



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

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.

OCHA conducted an After Action Review on 18 August 2014 with CERF recipient agencies to collectively assess the impact of the grant. UNICEF, IOM and WFP representatives attended the meeting. Additional inputs were provided by the remaining agencies bilaterally.

- 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

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

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 33,828,939 (revised Bohol Earthquake Action Plan, January 2014)		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,997,324
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	n/a
	OTHER (bilateral/multilateral)	10,803,334
	TOTAL	15,800,658

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 29-Oct-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-142	Protection (Child protection)	101,278
UNICEF	13-RR-CEF-143	Education	300,019
UNICEF	13-RR-CEF-144	Nutrition	300,249
UNICEF	13-RR-CEF-145	Water, Sanitation and Hygiene (WASH)	1,100,014
UNFPA	13-RR-FPA-053	Protection (Gender-based violence)	98,389
UNFPA	13-RR-FPA-054	Health (Reproductive health)	198,701
IOM	13-RR-IOM-041	Camp Coordination and Camp Management (CCCM)/Shelter/NFI	1,399,633
WFP	13-RR-WFP-074	Food security	499,135
WFP	13-RR-WFP-075	Logistics	200,000
WHO	13-RR-WHO-075	Health	799,906
TOTAL			4,997,324

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,746,306
Funds forwarded to NGOs for implementation	1,251,018
Funds forwarded to government partners	0
TOTAL	4,997,324

HUMANITARIAN NEEDS

A magnitude 7.2 earthquake jolted Bohol province in Central Visayas Region at 8:12 a.m. on 15 October 2013, killing 218 people and injuring 768 in Bohol, Cebu and neighbouring provinces. The tremor was felt throughout Visayas and Mindanao, triggering landslides in some municipalities in Bohol. The earthquake damaged public buildings, roads and bridges, rendering them impassable. This was the strongest earthquake that hit the Philippines in the last 23 years. Electricity was cut off in most of Bohol and the water system was damaged.

The National Disaster Risk Reduction and Management Council (NDRRMC) reported that the entire population in 47 municipalities and one city in Bohol (1,255,128 people) were affected by the earthquake. Bohol province had a balanced ratio between male (637,428 people) and female inhabitants (617,700 people). The majority of the population were people of working age between 18 and 59 years old. As of 22 October 2013, a total of 344,347 people (66,717 families) were displaced in Bohol (331,973 people), Cebu (12,327 people) and Siquijor (47 people). About 80 per cent of those displaced stayed outside the evacuation centres while the rest were sheltered in 99 evacuation centres. The earthquake and subsequent aftershocks damaged a total of 53,439 houses in Bohol, Cebu, Negros Occidental, Negros Oriental, Iloilo, Siquijor and Guimaras provinces. The disaster took a heavy toll on the Bohol economy, which relied on agriculture and tourism.

Hours after the earthquake, the provincial authorities of Bohol and Cebu declared a state of calamity. On the same day, the NDRRMC invited the Humanitarian Country Team (HCT) and cluster co-lead agencies for a joint rapid needs assessment in the earthquake-affected municipalities that had information gap. The joint assessment was conducted in nine municipalities on the west and central coast of Bohol from 16 to 17 October, and the following immediate priorities were identified: emergency shelter; water, sanitation and hygiene (WASH); food; medical supplies; and logistics.

The HCT on 25 October issued the Bohol Earthquake Action Plan, seeking US\$ 46.8 million to reach the displaced population over the first six-month period. This Action Plan was later revised to \$33.8 million. Against this appeal funding of \$15.8 million has been received, including \$5 million from the Central Emergency Response Fund (CERF), making it the largest funding channel for this action plan. As successive and simultaneous emergencies since August 2013 had stretched the resources of humanitarian responders in the country, additional funding was urgently needed for timely aid to reach the right people. This CERF request was made to jumpstart the most urgent and life-saving activities for the earthquake relief.

II. FOCUS AREAS AND PRIORITIZATION

The joint rapid needs assessment conducted by the Department of Social Welfare and Development (DSWD) and the HCT found that the damage to existing housing and public building was severe with the majority of collapsed houses considered inhabitable/ not safe for repair. The team observed that most people were traumatised by the earthquake and were afraid to return home for fear of falling debris. They chose to stay outdoors, setting up makeshift tents near their homes or in public spaces. The rainy season, which was to last until December, added more challenges to an already vulnerable population. There was no campsite planning and management. The evacuees needed immediate emergency shelter solutions such as tarpaulins, building materials, tools and tents.

Damaged roads and blocked bridges isolated many municipalities and hampered the distribution of relief assistance to the affected areas. The Logistics Cluster assisted the government in providing mobile storage facilities in Bohol and transporting food and non-food items (NFIs) to remote municipalities by land.

WASH Cluster assessments in 11 municipalities in Bohol on 19 October indicated the need for water supply, especially safe drinking water. Where alternative water supply existed, there was the need to monitor the water quality to prevent water-borne diseases. Open defecation was reported in the evacuation centres where there were insufficient or no latrines. A few municipalities trucked water, but the vast geographical span of the affected areas posed a significant challenge in delivering water to all evacuation centres and displaced families living in open spaces. Displaced families also lacked access to basic sanitation and hygiene services, such as soap and sanitary napkins for women as most markets and shops were not functioning properly. Latrines and bathing facilities offered minimum privacy, as displaced people could not access proper toilets and shower rooms in public/private infrastructures due to unsafe building conditions. Oxfam further reported cases of diarrhoea resulting from the lack of access to safe drinking water and sanitation facilities, following their assessment in six affected municipalities in Bohol.

An initial rapid health assessment conducted by the Department of Health (DOH) and the Philippine Red Cross found that a total of 136 health facilities were damaged (111 partially damaged and 25 totally destroyed), including 20 hospitals, 31 rural health units (RHU), 83

barangay (village) health stations (BHS) and three birthing facilities. A reproductive health (RH) assessment in five affected municipalities in Bohol between 18 and 20 October found that normal deliveries were performed in makeshift tents outside the RHUs. The team, composed of UNFPA and the Family Planning Organization of the Philippines (FPOP), a national non-governmental organisation (NGO), reported complicated deliveries were referred to Bohol provincial capital of Tagbilaran City.

Other assessments conducted in Bohol by HCT members, Save the Children and Plan International from 17 to 20 October underlined the need to support children who were traumatised by the earthquake. Children in the affected areas were experiencing fear when aftershocks struck while others had difficulties sleeping. There were children reportedly begging on the streets in affected municipalities.

III. CERF PROCESS

The provincial authorities lead the relief operation with support from the national government. Given the magnitude of the disaster, however, additional support for the emergency response was needed. On 21 October, the NDRRMC chairperson welcomed international humanitarian assistance offered by the Humanitarian Coordinator (HC) on behalf of the HCT. Additional support was requested in coordination, emergency shelter, early recovery, WASH, education, food, and logistics sectors.

On 23 October, the HC chaired a consultation meeting which was attended by the heads of cluster co-lead agencies involved in the humanitarian response to Bohol earthquake. International Federation of Red Cross and Red Crescent Societies (IFRC) (co-lead for the Emergency Shelter Cluster) and Save the Children (co-lead for the Education Cluster) also attended the meeting and shared their observations from the field and assessment.

The heads of cluster co-lead agencies agreed that priority projects must meet the CERF life-saving criteria. The participants did not decide on priority locations as the assessments on the number of damaged houses, a key proxy for prioritisation, were still incomplete. Assessments and data validation in some worst-hit municipalities were ongoing throughout the CERF application process as some areas were still difficult to reach. The implementation period was set at six months, in line with CERF criteria.

The funding allocation was heavily informed by requests for assistance from the government to the HCT and the cluster co-lead agencies as well as the outcomes of the inter-agency initial rapid needs assessment and other assessments conducted by agencies and clusters. The HC and the heads of cluster co-leads agreed to take into account the presence of HCT members, including international and national NGOs in the affected areas to enable the cluster members to jumpstart life-saving assistance in a timely manner. Heads of cluster co-lead agencies also agreed on cross-sectoral response in critical areas such as WASH support to Shelter response and Child Protection support in schools. The HC and heads of cluster co-lead agencies prioritised the following sectors for CERF Rapid Response: Emergency Shelter/Camp Coordination and Camp Management (CCCM), WASH, Health (including reproductive health), Food, Logistics, Gender-based Violence (GBV), Child protection, Education and Nutrition.

On 25 October, the Government of the Philippines and the HCT launched the Bohol Earthquake Action Plan, seeking \$46.8 million to assist 344,300 people displaced by the earthquake over six months until April 2014. In response, Australian government pledged at least A\$1 million (\$960,000) shortly after the launch, which covered about 2 per cent of the appeal requirement. Prior to the launch, the Government of the Philippines had received bilateral assistance worth \$300,000 from South Korea and \$100,000 from the Republic of China (Taiwan). The US government had also provided logistical support through WFP, and \$50,000 for NFIs through Plan International.

While international funds and other relief efforts began to flow in, the need for a rapid disbursement of additional funding was evident. In this context, the CERF grant would help to mobilize and scale up response activities aimed to meet the most urgent humanitarian needs of the affected population.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 1,255,128 (original CERF proposal, October 2013)				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Protection	12,718	4,573	17,291
	Education	13,437	15,464	28,901
	CCCM/Shelter/NFI	50,000	50,000	100,000
	Food security	13,223	12,704	25,927
	Logistics	n/a	n/a	n/a
	Nutrition	15,120	6,650	21,770
	WASH	14,655	13,154	27,809
	Health	270,620	260,007	530,627

BENEFICIARY ESTIMATION

Out of 1.3 million total population of Bohol were affected by the earthquake, 344,347 displaced people were identified to be in need of immediate humanitarian assistance, of which 217,113 were targeted with the CERF grant. While a later assessment by the government slightly increased the estimated total displaced population to 367,580, the focus of the humanitarian response on shelter, WASH and health assistance remained throughout the implementation period of the CERF grant.

Humanitarian agencies reached an estimated 231,020 people outside and inside evacuation centres through CERF-funded projects. CERF projects were concentrated around the hardest-hit municipalities of northeast Bohol. While part of CERF was used for health and logistics projects benefiting the entire population of municipalities in which they were carried out, the total number of beneficiaries in this report was calculated by combining the individuals directly reached by the relief items and response activities through the CERF-funded projects (please refer to Annex 3 for details).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	106,385	126,676
Male	110,728	104,344
Total individuals (Female and male)	217,113	231,020
Of total, children <u>under</u> age 5	30,000 ¹	69,851

¹ The original proposal had a figure of 163,787 children. Due to a mistake, this calculation was disproportionately high, and has been corrected here.

CERF RESULTS

With the CERF grant, the recipient agencies and their implementing partners were able to reach and exceed the estimated target beneficiaries affected by the Bohol earthquake (231,020 instead of the targeted 217,213 people). All CERF projects, except for the logistics project (for which CERF funding was used for logistics capacity optimization and the number of beneficiaries reached indirectly could not be calculated), exceeded their targets through enhanced partnerships and supply optimization. UNICEF, for example, was able to expand the reach and scope of its nutrition project through mobilizing community-based health and nutrition officers, volunteers and other local partners. WFP, by purchasing rice locally at low cost, was able to procure additional food supplies for distribution. IOM's humanitarian communications through radio and newsletters reached more than 100,000 people.

As the Bohol earthquake took place in the midst of successive emergencies that hit the Philippines in 2013 (between the conflict in Zamboanga in September and Typhoon Haiyan in November), resource mobilization for its relief efforts posed a significant challenge. In particular, Typhoon Haiyan (Yolanda), while it did not cause significant damage on Bohol, had a strong impact on the response capacity, as many government and international humanitarian resources were shifted from Bohol to address needs caused by Haiyan.

The CERF grant accounted for over 10 per cent of the Bohol Earthquake Action Plan (October 2013) and was instrumental in providing life-saving assistance to the affected people in the initial phase of response. The CERF-funded projects enabled partners to provide critical interventions including:

- Approximately 61,510 people benefited from 12,302 emergency shelter kits (ESKs); 2,825 Recovery Shelter Kits (RSKs) were provided to underserved communities.
- Approximately 29,286 people (5,857 households) provided with water kits; 20,456 people (4,091 households) provided with hygiene kits.
- 15,633 internally displaced people (IDPs) benefited from 10 bladder tanks; 13,289 people benefited from 239 emergency communal latrines.
- 25,927 people provided with a total of 538.77mt of rice and high-energy biscuits.
- 12,789 children under 5 (6,650 boys and 6,139 girls) screened for malnutrition and 122 (64 boys and 58 girls) cases with severe acute malnutrition (SAM) admitted to therapeutic feeding program.
- 3,680 pre-schoolers and 25,221 school-aged children provided with continued access to education.
- 3,712 children (1,833 girls and 1,879 boys) in eight communities and five IDP camps provided with psychosocial support.
- 8,981 pregnant and lactating women provided with Infant and young child feeding (IYCF) counselling and support.
- 55 GBV survivors provided with life-saving and appropriate GBV response services and psychosocial counselling.
- 21,107 children of 0-59 months received oral polio vaccine (OPV); 20,139 received measles vaccine.
- Over 100,000 people in 34 evacuation centres / displacement centres benefited from humanitarian communications including social preparation and mobilization activities and interactive community mapping.
- Up to 530,627 people benefited from 39 temporary health facilities (tents) set up and 5 full interagency health kits (IEHKs) provided in communities where health facilities were damaged.

The recovery phase in the Bohol earthquake response since gained momentum, with evacuation centres closed, treatment for patients with severe acute malnutrition rolled out and shelter construction scaled up. On 19 March 2014, the provincial authorities and humanitarian partners discussed transition plans for March and April. Among the future challenges identified were: the need to increase advocacy with local authorities to allocate resources to rebuild community health centres; the need for information management and policy development at the provincial level; and the need for municipal and provincial capacity-building to improve disaster risk reduction and management. As of 12 August, 46.7 per cent of the total funding needs as specified by the revised Bohol Earthquake Action Plan (January 2014) were met.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF was among the first significant external funding resources made available for the recipient agencies to enable rapid procurement of life-saving relief goods (e.g. emergency shelter and NFIs, WASH facilities and water/hygiene kits, food, medicine and health assistance) and partnership mobilization. The prompt approval of all CERF projects within a week of the field submission allowed recipient agencies and implementing partners to trigger internal mechanisms to begin operations immediately. Furthermore,

CERF contributed to the logistical capacity for delivery of relief goods and rapid staff deployment for health and protection missions in affected communities. WHO cited that CERF enabled resumption of essential health services through establishment of temporary health facilities in the communities whose health facilities were damaged or destroyed (e.g. Sagbayan, Loon, San Isidro). These health facilities were then able to provide targeted assistance for vulnerable groups including pregnant and lactating women and children under the age of five, as well as to attend emergency cases and monitor incidents of acute diarrhoea, measles, leptospirosis, etc.

b) Did CERF funds help respond to time critical needs²?

YES PARTIALLY NO

CERF funds allowed the provision of life-saving assistance to meet time-critical needs, such as malnutrition surveillance and vaccination campaigns. UNICEF cited that CERF enabled an improved nutrition data management system for evidence-based planning and programming for screening and treating SAM cases. The CERF grant also facilitated the WHO-led vaccination campaigns against polio and measles, which targeted affected children under the age of five.

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

YES PARTIALLY NO

Both provision of the CERF grant and local impact of the CERF-funded projects were cited as positive indicators to donors of the legitimacy, urgency and scale of the needs for the Bohol earthquake response. UNFPA, for example, through its project to save lives of vulnerable women, especially the pregnant and lactating, as well as young people, was able to generate interest and mobilize funds from other donors including the Department for International Development (DFID). However, WFP and WHO said that Typhoon Haiyan, which struck the central Philippines barely a month after the Bohol earthquake, triggered massive relief efforts mainly outside of Bohol. This diverted donor attention and response capacity of partners and made continued resource mobilization for the Bohol response difficult.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funds improved inter-cluster coordination mechanism at the field level through the establishment of operational and logistical hubs, which facilitated regular information exchange among the UN agencies, NGOs, donors, the government partners, and other humanitarian actors during the response. WFP said that the CERF-funded logistics hubs and mobile storage units served other organizations including UNDP and UNICEF. WHO said that CERF enabled deployment of experienced health coordinators to WHO and DOH, which greatly enhanced coordination among local partners.

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

No additional inputs were provided.

² 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.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Limited resources made it difficult to conduct evaluation specific to CERF's impacts.	CERF Secretariat to consider allowing CERF to cover project evaluation.	CERF Secretariat
Gender mainstreaming in emergency settings needs to be strengthened.	CERF to provide practical gender analysis tools for CERF programming or expedite the revision and rollout of the IASC gender checklist.	CERF Secretariat, RC/HC and OCHA (to circulate tools)IASC GenCap
Early recovery initiatives such as debris management are critical in emergencies to enable humanitarian activities to reach more affected communities.	CERF to allow for greater flexibility and support to early recovery activities.	CERF Secretariat
Challenge in preventing duplicated purchase of essential goods, when having to follow a meticulous proposal submitted at the onset of an emergency.	CERF secretariat to consider a greater flexibility for procurement, especially regarding the level of itemisation of goods to be procured.	CERF Secretariat
Concerns over the CERF restriction for funding to be spent on staff, which means that CERF funding is of value only if the overall sum is large enough to sustain staffing to manage it.	Policy point for CERF secretariat to review and ideally increase ceiling for staff costs.	CERF Secretariat
Challenge with a short turn around for CERF grant application when recipient agencies must negotiate agreements with implementing partners as part of the application.	CERF Secretariat to consider permitting adjustments for fund transfers to implementing partners after the CERF application is approved, subject to further approval/notification.	CERF Secretariat
Concerns over the CERF guidelines restricting adjustments across budget categories to 15% of the total project budget, given unpredictable nature of the response.	CERF Secretariat to consider closer to 25% flexibility for budget modification to enable swift use of funds and avoid any duplication or gaps in response.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Although inter-cluster coordination structures were in place, six-month implementation period of CERF projects requires strengthened linkage of technical expertise among agencies. Agencies including CERF recipients in some clusters, however, were not flexible to operate beyond their mandate and cluster strategies.	Local humanitarian community to improve technical linkage among clusters to ensure that project impact is maximized.	RC/HC, OCHA, cluster co-lead agencies
Decrease in the level of field presence of cluster co-lead agencies in some areas despite persisting humanitarian needs on the ground.	Local humanitarian community to ensure sustained field presence of dedicated cluster coordinators until the early recovery phase winds down so that the impact of CERF projects is maximized.	Cluster co-lead agencies, RC/HC, OCHA
Challenge in preventing duplication of purchase of essential goods at the time of an emergency: would be better if the level of itemisation of goods to be procured was kept general to help improve flexibility.	Humanitarian agencies to continue to work together to coordinate on procurement plans.	HCT
Challenge in ensuring NGOs implement on time.	HCT to facilitate discussion on how decisions are taken on amount of funding and focus of NGO funding.	HCT
Challenge with a short turn around for CERF grant application when recipient agencies must negotiate agreements with implementing partners as part of the application.	HCT and cluster co-lead agencies to invest in pre-established partnerships with potential implementing partners.	HCT, Cluster co-lead agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	04.11.13 – 03.05.14
2. CERF project code:	13-RR-CEF-142	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection (Child Protection)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening the Protective Environment for Children Affected by the Earthquake in Bohol 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\$ 270,154	▪ NGO partners and Red Cross/Crescent: US\$ 71,653
	c. Amount received from CERF:	US\$ 101,278	▪ 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	1,500	1,833	This project, with the support of CERF funds exceeded the total planned number of beneficiaries. Psychosocial support through structured child-friendly space (CFS) activities and other play sessions benefitted a total of 3,712 boys and girls. A total of 1,666 caregivers in affected communities and IDP camps, and community members in eight barangays benefitted from strengthened local child protection mechanisms including referral pathways to facilitate reporting of child abuse and gender-based violence cases.
b. Male	1,500	1,879	
c. Total individuals (female + male):	3,000	3,712	
d. Of total, children <u>under age 5</u>	n/a	839	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> To ensure initiation and coordination of child protection interventions through the Child Protection Working Group. To provide a safe environment for children displaced by the earthquake. To address the psychosocial concerns of children and their families in the affected communities 			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> Outcome: Child Protection Working Group for Bohol Earthquake is functional. Outcome: At least 3,000 boys and girls in affected areas are provided psychosocial support in a safe and protective environment. Outcome: Protection mechanisms are strengthened including referral system in at least 3 affected communities 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> A Child Protection Working Group (CPWG) was activated by a dedicated coordinator (through ProCap) within a week of the earthquake. Effective coordination was provided with structured information management support, to avoid duplication of activities and enhance programme support among NGOs and Government partners on the ground. CPWG and Gender-based Violence sub-cluster meetings were held together to create synergies and structured coordination in programme planning and implementation. 			

- 3,712 children age 3 to 17 including 1,833 girls and 1,879 boys in eight communities and five IDP camps benefitted from psychosocial support through CFS sessions, sports activities and free age appropriate play.
- 1,666 caregivers of the affected communities participated in psychosocial support sessions, and 166 social workers, teachers and key community members were trained as trainers on psychosocial support.
- 4,761 children and adults of the affected communities attended awareness raising sessions on child rights, child protection in emergencies including gender based violence and trafficking.
- An orientation was organized in each of eight communities to strengthen the local child protection mechanisms by activating and enhancing the functionality of the Barangay Council for the Protection of Children (BCPC).
- 94 BCPC officials and youth participated in capacity building sessions on basic child rights based on the UN Convention of the Rights of the Child (CRC).
- Common referral pathways to report cases of child protection and gender based violence, as part of local protection mechanisms strengthening, were developed at a workshop organized with Government and NGO partners. Eight affected communities and 10 IDP camps were provided with the referral pathways and an awareness-raising session was conducted in each community.

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

Most of expected outcomes were achieved and the expected number of beneficiaries was exceeded. However, there was some discrepancy in the planned and actual expenditures of the approved budget. Funds intended to hire a Child Protection cluster coordinator and purchase supplies were transferred to an NGO partner to expand programme sites. These funds were available as surge support from the Protection Standby Capacity Project (ProCap) was received. Our NGO partner used these additional funds to support activities to strengthen child protection systems (reported above), which were included in the CERF project proposal as an outcome, but not originally budgeted for.

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

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

YES NO

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

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

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

EVALUATION CARRIED OUT

EVALUATION PENDING

The Planning, Monitoring, and Evaluation (PME) Unit conducted Humanitarian Performance Monitoring (HPM) in Bohol in August/September 2014. HPM works as an electronic survey administered in the affected areas to monitor the types and reach of humanitarian assistance provided, along with a satisfaction survey by the target population. HPM in Bohol covered implementation from all funding, including CERF. A modified monitoring methodology was developed with more emphasis on the quality of service delivery at the service provider level (government and NGO partner levels). Results will be available in the fourth quarter of 2014.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	13.11.13 – 12.05.14
2. CERF project code:	13-RR-CEF-143	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Bohol Earthquake: Providing life-sustaining psychosocial support and education in emergency response to affected preschoolers and school children in worst-hit municipalities		
7. Funding	a. Total project budget:	US\$1,879,822	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 405,398	▪ NGO partners and Red Cross/Crescent: US\$ 94,602
	c. Amount received from CERF:	US\$ 300,019	▪ 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	8,475	13,437	The actual direct beneficiaries (children) reached exceeded the planned number by 11,951. This is due to the following: (a) For some supplies including tarps and Early Childhood Care and Development (ECCD) kits, the actual quantity or volume provided was more than initially planned due to variation of costs (economy of scale) and (b) the use of the supplies was optimized and made to accommodate/serve as much children as possible.
b. Male	8,475	15,464	
c. Total individuals (female + male):	16,950	28,901	
d. Of total, children <u>under</u> age 5	1,950	3,680	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> 1. Improve access to quality Early Childhood Care and Development (ECCD) and basic education for boys and girls affected by the disaster; and 2. Improve capacities of education stakeholders to restore effectively respond to emergency education needs of children. 3. Improve coordination of Education Cluster 			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> 1. Outcome: Children including preschool age children, girls and boys, and other excluded children, access quality education opportunities <u>Indicator and targets:</u> <ul style="list-style-type: none"> • About 1,950 pre-schoolers and 15,000 school-aged children benefit from restoration of learning sessions 2. Outcome: Safe and secure learning environments that promote the protection and well-being of learners is established <u>Indicators and targets:</u> <ul style="list-style-type: none"> • At least 75 temporary learning spaces (TLS) are set up for schools and day care centers to complement government pre-school and basic education services • About 75 trainers/teachers and day care workers are trained on psychosocial support intervention and/or Education in Emergencies approaches • About 65 day care centers are provided with ECCD packs (which include story books and educational toys) 			

3. Outcome: Effective leadership is established for education cluster/ inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Strengthened Education Cluster coordination mechanisms
- Indicators and target:
- Local Education Cluster organized and meeting regularly to coordinate and monitor education in emergencies responses
 - Collaboration with child protection and WASH clusters to ensure integrated approach in addressing the needs of the affected children

11. Actual outcomes achieved with CERF funds

1. Outcome: Children including preschool age children, girls and boys, and other excluded children, access quality education opportunities

Indicator and targets:

- About 1,950 pre-schoolers and 15,000 school-aged children benefit from restoration of learning sessions

Results

- 3,680 pre-schoolers and 25,221 school-aged children were provided access to ECCD and quality basic education with the restoration of learning sessions through the provision of TLS (including tarps), library sets, back-to-learning materials and ECCD kits.
- In addition, an estimated 21,376 children benefitted from the provision of 80 elementary school library sets, 10 high school library kits, and 100 teacher packs. Through partnership with Plan International, 1,321 elementary pupils and 800 high school students benefitted from the distribution of back-to-school kits.

2. Outcome: Safe and secure learning environments that promote the protection and well-being of learners is established

Indicators and targets:

- At least 75 temporary learning spaces (TLS) are set up for schools and day care centers to complement government pre-school and basic education services

Results

- 90 schools were supported with 200 tarpaulin sheets for the setting up of TLSs, benefitting at least 3,860 children.
- Through partnership with Community and Family Services International (CFSI), at least 960 children benefitted from the setting up of 8 tents,

Indicators and targets

- About 75 trainers/teachers and day care workers are trained on psychosocial support intervention and/or Education in Emergencies approaches

Results

- CFSI trained 211 trainers on PSS to include social workers, teachers, and key community persons; trained 1,144 children and 1,325 community members on disaster preparedness and hazard mapping; and 4,761 children and community members on child protection PSS sessions were provided to 3,793 children;
- Through partnership with Plan International, 34 teachers, 13 pupils/SSG representatives, 11 PTA officers; and 11 Barangay Local Government Unit (LGU) representatives were engaged in the review and enhancement of the School Improvement Plan (SIP) toward integrating disaster risk reduction (DRR) and climate change adaptation (CCA).
- Plan International as partner also trained 20 day care workers on production of indigenous toys and learning tools

Indicators and targets

- About 65 day care centers are provided with ECCD packs (which include story books and educational toys)

Results

- 86 day care centres were provided with ECCD kits, benefitting some 3,680 pre-schoolers.

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

Indicators and target:

- Local Education Cluster organized and meeting regularly to coordinate and monitor education in emergencies responses

Results

- Moreover, the project helped strengthen cluster coordination and supported to strengthen the capacity of the Department of Education and other local authorities in leading the responses, particularly through provision of technical assistance on monitoring, documentation and information management.

Indicators and target:

- Collaboration with child protection and WASH clusters to ensure integrated approach in addressing the needs of the affected children

Results

- To ensure convergence of education, child protection and WASH interventions, concerned clusters maintained close coordination of activities being undertaken, more specifically, a representative of one cluster would participate in the meeting of the other clusters.

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

Some diversions in actual project expenditure from the original budget amount are observed, especially in the area of supply procurement and fund disbursement to partners. After the receipt of the CERF funds, further practical analysis was made to better and more efficiently meet the needs of the affected population, and it was found that in terms of supply procurement, UNICEF had a comparative advantage in procuring large quantity education materials creating economy of scale, while partners such as Plan International had more comparative advantages in providing quality training in different areas through several funding source including CERF/UNICEF.

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

The Planning, Monitoring, and Evaluation (PME) Unit conducted Humanitarian Performance Monitoring (HPM) in Bohol in August/September 2014. HPM works as an electronic survey administered in the affected areas to monitor the types and reach of humanitarian assistance provided, along with a satisfaction survey by the target population. HPM in Bohol covered implementation from all funding, including CERF. A modified monitoring methodology was developed with more emphasis on the quality of service delivery at the service provider level (government and NGO partner levels). Results will be available in the fourth quarter of 2014.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	13.11.13 – 12.05.14
2. CERF project code:	13-RR-CEF-144	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of nutrition life-saving interventions to children 0-59 months, pregnant and lactating women affected by emergencies		
7. Funding	a. Total project budget:	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 702,736	▪ NGO partners and Red Cross/Crescent: US\$ 89,000
	c. Amount received from CERF:	US\$ 300,249	▪ 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	7,800	15,120	The 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	3,200	6,650	
c. Total individuals (female + male):	11,000	21,770	
d. Of total, children <u>under age 5</u>	6,400	12,789	
9. Original project objective from approved CERF proposal			
This project aims to support the government and NGO partners in addressing prevailing humanitarian needs by 1) providing life-saving therapeutic feeding services and supplies for girls and boys under-5 with severe acute malnutrition; 2) protection and promotion of life-saving breastfeeding and infant and young child feeding practices; 3) emergency training of government duty-bearers for delivery of such services; and 4) enhancement of existing mechanisms for timely identification of the most nutritionally vulnerable			
10. Original expected outcomes from approved CERF proposal			
1. Outcome: Decrease in incidence of acute malnutrition among under 5 children			
<ul style="list-style-type: none"> • Indicator: Number of girls and boys under-5 screened for acute malnutrition • Target: 6,400 under 5 children screened (3,200 boys and 3,200 girls) • Indicator: Number of severely acute malnourished girls and boys admitted to therapeutic feeding program • Target: 150 cases of severe acute malnutrition (SAM) (75 boys, 75 girls) • Indicator: Percentage of severely acute malnourished boys and girls cured • Target: At least 80% 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			
<ul style="list-style-type: none"> • Target: Decrease in incidence of micronutrient deficiency among pregnant and lactating women (PLW) • Indicator: Number of PLW provided with counselling support for breastfeeding and care practices • Target: 4,600 women • Indicator: Number of PLW receiving micronutrient supplementation. 			

<ul style="list-style-type: none"> • Target: 4,600 women 	
<p>3. Outcome: Nutrition in emergency advocacy and programming are evidenced based.</p> <ul style="list-style-type: none"> • 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 survey conducted 	
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>1. Outcome: Decreased in incidence of acute malnutrition among under 5 children</p> <ul style="list-style-type: none"> • Indicator: Number of girls and boys under-5 screened for acute malnutrition • Results: 12,789 under 5 children screened (6,650 boys and 6,139 girls) • Indicator: Number of severely acute malnourished girls and boys admitted to therapeutic feeding program • Result: 122 SAM cases admitted for treatment (64 boys, 58 girls) • Indicator: Percentage of severely acute malnourished boys and girls cured • Result: More than 80% of SAM cases cured with no significant difference in outcomes for girls and boys 	
<p>2. Outcome: Increase in breastfeeding and infant and young child feeding practices among mothers</p> <ul style="list-style-type: none"> • Target: Decrease in incidence of micronutrient deficiency among PLW • Indicator: Number of PLW provided with counselling support for breastfeeding and care practices • Result: 8,981 women received counselling support for breastfeeding and care practices • Indicator: Number of PLW receiving micronutrient supplementation. • Result: 2,736 women received micronutrient supplementation 	
<p>3. Outcome: Nutrition in emergency advocacy and programming are evidenced based.</p> <ul style="list-style-type: none"> • Indicator: Prevalence rate of under nutrition and its determinants in children 0-59 months, pregnant and lactating women in emergency affected area. • Result: Given the availability of the Operation Timbang Plus (OPT) data and over 93% screening coverage of children under 5 years, the Nutrition in Emergencies team decided not to conduct an additional nutrition end survey. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>SAM admissions were lower than the target which reflects a lower than expected prevalence of SAM. This is in line with the outcome of the OTP survey.</p> <p>Results on women receiving micronutrients are under-reported due to the quarterly reporting system of the Department of Health. Our implementing partner is currently facilitating the validation and consolidation of these numbers through field visits and updated data is expected after the reporting date.</p> <p>A Nutrition cluster SMART nutrition survey was not needed as a Government screening programme was conducted. Operation Timbang Plus (OPT), the regular growth monitoring program of Government, was completed last March 2014, showed a GAM prevalence of 3.28% using both Weight for Height and Mid-Upper Arm Circumference in the 17 most affected areas. This GAM prevalence is much lower than the Regional GAM of 7.9% based on the 2013 National Nutrition Survey.</p> <p>A lower amount than planned was transferred to our implementing partner due to limitations to their implementing capacity (responding to multiple disasters) and the SMART survey not being conducted. Savings were used primarily to purchase additional supplies.</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 Planning, Monitoring, and Evaluation (PME) Unit conducted Humanitarian Performance Monitoring (HPM) in Bohol in August/September 2014. HPM works as an electronic survey administered in the affected areas to monitor the types and reach of humanitarian assistance provided, along with a satisfaction survey by the target population. HPM in Bohol covered implementation from all funding, including CERF. A modified monitoring methodology was developed with more emphasis on the quality of service delivery at the service provider level (government and NGO partner levels). Results will be available in the fourth quarter of 2014.</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:	01.11.13 – 30.04.14
2. CERF project code:	13-RR-CEF-145	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	WASH Emergency Response for Bohol Earthquake		
7. Funding	a. Total project budget:	US\$ 7,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,429,364	▪ NGO partners and Red Cross/Crescent: US\$ 759,694
	c. Amount received from CERF:	US\$ 1,100,014	▪ 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	14,500	14,655	The programme coordination agreement (PCA) partners were able to reach 309 more beneficiaries than initially planned. The project targeted the most vulnerable earthquake-affected families living in evacuation camps, and transitional shelters. It also covered vulnerable families in home-based settings and hard-to-reach/inaccessible areas, such as barangays in coastal, island and upland areas. School children in moderately/lightly affected barangays were also covered under this project.
b. Male	13,000	13,154	
c. Total individuals (female + male):	27,500	27,809	
d. Of total, children <u>under age 5</u>	11,000	11,124	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To ensure WASH cluster coordination. To improve WASH services in evacuation centers, temporary relocation sites including temporary learning spaces and child friendly spaces. To Provide an environment for practicing proper hygiene behavior for women and children. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> OUTCOMES: <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 Prevent morbidity and mortality due to diarrhoea and other water -borne diseases by ensuring a coordinated and efficient WASH early recovery activities Communities and LGUs are more resilient to disaster through improved WASH facilities, services, hygiene practice and governance INDICATORS AND TARGETS <ul style="list-style-type: none"> 10 bladder tanks are installed to benefit internally displaced persons (IDPs) 300 emergency latrines are constructed 			

<ul style="list-style-type: none"> ○ 50 bathing facilities are installed ○ At least 10 water points tested regularly ○ 2,500 households are provided with water kits ○ 2,500 households are provided with hygiene kits ○ 14,500 girls and women and 13,000 boys and men receive hygiene promotion materials and participate in hygiene promotion sessions ○ WASH services are installed in 10 temporary learning spaces and 10 day care centers³ ○ Monthly cluster meetings ○ Regular analysis of WASH cluster gaps through 3Ws and GIS informed reporting 	
11. Actual outcomes achieved with CERF funds	
<p>The outcomes of this project were achieved successfully with most targets met and exceeded.</p> <ul style="list-style-type: none"> ● 15,633 internally displaced people benefitted from 10 bladder tanks ● 239 emergency communal latrines were constructed benefiting 13,289 people ● 51 bathing facilities were installed benefiting 4,516 people ● 192 water points were regularly tested ● 5,857 households were provided with water kits (29,285 people) ● 4,091 households were provided with hygiene kits (20,456 people) ● 14,655 girls and women and 13,154 boys and men receive hygiene promotion materials and participate in hygiene promotion sessions ● Within the WASH in learning centres: 42 School communal latrines were installed benefiting 3,117 students, 17 hand-washing stations were built benefiting 3,175 students, nine Water supply systems were built benefiting 2,872 students, and hygiene promotion activities were implemented reaching a total of 4,252 students. ● 19 WASH Cluster meetings were conducted, gaps in the WASH response were met based on the capacity of humanitarian organizations. Joint initiatives such as the intervention in WASH schools by five humanitarian organizations were designed, coordinated and implemented. ● The participation of women, men, girls and boys in planning and implementation of WASH were ensured through focus group discussions, hygiene promotion activities in schools, communities and evacuation camps/transitional shelter sites. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>A reassessment of the needs during implementation resulted into some changes in the implementation plan that allowed for increasing the number of beneficiaries targeted. Less staff were required for implementation and more supplies were provided to address the victim's needs. Also some of the supplies needs were re-adjusted to address more efficiently family's most urgent needs. For example, less communal latrines were required, but more household water and hygiene kits were needed.</p> <p>UNICEF did not provide WASH in TLS and day care centres as other members of the WASH cluster completed this work. There was some variation in transfers to implementing partners based on their needs.</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): Latrines and bathing facilities constructed are gender segregated in schools, evacuation camps and alternative shelters. When working in big areas like alternative transitional shelters, bathing and latrines for male were located in different sides to reduce the risk of assault for girls and women.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The Planning, Monitoring, and Evaluation (PME) Unit conducted Humanitarian Performance	EVALUATION PENDING <input checked="" type="checkbox"/>

³ At least one point source of drinking water and one set of gender disaggregated latrines and group hand washing facility

Monitoring (HPM) in Bohol in August/September 2014. HPM works as an electronic survey administered in the affected areas to monitor the types and reach of humanitarian assistance provided, along with a satisfaction survey by the target population. HPM in Bohol covered implementation from all funding, including CERF. A modified monitoring methodology was developed with more emphasis on the quality of service delivery at the service provider level (government and NGO partner levels). Results will be available in the fourth quarter of 2014.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	13.11.13 – 12.05.14
2. CERF project code:	13-RR-FPA-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection (Gender-based violence)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Gender-based Violence (GBV) Interventions for Affected Women and Girls in the Bohol Earthquake		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 190,903	▪ NGO partners and Red Cross/Crescent: US\$ 42,368
	c. Amount received from CERF:	US\$ 98,389	▪ 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	10,885	The male target beneficiaries are calculated as 20 per cent of the female target beneficiaries.
b. Male	2,000	2,694	
c. Total individuals (female + male):	12,000	13,579	
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 trauma victims to psycho-social services and gender-based violence (GBV) survivors to survivor-centered, 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 (STIs) and risk of pregnancy; psychosocial support, counseling, 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-centered 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 trauma victims provided with psycho-social support services • Number of GBV survivors reported to inter-agency protection mechanisms and provided with life-saving and appropriate GBV response services especially medical and psychosocial • Number of inter-agency protection mechanisms oriented • Number of social workers/psychologists mobilized as surge capacity to deliver psychosocial care and gender-responsive case management • Number of GBV Monitors/Human Rights Action Officers oriented and implementing community-based protection surveillance of GBV cases • Number of WFS established according to DSWD guidelines • Number of women, adolescent girls of reproductive age sensitized on GBV risk mitigation and response through information sessions in affected areas 			

11. Actual outcomes achieved with CERF funds	
<p>The objectives of ensuring access of trauma victims to psychosocial counselling services and GBV survivors to survivor—centered multisectoral services; increasing awareness of the affected population to human rights and GBV; and strengthening capacities of service providers and inter-agency protection mechanisms to implement rights-based, culturally-sensitive and survivor-centered GBV risk mitigation and response measures in humanitarian settings were achieved. The actual accomplishments are as follows:</p> <ul style="list-style-type: none"> • 55 GBV survivors provided with psycho-social counselling. • 55 GBV survivors reported to inter-agency protection mechanisms and provided with life-saving and appropriate GBV response services • 4 inter-agency protection mechanisms oriented and functional • 17 social workers mobilized as surge capacity to deliver psycho social care and gender-responsive case management • 36 GBV monitors and human rights action officers oriented and implementing community-based protection surveillance of GBV cases • 2 women-friendly spaces (WFSs) established in Carmen and Tubigon municipalities • 6,760 women and 4,125 girls sensitized on GBV risk mitigation and response through information sessions in affected areas 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The activities assigned to Government were implemented by the Department of Social Welfare and Development (DSWD) but the funds allocated for these activities were directly executed by UNFPA. In consideration of challenges with Government procedures, the Regional DSWD VII which is in charge of Bohol province preferred that UNFPA pay the cost of their activities directly such as the training venue, the WFS facilitators, the Bohol Crisis Intervention Center, etc. rather than channel the funds through them. Regional offices are not authorized to enter into agreement with UNFPA. Only the national DSWD has authority to enter into donor agreements and it was considered too complicated to involve the national office.</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 internal After Action Review for the GBV response is scheduled after DFID funding ends in September 2014.	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:	13.11.13 – 12.05.14
2. CERF project code:	13-RR-FPA-054	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health (Reproductive Health)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Access to Reproductive Health Services for the IDPs of the Bohol Earthquake		
7. Funding	a. Total project budget:	US\$1,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 362,971	▪ NGO partners and Red Cross/Crescent: US\$ 44,178
	c. Amount received from CERF:	US\$ 198,701	▪ 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	9,925	
b. Male	2,000	2,655	
c. Total individuals (female + male):	12,000	12,580	
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 displaced population in Bohol.			
10. Original expected outcomes from approved CERF proposal			
1. # of PLWs, young people and other IDPs served by the RH medical missions 2. # of reconstructed health facilities provided with RH equipment 3. # of CHTs organized and capable of conducting RH information sessions 4. # of women, young people and men reached by health information sessions 5. RH database developed and functional			
11. Actual outcomes achieved with CERF funds			
The overall objective of providing access to life-saving reproductive health and information services to PLWs, girls and boys and other WRAs were reached as evidenced by the following: <ul style="list-style-type: none"> 8,744 pregnant and lactating women, 1,181 girls, 1,481 boys and 1,174 men were served by RH medical missions. This means that the pregnant women were provided with prenatal care while the lactating women were given post-partum care as well as family planning counselling and services. Women and men, boys and girls attended health information and GBV sessions and were able to have access to proper and appropriate RH and GBV information. 6 barangay health stations/birthing facilities were provided with RH equipment 15 Community Health Teams were organized and are now capable of conducting RH information sessions 6,576 women, 4,830 young people and 1,174 men were reached by health information sessions 			

<ul style="list-style-type: none"> RH database has been developed and is now functional. The database contains the targets and actual accomplishments on the various indicators such as number of rh medical missions conducted, the beneficiaries reached, the number of health and GBV info sessions conducted, the number of IDPs reached, etc. It provides an accounting of what humanitarian response was provided and how many IDPs benefited from the response. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Another NGO, the Integrated Midwives Association of the Philippines (IMAP), assisted the Provincial Health Office of Bohol in the conduct the health information sessions, CHT Training and medical missions in 15 out of 18 earthquake-devastated areas. IMAP advanced the cost of the activities and UNFPA reimbursed them for their expenses from CERF funds which amounted to \$12,027. MERLIN was UNFPA's implementing partner which conducted RH missions and information sessions in three out of the 18 disaster-affected municipalities.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a 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 internal After Action Review for the RH response is scheduled when DFID funding ends in September 2014.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	16.10.13 – 15.04.14
2. CERF project code:	13-RR-IOM-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	CCCM/Shelter/NFI		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Shelter Support and Camp Coordination and Camp Management (CCCM) to the Displaced Population in Bohol		
7. Funding	a. Total project budget:	US\$ 5,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,399,633	▪ NGO partners and Red Cross/Crescent US\$ 11,272
	c. Amount received from CERF:	US\$ 1,399,633	▪ 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	6,000	50,000	The figures are based on humanitarian communications activities with gender breakdown which is based on National Statistical Board of the Philippines. The achievement is attributed to greater efficiency and strengthened partnerships with agencies and Government. The total numbers of beneficiaries are based on the number of humanitarian communications materials and coverage of radio programs used for information dissemination.
b. Male	6,000	50,000	
c. Total individuals (female + male):	12,000	100,000	
d. Of total, children <u>under</u> age 5	3,000	25,000	
9. Original project objective from approved CERF proposal			
Contribute to the efforts of the Government of the Philippines and its humanitarian partners to assist currently displaced vulnerable populations in the earthquake-affected communities in Bohol with life-saving CCCM support, Shelter and Non-Food Items (NFIs) assistance			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> Up to 14,000 IDP families (or 70,000 individuals based on an average family size of 5) in affected areas benefited from camp management information and support activities on psychosocial trauma and counter-trafficking issues About 12,000 IDPs benefited from emergency shelter kit (ESK) distribution About 60 CCCM learning sessions for camp managers and IDP leaders About 50 evacuation centres and open displacement sites benefited from the humanitarian communications including social preparation and mobilization activities and interactive community mapping 			
11. Actual outcomes achieved with CERF funds			
1. A total of 2,220 IDP families (9,483 people) in affected areas benefited from camp management information and support activities on psychosocial trauma and counter-trafficking issues, through camp management support, information materials distributed in camps and affected communities and CCCM and counter-trafficking trainings. The number of people trained in counter-trafficking:			

51 (23 males and 28 females); the number of people trained in psychosocial support (training-on-trainers): 33 (7 males and 26 females). The total number of IDP families was calculated by extracting the largest number recorded from all the displacement tracking matrix (DTM) reports; all of them benefitted from camp management information and support activities.

2. 12,302 ESKs were distributed to IDPs (about 61,510 people benefitting from the ESK provision)*based on an average family size of 5 and co-funded by other donors

In addition, 2,825 recovery shelter kits (RSKs) were provided to underserved communities (those that were not covered by Shelter Cluster). 2,000 solar radios were distributed to IDPs. 38 simulation kits* and 17 training kits** were distributed to 17 various municipalities and barangays (note: it was ensured that no barangay received both at the same time so as to widen the coverage of distribution).

[Additional Output] Upgrading of evacuation centres was conducted. This includes the establishment of a health centre, camp post, cooking counters, bathing cubicles and street lighting.

* Simulation kits: a set of miniature evacuation camp facilities (i.e. tents, bunkhouses, classrooms, cooking counters, bladder bag) used during CCCM training. They are designed to simulate how camp managers should manage camps, locate camp features and facilities.

**Training kits: it contains a simulation kit and basic camp support supplies, including manila paper, notebooks, pens, white boards, a megaphone, toys for psychosocial support, among others.

3. 62 CCCM learning sessions were conducted for 2,680 local government officials, camp managers and IDP leaders.

4. 34 evacuation centres / displacement centres benefitted from the humanitarian communications including social preparation and mobilization activities and interactive community mapping.

- Inter-active community mapping ('maptastic') was done in 17 municipalities, covering 5 barangays per municipality (co-funded by other donors); 102 informational boards were provided.
- Over 28,000 copies of humanitarian communications materials including newsletters, over 9,000 calendars (containing messages that encourage awareness for earthquake risks and responses), more 400 'Bangong (Build Back Better) Bohol' flyers, were distributed.
- Over 10 hours of radio talk show and drama were broadcasted, covering topics such as aid programs, recovery and rehabilitation activities of Bohol, through the radio station DYTR, which has the largest listener coverage in Bohol.
- 8 focus group discussions (FGDs) were conducted in evacuation camps (8 hours in total) with simultaneous radio broadcasting and live streaming on the internet. It involved more than 40 camp residents participating at the camps, as well as listeners who also participated through the radio. The FGDs were on topics including humanitarian aid, recovery and rehabilitation, IDP needs and welfare. FGDs were conducted in the municipalities of Inabanga, Tubigon, Carmen, Clarin, Maribojo and Bilar.

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

Outcomes

1. The number of people reached with camp management information: The number of displaced families was significantly fewer than the target. Soon after the disaster, families started moving out from the displacement centres to sites closer to their original home-lots in order to safeguard their properties and to have better access to their sources of livelihood.

2. The number of ESK and NFI distribution: The resulting number of actual direct beneficiaries greatly exceeded the original target mainly because IOM was able to source appropriate materials at a lower rate than expected, which enabled IOM to procure more with the allocated budget.

3. No significant discrepancies.

4. The total number of evacuation/displacement centres benefitted from the humanitarian communications: As the number of families returning closer to their home-lots and sources of livelihood increased, the number of formal displacement and evacuation centres decreased. Consequently, this resulted in a smaller number of open displacement centres and smaller populations living in displacement. The discrepancy between the figures for expected outcome and actual outcome does not reflect reduction of beneficiaries who received humanitarian communications interventions.

5. Disbursement to the NGO partner: Initially, planned partnerships were with three implementing partner NGOs (\$22,000 each). In the end, only one partnership with All Hands materialised and their caseload was reduced. The saved funding used by IOM to carry out the functions that were supposed to be handled by the planned partners. Also, most of the local NGOs active in shelter intervention in Bohol went to Yolanda-affected areas, leaving All Hands the only NGO interested in partnering with IOM. The reason why there was no reprogramming request from us was because accumulated redeployment did not exceed 15 per cent of the

overall project budget.	
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 If 'NO' (or if GM score is 1 or 0): Gender mainstreaming was integrated in the project design and overall implementation. Tools such as the Displacement Tracking Matrix and CCCM orientations and trainings documented multiple vulnerabilities and provision of appropriate interventions including referrals to other clusters.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
There is no evaluation planned due to limitation of funds available on our end.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	01.11.13 – 31.01.14
2. CERF project code:	13-RR-WFP-074	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 Earthquake-affected Households in Bohol Province, Philippines		
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\$ 3,500,865	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 499,135	▪ 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	13,005	13,223	The CERF grant was utilized for the procurement of rice and high-energy biscuits (HEBs). The rice was purchased locally and more than the quantity originally planned. A total of 538.77mt of combined rice and HEBs were actually purchased against the original plan of 530mt of both commodities, exceeding the target beneficiary reached.
b. Male	12,495	12,704	
c. Total individuals (female + male):	25,500	25,927	
d. Of total, children <u>under age 5</u>	5,100	5,185	
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 earthquake-affected households whose food and nutrition security has been adversely affected. 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.			
How beneficiaries were arrived at (or calculated): As the average household size in Bohol is five persons, each household represents five people that will benefit from the food distributed. The actual number of people targeted under CERF funding is 25,500 beneficiaries (5,100*5) in worst affected areas of Bohol.			
51% of the target beneficiaries (13,005) beneficiaries) are female while 49% (12,995 beneficiaries) are male. Children under 5 constitute 20 per cent (5,100 children) of the entire target population.			
The Disaster Response Operations Monitoring and Information Centre of DSWD, food cluster lead agency, is currently preparing a list of worst-affected households (i.e., those who have lost their homes), a list distilled from the more general list of disaster-affected			

households. DSWD aims to finalize the list on the week of 28 October which WFP will then use to appropriately target assistance.	
11. Actual outcomes achieved with CERF funds	
<p>The CERF grant was earmarked for the procurement of 518.77mt of rice and 20mt of high-energy biscuits (HEBs), which were used in the General Food Distribution (GFD) activities during the Bohol earthquake response. WFP supplemented the relief efforts of the Government of the Philippines, through the Department of Social Welfare and Development (DSWD). DSWD's food basket consisted of relief goods such as 6 cans of sardines, 6 cans of corned beef, 6 cans of sausages, 6 cans of beef loaf, 6 cans of afritada, 6 packs of noodles, and 5 sachets of coffee, while WFP distributed locally purchased rice and Dubai-purchased HEBs to families living in evacuation centers and whose houses have been totally damaged. With a total of 538.77mt of rice and HEBs, WFP reached approximately 25,927 beneficiaries in the earthquake-affected areas.</p> <p>The CERF-funded food assistance has enhanced households' access to food. The proposed targeted intervention for the beneficiaries was expected to improve food consumption levels at the household level, which is measured through food consumption score, capturing both food frequencies and dietary diversity. According to the latest data, by early-2014, 89% of the affected households in Bohol have acceptable food consumption score, with almost 100% of females having acceptable food consumption score, while males have 88% food consumption score.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The partnership with CFSI did not materialize as proposed. During the actual operation, WFP recognized the capacity of the government, through the DSWD and local government units, in providing for the needs of the affected populations which did not require additional implementing partner for the GFD activities.</p> <p>The fund that was supposed to go to the partner was used instead for the procurement of additional quantity of food commodities and associated costs.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0): WFP explicitly aimed to facilitate the receipt of food assistance by female-headed households and tailored its implementation modalities accordingly in order to forestall any exacerbation of gender gaps. The activities aimed at delivering food assistance to all eligible beneficiaries, with women-headed households and pregnant, lactating women given priority. Moreover, WFP teams involved in the Typhoon Haiyan response received training on monitoring, gender and protection concerns in order to ensure proper mainstreaming regarding sensitization.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation has been planned. However, other assessment mechanisms were conducted to determine the impact of the activities such as distribution and post-distribution monitoring.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	01.11.13 – 01.04.14
2. CERF project code:	13-RR-WFP-075	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 earthquake in Bohol		
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\$ 800,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 200,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	106,385	n/a	The number of reached beneficiaries could not be determined given that the CERF fund was utilized for logistics support and logistics capacity optimization, and the figures were matched to the planned beneficiary numbers.
b. Male	110,728	n/a	
c. Total individuals (female + male):	217,113	n/a	
d. Of total, children <u>under</u> age 5	30,000	n/a	
9. Original project objective from approved CERF proposal			
<p>WFP seeks to source US\$ 200,000 from CERF to purchase logistics equipment for two facilities in Tagbilaran and Tubigon and to provide urgent transport of relief goods to/within Bohol as well as within Metro Manila. From these facilities WFP will coordinate logistics activities undertaken by humanitarian organizations and develop common supply strategies to ensure that logistics gaps identified in the field are swiftly addressed. This project supports the humanitarian community and indirectly benefits the entire population affected by the earthquake.</p> <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 Government and 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; • Enable the rapid delivery of relief items through the provision of tactical logistic support in Bohol and Metro 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; <p>Minimum required logistics capacity and services will be made available to support the humanitarian community and ensure the</p>			

<p>uninterrupted delivery of sufficient humanitarian relief to address the needs of the affected population. Indicators include:</p> <ul style="list-style-type: none"> • Number of requests made by the Government and cluster members logistics services and met • Storage space made available in the affected areas • Number of agencies and organizations using Logistics coordination services • Volume (m3) of cargo stored and transported by air, sea and land 	
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>By January 2014, WFP has established five mobile storage units and one pre-fabricated office. WFP provided transport support to the Government of the Philippines. Around 223 truck trips have been undertaken carrying 2,513mt of rice and 1,256mt of other food items which WFP have received, repacked and distributed.</p> <p>Outcome 1: Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis. Tactical logistics support was availed to the Government including prioritized clusters through the provision of ad hoc transport services. WFP responded to at least 274 requests from the Government, in particular the DSWD. WFP undertook 274 trucks trips to Bohol for the delivery of 4,086.98mt of food (rice, family food packs, Magnolia fruit drink, canned goods, bottled water, etc.) and non-food items to the affected areas.</p> <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 in Bohol and Cebu for the forward movement of the relief cargo to areas identified within Bohol in need of assistance. The average lead time for delivery from origin to destination was one day.</p> <p>Outcome 3: Augmented storage capacity in the affected areas. WFP established logistics hubs in Tagbilaran and Tubigon, which consisted of five mobile storage units (MSU), pre-fab units, equipment and staff to augment storage capacity in the affected areas. One MSU was established at Tagbilaran City airport for UNDP and UNICEF to facilitate transit and consolidation of humanitarian relief items in close coordination with the Office of Civil Defense (OCD), DSWD, and HCT, and for early recovery and WASH programmes. Another MSU was set up at the Cultural Centre in Tagbilaran for DSWD, one at Camp Bernido (WFP repacking warehouse and HQ of WFP), and two more in Tubigon for DSWD.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>No significant discrepancy.</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): n/a 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 planned. However, other assessment mechanisms were conducted to determine the impact of the logistical 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:	16.10.13 – 30.04.14
2. CERF project code:	13-RR-WHO-075	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input type="checkbox"/> Concluded
4. Project title:	Provision of emergency health services to earthquake affected populations		
7. Funding	a. Total project budget:	US\$ 4,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 859,906	▪ NGO partners and Red Cross/Crescent: US\$ 138,251
	c. Amount received from CERF:	US\$ 799,906	▪ 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	255,000	270,620	A significant proportion of the project resources are focused on ensuring access to health services by restoring the function of health facilities or putting up temporary facilities. It is not only those who are displaced who benefit but the entire community.
b. Male	245,000	260,007	
c. Total individuals (female + male):	500,000	530,627	
d. Of total, children <u>under</u> age 5	100,000	106,125	
9. Original project objective from approved CERF proposal			
Provision of emergency health services to earthquake affected populations			
10. Original expected outcomes from approved CERF proposal			
Outcomes			
<ul style="list-style-type: none"> Increased access to essential health services with adequate referral system and medical supplies in stock at health facility level Relevant and reliable health information is available for decision-making and further planning Disease surveillance and outbreak control system is fully functional in the 6 municipalities and reporting on any outbreak within 72 hours 			
Indicators:			
<ul style="list-style-type: none"> Average population covered by functioning Rural Health Unit, by Municipality Average population covered by functioning Barangay Health Station, by Municipality Number HF with Basic Emergency obstetric Care / 500 000 population, by Province Number HF with Comprehensive Emergency obstetric Care / 500 000 population, by Province Number of health workforce (medical doctors, nurses and midwives) per 10 000 population, by Municipality Number of out-patient consultation/person/year, by Municipality Number of cases or incidence rates for selected diseases relevant to the local context (acute diarrhoea, measles, leptospirosis, 			

others, etc.), by Municipality

- Number of cases or incidence of sexual violence
- Percentage of caesarean section over expected deliveries, by Municipality

11. Actual outcomes achieved with CERF funds

Outcomes:

Increased access to essential health services with adequate referral system and medical supplies in stock at health facility level was achieved through the following:

- 39 temporary health facilities (tents) were set up where RHUs or BHSs were damaged. 5 full IEHK were provided to augment medicines, supplies and equipment
- Training on mhGAP was provided for 22 municipal health officers and district hospital staff to enable the provision of basic mental health care in the community. Psychotropic medicines were provided thru 5 IEHK psychotropic modules. An interim referral pathway for mental health services was established to serve those needing more specialized care.
- Knowledge and skills of local health staff on management of diarrhoea and acute respiratory infection were strengthened. Basic IEHK units were provided to each trained staff to enable the immediate provision of primary care services.
- 169 local health workers were provided with training on essential intra-partum and newborn care. This was supplemented with reproductive health kits and newborn resuscitation kits
- Supplemental immunization targeting children 0-59 months was done in priority municipalities – 21,107 received OPV; 20,139 received measles vaccine
- Integrity of the cold chain was restored and ensured with the provision of cold chain equipment and supplies
 - 16 power generators
 - 10 domestic refrigerators
 - 8 ice-lined refrigerators
 - 4 icepack freezers
 - 20 cold chests
 - 100 vaccine carriers
 - 900 freeze tags
 - 200 fridge tags
 - 1008 ice packs
 - 4000 safety boxes

Relevant and reliable health information was made available for decision-making and further planning through the following:

- Information management personnel were deployed to 18 priority municipalities to facilitate information flow from the rural health facilities and communities
- Regular intra- and inter- cluster coordination meetings were held. These were regularly preceded or followed by the production and distribution of disease surveillance reports, morbidity reports, results of assessments by partner agencies, 4Ws, situation reports, minutes of meetings, cluster bulletins

Disease surveillance and outbreak control system was established in the six most affected municipalities (Danao, Calape, Carmen, Maribojoc, San Isidro and Tubigan) for reporting on any outbreak within 72 hours. Specifically:

- 119 local health staff (doctors, nurses, midwives, medical technologists) were provided training on emergency disease surveillance
- In situ mentoring of local health staff on disease surveillance data collection, reporting, validation, analysis and dissemination
- Cell phone credits and daily reporting forms were provided to local health staff to facilitate reports submission
- No outbreaks reported

Indicators:

Refer to the table provided below for specific indicators that were used to monitor the achievement of the above outcomes.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The WHO subcontracted two NGOs to implement activities – Save the Children/Merlin (\$98,403) and Kalusugan ng Mag-Ilna (\$39,848) – hence the total amount of \$138,251 to NGO partners. Additional needs identified by government apart from those earlier identified by Merlin increased their contract cost.</p> <p>Kalusugan ng Mag-Ilna was engaged to implement interventions within their field of expertise to address identified needs.</p> <p>The amount to be attributed to the government was to enable local health authorities to procure by themselves essential services, medicines, supplies, equipment (those that could not be provided from the IEHK) to facilitate the return to function of health facilities affected by the earthquake, as well as conduct by themselves capacity building activities necessary to carry out lifesaving interventions such as intrapartum health care and management and referral of severe cases of acute mental illness. Typhoon Haiyan took national government focus and priority away from the earthquake response, adversely affecting the procurement process among other things. Local health officials requested for WHO to handle the procurements and the conduct of the in-service trainings.</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"/>
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 project has not been formally evaluated although the NGO partners were requested to provide final reports. Progress of implementation was reported and discussed in cluster meetings. Site visits with implementing partners were regularly conducted. Outcomes of interventions can be gleaned from morbidity reports and disease surveillance data, numbers of consultation in health facilities, and the absence of disease outbreaks.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

WHO PROJECT (13-RR-WHO-075) INDICATORS

Municipalities	Antequera	Balilihan	Batuan	Bilar	Buenavista	Calape	Carmen	Catigbian	Clarin	Danao	Inabanga	Loon	Maribojoc	Sagbayan	San Isidro	Sevilla	S. Bullones	Tubigon
Average population covered by functioning rural health unit, by municipality (Std: 1/50,000)	14,722	17,195	12,627	17,214	27,358	30,975	44,616	23,105	21,215	18,158	44,198	41,630	22,160	20,766	9,089	10,461	24,254	46,704
Average population covered by functioning Barangay Health Station, by Municipality (Std: 1/10,000)	2,944	3,439	1,263	3,443	1,824	3,872	2,028	3,301	884	4,540	1,579	3,202	1,705	4,153	2,272	2,615	2,695	3,336
Number HF with Basic Emergency obstetric Care / 500 000 population, by Province (Std: 4 BEmOC/500,000)	2 BEmOC/500,000																	
Number HF with Comprehensive Emergency obstetric Care / 500 000 population, by Province (Std: 1 CEmOC/500,00)	1 CEmOC/1,304,778																	
Number of health workforce (doctors, nurses, midwives) per 10 000 population, by Municipality (Std: >22/10,000)	5	4	6	4	3	3	5	4	12	3	7	4	7	3	7	6	5	4
Number of out-patient consultation/person/year, by Municipality (Std: 1 new visit/person/year)	1.1	0.17	0.2	0.19	0.23	0.26	0.89	0.42	0.49	0.21	0.1	0.21	0.43	0.42	0.53	0.26	0.26	0.32
Number of cases or incidence rates for selected diseases relevant to the local context (acute diarrhoea, measles, leptospirosis, others, etc.), by Municipality*	AWD - 29	AWD - 14	AWD - 12	AWD - 22	AWD - 62	AWD - 94	AWD - 434	AWD - 40	AWD - 74	AWD - 61	AWD - 7	AWD - 42	AWD - 62	AWD - 17	AWD - 9	AWD - 10	AWD - 39	AWD - 41
Number of cases or incidence of sexual violence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of caesarean section over expected deliveries, by Municipality	No data available																	

* Zero confirmed measles cases in all municipalities

Note: AWD figures considered to be satisfactory but continue to be monitored closely to prevent an outbreak e.g. in Carmen.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-RR-CEF-142	Child Protection	UNICEF	Community and Family Services International (CFSI)	Yes	INGO	\$71,653	5-Jan-14	5-Jan-14	
13-RR-CEF-143	Education	UNICEF	Community and Family Services International (CFSI)	Yes	INGO	\$33,956	23-Jan-14	20-Jan-14	Partnership Cooperation Agreement (PCA)
13-RR-CEF-143	Education	UNICEF	Plan International	Yes	INGO	\$60,646	11-Apr-14	17-Mar-14	Partnership Cooperation Agreement (PCA)
13-RR-CEF-144	Nutrition	UNICEF	Save the Children	Yes	INGO	\$89,000	5-May-14	10-Apr-14	Capacity building of health and nutrition workers on IYCF counselling and CMAM, conduct of screening and management of identified acutely malnourished children, support to measures preventing malnutrition
13-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	A Single Drop for Safe Water (ASDSW)	Yes	NNGO	\$75,000	31-Dec-13	15-Nov-13	Estimated start date. Funds were used to initially respond to Typhoon Haiyan.
13-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	OXFAM	No	INGO	\$292,687	31-Dec-13	11-Nov-13	Under term of UNICEF agreements with OXFAM, implementation commenced using OXFAM resources prior to funds transfer from UNICEF.
13-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	Catholic Relief Services (CRS)	No	INGO	\$221,891	6-Feb-14	11-Nov-13	
13-RR-CEF-145	Water, Sanitation and Hygiene	UNICEF	Action Condre la Faim (ACF)	Yes	INGO	\$170,116	1-Jan-14	21-Oct-13	

13-RR-FPA-053	Gender-Based Violence	UNFPA	WINGS		NNGO	\$42,368	20-Jan-14	23-Jan-14	The activities assigned to Government were implemented by the Department of Social Welfare and Development (DSWD) but the funds allocated for these activities were directly executed by UNFPA. As Government procedures are cumbersome, the Regional DSWD VII which is in charge of Bohol province preferred that UNFPA pay the cost of their activities directly such as the training venue, the WFS facilitators, the Bohol Crisis Intervention Center, etc. rather than course the funds through them. Regional offices are not authorized to enter into agreement with UNFPA. Only the national DSWD has authority to enter into donor agreements and it will be too complicated to involve the national office.
13-RR-FPA-054	Health	UNFPA	MERLIN		INGO	\$44,178	12-Feb-14	17-Feb-14	Another NGO, the Integrated Midwives Association of the Philippines (IMAP), assisted the Provincial Health Office of Bohol in the conduct the health information sessions, CHT Training and medical missions in 15 out of 18 earthquake - devastated areas. IMAP advanced the cost of the activities and UNFPA reimbursed them for their expenses from CERF funds which amounted to \$12,027. MERLIN was UNFPA's implementing partner which conducted RH missions and info sessions in 3 out of the 18 disaster-affected municipalities.
13-RR-IOM-041	Shelter & NFI	IOM	All Hands Volunteers	No	INGO	\$11,272	15-Apr-14	3-Jan-14	Beneficiary selection, validation and distribution for the 243 units of Shelter Repair kits in the municipalities of Antequera and Maribojoc.
13-RR-WHO-075	Health	WHO	Save the Children	No	INGO	\$98,403	28-Mar-14	22-Jan-14	Partner pre-financing
13-RR-WHO-075	Health	WHO	Kalusugan ng Mag-Ina, Inc	No	NNGO	\$39,848	29-Jan-14	22-Jan-14	Partner pre-financing

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
BCPC	Barangay Council for the Protection of Children
BHS	barangay (village) health stations
CCA	climate change adaptation
CCCM	Camp Coordination and Camp Management
CERF	UN Central Emergency Response Fund
CFS	child friendly space
CFSI	Community and Family Services International
CPWG	Child Protection Working Group
CRC	UN Convention of the Rights of the Child
DFID	UK Department for International Development
DOH	Department of Health
DRR	disaster risk reduction
DSWD	Department of Social Welfare and Development
DTM	displacement tracking matrix
ECCD	early childhood care and development
ESK	emergency shelter kit
FGD	focus group discussion
FPOP	Family Planning Organization of the Philippines
GBV	gender-based violence
GBVSC	Gender-based Violence Sub Cluster
HCT	Humanitarian Country Team
HEB	high-energy biscuit
HPM	humanitarian performance monitoring
ICRC	International Committee of the Red Cross
IDP	Internally displaced person/people
IEHK	Interagency Emergency Health Kit
IFRC	International Federation of Red Cross and Red Crescent Societies
IMAP	Integrated Midwives Association of the Philippines
IYCF	infant and young child feeding
LGU	Local government unit
NFI	non-food item
NGO	Non-government organization
OCD	Office of Civil Defense
OPT	Operation Timbang Plus
OPV	oral polio vaccine
PCA	programme cooperation agreement
PLW	pregnant and lactating women
PME	performance, monitoring and evaluation
PRC	Philippine Red Cross
ProCap	Protection Standby Capacity Project
RC/HC	UN Resident and Humanitarian Coordinator
RH	reproductive health
RHU	rural health units
RSK	recovery shelter kit
SAM	severe acute malnutrition

SIP	school improvement plan
MSU	mobile storage units
STI	sexually transmitted infection
TLS	temporary learning space
WASH	Water, Sanitation and Hygiene

ANNEX 3: ESTIMATED REACHED DIRECT BENEFICIARIES BREAKDOWN

	female	male	total	< 5	target	reached
Protection (UNICEF + UNFPA)	12,718	4,573	17,291	839	15,000	17,291
Education (UNICEF)	13,437	15,464	28,901	3,680	16,950	28,901
Nutrition (UNICEF)	15,120	6,650	21,770	12,789	11,000	21,770
WASH (UNICEF)	14,655	13,154	27,809	11,124	27,500	27,809
Shelter/CCCM (IOM households reached by ESKs & RSKs)	37,213	38,422	75,635	15,127	12,000	75,635
Food Security (WFP)	13,223	12,704	25,927	5,185	25,500	25,927
Health (UNFPA + WHO OPV programme)	20,310	13,377	33,687	21,107	12,000 + WHO target	33,687
Logistics (WFP)	n/a	n/a	n/a	n/a	n/a	n/a
Total	126,676	104,344	231,020	69,851	217,113	231,020