



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

An After Action Review was conducted on 20 May 2014 with CERF recipient agencies to collectively assess the impact of the grant. UNICEF, UNFPA, UNHCR, IOM and WFP representatives attended the meeting.

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

YES NO

The CERF Report was disseminated to the Humanitarian Country Team which includes the International Committee of the Red Cross, International Federation of the Red Cross and donor partners for review before being finalized by the RC/HC.

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

YES NO

The final version of the RC/HC Report was shared to the CERF recipient agencies, cluster coordinators, the Humanitarian Country Team, the Mindanao Humanitarian Team, the Department of Social Welfare and Development and local government authorities in Zamboanga City.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$25 million (Zamboanga and Basilan Action Plan, October 2013)		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,015,540
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	n/a
	OTHER (bilateral/multilateral)	2,423,468
	TOTAL	5,439,008

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 27-Sep-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-133	Protection (Child Protection) and Education	150,723
UNICEF	13-RR-CEF-134	Water, Sanitation and Hygiene	509,668
UNFPA	13-RR-FPA-050	Protection (GBV)	101,534
UNFPA	13-RR-FPA-051	Health (Reproductive Health)	103,503
UNHCR	13-RR-HCR-065	Protection	149,916
IOM	13-RR-IOM-037	Camp Coordination and Camp Management	1,000,000
WFP	13-RR-WFP-066	Food Security	600,215
WFP	13-RR-WFP-067	Logistics	199,998
WHO	13-RR-WHO-071	Health	199,983
TOTAL			3,015,540

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,490,417
Funds forwarded to NGOs for implementation	525,123
Funds forwarded to government partners	0
TOTAL	3,015,540

HUMANITARIAN NEEDS

In the early hours of 9 September, fighting broke out between a splinter group of the Moro National Liberation Front (MNLF) and the Armed Forces of the Philippines (AFP) in Santa Catalina, Zamboanga City and quickly spread to seven nearby villages. More than 100 civilians were taken hostage by MNLF fighters including children and used as human shields while many more were trapped as the fighting intensified. MNLF-AFP clashes in Basilan province in the Autonomous Region in Muslim Mindanao, on 12 September, further exacerbated the emergency situation. On 12 September, local authorities issued forced evacuation orders as the AFP continued to conduct military operations.

An estimated 170,000 people were affected in Zamboanga and Basilan of which 131,400 people were displaced. Over 120,400 people were inside crowded evacuation centres two weeks from the onset of the fighting. The conflict left at least 130 people dead and over 10,000 houses destroyed. About 40 per cent of displaced families are from villages that had been completely 'razed to the ground' as a result of the fighting, which made it very difficult for them to return to their places of origin even after the end of the conflict.

On 19 September, the Government defined the situation as a 'humanitarian crisis' due to the high level of displacement and the devastating impact the fighting has on the livelihood of communities already afflicted by chronic poverty. In light of the emerging situation, it was therefore of utmost importance to immediately scale up humanitarian activities to provide life-saving support to the affected people, especially displaced vulnerable groups, such as women, children, the elderly and members of indigenous communities. The Humanitarian Country Team (HCT) began the process of devising a strategic action plan to address the immediate needs of the affected communities for at least the next six months. The UN Central Emergency Response Fund (CERF) request was expected to jumpstart the most urgent and life-saving activities, which were to be outlined in the HCT's action plan.

II. FOCUS AREAS AND PRIORITIZATION

The CERF request was proposed prior to a comprehensive needs assessment which was delayed by the ongoing fighting between the AFP and the MNLF. However, initial rapid assessments conducted between 14 and 18 September, by the Government, UN agencies including OCHA, WFP, UNICEF and UNHCR, and nongovernmental organizations (NGOs), indicated the need to immediately scale up life-saving humanitarian assistance to the people affected by the armed conflict. Findings revealed the need for immediate camp management support, temporary shelter, non-food items (NFIs) such as hygiene and family kits, potable drinking water, medical personnel, increased protection and security including female law enforcement officers in the large evacuation centres, and water, health and sanitation facilities, as well as food. The assessment highlighted the need to ensure equitable relief distributions and services particularly to displaced indigenous communities. In addition, UNITAR/UNISAT imagery clearly indicated the complete destruction of large residential areas, including public service facilities.

In response, the government activated the following clusters: Camp Coordination and Camp Management (CCCM), Health, Education, Food and NFIs, and Water, Sanitation and Hygiene (WASH). The humanitarian needs to be prioritised included:

Camp Management/Shelter:

Over 100,000 people were displaced in overcrowded and cramped evacuation centres and displacement sites with a substantial number of pregnant and nursing women, children below 14 years of age, and indigenous communities in unprotected conditions. Initial rapid needs assessment revealed that most people were restricted from returning home due to security concerns.

Over 10,160 houses were destroyed as a result of the fighting and emergency shelters were immediately needed for people who continued to sleep in open spaces (e.g. inside the evacuation areas and along the shoreline). Non-food items such as family kits including bed kits were also required especially for the most vulnerable population.

WASH:

Most of the evacuation centres were not equipped to handle the water and sanitation needs of the displaced population for a prolonged period of time. Local health authorities documented 687 cases of acute watery diarrhoea between the onset of the crisis and the submission of the original CERF proposal. There was inadequate water supply for all the evacuation centres. There were insufficient water tanks and individual water containers, and basic hygiene items such as soap, sanitary napkins, and gender sensitive latrines and bathing facilities. The accumulation of garbage also posed serious health risks. The combination of poor hygiene practice, poor management of excreta and solid waste, and congested camps made the situation extremely alarming.

Health:

Assessments by the Center for Health Development Region IX showed that health outposts were present in only 12 of the 33 evacuation centres. Medical consultations in these 12 sites were being provided by local health staff and supported by the Philippine Red Cross (PRC). Medicines and supplies to support the outposts were augmented by Health cluster partners and from the national health office.

Medical teams from neighbouring provinces and regions had augmented health services provision but stayed only a few days and limited their assistance to the larger evacuation centres. Psychosocial support services provided by social workers and the PRC and were largely limited to the largest evacuation centre where a psychosocial tent was established. Coverage of emergency disease surveillance needed to be extended to all camps, given the increasing trends in acute watery diarrhoea as well as suspected measles cases.

Protection:

The Protection Cluster reported increased protection risks due to lack of proper safe areas, insecurity in crowded evacuation centres and makeshift shelters along the road, difficulty in getting access to provide assistance and inadequate support to people with specific needs. An inter-agency assessment also indicated the same gaps which needed to be addressed. In particular, some Muslim and indigenous communities, especially those outside formal evacuation centres were not receiving adequate support. Children were used as hostages by armed groups, caught in the crossfire or hit by stray bullets, recruited as combatants, and abused in evacuation centres. Schools and hospitals had also been attacked, causing the disruption of classes and provision of medical aid. The risk of gender-based violence (GBV) remained high especially in the sports complex where over 60,000 internally displaced people (IDPs) were seeking shelter.

Food:

130,000 conflict-affected people in Zamboanga and Basilan were estimated to require food assistance.

Logistics:

Given the challenges posed by the security situation, effective logistics support was needed to delivery life-saving relief supplies to people in Zamboanga and Basilan.

III. CERF PROCESS

On 19 September, the UN Resident and Humanitarian Coordinator (RC/HC) called an ad-hoc meeting of the HCT to discuss the impact of the armed conflict in Zamboanga City and Basilan on the affected population. In the meeting, the HCT agreed to request a grant from CERF to jump-start the most urgent activities in response to the needs identified in initial rapid assessments.

While there was no formal Government request for assistance, the HCT agreed that the RC/HC would formally reiterate the United Nations' readiness to support the Government-led relief operations. As of 27 September, the letter addressed to the Secretary of the Department of Defence, which was in charge of disaster management, remained without formal response. However, the HCT expected that the Government would positively consider the offer immediately following the cessation of the fighting.

On 23 September, the RC/HC called another ad-hoc HCT meeting to discuss resource mobilization, including the CERF Rapid Response (RR) submission. The HCT felt strongly about devising an initial Action Plan. Following a comprehensive needs assessment, the HCT planned to revise the Action Plan (cluster strategies) and formally include it as an addendum to the 2013 Mindanao (Philippines) Humanitarian Action Plan.

The request for a CERF RR grant was made for US\$3,014,356 to jumpstart the provision of the most life-saving services to the people affected by the armed conflict in Zamboanga City and Basilan. The HCT was in the process of devising an initial, overall Action Plan to respond to the new emergency. Clusters initially estimated an overall funding requirement of \$31 million to cover the humanitarian needs for a period of six months.

The RC/HC called a meeting of humanitarian and development donors in Manila on 30 September to request for additional funding. While focused on the new emergency, the briefing was also to shed light on the already under-funded activities in central Mindanao. After consultation with cluster members on the ground, including NGOs and the PRC, the HCT discussed the findings from the initial rapid assessments and agreed to prioritize the following clusters: CCCM, including temporary shelters and NFIs, WASH, protection (including GBV and child protection), health, food and logistics. The HCT agreed that most funding should be allocated to CCCM and WASH activities, as they would indirectly benefit the implementation of other cluster projects.

Clusters selected all projects on the basis of the following criteria:

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

Consultation on project selection included clusters at the Mindanao and national levels. Clusters are composed of Government, UN agencies, IOM, IFRC and international and local NGOs; they are led by the Government with the support of UN agencies and IFRC (Shelter). Consultation resulted in the following prioritization of clusters: CCCM, WASH, Health, Protection, Food and Logistics.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 170,000 people (estimated)				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Protection (incl. Child Protection and GBV)	65,043	62,492	127,535
	Water, Sanitation and Hygiene	5,623	5,191	10,814
	Camp Coordination and Camp Management	39,566	39,183	78,749
	Food Security	22,430	21,550	43,980
	Logistics	n/a	n/a	n/a
	Health	21,565	20,628	42,193

BENEFICIARY ESTIMATION

Out of the estimated 170,000 total population affected by the crisis, 131,000 people displaced by the conflict were targeted with the CERF grant. While Government data fluctuated during the early phase of the emergency as a result of validation and as more areas became accessible, the number of IDPs more or less remained around 129,000 during the height of the conflict.

Humanitarian partners reached some 127,540 people inside evacuation centres and those living with host communities through CERF-funded projects. CERF projects were implemented around the same areas to ensure maximum impact of services. Protection projects reached the highest number of beneficiaries including hard to reach areas of Basilan and was used as the basis for estimating the total estimated people reached by the grant.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	58,950	65,040
Male	72,050	62,500
Total individuals (Female and male)	131,000	127,540
Of total, children <u>under</u> age 5	45,000	12,750

CERF RESULTS

Humanitarian partners were able to reach nearly 100 per cent of the estimated target beneficiaries affected by the conflict in Zamboanga City and Basilan (127,540 people out of the estimated target of 131,000 people) with the CERF grant. Six out of the nine CERF projects exceeded planned targets (child protection/education, GBV, reproductive health, protection, CCCM, food security). Price differentials between local purchase and international market for food, for example, enabled WFP to purchase additional quantities of rice while other agencies maximized existing partnerships with local NGOs to efficiently deliver goods and services.

Given the successive emergencies which hit the Philippines in 2013 (Bohol earthquake in October and Typhoon Haiyan in November), resource mobilization efforts for the Zamboanga emergency was a significant challenge. CERF accounted for more than 50 per cent of the Zamboanga and Basilan Action Plan and was critical in ensuring that assistance continued to be provided to the affected people. The CERF grant enabled partners to provide life-saving interventions including:

- 50,000 IDPs provided with camp management support; all evacuation centres served.
- 43,980 people provided with food support within the first three months of the emergency.
- 7,010 people (1,402 households) provided with hygiene kits.
- Emergency disease surveillance established in all evacuation centres; 8,413 children vaccinated for measles and provided with vitamin A supplements.
- 2,060 children (1,050 girls and 1,010 boys) benefitted from education in emergency sessions in temporary learning spaces.
- 46 GBV survivors provided access to appropriate medical and psychosocial support.
- 2,293 pregnant and 2,007 lactating women served by reproductive health medical missions.
- Daily protection advisories issued and regular monitoring including Basilan to ensure a protective environment for all IDPs; at least 1,000 protection kits distributed to the most vulnerable families and people with specific needs.

While the CERF grant was instrumental in ensuring that the needs of the affected population were met during the first six months of the emergency, significant challenges remain nearly one year since the outbreak of the conflict. Over 20,000 IDPs still remain in evacuation centres and transition sites; most of these IDPs are from areas that were completely destroyed by the fighting. In June 2014, authorities set targets to close the largest the evacuation centres by the end of the year and efforts to transfer IDPs to transition sites continue while permanent housing is constructed under the Government's rehabilitation plan.

CERF's ADDED VALUE

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

YES PARTIALLY NO

UNHCR through local government and implementing partners was able to dispatch NFIs including emergency shelter within five days after the outbreak of the conflict. Due to the large scale of displacement, however, the need for additional supplies far exceeded available relief items. CERF was critical in enabling procurement of additional relief items in the early phase of the emergency. Early indication of CERF approval enabled humanitarian partners to immediately mobilize or replenish existing resources. The grant allowed IOM to deploy camp coordination and camp management staff to support the evacuation centres; the largest centre hosted some 70,000 people during the height of the conflict. Recipient agencies also cited that CERF enabled them to maximize existing project cooperation agreements and prepositioned supplies to facilitate quick delivery of services.

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

YES PARTIALLY NO

WFP and partners provided some 130,000 IDPs with food assistance (about 34 per cent directly from CERF during the early phase of the emergency). Logistics support enabled the humanitarian community to deliver goods and services including emergency shelter, water and camp management support. CERF enabled camp management operations to quickly scale up and was critical given the scale of displacement and lack of local capacity to respond to a disaster of this magnitude. Emergency latrines were installed and women, child friendly spaces were established in the evacuation centres and drinking water provided to the affected people.

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 enabled recipient agencies to leverage their internal core funding mechanisms or through additional donor support. UNFPA, for example, received additional funding from the United Kingdom’s Department for International Development (DFID) due to the demonstrated initial results from the gender-based violence and reproductive health projects. IOM also noted that CERF funding was used to supplement resources from the European Commission’s Humanitarian Aid and Civil Protection (ECHO), Japan and DFID. Funding from Japan and Australia also supported WFP’s food security programmes. Overall, however, the Zamboanga and Basilan Action Plan was severely under-funded with the total funding requirement of \$25 million only 21 per cent funded. Partners cited that other emergencies such as the Bohol earthquake and Typhoon Haiyan became a priority and made it difficult to further mobilize resources. CERF contributed over 50 per cent of the total funding received under the Action Plan.

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

YES PARTIALLY NO

CERF funds strengthened the inter-cluster coordination mechanism at the field level. All but one recipient agency established presence in a common inter-agency coordination centre which facilitated effective distribution of relief assistance and maximize limited resources. Partners also cited that the establishment of the cluster coordination mechanism ensured sustainability of the longer term humanitarian coordination structure of local authorities and nurtured a sense of local ownership.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Lack of comprehensive sectoral assessment data partially constrained effective planning of humanitarian interventions including CERF projects.	Consider allowing CERF funds to be utilized to partially cover sectoral assessments which complement the initial inter-agency rapid needs assessment.	CERF Secretariat
Limited resources particularly for the Zamboanga emergency made it difficult to conduct an After Action Review of all projects.	Consider CERF funds to be utilized to cover project evaluation.	CERF Secretariat
For disaster-prone countries, pre-positioning and stockpiling is even more critical due to the regular occurrence of shocks. This will enable for 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 preparedness or extend the allowable time in which response activities can be charged prior to disbursement.	CERF Secretariat
Gender mainstreaming in CERF programming needs to be strengthened.	CERF to provide practical gender analysis tool for programming (assist in expediting revision and rollout of the IASC gender checklist).	CERF Secretariat, OCHA (to disseminate tools at the country-level)

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>The cluster system was quickly established in Zamboanga. However, insecurity due to the conflict constrained coordination between cluster members. Cluster and HCT standard operating response plan for an armed conflict situation is needed.</p>	<p>Develop an HCT and cluster-specific contingency plans for an armed conflict response taking into account the CERF initiation process. This would help to prepare cluster members and to coordinate response projects during the early phase of an emergency including CERF.</p>	<p>RC/HC, HCT, Cluster coordinators</p>
<p>For a non-Level 3 emergency, an in-country roster of responders can ensure faster delivery of life-saving assistance.</p>	<p>HCT to consider developing a pool of standby local responders including programme officers trained in CERF.</p>	<p>HCT</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	16.10.13 – 15.04.14
2. CERF project code:	13-RR-CEF-133	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection (Child Protection) and Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening the Protective Environment for Children Affected by Armed Conflict and Emergencies in Zamboanga City		
7. Funding	a. Total project budget:	US\$ 1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 738,009	▪ NGO partners and Red Cross/Crescent: US\$ 54,523
	c. Amount received from CERF:	US\$ 150,723	▪ 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	9,450	Males who were targeted as beneficiaries were hesitant to engage in structured psychosocial support activities, including trainings, primarily due to customs and traditions that expect males to be out finding a living. This affected the slight discrepancy between the planned and reached target.
b. Male	5,000	4,596	
c. Total individuals (female + male):	10,000	14,046	
d. Of total, children <u>under</u> age 5	n/a	2,577	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To mitigate and reduce profound stress experienced by children and their families. To strengthen protection mechanisms against abuse, exploitation and violence against children, including Grave Child Rights Violations (GCRV) and Gender-based Violence (GBV). 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Outcome: Children benefit from child friendly spaces (CFS)/ temporary learning sites (TLS) sessions and the enhanced protective environment. Indicator: By the end of November 2013, at least 50 per cent of children in the Joaquin Enriquez Memorial Sports Complex avail of CFS/TLS sessions. Outcome: 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. Indicator: By the end of November 2013, at least 50 per cent of IDPs (including girls, boys, women and men) in the Joaquin Enriquez Memorial Sports Complex are reached with communications, awareness raising and/or advocacy activities. Outcome: Perpetrators of Grave Child Rights Violations and child protection cases are held to greater account leading to a reduction in abuses against children in situations of armed conflict. Indicator: By the end of November 2013, 100% of reported cases of abuse, exploitation and violence against children, especially Grave Child Rights Violations and Gender-Based Violence verified and responded to. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 3,000 children (5 to 13 years old) in different evacuation centres and transit sites benefited from psychosocial support activities 			

<p>including child friendly space sessions, free play, sports and recreation.</p> <ul style="list-style-type: none"> • 7,000 children benefitted from activities designed to enhance well-being. • 60 community based protection networks in different evacuation centres and transition sites were organized and linked to a local NGO for immediate and timely response. • 2,352 preschool and school children (1,199 female) and 495 teachers benefitted from various teaching and learning materials. • 2,062 school children (1,051 female) attended education in emergency sessions in TLS in evacuation centres and transit sites. • 93 teachers (87 female) were trained on conduct on education in emergency sessions and psychosocial support activities. • Three identified cases of Grave Child Rights Violations and the 19 identified cases of Gender-Based Violence were verified and provided with assistance. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Final results indicate that 50 per cent more females were reached than planned. This is due to CFS being made accessible to mothers and adolescent girls for psychosocial support, other structured activities, and meetings; as well as the overall increase in the expected demand in the evacuation centres. Active gender prioritisation for women's' protection was appropriate in the context. Less male were reached than planned as many were hesitant to engage in structured psychosocial support activities, including trainings, primarily due to customs and traditions that expect men to be out finding a living. This is being addressed in future programming. How to better meet adolescent males' needs will be addressed in future programming.</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): 1 If 'NO' (or if GM score is 1 or 0): The project is designed in a limited way to promote gender equality through engaging children and young people of both sexes in project design and decision making; ensuring gender appropriate staffing and volunteers in CFS to encourage access; and ensuring that staff are equipped with the knowledge and skills required to refer children and young people to gender appropriate and confidential specialised services where required.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Project evaluation ongoing through spot-checks of outputs based on the agreed indicators, as well as audited liquidations.</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:	01.10.13 – 31.03.14
2. CERF project code:	13-RR-CEF-134	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	Ensuring WASH services for conflict affected populations in Zamboanga City		
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\$ 1,255,101	▪ NGO partners and Red Cross/Crescent: US\$ 304,510
	c. Amount received from CERF:	US\$ 509,668	▪ 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	6,500	5,623	To date, UNICEF has responded with funding from CERF and other donors to 25,955 people affected by the Zamboanga conflict (10,814 people reached with CERF funding). WASH activities have reached the total population of around 26,000 people in evacuation centres to date according to Government data of 2 May 2014. Services were provided to the affected population for a longer period than originally proposed in CERF. The prolonged displacement and urban context of the emergency is costlier than planned.
b. Male	6,000	5,191	
c. Total individuals (female + male):	12,500	10,814	
d. Of total, children <u>under age 5</u>	1,500	1,298	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To ensure WASH cluster coordination support at the Zamboanga level to respond to the new emergency. To improve WASH services in evacuation centres including temporary learning spaces and child friendly spaces. To provide an environment for practicing proper hygiene behaviour for women and children. 			
10. Original expected outcomes from approved CERF proposal			
<p>OUTCOMES:</p> <ul style="list-style-type: none"> Participation of women, men, girls and boys are ensured in the planning and implementation of WASH activities. Girls, women, boys and men have protected and reliable access to sufficient and safe water, sanitation, bathing, hand-washing facilities. Mitigate the risks of morbidity and mortality due to diarrhoea and other water -borne diseases by ensuring a coordinated and efficient WASH early recovery activities. Communities and local government units are more resilient to disaster through improved WASH facilities, services, hygiene practice and governance. <p>INDICATORS AND TARGETS</p> <ul style="list-style-type: none"> 5 bladder tanks are installed to benefit IDPs. 100 portalets are fully operational and maintained. 150 emergency latrines are constructed. 			

- 50 bathing facilities are installed.
- At least 12 water points tested regularly.
- 1,000 households are provided with water kits.
- 1,000 households are provided with hygiene kits.
- 6,000 men and boys and 6,500 women and girls receive hygiene promotion materials and participate in hygiene promotion sessions.
- WASH services are installed in 5 temporary learning spaces and 5 day care centres.
- Monthly cluster meetings and contribution to situation reports and 3Ws.

11. Actual outcomes achieved with CERF funds

All outcomes, results and beneficiaries figures are pro-rata for CERF funding (around 40 per cent of the total funding).
OUTCOMES:

- Women and men actively participate in WASH activities such as trainings on formation of WASH committees in evacuation sites and communities, focus group discussion on identification of gaps and issues, training on operation and maintenance of, and the sustainability/role out of hygiene promotion session activities.
- Good coordination that mitigated the risks of morbidity and mortality due to diarrhoea and other water -borne diseases.

- 7,142 people affected by Zamboanga Siege have been provided with safe drinking water through water tankering, installation of water pipe connected to Zamboanga City Water district waterline, installation of bladders and tanks.
- 10,814 people (2,163 households) who receive a water kit based on a people to kit ration of 1:5.
- UNICEF partners (ACF, Department of Health and City Health Office) have conducted weekly water testing to 13 water points in evacuation centres and transition sites. The results had been shared with concerned agencies, clusters for appropriate action.
- 5,542 people have been provided with sanitation facilities through the construction of semi-permanent sex disaggregated latrines with handwashing, construction of bathing facilities and installation of portalets.
- Weekly clean-up campaign (cleaning of drainage canals, latrine and road/pathways) is conducted in all evacuation centres and transition sites through food and cash for work program and sweepers deployed by the city environment and natural resource office.
- 7,010 people (1,402 households) have received hygiene kits have been provided.
- 6,955 people reached with key messages through Hygiene promotion sessions have been conducted and distributed and posted Information Education and Communication materials in evacuation centres and transition sites.
- Safe drinking water has been provided to more than 862 pupils through installation of water tanks rehabilitation of wells and existing school water system.
- 20 WASH Cluster meetings convened and 19 situation reports submitted 19 for 3Ws.

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

To date, UNICEF has responded with the funding from CERF and other donors to about 26,000 people affected by the Zamboanga conflict and around 10,814 is attributed to CERF.

WASH activities have reached the total population of 26,000 people staying in evacuation centres to date according to Government data as of 2 May 2014. Services were provided to the affected population for a longer period than originally proposed in CERF. The prolonged displacement and urban context of the emergency is costlier than planned. This has also resulted in a 30 per cent increase in funds transferred to partners.

Most CERF targets were met utilising CERF and other funding sources.

Due to the prolonged displacement and relocation sites not fully organized, there are continuing WASH needs and responses in evacuation centres, the cash transfer to partners was increased to support this. There was an oversight in requesting reprogramming.

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

In-line with the proposal, periodic (at least monthly) monitoring was conducted through Humanitarian Performance Monitoring of UNICEF. No formal evaluation done or 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:	23.09.13 – 22.03.14
2. CERF project code:	13-RR-FPA-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection (Gender-based violence)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Lifesaving Interventions on Gender-based Violence (GBV) for Affected Women and Girls in the Zamboanga City Emergency		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 188,058	▪ NGO partners and Red Cross/Crescent: US\$ 33,173
	c. Amount received from CERF:	US\$ 101,534	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,000	9,137	No significant discrepancy in the overall targets. Targets exceeded by three per cent. Slight shortfall in female beneficiaries covered by attendance of more males.
b. Male	2,000	3,241	
c. Total individuals (female + male):	12,000	12,378	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>This project aims to:</p> <ul style="list-style-type: none"> Ensure access of GBV survivors to survivor-centred, multi-sectoral services especially to ensure appropriate health-sector response and medical care to GBV survivors such as treatment of injuries; evaluation for risk mitigation or treatment of sexually transmitted infection and risk of pregnancy; psychosocial support, counselling, and follow-up; documentation on injuries and collection of forensic evidence. Increase awareness of the affected communities (women, men, girls and boys) about human rights and GBV; the importance of receiving health care immediately after a GBV incident in order to avert preventable consequences; and how to access services; and Strengthen capacity of service providers and inter-agency protection mechanisms to implement rights-based, culturally-sensitive and survivor-centred GBV risk mitigation and response measures in humanitarian settings 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Number of GBV survivors reported to inter agency protection mechanisms and provided with lifesaving and appropriate GBV response services especially medical and psychosocial. Number of inter-agency protection mechanisms oriented. Number of social workers mobilized as surge capacity to deliver psychosocial care and gender responsive case management based on post training assessment. Number of GBV monitors/human rights action officers oriented and implementing community based protection surveillance of GBV cases. Number of women friendly spaces (WFS) established according to the Department of Social Welfare and Development (DSWD) guidelines. Number of women, adolescent girls of reproductive age sensitized on GBV risk mitigation and response through information 			

sessions in affected areas.	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 46 GBV survivors reported to interagency protection mechanism and provided with life-saving and appropriate GBV response services especially medical and psychosocial. • One inter agency protection mechanism oriented composed of 25 members. • 15 social workers mobilized as surge capacity. • 36 GBV monitors/human rights action officers oriented and implementing community-based protection surveillance of GBV cases. • 5 WFS established according to DSWD guidelines. • 9,137 women including 1,740 girls sensitized on GBV risk mitigation and response through GBV info sessions; 3,241 males including 775 boys also attended GBV info sessions. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The four activities that were supposed to be implemented by DSWD in Zamboanga were still implemented by the government agency. However, the funds were lodged with an NGO partner (SAC-CAPIN) to facilitate release of the funds. The DSWD Regional Office reported that the funds have to be deposited with their national office in Manila. Similarly, the request for disbursement will have to pass through Manila. Given the bureaucracy and the short duration of the project, it was suggested that the NGO serve as the conduit for the funding of the DSWD activities to expedite release of funds. This explains why the original NGO budget of \$23,500 increased to \$33,173.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0):</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
An After Action Review is scheduled in September 2014 after DFID activities are complemented.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	14.09.13 – 13.03.14
2. CERF project code:	13-RR-FPA-051	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health (Reproductive Health)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Ensuring Access to Reproductive Health Services to the Displaced Population of the Zamboanga City Humanitarian Crisis		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 168,831	▪ NGO partners and Red Cross/Crescent: US\$ 43,694
	c. Amount received from CERF:	US\$ 103,503	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,000	10,221	No significant discrepancy. Targets exceeded by 5 per cent.
b. Male	2,000	2,338	
c. Total individuals (female + male):	12,000	12,559	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
This project aims to provide access to life-saving reproductive health information and services to pregnant and lactating women, young girls and boys and other women of reproductive age among the IDPs currently staying in evacuation centres as well as those who will be transferred to temporary relocations sites.			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> 1. Pregnant and lactating women and other IDPs served by RH medical missions 2. CHTs organized and capable of conducting RH information sessions 3. IDP women, young people and men reached by RH info sessions 4. RH database developed and functional 			
11. Actual outcomes achieved with CERF funds			
<ol style="list-style-type: none"> 1. 2,293 pregnant and 2,007 lactating women served by RH medical missions. 2. 8 community health teams organized with 56 members trained to conduct health info sessions. 3. 10,221 women of reproductive age including 4,300 pregnant and lactating women and 3,550 girls and 2,338 men including 729 boys were reached by health information sessions. 4. RH database in place and functional. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Overall targets were exceeded by 5 per cent. More girls made up for the shortfall in reproductive health information sessions attendance compared to boys.			

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"/>
An After Action Review of the Zamboanga response is scheduled in July 2014 after the DFID project is completed.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	14.09.13 – 13.03.14
2. CERF project code:	13-RR-HCR-065	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Ensuring protection of population affected by armed conflict in Zamboanga City and Basilan Province		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 149,916	▪ NGO partners and Red Cross/Crescent: US\$ 15,823
	c. Amount received from CERF:	US\$ 149,916	▪ 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	15,000	65,043	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 data available and provided by the partners on the ground. However, after conducting the actual field assessment it was gathered that there are a significant number of issues that were gathered hence there was a need to intensify the protection monitoring coverage and to reach the greatest number of people of concern.
b. Male	10,000	62,492	
c. Total individuals (female + male):	25,000	127,535	
d. Of total, children <u>under</u> age 5	2,500	12,753	
9. Original project objective from approved CERF proposal			
To ensure the protection of all persons affected by armed conflict between government forces and the Moro National Liberation Front and Abu Sayyaf Group in Zamboanga City and Basilan Province.			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes			
<ul style="list-style-type: none"> • Conditions of population affected by the armed conflict, including those displaced individuals who are inside and outside evacuation centres as well as those who are unable to flee for safety are monitored, assessed, and reported. Protection advisories are issued with a view to guide government/NGO/UN agencies and clusters including on land, property and housing issues; against human trafficking, etc; • Protection Cluster meetings held on a regular basis with critical protection issues raised, recorded and shared/discussed with the government. Appropriate protection response based on a standard rights-based protocol is provided to at least 25,000 men and women. • People with specific needs, in particular women at risk, children at risk, the elderly, disabled and others are identified for additional support and receive protection kits. 			
Indicators			
<ul style="list-style-type: none"> • 3 protection monitoring visits conducted by UNHCR and/or partners in each of the 35 IDP locations in Zamboanga City and Basilan Province • Number of protection issues reported/recorded and responded to by appropriated government agencies. • 1,000 families with members who have specific needs received protection/hygiene kits 			
11. Actual outcomes achieved with CERF funds			

<p>During the first few days of the conflict UNHCR dispatched NFIs (hygiene and protection kits) for more than 1,000 families. A standard protection kit includes essential items such as a plastic sheet for shelter, blankets, buckets, jerry cans, rope, kitchen sets, sleeping mats and mosquito nets. As UNHCR could not ensure a blanket distribution, priorities were made to cover at least 1,000 of the most vulnerable families and people with specific needs. In addition to the distribution of protection kits and hygiene kits, UNHCR also dispatched plastic rolls which were used to provide temporary shelter to thousands of families taking refuge in the grandstand evacuation centre. All distribution were made through implementing NGO partners (Uniphyl women and CFSI). The distributions were done in close cooperation with UNHCR's long term government partner DSWD.</p> <p>In addition to the NFI distribution, UNHCR quickly set up the protection cluster meeting and together with its co-lead partner, DSWD held protection cluster meetings on a weekly basis. Through the protection cluster UNHCR also organised daily protection assessments in both the conflict affected areas (when security permitted) and in the evacuation centres.</p> <p>To complement the protection meetings and assessments, UNHCR strong IM team also started to issue daily protection updates and advisories. Over the course of the displacement the IM reports evolved and became increasingly comprehensive also including the displacement in Basilan. The publication soon became a widely circulated and read weekly protection report.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The planned outcomes were reached and intervention surpassed initial plans.	
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:	22.10.13 – 21.04.14
2. CERF project code:	13-RR-IOM-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Camp Coordination and Camp Management		<input checked="" type="checkbox"/> Concluded
4. Project title:	Camp Coordination and Camp Management (CCCM) and Shelter Support to the Displaced Population in Zamboanga City		
7. Funding	a. Total project budget:	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,000,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,000,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	25,000	39,566	The number of beneficiaries is higher than planned since IOM supported DSWD interventions on the validation and encoding of Disaster Assistance Family Access Card (DAFAC) which helped the displaced families and individuals inside displacement sites in accessing vital interventions by IOM and other service providers during the peak of displacement (October 2013). With the CERF funding, we were able to maximize our interventions by supporting DSWD in achieving well-managed evacuation centres during the peak of displacement through the provision of access cards.
b. Male	25,000	39,183	
c. Total individuals (female + male):	50,000	78,749	
d. Of total, children <u>under</u> age 5	5,000	12,627	
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 CCCM support, Shelter and Non-Food Items (NFIs) assistance.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Up to 10,000 IDP families (or 50,000 individuals based on an average family size of 5) in conflict-affected areas benefited from CCCM information and support activities All existing evacuation centres/displacement sites (35 to date) benefited from the social preparation and mobilization activities including interactive community mapping About 3,000 IDP families benefited from NFI (family kits) distribution About 400 SRK (shelter repair kit) or alternative transition shelter (ATS) with common facilities are installed Approximately 500 cash for work program beneficiaries are supported throughout the life of the project. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Out of more than 20,000 IDP families with more than 130,000 individuals were registered and were issued with DAFAC, 			

<p>50,000 IDP individuals have been catered and supported by IOM.</p> <ul style="list-style-type: none"> All existing evacuation centres (13) benefited from IOM's CCCM activities as well as from social preparation and mobilization activities. 5,000 IDP families benefited from NFI distribution. About 1,164 units of shelter improvements were installed. 500 individuals benefitted from the cash-for-work intervention. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>There is a discrepancy with the number of SRK or ATS, since the achieved outcome is higher than planned. This was possible because IOM was able to maximize the CERF Fund allocated for shelter interventions by dividing a portion of the allocated fund and merging it with other donor funding.</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>No evaluation is planned since IOM continues to be present in Zamboanga and since the needs are still increasing. IOM staff conducted regular monitoring of the progress of the CERF project implementation, however, since the response and activities are ongoing (through funding from other donors), there is no evaluation planned at the moment. If IOM receives further funds it has M&E processes that it would include. For example IOM would intend to work with other agencies to create a feedback mechanism for deliveries.</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:	WFP	5. CERF grant period:	01.10.13 – 31.03.14
2. CERF project code:	13-RR-WFP-066	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance to Conflict-Affected Households in Western Mindanao		
7. Funding	a. Total project budget:	US\$ 4,188,110	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,700,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 600,215	▪ 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	15,236	22,430	With the CERF grant, WFP was able to successfully implement general food distribution reaching an estimated 43,980 beneficiaries. WFP initially planned to purchase locally to reach 29,874 beneficiaries. However, price differentials between local purchase and international market allowed purchase of rice regionally at cheaper prices, resulting in an additional quantity procured and more beneficiaries reached.
b. Male	14,638	21,550	
c. Total individuals (female + male):	29,874	43,980	
d. Of total, children <u>under</u> age 5	10,637	11,705	
9. Original project objective from approved CERF proposal			
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 in Zamboanga City. Provision of vital food assistance will be through general food distribution.			
10. Original expected outcomes from approved CERF proposal			
The main outcome indicator for the proposed project would be the household food consumption score, which is part of WFP's corporate indicators for measuring results. Household food consumption score is a composite score based on 7 days recall of food consumption frequency and dietary diversity. Food consumption score measures a household's food security status, based on a country appropriate threshold (below 28 is poor food consumption, 28-42 is borderline food consumption, and above 42 is categorized as acceptable food consumption). The target for the proposed project would be 'at least 80% of the target beneficiaries having acceptable food consumption score.' Post-distribution monitoring results will provide the means of verification.			
11. Actual outcomes achieved with CERF funds			
With the CERF grant of US\$600,215, WFP was able to successfully implement general food distribution through the procurement of rice 862.48 metric tons (mt) of rice, reaching an estimated 43,980 beneficiaries (October 2013 to December 2014). WFP initially planned to purchase 747mt of rice to reach 29,874 beneficiaries. However, price differentials between local purchase and international market have allowed WFP to purchase most of the rice at cheaper prices, resulting in an additional quantity of rice purchased.			
The main outcome indicator for the proposed project is the household food consumption score (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			

<p>frequency 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 categorized as acceptable food consumption). The target for the proposed project is 'at least 80% of the target beneficiaries having acceptable FCS'. Based on the post-distribution monitoring results in April 2014, 80% of the surveyed households in Zamboanga has an acceptable level of food consumption (above 42), up from 79% in 2013.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The only discrepancy in terms of the outcomes is the number of actual beneficiaries reached. There was an overachievement as more sacks of rice were procured than originally planned due to the cheaper prices of regional rice than local rice.</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): Not specified 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>An evaluation of this project has not been carried out. However, post-distribution monitoring for the entire operation in Zamboanga has been carried out.</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:	WFP	5. CERF grant period:	01.10.13 – 31.03.14
2. CERF project code:	13-RR-WFP-067	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Logistics		<input checked="" type="checkbox"/> Concluded
4. Project title:	Logistics Augmentation in support of the Government of the Philippines' response to Conflict affected areas in Zamboanga Basilan		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 199,998	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 199,998	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	n/a	n/a	The number of beneficiaries cannot be determined given that the CERF fund was utilized for logistics support and logistics capacity optimization.
b. Male	n/a	n/a	
c. Total individuals (female + male):	n/a	n/a	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
<p>The overall aim of the CERF-funded project is to ensure the rapid delivery of life-saving items to the affected population as prioritized by the Humanitarian Country Team. The below objectives support this aim:</p> <ul style="list-style-type: none"> • Augment the storage capacity available in the affected areas; • Guarantee the rapid delivery of relief items through the provision of tactical logistic support both within Mindanao and from Manila; • Provide operational support equipment to assist the Logistics Cluster in the humanitarian response in the conflict-affected areas. 			
10. Original expected outcomes from approved CERF proposal			
<p>Expected outcomes include:</p> <ul style="list-style-type: none"> • Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis. • Reduced lead times for delivery of life saving assistance; • Augmented storage capacity in the affected areas; 			
11. Actual outcomes achieved with CERF funds			
<p>Outcome 1: Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis.</p> <p>Tactical logistics support was availed to the prioritized clusters through the provision of ad hoc logistics services such as airlifts of cargo identified by the Government of the Philippines to be moved from Manila to the affected area and other life-saving and life-sustaining cargo on behalf of the wider humanitarian community.</p>			

Outcome 2: Reduced lead times for delivery of life-saving assistance

In order to reduce lead times for delivery of life-saving assistance, local transport companies were hired for the forward movement of the relief cargo to areas identified within Zamboanga City who have been affected and in need of assistance.

Outcome 3: Augmented storage capacity in the affected areas.

WFP has erected a mobile storage unit, establishing a logistics hub consisting of temporary storage tents, office units, equipment and staff to augment storage capacity in the affected areas. In addition to the WFP staff already based in Zamboanga, two storekeepers and two warehouse guards were recruited and two staff were deployed to support the operations in Zamboanga. The hub was set up at the Zamboanga City airport in order to aid in the facilitation of transit and consolidation of humanitarian relief items in close coordination with the humanitarian communities.

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

No significant discrepancy.

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): Not specified

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

If no evaluation is carried out or pending, please describe reason for not evaluating project.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	18.10.13 – 17.04.14
2. CERF project code:	13-RR-WHO-071	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of life saving health services to conflict-affected populations in Zamboanga city		
7. Funding	a. Total project budget:	US\$ 960,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 242,347	▪ NGO partners and Red Cross/Crescent: US\$ 73,500
	c. Amount received from CERF:	US\$ 186,900	▪ 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	23,000	21,565	
b. Male	22,000	20,628	
c. Total individuals (female + male):	45,000	42,193	
d. Of total, children <u>under</u> age 5	12,120	17,021	
9. Original project objective from approved CERF proposal			
Provision of life-saving health services to conflict-affected populations			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Increase in access to health services including mental health and psychosocial support for IDPs in evacuation centres and transition sites. • No measles outbreak. • Increase in relevant health information for planning and decision making. • Emergency disease surveillance established in evacuation centres and reporting on any outbreak within 72 hours. 			
11. Actual outcomes achieved with CERF funds			
<p>Increase in access to health services, including mental health and psychosocial support for IDPs, in evacuation centres and transition sites</p> <ol style="list-style-type: none"> 1. 4 Barangay Health Stations provided with essential medicines, equipment and supplies 2. 5 Transitory Sites provided with essential medicines, equipment and supplies 3. Referral Hospital (Zamboanga City Medical Center) provided with essential medicines, equipment and supplies 4. 3 tents provided and used as temporary health facilities/posts 5. Mobile medical teams provided general consultations, child health services, maternal and reproductive health care services, mental health and psychosocial services, health education and health promotion activities 6. 92 counsellors and psychosocial workers were trained on “Enhancing Capacities in Mental Health and Psychosocial Support in Emergencies and Disasters.” Recall sessions were likewise held for the participants twice. 			

<p>7. 150 individuals, including 31 students held hostage, were identified and provided with mental health and psychosocial support services</p> <p>Prevention of Communicable Diseases and Outbreak Control</p> <ol style="list-style-type: none"> 8,413 children (6mos – 15years) were given Measles vaccine and vitamin A supplementation in all evacuation centres Emergency disease surveillance was established in all evacuation centres and Barangay Health Stations closest to all Transitory Sites with the capability to report on any outbreak within 72 hours Trained all medical personnel of evacuation centres and Barangay Health Stations in the proper reporting for disease surveillance Provided the Referral Laboratory/Hospital (Zamboanga City Medical Center) with laboratory reagents and supplies for rapid and confirmatory diagnosis for cases suspected of Cholera and other Enteric diseases Provided the Regional Epidemiologic and Surveillance Unit (Department of Health – Region IX) with centrifuge machines to facilitate sample collection to be sent subsequently to the National Laboratory Referral Facility in Manila No Measles outbreak or outbreak of any communicable disease was reported during the entire response <p>Increase relevant Health Information for planning and decision making</p> <ol style="list-style-type: none"> Health (Quad) Cluster Coordination was established and with regular (every 2 weeks) meetings held; and with the Health Cluster represented in the Inter Cluster Coordination forums Supported the City Health Office in the analysis of morbidities and mortalities among all IDPs Information Management products (Situation Reports, Surveillance Reports, Mortality Analysis, Contact Lists, 4Ws, Mortality Analysis) were done and shared timely and regularly among health and other relevant stakeholders 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	
<p>If 'YES', what is the code (0, 1, 2a or 2b): Not specified 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 formal evaluation was done due to financial constraints; however, regular monitoring has taken place throughout the project. Health facilities and mobile medical teams were monitored with regular visits. Trainings were conducted to ensure that disease surveillance was done appropriately. Cluster meetings (Health and Mental Health and Psychosocial Support) were convened regularly during which progress on activities, and the identification of gaps and needs were discussed. The procurement and delivery of essential medicines, equipment and supplies were tracked. A Transition Conference with cluster partners, including regional and city health authorities, was conducted to examine the current situation and future needs.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

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 Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-CEF-133	Child Protection	UNICEF	Community and Family Services International (CFSI)	No	INGO	\$54,423	31-Dec-13	1-Jan-14	
13-RR-CEF-134	Water, Sanitation and Hygiene	UNICEF	Action Against Hunger (ACF)	Yes	INGO	\$304,510	7-Nov-13	1-Oct-13	ACF is an existing project partner of UNICEF. ACF used up to 15% of funds from existing projects to deliver response for the Zamboanga emergency
13-RR-FPA-050	Gender-Based Violence	UNFPA	SAC-CAPIN	No	NNGO	\$33,173	11-Dec-13	12-Dec-13	
13-RR-FPA-051	Health	UNFPA	Family Planning Organization of the Philippines (FPOP)	Yes	NNGO	\$43,694	19-Dec-13	2-Nov-13	FPOP was already on the ground with UNFPA at the onset of the crisis in September 2013. Their initial activities were funded by UNFPA. However, starting November 2013 when funds from CERF were received by UNFPA, FPOP activities were charged to CERF.
13-RR-HCR-065	Protection	UNHCR	United Youth Philippines-Women	Yes	NNGO	\$15,823	1-Oct-13	1-Oct-13	IP for the distribution of hygiene and protection kits in Basilan and Zamboanga
13-RR-WHO-071	Health	WHO	Merlin	No	INGO	\$65,000	11-Dec-13	18-Oct-13	Basic Health Care
13-RR-WHO-071	Health	WHO	APHP	No	NNGO	\$8,500	30-Mar-14	28-Mar-14	MHPSS

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFP	Armed Forces of the Philippines
ATS	alternative transition shelter
CCCM	Camp Coordination and Camp Management
CERF	UN Central Emergency Response Fund
CFS	child friendly space
DAFAC	Disaster Assistance Family Access Card
DSWD	Department of Social Welfare and Development
FCS	food consumption score
GBV	gender-based violence
GCRV	grave child rights violations
HCT	Humanitarian Country Team
IDP	internally displaced people
MNLF	Moro National Liberation Front
NGO	nongovernmental organization
PRC	Philippine Red Cross
RC/HC	UN Resident and Humanitarian Coordinator
RH	reproductive health
SRK	shelter repair kit
TLS	temporary learning site
WASH	Water, Sanitation and Hygiene
WFS	women friendly space