



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PHILIPPINES
UNDERFUNDED EMERGENCIES
CONFLICT-RELATED DISPLACEMENT**

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.

YES NO

On 31 July 2014, the Mindanao Humanitarian Team (MHT), with 18 participants mostly comprising of CERF UFE 2013 recipient agencies (UNDP, UNICEF, UNHCR, IOM, UNFPA, WHO, WFP) and its implementing partners held an AAR for its CERF implementation. The purpose of the AAR was for the team to collectively analyse the results of CERF grant and its added value, and consolidate lessons learned among clusters. In this activity, the recipient agencies and their partners presented the summary of their accomplishments versus the targets, discussed their challenges and how they dealt with them along the way, as well as its lessons learnt in CERF implementation.

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

YES NO

The CERF Report was circulated to the Humanitarian Country Team (HCT) for review following consultations with sub-national cluster coordinators and included as an agenda item on 25 September 2014 for further feedback before it was finalized by the RC/HC.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The CERF Report was circulated to the HCT, cluster coordinators at the national and sub-national levels and the MHT.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$27,674,065		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,998,998
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	6,720,231
	TOTAL	9,719,229

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 23-Aug-2013			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-UF-CEF-093	Education	102,918
UNICEF	13-UF-CEF-094	Health/Nutrition	200,441
UNICEF	13-UF-CEF-095	Protection/Human Rights/Rule of Law	199,229
UNICEF	13-UF-CEF-096	Water and sanitation	300,852
UNFPA	13-UF-FPA-030	Health	126,520
UNFPA	13-UF-FPA-031	Protection/Human Rights/Rule of Law	194,817
UNHCR	13-UF-HCR-047	Protection/Human Rights/Rule of Law	799,999
IOM	13-UF-IOM-022	Shelter and non-food items	301,408
IOM	13-UF-IOM-023	Health	109,527
WFP	13-UF-WFP-042	Food	299,154
WHO	13-UF-WHO-051	Health	164,043
UNDP	13-UF-UDP-011	Protection/Human Rights/Rule of Law	200,090
TOTAL			2,998,998

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,750,502
Funds forwarded to NGOs for implementation	1,044,720
Funds forwarded to government partners	203,776
TOTAL	2,998,998

HUMANITARIAN NEEDS

Despite the steady progress in the peace process between the Government of the Philippines (GPH) and the Moro Islamic Liberation Front (MILF) in 2013, communities in central Mindanao, particularly the provinces of Maguindanao and North Cotabato, continue to be affected by armed conflict from among non-state armed groups, clan feuds, generalized violence and natural disasters leading to pockets of insecurity and displacements. From January to June 2013, 420,698 people were displaced in Mindanao. Of these, 41,192 were displaced in the provinces of Maguindanao and North Cotabato (UNHCR Displacement Tracking Table, 1 July 2013). A number of reasons are cited for the continuous insecurity in the area: the proliferation of firearms among civilians, presence of various non-state armed groups involved in criminalities, weak enforcement of rule of law, discontent of a break-away group on the peace process and weak justice system. Clan feuds which accounted for the biggest source of displacement in the area are over land, honour or political reasons (Protection Cluster, January 2012-June 2013). The IOM-World Bank Scoping Mission Report (May 2013) states that conflict emanating from land disputes will continue even with the progress in peace process. In the context of such challenging environment, even with the Comprehensive Agreement on Bangsamoro (CAB) signed between the GPH and the MILF, it will take time and concerted efforts for the normalization process to be completed. In addition, the communities have poor human development indicators, making them further vulnerable to multiple crises and frequent displacements that impact considerably on their local capacities to recuperate. The EU-WFP study (April 2013) cited that approximately 86 per cent of households borrow money to purchase food or purchase food on credit.

The uncertainty marked by this environment makes it doubly challenging for the affected communities in central Mindanao to completely resettle and start anew in their respective places of origin. At the time of request for funding, the Mindanao Humanitarian Action Plan (HAP) 2013, which sought to provide assistance to 219,000 people in central Mindanao, has only received 7 per cent funding. This has severely affected the capacity of humanitarian agencies to respond to emerging emergencies and to continue early recovery/transition support projects.

The outstanding humanitarian needs remain to be protection and monitoring, distribution of food and non-food items, disease surveillance and provision of access to basic services (health including Reproductive Health, WASH and Nutrition), response to women's rights and grave child rights violations, and early recovery activities targeting indigenous communities affected by conflict. Food security and Education remain as priorities as well, as communities affected by multiple displacements are at risk of food insecurity (Baseline Food Survey, April 2013) and children's education has been disrupted with frequent displacements. The underlying need is the provision of resilient programmes for frequently displaced communities in order not to reverse the gains made in humanitarian assistance.

II. FOCUS AREAS AND PRIORITIZATION

In September 2012, the Mindanao Humanitarian Team (MHT) conducted a joint assessment in central Mindanao in areas identified as most affected by multiple and protracted displacement. Seventy nine per cent (79 per cent) of all sites visited by the assessment team experienced armed conflict, with 62.8 per cent of the population displaced; clan feuds affected 37 per cent of these communities. Protection of civilians remains to be a priority with estimated 2.5 million people displaced from January 2012 to June 2013. The assessment also identified the risk factors leading to increased vulnerabilities to GBV, such as the lack of safety and privacy, lack of toilets and bathing facilities segregated for men/boys and women/girls, absence of lighting in these facilities, as well as public places

such as pathways to schools and water resources, and lack of security measures in camp sites. Focus group discussions (FGD) with community members also highlighted that women and children do not feel safe because of the presence of drugs, gangs and armed men. FGDs also highlighted a lack of economic opportunities and economic dependence as contributing factors to GBV. Furthermore, there is a limited protected environment for children in conflict affected areas at the barangay (village) level, as cited in the multi-cluster assessment and by the Monitoring and Reporting Mechanism on Grave Child Rights Violation. The protracted armed conflict affected schooling with 60 per cent of the classes disrupted since 2008. The multiple displacement and disruption of harvest and food security have impacted on the nutrition of children and vulnerable groups. Acute malnutrition remains at the emergency threshold of 10 per cent as of 2011. Around 10-15 per cent of children under-five were identified with acute malnutrition and Pregnant and Lactating Women were at risk of micronutrient deficiency. Moreover, 50 per cent of communities surveyed reported maternal deaths considering that 60 percent of births since January 2012 were delivered at home by traditional birth attendants. The repeated displacement has also eroded household assets including shelter and non –food items. Families either lost or abandoned their cooking sets and shelter materials, making shelter repair kits a priority recommendation of the assessment teams as well.

The Humanitarian Team assessed 14 municipalities and 1 city in Central Mindanao based on set criteria and prioritization. These included: number of displaced population, presence of armed groups, number of violent incidents with displacement, clan feuds, election related violence, protection needs and poverty indicators. Based on these parameters the team further identified six municipalities in North Cotabato and Maguidanao as most affected to be targeted with CERF funding, which are: Datu Piang, Mamasapano, South Upi, Sultan Sa Barongis, Carmen and Midsayap. To further narrow down the prioritization to barangay level, the team included the presence of two or more agencies operating in the one barangay in order to maximize convergence of resources, as well as the funding level of agencies in the Humanitarian Action Plan (HAP).

III. CERF PROCESS

Upon confirmation of the CERF grant allocation for the Underfunded Emergencies (UFE) window for up to US \$3 million, the RC/HC launched a series of consultations at the national and sub-national levels. The OCHA Sub-office in Cotabato facilitated the consultations among members of the Mindanao Humanitarian Team (MHT), with representatives from member International NGOs. A series of MHT meetings commenced to identify priority areas and sectors:

Priority geographical areas were based on areas with greatest needs as identified in HAP 2013

- On 17 July, the MHT met and discussed prioritization recommendations based on best available data using the priority areas of HAP 2013: magnitude and pattern of displacement, areas with multiple and protracted displacements during the past 18 months, displacement host area, return areas and average number of displaced people. The MHT recommended that the priority areas will be based on the identified HAP 2013 priority areas, where multiple clusters are already working.

Priority sectors based on HAP 2013 with consideration on vulnerable groups

- On 22 July, the MHT met again to discuss the geographical focus of the CERF-UFE grant and the priority sectors for consideration by the Humanitarian Country Team (HCT). Nine municipalities in Maguidanao and North Cotabato were recommended. In accordance with CERF guidelines for countries with a Consolidated Appeals Process, the MHT reviewed the identified humanitarian needs in the HAP document. In this meeting, the MHT recognized the need for the projects to take into consideration the needs of vulnerable groups such as indigenous communities. The members also discussed the possibility of convergence programming, taking in the lessons from other clusters.

Priority by convergence or joint programming

- On 24 July, the HCT met and recommended to the MHT to further narrow down the prioritized areas from nine to five (or less) by reviewing the priority municipalities with the number of proposed HAP projects, appealing agencies or cluster coverage, and areas with greater potential for joint programming. HCT further recommended that MHT estimate the budget of joint programmes by municipality. With these, the HAP 2013 became the basis for prioritization and project identification.

Funding allocation based on FTS data with Gender Marker 2a or 2b and clusters' current funding capacity

- On 29 July 2013, upon the guidance of HCT, the MHT discussed to further prioritize the geographical target areas of the CERF UFE. After taking into account the number of proposed HAP 2013 projects in the original proposed nine municipalities, six were identified with the greatest potential for joint programming. In terms of funding envelopes, funding calculation options were presented by OCHA based on HAP 2013 information. Using information from the Financial Tracking System (FTS), the total funding requirements per sector was calculated by getting the total funding requirements of all proposed HAP 2013 projects in the original proposed nine municipalities with a Gender Marker of 2a or 2b. Sectorial funding requirements of these projects were determined and applied to the total requirement to generate percentage calculation requirement per sector, which was subsequently applied to the US\$ 3 million CERF grant. The current funding status of cluster also formed part of the consideration. The MHT requested OCHA to recalculate the funding proposal based on the six-prioritized municipalities, and the highest priority level in HAP 2013 with Gender Marker of 2a or 2b. The six prioritized municipalities in two provinces are: Datu Piang, Mamasapano, South Upi and Sultan Sa Barongis in the Maguindanao province and Carmen and Midsayap in the North Cotabato province.
- On 30 July 2013, the MHT agreed on the funding allocations, taking into account the proportion of sectoral funding requirements from the total HAP 2013 funding requirement in six-prioritized target municipalities, projects with high prioritization ranking in HAP 2013, and projects with 2a or 2b Gender Marker.

Based on the analyses, the MHT recommended the following sectors to the HCT: Protection (including Child Protection and Gender-Based Violence); Camp Coordination and Camp Management (including Non-Food Items and Emergency Shelter); Health (including Reproductive Health); Nutrition and WASH. The MHT also agreed that communities affected by multiple displacements were at high risk of food insecurity, as highlighted in the baseline food security survey conducted in April 2013 in central Mindanao, and therefore Food Security was included. Furthermore, the RC/HC a.i. made an exception and agreed on an allocation for Education since the cluster has been consistently underfunded in the past CERF allocations and that children in central Mindanao have experienced consistent disruption in education.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 365,404				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Education	3,183	3,084	6,267
	Health/Nutrition	3,430	2,203	5,633
	Protection/Human Rights/Rule of Law	448,127	430,554	878,681
	Water and sanitation	4,973	2,488	7,461
	Shelter and non-food items	4,265	4,284	8,549
	Health	13,496	13,495	26,991
	Food	8,228	7,906	16,134

BENEFICIARY ESTIMATION

At the time of Mid-year Review of the Humanitarian Action Plan (HAP), around 365,404 people had been affected by conflict and natural disaster in central and western Mindanao (outside of Typhoon Bopha areas). But due to the protracted nature of humanitarian situation, the number of affected people changed when agencies conducted additional assessments. Hence, during the CERF UF grant request, agencies targeted more than 390,000 people in need of humanitarian assistance and protection support in central and some parts of western Mindanao.

Except for Protection, the rest of the clusters worked at the municipal level while the Protection cluster had its monitoring activities at the regional level. Humanitarian agencies responded to the outstanding humanitarian needs of affected people in hard to reach areas and contributed to improvement of access of beneficiaries to basic social services. The final estimation of beneficiaries was derived from the Protection cluster as they have the widest number of targeted and reached beneficiaries, and their targets have included all the beneficiaries served by the rest of the clusters.

CERF funds enabled the agencies to respond to outstanding humanitarian needs in a protracted armed conflict context. The results showed that all agencies and their implementing partners were able to exceed their targets of more than 390,000. The majority of the CERF projects have shown optimization of project results leading to convergence and complementation of other resources. UNHCR cited that their initial target beneficiary estimates were based on available data at the time of project development, but subsequent field needs assessment led to the identification of significant issues which necessitated wider project coverage to reach the greatest number of people in need.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	197,713	448,127
Male	200,901	430,554
Total individuals (Female and male)	398,614	878,681
Of total, children <u>under</u> age 5	159,446	351,472

CERF RESULTS

The project was able to reach a total of 878,681 beneficiaries, doubling from the original target or more than 390,000, primarily due to additional information the clusters received in terms of number of targeted beneficiaries at the time of implementation. This number is taken from the Protection Cluster as they have the widest project coverage, and they have also covered the beneficiaries of other clusters in terms of protection monitoring.

CERF provided time critical interventions in protracted emergency through the following:

Protection:

- Regular protection monitoring activities conducted and advisories regularly issued to ensure a protective environment for all IDPs; at least 100 blankets and 10 plastic rolls distributed to the most vulnerable families and people with specific needs in Maguindanao. There are 100 ridge tents and 100 plastic rolls handed over to the Autonomous Region in Muslim Mindanao – Humanitarian Emergency Action Response Team (ARMM-HEART) for rapid deployment especially in the island provinces.
- 1,004 non-food items (NFI) and 500 shelter repair kits (SRK) were distributed to conflict-affected families addressing risks to numerous safety and health hazards posed by living in unacceptable dwelling conditions. These items include essential materials for cooking, beddings and safety materials for drinking water.
- 6,344 women and girls and 4,171 men and boys or a total of 10,515 IDPs sensitized on GBV risk mitigation and response
- 7 Women Friendly Spaces established in the 7 barangay target sites

- 39 GBV survivors reported, of which 32 were given psychosocial support and financial assistance and 6 were provided medical assistance
- 12 reported Grave Child Rights Violations (GCRVs) were verified and responded to; 17 survivors of abuse, exploitation and violence – including Grave Child Rights Violations – were provided with access to child protection services
- Six Community-Based Child Protection Networks (CBCPN) established; 38,138 girls and boys, and around 7,500 women and men were reached with communications, awareness raising and/or advocacy activities.

Food security:

- 310 Cash-For-Work (CFW) beneficiaries provided with livelihood opportunity and augmentation of their income.
- Ten communities have participated in the Interactive Community Mapping and installed community map for each barangay containing information on the safe and disaster-prone areas within the barangay
- 14,934 individuals benefitted under the Food-for-Work project, receiving much-needed rice rations while simultaneously boosting their livelihoods that have been consistently adversely affected by the armed conflicts.

Camp Coordination and Camp Management:

- Five communities participated in Camp Coordination and Camp Management (CCCM) orientations with organized CCCM committees.
- Twelve rounds of displacement tracking using displacement tracking matrix (DTM) conducted in 5 barangays to track down and update the sectorial needs of the displaced families for referral to government and other partner agencies for continued intervention and immediate support.

Education:

- 1,225 school-aged children were able to attend school in 35 repaired schools, 6,000 children were provided with psychosocial support; 83 teachers and volunteers trained using 'education in emergencies' approaches in their classes

Nutrition:

- 4,393 (2,198 boys, 2,195 girls) children under 5 years old screened for Acute Malnutrition; 79 children (29 boys, 50 girls) with Severe Acute Malnutrition admitted to the Therapeutic Feeding Program; 100 per cent of children discharged in the Therapeutic Feeding Program reached their normal/target weight for their height
- 1,442 Pregnant & Lactating Women provided with counselling and support on breastfeeding, complementary feeding and care practices; 60 government health staff trained on management of acute malnutrition & infant and young child feeding

Health and Psychosocial services:

- 5 Barangay Health Stations refurbished with 7 sets of complete medical equipment and supplies providing immediate medical health care and referral services benefitting a total of 17,152 individuals.
- Upgrading of various medical facilities for South Upi Rural Health Unit through provision of 1 unit of solar panel and power bank to improve the medical and referral services of the municipal health center, addressing medical emergency cases.
- 2 barangay health stations with birthing facilities underwent emergency repairs and outfitted with basic emergency obstetric and new born care equipment, medicines and supplies
- 10 barangay health stations were augmented with essential medicines, supplies and equipment. 7 barangay health stations were provided with solar power generators. One Vaccine refrigerator was provided to Barangay Health Station (BHS) Salunayan, which serves 5 other conflict- and natural hazard-affected barangays without health facilities
- Five care and maintenance workshops on health facilities and medical equipment conducted, involving 5 barangays, attended by 148 barangay officials, barangay health workers and barangay midwives to ensure proper usage of the facilities
- Mobile health teams visited and provided health services to residents of the 7 target areas at least two times a month.
- 1,513 pregnant and lactating women were provided prenatal, post partum and family planning services through 105 RH medical missions
- 3,827 women, 3,612 young people and 2,216 men were reached by health information sessions
- 3,512 school age children, adolescents and adults benefitted from psychosocial support services. 87 cases (57 females, 30 males) diagnosed with common mental disorders received cognitive treatment; 2 cases with severe mental disorder were referred to higher level facilities and provided with logistic support

Water and Sanitation:

- Six water sources (including one reservoir) were constructed/improved; 751 latrines with hand washing areas have been constructed. 100 water samples were taken for water quality monitoring
- 60 community leaders, members and government officials were trained on water quality monitoring; 477 people, including 379 women, were trained on hygiene promotion; 1,400 water kits and hygiene kits distributed to affected families; 7,461 individuals including 2,985 children were reached with hygiene promotion activities
- 3,851 residents (2,359 females, 1,492 males) benefitted from community health education on mental health, hygiene and sanitation, prevention of common illnesses, and nutrition

Shelter and NFIs

- 1,004 non-food items and 500 shelter repair kits (SRK) were distributed to conflict-affected families in five barangays across the towns of Datu Piang, Mamasapano, and South Upi in the province of Maguindanao and the town of Midsayap in North Cotabato province benefitting 8,549 girls and boys.

CERF's ADDED VALUE

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

YES PARTIALLY NO

All recipient agencies were synonymous in affirming that CERF funds enabled fast and timely delivery of assistance by agencies and partners to beneficiaries at a time when there was a severe funding shortfall to support the residual and ongoing humanitarian needs in central Mindanao brought about by a protracted emergency.

CERF UF has enabled WHO to quickly procure essential medicines and supplies and provide technical health support to affected communities. UNDP was able to provide protection to the communities with the installation of solar street light in hard to reach areas; and by embarking on road improvement activities, contributed to improved access of affected communities to basic social services at the town centers. UNHCR was able to continue protection monitoring activities like referral and systemic monitoring of the situation to prevent displacement, protect IDPs and find solutions. CERF was also instrumental in acquisition of core relief items which enabled the cluster to respond quickly to meet the needs of IDPs from emerging situations of a protracted conflict. CERF funds also enabled UNFPA and its partners to immediately address the reproductive and GBV needs of women, adolescents and men affected by armed conflict in the targeted municipalities. WFP and partners were able to help affected households restore and rebuild their livelihoods with the Food-for-Work program. IOM and partners ensured that through CERF funding, the shelter repair needs of affected communities were addressed, and essential non-food items and shelter repair materials were provided to the returning IDPs in conflict affected areas. These shelter repair activities also opened livelihood opportunities for beneficiaries, and its refurbishment of health centres benefited as much as the neighbouring communities, outside the target areas of CERF. For UNICEF, CERF UF funds enabled them to provide children in conflict-affected areas with access to basic education, as well as supporting critical unmet humanitarian needs in WASH, Child Protection and Nutrition.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

CERF funds helped the agencies and partners to implement programs that responded to time critical needs of the affected communities. UNDP was able to provide timely and appropriate protection assistance to communities that are highly vulnerable to armed conflict and harassment. WHO was able to dispatch its mobile health teams at a time necessary to provide health services in hard to reach conflict affected areas. It was also the only available source of funding to respond to time-critical RH needs of pregnant and lactating women, as well as GBV survivors in conflict-affected areas. IOM and partners were able to: (a) provide improved access to basic health services for rural communities, (b) generate livelihood opportunities for returning IDPs through the cash for work scheme, and (c) improve the living conditions of returning IDPs through provision of NFI and shelter-repair kits.

For communities who typically rely on environment and agriculture-based livelihoods as their main sources of income, CERF funds enabled them to boost their productivity and support their families despite the repeated conflict in their areas. Furthermore, CERF funds enabled UNICEF to support improved access to water, sanitation and hygiene as well as nutrition interventions which contributed to the reduction of mortality and morbidity cases of affected communities. Child survivors of grave violations against children were responded and referred to government hospital for immediate treatment. The project was able to save a number of children survivors through timely interventions, monitoring and reporting, as well as referrals to social welfare and development office and other concerned agencies. It helped the monitoring and reporting system to work at the local levels.

¹ 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.).

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

YES PARTIALLY NO

CERF funds contributed to 12 per cent of the funding requirement of HAP 2013 which was at \$ 25.2 million at the Mid-Year Review (MYR). It also encouraged support from other funding sources, and has sensitized local resource mobilization through counterpart resource allocation from NGO partners and Local Government Units (LGUs). Most of the agencies echoed this positive observation.

The projects were able to demonstrate results and positive outcomes which further catalysed other donors' contributions. UNFPA received funding support for its Reproductive Health humanitarian response from DFID. WFP received additional support from USAID and DFAT Australia. IOM mobilized resources to supplement CERF funds and received additional funding from UK DfID. These additional funds were used to complement IOM's humanitarian activities, specifically in meeting the critical needs of vulnerable populations, building the capacities of camp management actors, and providing alternative transitory shelters and non-food items.

UNICEF and UNDP highlighted the resource mobilization generated from the community and the local government units. Affected communities provided counterpart resources with labor and other non-cash support. Local human resources were tapped as counterpart voluntary contribution in the construction of WASH facilities, school and barangay health stations and school repairs. WFP assisted communities also provided counterpart in terms of non-food items which are needed for the success of their program implementation. The local government unit's contribution includes manpower, equipment and non-cash resource. In Child Protection, a government led agency, the Department of Social Welfare and Development (DSWD) Office, used their funds to provide assistance to survivors and families who had been identified using CERF funds. Overall, the CERF funds have also complemented the gaps of the regular programme of other stakeholders such as implementing partners.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The agencies noted that coordination amongst the humanitarian community has improved with CERF funding. WHO noted that despite the relatively small amount made available compared to the needs at hand, the CERF enabled greater synergy and complementarity from among the partner agencies. According to UNFPA, CERF funding facilitated joint planning and identification of convergence sites among the members of the Health Cluster. UNDP cited that CERF helped members of the humanitarian community establish common targets and programming for complementation. Coordination went beyond the planning process; there was also an inter-cluster coordination at the start which helped members of the humanitarian community focus resources, prioritize and achieve more impact. The humanitarian community conducted joint assessment activities and established criteria which help narrow down the focus of the interventions towards the most vulnerable and those who experienced multiple displacements.

Actual field convergence of programs took in effect between and among clusters which was facilitated at the sub-national level through the Mindanao Humanitarian Team (MHT). IOM worked closely with the ARMM-HEART and DSWD offices at the regional, provincial and municipal levels. These agencies contributed particularly to smooth and efficient distribution of NFI and shelter repair kits and operation of cash for work program through social preparations, identification and selection of prospective beneficiaries. The proper coordination mechanisms between partners have also ensured sustainability in the longer term and nurtured a strong sense of local ownership from among the affected communities. It can also be cited that the conduct of stakeholders consultations / meetings at the municipal level was effective in bridging partnerships and convergence among members of the MHT, but more so, with Local Government Units like in South Upi, SSB and Carmen, North Cotabato.

Some limitations were raised also during the implementation due to different focuses of each cluster and conflict of schedules.

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

UNDP noted that for some time, humanitarian response in central Mindanao has been somewhat focussed and limited to ongoing emergency only. This has left a lot of the vulnerable communities particularly those that experienced multiple displacements and have not yet fully recovered, as well as the indigenous communities which are frequently victims of harassment from armed groups and have very minimal access to basic social services. With the CERF, the humanitarian response in central Mindanao became broader in scope and has successfully addressed some of the vulnerabilities of the above communities.

UNICEF cited that the convergence initiative through CERF became a venue for humanitarian actors from different sectors such as WASH, Health, Education and Nutrition to link activities and share resources thereby providing a more coordinated and inclusive response between actors and among sectors.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
For disaster-prone countries, pre-positioning and stockpiling is even more critical due to the regular occurrence of shocks. This will enable a more rapid response during the initial phase of the emergency.	Allow greater flexibility in reprogramming CERF funds and consider reviewing policy with regards to funding response preparedness or extend the allowable time in which response activities can be charged prior to disbursement.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The relatively small amount of CERF funds made available compared to the needs necessitated greater synergy and complementarity in the activities of partner agencies to achieve greatest impact.	Need to have resource mobilization to fund ongoing humanitarian needs after CERF funding.	Humanitarian Country Team
Inter-cluster targeting has helped to establish and narrow down the list of communities to the most vulnerable and in need of immediate response using CERF. The joint assessment and coming up of common criteria helped the humanitarian community achieve the targets.	Inter-cluster coordination should be 'maximized' to cover not just the identification of common targets but in the implementation of the initiatives on the ground as well.	HCT/MHT
For a non-Level 3 emergency, an in-country roster of responders can ensure faster delivery of life-saving assistance including CERF-funded projects	To consider developing a pool of standby local responders including programme officers trained in CERF.	HCT
There could have been better UN convergence and impact if related clusters met and agreed to operate in common sites up to barangay levels.	Joint planning of related clusters in project implementation up to barangay level.	HCT/Mindanao Humanitarian Team

<p>Multi-stakeholders orientation at the level of municipal government paved way for easy understanding of LGUs participating in projects to understand the role of UN in the humanitarian setting. It also helped LGUs participation and mobilization of local resources. Furthermore, community consultations and participation are important process to ensure that initiatives reach the most vulnerable in the communities</p>	<p>To give due importance to the community consultation and participation, despite the challenges of undergoing the process during emergencies.</p>	<p>HCT/MHT</p>
<p>Project sustainability in areas supported by CERF vis-à-vis outstanding long-term capacity limitation of partners (eg. health facilities and equipment versus the limited workforce of health workers in hard-to-reach barangays and limited allocation of local funds in support to the continued health needs of the IDPs).</p>	<p>Continue support and advocacy by humanitarian teams to Government counterparts to sustain the gains of the project (eg increase local fund allocation for health care services. Health workers should be provided skills on post-project operations and maintenance of the refurbished health facilities).</p>	<p>HCT/MHT</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	09 October 2013 – 30 June 2014
2. CERF project code:	13-UF-CEF-093	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Education in emergencies for affected children in six provinces in Mindanao		
7. Funding	a. Total project budget:	US\$ 451,666	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 102,918	▪ NGO partners and Red Cross/Crescent: US\$ 76,273
	c. Amount received from CERF:	US\$ 102,918	▪ 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	1,742	3,183	The actual number of beneficiaries almost doubled the target in six identified project sites where 12 temporary learning spaces (TLSs) were planned to be established. This is because the programme implemented light classroom repairs rather than TLS establishment after community consultation and field validation by project staff. This was supported by recommendations from school authorities and concerned local government units. Hence, minor repairs of a total of four day care centers (DCCs) and 35 classrooms in 21 schools were undertaken.
b. Male	1,631	3,084	
c. Total individuals (female + male):	3,373	6,267	
d. Of total, children <u>under</u> age 5	300	639	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> 1. Improve access to quality ECCD and Basic Education for boys and girls affected by emergencies. 2. Improve capacities of education stakeholders to effectively respond to emergency education needs of children. 3. Establish protective mechanisms in learning institutions especially for children and youth during emergency. 			
10. Original expected outcomes from approved CERF proposal			
Outcome: Increased number of children resuming their education			
Indicators: Number of school-aged children attending school and TLS sessions			
Number of TLS set up			
Outcome: Children are well adjusted and able to cope with the emergency situation			
Indicator: Number of children provided with psychosocial support through (Education in Emergencies) EiE and Early Childhood Care and Development in Emergencies (ECCDiE) sessions			
Outcome: Schools and day care centers provide unhampered and safe access to quality education			
Indicator: Number and percentage of teachers and volunteers trained and using EiE and ECCDiE approaches in their classes			

11. Actual outcomes achieved with CERF funds

1,225 school-aged children are able to attend school in 35 repaired schools

Minor repairs in 21 schools (35 classrooms) of the 37 schools in the region and four day care centres (DCCs) were done in place of establishing temporary learning spaces. The repaired facilities provided safe, secure and suitable for learning after the emergency and were much more cost effective than TLSs which would have served only 600 school aged children. With community support including volunteered labour, minor repair works were done for damaged roofs, walls, ceilings, flooring, corner posts, windows, and play areas. From the originally proposed 12 TLS intended to be established, community members through the facilitation of Balay Rehabilitation Center were able to spread the minimal resources equitably to the schools and day care centers badly needing repairs. This was a community-based and participative approach that met critical needs of schools in affected communities.

6,000 children provided with psychosocial support (PSS) through EiE and ECCDiE sessions

More than 6,000 school and day care children participated in PSS sessions conducted by trained teachers. School children who participated in PSS sessions were given as well a variety of school supplies / learning kits. 4,208 learners' packs, 21 sports kits, and 22 ECCD kits delivered to the schools and DCCs. These learning materials encouraged learners to attend school and for parents to enrol their children for the next school year.

83 of teachers and volunteers trained and using EiE and ECCDiE approaches in their classes

83 teachers, day care workers, volunteers, education personnel were trained on EiE and PSS imparting the concepts and its importance in times of emergency situations as expected in the local context. This training also built appreciation and skills in developing more learner-centered approaches with the understanding of the child development principles. Teachers were able to innovate and integrate play and other creative activities in their teaching repertoire. To complement the training, teachers packs were also given aid the teachers in their classes

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

The actual number of beneficiaries almost doubled the target in because the programme implemented classroom repairs rather than TLS establishment after community consultation and field validation by project staff. This was supported by recommendations from school authorities and concerned local government units. In support of this approach, additional funds UNICEF transferred to its NGO implementing partner Balay the payment for construction, teaching and learning materials. UNICEF regrets that due to the volume of programming that occurred in the Philippines from September 2013 to June 2014, no request for reprogramming of funds was made. However, funds were used in-line with the intensions of the original budget and CERF funding principles.

More than a hundred community members including community leaders participated in consultation process before, during and after the implementation of the project. Local education actors from the Department of Education Division and District Offices were also engaged in this process. The active participation from the community influenced strategies in delivering the proposed services to make it more responsive to their actual needs. The community also allocated local resources to augment what was available from the project. A community project assessment was conducted after completing the set deliverables where the stakeholders affirmed the consultative process throughout the implementation period. Also, the project increased participation, communication and coordination in the community to look into education as a collective responsibility of the community. Some positive contribution of the project expressed by the local stakeholders during the project assessment were on the observed increased in attendance of children, eagerness of children to go to school, increased in the participation of parents in school concerns, and closer coordination with community leaders.

During the implementation process complementary services were brought in to address significant issues like WASH, school feeding, and food for work in doing school minor repairs in identified project sites. In the case of WASH, there were latrines with hand washing facilities construction and provision of technical support in five schools. These were done through coordination with WASH colleagues and WFP.

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

YES NO

<p>If 'YES', what is the code (0, 1, 2a or 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0): Planned project activities (i.e. EiE capacity development for teachers) were gender-sensitive and mainstreamed gender into training needs assessments and the development of training design. The documentation of project implementation results features gender-specific information. Gender equality was mainstreamed in project design and implementation.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>The impacts of CERF programming on the access to and quality of education in the target communities will be evaluated through the use of multisector Humanitarian Performance Monitoring (HPM). Through a checklist, HPM will measure and monitor access to services, resources and activities of affected population for WASH, child protection, health, nutrition and education. The HPM in CERF areas is scheduled to be completed towards the end of the year.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	09 October 2013 – 30 June 2014
2. CERF project code:	13-UF-CEF-094	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Life-saving Nutrition Interventions for Girls and Boys with Severe Acute Malnutrition and Pregnant and Lactating Women in High risk municipalities of Central Mindanao		
7. Funding	a. Total project budget:	US\$ 750,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 667,541	▪ NGO partners and Red Cross/Crescent: US\$ 52,000
	c. Amount received from CERF:	US\$ 200,441	▪ 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	2,798	3,430	Capacity building and mobilization of community-based health and nutrition officers and volunteers and local partners facilitated the expansion of the project's reach and scope.
b. Male	1,388	2,203	
c. Total individuals (female + male):	4,186	5,633	
d. Of total, children <u>under</u> age 5	2,754	4,393	
9. Original project objective from approved CERF proposal			
This project aims to support the government and NGO partners in addressing prevailing humanitarian needs to reduce malnutrition-related deaths among under-five children in priority areas through: 1) provision of life-saving therapeutic feeding services and supplies for girls and boys under-5 with SAM; 2) protection and promotion of life-saving breastfeeding and infant and young child feeding practices; 3) capacity enhancement of government duty-bearers for delivery of such services; 4) enhancement of existing mechanisms for timely identification of the most nutritionally vulnerable; and 5) continued provision of technical, coordination, and emergency supply/logistics support to preparedness and response of the Central Mindanao Nutrition Cluster led by the Department of Health.			
10. Original expected outcomes from approved CERF proposal			
1. Outcome:	Decrease in incidence of acute malnutrition among under 5 children		
Indicator:	Number of girls and boys under-5 screened for acute malnutrition		
Target:	2,754 under 5 children screened (1,387 boys and 1,365 girls)		
Indicator:	Number of severely acute malnourished (SAM) girls and boys admitted to therapeutic feeding program		
Target:	120 SAM cases (60 boys, 60 girls)		
Indicator:	Percentage of severely acute malnourished boys and girls cured		
Target:	At least 80 per cent of SAM cured with no significant difference in outcomes for girls and boys		
2. Outcome:	Increase in breastfeeding and infant and young child feeding practices among mothers		

Indicator: Number of pregnant and lactating women (PLW) provided with counselling support for breastfeeding and care practices

Target: 1,432 women

3. Outcome: Decrease in incidence of micronutrient deficiency among PLW

Indicator: Number of PLW receiving micronutrient supplementation.

Target: 1,432 women

4. Outcome: LGUs are enabled to provide nutrition in emergencies services

Indicator: Number of LGU health staff trained on nutrition in emergencies

Target: At least 30 health staff trained on community management of acute malnutrition and IYCF

5. Outcome: Nutrition in emergency advocacy and programming are evidenced based.

Indicator: Prevalence rate of under nutrition and its determinants in children 0-59 months, pregnant and lactating women in emergency affected area.

Target: One nutrition surveys conducted

11. Actual outcomes achieved with CERF funds

Outcome 1:

- 4,393 (2,198 boys, 2,195 girls) children under 5 years old screened for Acute Malnutrition
- 79 children (29 boys, 50 girls) with Severe Acute Malnutrition admitted to the Therapeutic Feeding Program
- 100 per cent (22 children cured out of 22 discharged) of children discharged in the Therapeutic Feeding Program reached their normal/target weight for their height. As of June 30, 57 children are still enrolled in the program and are being monitored for weight gain.

Outcome 2:

- 1,442 Pregnant & Lactating Women provided with counselling and support on breastfeeding, complementary feeding and care practices Region wide baseline data: 55-60 percent exclusive breastfeeding rate (2011 National Nutrition Survey), Project EBF rates: 1,021 exclusively breastfed infants out of 1,128 seen (90 percent)

Outcome 3:

- 2,388 pregnant and lactating women received micronutrient supplementation.

Outcome 4:

- 60 government health staff trained on management of acute malnutrition & IYCF

Outcome 5:

- No nutrition survey done. See section 12 for explanation.

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

The number of children screened exceeded the target because the trained community health and nutrition workers were able to screen on their own, even without the supervision of ACF field staff. There was proper recording, reporting and referral of identified malnourished cases. Similarly, because of their increased capacities, more pregnant and lactating women were reached and provided with micronutrient supplements.

Only 79 SAM cases were identified and subsequently enrolled in the programme. The target of 120 expected SAM cases was based on a previous higher SAM rate. The decrease in SAM cases may also be a result of nutrition interventions in nearby municipalities.

A Nutrition Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey was initially planned to assess the nutritional status of children (6-59 months). However, the Nutrition Cluster in Central Mindanao determined that provincial anthropometric data through the regular government programmes and a planned food security survey of WFP with IYCF and anthropometric components were sufficient and decided not to conduct a similar survey.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The multisector Humanitarian Performance Monitoring (HPM) will be conducted by the Planning, Monitoring and Evaluation Unit of UNICEF in November. Included in the Health and Nutrition section are questions on weight, height, MUAC measurement/monitoring, breastfeeding and complementary feeding for children under five years and Iron & Folic acid supplementation, prenatal check-ups for pregnant and lactating women. The goal of the survey was to serve as a key source of data for children in monitoring progress towards Millennium Development Goals (MDGs) at the national and regional levels.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	09 October 2013 – 30 June 2014
2. CERF project code:	13-UF-CEF-095	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Child Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening the Protective Environment for Children Affected by Armed Conflict and Emergencies in Mindanao		
7. Funding	a. Total project budget:	US\$ 420,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 199,229	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 184,443
	c. Amount received from CERF:	US\$ 199,229	▪ <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	47,782	48,796	There is no significant discrepancy between planned and reached beneficiaries.
b. Male	47,024	46,882	
c. Total individuals (female + male):	94,806	95,678	
d. Of total, children <u>under</u> age 5	28,442	28,703	
9. Original project objective from approved CERF proposal			
The protective environment for children at the barangay level is strengthened through the establishment of CBCPNs, leading to improved monitoring and reporting of Grave Child Rights Violations, and contributing to the overall enhancement of Child Protection Systems in conflict-affected areas.			
10. Original expected outcomes from approved CERF proposal			
Outcome 1: Perpetrators of Grave Child Rights Violations are held to greater account leading to a reduction in abuses against children in situations of armed conflict;			
Indicator: Percentage of reported cases of Grave Child Rights Violations verified and responded to;			
Outcome 2: Community-based child protection mechanisms are strengthened, leading to a reduction in Grave Child Rights Violations and other forms of abuse, exploitation and violence;			
Indicator: At least 2 CBCPN is established, functional and linked with Municipal/Barangay Councils for the Protection of Children;			
Outcome 3: Children benefit from CBCPNs and the enhanced protective environment;			
Indicator: Percentage of survivors of abuse, exploitation and violence – including Grave Child Rights Violations - provided with access to child protection services;			
Outcome 4: Conflict-affected communities have increased awareness of children's protection concerns - including Grave Child			

Rights Violations - and have better understanding of how to prevent and respond to these issues;

2

Indicator: At least 30,000 girls, boys, women and men are reached with communications, awareness raising and/or advocacy activities;

11. Actual outcomes achieved with CERF funds

100 per cent of the 12 rGrave Child Rights Violations (GCRVs) reported were verified and responded to

12 cases of GCRVs were reported, verified and responded to appropriately. Most of the responses were made through referrals to the Department of Social Welfare and Development (DSWD), Department of Health, Regional Human Rights Commission, Commission on Human Rights Region 12, and other concerned government and non-government agencies.

Due to this practice, referral and monitoring systems were strengthened from the municipal levels up to the regional offices. It was also recognized by the families of these survivors the fast response and regular monitoring of these referred cases. Through consultation with government agencies like DSWD it was agreed to report cases directly to the provincial offices considering the workload of these Municipal Social Welfare Office (MSWO) at the municipal level.

Six Community-Based Child Protection Networks (CBCPN) were established

The CBCPN Monitoring and Reporting Mechanism (MRM) Project Team was able to organized CBCPNs in six barangays of South Upi, Maguindanao, exceeding the target of two CBCPNs. These are in barangays Romangao, Pandan, Lamud, Biarong, Looy, and Bongo.

CBCPN members include community welfare volunteers, youth focal points, community leaders, day care teachers, and health workers. Through community consultations the six barangays established CBCPNs and agreed on the membership. During the process, CBCPN members convened to do child protection mapping in their respective barangays to ensure that local government and community are providing appropriate responses.

A series of sessions were conducted to orient CBCPNs on their roles and responsibilities and to help them formulate their respective community child protection plans. Together with other sectors of the community, they were also given orientations on MRM, Barangay Council for the Protection of Children (BCPC) roles and mandates, disaster preparedness and planning, Free Birth Registration Law or MMA Act No. 192, Magna Carta for Children in ARMM or MMA Act No. 162, and Reporting and Referral Pathway.

CBCPN members also serve as monitors in their communities. Since they were formed and provided with trainings and orientations they were reporting child protection issues and send alerts to our NGO partner Community and Family Service International (CFSI) wherever there are potential conflicts. Through CBCPN a 15-year-old girl survivor of trafficking was rescued. This is one of the several cases in barangays affecting children where CBCPN played important role in monitoring and responding to cases and issues of children in communities.

100 per cent of the 17 survivors of abuse, exploitation and violence – including Grave Child Rights Violations - provided with access to child protection services

Different incidents and cases of child-survivors of abuse, exploitation and violence- including GCRVs have been documented, referred, and assisted by CFSI. Children with special needs (CSNs) covered by the project sites, and from other municipalities where CFSI operates, were included in these interventions.

The CBCPN-MRM Project team referred these children for medical check-up and treatment to appropriate agencies including, but not limited to the Cotabato Regional Medical Center (CRMC) through its Medical Social Services. CFSI also provided assistance for the clients/patients' medical and personal needs.

Youth Focal Points (YFPs) and CBCPN members of Romongaob, Pandan, Looy, Bongo, Lamud and Biarong have also benefited from the YFP kits and Community Welfare Volunteer (CWV) kits which motivated them, in their education and community service. Moreover, a referral system for free birth registration has been put in place in 14 barangays of Mamasapano, Maguindanao with a total of 304 unregistered children gaining their birth registrations due to the CBCPN-MRM.

95,678 girls and boys, and around 7,500 women and men are reached with communications, awareness raising, capacity building, and/or advocacy activities.

95,678 children and around 7,500 women and men, including service providers, were reached with communications, awareness building, capacity building, and advocacy activities conducted in Cotabato and municipalities in South Upi, Midsayap and

<p>Mamasapano. Training and orientation on child protection in emergencies (CPiE), the System Building Approach, birth registration, the Magna Carta of Children in ARMM, referral pathways, and the local protection mechanisms of the Government were given to duty bearers, services providers, and communities simultaneously.</p> <p>Approximately 2,000 men and women from an additional 44 barangays who participated in roll-out orientation and training activities were also reached with communications, awareness raising and advocacy activities.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>There's no significant discrepancy reported along the implementation of the project. Actual implementation rates were slightly higher as most of the activities were conducted in the communities and with strong engagement, more people could be reached for little or no additional cost. The community also provided counterparts through community kitchens, and meals were locally cooked/made by the communities that are much cheaper compared to those purchased in the city. As a result, the project reached and extended the awareness raising and advocacy activities in the adjacent barangays under municipalities that are not covered in this project.</p> <p>Additional funding was transferred to NGO and no money was transferred to 'UN agencies/IOM' because the role of UN agencies in the Monitoring and Reporting Mechanism (MRM) was not taken forward as per the proposal. Instead CFSI was 'UN trained' to monitor, report and verify grave child rights violations in situations of armed conflict, which CFSI carried out within the rubric of the Community Based Child Protection Networks that were also being established. UNICEF regrets that due to the volume of programming that occurred in the Philippines from September 2013 to June 2014, no request for reprogramming of funds was made. However, funds were used in-line with the intensions of the original budget and CERF funding principles.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The impacts of CERF programming on the child protection status of the target communities will be evaluated through the use of a multisector Humanitarian Performance Monitoring (HPM) by the Planning, Monitoring and Evaluation Unit of UNICEF. Through a checklist, HPM will measure and monitor access to services, resources and activities of affected population for WASH, child protection, health, nutrition and education. Specific for child protection such as access to information and services, knowledge of national laws related to child protection, referral and monitoring mechanisms are included in the HPM tool. The HPM in CERF areas is scheduled to be completed towards the end of the year.</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	09 October 2013 – 30 June 2014
2. CERF project code:	13-UF-CEF-096	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project title:	Ensuring sufficient and resilient WASH services for the disaster affected areas in Mindanao		
7. Funding	a. Total project budget:	US\$ 800,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 250,246 ▪ <i>Government Partners:</i> US\$ 0
	b. Total funding received for the project:	US\$ 705,894	
	c. Amount received from CERF:	US\$ 300,852	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,500	4,973	The initial assumption was that equal number of men and women would be reached through the hygiene promotion activities. However, during the implementation of the project, women are more readily available in the community and in their respected households, during the times of hygiene promotion activities.
b. Male	3,500	2,488	
c. Total individuals (female + male):	7,000	7,461	
d. Of total, children <u>under</u> age 5	2,800	2,985	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Improve WASH services • Improve hygiene behavior for women and children • Ensure monitoring of water quality • Enhance the capacity of LGUs and other government staff in providing effective services for WASH that are sensitive to the risks of natural disasters and conflict 			
10. Original expected outcomes from approved CERF proposal			
Outcomes:			
<ul style="list-style-type: none"> • Girls, boys and women have protected and reliable access to sufficient and safe drinking water, sanitation and hygiene facilities • Communities especially women, girls and boys participate in planning, implementation and monitoring of WASH interventions • Prevent diarrhea and other water borne diseases by ensuring a coordinated and efficient WASH response 			
Indicators:			
<ul style="list-style-type: none"> • Number of water sources constructed/improved • Number of gender responsive latrines with hand washing areas constructed/improved • Number of trained men and women leaders on water quality monitoring • Number of men and women trained on hygiene promotion • Number of participants in hygiene promotion sessions 			

- Number of hygiene kits and water kits distributed

Targets:

- 6 water sources constructed/improved
- 600 constructed/improved latrines with hand washing areas
- 100 water samples on water quality monitoring
- 24 men and 33 women community leaders, members and LGU officials trained on water quality monitoring
- 100 men and 200 women trained on hygiene promotion
- 1,400 water kits and hygiene kits distributed to affected families
- 7,000 individuals including children are reached with hygiene promotion activities

11. Actual outcomes achieved with CERF funds

Six water sources (including one reservoir) were constructed/improved

3,080 individuals (616 households) in six covered barangays in South Upi, Maguindanao now have reliable access to sufficient and safe drinking water from five intake boxes (two new and three improved) and one new reservoir (with four new tap-stands). Construction and repair of water systems was done through cooperative undertaking of the community or "*bayanihan*" system which used the local work force.

751 latrines with hand washing areas have been constructed

751 household latrines were constructed/improved and are functional. Two Barangays are now candidates for Zero Open Defecation (ZOD) status out of the six barangays covered. There is increased sanitation status in the communities and an evident change in sanitation and hygiene behaviours. Additionally there are 5 twin latrines with hand washing facility constructed in 5 schools. Over 957 pupils with 613 girls and 344 boys benefit from the facilities. Latrines were built with the help of the Parent-Teachers Association (PTAs).

100 water samples were taken for water quality monitoring

All constructed water facilities were tested for water quality using Del Aqua Kit and are safe to drink. 100 water samples were tested and monitored for water quality. Water samples were taken from different household water samples, tap-stands, collector boxes, reservoirs and intake boxes and different water sources such as open springs and dug wells. Contaminated water samples were reported back to the community and provided hygiene promotion sessions highlighting the conduct of household water treatment and safe water transfer and storage to prevent continued contamination of water.

29 men and 31 women community leaders, members and LGU officials were trained on water quality monitoring

29 men and 31 women were trained with water quality monitoring which consist of Barangay Water and Sanitation Association (BAWASA) officers, community leaders, barangay officials and community members to ensure and sustain water quality in the covered barangays especially on the improved water sources. This is 5 more men and 2 less women than the target, an overall increase of three people with improved gender equity.

98 men and 379 women were trained on hygiene promotion

For hygiene promotion, there are 98 men and 379 women with a total of 477 individuals trained with hygiene promotion. This is two less men and 179 more women than targeted. Participants included community volunteers, who facilitate latrine constructions, which integrated hygiene promotion in their activities, BAWASA officers who integrated hygiene promotions in their water monitoring and water facility management activities; and community members trained. Hygiene promotion trainings were done and lead by the Rural Health Unit of South Upi with support from the implementing partner Action Against Hunger (ACF).

1,400 water kits and hygiene kits distributed to affected families

1,400 water and hygiene kits were distributed to 1,400 families. Distribution of the kits was led by the Rural Sanitary Inspector.

7,461 individuals including 2,985 children were reached with hygiene promotion activities

7,461 individuals, 2,488 male and 4,973 female of which 2,985 are children, have been reached with WASH interventions. Hygiene promotion sessions were done by the local Community Health Team (community volunteers including BHWs) headed by the midwives and Rural Health Unit. Hygiene promotion sessions include hand washing and proper toileting where in community where taught not to defecate in open to prevent fecal borne diseases such as diarrhea and cholera.

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

There was some variation by gender as during the implementation of the project, women were more readily available in the community and in their respected households, during the times of hygiene promotion activities.

Transfers to our NGO partner ACF were increased from US\$ 180,000 to US\$ 250,246 as the need for UNICEF human resource costs were lower than initially planned. Hygiene kits were provided directly by Manila UNICEF office for a value of around US\$ 60,000. UNICEF used these savings to fund expanded activities through ACF to three more barangays in South Upi, in addition to the originally six planned. The Programme Cooperation Agreement with ACF was amended to add an additional US\$ 70,246 transferred to cover the additional barangays.

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

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

YES NO

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

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

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

EVALUATION CARRIED OUT

To effectively evaluate the performance of humanitarian response. UNICEF developed an integrated humanitarian performance monitoring (HPM) tool, which is anchored on the CCC's framework and the UNICEF emergency response plan, measures and monitors the access to services, resources and activities of affected population for WASH, child protection, health, nutrition and education. The HPM in CERF areas is scheduled to be completed towards the end of the year.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	30 September 2013 – 30 June 2014
2. CERF project code:	13-UF-FPA-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Ensuring Access to Reproductive Health Services in IDP Return Sites in Mindanao		
7. Funding	a. Total project budget:	US\$ 284,670	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 62,653 ▪ Government Partners: US\$ 0
	b. Total funding received for the project:	US\$ 276,706	
	c. Amount received from CERF:	US\$ 126,520	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,000	6,061	Target beneficiaries slightly exceeded by 2 per cent.
b. Male	3,500	3,594	
c. Total individuals (female + male):	9,500	9,655	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> 1. Provide access to life- saving reproductive health information and services to pregnant and lactating women, women of reproductive age, men of reproductive age and young people among the IDPs in the 7 barangays in 4 municipalities; and, 2. Build capacity of local government health service providers to deliver timely and quality basic emergency obstetric care, family planning and other RH services during emergencies. 			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> 1. Number of Barangay Health Stations (BHS)s capable of providing quality RH information and services 2. Number of PLWs, young people and other IDPs served by the mobile clinic and laboratory and the RH medical missions 3. Number of midwives certified in the provision of BEMONC and FP services 4. Number of CHTs organized and capable of conducting RH information sessions 5. Number of women, young people and men attending the CHIS 6. RH database developed and functional 			
11. Actual outcomes achieved with CERF funds			
<ol style="list-style-type: none"> 7. 6 out of 7 BHSs providing quality RH information and services 8. 1,513 PLWs reached by 105 RH medical missions conducted by mobile clinic and laboratory 9. 15 midwives trained in BEMONC and 22 trained in MISP 10. 8 CHTs organized with a total of 39 members trained and capable of conducting RH information sessions 11. 3,827 women, 3,612 young people and 2,216 men attended the community health info sessions (CHIS) 12. RH database developed and functional 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
On outcome 1, one BHS is not fully functional as midwife assigned could not access BHS due to clan war or “rido” with barangay captain; health information and services were provided by Community Health Team composed mainly of community health workers. On outcome 3, the midwives were trained and not yet certified because certification is to be undertaken 6 months after continuous practice. The service providers had not completed the 6 month proficiency period when the project ended.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation for the project has been planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	03 October 2013 – 30 June 2014
2. CERF project code:	13-UF-FPA-031	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Life-saving Interventions to Prevent and Respond to Gender-based Violence (GBV) in Emergencies		
7. Funding	a. Total project budget:	US\$ 372,371	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 369,839	▪ NGO partners and Red Cross/Crescent: US\$ 95,238
	c. Amount received from CERF:	US\$ 194,817	▪ 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	5,500	6,344	Target beneficiaries exceeded by 11 per cent. A lot more young people were reached since the implementing partner conducted GBV sessions in schools where each class numbered more than 40 students. The target was only 30 pax per session.
b. Male	4,000	4,171	
c. Total individuals (female + male):	9,500	10,515	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Ensure access of gender-based violence (GBV) survivors to survivor-centered, multi-sectoral services; • Strengthen capacity of service providers and inter-agency protection mechanisms to implement rights-based, culturally-sensitive and survivor-centered GBV prevention and response measures in humanitarian settings; and • Increase awareness of the affected communities (women, men, girls and boys) about human rights and GBV; the importance of receiving health care immediately after a GBV incident in order to avert preventable consequences; and how to access services. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of GBV survivors reported to inter-agency protection mechanisms provided with life-saving and appropriate GBV response services especially medical and psychosocial = 100 per cent of reported GBV cases to the inter-agency protection mechanisms • Number of municipalities with multi-disciplinary quick response team to handle GBV cases = 4 municipalities and 7 villages • Number of hospitals with functional Women and Child Protection Unit (WCPU) according to Department of Health (DOH) guidelines to provide clinical management of rape = 2 hospitals • Number of inter-agency protection mechanisms oriented = at least 4 municipal level inter-agency protection mechanisms • Number of social workers mobilized as surge capacity to deliver psychosocial care and gender-responsive case management based on post-training assessment = 12 social workers • Number of GBV Monitors/Human Rights Action Officers oriented and implementing community-based protection surveillance of GBV cases = 10 GBV Monitors/Human Rights Action Officers • Number of Women Friendly Spaces (WFS) established according to DSWD guidelines = 10 WFS • Number of women, adolescent girls of reproductive age sensitized on GBV prevention and response through information 			

sessions in affected areas = 9,500 • Number of communities/sites that receive and utilize localized GBV prevention and response IEC materials = 7 villages in 4 municipalities	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 39 GBV survivors were reported to the interagency protection mechanism of which 6 were provided with medical services and 32 of the said survivors, or 82 per cent, were given psychological support and financial assistance • 4 municipalities with multidisciplinary quick response teams; teams established at the provincial and regional levels but not village level • Only one hospital with functional WCPU – the Cotabato Regional Medical Center • 4 municipal interagency protection mechanisms oriented including regional and provincial protection mechanisms • 13 social workers mobilized to provide psychological support services and gender-responsive case management • 10 GBV monitors/human rights action officers oriented and implementing community-based protection surveillance of GBV cases • 7 WFS established according to DSWD guidelines in the 7 barangay target sites • 6,344 women and girls and 4,171 men and boys or a total of 10,515 IDPs sensitized on GBV risk mitigation and response All 7 villages in 4 municipalities received and utilized GBV prevention and response IEC materials	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> • Establishing multi-disciplinary quick response teams at the municipal level was already a big challenge. The police, social workers and medical doctors did not usually work as a team in handling GBV cases because of the sensitivity of the issue and the power dynamics of families involved which could easily lead to clan wars or “rido”. The situation was even worse at the community or village level. However, the establishment of the regional and provincial teams was a big help as they provided the necessary TA support to the teams at the municipal level. • Only the regional hospital has a WCPU since it is a mandate from the DOH. The provincial hospital in Maguindanao did not see this as a priority. There are only 7 villages and so only 7 WFSs were set up and not 10.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation for the project has been planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	16 Oct. 2013-30 June 2014
2. CERF project code:	13-UF-HCR-047	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Addressing protection issues and raising protection standards through strengthening institutions and communities		
7. Funding	a. Total project budget:	US\$4,273,955	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 799,999	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 194,926
	c. Amount received from CERF:	US\$ 799,999	▪ <i>Government Partners:</i> US\$ 138,302
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	197,713	448,127	There is a significant difference between the planned and reached beneficiaries because during the time when the plans were drawn it was based on the limited available and the conservative estimate provided by the partners. However, after the actual field assessment, there was a need to intensify the protection monitoring coverage by the implementing partners to reach the greatest number of people of concern.
b. Male	200,901	430,554	
c. Total individuals (female + male):	398,614	878,681	
d. Of total, children <u>under</u> age 5	159,446	351,472	
9. Original project objective from approved CERF proposal			
<p>To improve the quality of protection IDPs and other conflict affected communities receive, UNHCR will 1) strengthen the protection monitoring network consisting of state actors, non-state actors, UN agencies and NGOs; (2) ensure a rapid and effective protection response and eventually help them return safely to their homes or find alternative durable solutions.</p> <p>These activities are unusually staff intensive given that Mindanao is large (2 ½ times the size of Switzerland) and the terrain is difficult. Working with partners requires that field staffs are in the 2 – 3 field locations almost every working day. Further, cluster coordination and IM support requires 3 – 4 staff. Most of these activities cannot be done by partners given that IM capacity does not exist with partners and protection monitoring capacities are weak among partners as well.</p>			
10. Original expected outcomes from approved CERF proposal			
<p>Protection and Returnee Monitoring:</p> <ul style="list-style-type: none"> All cases of IDPs and returnee situations are identified during the reporting period / number of cases identified and reported through the IDP Assessment report. Persons with specific needs, in particular women at risk, children at risk, the elderly, disabled and others are identified at the early stages for additional support. Monthly dashboard on displacement and returns is issued and relevant maps for each instance are developed and issued 			

with the IDP Assessment Report.

- Information management units of Autonomous Region in Muslim Mindanao – Humanitarian Emergency Action Response Team (ARMM-HEART), Bangsamoro Development Agency (BDA), Commission on Human Rights (CHR), Department of Social Welfare and Development in the Autonomous Region in Muslim Mindanao (DSWD-ARMM), Regional Human Rights Commission (RHRC), and NGO partners harmonize data management on forced displacement.

Emergency Protection Response

- Government and NGO partners that are fully trained on rapid assessment respond to each cases of displacement within 72 hours of every case.
- Government and partners agree on a standard rights-based protocol to provide assistance to affected communities in emergency situations.
- 1,500 protection kits are procured and distributed with the support of the government and NGOs

Legal Aid and training

- 10 legal clinics and trainings conducted by Public Attorney's Office (PAO), Regional Human Rights Commission (RHRC), Commission on Human Rights (CHR), in conflict affected areas.
- 20 IDP training sessions for key stakeholders including the military, police, civil society and local government officials are conducted, especially in high risk areas

11. Actual outcomes achieved with CERF funds

Protection and Returnee Monitoring:

1. All cases of IDPs and returnee
 - 5 partnerships were established where UNHCR provides funds, capacity building and technical support to these agencies in responding to protection needs and concerns of IDPs. During the project period, partners and UNHCR had, jointly or separately, carried out 127 protection monitoring missions where issues including (a) threat to life, safety and security, (b) GBV, (c) threat to liberty and freedom of movement, (d) access to basic needs, (e) housing, land and property, (f) access to information, and (g) protection of person with specific needs are among the protection issues identified and acted upon.
2. Monthly dashboard on displacement and returns is issued and relevant maps for each instance are developed and issued with the IDP Assessment Report
 - UNHCR through the Protection Cluster continues to disseminate monthly dashboard on displacement in Mindanao as well as IDP Assessment Reports (IDP PAR) to areas outside ARMM. IDP PAR is a joint-harmonized report on displacement and protection issues and response to incidents of displacement in Mindanao. RHRC independently releases IDP PAR of incidents of displacement in ARMM through the Bangsamoro Human Rights Network (BHRN). This is the result of UNHCR continuous mentoring and capacity building to RHRC.
3. Information management units of Autonomous Region in Muslim Mindanao-Humanitarian Emergency Action Response Team (ARMM-HEART), Bangsamoro Development Agency (BDA), Commission on Human Rights (CHR), Department of Social Welfare and Development in the Autonomous Region in Muslim Mindanao (DSWD-ARMM), Regional Human Rights Commission (RHRC), and NGO partners harmonize data management on forced displacement.
 - UNHCR lead the harmonization of protection data collection, collation and reporting across members of the Protection Cluster. ARMM-RHRC has been continuously mentored to collect, collate and report IDP Protection Assessment Reports on displacement within its area of responsibility. Support was also provided to RHRC and national NGOs including UNYPHIL-Women, CFSI, and BDA to come up with harmonized data base on Municipality Human Rights Profiles especially in municipalities in ARMM recurrently affected by displacements.

Emergency Protection Response

1. Government and NGO partners that are fully trained on rapid assessment respond to each cases of displacement within 72 hours of every case. Government and partners agree on a standard rights-based protocol to provide assistance to affected communities in emergency situations.

Advocacy interventions initiated by UNHCR and partners to improve response and protection of IDPs in Mindanao. These interventions include:

- On-going convergence initiative for ARMM HEART participated by ARMM HEART, RHRC, PC and BHRN. ARMM HEART continues to fortify and strengthen their collaboration and response strategy to respond to emergencies in ARMM as well as ensure protection of IDPs. Protocol for response has been discussed in line with the existing law, i.e. Republic Act 10121, and UNGPID. Regular protection monitoring activities conducted and advisories regularly issued to ensure a protective environment for all IDPs; Advocacy for durable solution and protection of IDPs displaced by the AFP vs. BIFF conflict and other armed conflict affected communities where there remains the presence of IDPs. Municipality Human Rights Profile (MHRP) spearheaded by RHRC in collaboration with CFSI and BDA with the technical support of UNHCR. UNHCR conducted at total of 145 field missions that includes protection monitoring, advocacy activities, capacity building activities and World Refugee Day Celebration as its part of improving awareness on IDP protection and UNHCR protection presence in all regions of Mindanao.

2. 1,500 protection kits are procured and distributed with the support of the government and NGOs

- at least 100 blankets and 10 plastic rolls distributed to the most vulnerable families and people with specific needs in Maguindanao. There are 100 ridge tents and 100 plastic rolls handed over to the Autonomous Region in Muslim Mindanao – Humanitarian Emergency Action Response Team (ARMM-HEART) for rapid deployment especially in the island provinces.

Legal Aid and training

- There was no legal aid directly provided to IDPs or persons at heightened protection risk. There were 92 trainings on United Nations Guiding Principle for the Internally Displaced; International Humanitarian Law; and Human Rights Law were conducted for the period covered September 2013-June 2014 involving civilian government official, military and police officers, NGO and community leaders.
- UNHCR identified 26 priority municipalities in Mindanao. An issue based profiling of most vulnerable barangays and municipalities is being conducted that will help establish the state of protection environment of areas that will be affected by the implementation Comprehensive Agreement for the Bangsamoro (CAB). UNHCR advocates that the incoming Bangsamoro government will be aware of the critical protection issues that are currently present and possibly worsen once the Bangsamoro will assume governance.
- UNHCR spearheaded the security and protection assessment of the three (3) island provinces of ARMM (Sulu, Tawi-tawi, Basilan) and encouraged participation of United Nation Division Safety and Security (UNDSS). This is an initiative that determined the protection and security situation and explores possibilities for humanitarian presence.
- Awareness raising through continuous capacity building activities for protection and information management to government and non-government institutions particularly the law enforcement agencies.
- Awareness of grassroots communities on IDP protection and IDP bill. Local government units (LGU) were encouraged to enact local ordinances and laws that respond to protection issues and establish mechanism to monitor and report on protection issues
- Collaborative partnership is continued and involves protection monitoring activities, provision of legal assistance against human rights violations, emergency response and capacity building for protection and information management

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

There are 2,000 units of Non Food Items (and Hygiene Kits) purchased using the CERF funds and are now currently stored in the UNHCR Cotabato warehouse. These items were not distributed as planned for Central Mindanao because all earlier purchase were distributed to affected families in the areas hit by super-typhoon Yolanda. Kits were only later replaced towards the 2nd quarter of 2014.

A token support to the Public Attorneys' Office was provided in lieu of the signing of the Memorandum of Agreement between UNHCR – PAO and the RHRC. However, joint legal aid clinics are yet to be conducted. Previous plan has been impacted by the change of leadership on the side of the RHRC.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNHCR evaluate its programme every year in its annual reporting but do not have specific evaluations of individual projects. This is due to UNHCR preference to look more holistically on its interventions not singling out a specific project from a specific donor but more through its results based approach report on the impact of all UNHCRs intervention in a specific setting.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	03 October 2013 – 30 June 2014
2. CERF project code:	13-UF-IOM-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter/NFI		<input checked="" type="checkbox"/> Concluded
4. Project title:	Shelter and NFI Support to Conflict Affected Communities in Central Mindanao		
7. Funding	a. Total project budget:	US\$ 820,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 28,183 ▪ Government Partners: US\$ 0
	b. Total funding received for the project:	US\$ 301,408	
	c. Amount received from CERF:	US\$ 301,408	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,750	4,265	The direct beneficiaries was higher as the <i>planned beneficiaries</i> figures were ballpark figures made by the Project Team based on available data in the Barangay prior to project implementation. Assessments conducted at the onset of project implementation yielded significantly higher number of potential project beneficiaries, all of whom were assisted—at NO extra cost to the Project.
b. Male	3,750	4,284	
c. Total individuals (female + male):	7,500	8,549	
d. Of total, children <u>under</u> age 5	1,500	1,513	
9. Original project objective from approved CERF proposal			
Contribute to the efforts of the Government of the Philippines and its humanitarian partners to increase the resilience of currently displaced vulnerable populations in the conflict-affected communities of Mindanao with life-saving Shelter and Non-Food Items (NFIs) assistance.			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> 1. Up to 1,000 NFI kits and up to 500 Shelter Kits are distributed to conflict affected families by the end of the project. 2. Approximately five (5) communities benefit from the social preparation and mobilization activities including interactive community mapping by the end of the project. 3. Approximately 300 cash for work program beneficiaries are supported throughout the life of the project. 4. Up to four municipalities are assessed on NFI and Shelter needs and results are shared with relevant institutions by the end of the project. 			
11. Actual outcomes achieved with CERF funds			
<p>IOM's continued efforts to provide humanitarian assistance to vulnerable populations in conflict-affected communities remains this Project's most significant accomplishment. Actual outcomes achieved by IOM with the CERF funds are as follows:</p> <p>1. Non-Food Item and Shelter Repair Kits. IOM Cotabato distributed 1,004 non-food item (NFI) and 500 shelter repair kits (SRK) to conflict-affected families in five barangays across the towns of Datu Piang, Mamasapano, and South Upi in the province of Maguindanao and the town of Midsayap in North Cotabato province. These barangays are as follows, to wit:</p>			

PROVINCE	MUNICIPALITY	BARANGAY
Maguindanao	Datu Piang	Buayan
		Damabalas
	Mamasapano	Liab
	South Upi	Itaw
North Cotabato	Midsayap	Sambulawan

2. Interactive Community Mapping. During the project life, IOM conducted various social preparation, mobilization, and community mapping activities in the aforementioned barangays. The interactive community mapping activities, participated by residents, generated five community-based maps—one for each barangay—containing information on the safe- and disaster-prone areas within the barangay. These community maps were installed in strategic locations around the barangay.

3. Cash for Work Scheme. IOM also devised the Cash-For-Work (CFW) scheme to provide livelihood opportunity and augment the income of project beneficiaries. Under CFW, project beneficiaries have the opportunity 310 persons benefitted from this scheme.

4. Community Needs Assessment and Partnership Building. Various community assessments were also conducted to gather relevant information on the community's NFI and shelter needs, identify prospective beneficiaries for cash for work scheme, and identify the target barangay's emerging needs in the five aforementioned barangays. Utilizing IOM's disaster tracking and site windows tools, the emerging needs of beneficiaries in the target communities were identified as follows: (a) non-food items, (b) shelter, (c) employment, (d) livelihood, (e) food, (f) water, sanitation and hygiene (WASH), and (g) security.

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

Actual beneficiaries assisted by the Project are higher than the planned beneficiaries from the approved CERF proposal. The latter was based on available data -- estimates disaggregated by sex -- provided by target communities to the Mindanao Humanitarian Team (MHT) during its August 2013-assessment mission to update the 2013 Humanitarian Action Plan. The former was derived at after IOM conducted assessment and validation activities on the actual number of project beneficiaries, selected through house-to-house profiling, using vulnerability index forms. These assessment and validation activities confirmed higher number of actual beneficiaries assisted by the Project than figures originally provided in the CERF proposal. The increase in the number of actual beneficiaries did not have financial implications to the Project.

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

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

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

EVALUATION CARRIED OUT

EVALUATION PENDING

Mindanao Tabang Bakwit (MTB), a Cotabato City-based non-government organization and IOM's local implementing partner, conducted a survey of project beneficiaries in the five target communities of IOM's *Shelter and Non-Food Item Support to Conflict Affected Communities in Central Mindanao Project* on May 16, 17, 19 and 24. The survey result shows that "100 per cent of the respondents were satisfied and had expressed gratitude to the implementers (for) they were able to receive the (needed) shelter materials...helping them rebuild their homes."

NO EVALUATION PLANNED

In particular key findings are:

- Beneficiaries had expressed that shelter materials helped them build & repair their shelter for their families.

- | | |
|---|--|
| <ol style="list-style-type: none">2. Shelter repair kits had helped them to be safe and comfortable after rebuilding their houses.3. Beneficiaries were hoping to receive more support on food and livelihood, so they could start earn a living.4. Some beneficiaries are suggesting on continuing community assessment in order to identify other needs of their community members.5. Shelter repair kits provided were not enough to complete their shelter needs for kitchen and other parts of the house.6. They hoped to stretch out the assistance to reach other community members who need the same kind of shelter support. | |
|---|--|

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	27 September 2013 – 30 June 2014
2. CERF project code:	13-UF-IOM-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Enhanced Access to Emergency Health Care Services through Repair and Re-equipping of Health Facilities for Vulnerable Conflict-Affected Communities in Central Mindanao		
7. Funding	a. Total project budget:	US\$ 277,130	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 109,527	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 109,527	▪ 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	5,000	8,633	The discrepancy between the planned and reached beneficiary were due to some of the measures undertaken by IOM during the implementation of the project. This is explained in detail in Section 12. Data submitted by the rural health unit and respective barangay midwives assigned in the five covered barangays versus the actual figures generated by the assessment and validation activities at the start of the Project show significant discrepancies as well.
b. Male	5,000	8,519	
c. Total individuals (female + male):	10,000	17,152	
d. Of total, children <u>under age 5</u>	3,000	5,701	
9. Original project objective from approved CERF proposal			
Contribute to efforts of the Government of the Philippines and its humanitarian partners to provide enhanced access to life-saving health services to currently displaced vulnerable populations of women and men, girls and boys, older people including those with disabilities and chronic medical conditions in the conflict-affected communities of Central Mindanao.			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> Up to 5 Barangay Health Stations (BHS) refurbished and made functional for immediate and emergency health care and referral services Up to 5 BHS provided with medical equipment and supplies, with at least 25 per cent of the supplies are intended for girls and boys with ages from 0-12 years as well as pregnant or breastfeeding women. Approximately 7 communities benefit from the social preparation and mobilization activities 			
11. Actual outcomes achieved with CERF funds			
With CERF funds, IOM achieved these actual project outcomes, to wit: (a) community participation, (b) refurbishment of barangay health stations, and (c) distribution of medical equipment and supplies.			
Refurbishment of Barangay Health Stations. IOM's interventions are targeted to provide immediate and medical health care and			

referral services to conflict-affected communities. With CERF funds, IOM was able to refurbish the barangay health stations of Pandan, Kuya, Pilar, Kigan, and San Jose in the municipality of South Upi in Maguindanao province. As a Department of Health requirement, IOM ensured that all of these barangay health stations are compliant with the Basic Emergency Obstetric and Neonatal Care (BEMONC) standards.

Distribution of Medical Equipment and Supplies. Medical equipment and supplies, including generator sets and refrigerators, were also provided to these five newly-refurbished community health stations. Seven (7) barangays in Maguindanao and North Cotabato provinces received medical equipment and supplies from IOM. On top of its five beneficiary-barangays in South Upi, IOM also provided medical equipment to Barangay Salunayan and Barangay Sambulawan, both in the municipality of Midsayap, North Cotabato. 33 per cent of the 17,152 individuals benefitting from the medical equipment and supplies provided by IOM in the seven barangay health stations are children below 12 years old, pregnant and breast feeding women.

Community Participation. Part of project implementation strategy to facilitate community participation at all stages of project implementation, IOM conducted various social preparation and mobilization activities including technical validation and assessment of the existing BHS structures in the target barangays. Project orientations for key stakeholders in the communities, members of the barangay councils and rural health unit focal points were also organized at the onset of project implementation. Pre-construction meetings and community counterpart mobilization meetings were also organized.

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

Cognizant of any eventualities that can affect directly impact project implementation, IOM maintains a level of flexibility and has identified various measures to mitigate all potential risks that can derail the project. For the CERF project, in consultation with members of Health Cluster, IOM amended two project strategies – change in three project sites and exclusion of local implementing partner – to avoid duplicity of the interventions in the concerned project sites, among other pressing concerns.

Change in three project sites. Three of identified barangays -- Looy, Lamud, and Itaw – in the CERF proposal had to be replaced as IOM's intervention will duplicate the proposed and ongoing (as in the case of Barangay Looy) health station construction project of the Department of Health in Barangay Itaw and Barangay Looy, respectively. For Barangay Lamud, however, political climate at that time over the land area where the Barangay Health Station was located was deemed to pose a major risk for the Project; in consideration to avoid any possible dispute and to ensure security, the project site was changed.

Exclusion of local implementing partner. In its CERF proposal, IOM identified Muslim Youth Religious Organization, Incorporated (MYROi), a Cotabato City-based non-government organization, as local implementing partner for the project. However, MYROi was also World Health Organization's prospective local partner for the same project—with similar funding agency—to be implemented in another area. Under this circumstance, members of the Health Cluster agreed that local partners are only allowed to engage with one UNHCT agency. Raising this concern to OCHA Manila on 18 November 2013 were IOM and WHO focal persons. Decision for a WHO-MYROi partnership was agreed thereafter, with OCHA Manila recommending IOM to cite this change in its CERF Annual Report.

As a result of these changes, Barangays Kigan, Kuya, and Barangay San Jose—through a municipal resolution passed by the local government and rural health units of South Upi and a confirmation from IPHO Maguindanao—replaced the three excluded barangays. While it has the technical capacity and expertise, only three of the five barangay health stations were repaired under IOM's tutelage. A local contractor was contracted for the remaining two.

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

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

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

EVALUATION CARRIED OUT

A focused group discussion to evaluate the Project was conducted on 30 July 2014 at the

EVALUATION PENDING

Rural Health Unit of South Upi. Attending the FGD were IOM representatives, barangay health workers from the project sites, and barangay chairpersons from the project sites. The Project Evaluation Report is attached.

During the joint evaluation along with the local government partners and key leaders, the results were:

- Generally, workmanship of the repairs has been generally well accepted by the community, local government partners and health representatives, since the repairs were done based on the approved plans
- Three (3) out of Barangay Health Stations have been completed within the time frame.
- The structures have been used by the communities after completion of repairs.
- Structures are designed with special features for easy access to pregnant women, PWDs, children and elderly.
- Structures were made based on Basic Emergency Maternal Obstetric and Newborn Care (BEMONC) minimum standard.
- The structures had provided local employment.
- Structures are providing safety and convenience especially among pregnant women and patients in general, as structures have improved rooms for delivery, consultation, laboratory with refurbished toilets
- Medical facilities and supplies have helped the barangays and municipal health workers in responding to the basic health needs of the communities.
- Barangay Health Workers have increased their confidence in performing their tasks even at night due to availability generator sets as in the absence of hydro-generated power supply.
- Delayed deliveries of hardware materials due to distance, road inaccessibility (dilapidated roads) and unstable security.
- Delayed start of implementation due to delayed finalization, changes of targeted sites and unfavorable political climate in some barangays.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	7 January 2014-30 July 2014
2. CERF project code:	13-UF-WFP-042	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support for Returnees and other Conflict-Affected Households in Central Mindanao		
7. Funding	a. Total project budget:	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$	▪ NGO partners and Red Cross/Crescent: US\$ 20,000
	c. Amount received from CERF:	US\$ 299,154	▪ Government Partners: US\$ 8,850
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	7,616	8,228	The CERF-funded activities in Central Mindanao reached an estimated 16,134, of which 14,934 were under the Food-for-Work (FFW) project.
b. Male	7,318	7,906	
c. Total individuals (female + male):	14,934	16,134	
d. Of total, children <u>under</u> age 5	1,941	1,936	
9. Original project objective from approved CERF proposal			
<p>The overall goal of WFP's proposed activities is to support time critical and life-saving needs of IDPs and returnees whose food and nutrition security has been adversely affected by the escalation of conflict and recurrence of natural disasters. The specific objectives include:</p> <ol style="list-style-type: none"> Assist the most vulnerable persons through provision of vital food assistance <ul style="list-style-type: none"> Food will be distributed under FFW (rice) that will enable food insecure households to tackle their immediate household food shortages and protect them from employing harmful coping strategies. Restore and rebuild lives and livelihoods by creating/rehabilitating productive assets through community-owned FFW activities 			
10. Original expected outcomes from approved CERF proposal			
<p>The main outcome indicator for the proposed project would be 'Percentage of households with acceptable level of food consumption score 2 at 80 per cent (baseline survey shows 54 per cent),' indicating improvements in the household food security status, while changes in the 'community asset score' would indicate improved access to livelihood assets in the targeted communities. These indicators are part of WFP's corporate indicators for measuring results.</p> <p>The first outcome indicator is a composite score based on food consumption frequency and dietary diversity and it measures a household's food security status, based on a country appropriate threshold (below 28 is poor food consumption, 28-42 is borderline food consumption, and above 42 is categorized as acceptable food consumption). The target for the proposed project would be 'at</p>			

² Food Consumption Score is a composite score based on 7-days' recall of food frequency and dietary diversity.

<p>least 80 per cent of the target beneficiaries having acceptable food consumption score.’ The other outcome indicator, ‘community asset score,’ is also a composite score of sum of all community level assets linked to livelihoods of the people. The target for the project would be at least 20 per cent increase in the community asset score.</p>	
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>The CERF grant was timely and appropriate, allowing WFP to address the priority needs of the returnees and conflict-affected households in central Mindanao. WFP reached an estimated 16,134, of which 14,934 were under the Food-for-Work (FFW) project. The number of females is 8,228, while the number of males is 7,906.</p> <p>Each FFW participant received a family food ration based on work inputs. The activities under the FFW projects in the municipalities of Carmen and Midsayap in North Cotabato included construction of flood control dike, de-silting of drainage canal, vermin composting, vegetable garden, construction of fish pen, inland fishpond, and reforestation. The activities in the municipalities of South Upi, Mamasapano, Sultan sa Barongis, and Datu Piang in Maguindanao included rehabilitation of farm market roads, constructions of road dike and drainage canal, organic rice production, banana planting, and establishment of nursery of agro-forest trees. These activities have been very crucial in addressing the life-saving needs of the affected populations, in particular, the returnees and internally displaced people (IDPs) who are the most vulnerable and whose main sources of livelihoods have been severely impacted by the recurring armed conflict and natural disasters. Due to the constant conflicts that disrupt their primary sources of livelihood, the IDPs consistently face food shortages. Moreover, the food assistance protected the most vulnerable families from adopting harmful coping strategies that could have seriously compromised their abilities to recover.</p> <p>WFP worked closely with the local government units in facilitating the transfer of knowledge, technical assistance, and counterpart resources to ensure the sustainable implementation of the projects. WFP engaged the capacity and expertise of CFSI as its implementing partner.</p> <p>The first outcome indicator for food security programmes is the household food consumption (FCS), which is part of WFP’s corporate indicators for measuring results. Household FCS is a composite score based on seven days’ recall of food consumption and dietary diversity. FCS measures a household’s food security status based on a country-appropriate threshold (below 28 is poor food consumption, 28.42 is borderline food consumption, and above 42 is categorised as acceptable food consumption). Based on post-distribution monitoring results, the food consumption of the surveyed households in central Mindanao have improved to 75 per cent, from the baseline figure of 54 per cent and compared with the 69 per cent before the projects started. This is a little shy of the target of at least 80 per cent of the target beneficiaries having acceptable FCS.</p> <p>The second outcome indicator, the community asset score, is also a composite score of sum of all community level assets linked to the livelihoods of the people. The target of the project was to have at least 20 per cent increase in the community asset score. From the initial 382 assets reported, a total of 481 assets were created following the CERF-funded activities. This represents a whopping increase of 126 per cent.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>There is no significant discrepancy between planned and actual outcomes.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If ‘YES’, what is the code (0, 1, 2a or 2b): 2b If ‘NO’ (or if GM score is 1 or 0):</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No evaluation has been carried out; however, other mechanisms such as post-distribution monitoring, have been conducted to assess the short-term or immediate impact and success of the implemented activities.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	24 Sept 2013 – 30 June 2014
2. CERF project code:	13-UF-WHO-051	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of primary care services to conflict-affected populations		
7. Funding	a. Total project budget:	US\$ 514,542	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$164,043	▪ NGO partners and Red Cross/Crescent: US\$ 121,382
	c. Amount received from CERF:	US\$164,043	▪ 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	7,963	13,496	A significant proportion of the project resources were used to restore the function of barangay health stations, augment essential medicines, supplies and equipment. Therefore, actual beneficiaries reached were significantly higher as the whole barangay benefits from the intervention, including the other coverage areas of the health facility. The list of barangays and their health facilities initially targeted for intervention was revised as changes in the situation had taken place from the time of the initial assessment to the time of actual implementation of activities. These changes include: targeted health facilities had already been repaired or were included in the Health Facility Enhancement Program of the national ministry; ongoing armed conflict in the barangays where the targeted health facilities were located.
b. Male	7,962	13,495	
c. Total individuals (female + male):	15,925	26,991	
d. Of total, children <u>under</u> age 5	3,185	5,938	
9. Original project objective from approved CERF proposal			
To provide life-saving primary care services to conflict-affected populations			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Affected populations, especially the elderly, women and children in the 7 beneficiary areas, have increased access to essential life-saving health services <ul style="list-style-type: none"> ○ Residents in the 7 target areas will be able to avail of primary care services provided by mobile medical teams up to 4 times a month, providing medical consultations and mental health and psychosocial services, including for pregnant and lactating women and women of reproductive age referred from RH medical missions ○ 7 BHS will have been rehabilitated, augmented with essential medicines and supplies, to be able to provide maternal and child health services including immunization, reproductive health, general consultations, preventive and 			

promotive services	
11. Actual outcomes achieved with CERF funds	
<p>Outcome 1</p> <ul style="list-style-type: none"> • Mobile health teams visited and provided health services to residents of each of the 7 target areas at least two times a month • 3,512 school age children, adolescents and adults benefitted from psychosocial support services • 87 cases (57 females, 30 males) diagnosed with common mental disorders received cognitive treatment. 2 cases with severe mental disorder were referred to higher level facilities and provided with logistic support • 3,851 residents (2,359 females, 1,492 males) benefitted from community health education on mental health , hygiene and sanitation, prevention of common illnesses, and nutrition <p>Outcome 2</p> <ul style="list-style-type: none"> • 2 barangay health stations with birthing facilities underwent emergency repairs and outfitted with basic emergency obstetric and newborn care equipment, medicines and supplies • 10 barangay health stations were augmented with essential medicines, supplies and equipment • 7 barangay health stations provided with solar power generators • Vaccine refrigerator provided to BHS Salunayan, which serves 5 other conflict- and natural hazard-affected barangays without health facilities 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
None	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>Evaluation was carried out through Lessons Learned Workshop with implementing partners. Main findings from the evaluation are as follows:</p> <p>a. Collaborative and synergistic interventions between sectors (eg. health + nutrition + WASH) is possible and delivers maximum benefits with limited resources</p> <p>b. To ensure sustainability of interventions, project inputs should be aligned with regular programs of the health ministry</p> <p>For an elaboration, please find attached a copy of the report.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	25 November 2013-30 June 2014
2. CERF project code:	13-UF-UDP-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input type="checkbox"/> Concluded
4. Project title:	Support to the provision of protection activities leading to rebuilding of people's lives in conflict affect barangays in central Mindanao		
7. Funding	a. Total project budget:	US\$ 3,051,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 200,090	▪ <i>IPDEV</i> US\$ 9000
	c. Amount received from CERF:	US\$ 200,090	▪ <i>Kadtabanga Foundation for PDAs, Inc. :</i> US\$ 7000
			▪ <i>Government Partners:</i> US\$ N/A
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,625	14,656	The project was able to reach more beneficiaries than originally planned largely because the solar street lights were established in strategic community facilities / locations like mosques, multi-purpose centers, and water points and along roadsides, enabling 85 per cent of families living in these 10 barangays to benefit from having solar street lights in the evenings. There was also a 60 per cent increase in the number of participants in the road improvement component of the project. Moreover, the project also made an updated profiling of the target barangays which in effect changed the figures on the number of the families in said barangays.
b. Male	7,875	14,082	
c. Total individuals (female + male):	17,500	28,738	
d. Of total, children <u>under age 5</u>	1,750	4,884	
9. Original project objective from approved CERF proposal			
The project will have 2 key objectives. First is to ensure protection of men, women, youth and children survivors of multiple displacements who remain highly vulnerable to conflict in their current communities through the installation of solar street lights in 10 most vulnerable communities. Second is to improve access to life-saving basic social services like health, education and potable water supply, paving way towards rebuilding their lives. All these are in support of government efforts in facilitating recovery of war torn communities.			
10. Original expected outcomes from approved CERF proposal			
Overall, the project is expected to ensure the protection of IDP communities which have undergone multiple displacements and help them access basic life-saving social services.			

In particular, the project is expected to have the following outcomes:

Outcome 1: IDP families in at least 10 return / IP communities feel secure and protected

Indicators:

- Solar street lights installed in key community infrastructures / common facilities in 10 barangays;
- Number of community facilities provided with solar street light;
- Number of local structures organized to maintain the solar facilities.

Outcome 2: Improved access of IDPs/IPs living in very remote communities to life saving facilities and services

Indicators:

- Number of sitios / barangays with improved foot trails / roads achieved through cash-for-work;
- Number of women, men and able bodied youth provided with equal opportunities for participating in community activities;
- Presence of additional life-saving social services provided in remote IDP barangays

11. Actual outcomes achieved with CERF funds

UNDP implemented this project in support of the protection cluster and in recognition that families living in very remote and fragile communities continue to be highly vulnerable to conflict. In addition, indigenous communities especially in hard to reach highland barangays do not have access to basic services like health and education. Ten conflict affected barangays that have experienced multiple displacements from 2012 – 2013 were chosen as they qualified in the criteria set by the protection and early recovery clusters in 2013 August.

Two NGOs - IAG-IPDEV and Kadtabanga Foundation for Peace and Development Advocates Inc. were engaged by UNDP to facilitate social preparations with the objective of achieving community participation, accountability and ownership of the project. Implemented over a 9 months period, the project was able to achieve the following outcomes:

Outcome 1: IDP families in at least 10 return / IP communities feel secure and protected

A total of 5,748 families or 28,738 individuals in ten remote and hinterland barangays in Maguindanao and North Cotabato are now enjoying the benefits of having solar street lights in the evenings, increasing their sense of security and enabling people to extend their activities beyond daylight time. Approximately 7,185 children with age range from 6-12 years who are living in these communities enjoyed playing at nighttime and a total of 14,656 women felt secured when they fetch water or walk outside their homes to visit neighbours at night time. These are some manifestations that people feel more secure and are slowly recovering from their trauma of being caught in situations of armed conflict and being displaced several times in the past three years. The project reached the ten remote and hinterland barangays of Magaslong (Datu Piang), Liyab and Pidsandawan (Mamasapano), Tukanakuden and Tugal (SSB), Kigan, Pilar, Itaw, San Jose (South Upi) all of Maguindanao and Barangay Nasapian, Carmen of North Cotabato.

100 street lights installed in key community infrastructures/common facilities in 10 barangays

The provision of 10 streetlights per barangay directly benefited families within the vicinity of the installed solar streetlights. The number of people who benefited covers up to 85% of total families in these barangays because these lights were installed in key public facilities like Barangay Multi-Purpose Halls (7); water points (14); Mosque (8); Madrasah (7); Health Centers (3); Day Care Centers (6); Public Elementary Schools (5); Bridge (1) Warehouse/Solar Dryers (14); roadsides and clustered houses (35). These enabled people to hold activities in the evenings

In South Upi, IP people's councils hold their "tiyawan" or conflict settlement under the streetlights where before they hold these only in their houses. Some shelled their corn cobs under the streetlights, enabling them to finish their work faster. In sitio Pandi of Brgy. Magaslong, Datu Piang, some 40 women mat weavers are able to continue their mat weaving even after dark because their houses are near a streetlight.

In sitio Brawer Batew of Barangay Pilar, the Teduray-Lambangian Youth and Students Association was able to conduct their organizational meetings up to night time because a streetlight was installed near their elementary school and clustered houses. Personnel from the Department of Education, South Upi District appreciated the provision of streetlight near the school as they were able to conduct their 3 days assessment in Pilar.

The project contributed to the protection of people's assets and means of livelihood. Across communities, people prefer to tie their farm animals (carabaos / horses) near the streetlights to secure them from cattle rustlers. In addition, farmers stockpile their corn / rice / copra in the solar driers near the streetlights to secure these from robbers. The streetlights have sensors that also serve as warning device for the communities to know that there are people passing by. In sitio Sunal, San Jose of South Upi, Datu Ungot, a Manobo chieftain reported that the streetlight served them in many ways, and foremost is protecting his people and their properties

Compared to before, people feel more secure when walking in the evenings as they are able to see more clearly their road condition and where they are going when passing through street lights that are positioned along roadsides. Merliza Batitao, 27 years of sitio Centro, San Jose, South Upi said that with street lights, they are less likely to fall into mudholes when walking in road portions with street lamps or fear harassment when going out of their homes in the evenings.

Project Management Committees organized in each barangay

The project also contributed towards strengthening community governance and social relations. Project Management Committees were organized in every participating barangay, with membership ranging from 10-15 people, and chosen at large, mostly to represent their sitios. Barangay consultations and meetings were held to inform communities about the project and its objectives, as well as ensure that they are able to participate in the implementation processes. Women, elderly and young people were especially encouraged to participate in activities, like the installation of street lights. Ten (10) to fifteen (15) people in each barangay were trained in the installation and maintenance of street lights. The project ensured that there is transfer of skills and practical know how at the community level. Community technicians can feedback to UNDP and the supplier in the event of malfunction, as the street lights are covered by a one year warranty.

The creation of the PMCs and the consultation meetings helped ensure that the solar streetlights are distributed to the sitios (smallest village) so that 53 out of the 73 sitios in the 10 barangays have at least 1 solar streetlight. This is an improvement to the common practice where people are used to seeing projects that are only concentrated in their barangay centers. Communities in far flung sitios are more prone to harassment, armed attacks and cattle rustling as compared to those living in the more populated zones. Hence, spreading the solar streetlights down to the level of the sitios enhanced the security of said communities.

The PMCs are represented in the Barangay Development Councils. This further to ensure that sustainability plans for the solar streetlights are incorporated in updated Barangay Development Plans that will be rolled up then to the Municipal Development Plans.

Outcome 2: Improved access of IDPs /IPs living in very remote communities to life saving facilities and services

23 sitios in 4 barangays of South Upi with improved foot trails achieved through cash for work

Twenty three sitios or 70 per cent out of a total of 33 sitios in all the four participating barangays of South Upi have improved foot trails as a result of road improvement activities supported by the project. At least 41 kms. of main road connecting barangays Romanggaob – Kigan – Pandan – Pilar – Itaw and San Jose have improved access making passage easier and safer.

The improvement of the access roads in the 4 participating highland barangays of South Upi has directly benefitted communities of indigenous peoples. Joseph Sangacena, a motorbike driver said he is more confident of bringing his passengers to their destination on time and safely because of this improved condition. He has often brought very sick patients to the Municipal Health Unit or to the Public Hospital in Nuro, Upi which is the nearest hospital with improved health facilities. Where before it took him three and half hours to reach Timanan from Itaw, it is now reduced to 2 hours. The one hour difference spell life and death to a child in Itaw who was rushed to a hospital in Nuro in June 22 because of complications in measles and pneumonia.

High school students of Barangay Itaw endure the 6 km. walk from the center of Itaw to their public school in Pilar as there is no high school in their barangay. Public elementary schools are located in the barangay center, so children coming from the sitios, as far as 14 kms. away like in Pilar, walk this distance to their elementary / high schools and walk back to their homes late afternoon.

The risk of sexual harassment or other forms of rights violations is great so students prefer to walk in groups. It helped that their improved trails as well as main road enabled them to walk faster to the safety of their classrooms or to their homes.

People walking to and from their sitios have now less fear of encountering sudden attacks by humans or by wild animals like boars and snakes as some trails were widened and cleared. It made walking or riding by motorbikes easier and faster as deep ruts were filled with stones. Elsie, a teacher in the Public Elementary of Itaw appreciated that a pathway of stones was made leading to their school so that during the very wet days in June and July, she, along with other teachers and students who go to this school, were

protected from walking in the mud.

The improved trails and access roads also helped in the marketing of farm produce. Farmers bringing their products to market use horses, or hire truck for hauling at a cost ranging from Php 2.40 – Php 3.00 per kg., depending on the distance from the place of origin to the market. High transport cost remains a challenge, despite improved road condition. However, farmers who brought their harvested corn to Timanan or other markets were appreciative that their haulers did not get stuck up in deep muds or ruts. It is critical to sell their corn on time to avoid the growth of aflatoxin thus, selling these at a good price. Majority farmers are subsistence farmers so 90% of income derived goes to food for the family.

While the project was not able to bring down transport cost, it contributed to easier mobility to these remote barangays thus enhancing people's access to life saving services. Sitio Brawer Batew of Barangay Pilar is now accessible by motorbike unlike before, when people have to walk 3-4 hours before reaching the Barangay Center. Villagers committed to maintain this improved road on their own through "bayanihan system" and will use UNDP's hand tools in doing this.

Military 6 x trucks have also a hard time navigating the roads before and the improved road will make their mobility easier. The military detachments established in each barangay served as deterrent for non-state armed groups to attack far flung sitios like Manetoy and Sunal of San Jose, Silay of Itaw and Pongpong in Barangay Kigan. Enhancing the military's mobility especially when reinforcements are needed is critical for the protection and security of communities. As experienced in 2011, security forces from the detachment in San Jose and Pilar moved to reinforce a detachment in Itaw, to defend the community from harassment perpetrated by non-state armed groups.

Additional life-saving social services provided in remote conflict-affected IP barangays

The project helped improve the delivery of basic services in South Upi by the LGUs and humanitarian partners. Barangay health workers can now frequent far flung sitios which were not accessible by motorcycle before. Personnel of the Department of Education have reduced time in travelling to their schools as most are accessible by motorbikes.

The improvement of the access roads and trails was done through a cash-for-work scheme. In April, the Project Management Committees in these 4 barangays identified 300 community members needing temporary incomes to participate in various road improvement activities. However, the actual participants who worked in June increased by 60 per cent because the PMCs / Barangay Officials acknowledged the need to have more people participate in these activities. This was also in accordance with the traditional practice common among Tedurays and Manobos of "sharing blessings." IPs as well as settlers alike have experienced displacements and people find it hard to recover from losses sustained during lean season before harvest time. Temporary incomes received through the cash for work scheme in road improvement activities were used to buy food and basic necessities.

Overall, approximately 860 women, men and youth actively participated in the decision making processes as well as activities of the project: from community consultations, PMC meetings, installation of solar street lights, road improvement activities and monitoring. In attaining outcome 2, women had equal opportunity to participate as their menfolk, comprising 35per cent of the 480 community members involved in various road improvement activities undertaken within a week's time in Barangays Kigan, Pilar, Itaw and San Jose of South Upi. Participants were provided with basic protective gears like boots, t-shirts and gloves, as well as hand tools to ensure safety while they work.

It is critical that these improved access road / trails be maintained by the communities as well as local government units, at the level of the barangays and the Municipal Government of South Upi, to further reduce security risks and facilitate recovery of communities torn by conflicts and underdevelopment.

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

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

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): Yes, the Gender Marker Code 1. This project gives equal participation of women in all the implementation processes. 3-5 women take leadership positions in the Project Management Committees in every barangay and their voices are heard in the final selection of sites that were provided with solar street lights. In South Upi, 30 - 45 per cent of those who attended in community consultations and meetings were women and took part also in road improvement activities. The active participation of women contributed significantly towards achieving the objectives of this project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project will be reviewed and monitored according to UNDP rules and regulations. Monitoring will continue despite the project closure and will use regular review mechanisms, mainly to assess project impact to communities against the set of implementation milestones. However an evaluation is not planned due to unavailability of budget for such undertaking.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-IOM-022	Shelter & NFI	IOM	Mindanao Tulong Bakwet	Yes	NNGO	\$28,183	9-Dec-13	15-Dec-13	Under its partnership agreement with IOM, MTB will assist in the delivery and distribution of NFIs and shelter repair materials by ensuring the participation of target beneficiaries and community leaders. Designed to assist IOM meet its project targets, these are the major activities conducted by MTB: (a) Community Assessment and Profiling; (b) Identification and Selection of beneficiaries. Vulnerability Index (VI) tool is used in the process to ensure that all identified beneficiaries in the NFI/shelter and CFW lists met all the criteria set in the assessment; (c) Organization of CCCM committees and CCCM Orientation in the five target barangays; (d) Bi-monthly updating of IOM's displacement tracking tool; (e) Interactive community mapping (ICM) activities were also conducted in the target barangays. These maps provide information on the community's safe and hazard zones. MTB shall provide IOM with accomplishment reports periodically.
13-UF-FPA-030	Health	UNFPA	UNYPHIL	No	NNGO	\$6,961	18-Dec-13	20-Dec-13	Partnership with UNYPHIL was terminated after first quarter as the health info sessions they conducted were not of the desired quality.
13-UF-FPA-030	Health	UNFPA	MOSEP	No	NNGO	\$55,692	18-Dec-13	20-Dec-13	MOSEP was UNFPA's main RH implementing partner in charge of RH medical missions. MOSEP eventually took over the conduct of health info sessions from UNYPHIL.

13-UF-FPA-031	Gender-Based Violence	UNFPA	MMI	No	NNGO	\$95,238	18-Dec-13	20-Dec-13	Partnership with CPN Foundation under CERF did not push through as they were already an implementing partner of UNFPA under the regular programme. They could no longer absorb new funding from CERF. MMI was engaged as the sole NGO implementing partner taking responsibility for all NGO-led GBV activities.
13-UF-CEF-093	Education	UNICEF	Balay Rehabilitation Center, Inc.	No	NNGO	\$76,273	10-Dec-13	20-Nov-13	Activities were commenced by Balay using their own resources.
13-UF-CEF-094	Nutrition	UNICEF	Action Contre la Faim (ACF) International	No	INGO	\$52,000	11-Jun-14	21-Nov-13	Activities were commenced by ACF using their own resources.
13-UF-CEF-095	Protection	UNICEF	Community and Family Services International (CFSI)	No	INGO	\$184,443	30-Jun-14	1-Dec-13	Activities were commenced by CFSI using their own resources.
13-UF-CEF-096	Water, Sanitation and Hygiene	UNICEF	Action Contre la Faim (ACF) International	Yes	INGO	\$250,246	31-Dec-13	1-Jan-14	
13-UF-HCR-047	Protection	UNHCR	Commission on Human Rights	Yes	GOV	\$89,565	23-Mar-13	16-Oct-13	CHR was already on the ground prior to October 2013. Their initial activities were funded by UNHCR. However, starting 16 October 2013 when funds from CERF were approved, activities were charged to CERF.
13-UF-HCR-047	Protection	UNHCR	Regional Human Rights Commission	Yes	GOV	\$78,034	10-May-13	16-Oct-13	RHRC was already on the ground prior to October 2013. Their initial activities were funded by UNHCR. However, starting 16 October 2013 when funds from CERF were approved, activities were charged to CERF.
13-UF-HCR-047	Protection	UNHCR	Community & Family Services Inc.	Yes	NNGO	\$46,690	1-Aug-13	16-Oct-13	CFSI was already on the ground prior to October 2013. Their initial activities were funded by UNHCR. However, starting 16 October 2013 when funds from CERF were approved, activities were charged to CERF.
13-UF-HCR-047	Protection	UNHCR	United Youth Philippines-Women	Yes	NNGO	\$79,228	17-Mar-14	16-Oct-13	UNYPHIL Women has increased its field activities along with RHRC and CHR in protection monitoring and to reinforce protection by presence in security-challenged locations. Increased allocation was effected in 2014 partnership agreement.

13-UF-HCR-047	Protection	UNHCR	ORG-ARMM	Yes	GOV	\$27,327	1-Sep-13	16-Oct-13	
13-UF-HCR-047	Protection	UNHCR	Bangsamoro Development Agency	Yes	NNGO	\$12,384	13-Aug-13	16-Oct-13	BDA was already on the ground prior to October 2013. Their initial activities were funded by UNHCR. However, starting 16 October 2013 when funds from CERF were approved, activities were charged to CERF. In 2014, there was no partnership agreement signed with BDA for which reason the amount of fund transferred is lower than as planned.
13-UF-WFP-042	Food Assistance	WFP	CFSI	Yes	NNGO	\$20,000	9-Apr-14	1-Mar-14	The activities started only in March 2014 when the rice for CERF arrived in the country in Jan-Feb 2014.
13-UF-WFP-042	Food Assistance	WFP	North Cotabato Province Government	Yes	GOV	\$8,850	4-Jun-14	1-Mar-14	The activities started only in March 2014 when the rice for CERF arrived in the country in Jan-Feb 2014.
13-UF-UDP-011	Protection	UNDP	IAG-IPDEV	Yes	NNGO	\$9,000	25-Nov-13	27-Nov-13	Touching base activities were started in the last week of November. Key accomplishments in the social preparation phase include a) the Municipal LGU level affirmation of the 4 targeted barangays to participate in this project, b) the 4 participating Barangay Government Units were informed of the project and gave their commitment to support it, c) formation of PMCs to help manage and maintain the project; d) provision of backstop support during visits. These were reflected in the Inception Report submitted to UNDP in 10 December 2013. Monthly Reports were submitted by IPDEV for the succeeding months during its 6 months contract. IPDEV was contracted to do social preparation activities in Brgys. Kigan, Pilar, Itaw and San Jose of South Upi, Maguindanao.

13-UF-UDP-011	Protection	UNDP	KFPDAI	Yes	NNGO	\$7,000	5-Jan-14	10-Jan-14	KFPDAI's community organizers began coordination activities in the second week of January 2014. Inception Report was submitted by 1st week of February. Contracted to do social preparation activities in 6 barangays of Magaslong (Datu Piang), Liyab & Pidsandawan (Mamasapano), Tugal and Tukanakuden (SSB) of Maguindanao and Nasapian, Carmen, North Cotabato. KFPDAI successfully completed its expected deliverables within the timeframe of its 6 months contract.
13-UF-WHO-051	Health	WHO	Muslim Youth Religious Organization, Inc (MYRO)	No	NNGO	\$71,749	30-Jan-14	1-Dec-13	partner pre-financing
13-UF-WHO-051	Health	WHO	Health Organization for Mindanao (HOM)	No	NNGO	\$49,633	24-Jan-14	9-Dec-13	partner pre-financing

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ARMM-ORG	Autonomous Region in Muslim Mindanao – Office of the Regional Governor
ARMM-HEART	Autonomous Region in Muslim Mindanao-Humanitarian Emergency Action and Response Team
BEMONC	Basic Emergency Obstetric and Neonatal Care
BDA	Bangsamoro Development Agency
BHS	Barangay Health Station
CCCM	Camp Coordination and Camp Management
CFSI	Community and Family Services International, Inc.
CFW	Cash for Work
CHIS	Community Health Information Session
CHT	Community Health Team
CHR	Commission on Human Rights
DfID	Department for International Development
DTM	Displacement Tracking Matrix
FP	Family Planning
FFW	Food for Work
GBV	Gender-based Violence
HCT	Humanitarian Country Team
HOM	Health Organization for Mindanao
IAG	Institute of Autonomy and Governance
ICM	Interactive Community Mapping
IDP	Internally Displaced Persons
IP	Implementing Partners
IPDEV	Recognition of the Rights of the Indigenous Peoples in the Autonomous Region in Muslim Mindanao for their Empowerment and Sustainable Development
MHT	Mindanao Humanitarian Team
MISP	Minimum Initial Service Package for Sexual and Reproductive Health
MHRP	Municipal Human Rights Profile
MTB	Mindanao Tulong Bakwet
MYROI	Muslim Youth Religious Organization Inc.
OSF	Onsite School Feeding
PLWs	Pregnant and Lactating Women
RH	Reproductive Health
RHU	Rural Health Unit
SRK	Shelter Repair Kits
UNGPID	United Nation Guiding Principle on Internal Displacement
Unyphil-Women	United Youth Philippines-Women
WCPU	Women and Child Protection Unit
WFS	Women Friendly Spaces
WRAs	Women of Reproductive Age