



**CENTRAL  
EMERGENCY  
RESPONSE FUND**



**A SOUND HUMANITARIAN INVESTMENT**

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
PHILIPPINES  
RAPID RESPONSE  
TYPHOON HAIYAN**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Luiza Carvalho**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA) conducted an After Action Review on 18 July 2014 with CERF recipient agencies to collectively assess the impact of the grant and provide recommendations to improve the effectiveness of future CERF allocations. United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), United Nations Development Programme (UNDP) and World Food Programme (WFP) representatives attended the meeting.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

The CERF report was disseminated to the Humanitarian Country Team (HCT), which includes UN Agencies, non-government organizations (NGOs), the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Philippine Red Cross (PRC) as well as donors as observers, for their review before being finalized by the RC/HC.

- c. 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 and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

OCHA plans to circulate the final CERF report for review to relevant in-country stakeholders, including the government counterparts and donors upon final submission.

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)   |  |                         |
|---|--|-------------------------|
| <b>Total amount required for the humanitarian response:</b> 776,000,000 (revised Strategic Response Plan based on OCHA's Financial Tracking System, as of 11 August 2014) |  |                         |
| <b>Breakdown of total response funding received by source</b>   | <b>Source</b>  | <b>Amount</b>           |
|   | CERF   | 25,284,204 <sup>1</sup> |
|   | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND<br>(if applicable) | 0                       |
|   | OTHER (bilateral/multilateral)                                       | 442,174,577             |
|   | <b>TOTAL</b>   | <b>467,458,781</b>      |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) |                     |  |               |
|--|---------------------|--|---------------|
| <b>Allocation 1 – date of official submission:</b> 15-Nov-2013   |                     |  |               |
| <b>Agency</b>  | <b>Project code</b> | <b>Cluster/Sector</b>                                | <b>Amount</b> |
| UNICEF   | 13-RR-CEF-146       | Protection (Child protection)                        | 150,188       |
| UNICEF   | 13-RR-CEF-147       | Education  | 492,200       |
| UNICEF   | 13-RR-CEF-148       | Health   | 182,041       |
| UNFPA  | 13-RR-FPA-055       | Protection (Gender-based violence (GBV))             | 156,242       |
| UNFPA  | 13-RR-FPA-056       | Health (Reproductive health)                         | 592,077       |
| UNHCR  | 13-RR-HCR-067       | Protection   | 1,201,610     |
| UNDP   | 13-RR-UDP-016       | Early recovery                                       | 1,500,022     |
| WFP  | 13-RR-WFP-077       | Food security  | 1,999,949     |
| FAO  | 13-RR-FAO-043       | Agriculture  | 500,004       |
| UNICEF   | 13-RR-CEF-149       | Nutrition  | 501,710       |
| UNICEF   | 13-RR-CEF-150       | Water, sanitation and Hygiene (WASH)                 | 4,005,269     |
| UNHCR  | 13-RR-HCR-068       | Shelter/Camp Coordination and Camp Management (CCCM) | 1,800,859     |
| IOM  | 13-RR-IOM-042       | Shelter/CCCM   | 5,492,378     |
| WFP  | 13-RR-WFP-078       | Coordination and Support Services Logistics          | 3,495,992     |
| WFP  | 13-RR-WFP-080       | Coordination and Support Services Telecom and Data   | 1,217,869     |

<sup>1</sup> This includes the sub-grant of WHO's health project (13-RR-WHO-076) disbursed to Save the Children, which later informed that it failed to keep its agreement to undertake the activities specified as the project's implementing partner (see WHO's project results for the details). The sub-grant of \$117,307 will therefore be returned.

|              |               |          |                        |
|--------------|---------------|----------|------------------------|
| WHO          | 13-RR-WHO-076 | Health   | 1,691,761 <sup>2</sup> |
| UNDP         | 13-RR-UDP-017 | Security | 304,033                |
| <b>TOTAL</b> |               |          | <b>25,284,204</b>      |

| <b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b> |                        |
|---|------------------------|
| <b>Type of implementation modality</b>  | <b>Amount</b>          |
| Direct UN agencies/IOM implementation   | 21,799,369             |
| Funds forwarded to NGOs for implementation  | 2,778,255 <sup>3</sup> |
| Funds forwarded to government partners  | 589,273                |
| <b>TOTAL</b>  | <b>25,166,879</b>      |

## **HUMANITARIAN NEEDS**

Typhoon Haiyan (locally known as Yolanda) was one of the deadliest typhoons ever recorded in the Philippines and believed to be the strongest to ever make landfall, with wind speeds of 235 km/h and gusts of up to 275 km/h. In the early hours of 8 November 2013, the super typhoon made its first landfall in Guiuan, Eastern Samar, approximately 960 km southeast of Manila.

In the early days of the response, it was difficult to assess the full extent of destruction caused by Haiyan and to determine the death toll and the number of people in need of assistance. Initial rapid needs assessments conducted between 8 and 12 November suggested that at least 11 million people were affected, including 672,000 displaced<sup>4</sup>. Regions VI (Western Visayas), VII (Central Visayas) and VIII (Eastern Visayas) were hardest hit by Haiyan, while Regions IV-A (Calabarzon), IV-B (Mimaropa), V (Bicol), X (Northern Mindanao), XI (Davao) and XIII (Caraga) were also affected.

Areas affected by Typhoon Haiyan recorded high rates of deprivation and vulnerability even before the disaster. A significant percentage of the population in Regions IV-B, V, VI, VII and VIII had above average poverty rates, with the highest rates in Bicol (45.1 per cent) and in the Eastern Visayas (43.1 per cent). Additionally, the affected areas had some of the highest malnutrition rates in the country.

Further challenges arose from the particular humanitarian situation of the Philippines at the time, where humanitarian agencies had been responding to two significant natural disasters and one conflict-related emergency in the previous 12 months. As a result, aid agencies had to redirect already stretched staff and resources from other needy areas.

The typhoon flattened entire communities and washed away shorelines. Most of the affected regions were cut off from communication lines and power supply. The debris created by the strong winds and flooding blocked roads and bridges, cutting off communities from any relief assistance in the early days after the disaster. Essential medical care to the injured and clearing the streets of corpses were hampered. In the hardest-hit areas, hospitals, rural health centres, schools and key infrastructure, including airports and seaports, were destroyed or severely damaged. Due to the lack of electricity, planes could only operate during the daylight, further slowing the evacuations and relief efforts.

Given the imminent threat of a large-scale humanitarian crisis, the Government of the Philippines pre-emptively evacuated 125,604 people to 109 evacuation centres in 22 provinces before the typhoon's arrival and pre-positioned food and other supply stocks. The United Nations Disaster Assessment and Coordination (UNDAC) team was deployed in advance to support HCT with joint rapid needs assessments. OCHA issued its first situation report on Haiyan the day before its landfall.

<sup>2</sup> Ditto.

<sup>3</sup> Ditto.

<sup>4</sup> Later assessments revised the total number of affected population to 14.1 million, of which 4 million people were displaced. Refer to the Strategic Response Plan (SRP) for Typhoon Haiyan.

## II. FOCUS AREAS AND PRIORITIZATION

Specific requests for assistance from the government to HCT and preliminary assessments conducted by agencies and clusters - including the UNDAC/HCT Teams deployed within 12 hours of the disaster - informed the HCT's agreement on focus areas and priority projects that would meet CERF life-saving criteria.

Initial assessments conducted by the Philippine government, UN, International NGOs and member states informed that Regions VI, VII and VIII were the areas with the highest concentration of the displaced with urgent humanitarian need. Priority services required in the immediate future were to focus on protecting the lives of the typhoon survivors from further threats. Shelter, WASH, food security and health were identified as key needs.

The HCT prioritized Shelter/CCCM, WASH and food security (food and agriculture) as vital to the survival of and health of the affected population. In addition, logistics, emergency telecommunication, protection, including child protection and GBV, health, including reproductive health, education, nutrition, early recovery (debris clearance) and security were prioritized for the immediate wellbeing of affected people, especially the most vulnerable.

Early reports indicated that some 500,000 houses were wiped away<sup>5</sup>. This triggered urgent need to focus on emergency shelter and tools to rebuild homes and basic infrastructure. The provision of emergency shelter and the movement of over 300,000 displaced people from makeshift to transitional shelters was regarded key to avoid further loss of life during the storm season. It was noted that evacuation centres and temporary sites would require sustained assistance in life-saving services such as water and sanitation facilities and protection mechanisms. Well-accounted distribution of food and water for people living in evacuation centres and in transitional sites was also considered crucial, with a special focus on people living in isolated areas or stranded from major relief hubs.

About 2.5 million people required food assistance. In particular nutrition interventions were needed not only for the millions who were displaced, but also for already vulnerable groups and people living in remote areas affected by the typhoon.

In the areas where water facilities were either destroyed or ground water was contaminated, the lack of access to safe sources of drinking water and adequate sanitation were feared to increase the risk of water-borne disease outbreaks. In addition, toilets were damaged or flooded and unusable.

The destruction of primary and secondary health facilities affected the access to health care and life-saving assistance. In addition, about, 95,000 pregnant women and over 190,000 lactating mothers urgently required pre-natal and post-natal care. The provision of essential medical care to the injured and establishing sanitation systems to prevent loss of life from water-borne diseases were also identified as key priorities.

Thousands of people suffered traumatic disorders because of the typhoon, due to either the loss of family members, separation from caregivers or hard living conditions due to displacement. Additional protection concerns involved discrimination, gender-based violence (GBV) and inequitable access to relief services for children, women, people with special needs and vulnerable communities. Establishing mechanisms to protect children, women and vulnerable communities from further trauma and discrimination was essential with insecurity exacerbating violence against women and girls, particularly in evacuation centres and displacement sites. Measures to ensure the dignity of people was maintained through segregated sanitation units and the creation of services for high-risk groups, such as pregnant women were also to be expedited.

In Regions VI, VII and VIII, 11,919 public elementary and secondary schools attended by about 4.4 million students and 9,648 day care centres were damaged or destroyed. Returning children to school was regarded as highly important.

The response activities were hampered by the breakdown of the infrastructure systems, transport, utilities, communications, as well as the spread areas with the affected population. Key priorities to ensure access to the affected people included strategic airlifts, deployment of coastal transport assets, employment of air assets- for the delivery of life-saving cargo and ascertaining aerial damage; establishing cargo consolidation hubs - temporary storage facilities and office space. Debris clearance was seen as critical to re-establishing vital access routes to isolated or stranded communities and rehabilitate essential public infrastructure.

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<sup>5</sup> The Haiyan SRP revised the number of damaged houses as 1.1 million.

A common priority was the establishment of aid pipelines, logistics services and communication and coordination hubs, which would influence the degree and speed that relief assistance could be delivered to those in need. Based on the request of the government, Tacloban city was established as the main logistics hub to support the sustainable delivery of aid. Other coordination hubs were established in Roxas, Borongan, Guian and Ormoc. A logistics base to facilitate the movement of goods was also established in Cebu.

### III. CERF PROCESS

On 9 November, the Government of the Philippines accepted the offer of international assistance highlighting the need to improve communication capabilities, which were essential to enable effective coordination and provision of humanitarian assistance. On 10 November, President of the Philippines declared a state of calamity releasing essential calamity funds. The same day, the following clusters were activated: Food Security and Agriculture, Emergency Shelter, CCCM, Emergency Telecommunications, Logistics, Health (including Reproductive Health), WASH, Nutrition, Education, Protection (including Child Protection and Gender Based Violence), Early Recovery and Livelihoods. As with previous responses in the country, the clusters were led by the government and supported by cluster co-lead agencies from the HCT.

Because of the response to two natural disasters and one conflict-related emergency in the previous 12 months, donor funding was extremely limited with a shortage of in-country stock supplies and agencies had to redirect staff and resources from other operational areas. The HCT recognised the needs for strategic planning and effective coordination among all relevant actors as well as for immediate action to deliver life-saving goods and services.

On 11 November, the RC/HC chaired a consultation meeting, which was attended by all the heads of cluster co-lead agencies, including IFRC, as well as NGO representatives.

At this meeting, the HCT agreed on the priority projects that would meet the CERF life-saving criteria. The implementation period was set at six months to include 38 projects from more than 20 organizations representing the UN, Red Cross and INGOs. The funding allocation was based on specific requests for assistance from the government to the HCT and assessments conducted by agencies/clusters. Given the magnitude of the immediate needs, as soon as access to the affected areas was established, activities would begin immediately.

Priorities were based on initial rapid assessments and requests from the Government and on a set of criteria, which included:

1. Activities should be life-saving and target most affected areas or vulnerable people
2. Activities should be based on existing national capacities
3. Activities should be based on resource shortages that threaten people's survival. The projects were classified under three fundamental objectives: to reduce mortality, malnutrition and morbidity rates to pre-typhoon levels within two months; to provide transitional shelter to the displaced, within a month and re-establish short-term livelihoods so as to engage communities on projects to restore vital infrastructure and access whilst boosting the shattered local economy.

Concurrently with the CERF application process, the HCT drafted the Typhoon Haiyan Action Plan, which was jointly launched with the government on 12 November. Based on initial rapid needs assessments, about \$301 million were requested to assist people affected by the super typhoon. The HCT envisaged that a Multi-Cluster Initial Rapid Assessment (MIRA) would inform an initial revision of the Action Plan.

#### IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR                            |   |           |           |            |
|---|---|-----------|-----------|------------|
| Total number of individuals affected by the crisis: 14,000,801 (Typhoon Haiyan SRP, December 2013)  |   |           |           |            |
| The estimated total number of individuals directly supported through CERF funding by cluster/sector | Cluster/Sector  | Female    | Male      | Total      |
|   | Protection  | 70,150    | 47,159    | 117,309    |
|   | Education   | 14,025    | 13,475    | 27,500     |
|   | Health  | 5,167,453 | 4,941,864 | 10,109,317 |
|   | Early recovery and livelihood                         | 2,230     | 3,959     | 6,189      |
|   | Food security   | 61,516    | 56,784    | 118,300    |
|   | Agriculture   | 13,525    | 37,125    | 50,650     |
|   | Nutrition   | 1552      | 934       | 2,546      |
|   | Water, sanitation and hygiene (WASH)                  | 56,160    | 51,840    | 108,000    |
|   | Camp coordination and camp management (CCCM)/Shelter  | 63,494    | 66,086    | 136,840    |
|   | Coordination and Support Services<br>Telecom and Data | N/A       | N/A       | N/A        |
|   | Coordination and Support Services<br>Logistics        | N/A       | N/A       | N/A        |
|   | Security  | N/A       | N/A       | N/A        |

#### **BENEFICIARY ESTIMATION**

In the early days of the response, assessing the full extent of the destruction caused by Haiyan and the total number of people in need of humanitarian assistance was made difficult by power supply and communication lines being cut off and limited access to some of the affected areas due to debris blocking roads and bridges. As of 12 November 2013 and based on initial rapid needs assessments, the Department of Social Welfare and Development (DSWD) indicated that about 11,277,321 people were affected by Haiyan<sup>6</sup>. It was estimated that out of the nine regions affected by Haiyan, Regions VI, VII and VIII were the hardest hit with the highest concentration of the people affected.

Given the magnitude of the disaster, the HCT agreed that the CERF funded projects should target the entire population affected by the crisis as known at the time the request was submitted. Of the total 11,277,321 people that were targeted through the CERF grant, 5,751,434 were female and 5,525,887 male; 2,255,464 were children under five. While the majority of the projects were implemented in Regions VI, VII, VIII, some response activities were also carried out in Regions IV-A, IV-B, V, X, XI and XIII.

<sup>6</sup> Disaster Response Operations Monitoring and Information Centre, DSWD Report # 27, 12 November 2013.

Later assessments conducted by the government and humanitarian actors revised the total number of affected population to 14.1 million, of which 4 million were displaced, and 1.1 million houses had been destroyed.

Part of the CERF grant was used to fund projects to restore logistics and communication capabilities, which enabled coordination and the provision of humanitarian assistance, thereby benefiting the entire population of the targeted areas,. In addition, the fund allowed the implementation of a UNDSS project aimed at establishing the necessary security management system where projects were to be undertaken, thereby indirectly benefitting the affected population.

The CERF-funded projects were able to reach an estimated total of 10,109,317 people, of which 5,167,453 were female, 4,941,864 were male and 2,085,169 were children under five. Since the Health cluster programs reached the largest population among all clusters and also covered an extensive area of Regions VI, VII and VIII, the direct beneficiary figures of the Health cluster were used as the total estimated reached beneficiaries in order to avoid double counting of beneficiaries across sectors.

| <b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b> |                |                          |
|---|----------------|--------------------------|
|   | <b>Planned</b> | <b>Estimated Reached</b> |
| <b>Female</b>   | 5,751,434      | 5,167,453                |
| <b>Male</b>   | 5,525,887      | 4,941,864                |
| <b>Total individuals (Female and male)</b>                                    | 11,277,321     | 10,109,317               |
| <b>Of total, children <u>under</u> age 5</b>                                  | 2,255,464      | 2,085,169                |

## **CERF RESULTS**

While the CERF grant only represented 3.2 per cent of the total funding required for the humanitarian response to Typhoon Haiyan, the quick approval of its projects enabled the provision of life-saving assistance in the very early days of the response which otherwise would have been difficult due to limited funding and shortage of in-country stock supplies.

With the CERF grant, recipient agencies and their implementing partners, including the government, were able to reach estimated 10,109,317 people affected by the typhoon, i.e. 90 per cent of the planned beneficiaries and about 72 per cent of the total population affected.

Out of the 17 CERF-funded projects<sup>7</sup>, it is estimated that 8 exceeded their targets, 1 reached the target, and 5 reached less beneficiaries than originally planned. Some recipient agencies attributed the increase in the number of beneficiaries reached to other donors' contributions to their programs, synergies in service delivery among cluster partners and the international procurement of commodities, which resulted in more purchasing power (this was the case for WFP's food assistance project and IOM's shelter and NFI distribution project). In cases where the number of actual beneficiaries was lower than planned, the gaps were attributed to: 1) later assessments which revised the number of affected populations in certain communities, 2) population movements during the implementation period and 3) delayed deployment and capacity constraints of implementing partners, among other reasons.

It should be noted that 4 out of 17 recipient agencies reprogrammed their activities in order to adapt to changing needs on the ground. These included changes in partnerships due to later assessments indicating emerging life-saving needs (e.g. IOM's Shelter/CCCM project), closure of intervention spaces, revision of targets and indicators following later assessments (e.g. UNHCR's Shelter/CCCM project and UNICEF's nutrition project) and other logistical constraints. In addition, some projects were reprogrammed due to the government's request for partnership (e.g. UNICEF's WASH project in partnership with the Department of Health (DOH)) and the government guidelines prescribing the conduct of activities (e.g. UNDP's debris removal project).

<sup>7</sup> Due to their scope, WFP's Logistics and Emergency Telecommunications and UNDSS projects did not allow the direct calculation of beneficiaries.



CERF funded projects enabled life-saving interventions including:

Protection:

- 11,845 boys and girls in Regions VI and VIII, had access to 40 Child Friendly Spaces which, among others, acted as an entry point for the identification of unaccompanied and separated children.
- Emergency child protection, GBV emergency referral pathways and Women Friendly Spaces (WFS) tents were provided to support GBV Coordination.
- Legal Assistance and Civil Registration services (benefitting 99,040 people) were provided to affected communities for protection and access to national basic services.
- 2,299 beneficiaries to date with its protection monitoring activities in 11 provinces.
- 2,500 protection kits and 2,500 solar lanterns benefitting at least 25,000 individuals

Education:

- 4,900 children in Leyte and Eastern Samar have benefitted from 49 light-weight tents serving as temporary learning spaces. 6,800 high school-aged children between 3 and 17 years have received direct distribution of learning materials and supplies to schools.

Health (including reproductive health):

- 63,581 children under 5 were vaccinated for measles and 4,184 children of the age between 12–23 months were covered with routine EPI vaccine.
- 26 health facilities were stocked with essential medicines .In addition, body bags for corpses, maternal and child healthcare packages and psychotropic medicines were provided.
- 3,813 women were provided with antenatal and postnatal care services and 235 pregnant women were referred for obstetric complications. In addition, RH services covered 1,225 normal deliveries, 270 cases for obstetric complications.

Early recovery:

- 67,356 cubic meters of debris were cleared in 18 affected municipalities and cities.
- Key infrastructure were restored including 2 hospitals, 40 rural health units, 115 schools, 103 municipal halls, 96 day care centres, 5 public markets, 27 churches and 6 gymnasiums.

Food security:

- 118,300 people were reached with 2,366mt of rice and 6,256 household received certified rice seeds in Regions VI, VII and VIII.

Agriculture:

- 6 256 household were provided with certified rice seed (CRS). This yielded 20,019 tonnes of rice harvest, enough to feed over 105,000 people for one year.

Nutrition:

- 774 children under 5 (391 boys, 383 girls) were screened for acute malnutrition. 6 SAM cases (3 boys, 3 girls), 21 MAM cases (8 boys, 11 girls) were treated.

WASH:

- 109,000 people had access to safe water and 600 toilets were built to cater for 11,936 people at the household level or in evacuation centres.

CCCM/Shelter:

- 600,000 people were reached with emergency shelter and 73,260 people benefitted from 2,000 family tents and 4,000 reinforced tarpaulins distributed in Tacloban, Ormoc, Cebu, Roxas, Borongan and Guiuan.
- 44,623 people benefitted from camp management assistance in 74 displacement sites and 228,718 people received camp management information and psychosocial and counter-trafficking support.
- 63,580 people received Emergency Shelter Kits (ESKs) (including tarpaulins, fixing kits and tool kits) and 30,560 people were reached with Non-Food Items (including blankets, hygiene kits, family kits, mats, buckets and solar lamps).

Telecommunication:

- Fully operational data/internet communication networks were set up in Cebu, Tacloban, Guiuan, Roxas and maintained for 6 months

Logistics:

- 9 strategic airlifts from the UN Humanitarian Response Depot network and 43 flights to nine locations (including Manila, Cebu, Roxas, Tacloban, Ormoc, Guiuan, Cuyo, Lungsod and Palawan) in the early weeks of the response.
- By the end of December, 1.6 metric tons of light humanitarian cargo, 493mt of relief goods, 12,795 mt of food (including 12,504 mt of rice, 268 mt of high-energy biscuits and 22 mt of specialized nutrition products) were distributed.

On 12 December the Strategic Response Plan was released by the HCT to replace the earlier Haiyan Action Plan of 301 million USD. The Strategic Response Plan was designed to support the Government of the Philippines’ response to the immediate humanitarian needs of the people affected by Typhoon Haiyan, and complement the Government’s relief efforts. The projects included in the SRP have been assessed by two Periodic Monitoring Reports (in February 2014 and July 2014). More recently, a soft revision of the SRP was conducted to adjust the overall humanitarian requirements to 776 million USD of which 467 million USD have been funded (60.3 per cent of the total).

### **CERF’s ADDED VALUE**

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

YES  PARTIALLY  NO

CERF funding was cited by most recipient agencies as the first external resource made available for the rapid procurement of life-saving supplies, equipment and the recruitment of additional staff.

With key infrastructure destroyed and large amount of debris blocking airports, roads and other access routes, the prompt approval of CERF projects was instrumental to establish logistics mechanisms and communications systems in the main affected areas, enabling the delivery of relief assistance in the first weeks after the disaster. The grant complemented the Government efforts in debris clearance through the provision of heavy equipment and with the mobilization of large numbers of cash-for-work participants. This enabled the clearance of key public roads and areas that were otherwise cut off from any kind of assistance and made them accessible to humanitarian actors

In addition, the CERF grant was instrumental in the rapid delivery of food assistance and of certified rice seeds for timely planting, the early provision of water and hygiene kits, medical supplies, emergency shelter, NFIs and cash grants to affected communities, thereby establishing self-sufficiency during the early phase of the response. The grant also facilitated the resumption of essential health services through the establishment and plotting of temporary health facilities in the early days of the response. The mapping allowed the Department of Health, WHO and other health partners to direct foreign medical teams to communities most in need of critical assistance, as well as to estimate the extent of damage to health facilities.

**b) Did CERF funds help respond to time critical needs<sup>8</sup>?**

YES  PARTIALLY  NO

The CERF funding supported the treatment of critically injured patients, including assistance to pregnant women and people with chronic health conditions in the first three weeks after the typhoon. The grant also allowed the conduct of disease surveillance and three vaccination campaigns completed within three weeks after the disaster, which helped containing disease outbreaks.

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

YES  PARTIALLY  NO

UNICEF, UNFPA, WFP and UNDP noted that the CERF funded projects provided a strong indicator to donors of the legitimacy, scale and criticality of the assistance needed for the Haiyan response.

Contributing agencies indicated that the expected impact of CERF projects prompted the interest of various donors, including new ones, to allocate funding for the humanitarian response. IOM noted that the CERF funding was able to supplement additional resources from the Humanitarian Aid and Civil Protection Department of the European Union (ECHO).

<sup>8</sup> 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, etc.).

WHO mobilized a total of \$20 million for the Haiyan response, of which CERF's contribution was \$1.69 million. The overall funding received by WHO included \$5 million from Japan and GBP3 million from the Department for International Development (DFID), which together pledged WHO's programs in the Philippines for the first time.

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

YES  PARTIALLY  NO

WFP, UNFPA and UNDP noted that the grant was crucial to strengthening inter-cluster coordination mechanism at the field level through the establishment of operational and logistic hubs, which facilitated a more regular information exchange among humanitarian agencies and government partners involved in response activities. CERF funding enabled UNFPA to recruit staff to coordinate reproductive health (RH) and GBV response activities and supported the establishment of five functional reproductive health working-groups in Manila and four of the affected provinces. It was noted that the recruitment of additional staff and the set-up of working groups greatly improved coordination for services delivery as well as information sharing very early in the crisis.

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

N/A

## V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>  |  |   |
|--|--|---|
| Lessons learned  | Suggestion for follow-up/improvement   | Responsible entity                                    |
| The 3-5 day turn around of the CERF application allows little time to negotiate partnership agreements with NGOs and include them in the grant application         | Consider the possibility of allocating a percentage of the funding to NGOs and cluster partners even after the approval of the CERF application, subject to CERF Secretariat's review. | CERF Secretariat                                      |
| Concerns over staff costs necessary for program implementation not being sufficiently covered by CERF  | Policy point for CERF Secretariat to review and ideally increase ceiling for staff costs.  | CERF Secretariat                                      |
| Concerns over the CERF guidelines restricting adjustments across budget categories to 15% of the total project budget, given unpredictable nature of the response. | CERF Secretariat to consider closer to 25% flexibility for budget modification to enable swift use of funds and avoid any duplication or gaps in response.                             | CERF Secretariat                                      |
| Insufficient data disaggregation in CERF reporting.  | Different options for data disaggregation should be considered. Data disaggregation by age should include < 18   | CERF Secretariat                                      |
| Need to strengthen gender mainstreaming in CERF programming.   | CERF to provide practical gender analysis tools for CERF programming or expedite the revision and rollout of the IASC gender checklist.  | CERF Secretariat, RC/HC and OCHA (to circulate tools) |

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

| Lessons learned   | Suggestion for follow-up/improvement   | Responsible entity             |
|---|--|--------------------------------|
| <p>The international surge capacity flown into the Philippines following the Level 3 activation created duplication and confusion to the coordination and information sharing mechanisms between government entities and humanitarian agencies.</p> | <p>Existing information sharing and liaison mechanisms with the national authorities shall be maintained as much as possible also in large scale onset emergencies. Due to the familiarity with local context, liaison with national authorities through national staff shall be encouraged.</p> | <p align="center">HCT/OCHA</p> |
| <p>The sharing of logistic and communication resources among UN agencies facilitated coordination and information sharing in the first weeks of the response</p>  | <p>To be considered as a best practice in sudden onset emergencies</p>   | <p align="center">HCT</p>      |
| <p>Challenges to ensure the timeliness of project implementation by NGOs</p>  | <p>Clear guidance on effective partnership with NGOs and on faster funding disbursement mechanisms must be developed</p>   | <p align="center">HCT</p>      |
| <p>The 3-5 day turn around of the CERF application allows little time to negotiate partnership agreements with NGOs and include them in the grant application</p>   | <p>HCT and cluster co-lead agencies to pre-establish partnerships with potential implementing partners.</p>  | <p align="center">HCT</p>      |

## VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS   |  |                          |   |
|--|--|--------------------------|---|
| <b>CERF project information</b>  |  |                          |   |
| 1. Agency:   | UNICEF                                     | 5. CERF grant period:    | 15.11.13 – 14.05.14   |
| 2. CERF project code:  | 13-RR-CEF-146                              | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:   | Protection (Child Protection)              |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:  | Child Protection in Emergencies            |                          |   |
| 7. Funding   | a. Total project budget:                   | US\$ 10,000,000          | d. CERF funds forwarded to implementing partners:   |
|  | b. Total funding received for the project: | US\$ 10,000,000          | ▪ NGO partners and Red Cross/Crescent: US\$ 0   |
|  | c. Amount received from CERF:              | US\$ 150,188             | ▪ Government Partners: US\$ 0   |
| <b>Results</b>   |  |                          |   |
| 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  | 5,000                                      | 7,420                    | With the funds available UNICEF through government and NGO partners was able to reach more direct beneficiaries than planned. This included 11,845 children and 1,664 caregivers. |
| b. Male  | 5,000                                      | 6,089                    |   |
| c. Total individuals (female + male):  | 10,000                                     | 13,509                   |   |
| d. Of total, children <u>under</u> age 5   | 0  | 0                        |   |
| 9. Original project objective from approved CERF proposal  |  |                          |   |
| <p><b>Psychosocial support:</b><br/>Provide structured psychosocial support (PSS) to children and families; including access to Child Friendly Spaces (CFS), safe play areas and other forms of community-based interventions;</p> <p><b>Separated and Unaccompanied Children:</b><br/>Ensure the identification, registration, family tracing and reunification; or provision of interim care arrangements; for separated and unaccompanied children;</p> <p><b>Child Protection Systems:</b><br/>Strengthen Child Protection Systems at the provincial and local levels to prevent and respond to all forms of abuse, exploitation, violence and neglect towards children, including all forms of GBV and trafficking;</p> |  |                          |   |
| 10. Original expected outcomes from approved CERF proposal   |  |                          |   |
| <p>Outcome: Children have access to and benefit from structured psychosocial support through Child Friendly Spaces, safe play areas or other forms of community based services [source: Protection Cluster Assessment, 11 Nov];</p> <ul style="list-style-type: none"> <li>Indicator: All children in at least 20 evacuation centres have access to CFS/PSS sessions</li> </ul> <p>Outcome: Family tracing and reunification systems of Government are functioning at the national, regional, provincial and local</p>   |  |                          |   |

levels;

- Indicator: All known cases of separated and unaccompanied children are registered and assisted with family reunification and provided with appropriate interim care

Outcome: Referral and reporting pathways for essential emergency services and assistance to prevent and respond to abuse, exploitation, violence and neglect, are established in at least 20 evacuation centres

- Indicator: All children in at least 20 evacuation centres have access to specialist services and assistance

#### 11. Actual outcomes achieved with CERF funds

##### OUTCOMES:

In the immediate aftermath of Typhoon Haiyan, CERF funds were used to purchase supplies that responded to the immediate need to identify children that were separated or unaccompanied, in need of psychosocial support and a safe place for play. All of these outcomes were achieved through the rapid establishment of Child-Friendly Spaces (CFS) in the most affected areas in the aftermath of Typhoon Haiyan. The Child-Friendly Spaces were established and managed by INGO partners, with the endorsement of the Department of Social Welfare and Development. CFS were established in schools (where temporary evacuation centres were established) and in designated evacuation centres.

UNICEF delivered supplies to Child Protection sub-cluster NGO partner agencies in Region VI and VIII to establish safe places to play and provide psychosocial support and psychological first aid to children. Caregivers were provided skills training on psychosocial support for children. CFS also provided an essential point of entry to communities (through evacuation centres to identify unaccompanied and separated children).

The CFS established immediately after the typhoon provided the first series of lessons learnt on CFS implementation in the Typhoon Haiyan affected Regions informing the development of national, minimum standards for CFS led by the Council for the Welfare of Children.

Key results were:

- 11,845 boys and girls in Regions VI and VIII, had access to 40 CFSs where they benefitted from structured psychological support, regular play, social learning and expressive age-appropriate activities for boys and girls.
- 1,664 caregivers in Regions VI and VIII were equipped with skills and information to better enable them to support their children to process through the psychological impact of Typhoon Haiyan. Further caregivers benefitted from parenting sessions that sensitized them to positive parenting methods, violence prevention, the United Nations Convention on the Rights of the Child, the key role and responsibilities of the BCPC to protect children and appropriate referral pathways for children at risk of, or a victim of violence, abuse, exploitation or neglect.
- CFS acted as an entry point for the identification of unaccompanied and separated children

In line with the CERF proposal, referral and reporting pathways for essential emergency services and assistance to prevent and respond to abuse, exploitation, violence and neglect were established led by the Department of Social Welfare and Development with the support of child protection cluster partners (including NGOs and INGOs). Local government units activated emergency child protection and GBV emergency referral pathways ensuring life-saving services for individuals at significant risk to, or victims of violence. These referral systems were displayed as printed tarpaulins in CFS and at the Evacuation Centres. This was done, without cost to CERF fund.

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

CERF funding was requested to contribute to the immediate need to provide psychosocial support to children and their families in the aftermath of Typhoon Haiyan through the establishment of CFS in evacuation centres. However, evacuation centres, particularly in Region VI (except one) were closed two weeks after the typhoon. This meant that the majority of CFS spaces that were relocated to communities, school grounds and open areas free of debris.

CERF budget was originally envisaged to cover the costs of travel, direct operational costs and other direct administrative costs in the delivery of CFS activities and social mobilization and awareness raising activities. However, the CERF budget was able only to cover the costs of supplies, commodities and materials to meet the needs expressed in the immediate aftermath of the emergency in Child Protection sub-cluster meetings in Region VI and VIII. The supplies, commodities and materials enabled the establishment of a physical space for CFS activities in many communities that were decimated or in evacuation centres.

The CERF contribution encouraged complimentary contributions from Government and NGO partners on the ground. When

partners received the supplies funding through the CERF, they agreed to take on the costs of delivering the services through CFS in line with the intention of the CERF outcomes. NGO and Government partners provided regular play, social, learning and expressive age- appropriate activities for boys and girls and provided caregivers and those who work with children the information, and skills to deliver and support psychosocial interventions, make appropriate referrals and protect children from violence, exploitation, abuse and neglect.

We regret that due to the volume of programming that occurred in the Philippines from September 2013 to June 2014, no request for reprogramming of funds was made. However, funds were used in-line with the intensions of the original budget and CERF funding principles.

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 or 2b):** 2a

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

Gender of recipients of the project activities is noted and recorded. In CFS, WASH facilities are provided for both boys and girls. In adolescent focussed activities there may be separation of genders depending on the activities being conducted.

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

EVALUATION CARRIED OUT

A rapid documentation of child-friendly spaces established with CERF funds across Typhoon Haiyan affected areas was conducted in February 2014. A Real-Time Evaluation of UNICEF's Humanitarian Response to Typhoon Haiyan in the Philippines was conducted in May. The evaluation included assessing programs funded through the CERF grant. A more detailed Evaluation of Child Friendly Spaces in the aftermath of Typhoon Haiyan is planned to commence in August 2014. The evaluation will examine the performance of CFS along a continuum of relief and recovery phases in line with UNICEF's CCC for Child Protection and Global Minimum Standards for CFS.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information   |  |                          |   |
|--|--|--------------------------|---|
| 1. Agency:   | UNICEF   | 5. CERF grant period:    | 19.11.13 – 18.05.14   |
| 2. CERF project code:  | 13-RR-CEF-147  | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:   | Education  |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:  | Restoring Safe and Protective Learning Environment for Children Affected by Typhoon Haiyan |                          |   |
| 7. Funding   | a. Total project budget:   | US\$ 3,320,000           | d. CERF funds forwarded to implementing partners:   |
|  | b. Total funding received for the project:   | US\$ 3,320,000           | ▪ NGO partners and Red Cross/Crescent: US\$ 105,160   |
|  | c. Amount received from CERF:  | US\$ 492,200             | ▪ Government Partners: US\$ 0   |
| 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   | 14,025                   | UNICEF was able to exceed the estimated number of beneficiaries through a highly effective 'back-to-learning' campaign. Beneficiaries of UNICEF educational supplies are approximately 11,700. An additional 27,000 were reached through the back-to-learning campaign. |
| b. Male  | 9,800  | 13,475                   |   |
| c. Total individuals (female + male):  | 20,000   | 27,500                   |   |
| d. Of total, children <u>under</u> age 5   | 4,932  | 5,241                    |   |
| 9. Original project objective from approved CERF proposal  |  |                          |   |
| <ol style="list-style-type: none"> <li>Ensure access to quality Early Childhood Care and Development (ECCD) and basic education services especially for affected boys in hardest municipalities of Leyte and Eastern Samar to prevent further gender disadvantage against boys;</li> <li>Improve capacities of education stakeholders to effectively respond to emergency education needs of children; and</li> <li>Improve Education Cluster mechanisms for coordination, monitoring and advocacy in Eastern Visayas Region.</li> </ol>   |  |                          |   |
| 10. Original expected outcomes from approved CERF proposal   |  |                          |   |
| <ol style="list-style-type: none"> <li>Outcome: Children including preschool age children, girls and boys, and other excluded children, access quality education opportunities<br/>Indicator and targets: <ul style="list-style-type: none"> <li>About 4,932 pre-schoolers and 15,068 school-aged children benefit from restoration of learning sessions</li> </ul> </li> <li>Outcome: Safe and secure learning environments that promote the protection and well-being of learners is established<br/>Indicators and targets: <ul style="list-style-type: none"> <li>At least 50 learning tents for TLS are set up for schools and day care centres to complement government pre-school and basic education services;</li> <li>About 500 trainers/teachers and day care workers are trained on psychosocial support intervention and/or Education in Emergencies approaches;</li> <li>About 60 elementary schools and 30 high schools provided with replacement library sets;</li> <li>About 50 day care centres are provided with ECCD packs (which include story books and educational toys)</li> </ul> </li> </ol> |  |                          |   |



3. Outcome: Effective leadership is established for education cluster/ inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Strengthened Education Cluster coordination mechanisms

Indicators and target:

- Local Education Cluster organized and meeting regularly to coordinate and monitor education in emergencies responses
- Collaboration with child protection and WASH clusters to ensure integrated approach in addressing the needs of the affected children

#### 11. Actual outcomes achieved with CERF funds

- 6,800 school-aged children (3 to 17 years of age) have benefited from the direct distribution of learning materials and supplies to schools.
- 49 light-weight tents have been provided and are still currently serving as temporary learning spaces for approximately 4,900 children in Leyte and Eastern Samar.
- 228 education service providers out of the targeted 500, have been trained in East Samar with the remaining targets to be met by September 2014.

The project agreement with PLAN International will increase the capacity of 600 teachers (including 200 kindergarten teachers) and 438 ECCD service providers on learner-centered methodologies, like education in emergencies and PSS support.

Complementing the above education-related intervention was the direct support given to the overall Back-To-Learning (BTL) campaign, carried out in January and followed up in June, 2014. UNICEF, under the leadership of the Department of Education (DepED), the Department of Social Welfare and Development (DSWD), led concerned local government units and education sector partners in January 2014 to encourage and bring children back to school in the aftermath of the disaster. This campaign focused on children's physical accessibility to schools due to heavy structural destructions, psycho-social support and key life sustaining messages on child protection and hygiene promotion.

The second part of the campaign placed a stronger emphasis on the emotional well-being of children and promoting schools as 'safe havens' for learners. To ensure the objectives of the campaign were attained, UNICEF, with inputs from its education stakeholders, implemented communication for development (C4D) activities to achieve behavioral and social change, community mobilisation, and focus group discussions. The social and traditional media campaign included radio, television, print and SMS.

UNICEF and its partners reached over 27,500 Region VI and VIII community members encouraging all children to come back to school with initial reports from partners indicating high school attendance rates.

UNICEF supported the DepEd and DSWD through a cluster platform by providing dedicated coordination and information management specialists which met regularly throughout the response. The platform included task forces on ECCD; TLS; Wash in Schools and teaching and learning. The project also directly supported an education in emergencies specialist in Region VI due to the necessity of having staff members who also supported the education cluster with Save the Children. A joint children protection and cluster education needs assessment was successfully conducted in March 2014. The assessment involved stakeholders in Regions VI and VIII to inform and tailor future programming based on the quality of the education response and investigate the reasons why children had not yet returned to school.

Key findings of the assessment include that Education-in-Emergencies should be streamlined in teachers' training. Education in emergencies packages shall cover child protection in emergencies, training on psychosocial debriefing in case of disasters, improved School planning / contingency planning to prepare school for disaster, for the relocation of students, building damage; On-going need for psychosocial support to children. Another key finding was that the response should now focus on a more balanced approach for quality of education, not just supply related interventions.

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

The funding was originally proposed for a planned Programme Cooperation Agreement (PCA) with Leyte Centre for Development identified in the initial phases of the response but due to capacity constraints it was not possible for them to implement the proposed project. UNICEF proceeded with the planned PCA for education in emergencies interventions in East Samar with PLAN International. The supplies listed in the original proposal were also amended as sufficient ECD kits; library sets and teacher packs were already procured and therefore could not be funded by CERF. Instead the funding was used to support the communication and supply related materials for Back to Learning Campaigns and to directly support an Education in Emergencies specialist.

Funding that had been budgeted for transfer to partners to purchase supplies and implement programmes was used to purchase urgently needed supplies directly. We regret that due to the volume of programming that occurred in the Philippines from September 2013 to June 2014, no request for reprogramming of funds was made. However, funds were used in-line with the intentions of the original budget and CERF funding principles.

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 or 2b): 2a  
 If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT

A Real-Time Evaluation of UNICEF's Humanitarian Response to Typhoon Haiyan in the Philippines was conducted in May which assessed programming funded through the CERF. UNICEF Tacloban participated in an evaluation of education in emergencies kits (school in a box, recreational and ECD kits) in Tacloban and Leyte. The findings of which will feed into a global evaluation of the current education kits based on suitability, quality, sustainability and timeliness from students and caregivers' perspective and appropriateness. The evaluation will be released at the end of August 2014.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information  |  |                          |  |
|---|--|--------------------------|--|
| 1. Agency:  | UNICEF   | 5. CERF grant period:    | 19.11.13 – 18.05.14  |
| 2. CERF project code:   | 13-RR-CEF-148  | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing   |
| 3. Cluster/Sector:  | Health   |                          | <input checked="" type="checkbox"/> Concluded  |
| 4. Project title:   | Reducing the risk of excess morbidity and mortality from childhood illnesses and reduce the risk of outbreaks of vaccine preventable and water and vector-borne diseases children 0-59 months affected by Haiyan Typhoon emergency |                          |  |
| 7. Funding  | a. Total project budget:   | US\$ 13,500,000          | d. CERF funds forwarded to implementing partners:  |
|   | b. Total funding received for the project:   | US\$ 13,500,000          | ▪ NGO partners and Red Cross/Crescent: US\$ 12,368   |
|   | c. Amount received from CERF:  | US\$ 182,041             | ▪ Government Partners: US\$ 0  |
| 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   | 628,950  | 214,026                  | The change in the number of planned and reached beneficiaries reflect UNICEF's focus on 40 priority municipalities. These municipalities were selected based on the severity of the impact of the typhoon and population vulnerability.<br><br>The beneficiaries reached included pregnant and lactating women and health workers in addition to children under five.<br><br>The project has no unspent funds. |
| b. Male   | 603,856  | 197,564                  |  |
| c. Total individuals (female + male):   | 1,232,806  | 411,590                  |  |
| d. Of total, children <u>under</u> age 5  | 1,232,806  | 149,357                  |  |
| 9. Original project objective from approved CERF proposal   |  |                          |  |
| This project aims to support the government in addressing prevailing humanitarian needs by 1) providing logistic and technical support to mass immunization campaigns; 2) set up the cold chain for immunization campaigns and re-establish the cold chain for routine immunization; 3) capacity enhancement of health workers and community health workers for delivery of essential services for child, including mother-new born health; and 4) setting up maternal and child health (MCH) centres for 10,000 population for basic essential maternal and child health services. |  |                          |  |
| 10. Original expected outcomes from approved CERF proposal  |  |                          |  |
| 1. Outcome: Children aged 6 months-5 years in target population vaccinated for measles  |  |                          |  |
| <ul style="list-style-type: none"> <li>Indicator: number and per cent of children ages 6 months to 5 years vaccinated for measles</li> <li>Target: 95 per cent coverage with measles vaccine in the relevant age group of the affected population disaggregated by sex</li> </ul>   |  |                          |  |
| 2. Outcome: Children aged 12–23 months in target population fully covered with routine expanded programme on immunization (EPI) vaccine doses according to national schedule  |  |                          |  |
| <ul style="list-style-type: none"> <li>Indicator: number and per cent of children aged 12-23 months fully covered with routine EPI disaggregated by sex and EPI doses</li> <li>Target: 95 per cent of children aged 12–23 months fully covered with routine EPI vaccine</li> </ul>  |  |                          |  |

3. Outcome: Children under 5 are assessed and treated for pneumonia, diarrhea and newborn illnesses
- Indicator number and per cent of facilities in target area with no stock-outs of essential medicines (oral rehydration salts (ORS), zinc, an antibiotic for pneumonia) and management guidelines are available
  - Target: Zero stock-outs of indicated essential medicines in target facilities
  - Indicator: number and per cent of children under the age of 5 with diarrhea treated with ORS and zinc
  - Target: 90 per cent of children under the age of 5 treated with ORS and zinc for diarrhea
  - Indicator: number and per cent of target health staff/community health workers trained in integrated management of childhood illness (IMCI) and/or essential intrapartum and newborn care (EINC)
  - Target 90 per cent of target health staff/community health workers
4. Outcome: All affected populations are exposed to key health and nutrition education /hygiene promotion messages through multiple channels.
- Indicator: number and per cent of target populations targeted with health education messages
  - Target: 100 per cent affected populations are exposed to key health and nutrition education /hygiene promotion messages through multiple channels

11. Actual outcomes achieved with CERF funds

The initial health response by UNICEF was appropriately targeted and well adapted to the immediate health risks. As with the WASH intervention, the fact that there have been no major outbreaks of epidemic disease (particularly measles) may be attributed at least partly to UNICEF's swift work on immunisation with WHO and the Government. Plans for restoring the cold chain (purchase of fridges etc.) and complementary training to health staff are proceeding more slowly. The activities are still on-going as they are funded by multiple donors (not only through the CERF funds)

The initial vaccination campaign in urban areas for displaced communities was swift and timely. It included responses to confirmed and suspected measles cases. Initial efforts 'focused on most at-risk areas, including evacuation centres and communities with confirmed and suspected measles cases.

Using CERF funds, UNICEF achieved the following results.

1. 63,581 children aged 6 months-5 years in target population vaccinated for measles (47 per cent of the targeted population).
2. 4,184 children aged 12-23 months in target population fully covered with routine EPI vaccine doses according to the national schedule (14.4 per cent of the target population).
3. Broadly, the targets were met or exceeded with the exception of training for health workers.
  - a) 96 per cent (26 of 27) health facilities in target area had no stock-outs of essential medicines
  - b) 91 per cent (420 of 462) children under the age of 5 with diarrhoea treated with ORS and zinc
  - c) 100 per cent of the 1,271 children under the age of 5 with pneumonia were treated with antibiotics
  - d) 44 per cent (196 of 450) of target health staff/community health workers trained in IMCI and/or EINC
4. 81 per cent of the 63,210 people in the target populations were reached with health education messages.

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

Many of the outcomes were met as stated in the proposal, except for capacity building activities and dissemination of health education messages. As explained in section 11, these are still on-going activities using funds from other sources. All CERF funds were utilised prior to 18 May 2014. Training is dependent on the availability of the health workers and the competing priorities of the Local Government Units. Health education messages are disseminated by NGO partners.

Not all Local Government Units (LGUs) managed to carry out immunizations to protect children against measles. It is to be noted that immunization programs for children have been challenged by the unavailability of some vaccines, concerns over cold chain management and lack of access to health facilities severely damaged by the typhoon. However, the target will be reached with the rollout of a nationwide Measles/Rubella campaign in September 2014. UNICEF has fully supported the DOH and priority LGUs under a multi donor funding to address these issues.

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 or 2b): 2a

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

The targeted focus on newborn and mothers is gender sensitive in that it takes their particular needs and capacities into account. Interventions are covering both boys and girls; capacity building programs are targeting both male and female health service providers whenever possible. In the results matrix indicators for health, disaggregation is in place. This has been shared with PCA/NGO partners and they are required to abide by this matrix.

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

EVALUATION CARRIED OUT

A Real-Time Evaluation of UNICEF's Humanitarian Response to Typhoon Haiyan was conducted in May 2014. Scope of the evaluation included the assessment of programs funded through the CERF grant.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information   |   |                          |   |
|--|---|--------------------------|---|
| 1. Agency:   | UNFPA   | 5. CERF grant period:    | 09.11.13 – 08.05.14   |
| 2. CERF project code:  | 13-RR-FPA-055   | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:   | Protection (Gender-based violence)  |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:  | GBV Prevention and Response Interventions for IDPs Affected by Typhoon Haiyan |                          |   |
| 7. Funding   | a. Total project budget:  | US\$ 1,000,000           | d. CERF funds forwarded to implementing partners:   |
|  | b. Total funding received for the project:                                    | US\$ 1,000,000           | ▪ NGO partners and Red Cross/Crescent: US\$ 0   |
|  | c. Amount received from CERF:   | US\$ 156,242             | ▪ Government Partners: US\$ 39,274  |
| 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  | 40,000  | 25,000                   | The estimated targets were higher than the actual number of beneficiaries reached because of challenges to identify people affected in the aftermath of the typhoon.  |
| b. Male  | 10,000  | 1,800                    |   |
| c. Total individuals (female + male):  | 50,000  | 26,800                   |   |
| d. Of total, children <u>under</u> age 5   | n/a   | n/a                      | Up to 95 per cent of the budget allocated for the GBV programme has been spent a high number of beneficiaries. However, it is to be noted that some of the activities included in the project do not allow the quantification of direct beneficiaries whereas others such as training of medical staff, benefit beneficiaries indirectly. |
| 9. Original project objective from approved CERF proposal  |   |                          |   |
| <p>This project aims to:</p> <ul style="list-style-type: none"> <li>• Provide access to trauma victims for psychosocial services and to gender-based violence (GBV) survivors for survivor-centered, multi-sectoral response especially to ensure appropriate medical care to GBV survivors such as treatment of injuries; evaluation for risk mitigation or treatment of sexually transmitted infection (STIs) and risk of pregnancy; psychosocial support, counseling, and follow-up; documentation on injuries and collection of forensic evidence.</li> <li>• Increase awareness of the affected communities (women, men, girls and boys) about human rights and GBV; the importance of receiving health care immediately after a GBV incident in order to avert preventable consequences and how to access services; and</li> <li>• Strengthen capacity of service providers and inter-agency protection mechanisms to implement rights-based, culturally-sensitive and survivor-centered GBV risk mitigation and response measures in humanitarian settings</li> </ul> |   |                          |   |
| 10. Original expected outcomes from approved CERF proposal   |   |                          |   |
| <ul style="list-style-type: none"> <li>• Number of GBV survivors reported to inter-agency protection mechanisms and provided with life-saving and appropriate GBV response services especially medical and psychosocial</li> <li>• Number of inter-agency protection mechanisms members oriented</li> <li>• Number of social workers or psychologists mobilized as surge capacity to deliver psychosocial care and gender-responsive case management based on post-training assessment</li> </ul>  |   |                          |   |

- Number of GBV Monitors/Human Rights Action Officers oriented and implementing community-based protection surveillance of GBV cases
- Number of WFS established according to DSWD guidelines
- Number of women, adolescent girls of reproductive age sensitized on GBV risk mitigation and response through information sessions in affected areas

11. Actual outcomes achieved with CERF funds

- UNFPA observed that measuring the number of services provided to prevent and address GBV was a better methodology to evaluate the success and impact of the project than the calculation of the number of GBV reported cases. Thus, the latter is not considered a good indicator of the GBV prevalence.
- CERF funding enabled UNFPA to support the Tacloban City Women's Shelter and DSWD-Region VIII Safe Haven for Women and Home for Girls. In total, UNFPA supported three Shelters (in addition to the Women Friendly Spaces that UNFPA set up and operationalized).
- The capacity and availability of key services for GBV survivors were mapped. GBV referral pathways were also finalized in consultation with members of the GBV sub-cluster and inter-agency protection mechanisms for the three hubs (Borongan, Tacloban and Roxas)
- 111 medical professionals (doctors, nurses and midwives) were trained on clinical management of rape (CMR). 136 police officers received orientation on GBV in emergencies and Protection from Sexual Exploitation and Abuse (PSEA).
- Two social workers/psychologists were mobilized as surge capacity to deliver psychosocial care and gender responsive case management based on post training assessment.
- Two social workers were mobilized by DSWD to provide psychosocial support to IDPs, especially for women and children. UNFPA's initial target was to mobilise eight psychologists. The recruitment of psychologists with some expertise on GBV to be deployed to Tacloban was a challenge.
- 10 Women Friendly Spaces tents were established. Four WFS Trainings were completed for each of the three hubs. A WFS Training for Facilitators and Implementers was conducted for the Roxas hub (Iloilo and Capiz) to enable DSWD to roll-out additional WFS trainings in Region VI.

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

- Outcome: Number of GBV Monitors/Human Rights Action Officers oriented and implementing community based protection surveillance of GBV cases. UNFPA's implementing partner (NGO) in charge of this activity was not fully on board until late in the response. The reason for the delay was the NGO Consortium Approach used for the response. The latter had given very positive results in previous development settings but proved to be slow in humanitarian response, special in a Level-3 emergency. Hence, UNFPA decided to realign this activity and use the funding allotted for to procure and equip additional Women Friendly Spaces instead.
- UNFPA decided not to report on GBV incident cases but rather on the services provided. The reason behind this methodology is that the number of reported cases does not provide any information on the GBV prevalence or incidence rate. On the contrary, the number and quality of services provided provides a better understanding of UNFPA's response.
- UNFPA did not orient any GBV Monitors/Human Rights Action Officers that were meant to implement community based protection surveillance of GBV cases. The reason for this setback was the delay of the NGO IP to commence activities. UNFPA implemented the consortium approach with local GBV NGOs, though as explained, it was the first time this was done in an emergency. As much as it did produce very good results in terms of coordination and capacity building for UNFPA's IPs, it posed important delays in the implementation of the activities.
- The orientation program for GBV Monitors/Human Rights Action Officers and implementation of community based protection surveillance of GBV cases has not been conducted. Thus, the budget was realigned to equip and procure additional WFS tents and support GBV Coordination on the ground. OCHA was informed of this change but no formal realignment request was needed as it did not exceed 15% of the cumulative shift between the budget 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 or 2b): 2b

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

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

EVALUATION CARRIED OUT

|   |  |
|---|--|
| UNFPA will conduct an evaluation of the entire response to typhoon Haiyan from December 2014 onwards. While conducting the overall evaluation we will focus specifically on the CERF project and its impact.<br>UNFPA has also conducted an internal Audit of its whole programme in 2013, including the response to super typhoon Haiyan. UNFPA is also participating in the Inter Agency Humanitarian Evaluation. | EVALUATION PENDING <input checked="" type="checkbox"/> |
|   | NO EVALUATION PLANNED <input type="checkbox"/>         |



**TABLE 8: PROJECT RESULTS**

| CERF project information   |  |                          |   |
|--|--|--------------------------|---|
| 1. Agency:   | UNFPA  | 5. CERF grant period:    | 18.11.13 – 17.05.14   |
| 2. CERF project code:  | 13-RR-FPA-056  | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:   | Health (Reproductive Health)   |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:  | Access to Reproductive Health Services for IDPs Affected by Typhoon Haiyan |                          |   |
| 7. Funding   | a. Total project budget:   | US\$ 3,000,000           | d. CERF funds forwarded to implementing partners:   |
|  | b. Total funding received for the project:                                 | US\$ 3,000,000           | ▪ NGO partners and Red Cross/Crescent: US\$ 70,794  |
|  | c. Amount received from CERF:  | US\$ 592,077             | ▪ Government Partners: US\$ 0   |
| 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   | 17,106                   | The targeted beneficiaries were initially based on population projections of pregnant and lactating women as well as women affected by the typhoon in reproductive age. The targeted beneficiaries were able to be reached by the planned Reproductive Health (RH) services and information sessions. Discrepancies in numbers are due to lower number of actual beneficiaries that remained in the communities targeted by RH interventions. |
| b. Male  | 10,000   | 1,562                    |   |
| c. Total individuals (female + male):  | 35,000   | 18,668                   |   |
| d. Of total, children <u>under</u> age 5   | n/a  | n/a                      |   |
| 9. Original project objective from approved CERF proposal  |  |                          |   |
| The project aims to provide life-saving reproductive health services to pregnant and lactating women, other women of reproductive age, young people and men among the IDPs of Typhoon Haiyan   |  |                          |   |
| 10. Original expected outcomes from approved CERF proposal   |  |                          |   |
| <ol style="list-style-type: none"> <li>Functioning RH working groups established in three provinces</li> <li>Five primary health care centres equipped with maternity care tents.</li> <li>At least 500 pregnant women with obstetric emergencies who accessed and were managed in the supported hospital and primary health care centres</li> <li>At least 7,500 pregnant and lactating women availing of pre and post natal check-ups during medical missions</li> <li>At least 35,000 pregnant and lactating women (PLW), other women and girls of reproductive age, men and boys reached by RH information sessions</li> </ol> |  |                          |   |
| 11. Actual outcomes achieved with CERF funds   |  |                          |   |
| <ol style="list-style-type: none"> <li>UNFPA was able to establish five functional reproductive health working groups (RHWG): a National RH Working Group in Manila and in 4 provinces: Capiz (Roxas City), Iloilo (Iloilo City), Leyte (Tacloban City) and Eastern Samar (Borongan City). All three field hubs (Tacloban, Borongan and Roxas-Iloilo) and the Country Office were augmented with both international and national staff.</li> <li>Eight maternity tents with basic OB Equipment were procured and distributed in UNFPA's three hubs coordinated through the</li> </ol>  |  |                          |   |

|  |  |
|--|--|
| <p>respective RHWGs to provide additional support to basic emergency obstetric care. In these birthing facilities, there were 3,813 women provided with antenatal and postnatal care services, including the referral of 235 pregnant women for obstetric complications.</p>   |  |
| <p>3. UNFPA procured and distributed the following: 5 individual clean delivery kits, 5 birth attendant clean delivery kits, 5 oral and injectable kits, 5 sexually transmitted infections (STI) kits, 5 Clinical delivery assistance equipment kits, 5 clinical delivery assistance drugs kits, 2 management and miscarriage kits, 2 vacuum extraction delivery and 2 vacuum extraction delivery kits, 2 referral level (caesarean Op.) kits and 2 blood transfusion kits. The emergency RH Kits were delivered to targeted primary, secondary and tertiary level health facilities, to be able to provide RH services to cover 1,225 normal deliveries, 270 cases for obstetric complications, 1,875 couples with FP commodities, and 1,250 people with STI case management.</p> |  |
| <p>4. There were 50 RH Medical Missions conducted in 4 provinces covered by the project, to which the 5000 dignity and 5000 hygiene kits procured were distributed to address the special hygiene and protection needs of 10,000 pregnant/lactating women and those in reproductive age in evacuation centres, communities and transitional sites. The distribution of kits was accompanied by the provision of prenatal/postnatal services, family planning, and Health Information Sessions (HIS). The sessions covered danger signs of pregnancy, family planning, adolescent RH, STI prevention and management, maternal and child health, and the prevention and referral of gender based violence.</p>   |  |
| <p>5. Two sets of orientation trainings (with 50 health service providers) involved the conduct of Health Information Sessions to support medical teams in community level health education and information sessions alongside the RH Medical Missions. The targeted health service providers were government employees who could incorporate the HIS sessions in the delivery of regular health services to the communities.</p>  |  |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>  |  |
| <p>The targeted beneficiaries of RH services and information sessions were initially based on population projections of pregnant, lactating and women in reproductive age affected by the typhoon. Discrepancies in numbers are due to lower number of actual beneficiaries that remained in affected communities.</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 or 2b): 2a<br/>If 'NO' (or if GM score is 1 or 0):</p>   |  |
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>  | <p>EVALUATION CARRIED OUT <input type="checkbox"/></p>                     |
| <p>UNFPA will evaluate its entire response to typhoon Haiyan from December 2014 onwards. This evaluation will include the CERF project and its impact. UNFPA has also conducted an internal Audit of its whole programme in 2013, including the response to super typhoon Haiyan. UNFPA is also participating in the Inter Agency Humanitarian Evaluation.</p>   | <p>EVALUATION PENDING <input checked="" type="checkbox"/></p>              |
|  | <p>NO EVALUATION PLANNED <input type="checkbox"/></p>                      |

**TABLE 8: PROJECT RESULTS**

| CERF project information  |   |                          |   |
|---|---|--------------------------|---|
| 1. Agency:  | UNHCR   | 5. CERF grant period:    | 11.11.13 – 10.05.14   |
| 2. CERF project code:   | 13-RR-HCR-067   | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:  | Protection  |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:   | Ensuring the Protection of forcibly displaced persons affected by Typhoon Yolanda |                          |   |
| 7. Funding  | a. Total project budget:  | US\$ 10,089,509          | d. CERF funds forwarded to implementing partners:   |
|   | b. Total funding received for the project:  | US\$ 10,089,509          | ▪ NGO partners and Red Cross/Crescent: US\$ 248,000   |
|   | c. Amount received from CERF:   | US\$ 1,201,610           | ▪ Government Partners: US\$ 50,000  |
| 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   | 37,725  | 37,730                   | The population figures presented in the CERF proposal was initially based on the Multi-cluster Initial Rapid Assessment conducted immediately after the emergency. However, a slight difference in the number of beneficiaries to be reached was recorded at the time of actual implementation of the activities. |
| b. Male   | 37,275  | 39,270                   |   |
| c. Total individuals (female + male):   | 75,000  | 77,000                   |   |
| d. Of total, children <u>under</u> age 5  | 7,900   | 8,470                    |   |
| 9. Original project objective from approved CERF proposal   |   |                          |   |
| This project intends to ensure that affected population are accorded with appropriate protection and assistance in order to ensure that their well-being and dignity is not eroded in coping with the extreme crisis they are faced with.   |   |                          |   |
| 10. Original expected outcomes from approved CERF proposal  |   |                          |   |
| Protection Clusters/information management:   |   |                          |   |
| <ul style="list-style-type: none"> <li>Protection cluster is operating in two inter-agency hubs with information management and support to partners provided.</li> <li>Community-based protection network established in 6 municipalities in two provinces and provided with basic training/guidance on protection</li> </ul> |   |                          |   |
| Protection and Hygiene Kits distributed:  |   |                          |   |
| <ul style="list-style-type: none"> <li>2,500 most vulnerable families provided protection kits within one month</li> <li>2,500 families will receive solar lanterns</li> </ul>  |   |                          |   |
| Legal assistance and Civil documentation: six municipalities supported in issuing birth certificates to affected communities to reach 75,000.   |   |                          |   |
| 11. Actual outcomes achieved with CERF funds  |   |                          |   |
| <u>Protection Clusters established at all interagency Hubs:</u>   |   |                          |   |

Of the 55 UNHCR international and local staff that have been deployed / re-deployed to support the emergency response, 3 international and 8 nationals were funded under the CERF project. They consist of a Senior Protection Cluster Coordinator and Protection Officers, Field Associates and Logistics and Administrative/ Programme support team based in Cebu to support the NFI distribution, leading the protection clusters, protection missions and coordination of the five established hubs.

General Protection

On Protection monitoring, CERF assisted UNHCR's partnership with the Commission on Human Rights to rebuild the capacity of the Commission in Regions VI, VII and VIII. The Commission on Human Rights has trained 5,821 military and police personnel in providing protection and humanitarian response i.e. UNGIP that were conducted in 47 municipalities. In addition, ten functional women's and children's desks are established in 4 municipalities, with 40 police front liners trained so far. In addition, CFSI has reached 2,299 beneficiaries to date with its protection monitoring activities in 11 provinces to date.

Legal Assistance and Civil Registration

UNHCR supported the effort of the Local Government Units and Civil Registrar Offices in ensuring that the affected communities are issued with civil documentation, essential for protection and access to national basic services. The Free Mobile Civil Registration project started in March 2014 and received 99,040 applications to date in the 20 most affected municipalities in. Of the 231 personnel recruited for the project, CERF funded the 53 augmentation staff to the Local Civil Registrar to address the influx of registrants at LCR offices. Appropriate logistics and equipment and adequate supplies were provided to ensure fast and uninterrupted assistance to as many individuals as possible. Also CERF funded the 40 members of the Legal team that provided assistance in legal representation and notarization of documents needed for the issuance of civil documents needed to access benefits and claims after the disaster.

Information Management Support

An Information Management team was also established to create a useful database of protection issues, responses and its status shared to the Cluster. The database can also be used to aid government agencies, policy makers, humanitarian and development agencies to improve their protection interventions.

Protection and Hygiene Kits Distribution

To date, UNHCR assisted over 600,000 persons with specific needs by providing solar lanterns, emergency shelter and other relief items of which CERF funded 2,500 protection kits and 2,500 solar lanterns benefitting at least 25,000 individuals.

Fourteen (14) international flights have transported relief supplies (10,000 tents, 100,000 plastic sheets, 88,000 blankets, 14,000 kitchen sets, 33,000 jerry cans as well as 19,000 solar lanterns) from UNHCR stockpiles in Dubai and Copenhagen. Military C-130 planes from Sweden, Australia and New Zealand have helped UNHCR ferry supplies from Cebu to the typhoon-devastated areas.

Distribution of relief items has been done in a strategic manner with the Community and Family Services International (CFSI) as the main implementing partner to complement the work of the Protection Cluster co lead with the Department of Social Welfare and Development (DSWD).

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

The population figures presented in the CERF proposal was initially based on the Multi-cluster Initial Rapid Assessment. However, a slight difference was recorded at the time of actual implementation.

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 or 2b): 2a  
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT

No evaluation of NFI distribution funded by CERF is planned. However, UNHCR evaluates its programs every year through annual reporting. EVALUATION PENDING   
NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information  |  |                          |   |
|---|--|--------------------------|---|
| 1. Agency:  | UNDP   | 5. CERF grant period:    | 11.11.13 – 10.05.14   |
| 2. CERF project code:   | 13-RR-UDP-016  | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:  | Early Recovery   |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:   | Time-critical debris disposal and management in areas affected by Typhoon Haiyan |                          |   |
| 7. Funding  | a. Total project budget:   | US\$ 20,000,000          | d. CERF funds forwarded to implementing partners:   |
|   | b. Total funding received for the project:                                       | US\$ 19,087,209          | ▪ NGO partners and Red Cross/Crescent: US\$ 161,367   |
|   | c. Amount received from CERF:  | US\$ 1,500,022           | ▪ Government Partners: US\$ 0   |
| 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   | 3,200  | 2,230                    | The actual number of beneficiaries reached was slightly lower than the intended target. This is due to newly released guidelines of the Department of Social Welfare and Development (DSWD) prescribing that each cash-for-work participant be employed for a minimum of 15 days. The budget assumption used by UNDP in its original proposal to CERF was done following the old guidelines, which prescribed minimum of only 10 days. Likewise, the budget used an average wage rate for cash-for-work while the actual wage rates turned out to be higher based on rates established by the Department of Labor and Employment. Therefore, the newly released guidelines, as well as the difference in wage rate, required budget adjustments (still within the 15 per cent) which resulted in the lower number of beneficiaries reached. |
| b. Male   | 4,800  | 3,959                    |   |
| c. Total individuals (female + male):   | 8,000  | 6,189                    |   |
| d. Of total, children <u>under age 5</u>  | n/a  | n/a                      |   |
| 9. Original project objective from approved CERF proposal   |  |                          |   |
| Support the local authorities and disaster-affected communities in clearing and managing the debris generated and brought about by Typhoon Haiyan, thus reducing threats to lives and health risks, and enabling the entry of critical humanitarian assistance and life-saving services. The project will focus on the 10 hardest hit municipalities and cities by providing “stop gap” support to the concerned local government units (LGUs) and creating immediate temporary employment opportunities for 8,000 women and men through their participation in the removal and safe disposal of post-typhoon debris over a 6-month period. |  |                          |   |
| 10. Original expected outcomes from approved CERF proposal  |  |                          |   |
| Overall, the project is expected to clear and manage debris in the affected municipalities and cities, and provide communities with emergency livelihood support.<br>In particular, the project is expected to have the following outcomes:   |  |                          |   |

|   |   |
|---|---|
| <p>Outcome 1: Prevention of morbidity / mortality and deterioration of health conditions due to prolonged exposure to unsanitary environmental conditions of families in at least 10 hardest hit municipalities and cities in Regions VI, VII and VIII</p> <p>Indicators:</p> <p>1.1 Volume / number of tons of debris removed and recycled</p> <p>1.2 Average number of days worked in clearing debris</p> <p>1.3 Area of land cleared from debris</p> <p>1.4 Basic public infrastructure and institutional services re-established</p> <p>Outcome 2: Equal opportunity given to women and vulnerable groups to participate in debris removal and management activities</p> <p>Indicators:</p> <p>2.1 Number of women and vulnerable groups receiving income from debris removal cash-for-work for critical life-saving items such as food and medicine among others</p> <p>2.2 Number of women in the management structures of the LGU for debris and material waste management</p> <p>Outcome 3: Restoration, recycling and operationalization of the solid waste management facilities and operations at the LGU level</p> <p>Indicators:</p> <p>1.1 Number of LGUs with operational waste management structures</p> <p>1.2 Volume of debris and waste processed by the waste management structures of the LGUs</p> <p>1.3 Channels for recycling established</p> |   |
| 11. Actual outcomes achieved with CERF funds  |   |
| <ul style="list-style-type: none"> <li>• 67,356 cubic meters of debris cleared in 18 affected municipalities and cities</li> <li>• Debris cleared from 269 km of municipal/barangay roads and 153 km of drainage facilities/canals</li> <li>• Vital public facilities and infrastructure cleared/restored including 2 hospitals, 40 rural health units, 115 schools, 103 municipal/barangay halls, 96 day care centres, 5 public markets, 27 churches and 6 gymnasiums</li> <li>• Emergency employment through cash-for-work in debris clearing and management provided to 6,189 workers (36% are women) in typhoon-affected areas</li> <li>• Eight solid waste management facilities cleared/restored</li> </ul>   |   |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:  |   |
| <p>As explained above, the actual number of beneficiaries reached was slightly lower than the intended target due to newly released guidelines of the Department of Social Welfare and Development (DSWD) prescribing that each cash-for-work participant be employed for a minimum of 15 days. The budget assumption used by UNDP in its proposal to CERF followed the old guidelines prescribing a minimum of only 10 days. Likewise, the budget used an average wage rate for cash-for-work while the actual wage rates turned out to be higher based on rates established by the Department of Labor and Employment. Therefore, the newly released guidelines, as well as the difference in wage rate, required budget adjustments which eventually diminished the number of beneficiaries that could be realistically served by the project. Similarly, only 36 per cent of the cash-for-work project recipients were women, slightly below the original target of 40 per cent, mainly due to the following: 1) some debris clearing activities were too labour-intensive and physically demanding. These involved carrying/clearing of heavy items such as fallen trees, steel, infrastructure ruins, cement, etc.; 2) some women in the communities had already participated in the cash-for-work project of other humanitarian organizations.</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 or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>   |   |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending?  | EVALUATION CARRIED OUT <input type="checkbox"/>                     |
| At the moment, budget constraints do not allow the conduct of an evaluation of the CERF project. At a later time, there may be an evaluation of UNDP's overall response to Typhoon Haiyan, that will include CERF funded projects.  | EVALUATION PENDING <input checked="" type="checkbox"/>              |
|   | NO EVALUATION PLANNED <input type="checkbox"/>                      |

**TABLE 8: PROJECT RESULTS**

| CERF project information  |   |   |  |
|---|---|---|--|
| 1. Agency:  | WFP<br>FAO  | 5. CERF grant period:                     | 12.11.13 – 11.05.14 (WFP)<br>19.11.13 – 18.05.14 (FAO)   |
| 2. CERF project code:   | 13-RR-WFP-077<br>13-RR-FAO-043                                      | 6. Status of CERF grant:                  | <input type="checkbox"/> Ongoing<br><input checked="" type="checkbox"/> Concluded  |
| 3. Cluster/Sector:  | Food Security   |   |  |
| 4. Project title:   | Emergency Food Security Response to Typhoon Haiyan affected persons |   |  |
| 7. Funding  | a. Total project budget:  | US\$ 98,696,302                           | d. CERF funds forwarded to implementing partners:  |
|   | b. Total funding received for the project:                          | US\$ 65,878,138 (WFP)<br>10,593,350 (FAO) | <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 201,000 (WFP)</li> <li>▪ <i>Government Partners:</i> US\$ 0</li> </ul>   |
|   | c. Amount received from CERF:                                       | US\$ 1,999,949 (WFP)<br>500,004 (FAO)     |  |
| 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   | 47,112  | 75,041                                    | The CERF grant was utilized for the procurement of 2,360 mt of rice, which was distributed to beneficiaries in two rounds. Only GFD activities were implemented during the grant period. No food-for-work (FFW) projects were executed over the same period. The overachievement in terms of targeted beneficiary reached is attributed to the procurement of more rice than initially planned due to price differentials between local and international markets. |
| b. Male   | 43,853  | 93,909                                    |  |
| c. Total individuals (female + male):   | 90,965  | 168,950                                   |  |
| d. Of total, children <u>under</u> age 5  | 9,850   | 14,196 (WFP)                              |  |
| 9. Original project objective from approved CERF proposal   |   |   |  |
| <p>The overall goals of the cluster's proposed activities is to i) support time critical and life-saving needs of typhoon-affected households whose food and nutrition security has been adversely affected and ii) restore agriculture-based livelihoods.</p> <p>Specifically</p> <ul style="list-style-type: none"> <li>• Provision of vital food assistance will be through general food distribution to ensure adequate food consumption and food-for-work to 72,965 persons;</li> <li>• Provision of emergency and time critical livelihood start-up packages for support to food production and asset restoration to at least 3,600 farm households in typhoon-affected communities in Eastern Visayas</li> </ul> |   |   |  |
| 10. Original expected outcomes from approved CERF proposal  |   |   |  |

- Food Security/WFP: The main outcome indicator for the proposed project would be the household food consumption score, which is part of WFP's corporate indicators for measuring results. Household food consumption score is a composite score based on 7 days' recall of food consumption frequency and dietary diversity. Food consumption score measures a household's food security status, based on a country appropriate threshold (below 28 is poor food consumption, 28-42 is borderline food consumption, and above 42 is categorized as acceptable food consumption). The target for the proposed project would be 'at least 80% of the target beneficiaries having acceptable food consumption score.' Post-distribution monitoring results will provide the means of verification.
- Agriculture/FAO:
  1. Number of farm households received agricultural inputs and support.
  2. Number of the alternative livelihood activities.

#### 11. Actual outcomes achieved with CERF funds

**WFP:** The CERF grant was earmarked for the procurement of 2,366mt of rice and was distributed to some 118,300 beneficiaries in the typhoon-affected areas in Regions VI and VIII through General Food Distribution (GFD) activities conducted in two rounds. WFP has identified Plan International as its cooperating partner to support food distribution and tasks related to the selection of beneficiaries, provision of complementary inputs, and monitoring.

WFP leveraged on the Department of Social Welfare and Development's safety net programme, Pantawid Pamilyang Pilipino Program (4Ps) programme in order to ensure a single food pipeline for GFD. 4P is a human development programme of the Government of the Philippines which provides cash assistance to the poor to alleviate their immediate needs. WFP leveraged on the DSWD's beneficiary list which covers the poorest and most vulnerable households. WFP provided rice while DSWD supplied complementary food inputs such as noodles, canned goods and coffee. The partnership arrangement ensured that double efforts were avoided, while making certain that the un-served or underserved communities were prioritized, resulting in more effective food assistance.

The proposed targeted intervention was expected to improve food consumption levels at the household level, which is measured through food consumption score, capturing both food frequencies and dietary diversity. According to the baseline figures from the MIRA (Multi-Cluster Initial Rapid Assessment) conducted in December 2013, 14per cent of the households surveyed in the typhoon-hit areas have poor food consumption, 17 per cent have borderline food consumption, while 68per cent have acceptable food consumption. By February 2014, the scores have improved - only 6per cent have poor food consumption, 17per cent have borderline food consumption, and 77per cent have acceptable food consumption. With the increased food assistance and recovery in the markets, the overall food consumption has improved. WFP is on track to achieve the targeted value of 80-90per cent of households with acceptable food consumption by the end of the operation, which was initially scheduled in May 2014 but was extended until July 2014.

**FAO:** FAO emergency response provided certified rice seed (CRS) to 6 256 household beneficiaries. This yielded 20,019 tonnes of rice harvest, enough to feed over 105,000 people for one year.

In addition, a total of 6,256 bags of fertilizers were distributed to all recipients of CERF-procured CRS, and 3,874 bags of fertilizers were delivered to farmers provided only with CRS from DA and INGOs. Fertilizers are critical inputs to rice farming, without which rice productivity would be reduced significantly.

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

**WFP:** The CERF-funded GFD activities reached more beneficiaries than originally planned as WFP was able to procure rice internationally at cheaper prices, resulting in more rice procured. No FFW activities were conducted in February-April 2014 as priority was given to affected households that were food insecure. The lack of food assistance could not only further deteriorate food insecurity and malnutrition levels but could also contribute to the instability in affected areas. Over the February-April 2014 period, however, identification and verification of FFW beneficiaries were completed while consultations with the financial service provider were conducted. The cash-based FFW activities began only in May 2014 when the agreement with a financial service



provider was finalized.

**FAO:** based on government priorities, FAO assisted affected households to plant rice in time for the December/January planting season. As more information on the extent of damage and losses was gathered through the assessments, the number of typhoon-affected rice farmers proved to be higher compared to initial estimates. This resulted in re-focusing CERF assistance to the provision of certified rice seeds and fertilizers. This meant that other planned interventions, like the provision of vegetable seeds, corn seeds and hand tools were not included under this project, but were covered at a later date by other FAO emergency response projects.

In addition, the original proposal included services of local NGO. However, following initial interactions with selected NGO IPs, it was ascertained they had limited capacity and could not cater for FAO distribution requirements. In the meantime, the government offered to assist in the distribution through the DA regional office, provincial and municipal LGU. FAO welcomed the government's offer for assistance which was provided free of charge.

|   |   |
|---|---|
| 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 or 2b):** 2a  
**If 'NO' (or if GM score is 1 or 0):**

WFP explicitly aimed to facilitate the receipt of food assistance by female-headed households and tailored its implementation modalities accordingly in order to forestall any exacerbation of gender gaps. The activities aimed at delivering food assistance to all eligible beneficiaries, with women-headed households and pregnant, lactating women given priority. Moreover, WFP teams involved in the Typhoon Haiyan response received training on monitoring, gender and protection concerns in order to ensure proper mainstreaming during the sensitization, targeting and implementation.

FAO: The target activities for women, (i.e., vegetable gardening and care and maintenance of hand tools) were not implemented due to the re-focusing of activities as indicated in section 12.

|  |  |
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| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> |
|--|--|

|   |   |
|---|---|
| WFP: No evaluation of WFP's response to Haiyan was carried out. However, other mechanisms were put in place to assess the impact of the operation such as lessons learned exercises and post-distribution monitoring. | EVALUATION PENDING <input type="checkbox"/> |
|---|---|

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|---|--|
| FAO: An integrated rice post-harvest evaluation was conducted. The evaluation covered all emergency projects. A draft report is pending review and technical clearance and will be available in the third week of August. The final report of the evaluation will be shared with the CERF Secretariat separately. | NO EVALUATION PLANNED <input type="checkbox"/> |
|---|--|

**TABLE 8: PROJECT RESULTS**

| CERF project information   |   |                          |   |
|--|---|--------------------------|---|
| 1. Agency:   | UNICEF  | 5. CERF grant period:    | 19.11.14 – 18.05.14   |
| 2. CERF project code:  | 13-RR-CEF-149   | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:   | Nutrition   |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:  | Provision of nutrition life-saving interventions to children 0-59 months, pregnant and lactating women affected by Haiyan Typhoon emergency |                          |   |
| 7. Funding   | a. Total project budget:  | US\$ 7,000,000           | d. CERF funds forwarded to implementing partners:   |
|  | b. Total funding received for the project:  | US\$ 7,000,000           | ▪ NGO partners and Red Cross/Crescent: US\$ 0   |
|  | c. Amount received from CERF:   | US\$ 501,710             | ▪ Government Partners: US\$ 0   |
| 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  | 9,000   | 1,552                    | Malnutrition rates were much lower than initial estimates therefore leading to a lower number of beneficiaries reached. |
| b. Male  | 5,000   | 934                      |   |
| c. Total individuals (female + male):  | 14,000  | 2,486                    |   |
| d. Of total, children <u>under age 5</u>   | 10,000  | 1,962                    |   |
| 9. Original project objective from approved CERF proposal  |   |                          |   |
| This project aims to support the government and NGO partners in addressing prevailing humanitarian needs by 1) providing life-saving therapeutic feeding services and supplies for girls and boys under-5 with severe acute malnutrition; 2) protection and promotion of life-saving breastfeeding and infant and young child feeding practices; and 3) enhancement of existing mechanisms for timely identification of the most nutritionally vulnerable  |   |                          |   |
| 10. Original expected outcomes from approved CERF proposal   |   |                          |   |
| Outcome: Decrease in incidence of acute malnutrition among under 5 children  |   |                          |   |
| <ul style="list-style-type: none"> <li>Indicator: Number of girls and boys under 5 screened for acute malnutrition</li> <li>Target: 10,000 under 5 children screened (5,000 boys and 5,000 girls)</li> <li>Indicator: Number of severely acute malnourished girls and boys admitted to therapeutic feeding program</li> <li>Target: 200 SAM cases (100 boys, 100 girls)</li> <li>Indicator: Number of moderate acute malnourished girls and boys admitted to therapeutic feeding program</li> <li>Target: 800 SAM cases (400 boys, 400 girls)</li> <li>Indicator: Percentage of severe acute malnourished boys and girls cured</li> <li>Target: At least 80 per cent of SAM cured with no significant difference in outcomes for girls and boys</li> </ul> |   |                          |   |

2. Outcome: Increase in breastfeeding and infant and young child feeding practices among mothers
  - Indicator: Number of pregnant and lactating women (PLW) provided with counselling support for breastfeeding and care practices
  - Target: 6,000 women
3. Outcome: Decrease in incidence of micronutrient deficiency among children 6-59 months and PLW
  - Indicator: Number of PLW receiving micronutrient supplementation.
  - Target: 6,000 women
  - Indicator: Number of children 6-59 months receiving micronutrient supplementation.
  - Target: 10,000 children 6-59 months
4. Outcome: Nutrition in emergency advocacy and programming are evidenced based.
  - Indicator: Prevalence rate of under nutrition and its determinants in children 0-59 months, pregnant and lactating women in emergency affected area.
  - Target: One nutrition surveys conducted

#### 11. Actual outcomes achieved with CERF funds

UNICEF used CERF funds to purchase the most-time critical needs for supplies and equipment (e.g. anthropometric equipment and therapeutic feeding supplies). Lower than expected malnutrition rates led to correspondingly lower results.

1. Outcome: Decrease in incidence of acute malnutrition among under 5 children
  - Indicator: Number of girls and boys under 5 screened for acute malnutrition
  - Total Achieved: 15,487 under 5 children screened (7,811 boys and 7,676 girls)
  - CERF Attribution: 774 children (391 boys, 383 girls)
  - Indicator: Number of severely acute malnourished girls and boys admitted to therapeutic feeding program
  - Achieved: 118 SAM cases (51 boys, 67 girls)
  - CERF Attribution: 6 SAM cases (3 boys, 3 girls)
  - Indicator: Number of moderate acute malnourished girls and boys admitted to therapeutic feeding program
  - Achieved: 415 MAM cases (165 boys, 251 girls)
  - CERF Attribution: 21 MAM cases (8 boys, 11 girls)
  - Indicator: Percentage of severe acute malnourished boys and girls cured
  - Achieved and CERF attribution: 89% of SAM cured with no significant difference in outcomes for girls and boys
2. Outcome: Increase in breastfeeding and infant and young child feeding practices among mothers
  - Indicator: Number of pregnant and lactating women (PLW) provided with counselling support for breastfeeding and care practices
  - Achieved: 10,782 women
  - CERF Attribution: 539 women
3. Outcome: Decrease in incidence of micronutrient deficiency among children 6-59 months and PLW
  - Indicator: Number of PLW receiving micronutrient supplementation.
  - Achieved: 886 women
  - CERF Attribution: 44 women
  - Indicator: Number of children 6-59 months receiving micronutrient supplementation.
  - Achieved: 23,756 children 6-59 months (12,066 boys and 11,690 girls)
  - CERF Attribution: 1,188 children (603 boys, 585 girls)
4. Outcome: Nutrition in emergency advocacy and programming are evidenced based.

|   |   |
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| <ul style="list-style-type: none"> <li>Indicator: Prevalence rate of under nutrition and its determinants in children 0-59 months, pregnant and lactating women in emergency affected area.</li> <li>Achieved and CERF Attribution: CERF-funded supplies and equipment supported a SMART nutrition survey conducted February- March 2014</li> </ul>   |   |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:  |   |
| <p>The number of SAM and MAM included in therapeutic feeding programs was lower than the estimated target due to the low GAM rate in affected areas. The GAM seen after the SMART Survey was lower than the assumed prevalence (pre-disaster Regional data from National Nutrition Survey, 2011) used in the initial caseload calculation. Moreover, other possible causes include the decreased population in the affected areas (due to displacement and migration of residents) as compared to the projected population.</p> <p>The achieved number of PLWs that received micronutrient supplements (IFA tablets) was very low if compared to the initial target because the reporting on the indicator was aligned with government protocol on reporting of recipients of IFA tablets only on completion of 6 months of routine IFA. The data therefore reflects the partial reporting available from partners. The indicator will continue to be updated based on the data received from the partners.</p> <p>The SMART survey was not directly funded by the CERF, however, the anthropometric equipment (e.g. weighing scales and height/length boards) that were utilized in the survey were procured using the fund.</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 or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>   |   |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending?  | EVALUATION CARRIED OUT <input checked="" type="checkbox"/>          |
| A Real-Time Evaluation of UNICEF's Humanitarian Response to Typhoon Haiyan in the Philippines was conducted in May. The evaluation included the assessment of programs funded through CERF.   | EVALUATION PENDING <input type="checkbox"/>                         |
|   | NO EVALUATION PLANNED <input type="checkbox"/>                      |

**TABLE 8: PROJECT RESULTS**

| CERF project information   |   |                          |   |
|--|---|--------------------------|---|
| 1. Agency:   | UNICEF  | 5. CERF grant period:    | 10.11.13 – 09.05.14   |
| 2. CERF project code:  | 13-RR-CEF-150   | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:   | Water, Sanitation and Hygiene   |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:  | Ensuring Access to Water, Sanitation and Hygiene (WASH) for Children and Women Affected by Typhoon Haiyan |                          |   |
| 7. Funding   | a. Total project budget:  | US\$ 56,160,000          | d. CERF funds forwarded to implementing partners:   |
|  | b. Total funding received for the project:  | US\$ 56,160,000          | ▪ NGO partners and Red Cross/Crescent: US\$ 1,546,190   |
|  | c. Amount received from CERF:   | US\$ 4,005,269           | ▪ Government Partners: US\$ 499,999   |
| 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  | 45,500  | 56,160                   | The funding available allowed UNICEF to reach around 20 per cent more beneficiaries than outlined in the original proposal. The increased number of beneficiaries reached is due to synergies in service delivery among cluster partners. |
| b. Male  | 43,500  | 51,840                   |   |
| c. Total individuals (female + male):  | 89,000  | 108,000                  |   |
| d. Of total, children <u>under age 5</u>   | 11,200  | 12,960                   |   |
| 9. Original project objective from approved CERF proposal  |   |                          |   |
| To ensure affected populations particularly children, women and other vulnerable sectors have access to safe water, basic sanitation and hygiene promotion.  |   |                          |   |
| 10. Original expected outcomes from approved CERF proposal   |   |                          |   |
| Outcomes:  |   |                          |   |
| <ul style="list-style-type: none"> <li>Participation of women, men, girls and boys are ensured in the planning and implementation of WASH activities</li> <li>Girls, women, boys and men have protected and reliable access to sufficient and safe water, sanitation, bathing, laundry, hand washing facilities</li> <li>Prevent morbidity and mortality due to diarrhoea and other water -borne diseases by ensuring a coordinated and efficient WASH early recovery activities</li> <li>Communities and LGUs are more resilient to natural disaster through improved WASH facilities, services, hygiene practice and governance</li> </ul> |   |                          |   |
| Indicators and targets:  |   |                          |   |
| <ul style="list-style-type: none"> <li>17,600 households receive family water</li> <li>17,600 households receive hygiene kits</li> </ul>   |   |                          |   |

- 45,500 women and girls and 43,500 men and boys receive hygiene promotion materials and participate in hygiene promotion sessions

This will be translated into:

- 150 affected areas/evacuation centres have supply of safe water (through water tankering, rehabilitation/construction of water points, provision of generator sets for water supply systems)
- 2 Water Treatment Units deployed for safe water to benefit IDPs
- At least 40 water points tested regularly
- At least 700 latrines constructed with regular de-slugging
- At least 350 bathing facilities constructed
- Regular collection and disposal of solid waste
- Monthly cluster meetings
- Regular analysis of WASH cluster gaps through 3Ws and GIS informed reporting

#### 11. Actual outcomes achieved with CERF funds

Focusing on the immediate lifesaving activities during the early days of emergency response UNICEF provided the following:

- 6,538 households with family hygiene kits.
- 45,300 children in schools/ learning spaces were provided with hygiene kits or key hygiene items sufficient for one school year.
- 2,800 children were provided with access to appropriate sanitation facilities dedicated for schools/learning spaces as well as hand washing facilities and safe water.
- 12,700 households received water kits and other water treatment products, 9,025 households were provided with access to safe water and improved water sources served by rehabilitated water systems (total 109,000 beneficiaries provided with safe water access).
- Distribution of water and hygiene family kits includes the distribution of hygiene promotion materials.
- Approximately 150 barangays and evacuation centres in Leyte and Eastern Samar were provided with safe water (through water tankering, rehabilitation/construction of water points, supported by the provision of generator sets for water supply systems (L2/L3 level)
- Two Water Treatment Units were deployed to provide safe water benefitting IDPs during the three first months of the emergency response and are now prepositioned at UNICEF warehouse as contingency stock.
- 48 water points were tested regularly in selected most affected Barangays.
- 11,936 people were provided with access to 600 appropriately designed toilets at the household level or in evacuation centres. Regular de-slugging focused on toilets in evacuation centres and bank houses.
- 179 bathing facilities were constructed.
- Solid waste was regular collected and disposed focusing on evacuation centres and bank houses.
- Weekly cluster meetings were conducted in affected areas in Regions VI, VII and VIII resulting in improved coordination between humanitarian actors focussing on identifying gaps that needed to be addressed.
- The WASH Cluster provided a regular analysis and presentation of WASH Cluster response and gaps through systematic data collection using 3Ws and GIS informed reporting.
- No outbreak of Cholera or any other serious water borne disease occurred during the Yolanda response.

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

Overall, the funding available allowed reaching out to more than 20 per cent of total beneficiaries due to synergies in service delivery among cluster partners.

In January 2014, UNICEF management decided to use CERF funds to directly support the Department of Education following an urgent request to support the rehabilitation of destroyed schools and construction of makeshift schools, including WASH in schools. The decision was based on the need to diversify and expand network of partners using in-country governance structures to reach out to as many people in need as possible.

Due to the nature of CERF funds being available immediately after the emergency occurred, there was a greater use of funds for the provision of safe water. This meant slight reductions in achievements in regards to constructed toilets and bathing facilities.

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

YES  NO

|   |  |
|---|--|
| <p><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b><br/> <b>If 'NO' (or if GM score is 1 or 0):</b><br/>         Latrines and bathing facilities constructed are gender segregated in schools and evacuation camps. In addition, menstrual hygiene promotion sessions were conducted including the provision of IEC material and non-food items addressing especially female adolescence.</p> |  |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending?  | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> |
| UNICEF has contracted a third party to conduct an evaluation of the humanitarian response in Haiyan affected areas. UNICEF WASH response was evaluated as adequate to the needs (May 2014).<br><br>The WASH Cluster conducted a sector specific analysis of the response and remaining unmet needs six month after emergency.   | EVALUATION PENDING <input type="checkbox"/>                |
|   | NO EVALUATION PLANNED <input type="checkbox"/>             |

**TABLE 8: PROJECT RESULTS**

| CERF project information  |  |                          |  |
|---|--|--------------------------|--|
| 1. Agency:  | UNHCR  | 5. CERF grant period:    | 11.11.13 – 10.05.14  |
| 2. CERF project code:   | 13-RR-HCR-068  | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing   |
| 3. Cluster/Sector:  | Shelter/CCCM   |                          | <input checked="" type="checkbox"/> Concluded  |
| 4. Project title:   | Emergency Shelter Assistance for IDPs due to Typhoon Yolanda |                          |  |
| 7. Funding  | a. Total project budget:                                     | US\$ 6,549,853           | d. CERF funds forwarded to implementing partners:  |
|   | b. Total funding received for the project:                   | US\$ 6,549,853           | ▪ NGO partners and Red Cross/Crescent: US\$ 95,553   |
|   | c. Amount received from CERF:                                | US\$ 1,800,859           | ▪ Government Partners: US\$ 0  |
| 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   | 12,425   | 32,340                   | The beneficiaries figures indicated in the CERF proposal were based on the Multi-cluster Initial Rapid Assessment. However, slight difference in the number of beneficiaries reached was recorded at the time of actual implementation of the program. |
| b. Male   | 12,575   | 33,660                   |  |
| c. Total individuals (female + male):   | 25,000   | 66,000                   |  |
| d. Of total, children <u>under age 5</u>  | 7,900  | 7,260                    |  |
| 9. Original project objective from approved CERF proposal   |  |                          |  |
| To ensure that forcibly displaced families are afforded adequate emergency shelter in the aftermath of Typhoon Yolanda.   |  |                          |  |
| 10. Original expected outcomes from approved CERF proposal  |  |                          |  |
| Reduced exposure to further protection risks of at least 10,000 individuals especially the elderly, female heads of households, children heads of households, the disabled and victims of GBV and other forms of violence and discrimination who have lost their homes.   |  |                          |  |
| <u>Indicator</u>  |  |                          |  |
| <ul style="list-style-type: none"> <li>2,000 tents and 4,000 reinforced tarpaulin are distributed to extremely vulnerable families that have lost their homes.</li> </ul>   |  |                          |  |
| 11. Actual outcomes achieved with CERF funds  |  |                          |  |
| <u>Emergency Shelter</u>  |  |                          |  |
| UNHCR, as a member of the Emergency Shelter Cluster, has delivered emergency shelter assistance to more than 600,000 vulnerable individuals affected by Haiyan. 2,000 family tents and 4,000 reinforced tarpaulins were internationally procured and distributed through CERF funding, providing 73,260 people safe refuge. The focus was on displaced people concentrated in the hardest hit communities of Tacloban, Ormoc, Cebu, Roxas, Borongan and Guiuan. The tents and tarpaulins complement the Protections Cluster's objectives to improve physical security of persons with specific vulnerabilities, to reach remote communities, to promote child protection and prevent gender-based violence. |  |                          |  |



|   |  |
|---|--|
| <p>In addition, the vastness of the emergency response brought logistical challenges in the air, ground and water routes. This was overcome with the deployment of international supply officers and national counterparts in Cebu- the main logistics hub of all UN agencies and international organizations. CERF also funded additional 3 international logistics staff for 3 months, 7 national counterparts and 2 drivers as surge support for six months. UNHCR's main NGO partner in the distribution of tents and tarpaulins is the Community Family Services International (CFSI), together with the Department of Social Welfare and Development (DSWD) and local government units.</p> |  |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>   |  |
| <p>The population figures presented in the CERF proposal was initially based on the Multi-cluster Initial Rapid Assessment. However, a slight difference was recorded at the time of actual implementation.</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 or 2b): 2a<br/>         If 'NO' (or if GM score is 1 or 0):</p>   |  |
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>   | <p>EVALUATION CARRIED OUT <input type="checkbox"/></p>                     |
| <p>No evaluation is planned as NFI distribution was targeted based on field assessments supported by national and local authorities.</p>  | <p>EVALUATION PENDING <input type="checkbox"/></p>                         |
|   | <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>           |

**TABLE 8: PROJECT RESULTS**

| TABLE 8: PROJECT RESULTS   |   |                          |  |
|--|---|--------------------------|--|
| CERF project information   |   |                          |  |
| 1. Agency:   | IOM   | 5. CERF grant period:    | 12.11.13 – 11.05.14  |
| 2. CERF project code:  | 13-RR-IOM-042   | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing   |
| 3. Cluster/Sector:   | Shelter/CCCM  |                          | <input checked="" type="checkbox"/> Concluded  |
| 4. Project title:  | Emergency Shelter and Camp Coordination and Camp Management (CCCM) for Affected Populations of the Typhoon Haiyan (Yolanda) |                          |  |
| 7. Funding   | a. Total project budget:  | US\$ 21,500,000          | d. CERF funds forwarded to implementing partners:  |
|  | b. Total funding received for the project:  | US\$ 5,492,378           | ▪ NGO partners and Red Cross/Crescent: US\$ 95,553   |
|  | c. Amount received from CERF:   | US\$ 5,492,378           | ▪ Government Partners: US\$ 0  |
| 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  | 30,000  | 31,154                   | The total number of direct beneficiaries is based on the number of Emergency Shelter Kits (ESK) distributed under this project.<br><br>*Information on the gender breakdown of beneficiaries was not always available at the time of distribution of kits; thus, the figures provided reflect only gender breakdown where this information was available. Information on the number of children was not available since the recording and information management system was at times not sufficient during the emergency response. |
| b. Male  | 30,000  | 32,426                   |  |
| c. Total individuals (female + male):  | 60,000  | 63,580                   |  |
| d. Of total, children <u>under</u> age 5   | 6,000   | n/a                      |  |
| 9. Original project objective from approved CERF proposal  |   |                          |  |
| Respond to the life-saving CCCM and Shelter needs of affected women, men, girls and boys; including those with disabilities and special needs, who are displaced and those have already returned or planning to return to their places of origin.  |   |                          |  |
| 10. Original expected outcomes from approved CERF proposal   |   |                          |  |
| <ol style="list-style-type: none"> <li>1. Up to 60,000 IDP families (or 300,000 individuals based on an average family size of 5) in affected areas benefited from camp management information and support activities on psychosocial and counter-trafficking issues</li> <li>2. 30,000 IDPs benefited from ESK and NFI distribution</li> <li>3. Approximately 60 CCCM learning sessions for camp managers and IDP leaders</li> <li>4. A minimum of 15 collective/evacuation centres' common facilities are repaired and upgraded across the 3 regions</li> <li>5. A minimum of 60 evacuation centres and open displacement sites benefited from the humanitarian communications including social preparation and mobilization activities and interactive community mapping</li> </ol> |   |                          |  |
| 11. Actual outcomes achieved with CERF funds   |   |                          |  |

|  |  |
|--|--|
| <p>1. A total of 228,718 people received camp management information and support activities on psychosocial and counter-trafficking issues across the Haiyan-affected areas, based on the number of people covered in all the roll-outs of the Displacement Tracking Matrix (DTM) conducted in the project locations. In addition, IOM produced 56 reports of DTM, the CCCM cluster's main information management tool that collects updated information on IDPs including basic demographic composition and living conditions and access to services in displacement sites. These reports were analysed and circulated widely to humanitarian actors in the field and contributed to delivery of timely and appropriate life-saving assistance to the most vulnerable groups of the typhoon-affected areas.</p> <p>2. ESKs (including tarpaulins, fixing kits and tool kits) were distributed to 12,717 families (or 63,580 people based on an average family size of 5). In addition, NFIs (including blankets, hygiene kits, family kits, mats, buckets and solar lamps) were distributed to 6,112 families (or 30,560 people based on an average family size of 5).</p> <p>3. 74 CCCM Capacity Development learning sessions were conducted, with the number of participants amounting to 3,198 (55 per cent female and 45 per cent male).</p> <p>4. 74 displacement sites (9,368 families or 44,623 people) across all regions benefitted from camp management assistance and site improvement and mitigation activities, including the installation of storage shelves and kitchen counters, post reinforcement, drainage improvements, and the construction of communal activity centres, places of worship, women and child-friendly spaces, and health consultation rooms.</p> <p>5. Humanitarian communications, including social preparation and mobilization activities and interactive community mapping, reached a total of 113 displacement sites. The number of displacement sites by regional breakdown is as follows: Eastern Leyte: 25; Eastern Samar: 63; Western Leyte: 3; Western Visayas: 22.</p> |  |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>  |  |
| <p>1. The number of individuals who received camp management information and support activities was lower than initially estimated. The various definitions of 'evacuation centres' and 'displacement centres' resulted in many families or people not being qualified for camp management support since they were not counted as living in evacuation centres. In addition, many people returned to their home faster than originally estimated.</p> <p>2. The number of direct beneficiaries of ESK and NFI distribution greatly exceeded the original target mainly because bulk procurement and supply chain savings reduced the cost of items and enabled IOM to procure more with the allocated budget.</p> <p>3. The number of direct beneficiaries of displacement site repairs greatly exceeded the original target mainly because IOM was able to source appropriate materials at a lower rate than expected, which enabled IOM to conduct more repairs within the allocated budget.</p> <p>4. The number of displacement centres that benefitted from humanitarian communications greatly exceeded initial estimates because IOM was able to mobilize social preparation and other activities with greater efficiency and strengthened partnerships with agencies and Government.</p> <p><u>Disbursement to NGO partner:</u> The reason why there was no reprogramming request was because it is required only if there is an anticipated variation which affects the whole budget group/category and not each individual budget line. Anticipation of the variation of budget for NGO disbursement was not possible, as the life-saving mandate was respected with the increase of services provided by the NGO partner in the Haiyan-affected areas. Since there was no consolidated assessment report (from the UN and government) released in the first two weeks of the emergency, life-saving needs only surfaced after the field teams were constituted and deployed.</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> |

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

If 'NO' (or if GM score is 1 or 0): Gender mainstreaming was integrated in the project design and overall implementation of the program. Tools such as DTM and CCCM orientation and training documented multiple vulnerabilities and provision of appropriate interventions including referrals to other clusters.

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

EVALUATION CARRIED OUT

There is no evaluation planned due to limited funds.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information  |  |                          |   |
|---|--|--------------------------|---|
| 1. Agency:  | WFP  | 5. CERF grant period:    | 15.11.13 – 14.05.14   |
| 2. CERF project code:   | 13-RR-WFP-078                                    | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:  | Logistics  |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:   | Logistics Cluster Augmentation Special Operation |                          |   |
| 7. Funding  | a. Total project budget:                         | US\$ 5,000,000           | d. CERF funds forwarded to implementing partners:   |
|   | b. Total funding received for the project:       | US\$ 5,000,000           | ▪ NGO partners and Red Cross/Crescent: US\$ 0   |
|   | c. Amount received from CERF:                    | US\$ 3,495,992           | ▪ Government Partners: US\$ 0   |
| 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   | n/a  | n/a                      | N/A   |
| b. Male   | n/a  | n/a                      |   |
| c. Total individuals (female + male):   | n/a  | n/a                      |   |
| d. Of total, children <u>under</u> age 5  | n/a  | n/a                      |   |
| 9. Original project objective from approved CERF proposal   |  |                          |   |
| <p>Facilitate the efficient logistics coordination and information management in support of the humanitarian community under the Cluster approach.</p> <p>Facilitate the delivery of humanitarian assistance to the affected population by augmenting the logistics capacity of WFP and the rest of the humanitarian community through the</p> <ol style="list-style-type: none"> <li>1. Provision of strategic airlifts;</li> <li>2. Deployment of coastal transport assets;</li> <li>3. Deployment of air assets to provide access to affected areas, deliver lifesaving cargo and facilitate aerial damage assessments;</li> <li>4. Set up of cargo consolidation hubs consisting of temporary storage facilities, office space;</li> <li>5. Deployment of logistics personnel to implement the activities;</li> </ol> |  |                          |   |
| 10. Original expected outcomes from approved CERF proposal  |  |                          |   |
| <p>The expected outcomes of the operation include:</p> <ul style="list-style-type: none"> <li>• Delivery of emergency relief items to the affected population for humanitarian actors.</li> <li>• Improved ability of the humanitarian community to respond and operate in the affected areas.</li> <li>• Logistics gaps and bottlenecks identified and addressed through the provision of logistics services where required.</li> <li>• Coordinated, predictable, timely and efficient emergency logistics response.</li> </ul>  |  |                          |   |

The key performance indicators for this Special Operation will be:

- Volume of (m3) of cargo consolidated into strategic airlifts
- Quantity (mt) of cargo consolidated into strategic airlifts
- Number of logistics hubs established
- Number of agencies and organizations using storage facilities
- Volume (m3) of cargo moved through coastal services
- Quantity (m3) of cargo moved through coastal services
- Tonnage of cargo transported against requested quantities;
- The number of humanitarian organizations utilizing the service and number of locations served.

11. Actual outcomes achieved with CERF funds

The CERF grant for Logistics was utilized as follows:

1. The set-up of operation centres which included mobile storage units for relief items. In early December, WFP, through the Logistics Cluster, built mobile storage units to address the bottlenecks in Guiuan, where available transport capacity was at times stretched due to the high requirements of relief goods in the area, and the limited warehousing space. WFP also augmented DSWD repacking operations for Leyte by erecting four mobile storage units at the port of Tacloban. In January, WFP provided some 8,000 square meters of temporary storage space to humanitarian organizations at key locations in Tacloban Guiuan, Ormoc, Roxas and Cebu.
2. Provision for 9 strategic airlifts from the UN Humanitarian Response Depot network to the Philippines.  
The UNHRD network, managed by WFP, was a frontline responder during the Haiyan response. By December, it had 89 consignments and has dispatched 493mt of relief goods on behalf of WFP.
3. Within two weeks of the initial operations, UNHAS, managed by WFP, transported: 167 humanitarian passengers, 1.6 metric tons of light humanitarian cargo, and flown 43 flights to nine location (including Manila, Cebu, Roxas, Tacloban, Ormoc, Guiuan, Cuyo, Lungsod, Palawan).
4. One multi-purpose vessel (with a capacity of 1,500mt) was chartered for one month operating out of Cebu to provide a reliable option for the provision of relief items to Leyte island. By November 2013, WFP was able to charter a dedicated roll-on roll-off vessel for an initial period of one month and was made available to the humanitarian community for the transportation of relief cargo between Cebu and Tacloban. By the end of December, WFP has dispatched a total of 12,795 mt of food, including 12,504 mt of rice, 268 mt of high-energy biscuits and 22 mt of specialized nutrition products.

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

n/a

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 or 2b):**

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

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

EVALUATION CARRIED OUT

No evaluation of the Haiyan response was carried out. However, there were other mechanisms done to assess the impact of the operation including lessons learned exercises.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information   |  |                          |  |
|--|--|--------------------------|--|
| 1. Agency:   | WFP  | 5. CERF grant period:    | 11.11.13 – 10.05.14  |
| 2. CERF project code:  | 13-RR-WFP-080  | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing   |
| 3. Cluster/Sector:   | Emergency Telecommunications Cluster   |                          | <input checked="" type="checkbox"/> Concluded  |
| 4. Project title:  | Telecommunications augmentation and coordination to support humanitarian operations in the areas affected by the typhoon |                          |  |
| 7. Funding   | a. Total project budget:   | US\$ 3,244,537           | d. CERF funds forwarded to implementing partners:  |
|  | b. Total funding received for the project:   | US\$ 1,962,080           | ▪ NGO partners and Red Cross/Crescent: US\$ 0  |
|  | c. Amount received from CERF:  | US\$ 1,217,869           | ▪ Government Partners: US\$ 0  |
| 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  | n/a  | n/a                      | The ETC provides direct support to the Humanitarian Community (UN and NGO) in emergencies thereby enabling provision of assistance to beneficiaries. |
| b. Male  | n/a  | n/a                      |  |
| c. Total individuals (female + male):  | n/a  | n/a                      |  |
| d. Of total, children <u>under</u> age 5   | n/a  | n/a                      |  |
| 9. Original project objective from approved CERF proposal  |  |                          |  |
| Improve the capability to coordinate the response, and operate throughout Philippines and its affected area through providing a reliable emergency telecommunications and data connectivity networks and services to the humanitarian community.   |  |                          |  |
| 10. Original expected outcomes from approved CERF proposal   |  |                          |  |
| <ul style="list-style-type: none"> <li>Humanitarian actors in these two locations are provided with security telecommunications.</li> <li>Relief workers given access to internet connectivity thus enabling them to provide lifesaving support to the population in need.</li> </ul>  |  |                          |  |
| 11. Actual outcomes achieved with CERF funds   |  |                          |  |
| <p>The necessary technical equipment for all locations targeted by the project was procured and deployed. The team conducted preliminary assessments in Cebu and Tacloban and ensured coordination amongst cluster and stand-by partners. An ETC Concept of Operations (CONOPS) was completed a shared with partners. The ETC:</p> <ul style="list-style-type: none"> <li>Deployed fully operational data/internet communication network to the humanitarian community in Cebu;</li> <li>Deployed fully operational communication networks that provided both data/Internet service and common security communications service to the humanitarian community in Tacloban;</li> <li>Deployed fully operational communication networks that provided both data/Internet service and common security communications service to the humanitarian community in Guiuan and Roxas;</li> </ul> |  |                          |  |

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Maintained the deployed system and services for the humanitarian actors for 6 months. ETC services were decommissioned on 15 May 2014. Cluster Coordination has been transitioned to the local ICT working group. UNDSS was handed over the three common security communication networks which will be operational until no longer needed. All agencies were migrated to local or international internet service providers (ISP) in the offset of the emergency.</li> </ul> |   |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:   |   |
| On the advice of the UNDSS Security Adviser there was no requirement for the deployment of radio rooms, thus no need for hiring radio operators. Due to the expending connectivity needs of the humanitarian community for their support in the disaster area in the first weeks of the emergency, fully operational data/internet communication network was deployed to two additional locations, Guiuan and Roxas.   |   |
| 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 or 2b): Not applicable<br>If 'NO' (or if GM score is 1 or 0):   |   |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending?   | EVALUATION CARRIED OUT <input type="checkbox"/>                     |
| No evaluation of the Haiyan response was carried out. However, other mechanisms were put in place to assess the impact of the operation such as the lessons learned exercise.  | EVALUATION PENDING <input type="checkbox"/>                         |
|  | NO EVALUATION PLANNED <input checked="" type="checkbox"/>           |



**TABLE 8: PROJECT RESULTS**

| CERF project information   |   |                          |   |  |
|--|---|--------------------------|---|--|
| 1. Agency:   | WHO   | 5. CERF grant period:    | 11.11.13 – 11.05.14   |  |
| 2. CERF project code:  | 13-RR-WHO-076   | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |  |
| 3. Cluster/Sector:   | Health  |                          | <input checked="" type="checkbox"/> Concluded   |  |
| 4. Project title:  | Provision of emergency health services to populations affected by Typhoon Yolanda |                          |   |  |
| 7. Funding   | a. Total project budget:  | US\$ 15,000,000          | d. CERF funds forwarded to implementing partners:   |  |
|  | b. Total funding received for the project:  | US\$ 15,000,000          |   | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 359,577 |
|  | c. Amount received from CERF:   | US\$ 1,691,761           |   | ▪ <i>Government Partners:</i> US\$ 0                       |
| 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  | 4,936,321   | 4,936,321                | N/A   |  |
| b. Male  | 4,742,738   | 4,742,738                |   |  |
| c. Total individuals (female + male):  | 9,679,059   | 9,679,059                |   |  |
| d. Of total, children <u>under</u> age 5   | 1,935,812   | 1,935,812                |   |  |
| 9. Original project objective from approved CERF proposal  |   |                          |   |  |
| Provision of emergency health services to typhoon Yolanda affected populations   |   |                          |   |  |
| 10. Original expected outcomes from approved CERF proposal   |   |                          |   |  |
| <ul style="list-style-type: none"> <li>• Average population covered by functioning Health facility(HF), by type of HF and by municipality</li> <li>• Number HF with comprehensive or basic emergency obstetric care / 500,000 population, by province</li> <li>• Per cent of HF without stock out of a selected essential drug in 4 group of drugs, by municipality</li> <li>• Number of health workforce (medical doctor, nurse, midwife) per 10,000 population, by municipality</li> <li>• Number of cases or incidence rates for selected diseases relevant to the local context (acute diarrhoea, measles, leptospirosis, others), by municipality</li> <li>• Number of cases or incidence of sexual violence</li> <li>• Under 5 mortality rate</li> </ul> |   |                          |   |  |
| 11. Actual outcomes achieved with CERF funds   |   |                          |   |  |
| CERF funding specifically supported:   |   |                          |   |  |
| <ol style="list-style-type: none"> <li>1. WHO – as co-health cluster coordinator with the Department of Health – to establish health cluster teams in the affected areas and in Manila; to coordinate the subsequent deployment of health cluster partners' staff and equipment; and to provide support to DOH in the affected areas in the immediate response to the typhoon.</li> <li>2. WHO's provision of emergency health facility shelter and supplies including body bags, tents, cold chain equipment and psychotropic drugs for the treatment of mental health conditions.</li> </ol>   |   |                          |   |  |

3. Sub-grants for Medecins du Monde, Handicap International and MERLIN to provide emergency health care.

1. WHO Activities as Co-Lead for the Health Cluster

The WHO established health cluster hubs in order to support the DOH and coordinate the health response. WHO originally planned to establish up to six subnational Health Cluster hubs in three locations. In fact the scale of the demand from DOH was such that WHO established five hubs to provide a logistical platform to plan, execute and monitor the health recovery interventions by all partners in the immediate aftermath of Typhoon Haiyan:

- Tacloban on 11 November
- Cebu on 13 November
- Roxas on 17 November
- Ormoc on 18 November
- Borongan, Guiyan on 25 November

Rapid assessments were also undertaken in Palawan and Bohol on 10 December, 2013.

On behalf of DOH and the health cluster, in November and December 2013, WHO conducted the mapping of health facilities that were functioning, damaged or destroyed as a result of the typhoon. Using this information WHO was able to advise on the immediate deployment of medical equipment and foreign medical teams; and to identify which health centres were a priority for repair and rebuilding to ensure adequate health care for the community. Therefore WHO helped the health cluster in preparing assessments that analyzed the needs, priorities and gaps to be addressed through mapping and provision of real time data to DOH.

As co-lead of the humanitarian health cluster WHO provided immediate coordination support to the DOH including coordination of field hospitals, over 500 tonnes of medical supplies and 150 foreign medical teams (FMTs) to help restore the capacity of the affected regions' health system to provide basic emergency services to the affected populations. WHO established and maintained the 4W database on behalf of the health cluster throughout the response.

2. Provision of emergency health facility equipment and services:
- a. Procurement and distribution of body bags for corpses

The Mayor of Tacloban and officials requested WHO's support for the management of the dead and the exhumation and processing of bodies to enable the local community to gain greater closure. In November – December 2013 WHO procured and distributed the body bags requested. In addition, WHO catered for the set-up of temporary health facilities (tents), mobile clinic and outreach teams, including the distribution and installation of the health dispensary tents to temporary replace the totally damaged hospitals, Rural Health Units and selected Barangay Health Stations.

- b. Delivery of basic health care, particularly maternal and child health care packages

As the response to Typhoon Haiyan has continued, WHO has used pre-positioned and additional supplies to help ensure RHUs were able to deliver basic health care packages. WHO has also trained staff and helped support those who have themselves been affected by the typhoon to get back to work. In the immediate aftermath of the typhoon, WHO and UNICEF promoted breast feeding to mothers across the affected region and distributed Essential Intrapartum and Newborn Care (EINC) materials to health cluster partners, providing policy and advocacy support to mitigate against the risks of the use of breast milk substitutes. WHO and DOH had previously developed the standardised training for EINC including non-breathing baby. This was rolled out across key Haiyan affected areas with the support of CERF funding - and was reported to have helped dramatically to improve the quality of care provided. The average number of consultations has now risen to 0.1 per person with the target of 0.25 by the end of 2014.

- c. Re-established the cold chain management system.

WHO used CERF funding to help re-establish the cold chain in the aftermath of Typhoon Yolanda. The equipment required included generators, ice lined refrigerators and freezers, cold boxes, vaccine carriers, icepacks, safety boxes and temperature monitoring devices. In Roxas, a cold chain assessment was completed by WHO and UNICEF and 18 refrigerators were provided. WHO procured cold chain equipment for regions VI, VII and VIII to fill in the gaps after UNICEF cold chain procurement activities were completed. The cold chain was essential to delivering immediate vaccination campaigns in the most affected areas post-typhoon and the vaccination of over 108,000 children for measles and 49,000 for polio and the provision of Vitamin A drops to 31,000 children.

- d. Provision of psychotropic medicines

WHO established and helped run Mental Health and Psychosocial Support (MHPSS) groups at cluster level to address psychosocial needs. Using CERF funds, WHO procured psychotropic drugs to address immediate patient needs. At the same time, WHO together with DOH held a workshop on "Public Mental Health in Humanitarian Emergencies for Adults and Youth: The Role of

Psychology" and produced a further document with guidance for practitioners. WHO conducted a series of training of trainers on psychological first aid and disseminated printed guidelines among representatives of the government, national professional associations and key NGO networks. By May it was reported 22 per cent of Municipalities have one or more hospital or RHU with non-specialized OPD for mental disorder (the aim is to reach 100 per cent by end of 2014).

In addition, WHO purchased tents and replaced vital health equipment for health centers using CERF funds. By May 2014, over 61 per cent of health facilities were repaired or rebuilt and it remains a key priority for WHO to see all restored. Sub-grants for Medecins du Monde, Handicap International and MERLIN provided emergency health care.

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

Sub-grants for Medecins du Monde, Handicap International and MERLIN provided emergency health care. We have received reports confirming all activities were completed from Handicap International and from MDM. However Save the Children/Merlin did not undertake the activities agreed and report on time. Save the Children is therefore due to refund the money (the entire amount paid to them) and the funds will be transferred from WHO Geneva to CERF secretariat. This is being arranged at present.

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 or 2b): 2a  
If 'NO' (or if GM score is 1 or 0):

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

EVALUATION CARRIED OUT

Evaluations of SPEED and disease surveillance, management of the deceased and coordination of Foreign Medical Teams have already taken place. These reports can be provided to the CERF at the end of August. Further evaluations are expected by the end of 2014 and into early 2015 to assess the impact of different interventions including the mental health system in the Yolanda affected areas. These evaluations will be shared at the time of publication.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

| CERF project information  |  |                          |   |
|---|--|--------------------------|---|
| 1. Agency:  | UNDP   | 5. CERF grant period:    | 10.11.13 – 09.05.14   |
| 2. CERF project code:   | 13-RR-UDP-017                                    | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing  |
| 3. Cluster/Sector:  | Security   |                          | <input checked="" type="checkbox"/> Concluded   |
| 4. Project title:   | UNDSS SURGE SUPPORT FOR TYPHOON HAIYAN (YOLANDA) |                          |   |
| 7. Funding  | a. Total project budget:                         | US\$ 874,974             | d. CERF funds forwarded to implementing partners:   |
|   | b. Total funding received for the project:       | US\$ 304,033             | ▪ NGO partners and Red Cross/Crescent: US\$ 0   |
|   | c. Amount received from CERF:                    | US\$ 304,033             | ▪ Government Partners: US\$ 0   |
| 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   | n/a  | n/a                      |   |
| b. Male   | n/a  | n/a                      |   |
| c. Total individuals (female + male):   | n/a  | n/a                      |   |
| d. Of total, children <u>under</u> age 5  | n/a  | n/a                      |   |
| 9. Original project objective from approved CERF proposal   |  |                          |   |
| <p>To assist in maintaining this coordination and liaison with GPH security counterparts, and to provide security support to UN and I/NGO staff, there is an urgent requirement for UNDSS in the first phase (60 days) :</p> <ul style="list-style-type: none"> <li>To deploy three international Field Security Coordination Officers (FSCOs) and three Local Security Assistants (LSAs) for 60 days to the field (Tacloban city, Roxas city and the third planned humanitarian hub) for an initial period of 60 days who are self-sufficient with access to on-going radio and telephone communications, computer and internet access, dedicated transport, dedicated office space with continuous support from incoming UNDSS missions. They will enhance and maintain close coordination with AFP and PNP in Luzon and Visayas.</li> </ul>  |  |                          |   |
| 10. Original expected outcomes from approved CERF proposal  |  |                          |   |
| <ul style="list-style-type: none"> <li>Deployment three international FSCOs;</li> <li>Deployment of three national LSAs;</li> <li>Deployment three Radioroom operators and Repeaters in the three locations</li> <li>Establishment of a close liaison between AFP/PNP and other relevant contacts to receive timely information on the security situation in the Action Plan 2013 area and surrounding ARMM locations;</li> <li>Establishment and maintenance of systems for gathering of reliable information from all agencies and their partners;</li> <li>Provision mechanisms which all agencies can utilize to continually update their staff members with important security-related information to enhance the mission planning process.</li> <li>Identification of the threats and continue to develop and implement mitigating measure to reduce risks levels down to medium and low level.</li> <li>Establishment of an effective area security management system which will provide adequate support to all missions going into the field and which will enable projects to be undertaken.</li> </ul> |  |                          |   |

|  |   |
|--|---|
| 11. Actual outcomes achieved with CERF funds   |   |
| <p>All outcomes were achieved with the exception of the deployment of three UNDSS managed repeaters and Radioroom Operators, which at a later stage were regarded as not necessary due to the deployment of WFP FITTEST.</p> <ul style="list-style-type: none"> <li>• Three international FSCOs deployed.</li> <li>• Three national LSAs deployed.</li> <li>• Close liaison between AFP/PNP and other relevant contacts established to receive timely information on the security situation in the Action Plan 2013 area and surrounding ARMM locations.</li> <li>• Systems for gathering of reliable information from all agencies and their partners established and maintained.</li> <li>• Provision mechanisms which all agencies can utilize to continually update their staff members with important security-related information to enhance the mission planning process.</li> <li>• Threats identified and monitored with mitigating measures developed and implemented to reduce risks levels down to medium and low level.</li> <li>• Effective area security management system was established, providing adequate support to all missions going into the field which enabled projects to be undertaken.</li> </ul> |   |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:   |   |
| <p>Due to the continued large scale presence of UN agencies in the Typhoon Haiyan affected areas past the first 60 days mark, it was necessary to maintain UNDSS surge officers and all associated operations to enable UN agency programme delivery. In addition, the deployment of three UNDSS managed repeaters and Radioroom Operators was not necessary in the end due to the deployment of WFP FITTEST.</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 or 2b): Not applicable<br/>         If 'NO' (or if GM score is 1 or 0):</p>  |   |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending?   | EVALUATION CARRIED OUT <input type="checkbox"/>                     |
| <p>No evaluation is planned. During the response, UNDSS NY decided that a full time FSCO and security office would be established by September 2014. Since CERF funding have been utilised, a special Cost Share Budget has been established to cover any remaining costs for the planned activity.</p>  | EVALUATION PENDING <input type="checkbox"/>                         |
|  | NO EVALUATION PLANNED <input checked="" type="checkbox"/>           |

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Implementing Partner Name                                       | Sub-grant made under pre-existing partnership agreement | Partner Type | Total CERF Funds Transferred to Partner US\$ | Date First Installment Transferred | Start Date of CERF Funded Activities By Partner* | Comments/Remarks  |
|-------------------|----------------|--------|---|---|--------------|--|------------------------------------|--|---|
| 13-RR-CEF-147     | Education      | UNICEF | The Peace And Conflict Journalism Network Philippines (PECOJON) | No  | INGO         | \$5,500                                      | 15-May-14                          | 15-May-14  | Short term partnership for the communication campaign (Back-to-Learning Campaign)   |
| 13-RR-CEF-147     | Education      | UNICEF | Plan International  | Yes   | INGO         | \$99,660                                     | 7-May-14                           | 21-May-14  | Implementation by Plan International was delayed due to time for recruitment of project manager for project. All activities were closely linked to the 'Back to Learning' campaign in May and completed prior to the expiration of the grant. |
| 13-RR-CEF-148     | Health         | UNICEF | International Medical Corps (IMC)                               | No  | INGO         | \$12,368                                     | 31-Dec-13                          | 31-Dec-13  |   |
| 13-RR-FPA-055     | Protection     | UNFPA  | Department of Social Welfare and Development                    | No  | GOV          | \$39,274                                     | 10-Dec-13                          | 10-Dec-13  | Portion trasfered to the DSWD, UNFPA government counterpart. The part that UNFPA was supposed to transfer to the partner NGO was delayed due to the Consortium modality utilized and had to be realigned                                      |
| 13-RR-FPA-056     | Health         | UNFPA  | Friendly Care Consortium  | No  | NNGO         | \$70,794                                     | 4-Jan-14                           | 15-Jan-14  |   |
| 13-RR-HCR-067     | Protection     | UNHCR  | Commission on Human Rights                                      | Yes   | GOV          | \$50,000                                     | 1-Jan-14                           | 1-Jan-14   | Protection Monitoring and rebuilding the capacity of the CHR offices of Regions VI, VII, and VIII   |

|               |                |       |  |     |      |           |           |           |   |
|---------------|----------------|-------|--|-----|------|-----------|-----------|-----------|---|
| 13-RR-HCR-067 | Protection     | UNHCR | Community and Family Service International (CFSI)                                    | Yes | INGO | \$50,000  | 1-Dec-13  | 18-Nov-13 | Implementing Partner for the distribution of Core Relief Items at the onset of the disaster. CERF-funded activities began before UNHCR disbursed funds as the CFSI, an IP of UNHCR for years in both Refugee and IDP Project, was already on the ground that time. It is with understanding that expenses incurred even before the installment will be charged against the grant so as not to delay the deliveries of CRIs as there still need to observe the protocol before the release of installment. |
| 13-RR-HCR-067 | Protection     | UNHCR | Initiatives for Dialogue and Empowerment through Alternative Legal Services (IDEALS) | No  | NNGO | \$198,000 | 1-Mar-14  | 1-Mar-14  | Conducted free mobile birth registration in 20 priority municipalities and cities of the Haiyan affected Regions.   |
| 13-RR-UDP-016 | Early Recovery | UNDP  | Agency for Technical Cooperation and Development (ACTED)                             | No  | INGO | \$99,008  | 14-Apr-14 | 16-Jan-14 | Payment for the collection of medical/hospital waste in both public and private hospitals in Tacloban. ACTED activities were supported by various UNDP donors. Installment attributed to CERF was issued on 14 April 2014. Very first installment, charged to other donors, was released to ACTED on 23 January 2014. ACTED provided pre-financing to jumpstart activities.   |
| 13-RR-UDP-016 | Early Recovery | UNDP  | Solidarites International (SI)   | No  | INGO | \$62,359  | 26-Feb-14 | 7-Feb-14  | Payment for support to clearing of debris through cash-for-work. SI provided pre-financing to jumpstart activities. SI activities were supported by various UNDP donors. First installment was charged against CERF.  |

|               |                               |        |                             |     |      |           |           |           |  |
|---------------|-------------------------------|--------|-----------------------------|-----|------|-----------|-----------|-----------|--|
| 13-RR-WFP-077 | Food Assistance               | WFP    | Plan International          | Yes | INGO | \$201,000 | 24-Apr-14 | 5-Dec-13  | The grant was primarily utilized for the procurement of rice for GFD activities. No FFW activities were implemented during the grant period. Thus, the joint programme with FAO did not push through.  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | Action Contre la Faim (ACF) | No  | INGO | \$247,265 | 13-Dec-14 | 13-Dec-14 |  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | Relief international        | No  | INGO | \$4,545   | 24-Jan-14 | 24-Jan-14 |  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | Solidarites International   | No  | INGO | \$480,507 | 3-Feb-14  | 3-Feb-14  |  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | Plan International          | No  | INGO | \$337,372 | 14-Feb-14 | 14-Feb-14 |  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | International Mercy Corps   | No  | INGO | \$300,000 | 30-Jan-14 | 30-Jan-14 |  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | World Vision                | No  | INGO | \$176,501 | 7-Apr-14  | 7-Apr-14  |  |
| 13-RR-CEF-150 | Water, Sanitation and Hygiene | UNICEF | Department of Education     | Yes | GOV  | \$499,999 | 30-Jan-14 | 30-Jan-14 |  |
| 13-RR-HCR-068 | Shelter & NFI                 | UNHCR  | CFSI                        | Yes | INGO | \$95,553  | 1-Jan-14  | 1-Jan-14  | IP for the distribution of NFIs in the Panay Island, and in the hubs of Tacloban, Ormoc and Guiuan   |
| 13-RR-IOM-042 | Shelter & NFI                 | IOM    | ACTED                       | No  | INGO | \$95,553  | 2-Jan-14  | 22-Nov-13 | Disbursement of the CERF fund was delayed due to delay in signing of the agreement between IOM and ACTED. However, due to the urgent needs on the ground especially considering the nature of the collaboration which involved large scale distribution of NFIs, a critically important activity in the immediate aftermath of the event, IOM and ACTED agreed to start the activities ahead of the disbursement. ACTED received disbursement as soon as the agreement was signed on 2 January 2014. |
| 13-RR-WHO-076 | Health                        | WHO    | Handicap International      | No  | INGO | \$104,270 | 28-Mar-14 | 15-Nov-13 | Activities begun before WHO disbursed funds according to pre-existing arrangement.   |



|               |        |     |                          |    |      |           |           |           |  |
|---------------|--------|-----|--------------------------|----|------|-----------|-----------|-----------|--|
| 13-RR-WHO-076 | Health | WHO | Save The Children        | No | INGO | \$0       | 30-May-14 | 15-Nov-13 | Funds of \$117,307 were disbursed and are now being recovered in full due to failure to implement. |
| 13-RR-WHO-076 | Health | WHO | Medicins du Monde France | No | INGO | \$138,000 | 30-May-14 | 10-Nov-13 | Activities begun before WHO disbursed funds according to pre-existing arrangement.                 |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

|         |   |
|---------|---|
| AAR     | After Action Review   |
| AFP     | Armed Forces of the Philippines   |
| ARMM    | Autonomous Region in Muslim Mindanao  |
| BLT     | Back to Learning  |
| CERF    | Central Emergency Response Fund   |
| CFSI    | Community and Family Services International                                   |
| C4D     | Communication for development   |
| CFS     | Child Friendly Space  |
| CMR     | Clinical Management of Rape   |
| CRS     | Certified Rice Seed   |
| CCC     | Core Commitments of Children  |
| DA      | Department of Agriculture   |
| DCW     | Day Care Workers  |
| DepEd   | Department of Education   |
| DOH     | Department of Health  |
| DSWD    | Department of Social Welfare  |
| DTM     | Displacement Tracking Matrix  |
| DRR     | Disaster Risk Reduction   |
| ECCD    | Early Childhood Care and Development  |
| ECD     | Early Childhood Development   |
| EINC    | Essential Intrapartum and Newborn Care  |
| EPI     | Expanded Programme on Immunization  |
| ESK     | Emergency Shelter Kits  |
| EINC    | Essential Intrapartum and Newborn Care  |
| ETC     | Emergency and Telecommunications  |
| FAO     | United Nations Food and Agricultural Organization                             |
| FFW     | Food for Work   |
| FITTEST | Fast Information Technology and Telecommunications Emergency and Support Team |
| FTR     | Family Tracing and Reunification  |
| GBV     | Gender Based Violence   |
| GFD     | Governance for development  |
| HCT     | Humanitarian Country Team   |
| HIS     | Health Information Sessions   |
| ICRC    | International Committee of the Red Cross                                      |
| IFRC    | International Federation of Red Cross and Red Crescent Societies              |
| IEC     | Information, Education and Communication                                      |
| IMCI    | Integrated Management of Childhood Illness                                    |
| IOM     | International Organization for Migration                                      |
| IP      | Implementing Partners   |
| KBP     | Kapisan ng Broadcaster ng Pilipinas   |
| LGU     | Local Government Units  |
| MAM     | Moderate Acute Malnutrition   |
| MBC     | Manila Broadcasting Company   |
| MCH     | Maternal and Child Health   |
| MHPSS   | Mental health psycho-social support   |
| MIRA    | Multi-Cluster Initial Rapid Assessment  |
| NFI     | Non Food Items  |
| NGO     | Non-government organization   |
| OB      | Obstetric   |
| OCHA    | United Nations Office for the Coordination of Humanitarian Affairs            |
| OPD     | Outpatient Department   |

|         |   |
|---------|---|
| ORS     | Oral Rehydration Salts  |
| PCA     | Programme Cooperation Agreement                                 |
| PECOJON | Peace and Conflict Journalism Network                           |
| PISDR   | Philippines Integrated Disease Surveillance system and Response |
| PLWs    | Pregnant and Lactating Women                                    |
| PRC     | Philippine Red Cross  |
| PSA     | Public Service Announcement                                     |
| PSEA    | Protection from Sexual Exploitation and Abuse                   |
| PSS     | Psychosocial Support  |
| RC/HC   | UN Resident and Humanitarian Coordinator                        |
| RH      | Reproductive Health   |
| RHU     | Rural Health Units  |
| SAP     | Strategic Action Plan   |
| SPEED   | Surveillance Post Extreme Emergencies and Disasters             |
| SRP     | Strategic Response Plan   |
| TLS     | Temporary Learning Sites  |
| UNHRD   | United Nations Humanitarian Response Depot                      |
| UNICEF  | United Nations Children's Fund                                  |
| UNDAC   | United Nations Disaster Assessment and Coordination             |
| UNDP    | United Nations Development Programme                            |
| UNDSS   | United Nations Department of Safety and Security                |
| UNFPA   | United Nations Population Fund                                  |
| UNHCR   | United Nations High Commissioner for Refugees                   |
| WASH    | Water Sanitation and Hygiene                                    |
| WFP     | World Food Programme  |
| WFS     | Women Friendly Space  |
| WHO     | World Health Organization                                       |