: 5.5). Under-five mortality rate in ARMM is 45 per 1,000 births (national average: 32). ARMM has the lowest percentage (14.4 per cent) of deaths attended by health professionals. A joint UNICEF and WFP Nutrition and Food Assessment from 2009 highlight the disparity between the national average and conflict-affected areas of Mindanao. Severe acute malnutrition (SAM) was as high as 2.2 per cent, with 87 per cent of households facing food insecurity and 75 per cent limiting their meal sizes. Treatment for SAM has been ongoing through 12 CMAM therapeutic feeding sites. Cases of acute malnutrition continue to be found in flood- and conflict- affected areas. An additional 14,000 pregnant and lactating women and 14,900 children under age 5 were screened and 60 were found to have severe acute malnutrition, and enrolled in the CMAM therapeutic feeding programme in December 2011.

Camp Coordination/Camp Management (Emergency Shelter): A joint assessment conducted by IOM, DSWD-ARMM and NGO partners through the CCCM cluster in September 2011 concluded that flood- and conflict-affected communities required hygiene kits, kitchen utensils, sleeping mats, and clothing. The assessments indicated that 27,889 families required emergency shelter support. The Provincial Social Welfare and Development Office (PSWDO) in Maguindanao also identified 4,532 families, whose houses were damaged in armed conflict in 2008 were still awaiting temporary and permanent shelter solutions. The repeated and perennial displacement by floods and *rido* increased the vulnerability of the affected population, especially the children, who had to stop schooling and move to safer places, and the mothers who, by traditional gender roles, had to ensure that the family's food requirement was satisfied. The situation in the flood- and conflict-affected communities called for a targeted provision of emergency shelter assistance for the affected families who continued to be displaced or lived in damaged houses.

Education: In North Cotabato, nine schools in Magpet, Mlang, Kabacan and President Roxas needed the support to recover from the effects of armed conflict and flooding. In the province of Sultan Kudarat, at least six schools in the Municipality of Lambayong remained flooded up to this time. Additionally, there are two schools in Lutayan that were flooded as well. In Palembang, four conflict-affected schools required education in emergency support to cope with the effects of recurring conflict in the area. In total, 3,648 students in Sultan Kudarat needed the education in emergency assistance. Many school children remain vulnerable to the dangers brought about by recurring armed incidents and attacks to educational facilities in general.

III. CERF PROCESS

The HAP 2012 was the guiding framework for cluster submissions for this CERF UFE application, having passed rigorous prioritization and consultative drafting processes to identify humanitarian needs and response plans in Mindanao. The HAP 2012 prioritized response plans for both conflict and natural disasters. A revised HAP 2012 was launched by the HCT in December 2011 that incorporated Tropical Storm Washi response. As a result, most of the funding received against the HAP activities went to Washi response, while the critical needs of the conflict-affected people remain underfunded.

In the HAP 2012, conflict-related projects appealed for a total of \$37.9 million, of which 89 per cent remained unfunded (\$9.6 million funding received to date). Meanwhile, the Tropical Storm Washi projects appealed for \$39.6 million, of which 46 per cent funded (\$17.9 million funding received). No funding had been received for central Mindanao projects in the HAP 2012.

On 2 February 2012, the HCT convened a meeting to set priorities for humanitarian response that would be funded under the CERF UFE window. Based on criteria such as 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, and the level of funding received which has impeded the clusters' ability to respond to the needs identified in the HAP, the HCT agreed to prioritize Food Security (including Agriculture), Protection (Including GBV), WASH, CCCM (Emergency Shelter), Health (Including Reproductive Health) in the HAP 2012. They were among the seven priority sectors highlighted in the HAP 2012. Nutrition and Early Recovery (including livelihood support and rehabilitation of basic social infrastructure), were considered either as not strictly adhering to CERF's life-saving criteria or the needs were less urgent than other activities. The RC/HC and the HCT decided collectively on the overall financial breakdown for the submission per cluster/sector. The funds would be allocated to projects categorized as "immediate" and "high" in the HAP 2012. The primary focus was given to five projects within the "immediate" category.

Overall, it was decided that Food Security should receive 30 per cent of the \$4 million, the five "immediate" projects to receive 65 per cent (\$2.5 million) and the remaining 5 per cent were used for adjustments (\$0.3 million). Prioritizing "immediate" projects and the Food Security projects led to a breakdown by cluster and by agency. Agencies' implementation capacity, and in that respect, 2011 funding levels, was one of the main criteria considered to fine tune the allocation between sectors and between agencies.

Protection: Protection remained a key priority sector in Mindanao, with the needs to monitor, collect data and report protection issues in Central to Eastern Mindanao. The HCT agreed to allocate \$900,000 to the cluster's "immediate" project, which was proposed by UNHCR. This represented about 39 per cent of the \$2.3 million requested for this project, or about a third of the \$2.5 million. The projects would seek convergence and complementarity with projects by other UN agencies: UNFPA as lead of SGBV sub-cluster and UNICEF as Child Protection sub-cluster and other protection cluster member organizations. The HCT agreed to allocate \$200,000 to UNFPA's "high" project that addressed SGBV issues. The fund proportion was relatively high to raise the impact of this small-scale project.

WASH: WASH activities in conflict-affected Mindanao, and selected two "immediate" WASH projects proposed by UNICEF and Oxfam, would obtain \$800,000 or another third of the \$2.5 million. This was about 80 per cent of the total requirement of \$1.02 million. A part of this grant would be channelled to Oxfam, ACF and A Single Drop for Safe Water through UNICEF. The projects had high coverage following the high implementation rate of the UFE grants in the previous round, and the good track record of the WASH cluster.

CCCM (Shelter): IDP tracking, camp management and provision of basic cooking sets and blankets were identified as "immediate" priority in the HAP 2012. As such, the HCT decided to allocate \$500,000 to the "immediate" CCCM project proposed by IOM, or about 38 per cent of the total requirement of the project.

Health: The HCT agreed to allocate \$300,000 to Health sector, which was proposed by WHO with a total requirement of \$1.3 million. The Health sector's implementation rate of UFE grants from the previous round had been relatively low, therefore only a lesser portion of the total requirement will be covered (i.e. 23 per cent). The HCT also prioritized other health needs, including a Reproductive Health project proposed by UNFPA.

Food Security: The HCT noted that the "high" projects proposed in the Food Security accounted for nearly 40 per cent of the total requirement of the HAP 2012. Given its significance, the HCT agreed that these should benefit from UFE grants. Activities to support rice growing were considered time-critical given the start of planting season in February. FAO requested \$300,000 to cover 15 per cent of the total requirements. FAO had agreed to work closely with Government line ministries and NGOs to implement this project. About \$900,000 would be used to procure food commodities proposed in a WFP project, which was about 7 per cent of its total requirement.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis:</i> 698,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	6,000	6,000	12,000
	Food	238,800	159,200	398,000
	Health	71,417	66,021	137,438
	Protection/Human Rights/Rule of Law	84,767	82,671	167,438
	Shelter and non-food items	96,000	64,000	160,000
	Water and sanitation	15,000	15,000	30,000

Food: WFP used the results from comprehensive IDP livelihood assessment, jointly conducted by WFP and the World Bank, to identify the numbers of IDPs, returnees and other vulnerable and food insecure populations in Maguindanao and Lanao del Sur provinces. WFP assisted the beneficiaries whose food and nutrition security had been adversely affected by the conflicts of 2008 and 2009 by improving food consumption. Food distribution used the Food-for-Work (FFW) and Food-For-Training (FFT) activities that enabled the food insecure households to tackle their immediate household food shortages and improved the food consumption level in the absence of any assistance, which could otherwise affect their food security and nutritional status. Once the community identified and the projects verified, participants took part in any FFW or FFT activity were entitled to a family food ration of rice based on individual outputs.

WASH: The target beneficiaries were estimated from the number of families affected in the recent flooding, approximately 46,203 individuals. There was no recent or updated assessment and this was one of the challenges faced when setting the targets. However, the cluster based the estimated target beneficiaries on previous joint assessment and the damage and needs assessment conducted in 2012. It was observed that 60 per cent women and 40 per cent men took part in the activities. There were fewer men involved because most of them were out making ends meet.

Health: Figures were based on the agreed upon target populations in the Mindanao HAP 2012. As Health cluster interventions were mostly barangay-based and would benefit the community as a whole, populations of the beneficiaries in barangays were taken into consideration. Breakdowns by age and gender used the calculation methods employed by the national health ministry to estimate programme targets.

Reproductive Health: Pregnant and lactating women beneficiaries were estimated based on a standard proportion of 4 per cent of the total affected population. Medical missions reached an average of 150 clients per mission while information sessions had 30 participants per session. The actual numbers depended on how many medical missions and information sessions are conducted. In some cases, implementing partners were unable to conduct medical missions and information sessions due to security reasons or inclement weather.

Agriculture: In targeting beneficiaries, FAO considered the number of households reached in the previous CERF (2010 and 2011) projects, as well as in the New Zealand-funded restoration of agriculture-based livelihood project in Maguindanao. Lanao del Sur, which was affected by Tropical Storm Washi, was given special consideration. The CERF fund allocation posed as the main challenge in reaching the planned target beneficiary.

Protection: The cluster used available information from the displacement tracking matrix, reports from the government, e.g. DSWD-ARMM, NSO's data on unregistered IP and Muslim population, to set the initial target beneficiaries. Out of which, UNHCR set its own target relative to protection monitoring activities in three regions, and estimated population with no civil documentations in Central Mindanao. On children under age 5, estimated beneficiaries in only set at 20 per cent of the 40 per cent estimated population of children based on the total.

Shelter and Non-Food Items: IOM made the beneficiaries estimation after reports on the number of affected individuals and families from the Cluster members. The number of target beneficiaries was based on a percentage from the total affected population, budget, and area consideration. IOM then made a list of possible beneficiaries from LGUs and line agencies. The list was then validated based on IOM's own selection criteria (such as beneficiary profile and the vulnerability index) which resulted in the number of planned beneficiaries.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	511,984	621,029
Male	392,892	510,386
Total individuals (Female and male)	904,876	1,131,415
Of total, children <u>under</u> 5	160,600	221,611

The Clusters were able to reach more individual beneficiaries throughout the CERF UFE grant period from March 2012 to December 2012, thanks to cost-saving measures, effective coordination among clusters/sectors, partnerships with local NGOs, and the Cluster's success in mobilizing funding from sources other than CERF. Some examples:

- FAO and IOM applied cost-saving measures that enabled the respective clusters to procure more agricultural inputs/shelter kits.
- Effective coordination allowed the Health Cluster to reach more beneficiaries in isolated areas.
- UNHCR benefited from partnership with local NGOs and state agencies to expand monitoring activities in remote locations.
- Additional funds from AusAID enabled UNFPA to address the funding gap in the Reproductive Health projects.

The security situation, particularly in Maguindanao, was cited the main reason that delayed project implementation, resulting in fewer beneficiaries received the RH services. Other issue was the cropping season, which affected the distribution of agriculture input packages, and unavailability of certain food stock which was solved by outsourcing it from other region.

The projects funded by CERF grants had also improved the livelihoods of the disaster and conflict-affected population through, among others, cash-for-work, food-for-work and food-for-training schemes; and life skills training (rope and mat making, better farm practices, production of vermin compost, health and nutrition, etc.)

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

YES PARTIALLY NO

The CERF grant has led to quick distribution of food assistance, prepositioning of emergency stocks, and enabled the WASH cluster to start hygiene promotion activities in the affected communities. Food cluster however noted that project activities had to accommodate the cropping season in the target areas, while being affected by the delayed approval of project implementation plan by the project coordinating committee. The armed conflict between the Government and BIFF/BIFM, which occurred between August and October 2012, had delayed project implementation.

b) Did CERF funds help respond to time critical needs²²?

YES PARTIALLY NO

The Agriculture cluster managed to distribute agriculture inputs in time for the dry season from November 2012 to May 2013 when the CERF funds were disbursed. It also prompted fast distribution of food to the needed communities in Central Mindanao.

²² Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)

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

YES PARTIALLY NO

Some Clusters, like WASH, Health, and Nutrition, were not able to mobilize funds from sources other than CERF. Organizations, like UNFPA, were able to mobilize additional funding from AusAID. FAO received additional funding from the New Zealand government for Maguindanao.

d) **Did CERF improve coordination amongst the humanitarian community?**

YES PARTIALLY NO

The CERF fund has improved coordination with the Government cluster leads, international and local NGOs and inter-clusters through collaboration, partnership and regular information sharing.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Small budget allocation for training of farmers on improved production technologies	Aside from the provision of agricultural inputs, capacity-building is an integral component of FAO support. Therefore an increased budget for this activity is recommended.	CERF Secretariat
Timing of approval of the proposal	Speed up the process and approval so that we can better served the affected communities based on the immediate saving lives activities.	

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Duplication of assistance from humanitarian partners should be avoided	Enhance the coordination/collaboration among humanitarian partners to maximize convergence of services to affected populations and prevent duplication of services.	Clusters, HCT/MHT
Capacity building on WASH in DRR	Preparedness and mitigation should be included in the response.	
Budget allocation	Budget allocation needs to be improved.	
Improved coordination	<p>The coordination mechanism, joint assessment, inter- and intra-cluster meetings put in place during the responses in 2011-2012 contributed to the timely and coordinated intervention for Typhoon Bopha.</p> <p>Working with DSWD helped both the ministry and WFP to plan and organize food distribution. DSWE was able to procure food from the NFA according to the request and in good time. WFP and DSWD joined hands in checking the food quality at the NFA warehouses to ensure the food were suitable for consumption. The tripartite collaboration has further facilitated humanitarian interventions in eastern Mindanao for Typhoon Bopha response.</p>	

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	19.03.12 – 31.12.12
2. CERF project code:	12-FAO-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Restoring Agricultural Livelihoods in Conflict and Flood Affected Communities in Central Mindanao		
7. Funding	a. Total project budget:		US\$ 654,476
	b. Total funding received for the project:		US\$ 246,015
	c. Amount received from CERF:		US\$ 297,548
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,000	6,118	There is an additional 1,300 beneficiaries reached thanks to budget saving measures that enable procurement of additional inputs.
b. Male	6,000	7,182	
c. Total individuals (female + male):	12,000	13,300	
d. Of total, children <u>under 5</u>	NA	NA	
9. Original project objective from approved CERF proposal			
<p>The overall project objective is to improve food security of the most vulnerable farm households in Maguindanao and Lanao del Sur provinces of the ARMM.</p> <p>Specifically, the project has the following objectives:</p> <ul style="list-style-type: none"> • Provide agriculture input packages for support to food production and asset restoration to at least 2,400 affected communities in Maguindanao and Lanao del Sur. • Provide immediate short-cycle skill trainings in sustainable rice, corn and vegetable production. 			
10. Original expected outcomes from approved CERF proposal			
<p>The project is expected to help conflict- and natural disaster- affected farm households restore lost livelihood and attain food security, with the following indicators:</p> <ul style="list-style-type: none"> • 2,400 farm households or 12,000 individuals, including women and disadvantaged people, received flood-resilient agricultural inputs and support. • 2,400 hectares of rice/corn fields and 67 hectares of backyards vegetable gardens have been made productive. • 9,000 farmer beneficiaries or 75% of the total beneficiaries will benefit from 51 appropriate short-cycle skill trainings provided to returning IDP families. 			

11. Actual outcomes achieved with CERF funds	
<p>The project provided assistance to 2,660 conflict- and natural disaster-affected farm households to restore lost livelihood and attain food security:</p> <ul style="list-style-type: none"> • 2,660 farm households or 13,300 individuals, including women and disadvantaged people, received flood-resilient agricultural inputs and support; • A total of 2,660 hectares of rice/corn fields and 90 hectares of backyard vegetable gardens have been made productive; • 4,998 males and 5,867 females received training/seminar on Good Agricultural Practice (GAP) on corn, rice and vegetables; and alternative agriculture-based livelihood options. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Due to project savings measure, an additional 11% of the planned household beneficiaries were reached. For the capacity building component, the project was able to train 7% more beneficiaries than the planned target.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 1 - The project is designed to contribute in some limited way to gender equality</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No formal evaluation has taken place but the DAF Maguindanao, Lanao del Sur and municipal LGUs conduct monitoring visit as part of their regular activities.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	13.03.12 – 31.12.12
2. CERF project code:	12-IOM-003	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-food items		<input type="checkbox"/> Concluded
4. Project Title:	Emergency Shelter and Information Management Support to Conflict and Disaster-Affected Areas in Mindanao		
7. Funding	a. Total project budget:		US\$ 500,039
	b. Total funding received for the project:		US\$ ²³
	c. Amount received from CERF:		US\$ 500,039
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	96,000	110,823	The total number of beneficiaries reached exceeded the planned number of beneficiaries because the project team was able to acquire more shelter kits than initially stated as it could still be accommodated by the budget.
b. Male	64,000	81,339	
c. Total individuals (female + male):	160,000	192,162	
d. Of total, children <u>under 5</u>	40,000	81,121	The cash-for-work component of the project also exceeded its estimated number of beneficiaries by employing the services of more people. The CFW beneficiaries included both skilled and unskilled labour (e.g. carpenters, foremen and labour/help). Please note that the number in section 8. d. reflects the project's data capture system, which disaggregates data into the following groups: infants (less than six months), infants (more than seven months and less than two years) and children (ages two to nine). The number stated only reflects the total of the aforementioned categories.
9. Original project objective from approved CERF proposal			
To support the Government of the Philippine's efforts to identify, analyze and respond to the basic and essential humanitarian needs of the conflict- and disaster-affected populations in Mindanao.			
10. Original expected outcomes from approved CERF proposal			

²³ Project in closing stages, amount to be announced.

- Up to 500 families (approximately 2,500 individuals) provided with emergency shelter assistance.
- Up to 5 communities provided with social preparation activities.
- Approximately 613 individuals (direct) and their families (indirect) benefited from cash-for-work programme.
- 18 reports on displacement and humanitarian needs produced for government and humanitarian partners.

11. Actual outcomes achieved with CERF funds

- Distributed total of 670 shelter kits, particularly 452 full shelter repair kits and 218 partial repair kits in four provinces, seven municipalities and 12 barangays.
- Conducted social preparation activities to 12 barangays, particularly for the provision of shelter repair kits. Total of 51 sites covered for regular humanitarian needs assessments in six provinces. These are the Provinces of Maguindanao, Sultan Kudarat, North Cotabato, Lanao del Sur and Lanao del Norte. The City of Cotabato was also covered in the assessments.
- Total of 917 beneficiaries under the cash-for-work programme which included carpenters, unskilled labour and foremen.
- Produced humanitarian assessments for 51 regular sites. Assessments were conducted on a bi-monthly basis. Likewise, humanitarian assessments were conducted for new displacements, such as caused by the BIFM clash with the Armed Forces of the Philippines in Maguindanao and Typhoon Pablo in Iligan City and Maguindanao Province together with the Mindanao Humanitarian Team (MHT). Joint needs assessments were also conducted for the preparation of the Humanitarian Action Plan 2013. This was jointly conducted with the MHT and government partners. IOM took the lead in conducting the humanitarian assessments in Datu Piang, Talayan, Datu Odin Sinsuat in Maguindanao Province and Butig and Piagapo in Lanao del Sur; both provinces are in the Autonomous Region in Muslim Mindanao. The assessments were conducted using the tools: DTM designed for displaced populations and Site Window designed to cover affected population in host communities, return communities or affected communities.
- Conducted a Round Table Discussion (RTD) with key partners regarding the provision of *rido*-affected areas to be included in the project. As the project was designed to respond to both human-induced and natural disasters, it was deemed necessary to consult and exchange ideas with key players in the ARMM region where most of the *rido* cases happen. Resource persons were invited from the Oblates of Mary Immaculate – Inter Religious Dialogue (OMI-IRD), Non-Violent Peaceforce and Kaduntaya Foundation, Inc. Other attendees were from the ARMM Regional Reconciliation and Unification Commission (RRUC), Mindanao Tulong Bakwet (MTB), Institute for Accountable Governance (AIG), DSWD-ARMM, UNDP and Technical Management Services – Office of the Regional Governor (TMS –ORG).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The total number of beneficiaries reached exceeded the planned number of beneficiaries because the project team was able to acquire more shelter kits than initially stated as it could still be accommodated by the budget.

The cash-for-work component of the project also exceeded its estimated number of beneficiaries by employing the services of more people. The beneficiaries of the CFW included both skilled and unskilled labour (e.g. carpenters, foremen and labour/help).

Please note that the number in section 8. d. reflects the project's data capture system which disaggregates data into the following groups: infants (less than six months), infants (more than seven months and less than two years) and children (ages two to nine). The number stated only reflects the total of the aforementioned categories.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

There was no CERF funding allotted for M&E. IOM conducted its own internal M&E process to oversee the status of the project and its deliverables.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	20.03.12 – 31.12.12
2. CERF project code:	12-FPA-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring access to reproductive health services in conflict affected areas in Mindanao		
7. Funding	a. Total project budget:		US\$ 523,318
	b. Total funding received for the project:		US\$ 523,318
	c. Amount received from CERF:		US\$ 192,306
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,017	10,025	The effective collaboration among the CERF recipients in the Health Cluster facilitated wider reach of the intended interventions thus reaching more beneficiaries than originally planned for.
b. Male	8,421	9,254	
c. Total individuals (female + male):	17,438	19,279	
d. Of total, children <u>under 5</u>	0	0	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To reduce maternal and neonatal deaths in 10 return sites by 20%. To prevent unplanned pregnancies in 10 return sites. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Reduced number of maternal and neonatal deaths in the 10 target sites by 20%. Increased number of current users of Family Planning (FP) before the emergency in the 10 return sites by 20% through FP counselling and making FP commodities available. Increased level of RH awareness among 50% of the population in the 10 target sites. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Nineteen medical missions were conducted by the mobile clinic and laboratory (MCL) serving 2,850 clients in four provinces. The conduct of the medical missions improved the overall RH condition of the target population thereby helping reduce cases of maternal and neonatal deaths in the 10 target communities. The MCL enabled the provision of life-saving RH interventions for IDP women especially for areas without functional BHSs. The provision of FP commodities coupled with FP counselling to 203 clients during the medical missions enabled women and men to have access to FP information and services, which is an important factor in saving women's lives and ensuring better health conditions for mothers. FP commodities were not only provided to current FP users but also to new FP acceptors who availed of free FP commodities during the medical missions. 			

- A Community Health Team (CHT) was organized and trained in each project site to conduct health information sessions (HIS) among the IDPs. A total of 240 HIS were attended by 6,075 women, men and young people. The HIS enabled the improvement in the health-seeking behaviour among the target population with more clients seeking consultations through the Mobile Clinic and Laboratory as well as the health services at the regular BHSs and Rural Health Units.
- The discussion on the consequences of early sexual activity and early marriage during the HIS enabled a more open discussion among young people on its implications on their health and overall well-being. This had the effect of discouraging young people from engaging in early sexual activity and early marriage. Youth Committees were organized and trained in adolescent and sexual and reproductive health (ASRH) and advocacy in the 10 target return sites to promote life skills and engage IDP youth in more productive activities.
- Six sets of RH equipment for six BHSs enabled the continued provision of RH services beyond the project period thus ensuring that women in these communities will continue to have access to these life-saving services. This was further augmented with the procurement and prepositioning of various emergency RH kits.
- Existing referral system for pregnancy complications from the barangay (BHS) to the municipal level (rural health units) up to the provincial and regional level (district and regional hospitals) was further strengthened through training of service providers.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The additional funds from AusAid helped address the gap in the total budget requirement for the project and enabled the project to reach more than the target number of beneficiaries. However, the lack of baseline data prevented a more accurate measurement of project outcomes.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2b

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

No formal evaluation but regular monitoring visits by the UNFPA RH Humanitarian Coordinator to the target sites during the period of implementation enabled the early identification of areas for improvement which became the basis for adjustments on the way the project was implemented.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	20.03.12 – 31.12.12
2. CERF project code:	12-FPA-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, Human Rights, Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Addressing Gender-Based Violence (GBV) among the IDPs in Mindanao		
7. Funding	a. Total project budget:		US\$ 353,910
	b. Total funding received for the project:		US\$ 253,410
	c. Amount received from CERF:		US\$ 100,500
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,017	7,600	Target sites were those considered as geographically isolated and disadvantaged areas (GIDA) that required the team to cross the rivers by foot or by boat; take a long walk or cross hanging bridges to bring the services to the people displaced by armed conflict. During the implementation of the project, UNFPA's implementing partners were prevented from going to sites due to the armed-conflict that took place between the AFP and the BIFF. In addition, flooding in project areas due to heavy rain had blocked access to many of the project sites for a period of time. However, with the innovative community-based interventions conducted by the implementing partners, CERF funding was able to reach at least more than 80% of the planned beneficiaries.
b. Male	8,421	6,500	
c. Total individuals (female + male):	17,438	14,100	
d. Of total, children <u>under 5</u>	0	0	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Prevent GBV in 10 return sites. • Provide medical, psychosocial and other services to survivors. 			
10. Original expected outcomes from approved CERF proposal			
By the end of December 2012:			
<ul style="list-style-type: none"> • 75% of GBV survivors in the return areas have been rescued and provided with appropriate medical and psychosocial support services. • Awareness of at least 50% of the IDP population in the return sites about SGBV, gender equality and women's rights. • Reduced number of GBV cases in the return areas by 50%. 			
11. Actual outcomes achieved with CERF funds			
With the support from CERF funds, UNFPA, through its implementing partners, namely, Community and Family Services			

International (CFSI) and Non-Violent Peaceforce (NP), was able to conduct “life-saving” GBV prevention and response activities in 10 barangays/ villages of the four project sites (Provinces) in ARMM Region (Maguindanao and Lanao Del Sur) and Region XII (Sultan Kudarat and North Cotabato).

In particular, community-based interventions initiated through this project had minimised vulnerability of women and girls to various forms of GBV as well as to ensure access to lifesaving response services to GBV survivors.

- 17 GBV cases were reported in 2012 (seven by Nonviolent Peaceforce and 10 by Community Family Services International). CERF funding was able to set up an effective surveillance, monitoring and rescue system for GBV survivors. NP has specifically focussed on establishing an all-female community-based human rights structure in armed-conflict areas where GBV incidents are high. CFSI and NP were able to build the capacity and mobilize 50 female and 50 male community-based monitors in all project sites.
- CFSI was able to reach 790 women, 694 men and 148 LGU officials through the GBV information sessions. Flipcharts, posters and flyers were developed and printed for use during these information sessions. Thousands more were reached through 15 radio information sessions on GBV aired by CFSI. It is estimated that around 50% of the target population were reached and provided with information on GBV, gender-equality and women’s rights given the reach and coverage of the local radio station.
- The intensive information sessions conducted may have deterred the commission of more GBV crimes; however, there is no hard evidence to support this.

Other achievements include:

- Community-based GBV referral system was strengthened in project sites. Existing local coordination mechanisms such as the Municipal/Provincial Inter-Agency Council against Trafficking-Violence against Women and Children (M/PIACAT-VAWC) and protection measures such as the Barangay VAW Desks were linked with the referral pathway. Timely and effective referrals made by community monitors led to increased timely access of GBV survivors to various GBV response services.
- CERF funds had facilitated access of GBV survivors to appropriate and immediate medical and psychological care services where the government structures required further support. CFSI alone has assisted at least 10 GBV survivors needing financial assistance.
- Psychosocial services were mainstreamed in the Reproductive Health (RH) interventions through its medical missions as well as health information sessions. Its purpose was to provide immediate intervention upon identification of possible or potential GBV survivors.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Project implementation was affected by the incidences of armed clashes between government troops and the BIFF, a splinter group of the MILF. Implementing partners were prevented from proceeding with interventions in the target sites for security and safety reasons.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If ‘YES’, what is the code (0, 1, 2a, 2b): 2b

If ‘NO’ (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES NO

The GBV Humanitarian Coordinator of UNFPA regularly conducted monitoring visits in project sites. During those visits, key informants and selected beneficiaries were interviewed on the impact and gains of the project. When issues and gaps were identified, UNFPA facilitated the coordination between the communities, local government and non-government organizations to address and resolve these gaps and issues.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	19.03.12 – 31.12.12
2. CERF project code:	12-HCR-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, Human Rights, Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Reinforcing protection of civilian communities affected by and at risk of displacement across unstable Mindanao		
7. Funding	a. Total project budget:		US\$ 899,974
	b. Total funding received for the project:		US\$ 899,974
	c. Amount received from CERF:		US\$ 899,974
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	75,750	166,663	In addition to UNHCR's field presence, coverage by CHR and NGOs as implementing partners across six regions of Mindanao for protection monitoring has expanded this project's coverage in terms of monitoring the situation of populations displaced by conflict and natural disasters. Estimated population of children under age 5 reached is at 20% of the total individuals of which 21,080 were reached through civil documentation.
b. Male	74,250	170,711	
c. Total individuals (female + male):	150,000	337,374	
d. Of total, children <u>under 5</u>	9,000	26,990	
9. Original project objective from approved CERF proposal			
To augment existing response efforts of the authorities to respond to displacement in line with the UN Guiding Principles on Internal Displacement and strengthen affected communities to take active participation in response and search for durable solution.			
Specific objectives include:			
<ul style="list-style-type: none"> • Ensure protection environment in which protection principles are recognized and applied in all humanitarian responses. • Ensure provision of essential protection services in IDP sites and return areas to all vulnerable groups including children, women, elderly and disabled. • Strengthen and improve the protection monitoring mechanisms through systematic monitoring and data processing. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 44 communities of displaced or hosting displaced population in Maguindanao, North Cotabato, Lanao del Sur, Lanao del Norte, Zamboanga Sibugay, Basilan, Agusan del Norte, Surigao del Sur, Davao City (Paquibato District), and Cotabato City enjoy certain degree of stabilization indicated by collaboration between various state and non-governmental organizations (NGOs) towards response putting Guiding Principles on Internal Displacement (GPID) into practice. • A single systematic protection monitoring and reporting mechanism of affected communities is established and utilized by the protection cluster in order to enhance coordination efforts in terms of protection needs assessment and response. • Rapid response in cases of emergencies, either due to conflict or natural disasters, that may result in forced displacement is in 			

place.

- IDPs gain effective access to services and benefit from assistance by the government and aid agencies.

11. Actual outcomes achieved with CERF funds

- 43 communities/barangays hosting displaced population or at risk of displacement or return sites in the provinces of Maguindanao, North Cotabato, Lanao del Sur, Zamboanga Sibugay, Basilan, Agusan del Norte, Surigao del Sur, Davao City (Paquibato District), and Cotabato City were provided particular attention to set off the process of stabilisation by organizing community-based organizations around the implementation of protection projects, skills training, awareness raising activities. Most of the communities are located in remote locations except for barangays in Cotabato City which host IDPs displaced in 2003 and 2008 conflicts but unable to return for security and economic reasons. A total of 4,315 men and women across were given orientation by MinHRAC, UnYPhil-Women, and Balay Rehabilitation Centre about the GPID and IHL in line with the establishment of community-based protection network which has been linked to CHR, protection cluster, and some to the Civilian Protection Component of the International Monitoring Team. Moreover, CHR across the 6 regions of Mindanao also conducted training and sensitization campaign especially among the government counterpart and the security sector relative to the enhancement of protection environment for the population recurrently affected by displacement. Memorandum of understanding between CHR offices at regional level with local government units and or with government service agencies were entered into reinforce the responsibility of these agencies to protect the rights of populations at risks, affected by or displaced.
- Through the protection cluster, a common protection monitoring system is institutionalized to monitor key protection indicators in communities affected by displacement or at risk of displacement. The Information Management Unit has been created under the Protection Cluster to establish a common reporting mechanism based on the agreed indicators. Members of the cluster from the regions in ARMM, 10, 11, 12, and 13 were trained to use the standard reporting formats. A monthly Protection Dashboard where the number and trends of displacement and return and their causes is regularly published and shared to all clusters. Support provided to CHR to take the lead in protection monitoring has expanded the reach of protection monitoring and increased its capacity to mobilize the government towards quicker response in situation of displacements. By the end of 2012, a total of 337,374 displaced individuals due to armed conflict and clan-based violence had been monitored whereby 177,909 were displaced within the year. A total of 336,215 were also reported to have returned but are yet facing the same risks of being displaced again. At the impact of Typhoon Bopha (a.k.a. Typhoon Pablo), the same protection monitoring mechanism under the cluster has been utilized to provide real time information covering the areas where the cluster members and community-based volunteers are located.
- Subsequent to the establishment protection monitoring activities conducted by UNHCR and its partners, including but not limited to CHR, MinHRAC, Balay Rehabilitation Centre, CFSI, and UnYPhil-Women, rapid response to cases of new displacement has been in place. Through CHR, specifically in Regions 10 and 13, informal networks officials of different government agencies has been optimise to conduct protection monitoring missions whenever displacement arise. 2,396 families were able to avail of the protection kits.
- DSWD-ARMM being the implementing partner for the civil documentation project through conduct of free mobile birth registration in Maguindanao and Tawi-Tawi was able to reach 43,002 individuals composed of 21,411 male and 21,591 female with 22,879 new registrants already issued with birth certificates. As a basic identity document, possession of birth certificate enabled individual/families that are qualified to avail of the conditional cash transfer and social pension for elder which are being carried out by the same agency.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

In addition to UNHCR's field presence, coverage by CHR and NGOs as implementing partners across six regions of Mindanao for protection monitoring has expanded this project's coverage in terms of monitoring the situation of populations displaced by conflict and natural disasters.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 1

If 'NO' (or if GM score is 1 or 0): In all UNHCR undertakings, persons with specific need (PWSN) are prioritized and protection needs of boys and girls, women and men are specifically addressed. More so, given the life-saving nature of the projects undertakings. UNHCR undertaking is benefited by all boys and girls, men and women on equal basis as a commitment to its Age, Gender, Diversity Mainstreaming across that organization.

14. M&E: Has this project been evaluated?

YES NO

Interventions by UNHCR are conceptualized with an overall multi-year strategy for protection of IDPs. UNHCR conducts regular monitoring of CERF-funded activities implemented directly or by implementing partners albeit no formal evaluation has been conducted yet.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	16.04.12 – 31.12.12
2. CERF project code:	12-CEF-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring WASH services for disaster affected families in Central Mindanao		
7. Funding	a. Total project budget:		US\$ 3,046,000
	b. Total funding received for the project:		US\$ 800,253
	c. Amount received from CERF:		US\$ 800,253
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	15,000	18,600	See answer below in Q12
b. Male	15,000	18,600	
c. Total individuals (female + male):	30,000	37,200	
d. Of total, children <u>under 5</u>	8,000	9,900	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Improve WASH services in ECs and return communities • Improve hygiene behavior of women and children • Ensure monitoring of water quality 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Girls, boys and women have protected and reliable access to sufficient and safe drinking water, sanitation and hygiene facilities. • Communities, especially, women, girls and boys participate in planning, implementation and monitoring of WASH interventions. • Prevent diarrhoea and other water-borne diseases by ensuring a coordinated and efficient WASH cluster response. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 100 water sources constructed/improved. <ul style="list-style-type: none"> ○ 669 HH benefitted from three gravity fed system with 11 tap stands and two units of reservoir and one improved dug well. Additional three gravity fed system being constructed for 693 HH • 380 constructed/improved latrines/hand washing area. <ul style="list-style-type: none"> ○ 408 toilets constructed for 408 HH. Ongoing construction for 120 toilets for 120 HH • 100 Department of Health such as sanitary inspectors, municipal health officers and Local government technical staff and decision makers trained on water quality monitoring (WQM). <ul style="list-style-type: none"> ○ 313 leaders have been trained on WASH in DRR 			

- 3250 families receive hygiene and water kits with consideration to gender requirements.
 - 1,000 families benefitted from hygiene and water kits.
- 300 women and men trained on hygiene promotion.
 - 107 individuals trained on hygiene promotion.
- 8,000 families are reached with hygiene promotion material.
 - 6,700 families are reached 8,600 individuals are reached by improved, rehabilitate and installation of water supply.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There are discrepancies on the planned and actual outcomes in terms of target activities – but the objectives were met by providing WASH assistance to the affected communities. The approach and methodology in reaching the target number of facilities did not materialise due to the change of community set up from the evacuation centres. The project focussed on the resettlement and relocation sites, which also cover return areas. The project did not reach the target number of facilities constructed but in terms of number of beneficiaries benefitting from WASH services, the results went beyond planned targets.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

Based on the lessons learned from the last CERF grant on funds for evaluation, a 5% M&E budget line was listed in the initial proposal submission. The budget line was questioned by OCHA at country level, (1) whether it was allowable and (2) details on how it would be spent was requested and the level of detail being requested was not available at the time of the proposal. During the amended submission it was decided by UNICEF for simplification to delete it from the proposal and just add more to services and again took a chance that another donor would fund it. No other funding sources were raised to conduct the evaluation.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	15.03.12 – 31.12. 12
2. CERF project code:	12-WFP-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. 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		
7. Funding	a. Total project budget:		US\$ 8,450,000 ²⁴
	b. Total funding received for the project:		US\$ 4,022,574 ²⁵
	c. Amount received from CERF:		US\$ 3,603,090
			US\$ 893,373
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	238,800	238,800	The CERF fund was used for twinning to distribute food to 398,000 beneficiaries. Between April and November 2012, WFP distributed food to 473,724 beneficiaries in Maguindanao and Lanao Del Sur (not including other provinces and also excluding projects related to Tropical Storm Washi). This was achieved using all resources available to WFP. Therefore, the CERF fund was utilized as part of the total resources used to distribute food to planned beneficiaries during the period under review. Thus figures indicated for the CERF component indicate 100% of the 398,000 reached by end of November 2012 and the use of the fund was concluded.
b. Male	159,200	159,200	
c. Total individuals (female + male):	398,000	398,000	
d. Of total, children <u>under 5</u>	79,600	79,600	
9. Original project objective from approved CERF proposal			
<p>The overall goal of WFP's was to support time-critical and urgent early recovery needs of IDP and returnees. This effort indirectly supported the peace building initiatives by creating an enabling environment for peace.</p> <p>The specific objectives included:</p> <ul style="list-style-type: none"> • Assistance to the most vulnerable IDPs and returnees whose food and nutrition security were adversely affected by the 2008 and 2009 conflicts by improving food consumption, through provision of food assistance to the most vulnerable IDPs and returnees. Food was distributed under food-for-work (FFW) and food-for-training (FFT) activities that enabled the food-insecure households to tackle their immediate household food shortages and improved the food consumption level. • Restored and rebuilt lives and livelihoods of IDP, returnee and other food insecure communities to enhance self-reliance by: <ul style="list-style-type: none"> ○ creating/rehabilitating productive assets through FFW. 			

²⁴ Original

²⁵ Revised

<ul style="list-style-type: none"> ○ supporting skills training and diversified livelihoods schemes in targeted communities through FFT. 	
10. Original expected outcomes from approved CERF proposal	
<p>The main outcome indicator for the project was 'Percentage of households with food consumption score above 42', indicating improvements in the household food security status, while changes in the 'community asset score' would indicate improved access to livelihood assets in the targeted communities. These indicators are part of WFP's corporate indicators for measuring results.</p>	
11. Actual outcomes achieved with CERF funds	
<p>Based on WFP monthly monitoring between January and July 2012, the tendency of poor and borderline food consumption still persists in central Mindanao, such as 15% at poor level of FCS and 39% at borderline level. Lanao Del Sur was recorded as 18% poor and 32% borderline. Poor and borderline FCS was especially remarkable in the Tropical Storm Washi's affected municipalities of Buadiposo Buntong, Ditsaan Ramain and Tagoloan in the range from 30% to 100%.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Some food distribution interruptions in some locations were experienced due to availability of suitable stock of rice in the NFA warehouses, however, this problem was solved later by sourcing from distant (other regions) warehouses.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>Based on monitoring information during the implementation period of this CERF, about 76% of the respondents expressed that distribution occurred on time. Reasons of some delays experienced were due to delay in food delivery (12%) because of slow food distribution point management (8.6%) due to security reasons (1.9%)(1.7% in Lanao del Sur and 0.2% in Maguindanao), and due to other reasons 3.6%, including weather conditions, delay of truck due to offloading point, discrepancy on entitlements. Nevertheless, overall, this data analysis reveals a satisfactory (as per plan) delivery of the assistance.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	16.04.12 – 31.12. 12
2. CERF project code:	12-WHO-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring Access to Essential Health Care for Conflict and Natural Hazard affected Populations in Mindanao		
7. Funding	a. Total project budget:		US\$ 1,320,400
	b. Total funding received for the project:		US\$ 271,439
	c. Amount received from CERF:		US\$ 271,439
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	62,400	62,400	
b. Male	57,600	57,600	
c. Total individuals (female + male):	120,000	120,000	
d. Of total, children <u>under 5</u>	24,000	24,000	
9. Original project objective from approved CERF proposal			
To ensure access of conflict and natural hazard-affected populations in 10 selected sites in Maguindanao, Lanao del Sur, North Cotabato to essential primary health care			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Affected populations, especially women and children in 10 target areas have increased access to primary health care services • Early detection and response to unusual increases in cases of diseases with outbreak potential • Improved maternal quality of delivery care (note: numbers may be insufficient to document Maternal Mortality Rate (MMR)) • Decreased neonatal mortality rate 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Affected populations, especially women and children in 10 target areas have increased access to primary health care services <ul style="list-style-type: none"> ○ 10 BHS augmented with essential medicines, supplies, equipment ○ 10 community health teams organized • Early detection and response to unusual increases in cases of diseases with outbreak potential <ul style="list-style-type: none"> ○ 300 local health staff from 11 municipalities with capacity enhanced in data collection, reporting, analysis and dissemination for the emergency early warning system ○ No outbreaks reported 			

<ul style="list-style-type: none"> • Improved maternal quality of delivery care (note: numbers may be insufficient to document MMR) <ul style="list-style-type: none"> ○ 107 local health workers from RHUs and hospitals in 11 municipalities with capacities enhanced on essential intrapartum and newborn care • Decreased neonatal mortality rate 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 0</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project did not undergo formal evaluation. The WHO Technical Officer for Emergency and Humanitarian Action conducted regular monitoring visits to ensure activities were implemented as planned. In addition, the WHO Representative to the Philippines also conducted several visits to the project sites.</p>	

Annex 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	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-FAO-030	Agriculture	FAO	Bangsamoro Women For Peace and Development Foundation, Incorporated	NGO	9,693	17.01.12	03.01.12	FAO engages partner NGO with financial capacity to jumpstart implementation of project activities even prior to the transfer of the first instalment.
11-HCR-041	Protection Cluster	UNHCR	CHR	Government	173,607	26.03.11	01.07. 11	
			DSWD-ARMM	Government	120,345	26.08.11	01.08.11	
			MinHRAC	NNGO	53,963	28.03.11	01.03.11	
11-WFP-041	Logistics	WFP	DSWD	Government	200,069	14.07.11	01. 2012	Completed
11-CEF-046-B	Nutrition	UNICEF	DOH	Government	53,176.32	24.01.12	24.01.12	Mobilization of commuity-based health and nutrition workers for delivery of nutrition in emergency services
11-CEF-046-C	Child Protection	UNICEF	Non Violence Peaceforce	INGO	144,637	21.05.12	21.05.12	Continuation of 2011 project: Monitoring and verification activities on grave child rights violations, under the Monitoring and Reporting Mechanism (MRM)
11-CEF-046-D	Education	UNICEF	CFSI	I/NNGO	189,892.95	02.12	02.12	
			Balay	NNGO	60,618.23	03.12	03.12	
			MPC	NNGO	92,646.52	09.11	09.11	
			DepED 12 and ARMM	Government	320,818.20	12.11	03.12	Intended as prepositioned emergency education supplies (e.g. school packs, tarps for TLS, library sets, school tents,sports and recreation materials), which were effectively used in later disasters

								(floods, conflicts), including a portion of stockpile moved to Region X to immediately respond to the needs of school children affected by TS Washi
11-HCR-050	Protection Cluster	UNHCR	CHR	Government	45,461	26.07.11	01.07.11	Top-up funding re: 11-HCR-041
			DSWD-ARMM	Government	66,074	12.12.11	01.08.11	Top-up funding re: 11-HCR-041
			Balay Rehab	NNGO	33,912	03.10.11	01.10.11	
			MinHRAC	NNGO	25,782	12.12.11	01.10.11	Top-up funding re: 11-HCR-041
			UnyPhil-Women	NNGO	23,052	19.09.11	01.08.11	CERF covered 2 nd part of the agreement
			KFI	NNGO	38,876	15.09.11	01.08.11	CERF covered 2 nd part of the agreement
			SILDAP-SE	NNGO	59,003	12.10.11	01.10.11	
			CFSI	I/NNGO	37,226	07.03.12	01.12	CERF covered 2 nd part of the agreement
11-WHO-050	Health	WHO	HI	INGO	40,000	08.05.12	04.12	Completed
			CEMILARDEF	NNGO	39,950	10.11.11	10.11	Completed
			HOM	NNGO	54,950	10.11.11	10.11	Completed
			MTB	NNGO	67,920	10.11.11	10.11	Completed
			MYRO	NNGO	60,980	10.11.11	10.11	Completed
11-CEF-067	WASH	UNICEF	ASDSW	NNGO	50,800	30.03.12 (First CERF disbursement however, 2nd Installment for Emergency Project Cooperation Agreement (PCA)	26.12.11	ASDSW received its first tranche of UNICEF emergency funds for response on 26 December 2011 through an Emergency PCA. Activities ongoing using different flash appeal funds.
			Oxfam	INGO	50,417.50	09.05.12 (First CERF disbursement however, final payment for Emergency PCA)	26.12.11	Oxfam received its first tranche of UNICEF emergency funds for response on 26 December 2011 through an Emergency PCA.
			DOH – City Health Division	Gov	89,413.12	23.01.12	25.01.12	

			Region X					
11-WFP-075	Logistics	WFP	DSWD	Gov	200,002	16.01.12	01.12	Completed
12-FAO-008	Agriculture	FAO	UNYPAD	NNGO	13,285.35	07.09.12	22.08.12	FAO engages partner NGO with financial capacity to jumpstart implementation of project activities even prior to the transfer of the first instalment.
12-IOM-003	Shelter	IOM	Mindanao Tulong Bakwet	NNGO	37,610.12	09.08.12	01.06.12	
			Kaabag Ranaw Inc	NNGO	30,726	12.07.12	01.06.12	
12-WFP-004	Food	WFP	CFSI	I/NNGO	800,036	16.01.12	01.12	Completed
12-FPA-005	Health	UNFPA	Family Planning Organization of the Philippines (FPOP)	NNGO	56,565	24.06.12	24.06.12	Completed
12-FPA-006	Protection	UNFPA	CFSI	INGO	47,767	24.06.12	24.06.12	Completed
			Nonviolent Peaceforce	INGO	41,026	24.06.12	24.06.12	Completed
12-HCR-009	Protection Cluster	UNHCR	CHR	Government	210,200	24.04.12	01.04.12	
			DSWD-ARMM	Government	144,685	16.07.12	01.07.2012	
			MinHRAC	NNGO	64,440	20.06.12	01.05.12	
			UnyPhil-Women	NNGO	142,900	07.03.12	01.03.12	
12-CEF-10	WASH	UNICEF	ASDSW	NNGO	246,087	07.05.12	07.05.12	
			Oxfam	INGO	110,000	04.05.12	04.05.12	
			ACF International	INGO	205,920	02.05.12	02.05.12	
12-WHO-011	Health	WHO	MYRO	NNGO	71,695	22.10.12	10.12	Completed
			MOSEP	NNGO	32,891	24.09.12	09.12	Completed
			HOM	NNGO	24,058	24.09.12	09.12	Completed
			KMI	NNGO	27,929	27.08.12	08.12	Completed
12-WFP-014	Food	WFP	CFSI	I/NNGO	893,373	05.03.12	03.12	Completed

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

3W	Who Does What and Where (Matrix of Information)
ACF	Accion Contra el Hambre (Action Against Hunger)
AECID	Spanish Agency for International Development Cooperation
AFP	Armed Forces of the Philippines
AIG	Institute for Accountable Governance
ARMM	Autonomous Region in Muslim Mindanao
ASDSW	A Single Drop for Safe Water
ASRH	Adolescent Sexual and Reproductive Health
BALAY	Balay Rehabilitation Center, Inc.
BCPC	Barangay Council for the Protection of Children
BDRRMC	Barangay Disaster Risk Reduction and Management Committees
BHS	Barangay Health Station
BIAF	Bangsamoro Islamic Armed Forces
BIFF	Bangsamoro Islamic Freedom Fighters
BIFM	Bangsamoro Islamic Freedom Movement
CPU	Child Protection Unit
CAAC	Children Affected by Armed Conflict
CAAFAG	Children Associated with Armed Forces and Armed Groups
CAP	Consolidated Appeal Process
CBCPN	Community Based Child Protection Network
CCCH	Coordinating Committee on the Cessation of Hostilities
CCCM	Camp Coordination and Camp Management (CCCM)
CDO	Cagayan de Oro
CEMILARDEF	Central Mindanao Integrated Livelihood Assistance & Resource Development Foundation, Inc.
CERF	Central Emergency Response Fund
CFSI	Community and Family Services International
CHR	Commission on Human Rights
CHT	Community Health Team
CMAM	Community-based Management of Acute Malnutrition
CPU	Child Protection Unit
CPWG	Child Protection Working Group
CRS	Catholic Relief Services
CTFMR	Country Task Force for Monitoring and Reporting
DAF	Department of Agriculture and Fisheries
DDR	Disarmament, Demobilization and Reintegration
DepEd	Department of Education
DepEd - ARMM	Department of Education – Autonomous Region in Muslim Mindanao
DOH	Department of Health
DRR	Disaster Risk Reduction
DOST	Department of Science and Technology
DSWD	Department of Social Welfare and Development
DSWD-ARMM	Department of Social Welfare and Development – Autonomous Region in Muslim Mindanao
DTM	Displacement Tracking Matrix
DPWH	Department of Public Works and Highways
EiE	Education in Emergencies
EW-ER	Early Warning – Early Response

FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FFT	Food-for-Training
FFW	Food-for-Work
FP	Family Planning
FTS	Financial Tracking Service
GBV	Gender-Based Violence
GCRV	Grave Child Rights Violation
GPH	Government of the Philippines
GIDA	Geographically Isolated and Disadvantaged Areas
GPID	Guiding Principles on Internal Displacement
GRP	Government of the Republic of the Philippines
HAP	Humanitarian Action Plan
HCT	Humanitarian Country Team
HH	Household
HI	Handicap International
HIS	Health Information Sessions
HOM	Health Organization for Mindanao
IACAT	Inter-Agency Committee on Anti-Trafficking
IDP	Internally Displaced Person
IHL	International humanitarian law
I/NGO	international/non-governmental organization
IYCF	infant and young child feeding
KAP	Knowledge, Attitudes and Practice
KMI	Kalusugan ng Mag Ina
LGU	Local Government Unit
LoA	Letter of Agreement
LSB	Local School Board
M&E	Monitoring and Evaluation
M/PIACAT-VAWC	Municipal/Provincial Inter-Agency Council against Trafficking-Violence against Women and Children
MAOs	Municipal Agricultural Officers
MAM	Moderate Acute Malnutrition
MCL	Mobile Clinic and Laboratory
MHPSS	Mental Health and Psychosocial Support
MHT	Mindanao Humanitarian Team
MILF	Moro Islamic Liberation Front
MinHRAC	Mindanao Human Rights Center
MIRA	Multi-Cluster Initial Rapid Assessment
MISP	Minimum Initial Service Package
MOSEP	Mindanao Organization for Social and Economic Progress, Inc.
MMR	Maternal Mortality Rate
MPC	Mindanao People's Caucus
MTB	Mindanao Tulong Bakwet
MRM	Monitoring and Reporting Mechanism
MSEE	Minimum Standards for Education in Emergencies
Mt	metric tonnes
MSF	Medecins Sans Frontiere
MTB	Mindanao Tabang Bakwet

MYRO	Muslim Youth Religious Organization
NDRRMC	National Disaster Risk Reduction and Management Council
NFA	National Food Authority
NFI	Non-Food Items
NP	Nonviolent Peaceforce
NSIC	National Seed Industry Council
NSO	National Statistics Office
OCD	Office of Civil Defense
OCHA	Office for the Coordination of Humanitarian Affairs
OMI-IRD	Oblates of Mary Immaculate – Inter Religious Dialogue
ORG	Office of the Regional Governor
PAO	Provincial Agricultural Officer
PCC	Project Coordinating Committee
PLW	Pregnant and Lactating Women
PMO	Project Management Officer
PRRO	Protracted Relief and Recovery Operation
PSWDO	Provincial Social Welfare and Development Office
PTCA or PTA	Parents, Teachers and Community Association or Parent Teacher Associations
RH	Reproductive Health
RHU	Rural Health Unit
RIC	Rural Improvement Clubs
RMM	Reproductive Health Medical Mission
RTD	Round Table Discussion
SAM	Severe Acute Malnutrition
SC	Save the Children
SGBV	Sexual and Gender-Based Violence
SILDAP-SE	Silingang Dapit – South Eastern
SRSR CAAC	Special Representative of the Secretary General for Children and Armed Conflict
TMS	Technical Management Services
TWG	Technical Working Group
UN	United Nations
UnYPhil-Women	United Youth of the Philippines – Women, Inc.
VAC	Violence Against Women
WRA	Women of Reproductive Age