

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

Country	Republic of the Philippines
Humanitarian / Resident Coordinator	Vanessa Tobin, RC a.i / Head of UNICEF
Reporting Period	01 September 2008 – 31 December 2008 <i>(January 2009 no-cost extension for 08-IOM-024)</i>

I. Executive Summary

The outbreak of hostilities initiated by rouge elements of the Moro Islamic Liberation Front (MILF) in late July 2008 was followed by a month of intense fighting that led to the internal displacement of nearly 500,000 people and the loss of over 200 lives in three affected regions of Mindanao. While the fighting was fiercest in July/August 2008 there has been continued sporadic outbreaks of fighting since, mainly centred on the areas where the Armed Forces of the Philippines (AFP) has been attempting to contain and destroy the rouge MILF commanders in central Mindanao.

The Government of the Republic of the Philippines (GRP) initiated a broad emergency response programme. In support of this, the Inter-Agency Standing Committee (IASC) conducted an inter-agency rapid needs assessment in September 2008 which concluded that priority needs in this emergency were 1) Food assistance, 2) Ensuring the availability of minimum safe drinking water supply, improvement of safe excreta and solid waster management, and construction of appropriate sanitary facilities, 3) Sustained provision of clinical and preventive health interventions and 4) Psycho-social support especially for children and women. The assessment report also made a number of other key recommendations, for example regarding coordination and addressing the root causes of the conflict, which will not be addressed in this report.

The CERF funds were used exactly to address the key priority recommendations of the above assessment. A total of 861,940 internally displaced people (IDPs) and affected people have been directly assisted with basic services within the sectors of health, food, water, sanitation and protection as a result¹. The overall humanitarian response did not manage to significantly improve the overall conditions for IDPs in evacuation centres (ECs) or target the majority who resided with host families, but prevented, in large the most severe humanitarian consequences of the armed conflict. CERF ensured conditions were improved in selected gap areas and for identified problem sites. Without this effort thousands of families would have been at risk. However, six months into the response to the Mindanao crisis, conditions were still alarming in many places due to a range of factors. The security situation was affecting humanitarian access. There was a lack of funding to meet standards such as Sphere. Weak coordination at regional and local level both among IASC and government stakeholders, additional displacement due to flooding and heavy rains, political considerations from the conflict itself and in some sectors a lack of presence of operating agencies to complement the response were all factors affecting the overall response.

The implementation of projects supported by CERF funds have generated several lessons learnt for coordination, both for emergency response in the context of armed conflict as opposed to natural disasters, and in terms of cluster and inter-agency coordination. Further, the importance of the use of community based approaches, and the registration and tracking of IDP movement in a

¹ This number double counts the IDP families who have received multiple types of assistance under different sectors, it represents the total number of people who have received assistance under CERF, but a family who received food assistance will also be represented twice in the statistics if they also have been recipients of health services.

highly fluid displacement scenario has been included. Sector specific lessons learnt have been developed for all sectors covered by the CERF funding.

Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 2,080,294		
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED:	\$ 2,080,292		
	GRAND TOTAL:	\$ 2,080,292		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM: NGOS: GOVERNMENT: OTHER:	\$ 1,891,399.07 \$ 188,892.93		
	TOTAL(Must equal the total CERF funding allocated):	\$ 2,080,292		
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	861,940 ²	99,710 ³	101,476 ⁴	91,140 ⁵
Geographic areas of implementation targeted with CERF funding	Region ARMM, Region 10 and Region 12 in Mindanao, Republic of the Philippines			

II. Background

Country Humanitarian Situation

Conflict-induced displacement in the Philippines has affected several thousand people over the past three decades, mainly in the southern island group of Mindanao⁶. The humanitarian crisis in Mindanao prompting the request for CERF funding was sparked by operations carried out by members of the Moro Islamic Liberation Front (MILF) in five provinces over a two-week period starting in late July 2008, and counter operations by the Government of the Republic of the Philippines (GRP). Two MILF commands attacked communities in the provinces of North Cotabato, Lanao del Norte, Lanao del Sur, South Cotabato, Sarangani and Basilan, resulting in massive displacements, civilian casualties and damage to crops and property. The attacks were triggered by the Supreme Court's ruling of a Temporary Restraining Order (TRO) issued against the signing of the Memorandum of Agreement on Ancestral Domain (MOA-AD) crafted between the GRP and the MILF. The MOA provides for a *Bangsamoro* (Moro nation) Juridical Entity (BJE), the territory of which would expand the existing Autonomous Region in Muslim Mindanao (ARMM) to include six other municipalities and 721 villages in provinces outside the ARMM region.

The crisis was aggravated by the arming of civilians, the activation of vigilante groups, the deterioration of Muslim-Christian relations and floods in parts of the affected areas throughout the reporting period. The likelihood of an escalation of armed hostilities and subsequent displacements was high, following a military offensive by government forces, and a peace process that was stalled by the developments on the ground.

² In the case of reports listing number of families as beneficiaries, converting to number of people has been done by multiplying the number of families by the average family size of five (5 people per family).

³ Number of children has only been reported by UNICEF and WFP, the other CERF projects do not have separate data on children as direct beneficiaries.

⁴ Based on numbers from WFP and UNFPA only.

⁵ Based on numbers from WFP only. Data have not been disaggregated by male/female or by age, one of the weaknesses of the baseline data as well as the data collected from local and regional authorities, partly due to lack of a functional registration mechanism. In the cases of children and women, some of the projects had disaggregated data, but not for the overall number of beneficiaries.

⁶ The Internal Displacement Monitoring Centre (IDMC 2008) estimates that the total number of people displaced by armed conflict in the Philippines during the period 2000-2007 is at 2.1 million.

The conflict obscured some of the underlying reasons for continued displacement in Mindanao such as land conflicts, illegal seizure of land, the operation of political elements linked to armed militias, traditional interpersonal and tribal disputes (REDO), exacerbated by regular occurrence of flooding and landslides in many areas. The pattern of displacement in the conflict-affected areas of Mindanao makes it very difficult to estimate an accurate total number of people displaced, as displacements are often for short periods but are repetitive and with many IDPs 'home based' (hosted by families). The IDP caseload resulting from the current conflict is not an exception. Approximately one-third of the IDP caseload resides in ECs (most commonly schools), while two-thirds are living with host communities/ families or in spontaneous and makeshift settlements and shelters along roadsides and in vacant lots in 10 provinces (North Cotabato, Sarangani, South Cotabato, Sultan Kudarat, Basilan, Lanao del Sur, Maguindanao, Lanao del Norte, Misamis Occidental, and Shariff Kabunsuan). The ECs were/are set up, often spontaneously, around town centres and in open grounds of public schools and madrasahs, along roadside and vacant plots of host communities.

As of 9 September, the National Disaster Coordinating Council (NDCC) Update (Sitrep No. 32: Effects of Complex Emergency in Mindanao) reported that communities of eleven provinces are directly affected by the hostilities. Total families displaced stood at 74,592 (365,012 individuals), with about 54,279 families (264,370 individuals) with host families and communities and about 20,313 families (100,642 individuals) in ECs. The existing resources of the host communities meant that they could not cope with the sudden increase in the demand for basic services. Medicines and supplies quickly ran out. Understaffed health providers worked in shifts to provide 24/7 services. The government mounted a broad response and poured in a significant amount of resources to assist the IDPs. Seeing the need to reinforce the government's efforts, the IASC Country Team launched an appeal for CERF support.

The armed clashes continued throughout the reporting period, resulting in a long-term displacement which has steadily been ranging from 300,000 to 400,000 people. It peaked in September with almost half a million displaced and affected people, and again in October with 391,266 persons displaced (NDCC Situation Report October 19, 2008).

The numbers fluctuated throughout because a few communities returned, there was a lack of proper tracking methodology, and an extremely fluid nature of population movement: new displacement and constant secondary displacement including frequent movement of IDPs between ECs, between host communities and among ECs, host communities and spontaneous makeshift settlements. A high degree of distress was noted among children in IDP camps, particularly those who have experienced first hand the violence in their communities. Fear of more violence and remorse in the uncertainty of their lives is also very prevalent among the IDPs.

At the end of the reporting period for the CERF activities, NDCCs January 15 report registered a total of 322,777 IDPs. In addition, 163 dead and 123 injured civilians in the three affected regions, 1,887 damages houses and the cost of damages to civilian property (including agriculture and infrastructure) was set to PhP 251,590,992.00 (approx \$5,224,608). Despite a Government return plan designed to close all ECs by the end of March 2009 and assist people to return to their communities, there are still 209,320 IDPs registered inside and outside ECs (Department of Social Welfare and Development (DSWD) Report of March 3, 2009), while the number is probably higher as many of those who have been recorded to return, have in fact been displaced to relocation sites or new places of displacement, mostly due to fear of returning home at this point in time without a ceasefire in place.

Prioritisation of Sectors and Projects

The IASC Country Team is the main forum for humanitarian coordination amongst international agencies in the Philippines. It consists of UN agencies, international organisations, international

NGOs, the Red Cross/Red Crescent Movement. The IASC works in close conjunction with the NDCC and the Task Force on IDPs in Mindanao which is the chief government coordination body for disaster operations and rehabilitation efforts.

The IASC Cluster Leads fielded a rapid initial needs assessment team focusing on four conflict affected provinces, including Lanao del Norte, North Cotabato, Maguindanao and Shariff Kabunsuan. The six-day field visit was undertaken in two phases given the geographic, logistical and security constraints, first during 4-5 September 2008, and the second from 7-10 September 2008. The assessment team consisted of six members representing IOM, OCHA, Oxfam, UNICEF and WFP. The team covered sectors and thematic areas of Health, Nutrition, WASH, Food, Camp Management, Shelter, Protection, Education, Logistics, Early Recovery and Coordination which were deemed as key areas for the assessment.

Preliminary assessments based on data gathered by local government units, Provincial Disaster Coordination Councils (PDCCs) and IASC partner operations on the ground as well as the inter-agency needs assessment concluded that priority needs in this emergency were the following:

- a) Food assistance
- b) Ensuring the availability of minimum safe drinking water supply, improvement of safe excreta and solid waste management, and construction of appropriate sanitary facilities
- c) Sustained provision of clinical and preventive health interventions
- d) Psycho-social support especially for children and women

As a result, the IASC Country Team decided to apply for CERF funding to cover immediate activities in the following sectors: Food, Health, Protection and Water, Sanitation and Hygiene (WASH).

III. Implementation and results

The security situation has affected the implementation of CERF-funded projects in varying degrees between the implementing agencies and partners. It is worth noting that the whole of Mindanao has been in Security Phase III since before the outbreak of hostilities initiated by rouge elements of the MILF in late July 2008 which was followed by a month of intense fighting. While the fighting was fiercest in July/August 2008 there was continued sporadic outbreaks of fighting since, mainly centred on the areas where the AFP has been attempting to contain and destroy the rouge MILF commanders in Central Mindanao. While some areas have been affected for weeks at a time, the borders of Lanao del Sur and Lanao del Norte and Magindanao and North Cotabato have been affected almost continuously. There were periodic upsurges in the fighting with AFP and MILF rouge elements engaging in fire-fights, which sometimes include artillery attacks and air strikes close to civilian areas by the AFP.

The security situation was, and still is, further complicated by a range of threats that includes common banditry in remote areas of central Mindanao, attacks on government installations by the New People's Army (NPA), extortion gangs that frequently use improvised explosive devices (IED) to pursue their aims and inter-clan fighting that can result in conflict and targeted killings. The proximity of the extremist elements such as the Abu Sayyaf in the nearby island provinces of Basilan and Sulu also raises concerns of the potential of further kidnappings of international aid workers.

It appears unlikely that there will be any significant improvement in the security situation in the foreseeable future and definitely not before the presidential elections in May 2010. While 'all out war' between the government and the MILF is also unlikely there will nevertheless be continued sporadic fighting and little likelihood of conditions improving to allow for the return of the majority of IDPs.

Difficulties due to security have led to temporary suspension of programme activities for days and weeks at a time in different areas. The unpredictable and sporadic nature of the fighting has led to suspensions occurring at short notice and sometimes with considerable disruption in humanitarian assistance. Security and access issues were part of reasons for IOM seeking a one month no-cost extension for completing its CERF-funded activities. Overall however, the implementing agencies have managed to meet the deadlines and objectives as set out despite the security environment. The presence of an international WFP security officer in the field, and for part of the reporting period, of a UNDSS security officer, greatly enhanced the ability of agencies to implement their programmes.

1. Coordination and implementation arrangements

Government Led Coordination

Government led coordination mechanisms through clusters and local coordination mechanisms supported by IASC Philippines provided the framework for coordination of the activities carried out under the CERF funding.

The National Disaster Coordinating Council (NDCC) is the main counterpart for the UN Resident Coordinators Office. NDCCs role is providing the direction and guidance in the overall humanitarian response if the disaster impact overwhelms local capacities. NDCC is the principal coordination platform that deals with the international humanitarian and donor community in cases when the Government of the Philippines requests international assistance. The Disaster Coordinating Councils (DCCs) from the national to the barangay (village) levels allow for a decentralised coordination mechanism. The Secretary of National Defense is the concurrent Chairman of the NDCC and is mandated by law to convene the Council as necessary to effectively coordinate national efforts on disaster preparedness, emergency operations, recovery and rehabilitation activities, and call on all other departments, bureaus, agencies, instrumentalities and cooperation of the government and the private sector for assistance.

The Regional Disaster Coordinating Councils (RDCC) are responsible for operational coordination looking at two priorities; the first priority is the need for substantive coordination in the specific humanitarian areas of activity, with regard to geographical areas or beneficiary groups; the second priority is the coordination of access to common services for humanitarian actors on the ground such as security, communications and common logistical system. The lower DCCs (Provincial DCCs, Municipal DCCs, City DCCs) provide for the coordination platform at the field level and depending on the ensuing situation establish the forward coordination cells to meet the field based coordination objectives.

On 10 May 2007, the Government, through the NDCC, formally instituted the cluster approach in an NDCC Memorandum Circular with the IASC appointing Cluster Co-Leads to the Government Leads who assumed a capacity building role. The cluster approach is seen by the NDCC as a mechanism to improve the delivery of humanitarian assistance and disaster response. The constitution of the GRP Clusters was amended by another circular in September 2008, where the GRP merged several of the key clusters down to eight.

The following are the appointed Government Cluster Leads and IASC Cluster Leads for the Philippines:

Sector/ Cluster	Government Cluster Lead	IASC Cluster Lead
Food NFIs	Department of Social Welfare and Development (DSWD)	WFP -

CCCM and Emergency Shelter Protection	DSWD DSWD DSWD	IOM IOM -
Permanent Shelter Livelihood	DSWD DSWD	- ILO
WASH Health Nutrition Psychosocial Services	Department of Health (DOH) Department of Health (DOH) Department of Health (DOH) Department of Health (DOH)	UNICEF WHO UNICEF WHO
Logistics Emergency Telecommunications	ODC/NDCC OPCEN ODC/NDCC OPCEN	WFP UNICEF
Education	Department of Education (Dep. Ed)	UNICEF
Agriculture	Department of Agriculture (DA)	FAO
Early Recovery	OCD	UNDP

On October 7, 2008, following massive displacement in central Mindanao due to armed conflict and in response to the Presidents directive that the national government through the NDCC shall take the lead in delivery of humanitarian assistance to the affected communities, a NDCC circular was issued to establish the *Task Force on Humanitarian Assistance to Internally Displaced Persons (IDPs) in Mindanao* with the Secretary of the Department of Social welfare and Development (DSWD) as Chair. The Task Force was to operate in Mindanao following the cluster approach. This was the first time the Philippines had implemented the cluster approach in an armed conflict situation. It had earlier only been applied to respond to natural disasters.

The International Response Community

The IASC is the main forum for humanitarian coordination among the UN Country Team and international agencies in the Philippines. The IASC consists of UN agencies, international organisations, international NGOs and the Red Cross. The IASC works in close coordination with the NDCC, which is the chief government coordination body for disaster operations and rehabilitation efforts. Line ministries with each Government Cluster Lead have a counterpart IASC Cluster Lead, its Terms of Reference were reviewed and approved by the IASC CT in December 2008.

The IASC Country Team (IASC CT) consists of UN Agencies, IOM, International Non-Governmental Organisations (INGOs) represented by Oxfam and International Committee of the Red Cross (ICRC) (in an observing role). The IASC CT is chaired by the UN Resident Coordinator (or ad interim a.i).

Sector Specific Coordination

Food

The World Food Programme worked in close coordination with the Government, and in particular with WFPs main counterpart and lead for the Food Cluster, the Department of Social Welfare and Development (DSWD), as well as the Regional Disaster Coordinating Council (RDCC), local government units (LGU), provincial officials, national non-governmental organizations (NGOs) and international humanitarian relief organizations to respond to the needs of the IDPs in a coordinated manner, including the identification of IDPs as well as actual food distribution. Since the onset of the crisis, WFP convened with the International Committee of the Red Cross (ICRC)

and other NGOs to share information on assessments, composition of food baskets, and food deliveries to ensure coordinated food assistance.

In coordination with the National Disaster Coordinating Council (NDCC) and DSWD, WFP determined the extent of the disaster (number of families affected; number of IDPs in ECs, number of IDPs in host families, livelihood and other economic activities affected, road conditions and other logistics concerned such as food storage and warehousing and the logistics capacity of the government). The selection of IDPs was based on how the displacement has affected people's ability to purchase, grow, gather and receive food or earn cash. Vulnerable households who are host families are given a ration after a week in which an IDP family stays with them.

Through community leaders (such as Barangay Captains) working under the Barangay and Municipal Disaster Coordinating Councils (MDCC), 'house based' IDPs were identified at the community level. WFP in coordination with DSWD and other NGOs, upon receiving reports, undertook the validation and registration process. Based on reports/data obtained from NDCC, joint missions with key stakeholders were conducted to obtain an overview of the situation/needs. When government agencies identified gaps where WFP's assistance was required, WFP staff in coordination with the representatives from these government agencies carries out further assessments.

Health

At the initiative of UNFPA and WHO, the DOH's Field Implementation and Management Office (FIMO) organized an ad-hoc Mindanao Health Cluster covering the combined clusters of Health, Nutrition, WASH and Psycho-social Counselling in a bid to coordinate the humanitarian assistance efforts. The expanded Health Cluster consisted of representatives from the government, NGOs and donor partners who were providing health assistance to the victims of the conflict in Mindanao. The Committee met at least three times to discuss the IDP situation and identify and address the gaps in the humanitarian response.

Protection

Throughout the reporting period, there was no IASC Cluster Lead identified for Protection, a gap that still exists. Meanwhile, IOM has taken on extra responsibilities in leading a Monitoring Working Group in Mindanao, this group is identifying key protection issues to be addressed. IOM's IDP Liaison Support (ILS) Teams played a key role in coordinating humanitarian response on the ground. The information/data gathered by the ILS Teams were submitted regularly within established GRP humanitarian response mechanisms specific to IDP support and monitoring, i.e., the GRP cluster on Camp Management, Protection, and Emergency Shelter.

Coordination and implementation of the child protection response to the humanitarian situation in central Mindanao at the national level was led by the Council for the Welfare of Children; Sub-Committee on Children, Child affected by Armed Conflict and Displacement (CWC-SC, CAACD). The sub-committee is an inter-agency body supervised by the Council for the Welfare of Children (CWC), a government agency mandated to formulate and coordinate policies and programmes for children. The sub-committee is composed of ten national government agencies and ten non-governmental organisations. The Sub-Committee is a sub-cluster for Child Protection of the National Protection Cluster.

Coordination of education was also relevant for child protection activities; education was coordinated at the national level by the Education cluster, which is co-led by the UNICEF and Save the Children from the IASC and the Department of Education (Dep. Ed) for the government. The education emergency response is implemented locally by the schools reporting to Dep. Ed and the Early Childhood and Development Centres (ECCD) being supervised by the Department

of Social Welfare and Development of the Autonomous Region in Muslim Mindanao (DSWD-ARMM) and the LGUs.

At the local level, UNICEF, utilising the CERF funds, organised a Child Protection Network in Central Mindanao (CPN-CM) to coordinate the child protection response during the emergency and particularly in the provinces of Maguindanao and North Cotabato. The CPN-CM is composed of nine local and international non-governmental organisations implementing child protection services and other humanitarian response in Central Mindanao.

WASH

UNICEF, working with the WASH cluster, was able to quickly set-up an emergency operation in Cotabato City to serve the affected provinces of Mindanao. UNICEF worked as co-lead along with the Department of Health's regional offices including the CHD region XII and the ARMM. The cluster coordination mechanism was placed in the ARMM - Department of Health, having a designated focal Health Emergency Management Staff (HEMS) officer.

This operational mechanism was supported by the Field Implementing Management Office of the Department of Health, which conducted monthly Mindanao Partner's meetings. As of the time of reporting, three meetings have been held with the latest on 17 December, hosted by CHD-ARMM. UNICEF has actively supported all coordination meetings in collaboration with the national office of HEMS-DOH and FIMO-DOH. Regular monthly national WASH cluster meetings were conducted in support of the regional and local WASH clusters. UNICEF also conducted regular field monitoring along with the regional HEMS focal officer. Membership of the WASH cluster includes Oxfam, ICRC, ACF, IOM, CFSI, SCA, MTB, Act for Peace (UNDP) and the Bangsamoro Development Authority. A total of six cluster meetings were held where immediate issues were discussed and coordinated, including drafting of common guidelines for emergency operation and response.

In terms of implementation, a Project Cooperation Agreement with Oxfam and the NGO MTB was established to install hand pumps and bath cubicles in the IDP camps and nearby public places including schools. The distribution of water containers, hypo sol and hygiene kits was made with close coordination of the DOH ARMM, Region XII, provincial health offices, local NGOs and other WASH cluster members.

Camp Coordination/Camp Management and Emergency Shelter

IOM assisted the GRP in formally establishing the Camp Management, Protection and Emergency Shelter Cluster⁷ in Region XII and ARMM. This cluster was the primary platform for coordination of humanitarian response for all actors involved in providing assistance within the sectors of Camp Management, Protection and Emergency Shelter. The role of IOM became critical, as this particular cluster provided the mechanism for inter-cluster coordination.

This GRP cluster served as the main coordination mechanism for government and other stakeholders involved in the provision of emergency humanitarian response. Through this mechanism agencies were able to exchange information on the IDP situation, coordinate their activities to ensure maximum efficiency and strategically plan future interventions. Thus, an enhanced concurrence of interventions while mitigating duplicative activities was forged. Cluster partners divided relief activities by geographical areas towards ensuring maximum wide-spread coverage for activities which included: (a) the establishment of local government and IDP led coordination mechanisms in IDP sites; (b) the provision of food and NFIs, (c) the establishment of adequate WASH facilities, and (d) the provision of health/psychosocial and protection services.

⁷ In 2007 the Philippine Government adopted the Cluster Approach in the Philippine disaster management system. In 2008, the GRP merged the camp management, protection and emergency shelter sectors into one cluster.

Through dynamic and frontline engagement within this GRP cluster, IOM ensured that community-level situations aptly reached the GRP humanitarian response policy and implementation levels. Incidentally, IOM co-leads the GRP cluster on Camp Management, Protection, and Emergency Shelter (with DSWD as lead), as well as, leads the IASC cluster on Camp Coordination and Camp Management for Mindanao.

2. Project activities and results

The CERF funded projects were selected based on critical gaps identified in the overall relief effort undertaken by both national and local government, private sector, international and national humanitarian stakeholders. The injection of CERF funding became critical in terms of immediate and life saving programme delivery in a key phase of the early response.

In total there were 861,940 direct beneficiaries from the various CERF funded activities. The activities planned and implemented by IASC through CERF were based on filling gaps in what was in the beginning a massive response programme launched by the government. The impact of the use of CERF funds was high in terms of beneficiaries and outreach.

Food

Since launching a new humanitarian and peacebuilding operation in mid-2006, WFP built partnerships with government and showed that it could pilot and bring to scale, within the Philippines' most difficult operating environment, food-supported programmes that address the priorities of poor, conflict-affected communities. These programmes have been successful in addressing the urgent needs of IDPs, retaining children in school, increasing participation in health services and improving community infrastructure and capacities. They have also strengthened local government capacity for programme delivery, built confidence between local authorities and local constituencies and facilitated peaceful, community dialogue. Through the CERF funding, WFP successfully implemented general food distribution targeting 186,000 displaced persons with 775 metric tonnes of rice.

Health

Through CERF funding to **UNFPA**, maternal deaths were prevented by enabling 225 women IDPs to deliver safely in ECs and health facilities. Unplanned pregnancies and STI/HIV/AIDS transmission were prevented through the distribution of pills and injectables to around 3,750 women and condoms and STI medicines to 3,500 sexually active men and women in evacuation camps. Education sessions were conducted and the distribution of key health messages during emergencies raised the knowledge and awareness of women, men and adolescent IDPs about population, reproductive health and gender and debunked myths and misconceptions about contraception and safe motherhood practices. The ten psychosocial counselling sessions was a source of support and comfort for the 152 IDP women who availed of these services.

Other projects that complemented CERF funds included the MISP training; the health emergency coordinators came to understand how sexual and reproductive health concerns can be integrated into the planning and management of the other clusters. For example, the Camp Management Cluster could prevent gender-based violence if the camp design stipulates that the men and women should have separate latrines, toilets must have locks and paths to the toilets should be well lit and patrolled at night. A separate designated area in the camp for vulnerable groups like pregnant women should be provided in order to address their specific need for pre-natal services. For the food and nutrition cluster, food distribution should not be placed entirely in the hands of men as this could present an opportunity for some of them to obtain sexual favours from women in exchange for more food for their families.

The following activities were made possible by the CERF grant, and by the support provided by the **WHO** Regional Office for the Western Pacific (WPRO) and WHO Headquarters. Activities were implemented in close coordination and collaboration with DOH-HEMS, local health offices, and humanitarian partners in the Health cluster.

1) Supplementing the provision of essential medicines and medical supplies to local health facilities and health outposts in ECs to ensure continued provision of essential health services

With the CERF funds, the WHO procured emergency health kits to augment the medicines and supplies of the rural health units (RHU) and health outposts in the evacuation camps. The supplement also enabled mobile medical teams to provide medical services in camps without health posts and to IDPs staying outside of the camps. Malaria kits were provided to malaria-endemic communities to ensure continuity of malaria prevention and control services. In addition, trauma kits were provided to the Cotabato Regional Medical Centre for the continued provision of acute surgical care to casualties of the conflict.

2) Providing water treatment supplies and water containers to affected families outside of evacuation camps to ensure safe water quality and access

Outbreaks of gastrointestinal diseases among IDPs staying in the evacuation camps and among those staying with relatives and friends in the community highlighted the lack of access to safe water and sanitation for these evacuees. WHO provided water containers and sodium hypochlorite solutions to households in the communities affected by the conflict to enable point-of-use household water treatment for those with doubtful water sources. This was supported with capability building on the use of the technology and health promotion and education campaign to encourage proper hygiene and sanitation practices.

3) Providing essential water testing devices for surveillance of water quality in existing water sources

Aside from providing support to ensure safe water consumption at point-of-use, CERF funds also enabled WHO to procure water testing devices to monitor the quality of water at the source. Portable enzyme substrate water testing devices and chlorine analyzers were provided to the regional health offices which gave their laboratories the capability to determine quality and potability of water sampled from different sources in the communities affected by the conflict. Those found doubtful were then decontaminated.

Protection

1) Monitor, identify and facilitate family reunification of separated children

UNICEF partners, led by the Mindanao Tulong Bakwet (MTB), monitored separated and unaccompanied children in at least 55 ECs and affected communities in Maguindanao where most of the long-staying IDPs were located. They were able to cover an estimated 86 percent of the identified ECs and displacement camps. During the exercise 42 separated children and one unaccompanied child were registered.

Most of these children were orphans and the UNICEF partners ensured that they were being cared for by responsible relatives. These children were provided with personal living kits consisting of mats, blankets, t-shirts, slippers and educational materials.

Partners were able to verify and document a number of cases of grave child rights violations which were submitted to local authorities including the Commission on Human Rights of the Philippines (CHRP). These cases were included in the 8th Secretary-General's report to the Security Council on Children and Armed Conflict. UNICEF partners documented the killing of nine

children (four girls, five boys) and the maiming of 15 children (11 girls, four boys) during the armed conflict in Central Mindanao which erupted in July 2008. Child survivors and their families were provided with medical and other assistance.

2) Facilitate IDP movement to safe areas and access to basic services particularly vulnerable groups

Community mechanisms were established to protect children in both the displacement camps and communities. The PhilRights organised a number of community “Child Protection Teams” from the residents of the affected communities and the Nonviolent Peace force organised an “Early Warning Early Response Team” which was tasked to oversee the situation of children and implement prevention and mitigation activities within their communities and the displacement camps. The MTB helped families of victims of child rights violations to organise themselves into an advocacy group which they called the “Protect the Children Movement.”

3) Conduct of community based, family-centred and self-help focused psychosocial support activities and provision of supplies for psychosocial including supplies for child-friendly spaces and alternative learning spaces.

Utilising the CERF contribution, UNICEF and its partners, including the Children Family Services International (CFSI), Kaabag Ranao, Philippine Human Rights Centre, Balay Rehabilitation Centre and local government units conducted community-based, family-centred self-help psychosocial support activities in 35 ECs and IDP communities. These activities reached more than 18,000 displaced children in the provinces of Maguindanao, North Cotabato and Lanao del Norte. The psychosocial support activities revolved around “child-friendly spaces” and alternative learning centres that were established in these ECs and IDP communities. A number of community volunteers were trained and mobilised to conduct structured group activities for children which included the use of art, play, sports and other recreation activities to re-introduce structure and purpose in the lives of the children who suffered from displacement. These spaces/centres provided a venue for teachers in displaced communities to continue to conduct classes for their pupils. Individual school packs and educational materials were provided to over 8,000 pupils to encourage them to continue with their schooling. Over 50 ECCD packages were distributed for use by approximately 2,500 pre-school children and 100-book library sets were given to 20 schools in displaced communities.

The establishment of these child-friendly spaces provided a vehicle for community healing. Members of the community were mobilised to provide support from the outset, to the various aspects of setting up and maintaining these children’s spaces. Most of the volunteers who were trained and organised as teachers and learning facilitators were women and young people while the male members of the community helped to build the structures for the spaces/centres and provide security. The child-friendly spaces became a fulcrum for community participation which re-established social cohesion and organisation among the IDPs.

The establishment and roll out of the **IOM** IDP Liaison Support Teams (ILS) was vital in contributing to the protection of affected communities in Mindanao. The ILS teams worked in close collaboration with government counterparts and served as direct contacts for IDPs to raise their concerns regarding the provision of humanitarian aid and the current situation on the ground. With guidelines formulated on rights-based strategies in the conduct of daily on-site assessments and visits, the ILS teams were able to identify continuing IDP needs and assistance gaps in 112 IDP sites in Maguindanao and North Cotabato. Moreover, the ILS teams were effective in disseminating this information to various stakeholders, and thereby contributed to on-going humanitarian service and assistance in the project target areas. For IOM, this information enabled the project team to provide appropriate gap-filling interventions such as NFI distribution and construction of WASH facilities for the affected populations. The ILS information/data sets comprised the bulk of reports IOM submitted regularly within established GRP humanitarian

response mechanisms specific to IDP support and monitoring: the GRP cluster on Camp Management, Protection, and Emergency Shelter.

Utilizing community-based and participation strategies, the ILS teams also worked in close partnership with the affected communities to ensure that they were involved in the humanitarian response process. Some 50 community level groups were established, on a per EC/IDP site basis, that enabled the IDPs to organize themselves towards more efficient identification of needs and gaps and more targeted delivery of assistance. Moreover, these groups contributed to the re-empowerment of the affected communities, in terms of raising their social awareness of their continuing displacement, as well as enhancing their social preparedness in relation to the complexity of the current situation in Mindanao. It is important to highlight the emotional support provided by the ILS teams' regular visits to the sites. IDPs reported the presence of the ILS teams in the sites provided the communities with a sense of comfort, significance and relevance.

IOM assisted the GRP in the establishment of the Camp Management, Protection and Emergency Shelter Cluster in R XII and ARMM. Through this cluster, humanitarian actors were able divide their activities by geographical area allowing cluster members to maximize coverage of their activities and avoid duplication of efforts. As a result 99 ECs were provided with support, benefiting a total of 194,132 IDPs in Maguindanao and 42 ECs, benefiting 23,004 IDPs in North Cotabato.

In addition, IOM ILS teams produced the following specific outputs:

- Humanitarian Needs Profiling of 112 ECs
- NFIs procured and distributed in 9 IDP sites for the benefit of 1,500 IDPs in Maguindanao
- NFIs procured and distributed in 8 IDP sites for the benefit of 1,771 IDPs in North Cotabato

WASH

WASH supplies were provided by **UNICEF** serving over 22,000 families. This included 20,000 jerry cans (20 lit capacity with lid and faucets), 40,000 bottles of hyposol (water disinfectant) 20 water tanks (1000 lit capacity) and 8,500 family and children hygiene kits of which 2,892 was distributed to affected school children. In addition to the supplies provided, 40 hand pumps complete with base platforms, 30 bio-sand filters and 50 bathing cubicles were installed in 28 evacuation camps, covering a population of approximately 14,000 families.

UNICEF worked closely with the IOM to provide latrines in ECs as part of the sanitation component of the project as funded within the IOM component. A total of 300 pit latrines (duplex type) have so far been constructed in different evacuation camp locations. In support of this collaboration, UNICEF directly distributed hygiene kits to 7,100 families and 1,400 school children. The DOH-IPHO, CFSI, BDA and MTB all assisted in the distribution which included community preparation activities. This partnership helped in identifying the beneficiaries, preparing the master lists, providing access coupons and helping with the distribution to the affected people.

Because the level of supplies provided was extremely bulky, the project partners ensured that a secured warehouse was located and made available before the actual distribution was conducted. All supplies were delivered as planned and distributed within the target time frame.

UNICEF, together with the Department of Health, feels that there is an opportunity to heighten health and hygiene promotion among the IDPs, further supported by other WASH cluster members who conducted a number of activities to disseminate key health messages. During the early period of displacement, a common WASH message on the use of water treatment and disinfectant solution was promoted by the cluster members. This instruction was disseminated through local language in simple illustrations guided by actual demonstration in the field followed up with continuous monitoring by the local community health workers.

The key WASH messages included proper hand washing, use of safe drinking water, and the use of latrines. These messages were developed into a common handbook which was approved and published by HEMS-DOH. UNICEF re-printed these materials on posters made of tarpaulin so as to be more durable. These materials were disseminated in and around the ECs, schools and other public places.

Through the Multi-Sector Emergency Support for IDPs in Mindanao project, **IOM** constructed 300 latrines in and around 23 ECs including other IDP sites throughout Maguindanao and North Cotabato. IOM constructed latrine facilities in target areas that were in most need of WASH support. WASH orientation was also provided to ensure proper use and maintenance of the facilities.

3. Partnerships

The CERF funded activities enabled the implementing agencies to both build on existing partnerships with government and non-government actors as well as build new partnerships. Existing networks previously dealing with disaster response as well as development projects were used in the Mindanao response. Weaknesses in these partnerships were identified, and how the UN and IASC can better work with private sector was identified by some as an opportunity to further explore⁸.

Food

Apart from its' main government counterpart DSWD, WFP further collaborated with various organizations (both governmental and non-governmental) such as the RDCC, LGUs, provincial officials, national NGOs and international humanitarian relief organizations. These partnerships were key to determine the extent of the needs (number of families affected, number of IDPs in ECs and in host families etc.,) and also in validating the figures for subsequent distribution of immediate food assistance.

While there is still room for improvement, such partnerships have significantly improved visibility and access to information on the security situation and coping of targeted households.

Health

The implementation of UNFPA's CERF component was facilitated by the organization of the Mindanao Health Cluster by FIMO. The meetings of the Health Cluster provided the opportunity to identify the health partners at the national and local level who would assist in the distribution of the RH and hygiene kits and key health messages and the conduct of psycho-social counselling services. It also facilitated the proper identification of participants for the training on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health who were mainly HEMS Coordinators and SRH Coordinators at the field level. Through close coordination and collaboration with these local partners, UNFPA was able to attend to the reproductive health needs of women, men and adolescents during the emergency despite the security risks involved.

The main weakness of the partnership is that the Mindanao Health Cluster under FIMO is but an ad-hoc group which does not have a budget of its own. It has largely relied on donor funds for the organization of its meetings. The mandate for national level coordination of health emergencies is with the Health Emergency Management Staff. They do not, however, have field presence except through the HEMS coordinators that are under the DOH regional offices. A second weakness is that the distribution of the kits and key health messages were dependent on the local partners. In areas where the IDPs had already returned home and ECs closed, some partners chose to keep the kits in their warehouses for the next round of emergency rather than distribute them to IDPs

⁸ The Early Recovery Network led by UNDP has taken on this task.

living with host families who were more difficult to identify. Also, UNFPA was dependent on the partners for the master listing of the pregnant women who were supposed to receive the kits at the ECs. In a number of cases, the list was unverified. There were less pregnant women than the number of hygiene kits for distribution.

Prioritization process: only pregnant women were given hygiene kits as they were the most vulnerable among female IDPs, and the WASH cluster was also providing hygiene kits. There were 5,000 hygiene kits for distribution to pregnant women. On the other hand, RH kits and the copies of the Key Health Messages were given to health service providers only. Meanwhile, priority was given to HEMS and RH field coordinators in the selection of participants to be trained in the MISP for SRH as they were the people who had to integrate sexual and reproductive health perspectives into emergency response.

Protection

IOM worked in close partnership with government counterparts and other humanitarian actors at the national and local level. IOM's key partnership with DSWD (from national to municipal levels), IPHO and LGUs enabled the project team to function effectively especially at the EC level.

Monitoring of actual IDP population and identification of their real needs was enhanced with the help of Municipal Social Welfare Officers (MSWOs), local Mayors and Barangay officials. Coordination with these entities hastened the access and assessment of the IDP sites.

UNICEF and the Philippine Government have an existing inter-agency coordination mechanism for child protection through the Council for the Welfare of Children (CWC). Child protection during emergencies is specifically performed under the aegis of the CWC Sub-Committee on Children Affected by Armed Conflict, which is composed of key government agencies as well as NGOs involved in child rights advocacy and humanitarian work. This mechanism provided a predictable leadership and coordinated response for child protection during the major disaster situation. The Sub-Committee serves as the Child Protection Sub-Cluster within the National Protection Cluster. The CWC-SC CAACD initiated a rapid assessment on child protection shortly after the attacks that triggered the massive displacement of civilian communities.

UNICEF maintains partnerships with several local government units and NGOs in the affected areas in its regular programme of cooperation which enabled a smoother and faster response possible. These partners were mobilised for the provision of essential child protection services and the NGOs especially provided community-based services, and were supported to extend their child protection activities in the ECs and affected communities. It was noted that the NGOs providing child protection services in this emergency bonded well to form the Child Protection Network in Central Mindanao (CPN-CM), which now serves as a coordination mechanism and a venue for sharing information and resources from among the child-focused NGOs operating in Central Mindanao. While the group coordinates with local authorities collectively and as individual organisations, local government was deliberately not included in order to maintain a free discourse of even sensitive issues without worry about offending local authorities or divulging confidential information.

WASH

The construction of the 50 bath cubicles, 40 hand pumps and bio-sand filters, was planned and completed in partnership with the international NGO Oxfam-GB and a local NGO Mindanao Tulong Bakwet (MTB). These development organizations also work closely with UNICEF as members of the WASH cluster. The project developed close partnerships with local government in the ARMM and other regions and was able to work to strengthen the linkage between these actors, the NGOs and the WASH cluster at national level.

IOM worked in close partnership with the DSWD, IPHO, other government counterparts and other humanitarian actors both at the national and local level. IOM's engagement in the Camp Management, Protection and Emergency Shelter Cluster and IASC ensured regular collaboration with all relevant actors throughout project implementation.

Camp Coordination/ Camp Management and Emergency Shelter

IOM worked in close partnership with the DSWD as well as other government counterparts and other humanitarian actors both at the national and local level. IOM's engagement in the Camp Management, Protection and Emergency Shelter Cluster and IASC ensured regular collaboration with all relevant actors throughout project implementation.

4. Gender-mainstreaming

Food

Through culturally appropriate mechanisms, in the traditional, Muslim areas of Philippines, WFP has continued to advocate for the inclusion of women in food management committees at food distribution points. Whenever possible rations cards were issued in the name of women, with distribution systems conducted in a transparent manner, in terms of clear and timely information on rations, venue and schedules. Packaging of food commodities facilitate the collection and carrying of food rations by women.

Protection

The prevention of sexual and gender-based violence is one of the key components of child protection in emergencies and was included as part of the humanitarian response of partners. The community child protection teams were trained to be aware of risk factors on gender violence and to find ways of minimising them. Sexual and gender-based violence was established as one of the grave child rights violations being monitored and reported.

IOM's ILS teams carried out activities with appropriate gender considerations. For NFI assistance, IOM procured NFI kits with specialized items to cater to the needs of women IDPs and distributed them accordingly. It is of importance to note that though activities to enhance gender equity were not explicitly outlined in the project, initiatives to ensure gender equity were upheld and encouraged in all aspects of project implementation.

WASH

UNICEF field staff, in close collaboration with the DOH ARMM and local NGO (BDF), worked together with women and girls from the IDP camps to conduct awareness campaigns focusing on the proper use of hyposol, washing hands with soap and water, hygienic use and care of toilets and garbage management in IDP camps. Building capacity with the female members of the affected communities meant that messages were more effectively delivered and sustained. The WASH interventions particularly supported the female members of the affected communities by providing safe places for hygiene and sanitation and by emboldening them to be watchful about camp hygiene, going some way to limit disease and infection.

IOM constructed 300 duplex latrines for IDPs in various ECs in Maguindanao and North Cotabato. Upon identification of the sites for construction, additional consideration was placed to ensure that both male and female IDPs had adequate access to the facilities. After the construction of the latrines, units were designated for exclusive use for females and for males. Moreover, IOMs Hygiene promotion and orientation activities were facilitated with appropriate considerations to the differences in needs of men and women.

5. Monitoring and evaluation

Monitoring and evaluation was generally challenged by the security environment and ability to be present in areas affected by armed conflict, humanitarian access was specifically listed as problematic among international NGOs and their national partners in the three affected regions. Despite the security environment, the UN agencies were able to carry out monitoring and evaluation to various degrees. The presence of a WFP international security officer and, for a limited period a UNDSS international security officer greatly enhanced the ability to carry out monitoring activities.

Food

One international Programme Officer, one National Programme Officer, three Programme Assistants and five WFP Food Aid Monitors were based in Mindanao to support implementation of the project and monitor its performance. Food Aid Monitors report on the selection of beneficiaries and on output and progress indicators, including the utilization of the food.

WFP monitored the distribution of assistance through quantitative and qualitative indicators. Quantitative indicators were/are derived from the distribution and monitoring reports submitted by implementing partners on a monthly and quarterly basis. The DSWD also monitor and undertake coordination. Implementing partners and DSWD progress reports were/are compared against WFP's own monitoring data, collected on a regular basis by the WFP Food Monitors. The number of meals consumed per day over the assistance period was/is the main outcome indicator used to verify access.

Health

UNFPA hired a Humanitarian Response Consultant who monitored and tracked the distribution of hygiene and reproductive health kits and key health messages and the conduct of psycho-social counselling session by the subcontracted NGO. He provided weekly updates on the health status of the IDPs.

Responding to requests for assistance from regional health staff, WHO supported a field coordinator to provide technical support to the local health emergency management staff in their coordination of activities of partners in the regional health clusters. Assessments and monitoring of activities as well as the distribution of supplies provided by the WHO were also made possible with the CERF support.

Protection

IOM Mindanao coordinated closely and regularly with the Regional Programme Development and Monitoring Unit in MRF Manila. Through regular updates and timely duty travels, IOM Manila and the sub-office in Mindanao were always in concurrence on programme strategies and progress on the achievement of project results. Consequently, IOM maintained harmonized communication and coordination with Philippine Government counterparts at the national and local levels.

Monitoring and evaluation mechanisms for child protection in this emergency are embedded in the regular function of UNICEF and the CWC Sub-Committee in their current country programme of cooperation. Both UNICEF Manila-based staff and field-based staff were able to coordinate, monitor and report on the CERF-supported child protection activities at different levels, and this continues through regular programme monitoring activities.

WASH

UNICEF field- and Manila-based officers together with a Cotabato-based emergency assistant conducted frequent monitoring visits to the affected sites and IDP camps. Project Officers regularly attended all Mindanao Partners and WASH cluster meetings. The WASH cluster members followed progress regularly at the WASH cluster meetings, where partners made inputs to the Cluster reports from their field level operations. These inputs were discussed and actions/follow up agreed upon.

IV. RESULTS

Sector/ Cluster	CERF projects per sector	Amount disbursed (US \$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food Security	WFP 08-WFP-097 "Immediate Support to Conflict- Affected Populations in Mindanao"	619,448	31,000 IDP families or 186,000 persons	WFP worked with Provincial Local Government of North Cotabato, Provincial Local Government of Maguindanao, Provincial Local Government of Lanao del Sur and WFP's NGO cooperating partner Community Family Services International in validation, verifications and food distribution (\$18,766 ODOC)	While there was no specific survey to establish the baseline indicators for this IDP intervention, mainly due to the rapid escalation of hostilities, the general food security and nutrition situation is highlighted in the Emergency Food Security Assessment of 2007 which estimated that 69 percent of the population in the conflict-affected population is food insecure, of which 26 percent are severely food insecure. An additional 48 percent risk damaging to their livelihoods by borrowing money at prohibitive	<ul style="list-style-type: none"> Ensure adequate food consumption (three meals a day) for households during the displacement period (<i>measured through number of meals consumed per day</i>) 	<ul style="list-style-type: none"> Approximately 31,000 households (or 186, 000 persons), were targeted with the 775 tonnes of emergency food assistance. Each beneficiary household received 25kgs of rice as a monthly ration for the period December 2008 to January 2009. While a more comprehensive food security and nutrition assessment on the status of IDPs is still underway, WFP post-distribution monitoring results suggest that the 25kg monthly ration has been adequate to meet the food needs of a household for two weeks on average, particularly when complemented with additional food support from the Government and other international organizations such as the ICRC who are also targeting IDPs.

					<p>rates or selling assets in order to meet household food needs. Furthermore, a joint UN inter-agency emergency needs assessment mission, which visited Mindanao from 4-12 September 2008, highlighted the importance of the WFP food distributions, which were sustaining IDPs and had to be continued for the duration of the displacement.</p>		
Health	<p>UNFPA</p> <p>08-FPA-024</p> <p>“Reproductive Health Support for Conflict–displaced Populations in Mindanao”</p>	158,324	<p>Hygiene kits procured for 5,000 pregnant women</p> <p>RH Kits provided for 1,000 health workers in ten areas</p> <p>1000 copies printed for 1,000 health service providers</p> <p>Ten sessions conducted for 100 pregnant women and widows affected by the conflict</p> <p>One training conducted for 25 HEMS/ RH</p>	DOH, DOH-ARMM, CHD X and XII, PHOs of Maguindanao, Lanao Sur, Lanao Norte, Sultan Kudarat, North Cotabato and Basilan, CFSI	<p>Number of maternal and neonatal deaths</p> <p>Number of STI cases reported, diagnosed and treated</p> <p>Number of GBV survivors counselled</p>	<ul style="list-style-type: none"> ▪ Prevent excess maternal and neonatal mortality morbidity ▪ Reduce the incidence of STI/HIV/AIDS ▪ Respond and support victims of gender-based violence 	<ul style="list-style-type: none"> ▪ No maternal deaths so far; two neonatal deaths reported ▪ Hygiene kits distributed to 2,641 pregnant women; remaining kits to be distributed if armed conflict escalates ▪ RH kit #3A provided to health service providers in six areas to address needs of around 500 rape victims ▪ 225 pregnant women IDPs delivered safely using RH Kit #6 ▪ Unplanned pregnancies prevented among 3,750 women through the distribution of contraceptives (RH Kit #4) ▪ STI/HIV/AIDS prevented and STIs treated among 3,500 men, women and adolescents through distribution of condoms and STI medicines (RH Kit #5)

			coordinators and other health workers				<ul style="list-style-type: none"> ▪ Key health messages distributed to 700 health workers in six areas, 300 copies reserved for MISP training participants ▪ Ten sessions conducted for 80 pregnant women and 72 widows ▪ One training conducted for 27HEMS/ RH coordinators and other health workers
Health	WHO 08-WHO-060 "Emergency Relief Assistance to Victims of Armed Conflict in Central Mindanao"	359,104	<ul style="list-style-type: none"> ▪ Over 38,000 families received household water treatment supplies ▪ Tertiary medical centre received emergency trauma kits ▪ 19 rural health units and barangay health stations received medicines and supplies 	<ul style="list-style-type: none"> ▪ Department of Health-Health Emergency Management Staff, regional health offices of Regions X, XII, and ARMM and partners in the Health cluster 	<ul style="list-style-type: none"> ▪ Number of health facilities with available medicines and medical supplies ▪ Number of households using sodium hypochlorite water treatment solution ▪ Morbidity and mortality rates 	<ul style="list-style-type: none"> ▪ Essential health services are made available to 38,000 families living in the ECs and in the community ▪ Outbreaks of waterborne diseases are prevented and controlled ▪ Further morbidity and mortality are prevented 	<ul style="list-style-type: none"> ▪ Over 38,000 families received household water treatment supplies which assured the safety of their drinking water ▪ Emergency trauma kits provided to the Cotabato Regional Medical Centre enabled the hospital to continue to provide acute surgical care to casualties of the conflict ▪ Additional medicines and supplies enabled health facilities to continue provision of essential health services to IDPs inside and outside of the camps
Multi-sector	IOM 08-IOM-024 "Multi-Sector emergency Support to IDPs in Central Mindanao"	399,998	212, 172 individuals living in 112 ECs and other IDP sites in two provinces (North Cotabato and Maguindanao)	<ul style="list-style-type: none"> ▪ 15,416 families (77,080 individuals) living in IDP sites with insufficient WASH facilities 	<ul style="list-style-type: none"> ▪ 15,416 families (77,080 individuals) living in IDP sites with insufficient WASH facilities 	<ul style="list-style-type: none"> ▪ 300 dual pit latrine pits constructed ▪ Provision of minimum emergency WASH facilities in identified ECs ▪ Benefit up to 15,416 	<ul style="list-style-type: none"> ▪ 300 dual pit latrines constructed in Maguindanao and North Cotabato for the benefit of 30,481 individuals, including: ▪ 150 dual pit latrines constructed in 11 IDP sites in Maguindanao for the benefit of 19,642 individuals

				<ul style="list-style-type: none"> 74,592 total families displaced (365,012 individuals), and highly mobile populations 		<ul style="list-style-type: none"> families (77,080 individuals) ILS Teams in Place Immediate and continuing identification of critical emergency gaps in 50 ECs and other IDP sites Immediate emergency NFI augmentation and emergency site improvements in approximately 50 ECs and other IDP sites Mobile teams able to move with IDP groups to assist in tracking and assisting this very fluid displacement Benefit up to 15,416 families (77,080 individuals) from within and outside identified ECs. 	<ul style="list-style-type: none"> 150 dual pit latrines constructed in 12 IDP sites in North Cotabato for the benefit of 10,839 individuals Humanitarian Needs Profiling of 112 ECs benefiting 212, 172 individuals Reports on IDP movement, needs and gaps disseminated to humanitarian actors NFIs procured and distributed in 17 IDP sites for the benefit of 3,271 individuals, including: NFIs procured and distributed in nine IDP sites for the benefit of 1,500 IDPs in Maguindanao NFIs procured and distributed in eight IDP sites for the benefit of 1,771 IDPs in North Cotabato Camp Management, Protection and Emergency Shelter Clusters formally established in Region 12 and ARMM
Protection	<p>UNICEF</p> <p>08-CEF-072-A</p> <p>“Ensuring the Safety and Unity of Displaced Families and Providing Psycho-social Support to Mothers and their Children”</p>	197,775.30 (total to be confirmed by RC/HC)	<ul style="list-style-type: none"> 30,000 displaced families 11,500 displaced children 	<ul style="list-style-type: none"> CFSI (Community and family Services International) \$27,770.96 Kaabag Ranao, Inc \$5,163.60 Balay Rehabilitation Centre \$8,165.95 Philippine Human Rights Centre (PhilRights) \$8,527.61 		<ul style="list-style-type: none"> ECs in at least 3 provinces (Maguindanao/Shariff Kabungsuwan, North Cotabato) are monitored for separated children. 10,000 displaced families are in a safe place and have access to basic services 6,000 displaced girls and boys are participating in group activities and structured play. 6,000 displaced girls and boys have resumed 	<ul style="list-style-type: none"> Four different NGOs undertook monitoring of separated children in Maguindanao, North Cotabato and Lanao del Norte. 42 separated children were registered and made sure that they are taken care of by relatives. 24 cases of killing or maiming of children in situations of armed conflict have been documented and reported. Active presence and constant monitoring and dialogues were done by child protection partners in at least 60 displacement sites that covered some 30,000 families. NGOs have organised child protection teams in some of these communities. Psychosocial support activities for

				<ul style="list-style-type: none"> ▪ Mindanao Tulong Bakwet (MTB) \$9,353.45 ▪ Nonviolent Peaceforce \$8,214.24 		<p>their schooling or are attending non-formal, informal or other alternative education or life-skills training.</p>	<p>children, their families and their communities were conducted in at least 35 ECs and displaced communities in three provinces. Some 18,078 displaced girls and boys participated in these psychosocial activities mainly through the child friendly spaces.</p> <ul style="list-style-type: none"> ▪ At least 8,000 elementary school pupils and 2,500 pre-schoolers from displaced communities were provided with educational materials to ensure their continued education. Alternative learning centres were also put up in some ECs.
WASH	<p>UNICEF</p> <p>08-CEF-072-B</p> <p>“Emergency Relief Assistance To Victims of Complex Emergencies In Central Mindanao”</p>	307,716.71 <i>(total to be confirmed by RC/HC)</i>	<ul style="list-style-type: none"> ▪ 22,700 displaced families including children and women ▪ 2892 School Children 	<ul style="list-style-type: none"> ▪ Oxfam through PCA: US\$ 93,939.39 ▪ Mindanao Tulong Bakwet (MTB through PCA)- \$22,752.73 ▪ UNICEF Direct payment to suppliers and others: US\$ 191,024.59 		<ul style="list-style-type: none"> ▪ IDP families have improved access to improved source of water through the provision improved source of water in ECs and affected communities ▪ IDP families have access to improved means of safe excreta disposal facilities (pit latrines through IOM CERF Component) in IDP camps and communities ▪ IDP families and community people have increased knowledge of HH level water treatment and safe storage systems, use of latrines and other sanitation facilities (garbage pits) and proper hygiene practices (hand washing and bathing) in the IDP camps and near by schools taking into account the privacy, 	<ul style="list-style-type: none"> ▪ Approximately 22,700 internally displaced families received WATSAN supplies and access to an improved source of water through 40 protected tube wells (hand pumps) together with 30 bio sand filters and 20 water tanks (1000 lit capacity) in nine municipalities with the highest number of IDPs ▪ 14,000 families were provided with water disinfectants known as Hyposol, to treat water at HH level ▪ A total of 2,892 pre-school and school aged children in public schools and madrasahs (Islam-Arabic school) received hygiene kits and received basic knowledge for proper hand washing ▪ Intensified health education campaign on water and food borne diseases. No major outbreak of water borne diseases was reported. ▪ Improved environmental and waste management in major evacuation camps

						dignity and security of women & girls	
--	--	--	--	--	--	--	--

V. CERF IN ACTION

Food

By contributing flexible cash to help jump-start an effective humanitarian intervention in response to unexpected, large-scale population displacements in Mindanao which commenced in mid-August 2008, CERF funding has helped WFP to provide 775 tonnes of locally-purchased rice to meet immediate food requirements for over 31,000 families (or 186,000 persons) under challenging circumstances. These CERF funds were particularly important at the early on-set of the emergency when most other donors took considerable time to reflect on the complex humanitarian situation unfolding in Mindanao before they could contribute. When the conflict escalated and IDP numbers dramatically increased to half a million IDPs within a one-month period (August – September 2008), WFP was already facing a critical food aid pipeline break in all commodities.

In addition to providing much-needed resources, CERF funding was flexible and could be used to locally purchase rice, which IDPs consider to be the most important commodity. Buying rice locally enabled WFP to mount a more rapid and effective response.





Health

In situations of armed conflict, pregnant women are most vulnerable. Not only do they have to attend to the needs of their families especially if their spouses are killed or injured or must leave for security reasons. They also have to take care of themselves and their expected child. Women have unique health concerns from hygiene needs to the threat of pregnancy complications. With CERF funding support, hygiene kits, which include sanitary supplies important for a woman's dignity, comfort and mobility were procured and distributed. RH kits, especially Kit #6, were provided to rural health midwives in order to deliver births safely and prevent maternal and neonatal deaths.



Pregnant women of Tipo-tipo Basilan receiving hygiene kits.



Dr. Sean Lezada, UNFPA Humanitarian Response Consultant orienting the health staff of Datu Piang Rural Health Unit on the contents and proper use of the RH kits.

The increase in demand for health services brought about by the influx of IDPs in the host communities was an additional strain on the resources of health facilities already stretched by the adverse effects of the decades-long conflict. CERF funds enabled WHO to procure essential medicines and supplies to augment the resources of health facilities and outposts in evacuation camps and ensure the continued provision of public health services to those affected.



A health outpost in one of several evacuation camps in Maguindanao.

Protection

Munib's Story

Munib Kanapa is a widower with five children from the municipality of Northern Kabuntalan Maguindanao. He and his family have been living in the Libungan Torreta Evacuation Centre in North Cotabato for almost seven months now.

On August 22, 2008, Munib went to Cotabato City to buy some household supplies for his family. He was on his way back home to Northern Kabuntalan, riding a pump boat with other passengers through the Rio Grande River, when armed groups were spotted, the boat quickly changed course and headed for the Libungan Torreta Evacuation Centre where hundreds of families had already arrived to seek refuge. Munib found some of his neighbours there but not his family. He quickly returned to Northern Kabuntalan and took his children to the evacuation centre. Munib and his family were safe, with nothing but the clothes on their backs and ten pesos (USD 0.25) in Munib's pocket. *"Thanks to Allah for his protection and guidance because I was able to rescue my family from harm" says Munib. "I don't know how to express my gratitude and appreciation for the IOM staff. They come and visit us regularly at the evacuation centre; they listen to our stories and make us feel like someone cares about us. Their presence is very comforting."*

"IOM also provided us with mats, mosquito nets and kitchen utensils. Before IOM came, I used to borrow a mat and beddings from the neighbouring bunk houses. For our meals, we would just borrow kitchenware and water containers from fellow evacuees. But after receiving these things from IOM, cooking was no longer a problem and sleep became restful," says Munib. In addition to providing NFIs to the affected communities, IOM, through the IDP Liaison Support Teams, established camp management committees in 35 evacuation centres. These committees are composed of IDPs and are responsible for organizing distribution and other activities within IDP sites and evacuation centres.



Munib Kanapa (right) with his son and grandson in their makeshift home in Libungan Torreta

The complex situation in Mindanao carries on and the affected communities continue to exhibit highly mobile and fluid movement. Through the camp management mechanisms established by IOM and other members of the Camp Management and Coordination Cluster, IDP groups were able to organize themselves quickly when situations came about that required them to move from one area to another. The affected families assumed a more active role with the government and other actors in the emergency response activities in their areas.

A story on Child Protection

“BOOM! The loud explosion woke us up in the middle of the night while we were sleeping on the wooden floor of our little hut. Without question, Father dragged us out of our mats and out of the house. The ground was trembling and we all walked like drunks swaying side by side as we made our way to I do not know where. Where did the explosion come from, behind the house? No, the right side, no, the left side, from the field? Who knows? We really didn’t know. The water was still knee-deep from the recent flooding and the night was cold. We found ourselves walking in the floodwaters with our neighbours. I held the lamp while Father carried my little brother in his arms who was crying. It was a cold, dark, wet and a very scary night. We were all very afraid.”

This was the narration of “Amira” a 15-year old girl who was among the hundreds of IDPs who fled their community in Barangay Tukanalipao in the municipality of Mamasapano and sought refuge in an evacuation centre. She continued:

“Life in this evacuation centre is miserable. I sleep in a tent that is so hot during the day and so cold during the night. I can’t go to school and have nothing to do. My Father does not know where to get money for our needs, food especially. My little brother, the one in my Father’s arms the night we fled the bombings, died here. He died three days after we arrived here. We didn’t know what caused his death, but we thought it must be the heat of the day and the coldness of the night. Mother was always crying and cannot do much anymore. She was unable to do even the household chores. She agonized over the loss of her son. As for me, I remember my brother to be a fun and loving boy. He always runs to me every time I come home from school and asks for his ‘pasalubong’ (gift). I always give him a bath before he sleeps. He is the happiness of our family.”

Mamasapano is one of the IDP camps where a UNICEF partner, the Community Family Services International (CFSI), through support from the CERF, established child-friendly spaces to help children and women cope with their distressing experience and the daily stresses of living as IDPs. These spaces became the fulcrum for community healing as they provided the opportunity for IDPs to get together for a common purpose.

Men folk from among the IDPs, including Amira’s father, were mobilized to construct the child-friendly spaces and alternative learning centres through a food for work scheme and some cash. Amira participated in structured group activities like art workshops that were held in these child-friendly spaces. She is also one of the youth volunteers that were trained to help in the running of the child-friendly spaces and play centres. She now quipped:

“I am thankful to CFSI and UNICEF for helping us, especially the children and the youth. For me, I am especially thankful because the project did not only give me something to do, but it gave me a chance to help others as well, especially the little one. Being involved in the project allowed me move on after the death of my little brother. I assisted the caregivers in the Harmony Play Centres. In the afternoons, I play volleyball with my friends with the sports equipment you provided.

Amira also laid down what still needs to be done:

“I would be really happy if I could continue school or learn something that could help my Father meet our financial needs.”

Annex: Acronyms and Abbreviations

AFP	Armed Forces of the Philippines
ARMM	Autonomous Region of Muslim Mindanao
BDCC	Barangay Disaster Coordinating Council
BDA	Bangsa Moro Development Authority
BJE	Bangsa Moro Juridical Entity
CERF	Central Emergency Response Fund
CDCC	City Disaster Coordinating Council
CCCM	Camp Coordination and Camp Management
CFSI	Community Family Services International
CHD	Centre for Health Development
CHRP	Commission on Human rights of the Philippines
CPN-CM	Child Protection Network in Central Mindanao
CWC	Council for the Welfare of Children
CWC-SC-CAACD	Council for the Welfare of Children, Sub-Committee on Children Affected by Armed Conflict and Displacement
DA	Department of Agriculture
Dep. Ed	Department of Education
ECCD	Early Childhood and Development Centres
DOH	Department of Health
DSWD	Department of Social Welfare and Development
EC	Evacuation Centre
FAO	Food and Agriculture Organization
FIMO	Field Implementation and Management Office
GRP	Government of the Republic of the Philippines
GoP	Government of the Philippines
HAO	Humanitarian Affairs Officer
IASC	Inter-agency Standing Committee
IASC CT	Inter-agency Standing Committee Country Team
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
ILS Teams	IDP Liaison Support Teams
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
LDCCs	Local Disaster Coordinating Councils
LGU	Local Government Unit
MDCC	Municipal Disaster Coordinating Council
MOA-AD	Memorandum of Agreement on ancestral Domain
MILF	Moro Islamic Liberation Front
MTB	Mindanao Tulong Bakwet
NFIs	Non-food items
NGOs	Non-Governmental Organizations
NDCC	National Disaster Coordinating Council
NDCC OPCEN	NDCC Operations Centre
 OCD	Office of Civil Defense
OCHA	Office for Coordination of Humanitarian Affairs
PDCC	Provincial Disaster Coordinating Council
PHO	Provincial Health Office
RDCC	Regional Disaster Coordinating Council
RH	Reproductive Health
RHUs	Rural Health Units
UNDSS	United Nations Department of Security and Safety
UNFPA	United Nations Population Fund

UNICEF
UNRC
WASH
WFP

United Nations Children Fund
United Nations Resident Coordinator
Water Sanitation Hygiene
World Food Programme