



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

**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.

A light After Action Review meeting on the CERF was conducted with the recipient agency CERF reporting focal points on 24 February 2014 with ILO, IOM and UNHCR participating. Bilateral consultations were subsequently held with the remaining recipient agencies that were unable to attend due to limited capacity due to the Typhoon Haiyan response operations.

- 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 draft CERF report was circulated by the RC/HC to the Humanitarian Country Team and cluster co-lead agencies for review and comments on 6 March.

- 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

The final version of the RC/HC Report was shared to the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team which includes the ICRC, IFRC, the Philippine Red Cross and Member State donors as observers.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$68 million (Typhoon Bopha Action Plan)		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,958,731
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	n/a
	OTHER (bilateral/multilateral)	33,666,981
	<b>TOTAL</b>	<b>43,625,712</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17 December 2012			
Agency	Project code	Cluster	Amount
UNICEF	12-CEF-143	Water, sanitation and hygiene	1,799,970
UNICEF	12-CEF-144	Protection (Child Protection)	412,699
UNICEF	12-CEF-145	Nutrition	200,000
UNFPA	12-FPA-047	Protection (GBV)	102,776
UNFPA	12-FPA-048	Health (Reproductive Health)	110,142
IOM	12-IOM-033	Camp Coordination and Camp Management	3,000,828
WFP	12-WFP-083	Nutrition	224,610
WFP	12-WFP-084	Logistics	596,790
UNDP	12-UDP-014	Early Recovery	1,807,444
ILO	13-ILO-001	Livelihood	597,060
UNHCR	13-HCR-003	Protection	499,992
WHO	13-WHO-003	Health	606,420
<b>TOTAL</b>			<b>9,958,731</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,538,977
Funds forwarded to NGOs for implementation	2,172,445
Funds forwarded to government partners	247,309
<b>TOTAL</b>	<b>9,958,731</b>

## **HUMANITARIAN NEEDS**

On 4 December 2012, Typhoon Bopha (locally known as Pablo) made landfall in the east coast of Mindanao in southern Philippines. Bopha was the deadliest storm in 2012 globally and one of the most powerful to hit the Philippines with accumulated rainfall of 500 mm per 24 hour and wind strength of 175 km per hour. Bopha affected over 6 million people and decimated vast tracts of agricultural land.

On 7 December, the Government declared a national state of calamity. Despite extensive preparedness efforts by the Government and by communities, some 1,067 people died and more than 800 people went missing and nearly a million people displaced. Eastern Mindanao bore the brunt of the Typhoon, particularly the provinces of Agusan del Sur (Region XIII, Caraga), Compostela Valley and Davao Oriental (Region XI, Davao). The affected provinces are mostly rural areas inhabited by coastal and mountainous communities, many of them indigenous groups. The economy in most of the affected areas is largely based on agriculture, fisheries, forestry and mining.

Needs and priorities arising from the disaster were identified through a number of targeted assessments. On 5 December, the Government and the Humanitarian Country Team (HCT) completed a rapid needs assessment in Davao, and Caraga regions. The assessment involved the Office of Civil Defense (OCD), the Department of Social Welfare and Development (DSWD), the Philippine Atmospheric, Geophysical and Astronomical Services Administration, the Department of Agriculture, IOM, UNFPA, UNICEF, UNHCR, OCHA and Japan International Cooperation Agency. The assessments indicated dire need for shelter, food, debris clearing, sanitation, water, medicines, protection, health, and nutrition.

A CERF rapid response request was made for \$9.9 million to meet the urgent needs of providing Emergency Shelter and Camp Management, Early Recovery/Livelihood (particularly debris clearing), Water, Sanitation and Hygiene (WASH), Protection, Nutrition, Health and Logistics. The grant would directly support the "Typhoon Bopha/Pablo Response – An Action Plan for Recovery", which requested \$68 million to implement urgent relief activities in support of the most affected people. The UN Resident and Humanitarian Coordinator (RC/HC) launched the Action Plan jointly with the Government on 10 December.

## **II. FOCUS AREAS AND PRIORITIZATION**

A key tool in identifying the focus areas and prioritization for the CERF grants was the proposal of priority areas of activities and the required CERF grants per priority area prepared by the HC. This list was based on the findings of a rapid needs assessment undertaken jointly by the Government and the HCT on 5 December. It was also informed by the HC's visit to the affected area where she observed the devastation first-hand and consulted with the authorities and humanitarian actors on the overall priority needs. The outcomes of the general coordination meeting held in Davao City on 9 December that involved government at the national, regional and local levels, humanitarian agencies, and donors were also taken into account. Further, the HC consulted the Secretary of Social Welfare and Development, who was overseeing the Government's response to the Typhoon, on the priority list to ensure that the HCT's priorities were in line with those of the Government. The Secretary had a very similar view of the priority needs, and the priority list with some minor adjustments was presented to the heads of cluster co-lead agencies for further consultation.

The final list of priority activities and the required CERF grants was agreed in an inter-cluster coordination meeting chaired by the HC and attended by the heads of cluster co-lead agencies on 11 December. The meeting agreed on broad priority areas for CERF grants based on the findings of the needs assessment (see below), and it was the responsibility of the appealing agencies to elaborate on the exact target of the CERF funds in their project proposals.

All projects in the Action Plan and in the CERF request have been selected on the basis of the following criteria:

- Activities respond to life-saving needs of those most affected by Typhoon Bopha and cannot be met through already existing projects.
- Activities are based on rapid needs assessment findings in the most affected areas.
- Activities build on the affected people's resilience and response capacity.
- Activities build upon and complement (not duplicate) the Government's response.

### **Shelter and Camp Coordination and Camp Management**

Over 158,600 houses had been damaged, as of 16 December. Immediate repair to damaged evacuation centres and alternative shelter solutions were needed to facilitate returns, where possible. Prolonged displacement posed health and protection risks to the families and especially to the most vulnerable population.

### **Early Recovery**

Significant amount of debris posed difficulties in rebuilding and repair of houses, to accessing basic support institutions, as well as to the delivery of life-saving relief items and services. Accumulated debris included hazardous materials and unrecovered cadavers and animal carcasses. With heavy rainfall continuing in the affected area, the debris posed continued life-threatening danger to communities

currently living in unprotected settlements. Initial Government reports identified diarrhoea, leptospirosis and tetanus among the top post-Typhoon diseases, clearly pointing to the need for speedy removal of debris.

## **WASH**

Initial assessments rated water and sanitation as one of the top three priorities. Many of the evacuation sites did not have access to safe water supply and sanitation facilities, with reports of large lines of people waiting to use wells that may have been contaminated due to the flooding.

## **Protection**

Typhoon Bopha affected about 6.2 million people and displaced over 987,000 people, as of 16 December. Initial assessments indicated a need for better physical access to affected communities, around 60 per cent of which belong to indigenous communities and live in remote mountain areas.

UNICEF estimated that about 120,000 children have been displaced as a result of Typhoon Bopha/Pablo; their lives had been severely disrupted through witnessing the devastation of the Typhoon, including loss of family and community as well as the destruction of their homes and schools.

Rapid needs assessments also indicated high vulnerability of women and girls in evacuation camps and affected communities to various forms of protection risks. The lack of privacy for women and girls, absence of segregated latrines and bathing facilities, limited presence of law enforcement, particularly women officers, and lack of covered shelters that leave women and girls by the roadside, posed serious protection concerns including vulnerabilities to trafficking and abuse.

## **Nutrition**

Baseline nutritional status in the affected areas highlighted underlying risks. In Compostela Valley, almost 6 per cent of children were already undernourished, and prevalence of wasting (acute malnutrition) in the affected areas in Davao Oriental were above the national average, reaching as high as 9.3 per cent which was close to the emergency threshold. Initial rapid assessment revealed that all areas had no existing capacity for the appropriate management of acute malnutrition, which was expected to rise in the weeks following the disaster if no intervention and detection was established. The essential technical capacity was limited and essential supplies of therapeutic foods and supplementary foods for this intervention were not available in the assessed areas.

## **Health**

The Typhoon Pablo Rapid Health Assessment, conducted by the Centre for Health Development Davao Region reported major concerns such as disruption in the emergency medical health system, difficulties in accessing and collecting health data because of transportation and communication breakdowns, disruption of electricity power with possible consequences on the cold chain for vaccine, urgent needs for additional medical staff, as well as inadequate provision of medicine and supplies.

## **Logistics**

As the humanitarian community scaled up its relief response, life-saving and life-sustaining relief items will be needed. In order to ensure that these supplies reached the most vulnerable people affected by the crisis in a timely and efficient manner additional logistics services were required.

CERF funded activities used 855,000 affected people as the planning figure based on available Government and humanitarian partners during the application process in the affected regions of Davao (Region XI), Northern Mindanao (Region X) and Caraga (Region XIII).

## **III. CERF PROCESS**

On 7 December, the Government formally accepted the RC/HC's offer of international assistance. In support of the Government, the RC/HC called an HCT meeting on 8 December in Davao City where the HCT decided to draft the "Typhoon Bopha/Pablo Response – An Action Plan for Recovery" as an addendum to the Philippines (Mindanao) Humanitarian Action Plan (HAP) 2013.

On 9 December, the RC/HC co-chaired an HCT meeting with the Government in Davao City to ensure that the Action Plan would support the Government's response efforts. The Government and HCT agreed that the Action Plan would focus on:

- providing immediate, life-saving assistance to people with assessed needs who have been affected or displaced;
- providing transitory and permanent shelter solutions to those who lost their homes; and
- supporting the early re-establishment of livelihoods with a special focus on agriculture.

The gender marker coding was used in the development of projects for the Action Plan.

On 9 December, the RC/HC informed the Emergency Relief Coordinator on the need for a CERF grant. On 11 December, the RC/HC consulted the HCT in Manila, including UN agencies and NGO representatives, and decided to prioritize Emergency Shelter and Camp Management, Debris Clearance, WASH, Protection, Nutrition, Health and Logistics. Priorities are based on the findings of the joint Government and HCT initial rapid needs assessment in Davao, Northern Mindanao, and Caraga regions which was completed on 5 December, as well as the RC/HC's bilateral consultation with the Secretary leading the Government's response operation.

The consultation process involved the HCT at Davao City and Manila levels. Beyond the HCT, cluster leads also consulted cluster members in separate meetings taking place immediately after the disaster. Clusters at Manila and Davao City included the newly established Emergency Shelter and Logistics clusters, as well as the already existing clusters/sectors for Camp Coordination and Camp Management (CCCM), Coordination, Early Recovery, Education, Food Security and Agriculture, Health, Nutrition, Protection and Water, Sanitation and Hygiene (WASH). The clusters are composed of Government, UN agencies, IOM, IFRC and international and local NGOs. Clusters in the Philippines are led by the Government with the support of UN agencies and IFRC (Shelter in natural disasters).

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR</b>				
<b>Total number of individuals affected by the crisis:</b> 5.4 million people affected (Typhoon Bopha Action Plan, 10 December 2012)				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Water, sanitation and hygiene	30,281	29,093	59,374
	Protection (incl. Child Protection and GBV)	196,189	175,408	371,597
	Nutrition	6,364	5,643	12,007
	Health	160,651	174,038	334,689
	Camp Coordination and Camp Management	136,268	90,846	227,114
	Logistics	n/a	n/a	n/a
	Early Recovery	6,053	9,709	15,762
	Livelihood	1,225	2,282	3,507

#### **BENEFICIARY ESTIMATION**

The CERF rapid response grant was initially planned to target 855,000 people, which was the official government figure for the number of people affected by the disaster at the time of the drafting of the CERF application. This figure fluctuated as the Government continued validation of the affected areas during the early phase of the emergency, and rose as high as 5.4 million people by the time of the release of the initial Flash Appeal (Typhoon Bopha Action Plan) on 10 December. The Flash Appeal targeted 481,000 people out of the estimated 5.4 million total affected people. The CERF grant was instrumental in jumpstarting the emergency response activities and was intended to cover partially the beneficiary target of the Action Plan. The CERF target of 855,000 people should have been revised downwards to cover a part of this 481,000 people.

According to the recipient agencies final reports, the highest number of beneficiaries was reached by the Protection projects with some 371,600 people. Given that CERF projects were generally implemented in the same areas affected by Typhoon Bopha, this figure was used as the basis for estimating the total number reached by the grant.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	444,600	196,200
<b>Male</b>	410,400	175,400
<b>Total individuals (Female and male)</b>	855,000	371,600
<b>Of total, children <u>under</u> age 5</b>	55,000	34,120

## **CERF RESULTS**

The CERF grant enabled humanitarian partners to reach about 371,600 beneficiaries or 43 per cent of the total target (855,000 people) during the grant period from December 2012 to June 2013.

CERF ensured provision of time-critical assistance by enabling agencies to quickly mobilize resources in the early phase of the emergency. Clusters were able to deliver emergency shelter, NFIs, access to safe water, camp management support, debris clearance and management through emergency employment and establish logistics and coordination hubs in the affected areas to facilitate greater humanitarian access to remote communities.

WASH, CCCM/Emergency Shelter, Health, Early Recovery and Livelihood (debris management and emergency employment) exceeded targets and tangible outputs resulted in life-saving outcomes including the following:

- 59,374 girls, women, boys and men (7,422 children under five) provided with reliable access to sufficient supply of safe water inside evacuation centres
- 227,114 people provided with CCCM and emergency shelter support
- 66 reproductive health medical missions were conducted for pregnant and lactating women women in affected municipalities of Compostela Valley and Davao Oriental
- Increased access to essential primary medical care through the rehabilitation of medical facilities, provision of medical supplies and equipment and mobile medical teams. There was no outbreak of communicable diseases throughout the response.
- Debris clearance facilitated access to affected communities and 15,762 people benefited from cash-for-work activities for debris management including vegetative debris and clearance of agricultural land paving the way to resumption to agricultural production. Close partnership with government authorities also enabled an additional 3,507 workers to benefit from cash-for-work.
- Immediate hygiene needs of pregnant and lactating women and women of reproductive age provided (6,605 dignity kits to pregnant and lactating women and 8,693 hygiene kits to women of reproductive age)
- Acute malnutrition sustained below pre-emergency level and more than 21,024 children (6 to 59 months) were reached and screened for acute malnutrition.
- Protection monitoring reached some 228,700 people. Protection advisories were issued on children who ended up begging on the streets, women and children at risk of being trafficked and persons in need of special attention for humanitarian assistance including indigenous people.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

The CERF grant provided immediate funds to jumpstart the humanitarian operations. The quick decision by the Emergency Relief Coordinator and the support provided by the CERF Secretariat were cited by partners as contributing to the rapid field response. From the date of the field submission, for example, all projects were approved within a week with most projects approved within three days. This enabled recipient agencies and implementing partners to trigger internal mechanisms to begin operations. The UNHCR Protection Team were dispatched in the Bopha affected areas right after the calamity struck and conducted assessment and other protection monitoring activities together with other UN agencies.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

CERF funds enabled the provision of critical life-saving assistance such as emergency shelter and NFIs, reproductive health services, emergency income for affected communities enabling self-sufficiency during the early phase of the emergency and debris clearance which enabled agencies to reach affected areas.

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

YES  PARTIALLY  NO

CERF helped recipient agencies to mobilise additional funding resources from donors and internal resource mechanisms. UNFPA was able to demonstrate what types of assistance can be provided to vulnerable groups and the effect of services provided triggered additional funding from Australian Aid (AusAID) to augment the reproductive health and GBV response. IOM was also able to leverage the CERF grant to access additional resources from the Humanitarian Aid and Civil Protection Department of the European Union (ECHO) and other donors. ILO was able to access internal funding and gain additional donor support. CERF contributed in mainstreaming debris management in the affected provinces and consequently local government authorities in Davao Oriental included a debris management budget in the government's Typhoon Pablo Response Fund.

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

YES  PARTIALLY  NO

CERF funds improved inter-cluster coordination mechanism at the field level through the support of the Logistics Cluster in establishing hubs. The hubs were cited as instrumental in facilitating regular information exchanges among humanitarian agencies and government partners. The Cateel hub also served as a logistics centre which enabled humanitarian agencies to distribute relief assistance to the remote communities of Davao Oriental. In addition, the prioritisation for the CERF grants helped the HCT to clarify its position on priority humanitarian needs.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
No budget for cluster coordination and sectoral rapid needs assessments.	CERF to consider funding cluster coordination and assessments as these are essential in defining priority life-saving interventions during the disaster onset.	CERF Secretariat
Gender mainstreaming in emergency settings needs to be strengthened.	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).
Early Recovery initiatives such as debris management are critical in emergencies to enable humanitarian activities to reach more affected communities.	CERF to allow greater flexibility and support to early recovery activities.	CERF Secretariat

<sup>1</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.).



**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>Although inter-cluster coordination structures were in place, six-month implementation period of CERF projects requires strengthened linkage of technical expertise among agencies. Agencies including CERF recipients in some clusters, however, were not flexible to operate beyond their mandate and cluster strategies.</p>	<p>Improve technical linkage among clusters to ensure that project impact is maximized.</p>	<p>RC/HC, OCHA, cluster co-lead agencies</p>
<p>Limited field presence of cluster co-lead agencies in some affected areas.</p>	<p>Ensure sustained field presence of dedicated cluster coordinators until the early recovery phase winds down so that the impact of CERF projects is maximized and complements long term recovery efforts.</p>	<p>Cluster co-lead agencies, RC/HC, OCHA</p>
<p>Mainstreaming humanitarian initiatives in government structures can help not only in ensuring active involvement of authorities but also opportunities for fund mobilization.</p>	<p>Strengthen involvement of local government structures in humanitarian programming particularly CERF funded projects. Local authorities to be oriented on the CERF.</p>	<p>RC/HC, HCT, cluster-co lead agencies</p>
<p>CERF can make an impact in least prioritized yet life-saving sectors such as Nutrition; 40 per cent of the results achieved in Nutrition was contributed by CERF.</p>	<p>Sustained advocacy is required for Nutrition interventions as life-saving activities which do not necessary gain much attention in the context of middle income countries including the Philippines.</p>	<p>Agency heads, RC/HC, OCHA</p>

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	UNICEF	5. CERF grant period:	10 Dec 2012 – 9 Jun 2013
2. CERF project code:	12-CEF-143	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, sanitation and hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	Typhoon Bopha: Ensuring sufficient and resilient WASH services for the disaster affected areas in Region XI and Region XIII		
7. Funding	a. Total project budget:	US\$ 5,650,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,623,740	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 846,698
	c. Amount received from CERF:	US\$ 1,799,970	▪ <i>Government Partners:</i> 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	24,000	30,281	Note the total number of beneficiaries is the total of individuals received water services. It is assumed that there is a direct overlap for those that received water services with these sanitation and hygiene services.
b. Male	24,000	29,093	
c. Total individuals (female + male):	48,000	59,374	
d. Of total, children <u>under</u> age 5	5,800	7,422	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To ensure affected populations particularly children, women and other vulnerable sectors have access to safe water, basic sanitation and hygiene promotion</li> <li>To support the Government in the recovery process for disaster affected communities</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<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>			
11. Actual outcomes achieved with CERF funds			
a) Women are represented in planning and implementation of WASH activities: <ul style="list-style-type: none"> <li>Partners consciously promote active participation of women in WASH Task Force/Committees at municipal and barangay level</li> </ul>			

and WASH Clubs/Committees in 18 elementary schools

- Encouraged active participation of women in hygiene promotion
- Women are actively involved in collective decision-making in site selection for water supply

b) 59,374 girls, women, boys and men in evacuation centres and barangays have reliable access to sufficient supply of safe water by providing:

- 7,855 Water Kits
- 8 units water system rehabilitated/constructed
- 48 units wells constructed/rehabilitated
- 15 units water bladder
- 15 units tap stand
- 377 water points were regularly tested and monitored to ensure water quality based on Sphere Standard
- 126 people were trained on water quality monitoring

Water system operation and maintenance training was conducted to ensure sustainability of the water system facilities.

c) 22,410 girls, women, boys and men in evacuation centres and barangays have improved access to sanitation facilities by rehabilitating/constructing and providing:

- 331 units of gender segregated latrines with hand washing facilities and bathing cubicles
- 3 units communal latrines
- 288 household latrine kits
- 7 units solid waste disposal bin

Established desludging sites in strategic areas around affected barangays for desludging operation.  
Conducted community clean-up to clear the barangays of the debris brought by the typhoon.

d) 45,159 girls, women, boys and men in evacuation centres and barangays have benefitted from hygiene supplies and promotion activities by distributing:

- 7,078 hygiene kits
- 1,273 hygiene promotion materials

Conducted hygiene promotion sessions in evacuation centres and barangays and trained 187 government staff on hygiene promotion in emergencies to sustain hygiene promotion activities.

e) School children in Compostela Valley, Davao Oriental and Surigao del Sur provinces have access to water, sanitation and hygiene facilities.

- 2,819 pupils provided access to safe water from 17 elementary schools by rehabilitating hand washing/drinking station, hand pumps in 8 schools, rehabilitation/construction of wells and existing water system in 9 schools
- 2,173 pupils have access to clean latrines with hand washing facilities
- 3,912 pupils from 18 elementary schools have knowledge on proper hygiene
- 720 school children provided with hygiene kits
- 2,143 pupils from 5 affected elementary schools benefitted from disposal bins

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

The actual number of people reached exceeded the planned target.

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

The Humanitarian Performance Monitoring conducted by an independent third party monitor reported the following findings on WASH:

WASH as an emergency response aimed to provide safe and potable water in disaster-affected areas, provide gender-segregated toilets and washing facilities, and to promote better hygiene practices. In Davao Oriental, WASH reached nine barangays in

municipalities of Caraga and Cateel. Most of the families affected by Typhoon Pablo were in difficult situations as many had to get water from lakes and streams since most of the piped water system and hand-pumps were also heavily damaged. As part of the humanitarian intervention, water trucks were deployed once a day to fill water bladder at the capacity of 2,000 and 1,000 litres. But still it was found that households barely met the average daily water intake. Most of households treated their water using hyposol and aqua tablet given by the WASH technicians. The distribution of the hygiene kit was found to be efficient also.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	10 Dec 2012 – 9 Jun 2013
2. CERF project code:	12-CEF-144	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection (Child Protection)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Typhoon Bopha: Child Protection in Emergencies		
7. Funding	a. Total project budget:	US\$ 1,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 412,699	▪ NGO partners and Red Cross/Crescent: US\$ 277,223
	c. Amount received from CERF:	US\$ 412,699	▪ 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	18,360	7,175	Targets were downscaled because no additional funds to augment CERF were received by Child Protection for its Bopha operations.
b. Male	17,640	7,104	
c. Total individuals (female + male):	36,000	14,279	
d. Of total, children <u>under</u> age 5	10,000	3,000	
9. Original project objective from approved CERF proposal			
<p>Strengthen the protective environment for children affected by Emergencies through increased capacity of Social Welfare and Justice Sectors including the establishment of Community Based Protection Systems. Specifically, it will be undertaken through:</p> <ul style="list-style-type: none"> <li>• Provision of Psychosocial Support for affected children. Psychosocial support, in partnership/coordination with Education, is recognized as essential intervention to meet the needs of children confronted with disasters of this magnitude. This would include setting up of Child Friendly Spaces (CFS) in evacuation centres, as well as in the resettlement areas once in place.</li> <li>• Separated and Unaccompanied Children are Identified, Traced and Reunified with families.</li> <li>• In disasters of this scale, where there is a high degree of displacement, concerns for children who are separated from parents and families are a priority concern.</li> <li>• Prevention of Child Abuse and Trafficking. Threat/risk of trafficking amongst affected/displaced populations is reduced through support for government institutions such as the Inter-Agency Council Against Trafficking (IACAT). There is an increased risk of trafficking during the emergency due to the loss of livelihood, basic support services, and potential increase of illegal migration. Furthermore Mindanao region is identified as a primary source for the recruitment of trafficking victims for the purpose of exploitation. Displaced persons are at an increased risk from traffickers. Partner organizations will be mobilised to set up mechanisms to prevent and respond to cases of trafficking, by building on existing mechanisms prior to this emergency.</li> <li>• Local Councils for the Protection of Children (LCPC), Barangay Councils for the Protection of Children (BCPC), and Community Based Child Protection Networks will be supported and strengthened through capacity building and guidance on CPIE. Key child protection mechanisms need to be strengthened in emergency-affected areas for prevention of separation of children from families and referral to appropriate care; and prevention and response to violence, exploitation and abuse of children and women including gender-based violence among others.</li> <li>• Comprehensive Child Protection Needs Assessment. To guide its operations, the Child Protection Working Group (CPWG) would undertake an extensive needs assessment in Davao Oriental, Compostela Valley, Agusan del Sur and Surigao del Sur.</li> </ul>			

While no funds have been allocated for this activity to date, the CPWG aims to pool agency resources for this activity.

#### 10. Original expected outcomes from approved CERF proposal

- 36,000 children in the communities have a safe and secure place for play, recreation and learning.
- 15,000 women, parents and community members receive psychosocial support to assist them in the recovery and healing.
- 36,000 children are protected from abuse, exploitation and trafficking.
- 100 Professionals working with children, children with disabilities, indigenous groups, including Government officials, will be equipped with minimum knowledge and skills on how to provide services to vulnerable children and their care givers in emergency situations.
- 12,000 Parents and communities are supported in building and maintaining a protective environment for children through assistance for LCPCs, BCPCs and CBCPNs.
- Data related to case management is coordinated in line with inter agency standards and protocols, to facilitate rapid family tracing, reunification and referrals.
- Disaggregation of child-specific data is collected and analyzed to inform response.
- 200 unaccompanied, separated and orphaned children are identified, documented, provided with interim care and with family reunification.

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

The CERF contributed to the following results which are a portion of the total accomplishments of the UNICEF project: DSWD designated a Child Protection-Gender-Based Violence (CP-GBV) focal person from the DSWD Regional Office resulting to lead the activation of the Child Protection Working Group-Gender Based Violence (CPWG-GBV) at the onset of the emergency response for Pablo/Bopha. UNICEF, acted as co-lead of the CPWG.

##### 1. Provision of Psychosocial Support for affected children.

Psychosocial support services were provided to children through the Child Friendly Spaces and Temporary Learning Spaces (TLS). In some areas, psychosocial support was integrated to the family development sessions of the conditional cash transfer programme of the government. The Child Protection Working Group established a total of 53 Child-Friendly Spaces and organised protection mechanisms in 12 barangays in 6 municipalities affected by Pablo.

A total of 22,311 children, boys and girls were reached through the Child Friendly Spaces (CFS) and provided psychosocial support. A total of forty-seven (47) children were further referred for psychosocial support and managed by social workers. A total of 339 Community Welfare Volunteers and Youth Focal Points were trained on how to facilitate and support the conduct of CFS sessions and social workers and other service providers were trained on PSS. A training package for CFS recently-developed by the Global CPWG was rolled out in the Philippines as one of the three pilot countries and seventy (70) staff of the DSWD and NGO partners were trained on how to organise and manage a CFS.

Targets were downscaled because of limited funding received by Child Protection. Only 22 per cent of the budget proposed by UNICEF for Child Protection in the Bopha Action Plan were funded. Nevertheless, the distribution of pre-positioned emergency stocks namely; CFS kits (125), Community Welfare Volunteer Kits (371) and Youth Focal Point Kits (261) enabled partners to quickly initiate psychosocial activities in some communities.

The government maintains a separate sub-cluster under Protection for Gender-Based Violence that is led by DSWD and another sub-cluster on psychosocial support under the Health Cluster which is led by the Department of Health (DOH). The coordination link with the PSS sub-cluster had not been firmly established although in practice the Mental Health and Psychosocial Support sub-cluster is focused more on health workers while the CPWG targets the social workers and communities. The link of CPWG with the GBV sub-cluster is more solid as both are under the leadership of the DSWD. The CPWG also worked closely with the Education cluster for introducing PSS in schools and temporary learning centres. Joint trainings on PSS were done by the CPWG and the Education cluster for teachers, day care workers and social workers.

##### 2. Separated and Unaccompanied Children are Identified, Traced and Reunited with families.

Eight (8) unaccompanied, separated or orphaned children were identified, provided appropriate interim care and most were eventually reunited with their families. The low number of separated and unaccompanied children and children needing further psychosocial support recorded by the CPWG was consistent with the findings of the Child Protection Rapid Assessment (CPRA). The strong filial bond in an extended family structure is seen as one of the major reasons for the low number of such cases in the Philippines.

##### 3. Prevention of Child Abuse and Trafficking.

The loss of income, destruction of properties and continuing hardship pose threats to the psychosocial well-being of children and their families resulting to increase risk of CP and GBV and trafficking. In the light of this situation, the national government's IACAT (Inter-Agency Committee Against Trafficking) with UNICEF and UNFPA went to the Bopha areas to pursue collaboration with local actors to address human trafficking. This resulted in a series of follow-up activities to boost the campaign on CP-GBV and trafficking, among them were CP and GBV orientations given to female police officers, staff of local NGOs and community educators. Regional and provincial workshops were also held to initiate the development of strategic action plans to address GBV and trafficking for 2014-2016.

4. Local Councils for the Protection of Children (LCPC), Barangay Councils for the Protection of Children (BCPC) and Community Based Child Protection Networks will be supported and strengthened through capacity building and guidance on Child Protection in Emergencies (CPIE).

A referral system for child protection (CP)- gender-based violence (GBV) cases was set-up by DSWD in coordination with the local government units and CPWG partners. This includes coordination with locally mandated structures like the LCPC and BCPC in addressing cases of illegal recruitment of women and children and other CP-GBV concerns. Women and Children Protection Desk and Violence against Women and Children Desks were also engaged in addressing women and children's concerns.

Seven Community-based Child Protection Networks (CBCPN) was established. The members of the CPWG and GBV sub-cluster were oriented on CP and GBV including the referral pathway developed by the DSWD in coordination with the local government units (LGUs) and sub-cluster partners. This enabled them to monitor, document and report CP issues including GBV cases to the proper government agencies especially the Municipal Social Work and Development Office and the Philippine National Police Women and Children Protection Desk. Most of the cases affecting boys involved physical abuse/domestic violence (by parents) while for women and girls, it is GBV (sexual violence including rape and domestic violence by partners).

5. Comprehensive Child Protection Needs Assessment.

A CP Rapid Assessment was conducted despite the initial delay because of the unavailability of the global consultant. The study was conducted with support from UNICEF Headquarters in Geneva (Rapid Response Team technical support), Save the Children and the DSWD. The conduct of the CPRA allowed government and CP partners to experience the entire assessment process including training, data consolidation and analysis. The CPRA highlighted protection concerns like the involvement of children in hazardous labour and the psychosocial stress brought by their difficult situation. Environmental hazards posed by debris on children were also indicated as a critical concern in the report. The report also note the specific challenges faced by indigenous communities considering that a significant number of the affected communities are Lumad (indigenous people).

On Gender Equity: Girls and boys in affected communities had equal access to CFS. Adolescent girls and boys were trained as Youth Focal Points (YFP) and actively participated in the conduct of psychosocial sessions. Women and men (parents and caregivers) were mobilised as Community Welfare Volunteers to lend support to the activities in the CFS and in the identification and referral of unaccompanied and separated children and other CP cases. Protection mechanisms and processes meant to monitor, document and report/refer to appropriate government agencies like the Municipal Social Welfare and Development Office, Philippine National Police and/or Municipal Health Office GBV cases commonly affecting girls like rape/molestation were organised and strengthened.

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

Targets were downscaled because Child Protection did not receive additional funds from other sources. Only 22 per cent of the budget proposed by UNICEF for Child Protection in the Bopha Action Plan was funded and all were from CERF. Nevertheless, the distribution of pre-positioned emergency stocks namely; CFS kits (125), Community Welfare Volunteer Kits (371) and Youth Focal Point Kits (261) enabled partners to quickly initiate psychosocial activities in some communities.

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. M&E: Has this project been evaluated?

YES   NO

M and E Mechanism:

- Designated an Information Manager for Child Protection. A full-time staff
- Humanitarian Performance Monitoring

This is the in-house system of UNICEF to monitor the performance of its humanitarian interventions e.g. Child Protection. The CP section identified 3 indicators, namely, 1) Number and percentage of children with safe access to community spaces for socializing, play, learning, etc., 2) Number and percentage of children who are referred for further psychosocial support (PSS), 3) Number and percentage of unaccompanied, separated and orphaned children are provided appropriate interim care and assisted with family reunification. An independent third party contractor undertook the monitoring activities.

- Field monitoring visits to target Barangays conducted by staff

UNICEF staff conducted field visits to different barangays to monitor the CP activities being done and provide ready technical assistance to partners. Recommendations/resolutions to improve the implementation of activities/services were submitted to their sections.

- Conduct of Mid-Term Review (Joint CPWG-GBV) attended by CPWG-GBV members

The CPWG and GBV sub-Cluster held a Mid-Term Review. The review was designed to meet the following objectives; a) Analyse the evolving CPWG-GBVSC Pablo emergency response; b.) Identify learning insights from the on-going response, particularly early recovery and looking forward to post-recovery scenario; c.) Discuss ways on how to strengthen future humanitarian action by identifying recommendations for contingency planning. The participants identified the achievements, challenges and recommendations in their joint indicators, then came up with action plans/ways forward to better the humanitarian CP response.

- Use of secondary data and field reports from DSWD and other partners particularly on CP cases

These secondary data and field reports were valuable in shedding light to CP cases including GBV which facilitated the resolution of some cases and the filing of cases of other incidents especially GBV. Police blotters and case reports from the Municipal Social Welfare and Development Office were usually used in discussing and resolving cases.

- CPRA was done which served as a guide in moving forward

The CPRA gave significant learning to the CPWG in the conduct of future rapid assessments and also helped in identifying CP issues which need to be responded and studied deeply for further monitoring and sustained responses.

- Review of progress reports

Aside from field monitoring, progress reports of partners were used to monitor and determine the progress of the targeted activities, identifying constraints/problems and planning for the future.

- Utilization of reports from SitRep

Reports from the sitreps regularly sent out by UNICEF are being utilized to monitor the achievement of the indicators and to plan to build up on the previous activities which are effective or with good results.

- The CPWG participated in the After Action Reviews managed by OCD and OCHA for the Provinces of Davao Oriental and Compostela Valley and the Caraga Region.

- UNICEF also held its internal Lessons Learned Review Workshop last July 2013.



**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	17 Dec 2012 – 16 Jun 2013
2. CERF project code:	12-CEF-145	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Lifesaving nutrition interventions for children 0 - 59 months, pregnant and lactating women in the areas most affected by Typhoon Pablo (Bopha)		
7. Funding	a. Total project budget:	US\$ 856,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 524,120	▪ NGO partners and Red Cross/Crescent: US\$ 148,210
	c. Amount received from CERF:	US\$ 200,000	▪ 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	17,864	Targets changed because of population movements after the storm and reaching the geographically inaccessible and difficult areas required more resources than anticipated.
b. Male	15,000	10,302	
c. Total individuals (female + male):	40,000	28,166	
d. Of total, children <u>under</u> age 5	30,000	21,024	
9. Original project objective from approved CERF proposal			
To reduce malnutrition-related disease and death and prevent the deterioration of nutritional status of children 0-59 months through nutrition surveillance and screening, and severe acute malnutrition (SAM) treatment and Infant and Young Child Feeding (IYCF) counseling in the most affected municipalities in Compostela valley (Monkayo, New Bataan and Compostela municipalities), Davao Oriental (Cateel, Baganga and Boston municipalities) and Caraga (Loreto, Santa Josefa, Veruela and Lingig municipalities) over a period of six month.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Cure rate of severe acute malnutrition &gt;80% and death rate of less than 10%</li> <li>• Proportion of exclusive breastfeeding and appropriate complementary feeding from pre-emergency baseline</li> <li>• Proportion of nutritional wasting (acute malnutrition) in children 0-59 months and anaemia in pregnant and lactating women</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<p>Acute malnutrition sustained below pre-emergency level.</p> <ul style="list-style-type: none"> <li>• Acute malnutrition was monitored to determine trends through nutrition assessment and surveillance established in all affected municipalities of Davao Oriental and Compostela Valley provinces.</li> <li>• 21,024 children 6-59 months were reached and screened for acute malnutrition</li> <li>• 149 children 6-59 months were detected with SAM and treated through integrated community based management of SAM (Cure rates &gt;75% achieved)</li> <li>• 855 children 6-59 months detected with moderate acute malnutrition (MAM) and provide with supplementary food through WFP</li> <li>• 300 boxes of ready-to-eat-food and related therapeutic feeding supplies were distributed for treatment of SAM</li> </ul>			

<p>IYCF and care in emergencies is protected and promoted</p> <ul style="list-style-type: none"> <li>• A Department of Health (DOH) circular to prevent unsolicited donations of infant formula was issued and circulated to all emergency response service providers and other sector clusters</li> <li>• 7,142 pregnant and lactating women were reached with IYCF and care counselling through IYCF tents, mother-friendly spaces, health and community meeting facilities.</li> <li>• 500 community IYCF counselling cards, 150 breastfeeding posters were provided to nutrition response services to support IYCF counselling services</li> </ul> <p>Micronutrient deficiencies among children 6-59 months, pregnant and lactating women are prevented:</p> <ul style="list-style-type: none"> <li>• 7,142 pregnant and lactating women were provided with micronutrient supplements with Iron Folic Acid</li> <li>• 21,024 children 6-59 months old were given Vitamin A and immunised against measles</li> </ul> <p>Nutrition response capacity among partners is strengthened and coordinated</p> <ul style="list-style-type: none"> <li>• Sub-nutrition clusters established in Region XI (Davao), Compostela Valley and Davao Oriental provinces to strengthen nutrition response coordination and collective response by partners</li> <li>• 1,066 health and nutrition staff and 50 clinical staff trained in IYCF in emergencies and management of acute malnutrition</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Targets changed because of population movements after the storm and reaching the geographically inaccessible and difficult areas required more resources than anticipated.</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><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b></p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>The project was evaluated using a Semi-Quantitative Evaluation of Access and Coverage. The results in terms access and access for SAM are within sphere standards. Please note, the response was carried forward by partners beyond June 2013 and therefore the results are not only attributable to the CERF contribution.</p> <p>A Humanitarian Performance Monitoring was done by an independent third party and among the findings on Nutrition were the following:</p> <p>The nutrition cluster covered 75 per cent of the target areas in Davao Oriental which met the threshold coverage percentage of the UNICEF. The screening of children covered 81.4 per cent of the households; of these 14.2 per cent households were found to have malnourished children. Of the malnourished children, 28 per cent were found to be suffering from SAM. Of the children identified as SAM, 81 per cent were given therapeutic feeding, and 8.44 per cent of the households received medication against malnutrition for continued nutrition supplement at home. Of these only 30 per cent of the total children identified as SAM were cured. Two malnourished children died; one in Maglajus and the other in Sibajay. However, it should be noted that it could not be readily concluded whether the cause of death was malnutrition or other complications.</p>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	28 Dec 2012 – 27 Jun 2013
2. CERF project code:	12-FPA-047	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection (GBV)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Prevention and response to Gender Based Violence (GBV) in Typhoon Bopha affected areas		
7. Funding	a. Total project budget:	US\$ 206,467	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 102,776	▪ NGO partners and Red Cross/Crescent: US\$ 11,000
	c. Amount received from CERF:	US\$ 102,776	▪ 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	20,000	14,159	There was over targeting of beneficiaries as the targets were based on the Tropical Storm Washi accomplishments where the affected people were internally displaced persons (IDPs) in evacuation centres and urban areas. For Typhoon Bopha, affected people were in rural communities and geographically isolated and depressed areas where populations were smaller and the number of beneficiaries was lower.
b. Male	5,000	4,498	
c. Total individuals (female + male):	25,000	18,657	
d. Of total, children <u>under</u> age 5	5,000	4,222	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To functionalise an inter-agency GBV coordination mechanism for prevention and response.</li> <li>To increase access of GBV survivors to life saving multi-sectoral GBV response services.</li> <li>To prevent incidents of GBV through mainstreaming of prevention strategies across all clusters.</li> <li>To establish a reporting, referral, and follow up mechanism at the community level.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>20,000 women and adolescent girls of reproductive age are provided with 'dignity kits' for 3 months.</li> <li>20,000 women and adolescent girls are sensitized on GBV prevention and response through information sessions in affected areas.</li> <li>100% of GBV cases reported to GBV coordination mechanism facilitated with life-saving GBV response services.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Distributed 6,605 dignity kits to PLWS and 8,693 hygiene kits to other women of reproductive age.</li> <li>149 GBV awareness-raising sessions were conducted, reaching a total of 6,640 pregnant and lactating women, 5,408 women in reproductive age, 2,387 men, and 4,222 young people.(18,657 people)</li> <li>100 GBV survivors from Davao Oriental and Compostela Valley received timely and appropriate GBV response services. Services provided include medical, psychosocial, legal and protection.</li> </ul> <p>These outcomes were achieved through the following interventions:</p> <ul style="list-style-type: none"> <li>Inter-agency GBV coordination mechanisms were in place and functional for prevention and response.</li> <li>Inter-agency protection mechanisms made functional at the provincial and municipal level.</li> </ul>			

- Local Committees on Anti-Trafficking - Violence Against Women and Their Children established in Davao Oriental and Compostela Valley (both provincial and municipal).

GBV prevention strategies were in place

- 42 community educators were trained and mobilized as Women Friendly Space (WFS) facilitators.
- 70 Barangay Officials were oriented on community response to GBV and trafficking in person.
- 33 social workers, teachers, guidance counselors, school nurses, PNP officers, and health workers were trained on basic techniques in doing psychosocial interventions.

Reporting, referral and follow-up mechanisms established at the community level

- 11 Women Friendly Spaces (WFS) were established (7 in Compostela Valley, 4 in Davao Oriental). WFSs served, among other functions, as venue for reporting, referral and follow-up of GBV cases.
- 82 police officers, social workers and health service providers were trained as trainers on community education for GBV, particularly on gender-related laws – Republic Act (RA) 9262, RA 9208, RA 8353, RA 7610, RA 7877, RA 9710.
- Nine local youth organizations formed producing reproductive health (RH) and GBV community educators.

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

UNFPA was unable to reach the targeted 20,000 beneficiaries due to over estimation. There was over targeting of beneficiaries because the targets were based on the Tropical Storm Washi accomplishments where the affected areas were basically urban and IDPs were in evacuation centres. For Typhoon Bopha, affected beneficiaries were in rural communities and geographically isolated and depressed areas where populations were smaller and the number of beneficiaries was lower. Because of over targeting the number of GBV sessions were increased from 100 to 149 to cover more beneficiaries.

For GBV survivors, the original estimate was 40 survivors reached; however, 100 survivors were actually reached 100 per cent of whom were provided with a package of services which included medical, psychosocial, legal and protection services. The augmentation funds were sourced from UNFPA.

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

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

YES  NO

An After Action Review was held in Davao on 16 July 2013. For GBV, the key challenges identified were the lack of medico-legal officers who can handle GBV cases at local level. Also, the need to establish a Women Child and Protection Unit at the Provincial Hospital in Compostela Valley and a temporary shelter for GBV survivors in the same province.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	28 Dec 2012 – 27 Jun 2013
2. CERF project code:	12-FPA-048	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health (Reproductive Health)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Ensuring Access to Reproductive Health Services in TS Bopha Affected Areas in Mindanao		
7. Funding	a. Total project budget:	US\$ 475,331	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 290,142	▪ NGO partners and Red Cross/Crescent: US\$ 24,809
	c. Amount received from CERF:	US\$ 110,142	▪ 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	20,000	19,300	A total of 25,909 beneficiaries out of a targeted 25,000 were reached representing a 103 per cent accomplishment rate. These include pregnant and lactating women, other women of reproductive age, men and young people who were not only reached through medical missions but through hygiene kit distribution and health information sessions.
b. Male	5,000	2,387	
c. Total individuals (female + male):	25,000	25,909	
d. Of total, children <u>under</u> age 5	5,000	4,222	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To reduce maternal and neonatal deaths in 7 typhoon-affected municipalities of Compostela Valley and Davao Oriental.</li> <li>To prevent unplanned pregnancies in the 7 municipalities particularly among the youth.</li> <li>To meet the immediate hygiene needs of 20,000 pregnant and lactating women and other women and men of reproductive age.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
None in final proposal			
11. Actual outcomes achieved with CERF funds			
<p>Reduced maternal and neonatal deaths in the 7 typhoon-affected municipalities of Compostela Valley and Davao Oriental.</p> <p>The following interventions helped avert maternal and neonatal deaths among the affected populations:</p> <ul style="list-style-type: none"> <li>Conducted 66 RH Medical Missions (RMMs) covering 129 barangays in 10 municipalities where 6,640 pregnant and lactating women (PLWs) were able to access life-saving RH services.</li> <li>Provided key RH information to 19,300 women and 2,387 men and 4,222 young people on the signs and symptoms of pregnancy complications, proper care of the mother and new-born, family planning, STI/HIV/AIDs, adolescent reproductive health and gender based violence reaching 95 per cent of the targeted affected population.</li> <li>Provided RH Emergency Kits 6A and 6B (Clinical Delivery Assistance Drugs and Reusable and Disposable Equipment) to 2 referral hospitals in the 2 provinces which were used in the provision of emergency medical care to patients with pregnancy complications.</li> <li>Provided RH Kit 2A (Clean Delivery) to women in their last trimester of pregnancy, to Rural Health Units and referral hospitals</li> </ul>			

to ensure safe deliveries in an emergency setting.

- Capacitated 22 health service providers on Emergency Obstetric and Neonatal Care (EmONC) to ensure provision of immediate quality medical care to EmONC cases.
- Capacitated 19 frontline health service providers on the conduct of RH Information Sessions in the communities through the Community Health Teams to ensure that PLWs are aware of signs and symptoms of pregnancy-related complications.
- Capacitated 42 interagency emergency responders on the Minimum Initial Service Package (MISP) for RH in Emergency Situations to ensure that provision of RH information and services are integrated into disaster response plans thus reducing the risks leading to maternal and neonatal mortality during emergencies.

Prevented unplanned pregnancies in the 7 target municipalities particularly among young people.

This was achieved through the following:

- Conducted Peer Education Sessions attended by 4,222 young people where early sexual activity and unplanned pregnancies were discussed.
- Formed nine youth organizations with 142 members which launched 24 information and education campaigns on addressing early sexual activity and unplanned pregnancies among young people.

Met the special hygiene needs of affected women and girls

- Distributed 6,605 dignity kits to PLWs and 8,693 hygiene kits to other women of reproductive age

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

There was a doubling of RH missions from 35 to 66 as the number of pregnant women reached per mission was lower than expected. Targets were based on urban areas and evacuation centres while Compostela Valley and Davao Oriental are mostly rural with many geographically isolated and depressed areas. More missions were needed to cover the targeted number of affected population. At the end of the project, a little over 100 per cent of the target population was eventually covered.

Only 2,250 dignity kits were funded by CERF but a total of 6,605 DKs and 8,693 HKs were distributed. The other kits were funded by AusAID.

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

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

YES  NO

The After Action Review was held on 16 July 2013 in Davao. The key findings and lessons learned include the following

- 1) the importance of disaster preparedness and the need to integrate SRH in the disaster risk reduction and management plans of LGUs;
- 2) the need for a local surge roster to be able to deploy humanitarian workers with the appropriate SRH skills without pulling out regular UNFPA staff;
- 3) coordination and communication are key to effective and efficient humanitarian response hence the need for identified focal persons at all levels who communicate with each other;
- 4) the need to strengthen the STI/HIV/AIDS component in the MISP implementation; and
- 5) Lessons on the setting of realistic targets.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	28 Dec 2012 – 27 Jun 2013
2. CERF project code:	12-IOM-033	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Camp Coordination and Camp Management		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Shelter and Camp Coordination and Camp Management (CCCM) Assistance to Typhoon Affected Families in Mindanao		
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\$ 6,200,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 3,000,828	▪ 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	60,000	136,268	CCCM: 44,690 individuals Shelter/NFIs: 182,424 individuals Given the magnitude of vulnerable families requiring assistance (which was beyond the initial estimate during the joint rapid assessment) when the humanitarian community started the emergency response, IOM extended its assistance to more beneficiaries that qualified in the vulnerability index tool by pooling other resources (e.g. ECHO) raised from other partners.
b. Male	40,000	90,846	
c. Total individuals (female + male):	100,000	227,114	
d. Of total, children <u>under</u> age 5	20,000	45,000	
9. Original project objective from approved CERF proposal			
Support the Government in the overall humanitarian efforts to provide life-saving assistance for 100,000 typhoon affected individuals specifically through emergency shelter support and improvement of living conditions in IDP sites.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Up to 2,050 families (or about 10,250 individuals) will be provided with Shelter Repair Kits</li> <li>Up to 3,200 families are provided with essential non-food items for basic liveability</li> <li>Emergency livelihood support provided through small cash-for-work activities benefiting up to 450 individuals</li> <li>Camp managers deployed to all existing displacement sites for management of displacement</li> <li>Regular reports providing information on the displacement situation and humanitarian response in target areas disseminated to humanitarian actors to assist in planning, monitoring and coordinating activities</li> <li>Coordination meetings in the sub-regional level are conducted regularly ensuring clear, coordinated and avoidance of duplication of efforts of various actors on the ground</li> </ul>			
11. Actual outcomes achieved with CERF funds			

<p>1. Emergency shelter provided to 15,504 families (93,024 individuals); emergency shelter kit for 3,098 families (18,588 Individuals); family emergency shelter kit for 12,000 families (72,000 individuals); debris to shelter housing for 406 families (2,436 individuals).</p> <p>2. NFIs for 13,200 families (79,200 individuals); family kits for 1,200 families (7,200 individuals); family emergency shelter kit/NFI for 12,000 families (72,000 individuals).</p> <p>3. Cash-for-work for 2,050 families (10,200 individuals).</p> <p>4. 60 camp managers and Camp Management Support Staff deployed to 208 evacuation centres with 9,937 families (44,690 individuals).</p> <p>5. Eight displacement tracking matrix (DTM) reports disseminated.</p> <p>6. Two regional clusters, three provincial clusters and 14 municipal clusters for both the CCCM and Shelter clusters including technical working groups for these clusters.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Given the magnitude of vulnerable families requiring assistance (which was beyond the initial estimate during the joint rapid assessment) when the humanitarian community started the emergency response, IOM then decided to extend its assistance to more beneficiaries that qualified in the vulnerability index tool by pooling other resources raised from other partners.</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><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b>  <b>If 'NO' (or if GM score is 1 or 0):</b></p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>IOM with DSWD other local partners conducted a joint assessment of the project processes and results.</p>	



**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	28 Dec 2012 – 27 Jun 2013
2. CERF project code:	12-WFP-083	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Nutrition Response to Prevent and Treat Moderate Acute Malnutrition among Boys and Girls 659 months in Priority Areas Affected by Typhoon Bopha in Region XI PHI13H53263R		
7. Funding	a. Total project budget:	US\$ 1,103,750	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 490,390	▪ NGO partners and Red Cross/Crescent: US\$ 70,746
	c. Amount received from CERF:	US\$ 224,610	▪ Government Partners: US\$ 48,614
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	4,800	6,364	The CERF fund enabled WFP to immediately respond to significant number of children 6-59 months through blanket supplementary feeding at the evacuation centres and the communities in priority affected municipalities. The latter presented the higher number of beneficiaries. The distribution of Plumpy Doz to prevent deterioration of nutritional status was done in the first two months following the typhoon, which also facilitated identification of children with severe and moderate forms of under nutrition. Of the total beneficiaries reached, the treatment of MAM had 1,238 admissions from the initially identified cases of 753, which increased over implementation period due to community activities and awareness campaign.  The total number of children in the supported areas was based on actual data, whereas the planned number was based on projection using Census as agreed in the Nutrition Cluster.
b. Male	4,200	5,643	
c. Total individuals (female + male):	9,000	12,007	
d. Of total, children <u>under age 5</u>	9,000	12,007	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To prevent deterioration of nutritional status of young children 6-36 months;</li> <li>To treat moderate acute malnutrition among boys and girls ages 6-59 months;</li> <li>To provide technical and logistics support to regional, provincial and municipal health system in responding to nutrition concerns among the vulnerable groups of population in emergency situations and recovery period.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
MAM treatment:			
a. Cure rate >75%			
b. Defaulter rate <15%			
c. Death rate <3%			
11. Actual outcomes achieved with CERF funds			
MAM treatment:			
a. Cure rate – 32%			

b. Defaulter rate – 7%	
c. Death rate - 0%	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The MAM treatment performance indicators were reported after almost three months of implementation, following the blanket supplementary feeding. Over this period, the first month was more of learning process because CMAM was new in the areas. There was high admission of MAM cases but cure rate by the month of June was still below the SPHERE standards, which is acceptable as in any beginning of a new program. After five months of continued implementation, which is already beyond the CERF project period, this indicator reached 82 per cent. The defaulter rate had been fluctuating on a monthly basis, but on average was below the cut-off level. The challenges of the implementation in the first months included the high mobility of affected population as relocation and livelihood recovery were intensified by various INGOs. Local election campaign during the month of April to May 2013 also affected the program. 1,238 children were provided with MAM treatment.</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"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>The MAM treatment of children 6 to 59 months continued until October 2013 with fund support from ECHO. The overall evaluation of the Project MAM treatment was undertaken through Semi-Qualitative Evaluation of Access and Coverage survey in Davao Oriental and Compostela Valley Provinces, which was conducted by the Nutrition Consortium managed by an INGO. The report identified boosters, barriers and recommendations that formed part of emergency operation exit strategy to improve access for malnourished children and better programme coverage. Highlighted among the boosters were the CMAM acceptance by the community and good coordination between LGUs and INGOs as well as the adequate CMAM equipment and supplies. The recommendations included the need to continue clustering of barangays as an approach to reach the far flung health centers, LGUs to provide additional support on supplies and manpower, and to further build capacity on care practices and overall nutrition program management.</p>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	15 Dec 2012 – 14 Jun 2013
2. CERF project code:	12-WFP-084	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Logistics		<input checked="" type="checkbox"/> Concluded
4. Project title:	Logistics Augmentation in support of the Government of the Philippines' response to Typhoon Bopha		
7. Funding	a. Total project budget:	US\$ 1,233,000 <sup>2</sup>	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,097,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 596,790	▪ 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	Logistics and coordination support were provided to the Government of the Philippines and the humanitarian community. A total of 22 agencies and NGOs benefitted from logistics services and coordination funded by CERF.
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>The main objective of the CERF component of this project is to ensure the rapid delivery of lifesaving items to the affected population as prioritized by the Government and the HCT.</p> <p>Three specific objectives will direct the action:</p> <ul style="list-style-type: none"> <li>• Augment the storage capacity available in the affected areas;</li> <li>• Guarantee the rapid delivery of relief items through the provision of tactical logistic support both within Mindanao and from Manila;</li> <li>• Provide operational support equipment to assist the government in its response to the disaster.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis.</li> <li>• Reduced lead times for delivery of life saving assistance. Augmented Storage capacity in the affected area.</li> <li>• Minimum required logistics capacity and services available to support the government and ensure the uninterrupted delivery of sufficient humanitarian relief to address the needs of the affected population.</li> </ul>			
11. Actual outcomes achieved with CERF funds			

<sup>2</sup> A budget revision took place increasing the requirements from US\$802,766 to US\$ 1,233,000. The budget revision was approved on February 8, 2013. The increase was aimed at facilitating additional logistics support to the Government and the HCT including warehousing, transport management, and provision of logistics resources.

Equipment purchased from the CERF fund was used in four logistics hubs that were established in Davao, Trento, Nabunturan and Cateel. Two pre-fabricated office and accommodation units and three electric generators were setup during the first month of intervention in the most critical locations in order to support smooth logistics response and coordination.

A total of 22 agencies and NGOs benefitted from logistics services and coordination funded by CERF.

Due to extensive request for transport services mainly by the Government's agency (DSWD), actual volume of transport significantly surpassed original plan. Road transport of about 15,000 metric tonnes of relief goods for the Government and HCT was funded by CERF.

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

No significant discrepancy identified.

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): 4 – not applicable to common services project  
If 'NO' (or if GM score is 1 or 0):

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

YES  NO

Although there was no formal evaluation of Logistics Special Operation 200533 in which CERF has covered 54 per cent of actual costs, there was a regular monitoring of funds utilisation for all planned logistics activities.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	28 Dec 2012 – 27Jun 2013
2. CERF project code:	12-UDP-014	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 management in areas affected communities by Typhoon Bopha		
7. Funding	a. Total project budget:	US\$ 8,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,807,444	▪ NGO partners and Red Cross/Crescent: US\$ 274,399.01
	c. Amount received from CERF:	US\$ 1,807,444	▪ 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	2,000	6,053	The additional number of actual beneficiaries came from the expansion of the debris management activities to include vegetative debris clearing where cash-for-work scheme was used to help clear agricultural land from fallen coconut trees to pave the way to resumption of agricultural production.
b. Male	3,000	9,709	
c. Total individuals (female + male):	5,000	15,762 <sup>3</sup>	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
Support the local authorities and disaster affected communities to clear and manage the debris generated and brought about by Typhoon Bopha, thus reducing threat to lives, health risks, and enabling the entry of critical assistance and life-saving services. This will be focused on the 10 hardest hit municipalities by providing “stop gap” support to the local government and providing immediate temporary employment opportunities to 5,000 women and men for removing, and safe disposal of debris over a 6 month period.			
10. Original expected outcomes from approved CERF proposal			
Overall, the project is expected to clear and clean up debris in the affected municipalities, and provide communities with emergency livelihood support. In particular, the project is expected to have the following outcomes:			
Outcome 1			
<ul style="list-style-type: none"> <li>Prevention of morbidity / mortality and deterioration of health conditions due to prolonged exposure to unsanitary environmental conditions of families in at least 10 affected municipalities in the provinces of Davao Oriental and Compostela Valley.</li> </ul>			
Outcome 2			
<ul style="list-style-type: none"> <li>Equal opportunity given to women and vulnerable groups to participate in debris removal and management activities;</li> </ul>			
Indicators:			
<ul style="list-style-type: none"> <li>Number of women and vulnerable groups receiving income from debris removal cash-for-work for critical life-saving items such</li> </ul>			

<sup>3</sup> See section 12 explaining the overachievement.

as food and medicine among others

- Number of women in the management structure of the debris and material waste management structures of the LGUs.

Outcome 3

- Restoration, recycling and operationalization of the solid waste management facilities and operations at the LGU levels.

11. Actual outcomes achieved with CERF funds

The project was able to deliver the following:

Outcome 1

- clearing and cleaning-up of about a total volume of 458,840.5 cubic meters of debris (e.g., wood, coconut trees, mud, soil, rocks and boulders, and garbage, among others) in strategic areas like public schools, public markets, transportation terminals, public cemetery, creeks, and drainage canals.
- emergency livelihood support provided to 15,762 worker-beneficiaries (9,709 males and 6,053 females). A total of 157,620 person-days were spent for these activities.
- Personal protective equipment provided to participants which include dust masks, hand gloves, boots, and long-sleeve shirts, as well as tools (shovel, rake, crowbar, wheel borrow, and chainsaw), and first aid kits.

The clearing and clean-up activities immediately restored public services and ensured the public health and safety, thus preventing morbidity and mortality issues in the communities. Schools have returned to their regular classes; primary public facilities like public market, bus terminal have resumed operations, while major and minor repairs in the damaged facilities are being completed.

Outcome 2

A total of 15,762 men and women received temporary jobs on clearing debris employing Cash-for-Work scheme. This generated about Php 35,622,120.00 of income into the local economy, especially for vulnerable families while playing key roles in the whole debris management efforts.

While UNDP's debris clearing activities aimed at providing only 5,000 temporary jobs through CFW (with at least 2,000 women participants), debris management activities had created jobs involving 6,053 women participants, which is 38 percent of the overall participants in debris cleaning activities in both provinces. In Davao Oriental, women participation is currently at 40 percent, while Compostela Valley has only 30 percent women participants since Typhoon Pablo brought into the affected communities large amount of boulders and logs; hence, debris clearing and removal required more physical and strenuous labor.

It is also noteworthy to recognize the major role of women in the debris management structure. In Davao Oriental, the debris management efforts are being spearheaded by a woman-officer from the Provincial Environment and Natural Resources Office due to her expertise on this field.

Outcome 3

The project supported the LGUs in the creation and organization of the Disaster Management Working Groups to revitalize the implementation of the solid waste management program of the government incorporating the debris management initiatives. To date, the rehabilitation and improvement of the municipal LGUs' existing dumpsites as well as their Materials Recovery Facilities (MRFs) are ongoing. The MRFs shall ensure that proper waste management on collection, segregation, recycling, composting, reusing, and reduction are carried out in the municipalities. In fact, various livelihood opportunities in various affected municipalities, aside from the clearing and cleaning-up operations, have been created like timber-to-lumber project, carpentry workshops, handicraft making, debris-to-woodcraft production, among others.

The Debris Management Plan of Compostela Valley and Davao Oriental also formed part of their action agenda for 2013-2016, under its Building Back Better Framework for Recovery and Rehabilitation, as a continuing strategy in order to immediately restore public services and ensure public health and safety. On the other hand, debris management interventions, experiences, lessons learned, good practices and challenges of key stakeholders have been developed and put together as Knowledge Products which served as guide for government and other agencies on typhoons and other incidents that may happen in the future.

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

The significant increase in the number of beneficiaries compared to the target was due to the complementation initiative that the project had taken. Most of the Local Government Units let the project use their heavy equipment for free and the project only needed to provide for fuel. This freed up funds which was originally allocated for heavy equipment rental during the conduct of CFW and subsequently used for additional CFW beneficiaries. The Philippine Coconut Authority also provided chainsaws and the provincial government likewise provided their dumptrucks and backhoes for the use of the project. These allowed the project to allocate more funds for additional beneficiaries.

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. M&E: Has this project been evaluated?

YES  NO

A comprehensive evaluation of all UNDP programmes in the Philippines in the current programming cycle will be conducted in 2015. This project will be included in the comprehensive evaluation.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	ILO	5. CERF grant period:	15 Jan. 2013 – 15 Jun 2013
2. CERF project code:	13-ILO-001	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Livelihood		<input checked="" type="checkbox"/> Concluded
4. Project title:	Community based Emergency Employment		
7. Funding	a. Total project budget:	US\$ 770,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 683,283	▪ NGO partners and Red Cross/Crescent: US\$ 322,753
	c. Amount received from CERF:	US\$ 597,060	▪ Government Partners: US\$ 68,893
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,225	1,225	Exceeded target of number of workers due to equipment from the provincial government and Philippine Coconut Authority (40 chainsaws) for debris clearing work. Savings generated from the rental of equipment were re-allocated to wages to cover as many workers as possible.
b. Male	2,275	2,282	
c. Total individuals (female + male):	3,500	3,507	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
The proposed response aims to assist communities affected by Typhoon Pablo to recover through emergency employment creation in coastal communities in four municipalities in Davao oriental. It will complement the immediate short-term interventions of Department of Labor and Employment which is "Tulong Panghanapbuhay sa Ating Disadvantaged Workers" and DSWD cash-for work activities.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Generation of 52,500 workdays and income for 3,500 women and men working in flood affected barangays;</li> <li>• Stimulation of the local economies by a US\$383,250 cash injection through wages and the purchasing of local materials and supplies;</li> <li>• Recovered living environment and essential community infrastructure as the foundation for economic and social development;</li> <li>• Increased capacity at barangay and municipal level to adapt to the negative impacts of climate change and reduce future impacts on livelihoods and living conditions; and</li> <li>• Increased capacity and collaboration at regional and national level to respond in crisis situations through emergency employment creation and community contracting modalities.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
54,108 workdays created due to additional number of workers covered. With full equipment support provided by the province, the project maximized resource to cover more areas.			
\$432,626.47 (\$383,250 from the CERF grant) were injected into the local economy due to additional funds from RBTC (internal ILO source). Use of resource-based approach (labour-intensive works) and the advocacy of ILO for decent and productive work lead to			



optimize funds through local purchase of protective gear and tools and payment of wages.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
While there was a slight difference between planned and actual outcomes, this was not a significant discrepancy. The ability to employ more people than planned was due to internal sources of funding being utilised as well as through savings on equipment from the provincial government and Philippine Coconut Authority (40 chainsaws) for debris clearing work. Savings generated from the rental of equipment were re-allocated to wages to cover as many workers as possible.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> Steps were undertaken to allow equal access for women and men to participate in income earning opportunities (cash-for-work). Consultations with communities, encouraged women and men to participate during discussions. During cash-for-work activities, beneficiaries gained additional knowledge and skills that they can utilize for other possible source of livelihood later on. Social protection coverage and health and safety measures promoted the principles of decent work for both women and men.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A final evaluation was conducted by an independent consultant in June 2013 and cited the findings and recommendations below.</p> <p><b>Findings</b></p> <p>The project achieved the quantitative objectives of workers, workdays and cash injection into the local economy over a relatively shortened duration. Debris clearing activities had a positive impact on communities and helped restore essential public infrastructure. Partners followed consistent organizational structure and monitoring approaches, ensuring productivity through various means. Allowed equal access for both women and men to participate in income earning opportunities. There were challenges encountered brought about by external and internal factors, but the project achieved the ILO objectives of promoting decent work. National recognition of the importance of emergency employment and ILO's role in the Livelihood Cluster lead naturally into a future role for the ILO in CFW emergency employment.</p> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Develop a roster of potential contracting partners and consider other alternatives</li> <li>• Better links with provincial PhilHealth Social Security System (SSS) and Documentation of coverage achievement should be part of reporting</li> <li>• Better ILO visibility could avoid local trust issues</li> <li>• Develop roster of emergency staff on emergency response team</li> <li>• Work with SSS and Philhealth to advocate for relaxed requirements in emergencies</li> <li>• Consider developing emergency administrative guidelines and policies</li> <li>• Advocate for the provision of psycho-social services for CFW beneficiaries.</li> </ul>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	7 Dec 2012 – 6 Jun 2013
2. CERF project code:	13-HCR-003	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 communities affected and displaced by Typhoon Pablo		
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\$ 896,268	▪ NGO partners and Red Cross/Crescent: US\$ 68,220
	c. Amount received from CERF:	US\$ 499,992	▪ Government Partners: US\$ 128,211
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	175,000	170,652	The slight discrepancy in the planned and reached children below five years old is attributed to the different estimated percentage of the target group during the planning stage. Actual data collection indicates that around 10 per cent of the beneficiaries are children below 5 years old contrary to the estimated 14 per cent during the planning stage.
b. Male	175,000	159,977	
c. Total individuals (female + male):	350,000	330,629	
d. Of total, children <u>under</u> age 5	50,000	34,121	
9. Original project objective from approved CERF proposal			
To ensure the protection of all persons affected by Typhoon Bopha and to find durable solution for all displaced persons.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Protection Cluster meetings held on a regular basis for 4 months. Minutes will be collated and distributed;</li> <li>Critical protection issues raised, recorded and shared/discussed with the government.</li> <li>Protection Advisories issued with a view to guide government / NGO/ UN agencies and clusters including on land, property and housing issues;</li> <li>Inter-cluster IDP consultations will be held twice.</li> <li>Commission on Human Rights (CHR) will undertake 40 field visits to Typhoon Affected areas during 4 months to monitor the human rights situation in the area;</li> <li>NGO consultations will take place on critical issues on a monthly basis;</li> <li>An evidence based, inter-cluster, vulnerability assessment will be led by the Protection Cluster;</li> <li>20,000 individuals in remote/indigenous people areas will receive birth and/or marriage certificates to allow them to access state services;</li> <li>Support will be provided to DSWD to ensure remote communities have family access cards.</li> </ul>			
11. Actual outcomes achieved with CERF funds			

Protection Cluster meetings held on a regular basis for four months

- UNHCR provided leadership together with the government counterpart on Protection coordination for four months (December 2012 to March 2013). Eight protection cluster meetings were held; critical protection issues raised and recorded during meetings and protection monitoring activities were shared with the concerned government agencies and security sector through bilateral meetings.

Protection Advisories issued with a view to guide government /NGO/ UN agencies and clusters including on land, property and housing issues

- Three protection advisories were also released in relation to protection of children who ended up begging on the streets, women and children at risk of being trafficked and persons in need of special attention for humanitarian assistance including indigenous people in remote locations
- Land, property, and housing advisory produced by CHR in Tropical Storm Washi context was also adopted in the context of Typhoon Bopha affected areas.

Inter-cluster IDP consultations were held twice, one for Moro population (islamized tribe), and one for indigenous people population. CHR with local NGO partners undertook 64 field visits indirectly benefitting 228,708 people to Typhoon Affected areas during 4 months to monitor the human rights situation in the area. On the issue of trafficking, the Regional Human Right Commission in the Autonomous Region in Muslim Mindanao has been conducting monitoring of potential trafficking cases through its western provinces of Tawi-Tawi, Sulu, and Basilan.

NGO consultations on a monthly basis

- Critical consultations with the community were regularly conducted jointly with a local NGO, SILDAP-SEM, in 178 affected communities, mostly in remote locations and in 98 evacuation centres/public spaces where IDPs temporarily taking shelter. The same communities were also provided with solar lanterns (funded by DFID) benefitting 72,813 individuals composed of 37,487 women and 35,326 men. Among these beneficiaries were 1,363 lactating and 763 pregnant women, 217 PWD, 1,751 elderly, 99 adolescent headed household, and 463 female headed household.
- Unyphil women has also been mobilized to provide support during consultations and distribution of non-food items shortly after the onset of typhoon. A total of 15,670 persons benefitted from protection kits. Unyphil Women continued to provide support to RHRC in monitoring of potential cases of women and children trafficking through the western provinces of Mindanao.

25,482 persons in remote/IP areas received birth and/or marriage certificates to allow them to access state services;

- Cateel reached 15,027 registrants
- 7,226 female registered and 7,801 male registered
- Age 0-17 (7,177); age 18 – 59 (7,291); age 60 and above (559)
- Birth certificates were released to 15,033 as of 30 June 2013
- Boston reached 10,455 registrants
- 5,172 female registered and 5,283 male registered
- Age 0-17 (4,432); age 18 – 59 (5,774 age 60 and above (249)

An evidence based, inter-cluster, vulnerability assessment by the Protection Cluster

Municipality Protection Profile highlighting the level of risks in 11 municipalities (6 in Caraga region and 5 in Region IX) were produced by the protection cluster. The same were circulated and used by humanitarian and government agencies as reference.

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

For the civil documentation activities, 5,488 more individuals benefiting the project than target is due to contribution also provided by the Local Civil Registrar's Office (LCR) of Boston and Cateel. National Statistics Office Regional Office 11 has also expedited their verification procedures which facilitated the quick turnaround of documents submitted by LCR for verification.

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. M&E: Has this project been evaluated?

YES  NO

Although it has been an integral part of the project that it monitors the condition of IDPs and evaluates effectiveness and quality of humanitarian response in general in line with the guiding principles, UNHCR has not conducted an evaluation specific to its project due to limitation in resources and the need to respond to other emergencies in 2013.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	18 Jan. 2013 – 17 Jul. 2013
2. CERF project code:	13-WHO-003	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 flood affected populations PHI13H57141R		
7. Funding	a. Total project budget:	US\$ 750,000	d. <sup>4</sup> CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 676,600	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 99,990
	c. Amount received from CERF:	US\$ 606,420	▪ <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	143,456	160,651	With the rehabilitation of health facilities and provision of medical supplies, communities in the affected areas were able to benefit from increased access to general health services. The increased total number of people reached includes indirect beneficiaries (people who were not directly impacted by the event).
b. Male	155,413	174,038	
c. Total individuals (female + male):	298,869	334,689	
d. Of total, children <u>under</u> age 5	43,337	48,530	
9. Original project objective from approved CERF proposal			
Provision of life-saving health services to flood affected populations			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Health facilities and services in the affected areas restructured and operational to meet immediate operational demands</li> <li>Increase in access to essential health services with adequate referral system and medical supplies in stock at health facility level</li> <li>Increase in relevant health information for decision-making and further planning</li> <li>Disease surveillance and outbreak control system fully functional in the 6 municipalities and reporting on any outbreak within the 72 h</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Increased access of affected populations to essential primary care <ol style="list-style-type: none"> <li>40 barangay health stations provided with essential medicines, equipment and supplies</li> <li>Eight rural health units provided with essential medicines, equipment and supplies</li> <li>Provided 10 tents for temporary health facilities and health outposts</li> <li>Three mobile teams providing general consultations and two mobile teams providing mental health and psychosocial support</li> </ol>			

<sup>4</sup> Actual expenditure of USD99,990 to Merlin for contractual services is correct. Activities that were proposed to be contracted to NGO implementing partners (other than those implemented by Merlin) were implemented by local health workers together with WHO staff. WHO also provided the administrative and logistic support. Failure to request for reprogramming was an oversight.

<p>services were deployed and provided with transport support and equipped with primary care medicines and supplies</p> <p>5. Augmented the medicines and supplies of Cateel District hospital to provide secondary level of care</p> <p>6. Trained and equipped 42 rural health midwives to provide essential intrapartum and new-born care</p> <p>Health cluster established at regional and provincial levels (Davao Oriental and Compostela Valley)</p> <p>1. Regular intra-cluster, intercluster coordination meetings with humanitarian partners</p> <p>2. Information management products produced and distributed regularly (situation reports, bulletins, directories, surveillance reports, risk assessments)</p> <p>Prevention and control of communicable disease outbreaks</p> <p>1. Established emergency disease surveillance in affected barangays and evacuation centres of the six most affected municipalities in Davao Oriental and Compostela Valley provinces</p> <p>2. Provided the Davao Oriental provincial hospital laboratory with equipment, supplies and reagents to enable rapid diagnosis and confirmation of suspect cases of cholera and other enteric diseases</p> <p>3. Provided vaccine refrigerators to the rural health unit of Caraga to ensure integrity of its cold chain</p> <p>4. No outbreaks of communicable diseases have been reported from date of onset of event to end of the response.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>With the rehabilitation of health facilities and provision of medical supplies, communities in the affected areas were able to benefit from increased access to general health services. The increased total number of people reached includes indirect beneficiaries (people who were not directly impacted by the event).</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><b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b>  <b>If 'NO' (or if GM score is 1 or 0):</b> The rehabilitation of health facilities and the services provided by mobile teams benefit the whole community population which is made up of 48 per cent female. In addition, services for maternal and child health make up the majority of services provided by the rehabilitated community health facilities.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>A formal evaluation of the project was not conducted due to a lack of funds. However, monitoring visits to health facilities and mobile teams were conducted on an almost weekly basis. Health and Mental Health and Psychosocial Support cluster meetings were regularly conducted where progress of activities, remaining needs and gaps, and constraints were discussed.</p> <p>Procurement and deliveries of materials were tracked.</p> <p>An exit conference with cluster partners including the government health authorities at the regional, provincial and municipal levels was conducted.</p>	

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
12-CEF-143	Water, Sanitation and Hygiene	UNICEF	ACF	INGO	\$227,396	17-Jan-13	17-Jan-13	concluded - 9 June 2013
12-CEF-143	Water, Sanitation and Hygiene	UNICEF	CRS	INGO	\$201,955	23-Jan-13	23-Jan-13	concluded - 9 June 2013
12-CEF-143	Water, Sanitation and Hygiene	UNICEF	ASWSD	NNGO	\$210,557	27-Dec-12	27-Dec-12	concluded - 9 June 2013
12-CEF-143	Water, Sanitation and Hygiene	UNICEF	Save the Children	INGO	\$206,790	21-Feb-13	21-Feb-13	concluded - 9 June 2013
12-CEF-144	Protection	UNICEF	Community and Family Services International	INGO	\$124,157	12-Feb-13	1-Jan-13	
12-CEF-144	Protection	UNICEF	Plan International	INGO	\$69,898	1-Apr-13	1-Jan-13	
12-CEF-144	Protection	UNICEF	Save the Children	INGO	\$83,169	30-Mar-13	1-Jan-13	
12-CEF-145	Nutrition	UNICEF	Save the Children	INGO	\$90,450	31-Dec-12	9-Dec-12	The funds were allocated relative the coverage of municipalities by each partners and those partners with capacity in managing Acute Malnutrition received more as Save the Children and ACF
12-CEF-145	Nutrition	UNICEF	Merlin	INGO	\$5,563	31-Dec-12	9-Dec-12	
12-CEF-145	Nutrition	UNICEF	Plan International	INGO	\$1,981	31-Dec-12	9-Dec-12	
12-CEF-145	Nutrition	UNICEF	Action Contre La Faim	INGO	\$50,216	31-Dec-12	9-Dec-12	
12-FPA-047	Protection	UNFPA	Family Planning Organization of the Philippines	NNGO	\$9,632	4-Mar-13	6-Mar-13	
12-FPA-047	Protection	UNFPA	Child Alert Mindanao	NNGO	\$29,764	17-Apr-13	19-Apr-13	
12-FPA-048	Health	UNFPA	Family Planning Organization of the Philippines	NNGO	\$24,809	4-Mar-13	6-Mar-13	
12-WFP-083	Nutrition	WFP	Save the Children	INGO	\$70,746	24-Jan-13	7-Jan-13	
12-WFP-083	Nutrition	WFP	Province of Compostela Valley	GOV	\$48,614	23-Apr-13	4-Feb-13	

12-UDP-014	Early Recovery	UNDP	Association of Construction and Informal Workers (ACIW), Inc	NNGO	\$79,247	18-Jun-13	5-Jun-13	
12-UDP-014	Early Recovery	UNDP	Alliance of Government Employees Cooperatives (ALGEMCO) Federation in Region IXA	NNGO	\$81,054	10-Jun-13	5-Jun-13	
12-UDP-014	Early Recovery	UNDP	Boston Tribal Multi-purpose Cooperative (BOSTRIMCO)	NNGO	\$5,162	17-Jun-13	3-Jun-13	
12-UDP-014	Early Recovery	UNDP	Katilingbanong Pamahandi sa Mindanaw Foundation, Inc. (KPMFI)	NNGO	\$68,156	10-Jun-13	5-Jun-13	
12-UDP-014	Early Recovery	UNDP	Sustainable Integrated Area Development Initiatives in Mindanao – Convergence for Asset Reform and Regional Development (SIM CARRD)	NNGO	\$40,780	10-Jun-13	5-Jun-13	
13-ILO-001	Livelihoods	ILO	DOLE Region 11	GOV	\$57,514	31-Jan-13	5-Feb-13	
13-ILO-001	Livelihoods	ILO	DAR	GOV	\$11,379	8-Apr-13	22-Apr-13	
13-ILO-001	Livelihoods	ILO	PhilDHRRA	NNGO	\$63,593	16-Apr-13	22-Apr-13	
13-ILO-001	Livelihoods	ILO	ALGEMCO	NNGO	\$23,065	16-Apr-13	29-Apr-13	
13-ILO-001	Livelihoods	ILO	Green Mindanao Association	NNGO	\$68,725	26-Apr-13	29-Apr-13	
13-ILO-001	Livelihoods	ILO	DORECO	NNGO	\$15,635	26-Apr-13	29-Apr-13	
13-ILO-001	Livelihoods	ILO	MANDISA	NNGO	\$24,982	3-May-13	6-May-13	
13-ILO-001	Livelihoods	ILO	BFA	NNGO	\$15,762	8-May-13	16-May-13	
13-ILO-001	Livelihoods	ILO	Social Action Center-Immaculate	NNGO	\$37,179	8-May-13	19-May-13	
13-ILO-001	Livelihoods	ILO	Social Action Center-Sacred Heart	NNGO	\$37,179	8-May-13	17-May-13	
13-ILO-001	Livelihoods	ILO	Social Action Center-Sto. Nino	NNGO	\$36,633	8-May-13	18-May-13	

13-HCR-003	Protection	UNHCR	Commission on Human Rights	GOV	\$44,406	18-Jun-13	1-Jan-13	Transfer of funds done only upon closure of 2012 accounts as per UNHCR - CHR Partnership agreement.
13-HCR-003	Protection	UNHCR	Regional Commission on Human Rights	GOV	\$24,322	15-May-13	1-May-13	
13-HCR-003	Protection	UNHCR	Municipality of CATEEL	GOV	\$33,007	25-Mar-13	1-Mar-13	
13-HCR-003	Protection	UNHCR	Municipality of Boston	GOV	\$28,067	25-Mar-13	1-Mar-13	
13-HCR-003	Protection	UNHCR	SILDAP-Southeastern Mindanao,	NNGO	\$48,267	5-Mar-13	1-Feb-13	
13-HCR-003	Protection	UNHCR	UNYPHIL-Women, Inc	NNGO	\$19,953	1-Jul-13	17-Dec-12	Transfer of funds to cover 2013 activities only in July 2013. For December 2012-January 2013 activities, it is covered by funding transferred in 2012.
13-WHO-003	Health	WHO	Merlin	INGO	\$99,990	1-Dec-13	30-May-13	



## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BCPC	Barangay Councils for the Protection of Children
CCCM	Camp Coordination and Camp Management
CFS	child friendly spaces
CHR	Commission on Human Rights
CP	child protection
CPiE	Child Protection in Emergencies
CPRA	Child Protection Rapid Assessment
CPWG	Child Protection Working Group
DSWD	Department of Social Welfare and Development
DTM	Displacement Tracking Matrix
ECHO	Humanitarian Aid and Civil Protection Department of the European Union
GBV	gender-based violence
HCT	Humanitarian Country Team
IACAT	Inter-Agency Council Against Trafficking
IDP	internally displaced person
IYCF	Infant and Young Child Feeding
LCPC	Local Councils for the Protection of Children
LCR	Local Civil Registrar's Office
LGU	local government unit
MAM	Moderate Acute Malnutrition
MISP	Minimum Initial Service Package
OCD	Office of Civil Defense
PLW	pregnant and lactating women
PSS	psychosocial support
RA	Republic Act
RC/HC	UN Resident and Humanitarian Coordinator
RH	reproductive health
SAM	severe acute malnutrition
SSS	Social Security System
WASH	Water, Sanitation and Hygiene