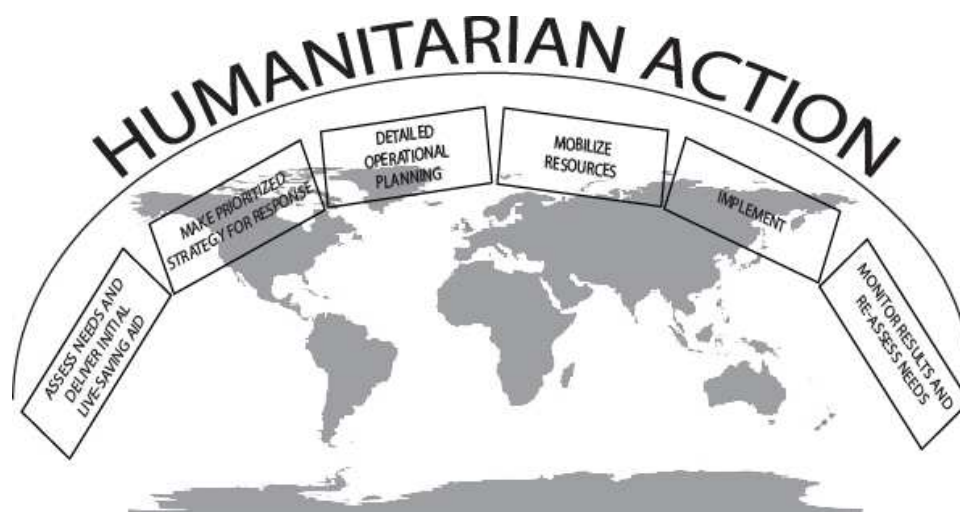


Humanitarian Action Plan for the Conflict-Affected Provinces of Mindanao



MID-YEAR REVIEW 2011



SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	CRS	Humedica	MENTOR	UMCOR
ACF	CWS	IA	MERLIN	UNAIDS
ACTED	DanChurchAid	ILO	NCA	UNDP
ADRA	DDG	IMC	NPA	UNDSS
Africare	Diakonie Emergency Aid	INTERMON	NRC	UNEP
AMI-France	DRC	Internews	OCHA	UNESCO
ARC	EM-DH	INTERSOS	OHCHR	UNFPA
ASB	FAO	IOM	OXFAM	UN-HABITAT
ASI	FAR	IPHD	PA (formerly ITDG)	UNHCR
AVSI	FHI	IR	PACT	UNICEF
CARE	FinnChurchAid	IRC	PAI	UNIFEM
CARITAS	FSD	IRD	Plan	UNJLC
CEMIR	GAA	IRIN	PMU-I	UNMAS
International	GOAL	IRW	PU	UNOPS
CESVI	GIZ	JOIN	RC/Germany	UNRWA
CFA	GVC	JRS	RCO	VIS
CHF	Handicap International	LWF	Samaritan's Purse	WFP
CHFI	HealthNet TPO	Malaria Consortium	Save the Children	WHO
CISV	HELP	Malteser	SECADEV	World Concern
CMA	HelpAge International	Mercy Corps	<i>Solidarit�s</i>	World Relief
CONCERN	HKI	MDA	SUDO	World Vision
COOPI	Horn Relief	MDM	TEARFUND	ZOA
CORDAID	HT	MEDIAIR	TGH	
COSV				

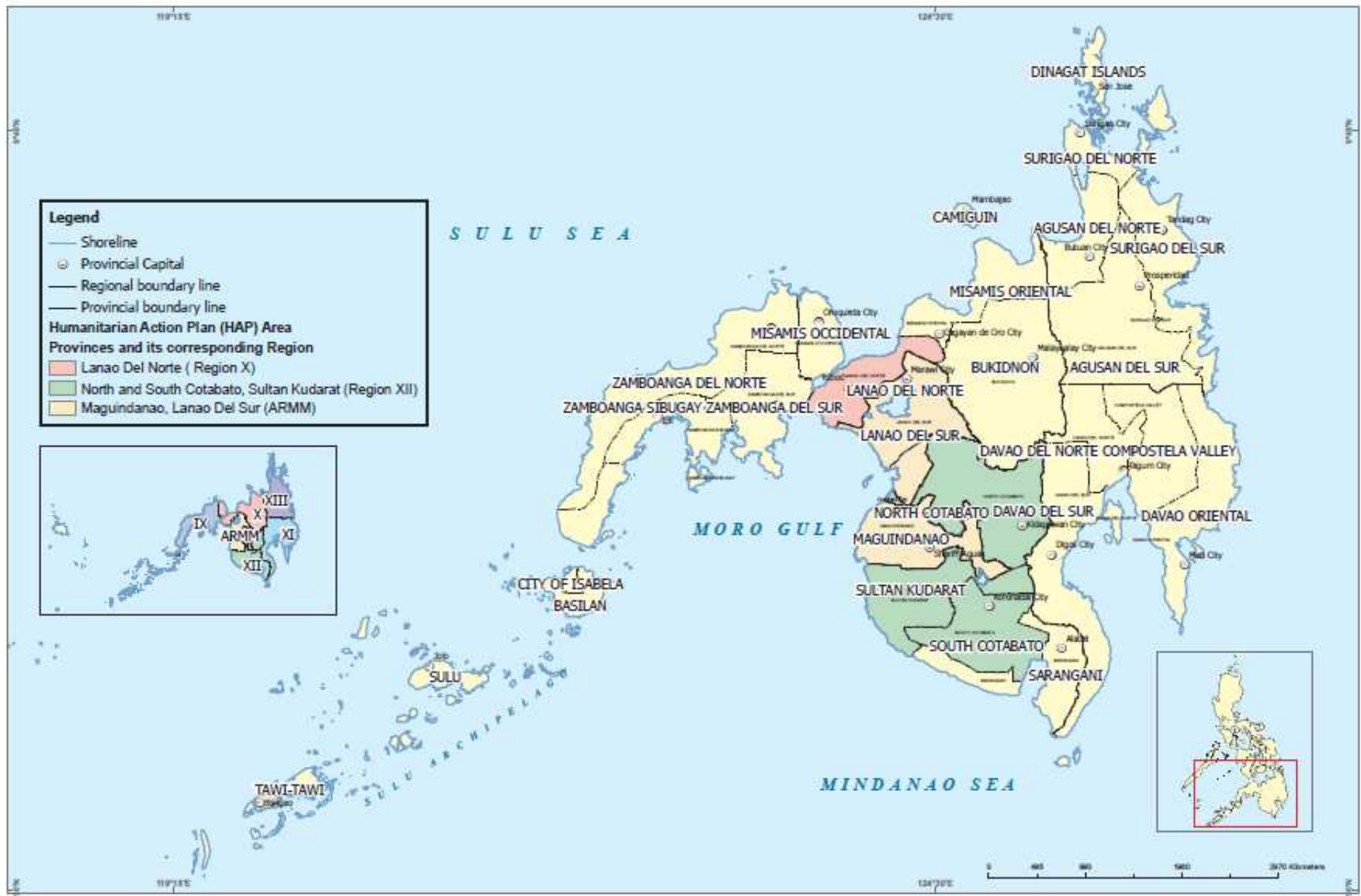
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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from <http://fts.unocha.org/>.

MINDANAO - Humanitarian Action Plan (HAP) Areas



1. EXECUTIVE SUMMARY

The cessation of hostilities between the Government and the Moro Islamic Liberation Front (MILF) continued to be respected in the first half of the year, furthering the return and resettlement of the internally displaced people. However, the conflict-affected populations' high level of vulnerability and the perseverance of violence connected to other armed groups and to clan violence (locally referred to as *rido*) have contributed to the persistence of humanitarian needs. Furthermore, an unusually heavy rainy season which caused extensive flooding in Central Mindanao has had severe consequences for the population. The organizations participating in the mid-year review of the 2011 'Humanitarian Action Plan for the Conflict-Affected Provinces of Mindanao' (HAP) agree that the displaced and the returnees in Central Mindanao, regardless of the cause of displacement, still require humanitarian aid.

Humanitarian partners, clusters and sub-clusters of the Mindanao Humanitarian Team, have had to limit planned response activities due to funding shortfalls. As of mid-June, only seven out of the 24 projects in the original HAP requirements have received funding, both of which are in the Food Security and Agriculture Cluster. The Food Security cluster is on target to achieve a number of its objectives through the success of the WFP-led food-for-work and food-for-training programmes that provide assets for early recovery and support adequate food consumption. However, the majority of the cluster response plans have yet to be implemented. With the scenario agreed for the original HAP remaining valid, most clusters have maintained their original plans following the mid-year review. (The full extent of the needs in response to the flooding has become apparent after the conclusion of this review, prompting the clusters to strengthen their projects to address the consequences of the flooding. A logistics component has since been added to this HAP.)

Several agencies have managed to respond by using funds rolled over from the previous year or from their regular budgets, or by using funds reserved for contingencies; but this is not sustainable. Much of the focus of humanitarian actions has been directed at the return sites where minimal support in health, nutrition, water, sanitation and hygiene, livelihoods, and education and psycho-social support for children has been provided. A community-based protection monitoring programme has been piloted in the 46 priority return sites in Maguindanao identified in the Early Recovery Plan of the Government of the Autonomous Region of Muslim Mindanao (ARMM). Early recovery plans were formulated for 36 of these priority sites.

While focus is on assistance in return sites, there are people who remain displaced either by choice or because they are unable to return due to security and safety concerns, lack of access to basic services, and lack of resources to rebuild damaged houses and livelihoods. The Camp Coordination and Camp Management Cluster observes that some "returns" are only a "change in location" but not a step towards durable solutions.

During the mid-year review, the number of target beneficiaries has decreased from 447,000 people to 375,000 displaced and returnees/resettled persons. Of those, 24,000 are people who were displaced between January and June 2011 due to armed conflict (including *rido*) and 351,000 are people who were displaced (and/or recently returned or resettled) by the 2008-2009 armed conflict. In early June, the Government announced that 210,000 people were affected by the flooding in ARMM and regions X and XII; a proportion of this flood-affected population will also be supported in this HAP. The Government has indicated that the humanitarian needs in the island provinces of the ARMM have increased and require assistance. However, a comprehensive assessment of these areas should be undertaken first. Potential needs in the island provinces of the ARMM will be considered within the scope of the 2012 HAP.

To have the capacity to deliver effective coordinated assistance to those in need, the HAP still requires \$33 million¹ until the end of this planning cycle. The requirements have been revised downwards by \$1 million during the mid-year review. As of mid-July, the HAP had only received

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

\$8 million or 24% of its revised requirements and, consequently, humanitarian response objectives have only partially been met. This is a slight decrease of overall requirements because of the many internally displaced people (IDPs) who have been able to return to their homes. However, many of those who have returned do not have access to basic necessities and require humanitarian relief and early recovery programmes.

Basic humanitarian and development indicators on Central Mindanao

Indicator	Region	Province	Recent Data
Population Source: National Statistics Office (NSO), August 2007. <i>Data on North Cotabato excludes 259,153 in Cotabato City. Data on South Cotabato excludes Gen. Santos City.</i>	National		88,566,732
	ARMM	Maguindanao	1,273,715
		Lanao del Sur	1,138,544
	Region XII	North Cotabato	1,121,974
		South Cotabato	767,255
		Sultan Kudarat	677,062
	Region X	Lanao del Norte	538,283
Consumer price index (2,000=100) Source: NSO, April 2011 (National), February 2011 (Provinces). <i>CPI is a measure of change in the average retail prices of goods and services commonly purchased by a particular group of people in a particular area.</i>	National		173.50
	ARMM	Maguindanao	199.20
		Lanao del Sur	179.60
	Region XII	North Cotabato	196.60
		South Cotabato	161.20
		Sultan Kudarat	174.70
	Region X	Lanao del Norte	174.50
Purchasing power of the peso Source: NSO, April 2011 (National), February 2011 (Provinces). <i>PPP shows how much the peso in the base period is worth in another period. It gives an indication of the real value of the peso in a given period relative to the peso value in the base period.</i> $PPP = 1 / CPI(All\ Items) * 100$	National		0.58
	ARMM	Maguindanao	0.50
		Lanao del Sur	0.56
	Region XII	North Cotabato	0.51
		South Cotabato	0.62
		Sultan Kudarat	0.57
	Region X	Lanao del Norte	0.57
Crude birth rate (per thousand population) Source: NSO Quickstat, 2010-2015; National, April 2011; Provinces, February 2011.	National		18.15
	ARMM	Maguindanao	29.36
		Lanao del Sur	33.68
	Region XII	North Cotabato	30.42
		South Cotabato	28.48
		Sultan Kudarat	21.94
	Region X	Lanao del Norte	24.42

M I N D A N A O

Crude death rate (per thousand population) Source: NSO Quickstat, 2010-2015; National, April 2011; Provinces, February 2011 ProTI.	National		5.45
	ARMM	Maguindanao	7.52
		Lanao del Sur	6.88
	Region XII	North Cotabato	5.35
		South Cotabato	5.80
		Sultan Kudarat	5.44
	Region X	Lanao del Norte	6.21
Under-five-years-old mortality rate per 1,000 live births Source: UNDP – MDG Rate of Progress (Regional result include other provinces in the region), 2006. <i>Data on ARMM includes provinces of Basilan, Sulu and Tawi-Tawi. Data on Region XII includes the province of Sarangani. The data on Region X includes provinces of Bukidnon, Camiguin, Misamis Oriental and Misamis Occidental.</i>	National		32
	ARMM	Maguindanao	45
		Lanao del Sur	
	Region XII	North Cotabato	33
		South Cotabato	
		Sultan Kudarat	
	Region X	Lanao del Norte	29
Infant mortality rate Source: UNDP – MDG Rate of Progress (Regional result include other provinces in the region), 2006.	National		24
	ARMM	Maguindanao	33
		Lanao del Sur	
	Region XII	North Cotabato	21
		South Cotabato	
		Sultan Kudarat	
	Region X	Lanao del Norte	22
Maternal mortality rate Source: UNDP – MDG Rate of Progress (Regional result include other provinces in the region), 2006 (National) and 1995 (Regional).	National		162
	ARMM	Maguindanao	320
		Lanao del Sur	
	Region XII	North Cotabato	188
		South Cotabato	
		Sultan Kudarat	
	Region X	Lanao del Norte	225

M I N D A N A O

Life expectancy at birth (in years, medium assumption) Source: NSO Quickstat, 2010-2015; Provinces, February 2011ProTI.		Male	Female
	National	66.11	71.64
	ARMM	Maguindanao	62.60
		Lanao del Sur	64.17
	Region XII	North Cotabato	62.27
		South Cotabato	68.01
		Sultan Kudarat	66.45
	Region X	Lanao del Norte	66.03
			70.70
Literacy rate (simple literacy) Source: NSO Quickstat, 2003 (National) and 2000 (Provincial). <i>Simple literacy is the ability of a person to read and write with understanding a simple message in any language or dialect. The simple literacy status of an individual can be determined based on the respondents answer to the question "Can read and write a simple message in any language or dialect?"</i>	National		93.4
	ARMM	Maguindanao	66.27
		Lanao del Sur	80.12
	Region XII	North Cotabato	86.69
		South Cotabato	89.44
		Sultan Kudarat	83.96
	Region X	Lanao del Norte	85.04
Cohort survival rate in public and private elementary schools Source: ARMM Peace Summit Presentation entitled "ARMM Multi-Stakeholders' Peace and Development Issues", September 2010 (data from 2002-2003).	National		69.80
	ARMM	Maguindanao	48.10
		Lanao del Sur	
	Region XII	North Cotabato	54.04
		South Cotabato	
		Sultan Kudarat	
	Region X	Lanao del Norte	68.00
Proportion of families below subsistence threshold Source: UNDP – MDG Rate of Progress 2003-2005. <i>For ARMM, the figures include other provinces in the region.</i>	National		10.2
	ARMM	Maguindanao	18.20
		Lanao del Sur	
	Region XII	North Cotabato	14.00
		South Cotabato	
		Sultan Kudarat	
	Region X	Lanao del Norte	19.50

M I N D A N A O

Proportion of families below poverty threshold Source: UNDP – MDG Rate of Progress, 2003-2005. <i>For ARMM and Region XII, figures include other provinces in the region.</i>	National		24.40
	ARMM	Maguindanao	45.40
		Lanao del Sur	
	Region XII	North Cotabato	32.10
		South Cotabato	
Sultan Kudarat			
Region X	Lanao del Norte	37.70	
Proportion of underweight children under five years old Source: UNDP – MDG Rate of Progress, 2003-2005. <i>Data at the regional level is provided for ARMM and regions XII and X.</i>	National		24.60
	ARMM	Maguindanao	38.00
		Lanao del Sur	
	Region XII	North Cotabato	27.80
		South Cotabato	
Sultan Kudarat			
Region X	Lanao del Norte	62.10	
Rate (%) or proportion of households with access to safe water supply Sources: Field Health Service Information System, DOH/RDO-ARMM, 2008; UNDP – MDG Rate of Progress (Regional result include other provinces in the region), 2004.	National		80.20
	ARMM	Maguindanao	10.19
		Lanao del Sur	6.13
	Region XII	North Cotabato	74.30
		South Cotabato	
Sultan Kudarat			
Region X	Lanao del Norte	79.80	
Rate (%) or proportion of households with sanitary toilet Sources: Field Health Service Information System, DOH/RDO-ARMM, 2008; UNDP – MDG Rate of Progress, 2004.	National		86.20
	ARMM	Maguindanao	49.07
		Lanao del Sur	13.85
	Region XII	North Cotabato	83.20
		South Cotabato	
Sultan Kudarat			
Region X	Lanao del Norte	87.00	

M I N D A N A O

Human Development Index Source: UNDP Humanitarian Report, 2009 (National); NSO Quickstat, 2000.	National		0.751
	ARMM	Maguindanao	0.461
		Lanao del Sur	0.464
	Region XII Region XII	North Cotabato	0.512
		South Cotabato	0.595
	Region XII	Sultan Kudarat	0.554
		Region X	Lanao del Norte
Status of energization; % energized Source: ARMM Peace Summit Presentation entitled "ARMM Multi-Stakeholders' Peace and Development Issues", September 2010 (data from 2007). <i>Data on ARMM includes provinces of Basilan, Sulu and Tawi-Tawi. Data on Region XII includes the province of Sarangani. Data on Region X includes the provinces of Bukidnon, Camiguin, Misamis Oriental and Misamis Occidental.</i>	National		67.4%
	ARMM	Maguindanao	24.0%
		Lanao del Sur	
	Region XII	North Cotabato	49.1%
		South Cotabato	
		Sultan Kudarat	
	Region X	Lanao del Norte	71.8%

Table I: Requirements and funding to date per cluster

Mindanao Humanitarian Action Plan 2011
as of 26 July 2011
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
CCCM	4,435,700	4,015,662	1,499,984	2,515,678	37%	-
COORDINATION	246,888	324,759	-	324,759	0%	-
EARLY RECOVERY	1,075,950	1,075,950	-	1,075,950	0%	-
EDUCATION	2,828,150	2,828,150	-	2,828,150	0%	-
FOOD AND AGRICULTURE	11,941,675	11,941,675	4,845,322	7,096,353	41%	-
HEALTH	2,554,415	2,526,948	-	2,526,948	0%	-
LOGISTICS	-	350,000	200,069	149,931	57%	-
NUTRITION	2,014,000	2,014,000	555,195	1,458,805	28%	-
PROTECTION, INCL. CHILD PROTECTION AND SGBV	5,537,704	5,537,704	-	5,537,704	0%	-
WASH	3,893,044	2,643,322	869,762	1,773,560	33%	-
NOT SPECIFIED	-	-	-	-	0%	3,500,000
Grand Total	34,527,526	33,258,170	7,970,332	25,287,838	24%	3,500,000

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table II: Requirements and funding to date per priority level

Mindanao Humanitarian Action Plan 2011 as of 26 July 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Priority	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
IDP/host communities: A - immediate	-	350,000	200,069	149,931	57%	-
IDP/host communities: B - high	8,048,294	7,634,764	779,319	6,855,445	10%	-
IDPs, flood -affected and returnees: B - high	9,800,000	10,590,262	3,493,909	7,096,353	33%	-
Returnees: A - immediate	1,853,655	1,791,625	720,665	1,070,960	40%	-
Returnees: B - high	13,057,022	12,566,760	2,776,370	9,730,390	22%	-
Not specified	1,768,555	324,759	-	324,759	0%	3,500,000
Grand Total	34,527,526	33,258,170	7,970,332	25,287,838	24%	3,500,000

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table III: Requirements and funding to date per organization

Mindanao Humanitarian Action Plan 2011 as of 26 July 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
FAO	2,141,675	2,141,675	1,351,413	790,262	63%	-
IOM	4,285,890	3,209,143	1,499,984	1,709,159	47%	-
MinHRAC	291,557	291,557	-	291,557	0%	-
MTB	307,912	-	-	-	0%	-
MYROi	261,055	-	-	-	0%	-
OCHA	246,888	324,759	-	324,759	0%	-
SC	1,452,700	800,000	-	800,000	0%	-
UNDP	1,075,950	1,075,950	-	1,075,950	0%	-
UNFPA	808,410	840,630	-	840,630	0%	-
UNHCR	3,994,147	3,994,147	-	3,994,147	0%	-
UNICEF	9,042,150	9,042,150	1,424,957	7,617,193	16%	-
WFP	9,800,000	10,150,000	3,693,978	6,456,022	36%	-
WHO	819,192	1,388,159	-	1,388,159	0%	-
UN Agencies	-	-	-	-	0%	3,500,000
Grand Total	34,527,526	33,258,170	7,970,332	25,287,838	24%	3,500,000

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

2.1 CONTEXT

The political situation: Humanitarian and development actors are hopeful that the peace agreement between the Government of the Philippines (GPH) and the MILF will be signed under the current Aquino administration. Formal exploratory peace talks resumed on 9-10 February 2011 in Kuala Lumpur, Malaysia, with both panels agreeing to renew the mandate of the International Monitoring Team (IMT) and the Ad-Hoc Joint Action Group. There are underlying frustrations over the slow progress in the peace process that manifested in Ustadz Ameril Umbra Kato, the former commander of the MILF's key base command, creating the Bangsamoro Islamic Freedom Fighter (BIFF) in late 2010. The next round of talks between the two parties is scheduled for early August 2011.

The local elections in the ARMM have been postponed from August 2011 to 2013 and synchronized with national elections. This has brought some relief to the local population as elections have often been a source of violent conflict and instability in the region. It is also an important opportunity to resettle those that are still displaced and to help those that have returned to rebuild resilient communities.

Family feuds (*rido*) continue to cause sporadic displacements in Mindanao. During the first quarter of 2011, a cumulative total of 10,000 families (50,000 people) have been displaced by *rido*, many of whom have already returned. IDPs fleeing from a *rido* often seek refuge in crowded and unplanned sites with little provision of livelihood support. Local authorities fear for their own safety and are not present in many of these areas. IDPs also refuse to return to such locations even if the armed skirmishes between warring groups have ceased temporarily.

Returnees in need of continued humanitarian assistance: Of note, preliminary results of the comprehensive livelihood assessment undertaken jointly by World Food Programme (WFP) and the World Bank in November 2010 made available in June 2011 revalidated the earlier assessment results, suggesting that 56% of the population in Maguindanao fall within borderline or poor food consumption groups, followed by provinces of Lanao del Sur (40%), Lanao del Norte (23%) and Sultan Kudarat (18%). The study also shows that the returnees have the highest prevalence of food insecurity (42%), even higher than those who remain displaced (25%). This indicates that returnees require assistance as much as IDPs do.



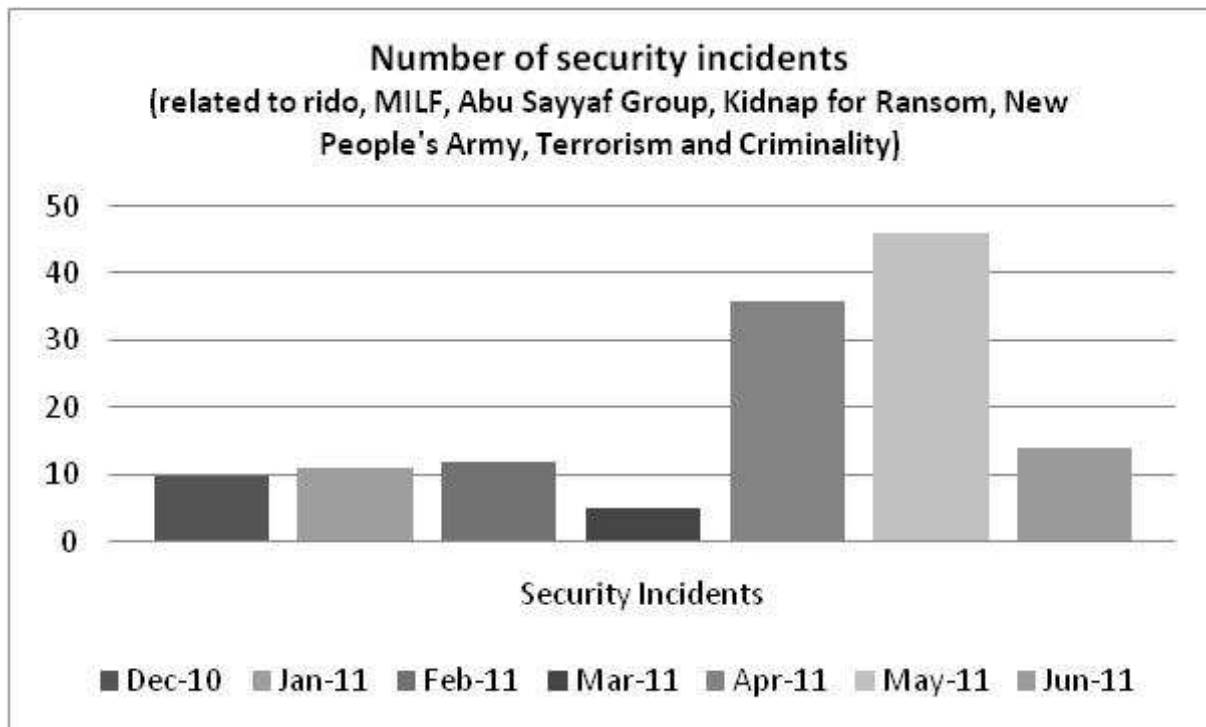
Residential area along Main Road in Cotabato City, June 2011.
Photo: ACF

Flooding in target provinces: In May and June 2011, the seasonal southwest monsoon has been exacerbated by consecutive tropical cyclones, bringing heavy rains over Mindanao and other parts of the Philippines. The flooding that resulted was much more pronounced than that of January 2011, affecting the majority of the conflict-affected provinces targeted in the HAP (see map on "Reported flooding/flash flood incidents"). On 27 June, the Department of Social Welfare and Development (DSWD) reported that in Cotabato City and in Maguindanao, 48,000 people are in evacuation centres and an additional 469,000 people are in host-communities or staying at home. Of those, the Government has requested international

humanitarian aid for 36,000 households in Cotabato City. The priority needs identified are camp coordination and camp management, food and non-food items, health, and WASH. In addition, the Damage Assessment and Needs Analysis (DANA) of Maguindanao jointly undertaken by the Government and the Mindanao Humanitarian Team from 15 to 20 June identified that 434,000 people

have been displaced. Key findings of DANA indicate that there are needs in WASH, health, nutrition, food, camp coordination and camp management, education and early recovery.

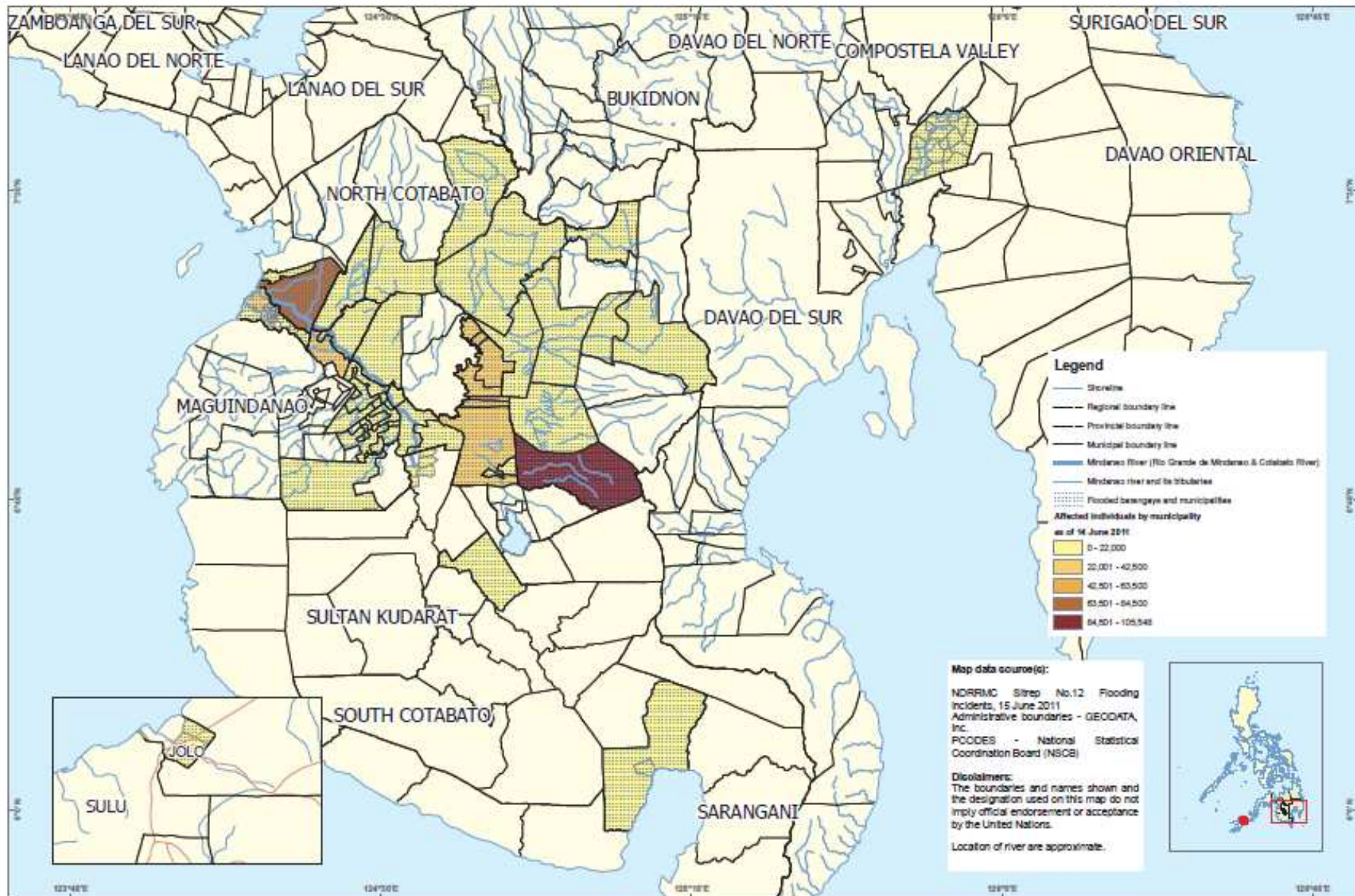
Rise in security incidents: Although the mutual suspension of military operations announced by the Government and the MILF continues to hold, there were spikes of attacks against the government forces by National People’s Army (NPA) in Eastern Mindanao, North Cotabato and South Cotabato. This is a cause of security concern for IDPs and returnees alike (see chart² on page 15). Source: National disaster Risk Reduction and Management Council/NDRRMC, Office for the Coordination of Humanitarian Affairs/OCHA). The number of security incidents has also increased over the last four months, particularly in Eastern Mindanao, South Zamboanga and Basilan, Sulu and Tawi-Tawi (Basulta) regions. The impact of this trend should be closely studied, given that the Government has acknowledged that humanitarian needs exist in locations outside of the HAP coverage, particularly in ARMM’s outer islands of Basulta, and requested assistance through subsequent HAPs.



Humanitarian actors and coordination: In February 2011, the Office of Civil Defence (OCD) ARMM was reconstituted in order to establish more coherent and cohesive linkages between government line departments and humanitarian organizations. The Mindanao Humanitarian Team (MHT) continues to work closely with the ARMM Government in addressing the needs of the population.

² Note: Zero on the chart indicates that there were no reports but this does not necessarily mean that there were no incidents.

MINDANAO - Reported Flooding/Flashflood Incidents
 NDRRMC SitRep No. 12, 15 June 2011



2.2 SUMMARY OF RESPONSE TO DATE

The response by clusters and sub-clusters of the Mindanao Humanitarian Team has been limited despite existing needs due to funding shortfalls. Only seven out of the 24 projects have received funding as of 15 July, of which are in the CCCM, Food and Agriculture, Logistics, Nutrition and WASH Clusters. The majority of the cluster response plans have yet to be implemented, and with the scenario agreed for the original HAP remaining valid, most clusters have maintained their original plans following the mid-year review.

Nevertheless, agencies have managed to make some progress by using funds rolled over from the previous year, organizations' regular budgets or funds reserved for contingency. Much of the focus of the humanitarian actions has been directed at the return sites where minimal livelihood assistance, health, nutrition and WASH activities, education and psycho-social support for children and the Government's shelter programme have been provided. A community-based protection monitoring programme has been piloted in the 46 priority return sites in Maguindanao out of the 196 sites identified in the ARMM Early Recovery Plan. Early recovery plans were formulated for 36 of these priority sites.

Food Security is on target to achieve a number of its objectives with the success of WFP-led Food for Work (FFW) and Food for Training (FFT) programmes that support adequate food consumption and provide assets for early recovery. These programmes have been funded by the Governments of Canada and Japan. FAO has recently received a commitment from the New Zealand Government to implement activities that will restore farming and fishing livelihoods of IDPs in Maguindanao Province.

Treating malnutrition: The Nutrition Cluster treated severe acute malnutrition through its 12 Community-based Management of Acute Malnutrition (CMAM) therapeutic feeding sites and two Stabilization Centres in Maguindanao and North Cotabato. Moderately acute malnourished (MAM) children were also treated through the Supplementary Feeding Program and there were achievements in nutrition surveillance screening as well as infant and young child-feeding practices. However, the CMAM support reaches only 14 municipalities in Central Mindanao. This needs to be expanded to all the areas that still have vulnerable children in order to protect their nutritional status and treat malnutrition.

Building partnerships to protect the people in the conflict-affected areas: The Protection Cluster (PC) welcomed government partners to its membership, leading to better coordination, accountability and geographic coverage on reporting on protection issues. It is also building a network of local grassroots organizations and partnering with the Commission on Human Rights to overcome challenges in gathering information on incidents concerning protection of civilians. The Commission is a state agency mandated to monitor and investigate human rights violations involving civil and political rights.

Proposing mechanisms to prevent and respond to Gender-Based Violence (GBV): The GBV Sub-Cluster formulated the Standard Operating Procedures (SOP) for the prevention and management of GBV during emergencies in Mindanao, which outlines the referral mechanism for GBV survivors. The Sub-Cluster has also underlined the importance of conducting information sessions on the prevention of GBV in the various IDP sites and relocation/resettlement areas.

Consolidated Early Recovery (ER) response in the return sites: With the leadership of the ARMM government, the ER cluster conducted community planning processes in 36 return sites in the autonomous region. Such process enabled the returning IDPs to identify early recovery needs/gaps and plans specific to their respective communities. Identified needs became the bases for the ER cluster members in making commitments and subsequent interventions. These site-specific plans were also shared with other partners for possible support.

Protecting the rights of children: The Child Protection Working Group focused on the rapid registration of children for the reintegration programme under the United Nations (UN) - MILF Action

Plan. Also, the Monitoring and Reporting Mechanism (MRM) for grave violations on children's rights in situations of armed conflict has been established in the last four months and is expanding its geographic coverage as it engages new partners.

Efforts were made to increase the access of IDP children to **education** services and to advance the roll-out of Emergency in Education policies and standards. However, as in all other clusters, much more can be done with additional funding.

Information management remained a challenge across all sectors. The Camp Coordination and Camp Management (CCCM) Cluster led several initiatives from streamlining terms and definitions concerning displacements among government and humanitarian actors to generating information sheets on the situation of a particular IDP or relocation/resettlement site to support coordinated humanitarian response in these locations. However, the International Organization for Migration (IOM), the Cluster Lead, downsized its operations due to funding constraints, which immediately resulted in a challenge in IDP tracking for the entire humanitarian community.

Responding to the recent floods: CCCM, Health and WASH clusters have added a new component to their response plans aimed at strengthening the capacity of the local government in preparing for and responding to natural disasters in light of the recent flooding. The Health Cluster proposes to work with local health officers to help them manage emergencies in health more effectively, specifically in the areas of reproductive health and psycho-social support. This is in tandem with the WASH Cluster's plan to strengthen communities' resilience, particularly of women and children, against public health risks associated with natural disasters. The CCCM Cluster will focus on supporting the government and communities in minimizing casualties or injuries during evacuations.

2.3 UPDATED NEEDS ANALYSIS

Little has changed in the situation of the conflict-affected people in Central Mindanao over the four months since the launch of the original HAP, if not aggravated by the consequences of an unusually heavy rainy season. Of note, preliminary results of the comprehensive livelihood assessment undertaken jointly by WFP and the World Bank in November 2010 revalidated the results of the Emergency Food Security Assessment of January 2010, suggesting that 56% of the population in Maguindanao fall within borderline or poor food consumption groups. The study further showed that the returnees have the highest prevalence of food insecurity (42%), even higher than those who remain displaced (25%). Moreover, the data indicates that the non-displaced households, particularly in Maguindanao and Lanao del Sur were almost equally food-insecure (55% and 39% respectively) compared to displaced persons (56% and 48% respectively). This indicates that returnees require assistance as much as IDPs do.

While focus is on assistance in return sites, there are IDPs who choose to or are unable to return to their places of origin due to security concerns, lack of access to basic services and lack of resources to rebuild their dilapidated or totally damaged houses. Lack of access to land is another common reason for enduring displacement, but even if land is available, many lack farming tools and seeds to help them re-establish their livelihoods. The CCCM Cluster observes that the returns are a "change in location" but not a step towards durable solutions. The Protection Cluster pointed out the challenges of monitoring protection concerns of the displaced people due to lack of funding and operational capacity.

The revised HAP will aim to support the humanitarian caseload per the table below. This includes:
 People who have not returned to their homes, who are either in evacuation centres, relocation sites, or host communities but are willing to go back to their places of origin should security improve
 People displaced by the 2008-2009 conflict, rido or other armed fighting

As of 5 June, the Government announced that 210,000 people in ARMM and regions X and XII have been affected by the flooding. A proportion of this flood-affected people will also be assisted in this HAP.

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Table: Disaggregated number of target beneficiaries (5 June 2011)

Region	Province	People displaced by armed conflict, including <i>rido</i> (Jan.-Jun. 2011)	No. of Returnees / Resettled from the 2008-2009 armed conflict	Total
ARMM	Maguindanao	17,121	200,384	217,505
ARMM	Lanao del Sur	-	-	-
Region XII	North Cotabato	7,225	123,140	130,365
Region XII	South Cotabato	-	3,405	3,405
Region XII	Sultan Kudarat	-	23,605	23,605
Region X	Lanao del Norte	-	-	-
TOTAL		24,346	350,534	374,880

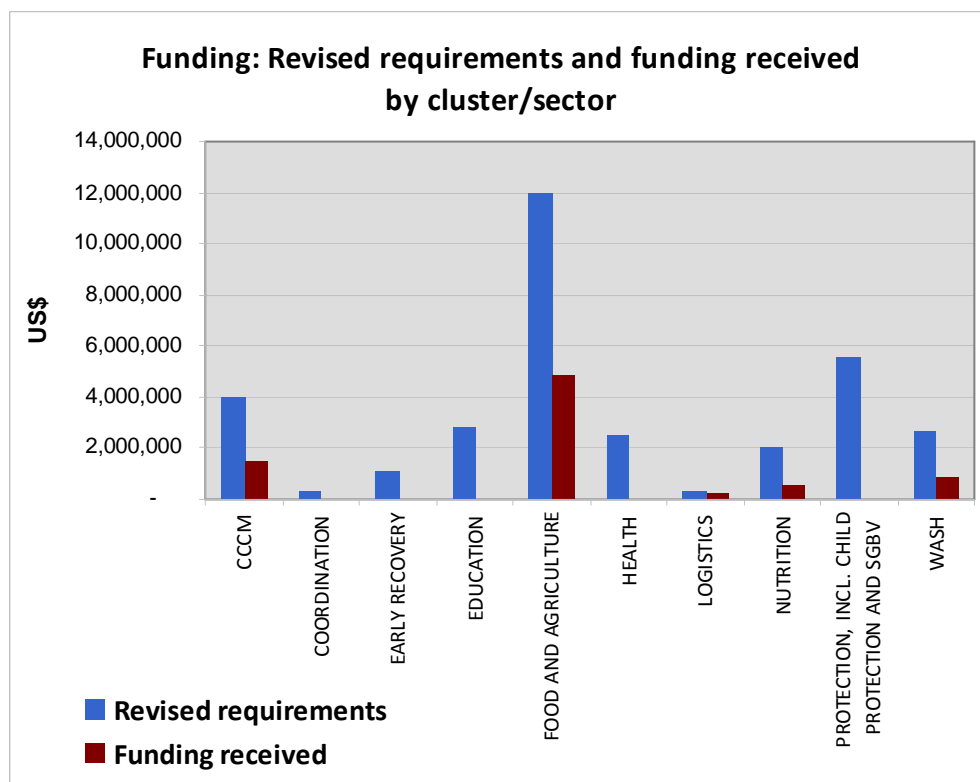
Source: IOM, DSWD Region XII,

2.4 ANALYSIS OF FUNDING TO DATE

As of 25 July 2011, the HAP has received \$8 million (24%) of the revised requirements of \$33 million since its launch in early February, leaving the outstanding requirements at \$25 million. This represents a decrease compared to 2010, when humanitarian operations in Mindanao had received at least \$11 million in the first six months of the year. The Central Emergency Response Fund (CERF) Underfunded Emergencies allocation of \$5 million accounted for 63% of that funding.

The graph below illustrates the revised requirements and funding received by clusters. WFP and the Food and Agriculture Organization (FAO) of the Food Security and Agriculture Cluster and Logistics received funding for their projects as well as IOM and UNICEF for their projects under CCCM, Nutrition and WASH Clusters. The \$8 million received covers 24% of the \$33 million Response Plan. There are 17 remaining projects, proposed by 11 agencies, that are urgently seeking funding.

Overall, the Philippines has received comparatively little humanitarian funding in 2011, totalling \$9 million compared to at least \$15 million received by this time in 2010. The funding of \$1 million contributed outside the HAP was allocated for disaster response preparedness activities and one humanitarian organization’s operational costs, both of which fell outside the framework of the HAP.



The reasons behind the lack of donor interest are not clear. The Philippines is a highly natural disaster-prone country, attracting international humanitarian funding for annual typhoons and flooding. These events may have diverted donor attention from the slow onset, longer term nature of the response in Mindanao. The acknowledgement that the Philippines is a lower middle income economy may also work against donor interest, even though these conflict-affected provinces are the

poorest in the country. Moreover, some donors have taken the “return” of the majority of the IDPs as signs to stop funding emergency relief in Mindanao.

Poor funding has constrained humanitarian agencies from implementing the activities outlined in the HAP. As a result, agencies have reported weak mid-year achievements. As noted earlier, these achievements have been financed by funds rolled over from the previous year, organizations’ regular budgets or funds reserved for contingency, which is not sustainable.

During the mid-year review, the requirements have been revised downward by \$1 million (decrease of 3.6%) primarily in WASH and camp coordination and camp management. This is due to the reduction in caseload of the original displaced population due to armed conflict in the original target areas.

3. PROGRESS TOWARDS ACHIEVING STRATEGIC OBJECTIVES AND SECTORAL TARGETS

3.1 STRATEGIC OBJECTIVES

Strategic Objective 1: To support the Government to address the humanitarian needs of affected populations in a timely manner.

Indicator	End of year target	Achieved as of mid-year
<u>CCCM</u> The availability of accurate data concerning IDP and returnee numbers and locations.	Population statistics updated monthly for 200 IDP and return sites across six conflict-affected provinces.	<ul style="list-style-type: none"> IOM mobile and vulnerable population (MVP) Tracking Report is updated regularly and shared to the partners every two weeks but covering 106 sites of IOM (site based) in Maguindanao. Figures in the tracking report are also inputted to the Mindanao Humanitarian Situation Report.
The availability of analytical reports of displacement trends.	A report every two months.	<ul style="list-style-type: none"> Updates/ report from the partners are consolidated into a CCCM Cluster Situation Report every month. Correspondingly, this served as inputs to the overall Mindanao Situation Update.
The availability of accurate and updated 'site windows'.	200 site windows, each updated every two months.	<ul style="list-style-type: none"> Site windows are updated every month covering the 106 sites in Maguindanao.
Humanitarian issues referred to appropriate cluster.		<ul style="list-style-type: none"> Inter cluster concerns are presented in the Mindanao Humanitarian Team meetings for appropriate action of relevant agency/agencies.
<u>Education</u> Number of schools, day-care centres and temporary learning centres supported.	75% (409) of the 546 target affected schools, day-care centres and temporary learning space (TLS).	<ul style="list-style-type: none"> 50 day care centres (DCCs), 75 schools, 62 TLS and child-friendly space (CFS).
Number of children's learning packs distributed for grades 1-6.	21,000 children's learning packs (30% of 70,000 affected children aged 6-11).	<ul style="list-style-type: none"> 9,959 children provided with school packs.
Number of teacher's packs distributed.	716 Teachers' Packs (for both elementary and secondary students 32,200 at a ratio of 1 teacher: 45 students).	<ul style="list-style-type: none"> 217 teacher's packs distributed.
Number of library sets distributed.	716 library sets	<ul style="list-style-type: none"> 50 library sets distributed.
Number of TLS constructed.	50 TLS	<ul style="list-style-type: none"> Six TLS constructed/repared.
Number of classrooms repaired.	193 slightly damaged 54 partially damaged 12 totally damaged (to include WASH facilities)	<ul style="list-style-type: none"> 24 classrooms in 12 schools repaired.
Number of pupils' chairs, tables and chalkboards provided.	32,117 chairs 485 tables 485 blackboards (data based on DE-ARMM assessment as of June 2010)	<ul style="list-style-type: none"> 496 tables, 2,976 chairs, 62 blackboards.
Number of para-teachers and volunteers deployed.	100 para-teachers and volunteers.	<ul style="list-style-type: none"> 42 volunteer educators (30 TLSs, 12 DCCs).
Number of early childhood care and development (ECCD) children's bags distributed.	9,800 pre-schooler's bags	<ul style="list-style-type: none"> 495 pre-schooler's bags.
<u>Food Security and Agriculture</u> Number of women and men, boys and girls receiving food and non-	94,000 participants to be targeted under the FFT programme 46,000 participants to be targeted	<ul style="list-style-type: none"> 11,625 participants (FFT) 67,445 participants (FFW)

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Indicator	End of year target	Achieved as of mid-year
food items, by category and as percentage of planned figures.	under the FFW programme.	
Tonnage of food distributed, by type, as percentage of planned distribution.		<ul style="list-style-type: none"> • General Food Distribution: 1,952 MT • School Feeding: 807 MT • Supplementary Food Programme: 697 MT • FFW: 8,696 MT • FFT: 682 MT
<u>Health</u> Availability of health service providers in IDP sites and return areas.	At least one community health worker (CHW) per 1,000 people in 46 IDP sites and return areas. At least one visit from a midwife per week for return areas At least one functional IDP multi-sector team per conflict-affected municipality.	<ul style="list-style-type: none"> • Four IDPs multi-sector teams currently deployed in areas with remaining IDPs.
Number of beneficiaries served by health programmes out of the total population in IDP sites and return areas.	Based on programme targets At least 80% coverage of measles vaccination for children under-five in IDP sites and return areas At least 80% of women and girls in the IDP sites provided with reproductive health (RH) services.	<ul style="list-style-type: none"> • Preliminary reports from Integrated Provincial Health Office (IPHO) Maguindanao on the Measles Rubella Supplemental Immunization Activity show overall coverage of 78% for children under-five with 8/35 municipalities achieving >95% coverage.
Number of communicable disease outbreaks detected and controlled.	100% of outbreaks detected and controlled.	<ul style="list-style-type: none"> • No outbreaks reported so far
Number of pregnant women in the IDP areas who delivered safely, a live, healthy baby.	90% of pregnant women delivering safely in the mobile clinic or in referral facilities Zero mortality for newborns delivered in the mobile clinic and in referral facilities.	<ul style="list-style-type: none"> • UNFPA reports show more than 95% of births are still delivered by untrained traditional birth attendants (TBAs). • Mobile clinic and laboratory set up by UNFPA to provide RH information, pre-, intrapartum, post-natal services as well as laboratory services.
<u>Nutrition</u> Number of nutrition surveys conducted.	At least one nutrition assessment conducted in all targeted areas per year.	<ul style="list-style-type: none"> • Active and passive screening for eight municipalities in Maguindanao, three in North Cotabato, none in Lanao del Sur.
Number of children screened using mid-upper-arm circumference (MUAC).	80% of children under-five years old in target areas are screened using MUAC every six months.	<ul style="list-style-type: none"> • More than 51% of children under-five in 11 CMAM target areas in Maguindanao and North Cotabato screened from December 2010 to April 2011.
Number of sites where screening is conducted.	All target sites have active and passive screening.	<ul style="list-style-type: none"> • Active and passive screening for eight municipalities in Maguindanao, three in North Cotabato, none in Lanao del Sur.
<u>Protection</u> Protection Cluster Strategy developed and implemented and key IDP policy and advocacy issues addressed.	<ul style="list-style-type: none"> • Protection Cluster partners agree on strategy & advocacy issues. 	<ul style="list-style-type: none"> • PC meetings organized every two weeks. • PC member organizations increased from 25 to 34, including five governmental agencies. • PC terms of reference (ToR) established and adapted. • PC strategy discussion ongoing. • PC members actively engaged in technical working group meeting for IDP bills. • PC issued a supporting statement to the Government's

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Indicator	End of year target	Achieved as of mid-year
		position in accordance with Guiding Principles on Internal Displacement (GPID).
Number of information, advocacy and training sessions completed on protection principles/practice, mental and psycho-social health, mine-risk education, child protection, MRM, TOTs, child trafficking, and other areas.	<ul style="list-style-type: none"> • Six provincial Local Government Units (LGUs) • Five municipal LGUs in each of the six conflict-affected provinces • Security Forces (6th ID) • Philippine National Police • IDP populations in evacuation centres (ECs), return, resettlement sites • Community based child protection networks • Government Departments (Education and Health, DSWD) • IDP Children and families • NGOs • Religious leaders • Health and legal service providers 	<ul style="list-style-type: none"> • CCCM-PC joint training organized for 30 participants from authority and CCCM. • Protection training organized for 40 Governmental officials. • Two joint protection training organized for NGOs targeting 100 staff in total. • Protection workshop for Armed Forces planned but postponed. • PC Information Campaign Guideline established. • Women's rights pamphlets for general public published and disseminated.
% of IDP protection needs identified (disaggregated gender, age, vulnerable groups).	<ul style="list-style-type: none"> • IDP populations and host communities in three provinces • DSWD, Office of the Presidential Adviser on the Peace Process (OPAPP). 	<ul style="list-style-type: none"> • Baseline assessment in 46 priority <i>barangays</i> underway through community-based protection monitoring project with 220 community-based trained monitors.
Number of IDP civil status documents issued.		<ul style="list-style-type: none"> • Profiling of urban IDPs in Cotabato City conducted. Report underway.
Number of mobilized communities participating in assessment and conduct of livelihood activities.		<ul style="list-style-type: none"> • Free birth registration pilot project discussion ongoing.
<u>Gender-based violence (GBV)</u> Number of information sessions on GBV prevention conducted in IDP sites.	75% of IDP's provided with information sessions on GBV prevention.	<ul style="list-style-type: none"> • 187 information sessions on GBV prevention attended by 11,051 IDPs.
Number of GBV survivors provided with immediate medical and psycho-social support.	100% of GBV survivors provided immediate medical and psycho-social support.	<ul style="list-style-type: none"> • None so far
Number of humanitarian clusters mainstreaming gender and adopting GBV prevention measures.	100% of humanitarian clusters have mainstreamed gender and adopted GBV prevention measures.	<ul style="list-style-type: none"> • Health and Protection Clusters.
A functional 24/7 GBV hotline and QRTs in place	One GBV hotline number and quick response team (QRT) for all targeted Mindanao provinces.	<ul style="list-style-type: none"> • Not yet implemented
An effective gender-based violence information management system (GBVIMS) in place.		<ul style="list-style-type: none"> • Not yet implemented
<u>Child Protection</u> No. of separated and unaccompanied children identified and provided family-based care.	All separated and unaccompanied children in the affected areas are identified and provided with family-based care.	<ul style="list-style-type: none"> • 250 vulnerable children and their families were identified and provided family-based care and referral services through family tracing and reunification (FTR).
Common FTR system in place.	80% of displaced and vulnerable children have access to psycho-social support activities e.g. CFS, Youth and Children's Clubs etc.	<ul style="list-style-type: none"> • Around 40,000 children have attended psycho-social sessions in CFS and TLS.
No. of CFS established in displacement and return sites.		<ul style="list-style-type: none"> • 124 CFS built, across 107 <i>barangays</i>.
No. of child protection programmes	100% of child protection	<ul style="list-style-type: none"> • Over 3000 community

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Indicator	End of year target	Achieved as of mid-year
that have integrated psycho-social in their work, in line with the Inter-Agency Standing Committee (IASC) Mental Health Psycho-Social Services (MHPSS) Guidelines.	programmes in affected areas have integrated psycho-social in their work, in line with the IASC MHPSS Guidelines.	volunteers trained psycho-social in line with IASC guidelines.
<u>WASH</u> WASH-related disease outbreaks in the sites (e.g. diarrhoea).	Zero outbreaks	<ul style="list-style-type: none"> • Monthly WASH cluster meetings maintained • IM on WASH issues maintained with OCHA.
IDPs and returnees able to practice proper personal and household hygiene.	80% of people in 50% of sites (IDP, relocation, return and host) provided with WASH facilities.	<ul style="list-style-type: none"> • Modules on hygiene promotion developed by Save the Children (SC), IOM, OXFAM, and United Nations Children's Fund (UNICEF).
Level of satisfaction of IDPs regarding WASH services and NFI.	70% of IDP households covered.	<ul style="list-style-type: none"> • Assessments limited to some communities.
WASH facilities are functional (rehabilitated and maintained).	100% of hand-pumps 100% of latrines 100% of water storage systems	<ul style="list-style-type: none"> • Joined WASH cluster visits carried out on routine bases; especially during the floods and <i>ridos</i>.
Drinking water supplies meet commonly agreed standards.		<ul style="list-style-type: none"> • SPHERE standards adopted in a limited number of areas.

Strategic Objective 2: To establish an enabling environment for the implementation of durable solutions for affected populations.

Indicator	Target	Achieved as of mid-year
<u>CCCM</u> Non-food items provided to beneficiaries.	number of NFI kits Number of stock piled NFI packages.	<ul style="list-style-type: none"> • Non – food items such as mats, mosquito nets, kitchen utensils, water containers, livelihood support such as rice and corn seeds, and gardening tools were provided to the identified IDPs and return families. • For CCCM site management committees, information kits like information boards were provided covering 106 sites of IOM and 37 sites of OXFAM and partners (Mindanao Tulong Bakwet (MTB) and Kadtuntya Foundation Incorporated (KFI)).
Number of families provided with shelter support packages.	number of shelter kits	<ul style="list-style-type: none"> • Emergency Shelter Materials such Tarpaulins, “nipa” and “kalakat”, were distributed to the IDPs in Evacuation Centres and relocation sites. • In the return site and resettlement areas shelter augmentation distributed are in the form of “kalakat”, G.I. sheets, nails, cement, plywood and hollow blocks. • 140 families benefited the Transitional shelter constructed in Talayan and Datu Piang, Maguindanao.
Standardized shelter assistance (in terms of cost, size, methodology and materials) formulated and provided.		<ul style="list-style-type: none"> • The Shelter Technical Working Group (STWG) started the compilation of implemented shelter interventions (transitional and permanent shelters). As there is no Shelter Cluster and the shelter concerns are under the CCCM

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Indicator	Target	Achieved as of mid-year
		<p>based on the Philippine Government's adaption of the Cluster System, the STWG is put under the CCCM Cluster.</p> <ul style="list-style-type: none"> As of 19 April 2011 CCCM Meeting, the cluster approved the recommended permanent shelter design of the STWG. This will be shared to the ER Cluster for reference in their upcoming ER interventions.
<u>ER</u> ER Cluster ToR	ER Cluster ToR for ARMM finalised by end of August 2010.	<ul style="list-style-type: none"> ER Cluster ToR finalised.
Number of projects and initiatives that support or lead to longer-term recovery and development.	At least 150 communities (return/relocation/resettlement) supported within the six provinces.	<ul style="list-style-type: none"> 45 return sites out of the 46 prioritized return sites in Maguindanao alone received assistance from government and humanitarian agencies in 2010; 36 of these <i>barangays</i> were likewise targeted for further assistance by agencies in 2011.
Number of families provided with livelihood support.	At least 30 families in each of the 150 communities are provided with livelihood support.	<ul style="list-style-type: none"> As of March 2011, 1,556 families in 46 return <i>barangays</i> were provided with non-agro based livelihood support from various agencies.
Number and types of basic infrastructure projects supported.	At least five community access roads/farm-to-market road projects are supported and <i>barangay</i> health centres in 46 priority return sites are functional.	<ul style="list-style-type: none"> Ten <i>barangay</i> Health Stations (BHSs) are constructed and operational in ten out of 46 priority return sites in Maguindanao.
<u>Food Security and Agriculture</u> Number of projects supported to create or restore community assets.	<p>46,000 participants to be targeted under Food For Work.</p> <p>17,600 households provided with agriculture and fisheries inputs to restore their farming and fishing livelihoods.</p>	<ul style="list-style-type: none"> 67,445 people participated; FFW and 139 projects have been completed.
<u>Nutrition</u> Number of sites with functioning therapeutic and targeted supplementary feeding programmes.	<p>Rural CMAM coverage >50%</p> <p>Urban CMAM coverage >70%</p> <p>Camp CMAM coverage >90%</p>	<ul style="list-style-type: none"> 12 Sites with therapeutic feeding in Maguindanao (nine) and North Cotabato (three). Two referral hospitals established. Six sites in Maguindanao with targeted supplementary feeding. >50% of projected under-five population screened.
<p>Number of children, pregnant and lactating women enrolled in CMAM.</p> <p>% of acutely severely malnourished children 6-59 months enrolled or admitted to therapeutic feeding program.</p>	<p>At least 50% of children with severe acute malnutrition in target areas enrolled in therapeutic feeding.</p> <p>At least 50% of children with moderate acute malnutrition in target areas enrolled in therapeutic feeding.</p>	<ul style="list-style-type: none"> >90% of children in target areas screened with severe acute malnutrition enrolled in therapeutic feeding from as of May 2011. 3,200 pregnant and lactating women screened. 49% of children screened with moderate acute malnutrition enrolled in supplementary feeding program as of May 2011.
Number of children and PLW are successfully treated.	<p>Recovery rate >75%</p> <p>Death rate for therapeutic care <10%</p> <p>Mortality rate for supplementary care <3%</p>	<ul style="list-style-type: none"> Cure rate in therapeutic feeding – 78%; Death rate in therapeutic feeding – 5%.
<u>Gender-Based Violence</u>	The SOPs on the Prevention and	<ul style="list-style-type: none"> DSWD; DOH; CHD

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Indicator	Target	Achieved as of mid-year
Number of key stakeholders trained on the SOPs on the Prevention and Management of GBV in Emergency Situations in Mindanao.	Management of GBV in Emergency Situations in Mindanao institutionalized in the following government agencies: DSWD; Department of Health (DOH); Philippine National Police (PNP); Armed Forces of the Philippines (AFP); Council for Health and Development (CHD); Local Disaster Risk Reduction and Management Offices (LDRRMOs).	
<u>Child Protection</u> % of reported cases of grave child rights violations in situations of conflict verified and responded to.	All cases of grave child rights violations in situations of conflict in the six provinces are reported and responded to.	<ul style="list-style-type: none"> From 1 January to 15 June 2011, 45 cases of grave child rights violations have been reported; six of these have been verified.
A system of MRM on grave child rights violation (GCRV) is established.		<ul style="list-style-type: none"> UN agencies have designated their MRM Focal Points.
No. of periodic reports produced.		<ul style="list-style-type: none"> Two bi-monthly global horizontal notes (GHNs) have been submitted as of 15 June 2011.
A programme for reintegration of children associated with armed forces and armed groups (CAAFAGs) is in place % of reported cases of recruitment and use and arbitrary arrest and detention verified are responded to.	Reintegration programme in place for CAAFAGs. 100% of verified cases of recruitment and use and arbitrary arrest and detention are responded to.	<ul style="list-style-type: none"> 534 CAAFAGs registered under the UN-MILF Action Plan. Identification of five high-risk <i>barangays</i> completed. Community needs assessment across 18 base command areas completed.
No of Community members reached with mine risk education (MRE) messages.	80% of affected communities reached with MRE messages.	<ul style="list-style-type: none"> One NGO partner in Central Mindanao engaged in MRE. About 300 community members reached with MRE advocacy.
No of children reached with MRE messages.	System of response in place.	<ul style="list-style-type: none"> About 600 children reached with MRE advocacy.

Strategic Objective 3: To develop the capacities of local Government and communities to respond to emergencies and manage their early recovery.

Indicator	Target	Achieved as of mid-year
<u>CCCM</u> Number of DRRM councils organised.	200 IDP and return sites across conflict-affected provinces.	<ul style="list-style-type: none"> disaster risk reduction and management (DRRM) council yet to be formed.
Humanitarian agencies, government bodies, site committees and community leaders are oriented on relevant policies and protection mechanisms.	Total of 115 participants are oriented.	<ul style="list-style-type: none"> None
<u>ER</u> Number of site-specific ER plans.	At least 46 return sites in Maguindanao have formulated their respective ER plan.	<ul style="list-style-type: none"> IDPs in 46 priority return sites in Maguindanao have formulated their Early Recovery Plan which are currently being used to generate commitment from government and local / national / international humanitarian agencies to address their priority needs.
Number of plans and initiatives supported.	At least 150 communities supported within six provinces are supported with ER initiatives.	<ul style="list-style-type: none"> 46 return communities in Maguindanao are supported with ER initiatives in 2010. For

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Indicator	Target	Achieved as of mid-year
		2011, 36 of these return communities have initial commitment of support from various agencies.
Number of communities with demonstrated capacities to respond to emergencies and manage early recovery.	All identified return sites have functional bodies which could lead disaster preparedness and response. At least 46 community disaster preparedness and management plans have been formulated.	<ul style="list-style-type: none"> • <i>barangay</i> Councils in the 46 return sites have begun functioning but needs capacitating to be able to effectively manage disaster responses and reduce risks..
<u>Education</u> Number of teaching personnel, day-care centre workers and volunteers trained in standards and frameworks (Interagency Network for Education in Emergencies/INEE, psycho-social approaches, education in emergencies/EiE, disaster risk reduction /DRR).	327 day-care worker volunteers (9,800 children aged 3-5 with 1:35 DCW children ratio) 100 para-teachers 716 regular teachers	<ul style="list-style-type: none"> • 30 school DRR focal points trained. • 217 teachers and para-teachers trained on EiE and Psycho-social.
Number of teaching personnel and volunteers trained on EiE and alternative delivery learning method (ADLM).	1,143 teachers, day care workers and volunteers.	<ul style="list-style-type: none"> • 45 EiE workers (teachers, volunteer educators) trained.
Number of Distance Learning Modules developed.	Six modules (grades 1-6) One module for high school (open high school scheme).	<ul style="list-style-type: none"> • None as of mid-year.
Number of EiE Preparedness Plans formulated.	33 EiE Preparedness Plans (one in each participating municipality).	<ul style="list-style-type: none"> • 12 EiE Plans. • 12 School-Based Disaster Management Plans.
Number of Parent-Teacher Community Associations (PTCAs), Local School Boards and other education stakeholders trained.	119 PTCAs, 33 local school boards (LSBs) (<i>numbers are based on Assessments of DE, SC and Community and Family Services International/CFSI</i>).	<ul style="list-style-type: none"> • 30 PTCAs trained.
Number of communities with community leaders that attend in meetings and participate in education activities for displaced children.	80% or 95 of the total affected communities/schools.	<ul style="list-style-type: none"> • Six communities in Maguindanao.
<u>Food Security and Agriculture</u> Proportion of FFT participants applying acquired skills for improving livelihoods.	94,000 participants to be targeted under food for training.	<ul style="list-style-type: none"> • 11,625 people participated in FFT.
<u>Nutrition</u> Number of “safe spaces” that support, protect and promote early initiation and exclusive breastfeeding (e.g. lactation corners or breastfeeding tents) established and used by mothers of infants and young children.	At least one for every Evacuation Centre.	<ul style="list-style-type: none"> • None as of mid-year
Percentage of health facility staff trained on infant and young child feeding (IYCF) (including IYCF-E) and information on nutrition and available nutrition services in the area disseminated.	80% of all nutrition action officers trained on IYCF and mobilised for communicating nutrition education messages and nutrition programme activities	<ul style="list-style-type: none"> • None as of mid-year
Number of skilled IYCF counsellors and/or functioning support groups.	One counsellor or support group per 15 to 25 mothers.	<ul style="list-style-type: none"> • 25 members of six local NGO partners trained to provide IYCF counselling support in eight municipalities in Maguindanao and three in North Cotabato.
Number breastfed 0-5 months of age	No increase in subsequent monitoring	<ul style="list-style-type: none"> • No new assessment done
Number of powdered milk, infant formula, breast milk substitutes,	Zero milk and breast milk substitute donation in target areas;	<ul style="list-style-type: none"> • None reported

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Indicator	Target	Achieved as of mid-year
bottles, teats and artificial nipple donated, distributed and used in target areas.	All breast milk substitute and milk powder use is monitored and controlled.	
Gender-Based Violence Number of government agencies institutionalizing the SOPs on the Prevention and Management of GBV in Emergency Situations in Mindanao.	The standard operating procedures (SOPs) on the Prevention and Management of GBV in Emergency Situations in Mindanao institutionalized in the following government agencies: DSWD; DOH; PNP; AFP; CHD; LDRRMOs.	<ul style="list-style-type: none"> • DSWD; DOH; CHD
Number of functional community-based GBV protection and response mechanisms in place.	Community-based GBV protection and response mechanisms in place in every target municipality.	<ul style="list-style-type: none"> • None yet
Child Protection No of Community Based Child Protection Networks established.	80% of affected communities have community based child protection systems established.	<ul style="list-style-type: none"> • 120 Community Based Child Protection Networks organised across 107 <i>barangays</i>.
No of Community Welfare Volunteers chosen and trained.		<ul style="list-style-type: none"> • 480+ Community Welfare Volunteers trained.
Youth Focal Points chosen and trained.		<ul style="list-style-type: none"> • 596 Youth Focal Points chosen and trained.
Child protection working group (CPWG) for the affected areas organised and functional; No of CPWG held.	A CPWG to cover the six areas is organised.	<ul style="list-style-type: none"> • CPWG for ARMM and North Cotabato organised. Composed of 24 government and international and local humanitarian agencies.
LGUs able to provide child protection response during emergencies.	All provincial and municipal LGUs are trained and able to provide services on Child protection in emergencies.	<ul style="list-style-type: none"> • CPWG is developing framework for the activation and training of BCPC with DILG.
WASH Number of training courses conducted.	At least two training courses in ten LGUs and 50 communities.	<ul style="list-style-type: none"> • Few trainings conducted.
Number of functional WASH committees	100% in ten communities.	<ul style="list-style-type: none"> • Few functional WASH committees.
Number of training courses on Water Quality monitoring and analysis provided to water service providers.	Three within at least three municipalities.	<ul style="list-style-type: none"> • Limited to the areas covered.
The inclusion of WASH infrastructure in the Municipal Development Plans, incorporating wastewater, sanitation treatment and management, and alternative water sources.	WASH included in at least two municipal development plans.	<ul style="list-style-type: none"> • None
Government leads WASH activities.	DoH leading WASH Cluster meetings and activities.	<ul style="list-style-type: none"> • DoH continues co-leading WASH activities with UNICEF.
Joint response of Government and humanitarian agencies to WASH needs.	At least one joint activity per month	<ul style="list-style-type: none"> • Damage Assessment and Needs Analysis ongoing in Maguindanao, including WASH (19-21 June).

Strategic Objective 4: To establish structures and mechanisms to ensure the protection of vulnerable individuals and groups.

Indicator	Target	Achieved as of mid-year
CCCM Site committees organised and functional.	200 IDP and return sites across conflict-affected provinces.	<ul style="list-style-type: none"> • 106 site management committees were organized by IOM and 37 committees organized by Oxfam and partners (MTB and KFI) in selected municipalities in the province of Maguindanao. • Information management

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Indicator	Target	Achieved as of mid-year
		<p>subcommittee members were trained on Basic Documentation in December 2011, which included 204 participants from 102 sites.</p> <ul style="list-style-type: none"> • Directory of site management committee focal points are shared to the MHT regularly and as the need arises.
Conduct of disaster preparedness sessions.	200 IDP and return sites across conflict-affected provinces.	<ul style="list-style-type: none"> • For future implementation.
Standard protocol for establishing early warning system and formulation of evacuation plans.	200 sites for early warning system and evacuation plan formulation.	<ul style="list-style-type: none"> • Orientation on Early Warning system in the 106 was done. However, this is only at the site level. It needs mainstreaming in the <i>barangay</i> level. • 37 sites covered by Oxfam and partners (MTB and KFI) drafted a contingency plans in case of emergency.
<u>Education</u> Number of key DE and other education leaders (from NGOs) consulted.	One DE-ARMM Secretary, five Division Superintendents, at least 33 District Supervisors, 119 Principals plus other education stakeholders.	<ul style="list-style-type: none"> • One DE-ARMM Secretary, one Bureau chief, two Divisions in ARMM, three District Supervisors, 12 School principals.
Number of workshops conducted.	Nine policy workshops.	<ul style="list-style-type: none"> • One policy workshop in ARMM is being scheduled in July.
An EiE/DRR framework developed with recommendations and guidelines for implementation in the ARMM.	Recommendations for EiE/DRR management policy for ARMM and implementation guidelines.	<ul style="list-style-type: none"> • A national EiE/DRR Framework is now being developed which will involve consultations with national, regional and local EiE stakeholders, including ARMM.
Number of ADLM modules reviewed and modelled.	Four ADLMs modules reviewed and modelled.	<ul style="list-style-type: none"> • Two ADLM modules reviewed.
<u>Food Security and Agriculture</u> Percentage of pregnant and lactating women receiving at least four antenatal and postnatal visits in target areas.	10,000 pregnant and lactating women reached.	<ul style="list-style-type: none"> • Over 25,000 pregnant and lactating women have been supported.
Average annual rate of retention of children in schools assisted by Food Security and Agriculture Clusters.	90% or above of 70,000 pupils to be targeted during the 2010/2011 school year.	<ul style="list-style-type: none"> • Over 86,000 pupils have been supported.
<u>Nutrition</u> Number of children aged 6-59 months with access to fortified complementary food or multiple micronutrient powders.	90% of children 6-59 months are given at least two sachets of multiple micronutrient powders per week.	<ul style="list-style-type: none"> • >90% of children 6-59 month in the target areas provided with multiple micronutrient powders for six months.
Number of pregnant and lactating women with access to multiple micronutrient supplements (including iron-folic acid tablets).	>90% of pregnant and lactating mothers are given multiple micronutrient powers daily.	<ul style="list-style-type: none"> • >3,000 pregnant women and lactating mothers provided with multiple micronutrient powders.
Number of children aged 6-59 months supplemented with Vitamin A within the past six months.	>80% coverage of supplementation activities among children aged 0-59 months.	<ul style="list-style-type: none"> • >90% of children enrolled in the CMAM therapeutic feeding program given vitamin A supplementation.
Number of children aged 12-59	>90% coverage of de-worming	<ul style="list-style-type: none"> • 100% of children older than 12

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Indicator	Target	Achieved as of mid-year
months given de-worming tablets within the past six months.	activities.	months enrolled in therapeutic feeding program given deworming tablets.
Number of micronutrient powders, vitamin A and de-worming tablets procured and distributed.		<ul style="list-style-type: none"> • 14,000 tablets Vitamin A and 1,400 de-worming tablets donated to SC for CMAM program in Maguindanao and North Cotabato.
<u>Protection</u> No. of IDPs returned/resettled/reintegrated in line with basic principles of return (voluntariness, dignity, safety, non-discrimination, full IDP participation).	<ul style="list-style-type: none"> • IDP populations • LGUs and Government agencies • Implementing Partners 	<ul style="list-style-type: none"> • Joint protection monitoring missions conducted with PC member organizations in displacement and returnee areas.
No. of areas where Protection Hotline, early warning, and response mechanisms established and functional.	<ul style="list-style-type: none"> • Referral pathway partners. • IDP and host populations in conflict-affected provinces. 	<ul style="list-style-type: none"> • PC response directory underway.
Number of calls taken and percentage of referrals.		<ul style="list-style-type: none"> • PC referred protection cases for follow ups by relevant agencies, including CHR.
<u>gender-based violence</u> A functional 24/7 GBV hotline and QRT in place.	One GBV hotline number and QRT for all targeted Mindanao provinces.	<ul style="list-style-type: none"> • None yet
An effective GBVIMS in place.	GBVIMS in place	<ul style="list-style-type: none"> • Not yet implemented

3.2 CLUSTER RESPONSE PLANS



3.2.1 CAMP COORDINATION AND CAMP MANAGEMENT

Cluster lead agency	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Co-lead	INTERNATIONAL ORGANIZATION FOR MIGRATION
Cluster members	ACF, CFSI, MTB, Oxfam, UNHCR and WFP
Number of projects	3
Cluster objectives	<ul style="list-style-type: none"> To collect, track, analyse and disseminate information concerning IDPs and returnees for the use of the humanitarian community and other stakeholders. To provide timely and effective humanitarian response to displaced and affected populace. To facilitate information dissemination activities providing IDPs/families with better basis for deciding to resettle or return to places of origin. To support the implementation of relevant policies and establishment of protection mechanisms relating to site management of displaced populations. To ensure that site management mechanisms are established. To support disaster preparedness initiatives by government.
Beneficiaries	38,948 persons (No change at mid-year)
Funds requested	Original requirements: \$4,435,700 Revised requirements: \$4,015,662
Funds requested per priority level	\$997,987 (IDP/host communities: B – high) \$922,875 (Returnees: A – immediate) \$2,094,800 (Returnees: B – high)
Funding to date	\$1,499,984 ((37% of revised requirements))
Contact information	Maria Ena OLMEDO - eolmedo@iom.int

Response to date

In April 2011, the Provincial Social Welfare and Development Office (PSWDO) expressed that it would be beneficial to reactivate the CCCM Cluster in North Cotabato Province, which became less active in mid-2009 due to the relatively small presence of international non-governmental organizations and UN agencies. This is seen necessary since the province is still challenged by displacements due to sporadic *rido* cases and occurrences of natural disasters.

Starting March 2011, the Cluster has been reviewing its terms of reference and has identified significant key results for its fulfilling its role in the whole IDP response in Mindanao. Several of the Cluster's accomplishments since the launch of the HAP are:

Levelling off of Terms and Definitions: The cluster tasked a technical working group to take charge of definition of terms so that terms used by both government and humanitarian actors are in synch. The results of the exercise are for endorsement from the Mindanao Humanitarian Team to the Humanitarian Country Team. This will likewise be presented to the National Government for possible adoption.

Sixteen additional management committees have been established and organized: In the province of Maguindanao, IOM have organized an additional 16 site management committees. A total of 106 committees have been organized since July 2010 to date. Correspondingly, site windows for the mentioned sites are generated. The site window is a document that provides a snapshot of the situation of a specific IDP site, whether it is an Evacuation Centre, a relocation site, a resettlement site or a return area. The site window provides basic quantitative and qualitative information on the various sectoral concerns (e.g. WASH, livelihood, health, nutrition, food).

Shelter materials provided: From April 2010 to March 2011, IOM implemented the project on transitional shelter assistance to IDPs in Maguindanao. This project benefited 140 families in two municipalities (Talayan and Datu Piang).

Standard Shelter Design: In the absence of a Shelter Cluster, the CCCM is also taking charge of shelter concerns as under the Philippine Adaption of Cluster Approach, the Shelter Cluster is led by DSWD. The same agency is heading the CCCM Cluster in ARMM. Through the CCCM cluster, a

shelter technical working group was formed to come up with technical designs and bill of materials for a standardized shelter design to be adopted by all agencies that are and will be implementing shelter activities. The cluster approved the design for permanent shelter, both for flooded and non flooded areas, in its meeting in May. The same design will be presented and endorsed to the ER Cluster that has some members providing core/permanent shelter assistance.

Non-Food Items provision: United Nations High Commissioner for Refugees (UNHCR) has come up with a standard non-food item (NFI)/protection package for its stock piling. Purchases and building of stock pile are underway.

Capacity Building: UNHCR conducted a CCCM Training for municipal officials on 2-4 February 2011. Five representatives per municipalities participated in the training. The participating municipalities are Datu Angel Midtimbang, Talayan, Datu Piang, Mamasapano and Datu Salibo. The invited resources persons were from United Nations Population Fund (UNFPA) and IOM. UNHCR has also partnered with the Mindanao Human Rights Action Centre (MinHRAC) in establishing community based information management mechanisms in the 46 priority return sites of the ARMM Government. The trained individuals are called community based protection monitors.

Updated needs analysis

The CCCM Clusters identified the following new needs and concerns that it has to address urgently:

Assistance to IDPs and Returnees: The displaced families and those who have returned do not receive the proper assistance that ensures that their basic needs are met. Among these are material provision, basic services and livelihood support. The random provision of assistance may offer short term relief but not sustainable or durable solutions to the needs of affected families. While there are IDPs who have received assistance, many IDPs in displacement sites also expressed the desire to receive assistance so that they may be able to go back to their places of origin. Among the explicitly mentioned needs is assistance to rebuild their homes and start up livelihoods in places of origin. With the long absence, their houses have been totally damaged and their farms were left neglected. Security in the area needs to be ascertained too.

Building Community Resilience: The need to strengthen information sharing particularly among IDPs and building community preparedness mechanisms, focusing on disaster risk reduction, is considered an integral part for sustainable returns. There is a need to conduct capacity building activities among communities and local government units on disaster preparedness and disaster risk reduction. The principles of CCCM will be at best use when incorporated in the capacity building sessions. To reduce effects of disaster, either natural or human induced, the communities should be able to formulate their own early warning systems and evacuation plans. At the same time, local government units should be able to ensure a pre determined evacuation centre or place of refuge for displaced families. This will also ensure that normal activities in host communities such as schools are not hampered due to displacement. By experience, schools are used as evacuation centres which also affect classes and ultimately disrupt access to education among school children in host communities.

The effort on building community resilience is also consistent with the effort of government in rolling out Republic Act 10121, or what is known as the Disaster Risk Reduction and Management Law. Rather than a responsive mechanism, this is a proactive move that focuses on four pillars. These pillars are Disaster Preparedness, Disaster Response, Disaster Prevention and Mitigation and Disaster Recovery and Rehabilitation. Complementing the efforts of the Philippine Government will maximize efforts and resources among humanitarian actors, government agencies and civil society.

Strengthening the CCCM Cluster Approach: Based on the recent review of the CCCM Terms of Reference, the cluster members see the continuing relevance of the cluster in terms of strengthening information management, investing in disaster preparedness, mapping and supporting agencies (both government and non government) to facilitate better coordination of efforts and resources. The CCCM is seen most relevant as there are no durable solutions formulated although most of the families have returned to places of origin. The need to respond to humanitarian needs is still high and urgent.

Table: Disaggregated number of affected population and beneficiaries

Location	Affected population			Target beneficiaries		
	Armed Conflict/Rido	Natural Disaster	Total	Female	Male	Total
Maguindanao	17,121	89,937	107,058	14,090	9,393	23,484
North Cotabato	7,225	63,597	70,822	7,689	5,126	12,815
South Cotabato	-	960	960	205	136	341
Sultan Kudarat	-	9,340	9,340	1,301	868	2,169
Lanao del Sur	-	45,915	45,915	83	56	139
Lanao del Norte	-	-	-	-	-	-
Total	24,346	209,749	234,095	23,368	15,579	38,948

Source: IOM, WFP, DSWD, DOH/IPHO-Maguindanao, NDRRMC

Changes in response plan

In consideration of the above, the objectives of the CCCM Cluster Response Plan have been adjusted accordingly.

The **second objective**, which looks into addressing needs of displaced and affected families, has been broadened beyond the provision of shelter materials.

The **third objective** is to ensure that IDP communities are properly informed before they make choices to either return to places of origin, resettle elsewhere or stay in the IDP site they are still in. Providing information to affected families is important as the cluster recognizes that IDPs should not be forced to go home in the guise of assistance in return areas. Rather the returns are assisted in a way that these are voluntary and based on informed choice of the concerned families. Facilitating returns in this objective is not about telling families to go back to places of origin rather providing them information and a choice to decide for themselves. This is to ensure that the rights of IDPs are upheld.

The **fourth objective** now includes supporting the roll out of the Philippine Disaster Risk Reduction and Management Law (or Republic Act 10121). This will be achieved through partnerships with relevant government agencies as specified in the new law.

Finally, a **sixth objective** has been added to ensure that disaster preparedness activities are undertaken by concerned government agencies and communities so that movement during natural disasters or armed conflict are well coordinated, thus reducing casualties or injuries. This same objective will minimize disruption in normal activities of host communities so that lesser costs to its socio-economic conditions will be experienced.

Table: mid-year monitoring vs. objectives

Cluster Objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid year
1. To collect, track, analyse and disseminate information concerning IDPs and returnees for the use of the humanitarian community and other stakeholders.	The availability of accurate data concerning IDP and returnee numbers and locations.	Population statistics updated monthly for 200 IDP and return sites across six conflict-affected provinces.	<ul style="list-style-type: none"> • Reports to CCCM Cluster meetings • Displacement inputs to Mindanao Humanitarian Situation Report. 	<ul style="list-style-type: none"> • IOM MVP Tracking Report is updated regularly and shared to the partners every two weeks but covering 106 sites of IOM (site based) in Maguindanao. • Figures in the tracking report are also inputted to the Mindanao Humanitarian Situation Report.
	The availability of analytical reports of displacement trends.	A report every two months.	<ul style="list-style-type: none"> • Publications of analytical report of displacement trends. 	<ul style="list-style-type: none"> • Updates/ report from the partners are consolidated into a CCCM Cluster Situation Report every month. Correspondingly, this served as inputs to the overall Mindanao Situation Update.
	The availability of accurate and updated 'site windows'.	200 site windows, each updated every two months.	<ul style="list-style-type: none"> • Dissemination of site windows by email and website. 	<ul style="list-style-type: none"> • Site windows are updated every month covering the 106 sites in Maguindanao.
	Humanitarian issues referred to appropriate cluster.		<ul style="list-style-type: none"> • Referral reports • Minutes of CCCM meetings and other clusters. 	<ul style="list-style-type: none"> • Inter cluster concerns are presented in the MHT meetings for appropriate action of relevant agency/agencies.
2. To provide timely and effective humanitarian response to displaced and affected populace.	Non food Items provided to beneficiaries.	Number of NFI kits. Number of stock piled NFI packages.	<ul style="list-style-type: none"> • Assistance Reports • List of NFI kits • Warehouse inventories 	<ul style="list-style-type: none"> • Non – food items such as mats, mosquito nets, kitchen utensils, water containers, livelihood support such as rice and corn seeds, and gardening tools were provided to the identified IDPs and return families • For CCCM site management committees, information kits like information boards were provided covering 106 sites of

				IOM and 37 sites of OXFAM and partners (MTB and KFI).
	Number of families provided with shelter support packages.	Number of shelter kits.	<ul style="list-style-type: none"> • Receiving Forms duly signed by official representative of IDP community. • Distribution List. 	<ul style="list-style-type: none"> • Emergency Shelter Materials such Tarpaulins, “nipa” and “kalakat”, were distributed to the IDPs in Evacuation Centres and relocation sites. • In the return site and resettlement areas shelter augmentation distributed are in the form of “kalakat”, G.I. sheets, nails, cement, plywood and hollow blocks. • 140 families benefited the Transitional shelter constructed in Talayan and Datu Piang, Maguindanao.
	Standardized shelter assistance (in terms of cost, size, methodology and materials) formulated and provided.		<ul style="list-style-type: none"> • Shelter Standards Document. • Compilation of sites complying with Sphere minimum standard for land allocation and settlements. 	<ul style="list-style-type: none"> • The STWG started the compilation of implemented shelter interventions (transitional and permanent shelters). As there is no Shelter Cluster and the shelter concerns are under the CCCM based on the Philippine Government’s adaption of the Cluster System, the STWG is put under the CCCM Cluster. • As of 19 April 2011 CCCM Meeting, the cluster approved the recommended permanent shelter design of the STWG. This will be shared to the ER Cluster for reference in their upcoming ER interventions.
	Stockpiles of emergency shelter materials.	10,000 emergency kits in storage.	<ul style="list-style-type: none"> • Warehouse inventories 	

	Number of sites that complied with Sphere minimum standards for land allocation and settlements.	50% of targeted sites (or 100 sites in all provinces).	<ul style="list-style-type: none"> • Reports from regular field visits • Assessment reports • Assistance reports • Distribution lists 	
3. To facilitate information dissemination activities providing IDPs/families of better basis for deciding to resettle or return to places of origin.	Number of information, education campaign materials design, reproduced and distributed.	20,000 brochures/flyers reproduced and disseminated.	<ul style="list-style-type: none"> • Reports from regular field visits • Assessment reports • Assistance reports 	<ul style="list-style-type: none"> • Information dissemination done through the humanitarian situation update which is done every month. Likewise, updates are provided during the regular MHT meeting. • IOM also shares reports to individual agencies upon request.
	Conduct of Focused Group Discussions (FGDs) among IDPs and returnees.	At least one FGD per site.	<ul style="list-style-type: none"> • Documentation/proceedings of FGDs. 	<ul style="list-style-type: none"> • A Lessons Learned Study was conducted by IOM in December 2010 for its project on assisting communities of return in Maguindanao.
4. To support the implementation of relevant policies and establishment of protection mechanisms relating to site management of displaced populations.	Number of DRRM councils organised.	200 IDP and return sites across conflict-affected provinces.	<ul style="list-style-type: none"> • Reports from regular field visits. • Reports and minutes from the DRRM councils. 	<ul style="list-style-type: none"> • DRRM council yet to be formed.
	Humanitarian agencies, government bodies, site committees and community leaders are oriented on relevant policies and protection mechanisms. Partnerships forged with relevant government line agencies.	Total of 115 participants are oriented (Maguindanao:30 pax; Sultan Kudarat and South Cotabato: 30; North Cotabato: 25; Lanao del Sur and Norte: 30 pax).	<ul style="list-style-type: none"> • Attendance records of orientation sessions. 	<ul style="list-style-type: none"> • None
5. To ensure that site management mechanisms are established.	Site committees organised and functional.	200 IDP and return sites across conflict-affected provinces.	<ul style="list-style-type: none"> • Reports from training sessions. • Minutes of site committee meetings. • Coordination reports from CCCM members who visit the sites. • Inventory and dissemination of Site Management Committee 	<ul style="list-style-type: none"> • 106 site management committees were organized by IOMI and 37 committees organized by Oxfam and partners (MTB and KFI) in selected municipalities in the province of Maguindanao. • Information management

			contact list.	<p>subcommittee members were trained on Basic Documentation in December 2011, which included 204 participants from 102 sites.</p> <ul style="list-style-type: none"> • Directory of site management committee focal points are shared to the MHT regularly and as the need arises.
6. To support disaster preparedness initiatives by government.	Conduct of disaster preparedness sessions.	200 IDP and return sites across conflict-affected provinces.	<ul style="list-style-type: none"> • Inventory of site committees. 	<ul style="list-style-type: none"> • For future implementation (proposed yet).
	Standard protocol for establishing early warning system and formulation of evacuation plans.	200 sites for early warning system and evacuation plan formulation.	<ul style="list-style-type: none"> • Site management committee reports. • Reports from local government agencies, DSWD. • Reports from humanitarian agencies. • Evacuation plan per site. • Pre determined EC. 	<ul style="list-style-type: none"> • Orientation on Early Warning system in the 106 was done. However, this is only at the site level. It needs mainstreaming in the <i>barangay</i> level. • 37 sites covered by Oxfam and partners (MTB and KFI) drafted a contingency plans in case of emergency.



3.2.2 EARLY RECOVERY

Cluster lead agencies	TECHNICAL MANAGEMENT GROUP (TMG) OF THE TECHNICAL MANAGEMENT STAFF
Co-lead	UNITED NATIONS DEVELOPMENT PROGRAMME
Cluster members	CEMILARDEF, DevCon, FAO, ILO, IOM, MTB, MYROI, OCD, OXFAM-GB, SC, UNHCR, UNICEF and WFP
Number of projects	2
Cluster objectives	<ul style="list-style-type: none"> • To ensure the integration and mainstreaming of early recovery aspects in interventions of all Clusters. • To promote sustainable non-agricultural livelihood, basic infrastructure and environmental initiatives in IDP sites and return areas. • To support early recovery and reintegration initiatives by the affected communities themselves. • To strengthen the capacities of local government, local leaders and other stakeholders for effective emergency response, management of early recovery and risk reduction measures, climate change adaptation as well as provide a solid foundation for peace building.
Beneficiaries	50,000 families (No change at mid-year)
Funds requested	Original requirements: \$1,075,950 (No change at mid-year)
Funds requested per priority level	\$868,750 (Returnees: A – immediate) \$207,200 (Returnees: B – high)
Funding to date	\$0
Contact information	Winston Aylmer Camarinas - winston.camarinas@undp.org

Response to date

From mid-2010 to May 2011, the Government and humanitarian agencies have provided support to families that have returned to their places of origin, both in the 46 priority *barangays* (*barangays* are the administrative divisions below the “municipality” level) in Maguindanao and in some of the rest of 196 return sites identified by the Government in its ARMM Early Recovery Plan. Government agencies like DSWD and the Department of Health (DoH), in collaboration with humanitarian agencies, are providing food assistance, bring-home package of “tools”, and restoration of health services in the return sites. With the school year beginning in June 2011, the Department of Education (DE) has likewise mobilized their existing structures and personnel to prepare communities for the normalization of primary and elementary classes in *barangays* with schools.

The table below keeps track of the progress undertaken by agencies vis-à-vis the implementation of the ARMM Early Recovery Plan in the return sites from mid-2010 to the first quarter of 2011.

Updated needs analysis

The closure and depopulation of known evacuation centres challenged the ER Cluster to gather commitment/support to address the needs expressed by the IDPs in their return *barangays*. The needs were revealed through the site-specific Early Recovery Planning undertaken by the Government with the support of UNDP in the priority *barangays* during the second half of 2010. The assessment used participatory processes and the results were made available in the first quarter of 2011. The needs include:

- rebuilding of sources of livelihood and damaged community assets/infrastructures
- capacitating local governance structures for effective, responsive and accountable leadership
- ensuring that protection of civilians, rule of law and humanitarian principles are upheld by duly instituted authorities in the return sites

Apart from ensuring that other clusters support early recovery principles to the maximum extent, Early Recovery Cluster will encourage the convergence of programmes in return sites to achieve greater impact of assistance in these communities.

Changes in response plan

None

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To ensure the integration and mainstreaming of early recovery aspects in interventions of all Clusters.	ER Cluster ToR	ER Cluster ToR for ARMM finalised by end of August 2010.	<ul style="list-style-type: none"> • Monthly Cluster reporting. • Ad-hoc agency reporting. • RDRRMC reports. • Joint RDRRMC-TMG-Cluster committee report. • Local monitoring mechanisms / structures (LGU). 	45 return sites out of the 46 prioritized return sites in Maguindanao alone received assistance from government and humanitarian agencies in 2010; 36 of these <i>barangays</i> were likewise targeted for further assistance by agencies in 2011.
	Number of projects and initiatives that support or lead to longer-term recovery and development.	At least 150 communities (return/relocation/resettlement) supported within the six provinces.		
2. To promote sustainable non-agricultural livelihoods, essential infrastructure and environmental initiatives in IDP sites and return areas.	Number of families provided with livelihood support.	At least 30 families in each of the 150 communities are provided with livelihood support	<ul style="list-style-type: none"> • Monthly Cluster reporting. • Ad-hoc agency reporting. • RDRRMC reports. • Joint RDRRMC-TMG-Cluster committee report. • Local monitoring mechanisms / structures (LGU). 	As of March 2011, 1,556 families in 46 return <i>barangays</i> were provided with non-agro based livelihood support from various agencies.
	Number and types of basic infrastructure projects supported.	At least five community access roads / farm-to-market road projects are supported and <i>barangay</i> health centres in the 46 priority return sites are functional.		Ten BHS are constructed and operational in ten out of 46 priority return sites in Maguindanao.
	Number and types of environmental initiatives supported.	At least one environment-related initiative is implemented per return site.		
	Number of entrepreneurial skills training courses and initiatives in IDP sites and return areas.	At least one entrepreneurial skills development activity is conducted per return site.		
3. To support early recovery and reintegration initiatives by the affected communities themselves.	Number of site-specific ER plans.	At least 46 return sites in Maguindanao have formulated their respective ER plan.	<ul style="list-style-type: none"> • Monthly Cluster reporting. • Ad hoc agency reporting • RDRRMC reports. • Joint RDRRMC-TMG-Cluster committee report. • Local Monitoring Mechanism/structures (LGU). 	IDPs in 46 priority return sites in Maguindanao have formulated their Early Recovery Plan which are currently being used to generate commitment from government and local / national / international humanitarian agencies to address their priority needs.
	Number of plans and initiatives supported.	At least 150 communities (return/relocation/resettlement) supported within the six provinces are supported with early recovery initiatives.		At least 46 return communities in Maguindanao are supported with ER initiatives in 2010. For 2011, 36 of these return communities have initial commitment of support from

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
				various agencies.
4. To strengthen the capacities of local government, local leaders and other stakeholders for effective emergency response and management of early recovery and provide a solid foundation for peace building.	Number of communities with demonstrated capacities to respond to emergencies and manage early recovery.	All identified return sites have functional bodies which could lead disaster preparedness and response. At least 46 community disaster preparedness and management plans have been formulated.		<i>barangay</i> Councils in the 46 return sites have begun functioning but needs capacitating to be able to effectively manage disaster responses and reduce risks.
	Number of DRRM councils operational in resettlement and return sites.	DRMM councils operating in at least 60 municipalities.		



3.2.3 EDUCATION

Cluster lead agency	DEPARTMENT OF EDUCATION
Co-lead	UNITED NATIONS CHILDREN'S FUND
Cluster members	CEMILARDEF, CFSI, E-Net, KFI, MTB, MYROI, SC and UNICEF
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> To increase the access of internally displaced children to educational services. To support the provision of services with other Clusters that increase access to and quality of education for children affected by natural disasters and armed conflict. To enhance the capacity of teachers, day-care workers and volunteers on Education in Emergencies standards. To increase the knowledge and acceptance of education services on the part of affected communities (of origin in 38 municipalities of Maguindanao, North Cotabato, Lanao del Sur and Lanao del Norte). To support EiE policies and standards, to include mainstreaming, accreditation and promotion of children attending alternative modes of education.
Beneficiaries	<p>Original:</p> <ul style="list-style-type: none"> Total: 42,000 children (including 21,420 girls) IDPs and returnees of 3-5 years old: 9,800; 6-11 years old: 21,000; 12-15 years old: 11,200 <p>Revised at mid-year:</p> <ul style="list-style-type: none"> Total: 22,012 children (including 11,226 girls) IDPs and returnees of 3-5 years old: 5,063; 6-11 years old: 11,006; 12-15 years old: 5,943
Funds requested	Original requirements: \$2,828,150 (No change at mid-year)
Funds requested per priority level	\$2,828,150 (IDP/host communities: B – high)
Funding to date	\$0
Contact information	Ma. Lourdes De Vera - mldevera@unicef.org

Response to date

Since the development of the original HAP, UNICEF, Save the Children (SC), Community and Family Services International (CFSI), DE - ARMM and other Education Cluster members have responded to the following needs of children specifically in the areas of early childhood care and basic education:

- An additional 14,387 children aged 3 to 15 were able to access basic education and psycho-social sessions even in times of emergencies.
- Several teachers/volunteers were trained in psycho-social and education in emergency and provided with teachers packs.
- An additional 1,121 children were provided with learning kits and student packs.
- Several chairs, blackboards and tables were provided in temporary learning spaces (refer to WFP report 2011 and ACT4Peace for the number of classrooms).
- Number of children provided with supplementary feeding (refer to WFP 2011 report).
- Modified In School-Off School Approach (MISOSA) modules provided.
- Contextualized curriculum (integrated with peace education and Education in Emergencies/EiE themes) for approval of the Department.
- 217 number of trained teachers, volunteers (para-teachers, facilitators).

Updated needs analysis

Based on the emergency education assessment conducted by SC last April 2011 in the provinces of Lanao del Sur and Lanao del Norte, children affected by displacements are facing circumstances that make them vulnerable to absenteeism and dropping-out. According to the assessment, the six major reasons for absenteeism are: a) insufficiency of family income; b) poor health conditions; c) inaccessibility of the school from the residence; d) lack of rain gear (during rainy season); e) domestic labour and f) engaging in income earning activities.

On the other hand, the main reasons for dropping-out are: a) financial constraint; b) displaced and/or family moved to another *barangay* or municipality; c) transferred to another school; d) health conditions and e) inaccessibility of the school and unstable peace and order situation.

While situation of armed conflicts waned in most areas of ARMM and nearby municipalities, incidents of family feuds or '*rido*' have increased. From January to March 2011, eight '*rido*' incidents happened in the areas of Maguindanao, Sultan Kudarat and North Cotabato. These incidents affected 29,671 persons (based on reports from DSWD and NDRRMC compiled by OCHA). Of this number, a total of 10,681 were children. These incidents have disrupted learning sessions of children particularly.

In addition, since the launch of the original HAP, a new development resulted to children having poor access to basic education: Flooding of schools resulted to disruption of classes and poor teaching and learning processes.

Changes in response plan

The table below indicates the affected population and the target beneficiaries. The number of beneficiaries has been nearly halved from the original plan, which is a net decrease of about 20,000 people.

Table: Disaggregated number of affected population and beneficiaries.

Location	Affected population*			Beneficiaries		
	Female	Male	Total	Female	Male	Total
Maguindanao	13,923	13,377	27,300	3,086	2,966	6,052
North Cotabato	3,927	3,773	7,700	1,285	1,235	2,520
South Cotabato	-	-	-	-	-	-
Sultan Kudarat	3,927	3,773	7,700	1,499	1,441	2,940
Lanao del Sur	6,426	6,174	12,600	2,999	2,881	5,880
Lanao del Norte	7,497	7,203	14,700	2,356	2,264	4,620
Total	35,700	34,300	70,000	11,225	10,787	22,012

**Based on assessments conducted by SC (May 2010), CFSI (June 2010), and data from the DE ARMM (June 2010).*

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To increase the access of internally displaced children to educational services.	Number of schools, day-care centres, and temporary learning centres supported.	75% (409) of the 546 target affected schools, day-care centres and TLS.	Lists of facilities supported	50 DCCs, 75 schools, 62 TLS and CFS.
	Number of children's learning packs distributed for grades 1-6.	21,000 children's learning packs (30% of 70,000 affected children aged 6-11).	Distribution lists	9,959 children provided with school packs.
	Number of teacher's packs distributed.	716 Teachers' Packs (for both elementary and secondary students 32,200 at a ratio of one teacher: 45 students).	Distribution lists	217 teacher's packs distributed.
	Number of library sets distributed.	716 library sets	Distribution lists	50 library sets distributed.
	Number of TLS constructed.	50 TLS	Field visit reports	Six TLS constructed/repaired.
	Number of classrooms repaired.	193 slightly damaged 54 partially damaged 12 totally damaged (to include WASH facilities)	Field visit reports	24 classrooms in 12 schools repaired.
	Number of pupils' chairs, tables and chalkboards provided.	32,117 chairs 485 tables 485 chalk boards (data based on DE-ARMM assessment as of June 2010)	List of facilities provided with equipment	496 tables, 2,976 chairs, 62 blackboards
	Number of para-teachers and volunteers deployed.	100 para-teachers and volunteers.	Lists of para-teachers deployed.	35 volunteer educators, 42 volunteer educators (30 TLSs, 12 DCCs).
	Number of ECCD workers supported.	327 day-care workers in affected communities		
	Number of ECCD packs distributed.	327 ECCD packs		
	Number of ECCD children's bags distributed.	9,800 bags		495 pre-schooler's bags.
2. To support the provision of services with other Clusters that increase access to and quality of education for affected children.	Number of affected children participating in a school feeding programme.	60% or 25,200 of the total target of affected children and youth.	Monthly Cluster reporting Evaluation activities.	
	Number PTCAs and parent groups trained and supported with vegetable gardening programme as a complement to an emergency supplementary feeding programme.	89 affected schools and 50 TLS.	Training attendance records Distribution reports.	
	Number of children benefitting from	80% or 16,800 of target number		

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
	de-worming in participating schools and TLS.	of children in schools aged 6-11.		
	Number of children in schools, day-care centres and TLS provided with nutrition promotion sessions.	90% (or 37,800) of the total target of children in schools, DCCs and TLS.	Training attendance records.	
	Number of schools, day-care centres and TLS provided with WASH facilities.	Wash facilities installed in 75% (or 409) of affected schools, day-care centres and TLS.		Six latrines for six DCCs.
3. To enhance the capacity of teachers, day-care workers and volunteers on Education in Emergencies standards.	Number of teaching personnel, day-care centre workers and volunteers trained in standards and frameworks (INEE, psycho-social approaches, EiE, DRR).	327 day-care worker volunteers (<i>9,800 children aged 3-5 with 1:35 DCW children ratio</i>) 100 para-teachers 716 regular teachers	Monthly Cluster reporting Evaluation activities	30 school DRR focal points trained.
	Number of teaching personnel and volunteers trained on EiE and ADLM.	1143 teachers, day care workers and volunteers.	Monthly Cluster reporting Evaluation activities	45 EiE workers (teachers, volunteer educators) trained
	Number of Distance Learning Modules developed.	Six modules (grades 1-6) One module for high school (open high school scheme).	Monthly Cluster reporting Evaluation activities	None as of mid-year
4. To increase the knowledge and acceptance of education services on the part of affected communities.	Number of EiE Preparedness Plans formulated	33 EiE Preparedness Plans (1 in each participating municipality)	EiE planning documents	12 EiE plans in Maguindanao. 12 School-Based Disaster Management Plans.
	Number of PTCAs, Local School Boards and other education stakeholders trained.	119 PTCAs, 33 LSBs (<i>numbers are based on Assessments of DE, SC and CFSI</i>).	Monthly Cluster reporting Evaluation activities	30 PTCAs trained
	Number of communities with community leaders that attend in meetings and participate in education activities for displaced children.	80% or 95 of the total affected communities/schools.	Monthly Cluster reporting Evaluation activities.	Six communities in Maguindanao.
	Number of communities for which their commitment to education is enshrined in the leaders' pledge, a <i>barangay</i> resolution and/or MoA.	60% (72) of affected communities.		One MoA of TLS for Datu Saudi Ampatuan. Six Deed of Donations for the construction of six DCCs.
5. To support EiE policies and standards, to include mainstreaming, accreditation and promotion of children	Number of key DE and other education leaders (from NGOs) consulted.	One DE-ARMM Secretary, five Division Superintendents, at least 33 District Supervisors, 119 Principals plus other education	Monthly Cluster reporting Evaluation activities Workshop minutes	One DE-ARMM Secretary, one Bureau chief, two Divisions in ARMM, three District Supervisors, 12 School principals.

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
attending alternative modes of education.		stakeholders.		
	Number of workshops conducted.	Nine policy workshops.		One policy workshop in ARMM is being scheduled in July.
	An EiE policy developed for ARMM with related rules for its implementation.	An EiE policy for ARMM IRR	The EiE policy document The implementation rules	A national EiE/DRR Framework is now being developed which will involve consultations with national, regional and local EiE stakeholders, including ARMM.
	Number of ADLM modules reviewed and modelled.	Four ADLM modules reviewed and modelled.		Two ADLM modules reviewed.



3.2.4 FOOD SECURITY AND AGRICULTURE

Cluster lead agencies	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT, DEPARTMENT OF AGRICULTURE AND FISHERIES. AUTONOMOUS REGION IN MUSLIM MINDANAO, DEPARTMENT OF AGRICULTURE
Co-lead	WORLD FOOD PROGRAMME, FOOD AND AGRICULTURE ORGANIZATION
Cluster members	ACF, CFSI, KFI, MTB and SEED Technologies Foundation Inc
Number of projects	3
Cluster objectives	<ul style="list-style-type: none"> • To ensure adequate food consumption for targeted beneficiaries. • To increase the access of targeted communities to assets in fragile, transition situations. • To enhance the skills of targeted communities thus improving their resilience to shocks. • To increase the attendance of pregnant and lactating women at health centres. • To increase the enrolment of children, including IDPs and returnees, in schools assisted by the Food Security and Agriculture Cluster. • To strengthen the public and community based institutions responsible for sector development and service provisions (e.g. extension). • To increase food production among resettled and returnee households.
Beneficiaries	Original: 500,000 (including 255,000 women and girls) (No change at mid-year)
Funds requested	Original requirements: \$11,941,675 (No change at mid-year)
Funds requested per priority level	\$10,590,262 (IDPs, flood-affected and returnees: B – high) \$1,351,413 (Returnees: B – high)
Funding to date	\$4,845,322 (41% of requirements)
Contact information	WFP: Stephen Anderson - Stephen.anderson@wfp.org Asaka Nyangara - asaka.nyangara@wfp.org FAO: Kazuyuki Tsurumi - kazuyuki.trsurumi@fao.org Aristeo Portugal - aristeo.portugal@fao.org

Response to date

Since the development of the original HAP, WFP has targeted an additional 481,000 beneficiaries with 8,300 mt of mixed commodities through its Protracted Relief and Recovery Operation (PRRO). It has reached over 731,000 beneficiaries with some 12,800 mt of mixed commodities since the operation began in July 2010. The interventions consist mainly of early recovery activities and small scale relief to those who remain displaced in Evacuation Centres (EC). Following the commitment of the New Zealand Government signed in June 2011, FAO will start the field activities to restore farming and fishing livelihoods of IDPs in July.

Updated needs analysis

Preliminary results of the joint comprehensive livelihood assessment conducted by WFP and World Bank in November 2010, for which the analysis is yet to be finalised, are consistent with previous Emergency Food Security Assessment results. The preliminary results indicate that 56% of the population in Maguindanao Province fall within borderline or poor food consumption groups, followed by provinces of Lanao del Sur (40%), Lanao del Norte (23%) and Sultan Kudarat (18%). The results also show that the returnees have the highest prevalence of food insecurity (42%), even higher than the estimated 40,000 persons who remain displaced (25%). Better access to land for farming is reportedly a major concern for 44% of the returnees who responded to the survey.

Natural disasters such as flood also exacerbate food insecurity of the people in Mindanao. For instance, the above mentioned study shows that non-displaced households, particularly in Maguindanao and Lanao del Sur provinces are almost equally food-insecure (55% and 39% respectively) compared to the displaced persons (56% and 48% respectively). The most recent flooding to hit Maguindanao and Cotabato city in June 2011 has caused widespread damage to crops and infrastructure. Of immediate concern, from a food security standpoint, are the damages to rice fields reported by the Department of Agriculture (DA). These reports indicate that 7,080 ha of rice and corn farms were damaged; 5,514 ha of which were completely damaged. This will mostly likely have a negative impact on the food security situation in the medium to longer term due to loss of future harvest opportunity. Some of the damaged crops were due to be harvested as early as September

2011. A recent analysis of WFP's post-distribution monitoring data for the period January to May 2011 shows that over 78% of households in areas where WFP is implementing its programmes depend on farming as the main source of income.

Changes in response plan

The FAO project to support the restoration of rural livelihoods was split into two projects according to geographical area in order to quick start the component for Maguindanao, which has been funded by the New Zealand Government. Needs in North Cotabato and Sultan Kudarat will be addressed by a new project, for which funding is sought.

WFP will continue to monitor the food security situation along with its regular activities. Key aspects of monitoring are food availability, access, consumption patterns and utilization.

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To ensure adequate food consumption for targeted beneficiaries.	At least 90% beneficiaries achieve a household food consumption score of 35 and above.	10,000 households to be assisted under the Vulnerable Group Feeding programme.	Monitoring reports Cooperating partners' distribution reports Emergency food security assessment reports	
	Number of women and men, boys and girls receiving food and non-food items, by category and as percentage of planned figures.	94,000 participants to be targeted under the Food For Training programme. 46,000 participants to be targeted under the Food For Work programme.	Monitoring reports Cooperating partners' distribution reports Emergency food security assessment reports	11,625 participants (FFT). 67,445 participants (FFW).
	Tonnage of food distributed, by type, as percentage of planned distribution.		Monitoring reports Cooperating partners' distribution reports Emergency food security assessment reports	General Food Distribution: 1,952 mt School Feeding: 807 mt Supplementary Food Programme: 697 mt FFW: 8,696 mt FFT: 682 mt
2. To increase the access of targeted communities to assets in fragile, transition situations.	The 'Community assets score' (measures the increase in the number of functioning natural, physical and social infrastructure assets at the community level).	At least a 50% improvement in the score by the 94,000 participants to be targeted under the FFT programme.	Monitoring reports Cooperating partners' distribution reports	
	Number of projects supported to create or restore community assets.	46,000 participants to be targeted under Food For Work.	Monitoring reports Cooperating partners' distribution reports	67,445 people participated in FFW and 139 projects have been completed.
3. To enhance the skills of targeted communities thus improving their resilience to shocks.	Proportion of FFT participants applying acquired skills for improving livelihoods.	94,000 participants to be targeted under food for training.	Monitoring reports Cooperating partners' distribution reports	11,625 people participated in FFT.
	Number of women and men trained in livelihood-support thematic areas.		Monitoring reports Cooperating partners' distribution reports	
4. To increase the attendance of pregnant and lactating women at health centres.	Percentage of pregnant and lactating women receiving at least four antenatal and postnatal visits in target areas.	10,000 pregnant and lactating women reached.	Medical reports	Over 25,000 pregnant and lactating women have been supported.

5. To increase the enrolment of children, including IDPs and returnees, in schools assisted by the Food Security and Agriculture Cluster.	Average annual rate of retention of children in schools assisted by Food Security and Agriculture Clusters.	90% or above of 70,000 pupils to be targeted during the 2010/2011 school year.	DE reports Monitoring reports	Over 86,000 pupils have been supported.
6. To strengthen the public and community based institutions responsible for sector development and service provisions (e.g. extension).	Number of community organizations created or strengthened, providing services to their members.	200 Community Organizations providing services.	Monitoring reports.(three monthly)	
7. To increase food production among resettled and returnee households.	Number, quantity of distributed agriculture and fishery inputs.	100% of agriculture and fishery inputs distributed.	DAF-ARMM and DA reports and statistics Monitoring reports (three monthly)	
	Strengthened technical knowledge and skills of beneficiaries on improved cropping, livestock/poultry management and fisheries practices.	80% or above of target beneficiaries by type of inputs have adopted improved techniques.		
	Area (hectares) of farm newly planted.	70% or above of the abandoned farm land has been planted.		
	Increased outputs of major crops, fish catches, livestock and poultry.	80% or above of the over 50,000 farmers targeted, are producing more food.		



3.2.5 HEALTH

Cluster lead agencies	DEPARTMENT OF HEALTH, AUTONOMOUS REGION IN MUSLIM MINDANAO
Co-lead	WORLD HEALTH ORGANIZATION
Cluster members	DoH-ARMM, IOM, MTB, MYROI, UNFPA and WHO.
Number of projects	3
Cluster objectives	<ul style="list-style-type: none"> To ensure the provision of essential public health services in IDP sites and return areas, including reproductive health services. To strengthen the health sector referral system. To strengthen local government capacities for disaster risk reduction and emergency management.
Beneficiaries	Original: Female: 138,114; Male: 124,411; Total: 262,525 Revised: Female: 124,070; Male: 110,025; Total: 234,095
Funds requested	Original requirements: \$2,554,415 Revised requirements: \$2,526,948
Funds requested per priority level	\$2,526,948 (IDP/host communities: B – high)
Funding to date	\$0
Contact information	Dr. Gerardo Medina - medinag@wpro.who.int

Table: Original and revised disaggregated number of beneficiaries by province

Location (province)	Original number of beneficiaries			Revised number of beneficiaries		
	Female	Male	Total	Female	Male	Total
Maguindanao	123,727	114,208	237,935	56,741	50,317	107,058
North Cotabato	11,387	8,203	19,590	37,535	33,287	70,822
South Cotabato	-	-	-	509	451	960
Sultan Kudarat	3,000	2,000	5,000	4,950	4,390	9,340
Lanao del Sur	-	-	-	24,335	21,580	45,915
Lanao del Norte	-	-	-	-	-	-
Total	138,114	124,411	262,525	124,070	110,025	234,095

Source: HAP (February 2011), IOM, WFP, DSWD, DOH/IPHO-Maguindanao, NDRRMC

Response to date

CERF funds from the first round of 2010 underfunded emergency allocations were used to provide equipment, medicines and supplies to Maguindanao Provincial Hospital (MPH) and Dinaig Municipal Hospital, which are the two secondary hospitals nearest to the greatest concentration of IDPs. This 15-month project, completed in March 2011, helped increase the hospitals' capability to handle referrals from the primary care units, which not only directly benefitted approximately 100,000 IDPs but also the total catchment population of these hospitals.

Meanwhile, UNFPA completed its project on reproductive health interventions and GBV prevention and response mechanisms in IDP sites in June 2011. This 18-month project, also funded by the 2010 CERF underfunded emergency allocations, enabled the provision of services in the Mobile Clinic and Laboratory (MCL) with the hiring of the Medical Team who operated the facility. Reproductive health and hygiene kits were distributed. Furthermore, about 7,500 pregnant and lactating women and adolescents gained access to reproductive health services. The health information session has raised awareness on reproductive health among 8,801 women, men and young people.

Updated needs analysis

Health service delivery remains poor, especially in the more remote areas, where community health stations are non-functional due to damage sustained in the conflict or due to absence of material resources and staff who hesitate to go to far-flung areas for security concerns. The start of the monsoon season has brought incessant rains which have resulted to flooding in several provinces and municipalities across four regions in Mindanao, including the conflict-affected areas, affecting approximately 120,000 households and the displacement of 3,000 families to several evacuation

centres. This has put even more strain on the already meagre health resources of communities affected by conflict and now with natural disaster events.

As of May 2011, UNFPA's IDP Multisector Teams reported a total of 384 pregnant women in the 14 IDP sites in Maguindanao. Around 95% of births were still being delivered by untrained traditional birth attendants who use unhygienic practices which could result to sepsis and death for the mother and the neonate.

A rise in sexually-transmitted infections (STI) cases among pregnant women has been consistently reported by *Médecins Sans Frontières* (MSF) with at least one out of 25 women found positive for syphilis. This has been validated by data coming from UNFPA's MCL which has been set up in various IDP sites in Maguindanao. Close proximity of boys and girls due to overcrowded camp conditions, which is frowned upon by the local Muslim culture, has resulted in many early marriages. Young pregnant women, just into puberty, are at high risk of mortality and morbidity since they have not yet attained optimum physical maturity to bear the burden of motherhood. Family planning commodities are in short supply, which leads to unwanted or unplanned pregnancies.

Apart from the material needs, local health staff lacks the necessary knowledge and skills for effective health emergency management. Response and contingency plans are either outdated or non-existent in many local government units. Systems that can provide early warning for potential disease outbreaks are weak. This limits the capacity of health emergency response workers to take more timely and effective action in situations when urgent public health actions are needed such as during outbreaks.

Changes in response plan

Following the onset of the rainy season and the devastation it has brought, the Health Cluster and Reproductive Health Sub-Cluster have agreed to add a third objective to the Cluster Response Plan: to strengthen local government capacities for disaster risk reduction and emergency management. The capacities of local health workers to effectively manage health emergencies need to be strengthened, especially knowledge and skills on interventions in reproductive health and the provision of psycho-social support services in emergencies. Activities to increase awareness on the value and benefits of preparedness for disasters and risk reduction strategies need to be emphasized and supported. While local governments usually have plans for emergencies, these need to be reviewed and updated. Early warning systems for unusual increases in disease conditions need to be strengthened particularly in the areas that are more prone to natural hazards aside from being affected by armed conflict.

Given that a number of beneficiaries in Maguindanao have been reached and that there are newly identified vulnerable population in North Cotabato, South Cotabato, Sultan Kudarat and Lanao del Sur, the Cluster Response Plan will now target a total of 234,095 beneficiaries. This is a net decrease by 28,430 individuals (or a decrease by 12%) to the original proposal.

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To ensure the provision of essential public health services including reproductive health in IDP sites and return areas.	Availability of health service providers in IDP sites and return areas.	At least one CHW per 1,000 people in IDP site. At least one visit from a midwife per week for return areas At least one functional IDP multi-sector team per conflict-affected municipality.	DoH records and programme reports Cluster reports Agency reports DSWD records and reports Surveillance reports	Four IDP multisector teams currently deployed in areas with remaining IDPs.
	Number of beneficiaries served by health programmes.	Based on programme targets. At least 95% coverage of measles vaccination for children under-five in IDP sites and urban setting and 80% in rural return areas. At least 80% of women and girls in the IDP sites provided with RH services.	IDP-Medical Team Reports (Pregnancy Tracking Form, reports and IEC Reports). IDP Medical Team Client List, Treatment Records and Monthly Reports.	Preliminary reports from IPHO Maguindanao on the Measles Rubella Supplemental Immunization Activity show overall coverage of 78% for children under-five with 8/35 municipalities achieving >95% coverage.
	Number of communicable disease outbreaks.	Number (%) of suspected outbreak investigated and responded to.	Surveillance reports	No outbreaks reported so far.
	Number of pregnant women in the IDP areas who delivered safely, a live, healthy baby.	90% of pregnant women delivering safely in the mobile clinic or in referral facilities Zero mortality for newborns delivered in the mobile clinic and in referral facilities.	IDP- Medical Team Reports (Pregnancy Tracking Form/reports and IEC Reports).	UNFPA reports show more than 95% of births are still delivered by untrained TBAs. MCL set up by UNFPA to provide RH information, pre-natal, intrapartum, post-natal services as well as laboratory services.
2. To strengthen health sector referral system.	Number of attended cases that were correctly referred to the appropriate level.	100% of cases from IDP sites and return areas.	Health facility records Reports and reviews Referral forms from both ends	
	Number of referred cases successfully managed by referral facility.			
	Number of treated cases properly referred back to the RHU/BHS for follow-up.			
	Number of functional BEMoNC and CEMoNC facilities.	At least two hospitals.	Hospital records review Ocular inspections	

3. To strengthen local government capacities for disaster risk reduction and emergency management.	Number of people trained by category: disaster preparedness, risk reduction, mass casualty management and contingency planning.	100% municipal health officials and public health nurses in conflict-affected municipalities trained on the category.	Health facility records Reports of training courses and percentage of attendance	
	Number of provincial or municipality mass casualty management and contingency/response plans updated or developed	One plan per municipality during the period.	Plans submitted to Regional Health Authorities during the period	
	Number of provinces and municipalities with health staff trained in the use and management of emergency disease surveillance system.	All municipalities in the provinces covered: Maguindanao, North Cotabato, Sultan Kudarat, Lanao del Norte, Lanao del Sur, South Cotabato.	Reports of training courses	



3.2.6 NUTRITION

Cluster lead agency	DEPARTMENT OF HEALTH
Co-lead	UNITED NATIONS CHILDREN'S FUND
Cluster members	BMW, CFSI, DoH, MTB, MYRO, SC and WFP
Number of Projects	3
Cluster objectives	<ul style="list-style-type: none"> • To assess in a timely manner the nutritional status of IDPs and host communities, including score and severity of the nutritional situation, causes of malnutrition and contextual factors, to inform decision-making and response. • To ensure the availability of appropriate and comprehensive treatment of acute malnutrition for IDPs and host communities. • To ensure the promotion, support and protection of appropriate IYCF practices among IDPs and host communities. • To ensure that children and pregnant and lactating women have access to micronutrients from fortified foods, supplements or multiple micronutrient preparations.
Beneficiaries	82,236 (No change at mid-year)
Funds requested	Original requirements: \$2,014,000 (No change at mid-year)
Funds requested per priority level	\$2,014,000 (Returnees: B – high)
Funding to date	\$555,195 (28% of requirements)
Contact information	Pura Rayco-Solon - praycosolon@unicef.org

Response to date

Since late 2010, UNICEF, with Save the Children and Action Contre la Faim (ACF), has provided treatment for severe acute malnutrition (SAM) through 12 CMAM therapeutic feeding sites and two Stabilization Centres in eight municipalities in Maguindanao, five municipalities in North Cotabato and one municipality in Lanao del Sur.

As of May 2011, almost 40,000 under-five children from the target areas have been screened and provided micronutrient supplementation with target municipalities being covered by active case finding. Of those screened 466 SAM children were found and treated. More than 530 children with MAM have been treated in supplementary feeding programmes.

3,200 pregnant and lactating women have also been identified and provided with micronutrient supplements. Through local NGO partners, infant and young child feeding (IYCF) counselling, nutrition education sessions, and sensitization activities were conducted starting April 2011. As of May 2011, more than 3,400 mothers have been reached by nutrition education sessions and IYCF promotion activities in more than 60 *barangays* in Maguindanao and more than 24 *barangays* in North Cotabato. One-one-one IYCF counselling support has been provided to more than 60 mothers in the past 2 months.

To date, program indicators in terms of cure and deaths meet the international Sphere Standards for therapeutic feeding (i.e. recovery rate is >75%, mortality rates are <10% in therapeutic care, coverage is > 50%).

As a programme that has direct impact on saving young children's lives, this programme's success has led central government to move towards a national policy on CMAM. Additional HAP funding will allow us to expand our CMAM programme, particularly in the Central Mindanao target municipalities of the *Payapa at Masaganang Pamayanan* (PAMANA, Resilient Communities for Peace and Development) program.

Changes in response plan

None

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To assess in a timely manner the nutritional status of IDPs and host communities, including score and severity of the nutritional situation, causes of malnutrition and contextual factors, to inform decision-making and response.	Number of nutrition surveys conducted.	At least one nutrition assessment conducted in all targeted areas per year.	Surveillance reports. Active and passive screening reports.	Active and passive screening for eight municipalities in Maguindanao, three in North Cotabato, none in Lanao del Sur.
	Number of children screened using MUAC.	80% of children under-five years old in target areas are screened using MUAC every six months.	Monthly screening reports.	More than 51% of children under-five in 11 CMAM target areas in Maguindanao and North Cotabato screened from December 2010 to April 2011.
	Number of sites where screening is conducted.	All target sites have active and passive screening.	Monthly Screening reports.	Active and passive screening for eight municipalities in Maguindanao, three in North Cotabato, none in Lanao del Sur.
2. To ensure the availability of appropriate and comprehensive treatment of acute malnutrition for IDPs and host communities.	Number of sites with functioning therapeutic and targeted supplementary feeding programmes.	Rural CMAM coverage >50% Urban CMAM coverage >70% Camp CMAM coverage >90%	Monthly reports from Government and Cluster partners.	<p>12 Sites with therapeutic feeding in Maguindanao (nine) and North Cotabato (three). Two referral hospitals established.</p> <p>Six sites in Maguindanao with targeted supplementary feeding.</p> <p>>50% of projected under-five population screened.</p>
	Number of children, pregnant and lactating women enrolled in CMAM. % of acutely severely malnourished children 6-59 months enrolled or admitted to therapeutic feeding program. % of moderately acutely malnourished children 6-59 months enrolled in supplementary feeding program.	At least 50% of children with severe acute malnutrition in target areas enrolled in therapeutic feeding. At least 50% of children with moderate acute malnutrition in target areas enrolled in therapeutic feeding.	Monthly reports from Government and Cluster partners.	<p>>90% of children in target areas screened with severe acute malnutrition enrolled in therapeutic feeding from as of May 2011.</p> <p>3,200 pregnant and lactating women screened.</p> <p>49% of children screened with moderate acute malnutrition</p>

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
				enrolled in supplementary feeding program as of May 2011.
	Number of children and PLW are successfully treated.	Recovery rate >75%. Death rate for therapeutic care <10%. Mortality rate for supplementary care <3%.	Monthly reports from Government and Cluster partners.	Cure rate in therapeutic feeding = 78%, Death rate in therapeutic feeding = 5%.
3. To ensure the promotion, support and protection of appropriate IYCF practices among IDPs and host communities.	Number of "safe spaces" that support, protect and promote early initiation and exclusive breastfeeding (e.g. lactation corners or breastfeeding tents) established and used by mothers of infants and young children.	At least one for every EC.	Monthly reports from Government and Cluster partners.	None as of mid-year
	Percentage of health facility staff trained on IYCF (including IYCF-E) and disseminates information on nutrition and available nutrition services in the area.	80% of all nutrition action officers trained on IYCF and mobilised for communicating nutrition education messages and nutrition programme activities	Monthly reports from Government and Cluster partners.	None as of mid-year
	Number of skilled IYCF counsellors and/or functioning support groups.	One counsellor or support group per 15 to 25 mothers.	Monthly reports from Government and Cluster partners.	25 members of six local NGO partners trained to provide IYCF counselling support in eight municipalities in Maguindanao and three in North Cotabato.
	Number breastfed 0-5 months of age.	No increase in subsequent monitoring.	Rapid Assessment/Nutrition Surveys.	No new assessments done
	Number of powdered milk, infant formula, breast milk substitutes, bottles, teats and artificial nipple donated, distributed and used in target areas.	Zero milk and breast milk substitute donation in target areas; All breast milk substitute and milk powder use is monitored and controlled.	Monthly reports from Government and Cluster partners.	None reported
4. To ensure that children and pregnant and lactating women have access to micronutrients from fortified food, supplements or multiple micronutrient preparations.	Number of children aged 6-59 months with access to fortified complementary food or multiple micronutrient powders Number of pregnant and lactating women with access to multiple micronutrient supplements	>90% of children 6-59 months are given at least two sachets of multiple micronutrient powders per week >90% of pregnant and lactating mothers are given multiple micronutrient powers daily.	Monthly reports from Government and Cluster partners.	>90% of children 6-59 month in the target areas provided with multiple micronutrient powders for six months. >3,000 pregnant women and

M I N D A N A O

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
	(including iron-folic acid tablets).			lactating mothers provided with multiple micronutrient powders.
	Number of children aged 6-59 months supplemented with Vitamin A within the past six months.	>80% coverage of supplementation activities among children aged 0-59 months.	Monthly reports from Government and Cluster partners.	>90% of children enrolled in the CMAM therapeutic feeding program given vitamin A supplementation.
	Number of children aged 12-59 months given de-worming tablets within the past six months.	>90% coverage of de-worming activities.	Monthly reports from Government and Cluster partners.	100% of children older than 12 months enrolled in therapeutic feeding program given deworming tablets.
	Number of micronutrient powders, vitamin A and de-worming tablets procured and distributed.		Monthly reports from Government and Cluster partners.	14,000 tablets Vitamin A and 1,400 de-worming tablets donated to SC for CMAM program in Maguindanao and North Cotabato.



3.2.7 PROTECTION

Cluster lead agencies	PROTECTION CLUSTER: UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) CHILD PROTECTION WORKING GROUP: DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT GBV SUB-CLUSTER: UNITED NATIONS POPULATION FUND, UNITED NATIONS CHILDREN'S FUND
Co-lead	CHILD PROTECTION WORKING GROUP: UNITED NATIONS CHILDREN'S FUND
Cluster members	Protection Cluster member organizations: ACF, Bantay Ceasefire, BDA, CEMILARDEF, CFSI, CHR-XII, DOH-XII, DSWD-ARMM, DSWD-XII, forum ZFD, IMT- HRD, IOM, JICA, KFI, MPC, MinHRAC, MTB, NP, ODA-ARMM, OPAPP-PAMANA, Oxfam, Plan International, PCBL/FSD, PSWDO, TAF, TLWOI, UNICEF, UNDP, OCHA, UNFPA, UNHCR, UnYphil-Women, WFP. Child Protection Sub-Cluster member organizations: Government: Commission on Human Rights, DSWD-ARMM, OSWDS NGOs: Balay Rehabilitation Centre, CEMILARDEF, Children rehabilitation Centre CLANS, GAP Hunger PIKIT, KAWAGIB, KFI, Kids for peace, MinHRAC, MTB, NRDC, SHEILD INC, UnYphil-Women and UnYPAD. UN and other International Organizations: CFSI, IMT, Non Violent Peace Force, OCHA, PLAN international, SC, UNHCR and UNFPA.
Number of projects	Protection Cluster: MinHRAC (1) and UNHCR (1) Child Protection Sub-Cluster: UNICEF (2) GBV Sub-Cluster: UNFPA (1)
Cluster objectives	<ul style="list-style-type: none"> To ensure the development of a protection environment in which protection principles are recognized and applied in all humanitarian responses. To establish needs of returning IDP population and to strengthen community self-reliance and livelihoods opportunities. To ensure the existence of protection mechanisms capable of providing support in timely manner, through effective coordination, clearer referral pathways, early warning and response and identification of vulnerable groups. To ensure the provision of essential protection services in IDP sites and return areas to all children, women and other vulnerable groups.
Beneficiaries	Revised at mid-year: Protection Cluster: 1,068,802 (no change) GBV Sub-Cluster: 277,000 IDPs (revised from 320,635) Child Protection Sub-Cluster: 110,836 (revised from 96,745)
Funds requested	Original requirements: (No Change at mid-year) Total \$5,537,704 Protection Cluster: \$2,190,904 GBV Sub-Cluster: \$346,800 Child Protection Sub-Cluster: \$3,000,000
Funds requested per priority level	\$638,357 (IDP/host communities: B – high) \$4,899,347 (Returnees: B – high)
Funding to date	\$0
Contact information	Protection Cluster: Hirokazu Kudo - kudo@unhcr.org Child Protection Sub-Cluster: Leon Dominador Fajardo - lfajardo@unicef.org

GENDER-BASED VIOLENCE – UNFPA figures only

Location	Displaced Population	Target Beneficiaries
Maguindanao (58%)	217,505	160,954
North Cotabato (35%)	130,365	96,470
South Cotabato (1%)	3,405	2,520
Sultan Kudarat (6%)	23,605	17,056
Total	374,880	277,000

CHILD PROTECTION – UNICEF figures only

Location	Category	Beneficiaries (Under 18)		
		Female	Male	Total
Maguindanao (10%)	IDP and host	9,245	9,245	18,490
	Returnee	17,900	17,900	35,800
North Cotabato (7%)	Returnee	15,374	16,002	31,376
Lanao del Sur (3%)	Returnee	8,884	8,535	17,419
Lanao del Norte (3%)	Returnee	3,837	3,914	7,751
Total		55,240	55,596	110,836

Note: Target beneficiaries will also include children associated with armed forces and armed groups (CAAFAG) and their communities. Under the UN-MILF Action Plan, CAAFAG are being registered in the 'core' areas of the 21 Base Commands of the MILF. One of the aims of this project is to establish the very baseline figures/data required for the HAP. Upon completion of the registration process, data analysis will take place towards developing an appropriate support strategy.

Response to date - Protection

Since the beginning of 2011, Protection Cluster welcomes regular participation of government agencies, namely DOH XII, DSWD ARMM, DSWD XII, ODA ARMM and Office of the Presidential Adviser on the Peace Process (OPAPP) - PAMANA. Members concurred that government involvement is essential in finding solutions to current protection issues.

The Cluster expanded its geographical scope from Central Mindanao to entire Mindanao. Although humanitarian presence is concentrated in Central Mindanao, incidents concerning the protection of civilian population occur across the Mindanao Island and the archipelagos. The scarcity of humanitarian organizations in the rest of Mindanao makes it difficult to obtain updated information. In order to fill this gap, the Cluster is building networks with existing local grassroots' networks as well as the Commission of Human Rights of the Philippines (CHR) to collect information and coordinate actions. CHR is a State agency mandated to monitor and investigate human rights violations involving civil and political rights. Nevertheless, in locations where the number of humanitarian organizations is limited, collection of updated information and delivery of timely responses is a significant challenge for the Cluster.

Updated needs analysis - Protection

In general, there is a gap in responding to the needs of persons with special needs. The Cluster is lacking a non-governmental partner specializing in persons with special needs and identification of individuals and their needs are studied little and remain unidentified.

The Cluster makes an effort in ensuring that protection issues that pertain to IDPs are raised. While there is a trend and focus in return programmes, there are IDPs who choose to or are unable to return to their places of origin. Given the limited number of Cluster members with their limited geographical area and mandate, a conduct of regular monitoring in field is a challenge. A community-based protection monitoring system has been piloted in 46 *barangays* through Mindanao Human Rights Action Centre and UNHCR. These *barangays* are conflict-affected and have been identified as priority areas of return by the ARMM Government. Additionally, the Cluster along with CHR continues to advocate for the rights of IDPs and *Guiding Principles on Internal Displacement* through trainings, workshops and information campaigns.

Incidents and existence of Unexploded Ordnance (UXO) and other explosive remnants of war have been reported. The Swiss Foundation for Mine Action and the Philippine Campaign to Ban Landmines are mandated by the Government and the MILF as partners in the Joint Mines/UXO Clearance Project in the conflict-affected areas in Mindanao. However, they have not yet secured operational funds. Absence of demining organization leaves population vulnerable to UXO incidents.

Changes in response plan – Protection

None

Response to Date – Gender-Based Violence

The GBV Sub-Cluster has formulated the Standard Operating Procedures for the Prevention and Management of GBV during Emergencies in Mindanao which includes the referral mechanism for GBV survivors. The Sub-Cluster conducted 187 information sessions on the prevention of GBV in the various IDP sites and relocation/resettlement areas, underlining their importance.

Changes in response plan – Gender-Based Violence

The GBV Sub-Cluster will widen the coverage of its activities targeting IDP sites to include return sites aside from the remaining evacuation, relocation and resettlement sites. This shift in strategy reflects the sub-cluster's desire to ensure the sustainability of its interventions by ensuring that GBV protection mechanisms implemented in evacuation centres during emergencies are institutionalized in return areas. The Women's Health Teams to be set-up in return areas will also serve as GBV protection monitors who will implement GBV prevention measures in their communities and at the same time serve as the means of referral of GBV cases to the GBV Quick Response Team.

Response to date - Child Protection

The UN-MILF Action Plan on the issue of recruitment and use of Child Soldiers in the Armed Conflict in Mindanao, in line with the UN Security Resolution No. 1612 will conclude its implementation on 31 July 2011 with room for further extension. The process has so far registered 564 children (93 girls and 462 boys) associated with the MILF in core communities of 18 of the 21 Base Commands. A framework and a model for the reintegration of these children are being developed with Plan International. 180 data gatherers have been trained for this task supervised by Institute of Bangsamoro Studies (IBS), and Plan International provides technical support and independent validation to the process. 564 children, in both combatant and support roles, have been registered so far. Whilst challenges remain in identifying and registering children, the MILF continues to collaborate towards completing this phase effectively. Awareness-raising activities, as a key provision of the Action Plan, for both MILF - Bangsamoro Islamic Armed Forces (BIAF) personnel and civilian community members have been completed for 40 participants in Davao Oriental. Since the signing in January 2010 of the Supplemental General Order, awareness-raising has taken on greater significance with the commencement of the 180 days grace period before punitive sanctions can be taken against individuals for non-compliance. Data from the registration process in the form of vulnerability mapping, as well as a rapid community needs assessment across 18 command areas, is being analyzed to inform a broad reintegration strategy which will be shared with MILF, Government and humanitarian agencies in 2011. Five *barangays* have already been identified as particularly vulnerable, although these will be re-assessed with input from other programming partners.

Progress of the UN-MILF Action Plan was assessed by the UN Special Representative of the Secretary General for Children and Armed Conflict (SRSG-CAAC) during her official visit in April 2011. In a meeting with the MILF it was agreed that efforts should aim to complete registration of children within a period of nine months. As yet, funding has not become available to take the Action Plan into the all-important reintegration phase; particularly in developing community-based child protection systems that link to the local government units (LGUs) and national development initiatives.

The reach of MRM for grave violations on children's rights in situations of armed conflict continues to expand in terms of geographic coverage and number of partners. UN agencies have designated their respective MRM focal points and several NGOs have been tapped to help in the reporting. These focal points have been oriented on the basics of documentation and verification. UNICEF has also organised a dedicated team to verify reported cases of grave child rights violations and monitor the development of these cases. During the period of 1 January to 15 June 2011, five grave child rights violations have been reported in the ARMM and two in regions.

Changes in response plan – Child Protection

The Child Protection Working Group (CPWG) for Central Mindanao has decided to begin the shift of its focus from the evacuation centres to the return sites. The strategy has been to make sure that child protection services are present wherever the IDPs are or would choose to go. Sustainability of the child protection interventions is being ensured by negotiating with *barangay* councils, local government units, DSWD and DE to transform the Child-Friendly Spaces into Early Childhood Care and Development (ECCD) Centres, classrooms or *madaris*. Community-based protection networks that have been organised in evacuation centres are also being linked with the *barangay* Council for the Protection of Children (BCPC). The BCPCs will be organised and made functional in the return sites by mobilising the Department of Interior and Local Government (DILG) and the LGUs and the cooperation of NGOs.

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To ensure the development of a protection environment in which protection principles are recognised and applied in all humanitarian responses.	Protection Cluster Strategy developed and implemented and key IDP policy and advocacy issues addressed.	<ul style="list-style-type: none"> Protection Cluster Government partners 	<ul style="list-style-type: none"> Regular PC meetings Correspondence with government 	<ul style="list-style-type: none"> PC meetings organized every two weeks. PC member organizations increased from 25 to 34, including five governmental agencies. PC ToR established and adapted. PC strategy discussion ongoing. PC members actively engaged in technical working group meeting for IDP bills. PC issued a supporting statement to the Government's position in accordance with GPID.
	Number of information, advocacy and training sessions completed on protection principles/practice, mental and psycho-social health, mine-risk education, child protection, MRM, TOTs, child trafficking, and other areas.	<ul style="list-style-type: none"> Six provincial LGUs Five municipal LGUs in each of the six conflict-affected provinces Security Forces (6th ID) Philippine National Police IDP populations in ECs, return, resettlement sites Community Based Child Protection Networks Government Departments (Education and Health, DSWD) IDP Children and families NGOs Religious leaders Health and legal service providers 	<ul style="list-style-type: none"> Feedback from organizations, trainers and participants involved in protection training Minutes of the meeting Surveys, interviews and focus group discussions 	<ul style="list-style-type: none"> CCCM-PC joint training organized for 30 participants from authority and CCCM. Protection training organized for 40 Governmental officials. Two joint protection training organized for NGOs targeting 100 staff in total. Protection workshop for Armed Forces planned but postponed. PC Information Campaign Guideline established. Women's rights pamphlets for general public published and disseminated.

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
2. To establish needs of returning IDP population and to strengthen community self reliance and livelihoods opportunities.	<ul style="list-style-type: none"> • % of IDP protection needs identified (disaggregated gender, age, vulnerable groups) • Number of IDP civil status documents issued. • Number of mobilized communities participating in assessment and conduct of livelihood activities. 	<ul style="list-style-type: none"> • IDP populations and host communities in three provinces • DSWD, OPAPP 	<ul style="list-style-type: none"> • Profiling statistics and reports • Civil registration reports and statistics • Project reports and statistics 	<ul style="list-style-type: none"> • Baseline assessment in 46 priority <i>barangays</i> underway through community-based protection monitoring project with 220 community-based trained monitors. • Profiling of urban IDPs in Cotabato City conducted. Report underway. • Free birth registration pilot project discussion ongoing.
3. To ensure the existence of protection mechanisms capable of providing support in a timely manner, through effective coordination, clear referral pathways, early warning, and response and identification of vulnerable groups.	<ul style="list-style-type: none"> • No. of IDPs returned/resettled/reintegrated in line with basic principles of return (voluntariness, dignity, safety, non-discrimination, full IDP participation). 	<ul style="list-style-type: none"> • IDP populations • LGUs and Government agencies • Implementing Partners 	<ul style="list-style-type: none"> • Field monitoring reports • Security reports • Assessment reports 	<ul style="list-style-type: none"> • Joint protection monitoring missions conducted with PC member organizations in displacement and returnee areas.
	<ul style="list-style-type: none"> • No. or areas where Protection Hotline, early warning, and response mechanisms established and functional. • Number of calls taken and percentage of referrals. 	<ul style="list-style-type: none"> • Referral pathway partners • IDP and host populations in conflict-affected provinces. 	<ul style="list-style-type: none"> • Referral pathway reports and statistics. 	<ul style="list-style-type: none"> • PC response directory underway. • PC referred protection cases for follow ups by relevant agencies, including CHR.
4. To ensure the provision of essential protection services in IDP sites and return areas to all children, women and other vulnerable groups.	No. of communities/areas where 24/7 hotline for SGBV cases is established and functional.	<ul style="list-style-type: none"> • Service providers (social workers, Government organizations; NGOs) with at least minimal skills. • Affected population. 	<ul style="list-style-type: none"> • Cluster and agency reports. • DSWD records/reports. • Confidential Client List, Treatment Records and Monthly Reports of QRT Community feedback. 	<ul style="list-style-type: none"> • Negotiations with prospective implementing partner is underway for the 24/7 Hotline.
	No. or communities/areas where a QRT for SGBV cases is available and functional.	<ul style="list-style-type: none"> • IDP Multi-sector Team • Community level groups • IACAT 	<ul style="list-style-type: none"> • Cluster and agency reports. • DSWD records/reports. • Confidential Client List, Treatment Records and Monthly Reports of the QRT. • Community feedback. 	<ul style="list-style-type: none"> • Negotiations with prospective implementing partner is underway for the Quick Response Team

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
	No. of communities/areas where health service providers are available 24/7.	<ul style="list-style-type: none"> Quick Response Teams for neighbouring communities (including at least one psychologist and one medical doctor dedicated to SGBV cases). Communities. 	<ul style="list-style-type: none"> Cluster and agency reports DSWD records/reports Confidential Client List, Treatment Records and Monthly Reports of QRT Community feedback 	<ul style="list-style-type: none"> Mapping of health service providers in each target area is currently underway. Negotiations with prospective implementing partner are underway for the QRT.
	% of all QRTs with access to minimum supplies and equipment (e.g. Post-Rape Kits).	<ul style="list-style-type: none"> Quick Response Teams for neighbouring communities (including at least one psychologist and one medical doctor dedicated to SGBV cases). Communities. 	<ul style="list-style-type: none"> Cluster and agency reports. DSWD records/reports. Confidential Client List, Treatment Records and Monthly Reports of the QRT. Community feedback. 	<ul style="list-style-type: none"> Number of post-rape kits (RH Kits 3A and 3B) required per area has been determined and ready to be procured. Negotiations with prospective implementing partner are underway for the QRT.
	% of reported SGBV cases served.	<ul style="list-style-type: none"> SGBV survivors Service providers (social workers, Government organizations; NGOs) with at least minimal skills Affected population 	<ul style="list-style-type: none"> Reconcile with health Group Service provider reports 	<ul style="list-style-type: none"> Negotiations with prospective implementing partner are underway for the QRT.
5. To prevent and address the separation of children and the promotion of family-based care.	<ul style="list-style-type: none"> No. of separated and unaccompanied children identified and provided family-based care Common FTR system in place 	<ul style="list-style-type: none"> All separated and unaccompanied children in the affected areas are identified and provided with family-based care 	<ul style="list-style-type: none"> Minutes of meetings Reports of Government concerned agencies Reports of NGOs Field reports 	<ul style="list-style-type: none"> 250 vulnerable children and their families were identified and provided family-based care and referral services through FTR. Setting-up functional FTR system in progress
6. To provide psycho-social support to children and their caregivers.	<ul style="list-style-type: none"> No. of CFS established in displacement and return sites. No. of Youth and Children's clubs established. No. of child protection programmes that have integrated psycho-social in their work, in line with the IASC MHPSS Guidelines. 	<ul style="list-style-type: none"> 80% of displaced and vulnerable children have access to psycho-social support activities e.g. CFS, Youth and Children's Clubs etc. 100% of child protection programmes in affected areas have integrated psycho-social in their work, in line with the IASC MHPSS Guidelines. 	<ul style="list-style-type: none"> Minutes of meetings Reports of Government concerned agencies Reports of NGOs Field reports 	<ul style="list-style-type: none"> 124 CFS built, across 107 barangays. 124 Youth Focal Clubs organised Over 3,000 community volunteers trained psycho-social in line with IASC guidelines.

<p>7. To establish a mechanism to systematically monitor and report and trigger response to grave rights violations and protection concerns of children and women.</p>	<ul style="list-style-type: none"> • % of reported cases of grave child rights violations in situations of conflict verified and responded to. • A system of MRM on GCRV is established. • No. of periodic reports produced. 	<ul style="list-style-type: none"> • All cases of grave child rights violations in situations of conflict in the six provinces are reported and responded to. 	<ul style="list-style-type: none"> • Minutes of meetings • Reports of Government concerned agencies • Reports of NGOs • Field reports 	<ul style="list-style-type: none"> • From 1 January to 15 June 2011, 45 cases of grave child rights violations have been reported; six of these have been verified. • Two bi-monthly Global Horizontal Notes (GHNs) have been submitted as of 15 June 2011.
<p>8. To prevent and address the recruitment and use as well as the arbitrary arrest and detention of children.</p>	<ul style="list-style-type: none"> • A programme for reintegration of children associated with armed forces and armed groups (CAAFAGs) is in place • % of reported cases of recruitment and use and arbitrary arrest and detention verified are responded to. 	<ul style="list-style-type: none"> • Reintegration programme in place for CAAFAGs • 100% of verified cases of recruitment and use and arbitrary arrest and detention are responded to. 	<ul style="list-style-type: none"> • Minutes of meetings • Reports of Government concerned agencies • Reports of NGOs • Field reports 	<ul style="list-style-type: none"> • 534 CAAFAGs registered under the UN-MILF Action Plan • Identification of five high-risk <i>barangays</i> completed • Community needs assessment across 18 base command areas completed
<p>9. To raise awareness and respond to incidence of UXO and other indiscriminate and illicit weapons.</p>	<ul style="list-style-type: none"> • No. of community members reached with MRE messages • No. of children reached with MRE messages. 	<ul style="list-style-type: none"> • 80% of affected communities reached with MRE messages. • System of response in place. 	<ul style="list-style-type: none"> • Reports from community meetings • No of materials produced and disseminated • Reports of NGOs • Field reports 	<ul style="list-style-type: none"> • One NGO partner in Central Mindanao engaged in MRE. • About 300 community members reached with MRE advocacy. • About 600 children reached with MRE advocacy.
<p>10. To establish community based child protection systems in affected areas.</p>	<ul style="list-style-type: none"> • No of Community Based Child Protection Networks established. • No of Community Welfare Volunteers chosen and trained. • Youth Focal Points chosen and trained. 	<ul style="list-style-type: none"> • 80% of affected communities have community based child protection systems established. 	<ul style="list-style-type: none"> • Reports from community meetings • No of training sessions with community members • Reports of NGOs • Field reports 	<ul style="list-style-type: none"> • 120 Community Based Child Protection Networks organised across 107 <i>barangays</i>. • 480+ Community Welfare Volunteers trained. • 596 Youth Focal Points chosen and trained.
<p>11. To establish with Government effective leadership on child protection Group area of responsibility with links to other Cluster /sector mechanism on critical inter-sectoral issues.</p>	<ul style="list-style-type: none"> • Child protection working group (CPWG) for the affected areas organised and functional. • No of CPWG held. 	<ul style="list-style-type: none"> • A CPWG to cover the six areas is organised. 	<ul style="list-style-type: none"> • Minutes of inter-agency meetings • Reports of Government concerned agencies • Reports of NGOs 	<ul style="list-style-type: none"> • CPWG for ARMM and North Cotabato organised. Composed of 24 government and international and local humanitarian agencies

				<ul style="list-style-type: none"> • Meetings held regularly every 2-3 weeks. • Referral pathway linked with CPWG, Protection cluster, Psycho-social sub-cluster, Gender- Based Violence sub-cluster in place.
<p>12. To build the capacities of LGUs and communities to provide child protection response during emergencies.</p>	<ul style="list-style-type: none"> • LGUs able to provide child protection response during emergencies. 	<ul style="list-style-type: none"> • All provincial and municipal LGUs are trained and able to provide services on Child protection in emergencies. 	<ul style="list-style-type: none"> • Minutes of inter-agency meetings • Reports of Government concerned agencies • Reports of NGOs • Field reports 	<ul style="list-style-type: none"> • 34 LGUs oriented on Child Protection. • CPWG is developing framework for the activation and training of BCPC with DILG.
<p>13. To prevent and address the violence, exploitation and abuse of children and women, including GBV.</p>	<ul style="list-style-type: none"> • Affected communities organised and mobilised to prevent and address violence, exploitation and abuse of children and women, including GBV. • Provincial LGUs with mechanisms in place to respond to the needs of survivors. 	<ul style="list-style-type: none"> • 80 per cent of displaced communities are organised to prevent and address violence, exploitation and abuse of children and women, including GBV. • Mechanisms to respond to the needs of survivors are in place in the six provinces. 	<ul style="list-style-type: none"> • Minutes of inter-agency meetings • Reports of Government concerned agencies • Reports of NGOs • Field reports 	<ul style="list-style-type: none"> • An assessment of the functionality and effectiveness of the IACAT-VAWC structure has commenced with the objective of strengthening the existing mechanisms that are intended to address GBV cases.



3.2.8 WATER, SANITATION AND HYGIENE (WASH)

Cluster lead agencies	DEPARTMENT OF HEALTH, (HEALTH EMERGENCY MANAGEMENT STAFF), AUTONOMOUS REGION IN MUSLIM MINDANAO
Co-lead	UNITED NATIONS CHILDREN'S FUND
Cluster members	SC, ASDSW, MYROI, and others
Number of projects	2
Cluster objectives	<ul style="list-style-type: none"> To provide access to quality WASH services in targeted IDP communities and schools. To build the capacities of local authorities to implement and sustain WASH services during disaster. To build community resilience, particularly of women and children, against public health risks brought about by disasters.
Beneficiaries	247,000 (revised from 100,659)
Funds requested	Original: \$3,893,044 Revised at mid-year: \$2,643,322
Funds requested per priority level	\$643,322 (IDP/host communities: B – high) \$2,000,000 (Returnees: B – high)
Funding to date	\$869,762 (33% of revised requirements)
Contact information	Esmail Ibrahim - eibrahim@unicef.org WASH In Emergency Specialist, UNICEF Philippines

Table: Disaggregated number of affected population and beneficiaries

Location	Target beneficiaries	
	Returnees / Resettled	Remaining IDP
Maguindanao	200,384	34,446
North Cotabato	119,391	8,749
South Cotabato	-	-
Lanao del Sur	58,785	-
Lanao del Norte	166,715	-
Sultan Kudarat	20,665	7,020
Totals	565,940	50,215

Source: WASH Cluster

Response to date

Since the launch of the HAP, WASH Cluster managed to provide assistance to some of the IDP communities and affected schools in Maguindanao, Lanao del Sur, North Cotabato and Lanao del Norte. IDP/returnee communities, especially local health staff, community health volunteers, students and teachers/parents, were capacitated on hygiene promotion. The support also helped establish good relationships between communities and their local officials for operation and maintenance of services provided. However, there is a challenge in terms of ensuring sustainability.

In addition, WASH kits were provided to families and students.

The gap remained huge and widened by recurring disasters like typhoons, heavy rains, floods, and armed conflict/*rido*. This is further aggravated by the lack of both financial and human resources of local authorities to handle disaster preparedness and responses. Funding shortfall of the HAP hindered the response activities.

UNICEF maintained its responsibility as the WASH Cluster Co-lead with DOH. WASH Cluster partners consist of UNICEF, IOM, ACF, Oxfam, Save the Children and local NGOs such as Mindanao Tulong Bakwet (MTB), A Single Drop for Safe Water (ASDSW), Kadtuntya Foundation Incorporated (KFI), etc.

Updated needs analysis

In Maguindanao and North Cotabato provinces, Oxfam and partners assessed and evaluated the assistance provided to the conflict-affected areas prior to the launch of the HAP through their regular

monitoring visits. They found that inadequate WASH services are still a main concern to IDPs and returnee communities. The geographical make-up of the areas that are low-lying and flood-prone has doubled the difficulties. As of writing this report (mid-June 2011), Sultan Kudarat Municipality of Maguindanao is considered the most devastated by heavy rains and floods. Meanwhile, in Lanao del Sur and Lanao del Norte, IDPs are scattered in various locations, sometimes occupying schools, according to Save Children and local partners. Potable water and latrines are considered a priority to the affected communities.

Changes in response plan

Following the impact of the floods that affected regions X, XI, XII and the ARMM, the WASH Cluster supports building community resilience, particularly of women and children, against public health risks brought about by disasters. This has been added as a third cluster objective.

Table: mid-year monitoring vs. objectives

Cluster objectives	Indicator	Target	Monitoring method and frequency	Achieved as of mid-year
1. To ensure those in IDP sites and in return areas have access to essential WASH services at levels that meet commonly agreed standards.	WASH-related disease outbreaks in the sites (e.g. diarrhoea).	Zero outbreaks	<ul style="list-style-type: none"> Cluster meetings Humanitarian Situation Updates IDP reports Feedback through CCCM Cluster meetings 	<ul style="list-style-type: none"> Monthly WASH cluster meetings maintained. IM on WASH issues maintained with OCHA.
	IDPs and returnees able to practice proper personal and household hygiene.	80% of people in 50% of sites (IDP, relocation, return and host) provided with WASH facilities.	<ul style="list-style-type: none"> Humanitarian Situation Updates IDP reports Feedback through CCCM Cluster meetings 	<ul style="list-style-type: none"> Modules on hygiene promotion developed by SC, IOM, OXFAM, and UNICEF.
	Level of satisfaction of IDPs regarding WASH services and NFI.	70% of IDP households covered.	<ul style="list-style-type: none"> Surveys, assessments and monitoring visits. 	<ul style="list-style-type: none"> Assessments limited to some communities.
	WASH facilities are functional (rehabilitated and maintained).	100% of hand-pumps 100% of latrines 100% of water storage systems	<ul style="list-style-type: none"> Monitoring visits 	<ul style="list-style-type: none"> Joined WASH cluster visits carried out on routine bases; especially during the floods and <i>ridos</i>.
	Drinking water supplies meet commonly agreed standards.	100%		<ul style="list-style-type: none"> SPHERE standards adopted in a limited number of areas.
2. To build the capacity of local Government and communities to operate and maintain WASH facilities to ensure sustainability.	Number of training courses conducted.	At least two training courses in ten LGUs and 50 communities.	<ul style="list-style-type: none"> Health Status reports WASH Cluster reports 	<ul style="list-style-type: none"> Few trainings conducted.
	Number of functional WASH committees.	100% in ten communities.	<ul style="list-style-type: none"> Monitoring visits to communities. 	<ul style="list-style-type: none"> Few functional WASH committees.
	Number of training courses on Water Quality monitoring and analysis provided to water service providers.	Three within at least three municipalities.	<ul style="list-style-type: none"> Attendance records Course materials 	<ul style="list-style-type: none"> Limited to the areas covered
	The inclusion of WASH infrastructure in the Municipal Development Plans, incorporating wastewater, sanitation treatment and management, and alternative water sources.	WASH included in at least two municipal development plans.	<ul style="list-style-type: none"> Municipal development plans. 	<ul style="list-style-type: none"> None
	Government leads WASH activities.	DoH leading WASH Cluster meetings and activities.	<ul style="list-style-type: none"> WASH Cluster reports 	<ul style="list-style-type: none"> DOH continues co-leading WASH activities with UNICEF.
	Joint response of Government and humanitarian agencies to WASH needs.	At least one joint activity per month.		<ul style="list-style-type: none"> DANA in Maguindanao ongoing (19-21 June), which covers WASH.

4. FORWARD VIEW

4.1 EARLY PLANNING FOR THE 2012 CAP

In early June 2011, the Humanitarian Country Team and the Mindanao Humanitarian Team agreed to pursue the development of the 2012 HAP. With the cyclical and fluid nature of the displacements and the unpredictable security situation, the number, conditions and the needs of the IDPs have been difficult to assess. IDP profiling has been identified as a key gap area by the Mindanao Humanitarian Team and the Clusters. Most clusters also agree that early recovery needs in return sites outside of the 46 priority sites should also be identified and new, sporadic displacements rapidly assessed more regularly. As the majority of the humanitarian agencies are concentrated in Central Mindanao, it is also important to reach out to local NGOs active in northern and eastern Mindanao and the island provinces of the ARMM. This is expected to improve needs analysis and response to displacements in Lanao del Norte, Lanao del Sur and nearby provinces of Zamboanga and Bukidnon.

1. Will there be a CAP in 2012?		YES		
2. CAP 2012 Workshop date:		15 August 2011		
3. Needs Assessment Plan for the 2012 CAP: existing assessments, identification of gaps in assessment information, and planned assessments to fill gaps				
EXISTING NEEDS ASSESSMENTS				
Cluster(s)	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
Food Security		World Bank, WFP	November 2011	Joint comprehensive livelihood assessment
Education	Lanao del Sur and Lanao del Norte provinces	SC	April 2011	Emergency education assessment
CCCM	Maguindanao province	IOM	June 2011	Displacement tracking
Multi-cluster	Maguindanao province	ARMM Government, UN, I/NGOs, MHT	June 2011	Mindanao Floods June 2011 "Damage and Needs Assessment"

ANNEX I: LIST OF PROJECTS AND FUNDING TABLES

Table IV: List of appeal projects (grouped by cluster), with funding status of each

Mindanao Humanitarian Action Plan 2011 as of 26 July 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CCCM								
PHI-11/CSS/33962/R/298	Strengthening Information Management Mechanisms for Coordinated Lifesaving Response to Conflict Affected Areas in Mindanao	IOM	1,355,995	997,987	779,319	218,668	78%	IDP/host communities: B - high
PHI-11/S-NF/33925/R/120	Basic Needs and Essential Services [Protection Kits and CCCM]	UNHCR	2,094,800	2,094,800	-	2,094,800	0%	Returnees: B - high
PHI-11/S-NF/33961/R/298	Assisting Sustainable Returns of IDPs in Communities of Origin in Central Mindanao	IOM	984,905	922,875	720,665	202,210	78%	Returnees: A - immediate
Sub total for CCCM			4,435,700	4,015,662	1,499,984	2,515,678	37%	
COORDINATION								
PHI-11/CSS/41154/R/119	Humanitarian coordination and advocacy in Mindanao	OCHA	246,888	324,759	-	324,759	0%	NOT SPECIFIED
Sub total for COORDINATION			246,888	324,759	-	324,759	0%	
EARLY RECOVERY								
PHI-11/ER/34150/776	Support to Early Recovery Needs of 46 Return Sites in ARMM	UNDP	868,750	868,750	-	868,750	0%	Returnees: A - immediate
PHI-11/ER/34153/R/776	Strengthening Social Cohesion in 46 IDP Return Sites in ARMM through DRRM Councils	UNDP	207,200	207,200	-	207,200	0%	Returnees: B - high
Sub total for EARLY RECOVERY			1,075,950	1,075,950	-	1,075,950	0%	
EDUCATION								

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
PHI-11/E/34020/R/124	Ensuring continuation of basic education of children in-school and out-of-school in conflict/disaster-affected communities in Maguindanao, North Cotabato and Lanao del Norte, Lanao del Sur and Sultan Kudarat.	UNICEF	2,828,150	2,828,150	-	2,828,150	0%	IDP/host communities: B - high
Sub total for EDUCATION			2,828,150	2,828,150	-	2,828,150	0%	
FOOD AND AGRICULTURE								
PHI-11/A/34016/R/123	Emergency Response to Restoring Rural Livelihoods in Conflict Affected Areas in Maguindanao Province of the Autonomous Region of Muslim Mindanao	FAO	2,141,675	1,351,413	1,351,413	-	100%	Returnees: B - high
PHI-11/A/42649/R/123	Emergency Response to Restoring Rural Livelihoods in Conflict Affected and Flood-Affected Areas of North Cotabato and Sultan Kudarat	FAO	-	790,262	-	790,262	0%	IDPs, flood - affected and returnees: B - high
PHI-11/F/34038/R/561	Assistance to IDPs, and Returnees in Conflict-affected Areas of Central Mindanao	WFP	9,800,000	9,800,000	3,493,909	6,306,091	36%	IDPs, flood - affected and returnees: B - high
Sub total for FOOD AND AGRICULTURE			11,941,675	11,941,675	4,845,322	7,096,353	41%	
HEALTH								
PHI-11/H/33909/R/14098	Withdrawn: Advancing Optimum Health through Provision of Holistic Essential Health Services Among Internally Displaced People and/ in Returned Areas	MTB	307,912	-	-	-	0%	NOT SPECIFIED
PHI-11/H/33960/R/298	Health Assistance to Families in Conflict Affected Areas in Mindanao	IOM	704,646	644,959	-	644,959	0%	IDP/host communities: B - high
PHI-11/H/33995/R/1171	Promoting Reproductive Health and Saving the Lives of IDP Women, Adolescents and Men in Conflict-Affected Areas in Central Mindanao	UNFPA	461,610	493,830	-	493,830	0%	IDP/host communities: B - high
PHI-11/H/34006/R/14106	Withdrawn: To Support the Provision of Health Services in 12 barangays within Maguindanao, and North Cotabato.	MYROI	261,055	-	-	-	0%	NOT SPECIFIED

M I N D A N A O

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
PHI-11/H/36400/R/122	Ensuring Access to Essential Health Care for IDPs in Mindanao	WHO	819,192	1,388,159	-	1,388,159	0%	IDP/host communities: B - high
Sub total for HEALTH			2,554,415	2,526,948	-	2,526,948	0%	
LOGISTICS								
PHI-11/CSS/42759/R/561	Assistance to IDPs, Returnees and other Food-insecure Households in Conflict-affected Areas of Central Mindanao and Strengthening National Capacity on Natural Disaster Preparedness and Response (Logistics Support to the Humanitarian Response ; Provision of Transport and Warehousing Services in support to the Humanitarian Community's response to Flood-Affected Communities in Mindanao)	WFP	-	350,000	200,069	149,931	57%	IDP/host communities: A - immediate
Sub total for LOGISTICS			-	350,000	200,069	149,931	57%	
NUTRITION								
PHI-11/H/33985/R/6079	Protecting and Promoting Nutrition of Children in Selected municipalities Affected by Armed Conflict in North Cotabato and Maguindanao	SC	450,000	450,000	-	450,000	0%	Returnees: B – high
PHI-11/H/33986/R/6079	Protecting and Promoting the Nutrition of Children in Selected Municipalities Affected by Armed conflict in Lanao del Sur and Lanao del Norte	SC	350,000	350,000	-	350,000	0%	Returnees: B - high
PHI-11/H/34004/R/124	Ensuring the Nutrition Support for Children and Families in Selected Municipalities Affected by Emergencies in Mindanao	UNICEF	1,214,000	1,214,000	555,195	658,805	0%	Returnees: B - high
Sub total for NUTRITION			2,014,000	2,014,000	555,195	1,458,805	28%	
PROTECTION, INCL. CHILD PROTECTION AND SGBV								
PHI-11/P-HR-RL/33920/R/120	Assistance to Internally Displaced Persons (IDPs) in Mindanao area.	UNHCR	1,899,347	1,899,347	-	1,899,347	0%	Returnees: B - high
PHI-11/P-HR-RL/33997/R/1171	Addressing Gender-Based Violence (GBV) among the IDPs in Mindanao	UNFPA	346,800	346,800	-	346,800	0%	IDP/host communities: B - high

M I N D A N A O

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
PHI-11/P-HR-RL/34187/R/124	Ensuring Child Protection in the Early Recovery of IDPs in Central Mindanao	UNICEF	1,700,000	1,000,000	-	1,000,000	0%	Returnees: B - high
PHI-11/P-HR-RL/34191/R/124	Protecting Children Affected by Conflict including those associated with armed forces and groups	UNICEF	1,000,000	2,000,000	-	2,000,000	0%	Returnees: B - high
PHI-11/P-HR-RL/34192/R/124	Withdrawn: Preventing the Trafficking of Women and Children across Mindanao	UNICEF	300,000	-	-	-	0%	NOT SPECIFIED
PHI-11/P-HR-RL/36179/14164	Emergency Assistance and Referral Center for Civilians in Conflict Affected Communities in Mindanao	MinHRAC	291,557	291,557	-	291,557	0%	IDP/host communities: B - high
Sub total for PROTECTION, INCL. CHILD PROTECTION AND SGBV			5,537,704	5,537,704	-	5,537,704	0%	
WASH								
PHI-11/WS/33959/R/298	WASH Support to Vulnerable Families in Conflict Affected Areas in Maguindanao, North Cotabato and Sultan Kudarat	IOM	1,240,344	643,322	-	643,322	0%	IDP/host communities: B - high
PHI-11/WS/33982/R/6079	WITHDRAWN WASH assistance in schools for conflict-affected communities in Lanao Sur ,Lanao Del Norte and Maguindanao	SC	652,700	-	-	-	0%	NOT SPECIFIED
PHI-11/WS/34180/R/124	Water Sanitation and Hygiene Response to Populations Affected by Disasters in Mindanao	UNICEF	2,000,000	2,000,000	869,762	1,130,238	43%	Returnees: B - high
Sub total for WASH			3,893,044	2,643,322	869,762	1,773,560	33%	
Grand Total			34,527,526	33,258,170	7,970,332	25,287,838	24%	

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table IV: Total funding to date per donor to projects listed in the appeal

Mindanao Humanitarian Action Plan 2011 as of 26 July 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Central Emergency Response Fund (CERF)	4,917,918	62%	3,500,000
New Zealand	1,351,413	17%	-
Canada	1,001,001	13%	-
Japan	700,000	9%	-
Grand Total	7,970,332	100%	3,500,000

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table V: Total humanitarian funding to date per donor (appeal plus other)

Philippines 2011
as of 26 July 2011
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
Central Emergency Response Fund (CERF)	4,917,918	54%	3,500,000
New Zealand	1,351,413	15%	-
Canada	1,001,001	11%	-
United States	750,000	8%	-
Japan	700,000	8%	-
Sweden	374,467	4%	-
Grand Total	9,094,799	100%	3,500,000

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VI: Humanitarian funding to date per donor to projects not listed in the appeal

Other Humanitarian Funding to Philippines 2011 as of 26 July 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding	% of Grand Total	<i>Uncommitted pledges</i>
	(\$)		(\$)
United States	750,000	67%	-
Sweden	374,467	33%	-
Grand Total	1,124,467	100%	-

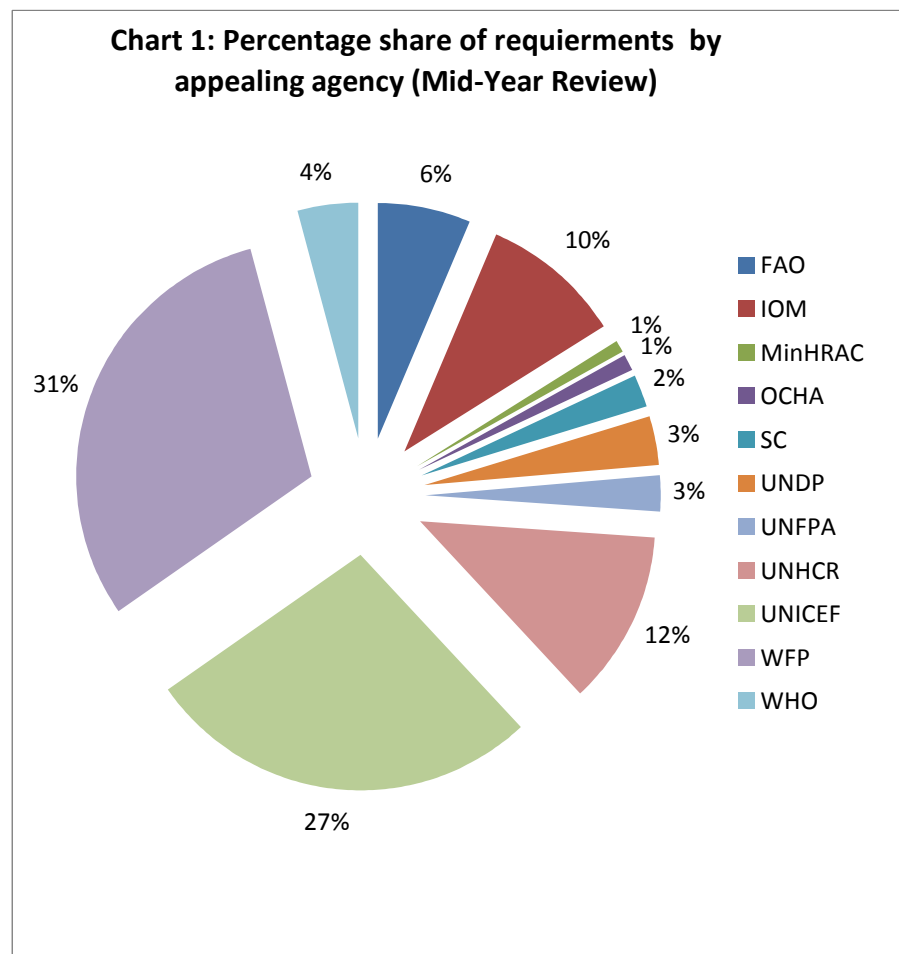
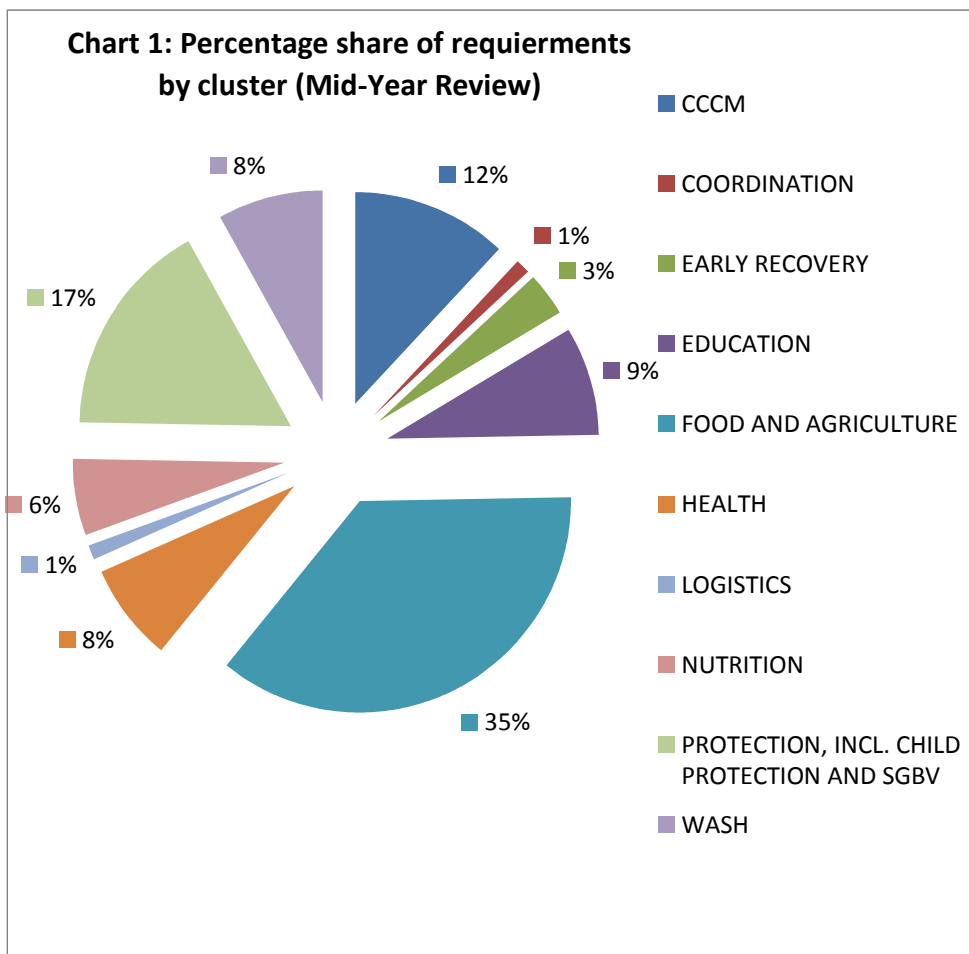
NOTE: "Funding" means Contributions + Commitments + Carry-over
This table also includes funding to Appeal projects but in surplus to these projects' requirements as stated in the Appeal.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 26 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).



ANNEX II: ACRONYMS AND ABBREVIATIONS

6th ID	6 th Infantry Division (United States Army)
ACF	Action Against Hunger (<i>Action Contre la Faim</i>)
ADLM	alternative delivery learning mode
AFP	Armed Forces of the Philippines
ARMM	Autonomous Region in Muslim Mindanao
ASDSW	A Single Drop of Safe Water
BCPC	barangay Council for the Protection of Children
BDA	Bangsamoro Development Agency
BEMoNC	basic emergency obstetric and neonatal care
BHS	barangay Health Station
BIAF	Bngsamoro Islamic Armed Forces
BIFF	Bangsamoro Islamic Freedom Fighter
BMW	Bangsamoro Women
CAAFAG	children associated with armed forces and armed groups
CAP	consolidated appeal or consolidated appeal process
CCCM	camp coordination and camp management
CEMILARDEF	Central Mindanao Livelihood Assistance and Resource Development Foundation
CEMoNC	comprehensive emergency obstetric and neonatal care
CERF	Central Emergency Response Fund
CFS	child-friendly space
CFSI	Community and Family Services International
CHD	Council for Health and Development
CHR	Commission of Human Rights of the Philippines
CHW	community health workers
CLANS	Center for Lumad Advocacy and Services, Inc.
CMAM	community-based management of acute malnutrition
CPI	consumer price index
CPWG	Child Protection Working Group
DA	Department of Agriculture
DAF	Department of Agriculture and Fisheries
DANA	Damage Assessment and Needs Analysis
DCC	day care centre
DCW	daycare worker
DE	Department of Education
DevCon	Development Consultants Inc
DILG	Department of the Interior and Local Government
DOH	Department of Health
DRR	disaster risk reduction
DRRM	disaster risk reduction and management
DSWD	Department of Social Welfare and Development
EC	evacuation centre
ECCD	early childhood care and development
EIE	education in emergencies
ER	early recovery
FAO	Food and Agriculture Organization of the United Nations
FFT	food for training
FFW	food for work
FGD	focused group discussions
FSD	Swiss Demining Foundation (<i>Foundation Suisse De Déminage</i>)
FTR	family tracing and reunification
GAP Hunger PIKIT	Grassroots Against Poverty and Hunger (Pikit)
GBV	gender-based violence
GBVIMS	gender-based violence information management system
GCRV	grave child rights violation
GHNs	global horizontal notes
GPH	Government of the Philippines
GPID	Guiding Principles on Internal Displacement
HAP	Humanitarian Action Plan

M I N D A N A O

HEMS	health emergency management staff
HRD	Humanitarian Rehabilitation and Development
IACAT	Inter-Agency Committee Against Trafficking
IASC	Inter-Agency Standing Committee
IBS	Institute of Bangsamoro Studies
ICRC	International Committee of the Red Cross
IDP	internally displaced people
IEC	information, education, communications
ILO	International Labour Organization
IM	Information management
IMT	International Monitoring Team
INEE	Interagency Network for Education in Emergencies
INGO	international non-governmental organization
IOM	International Organization for Migration
IPHO	Integrated Provincial Health Office
IRR	implementing rules and regulations
IYCF	infant and young child feeding
IYCF-E	infant and young child feeding in emergencies
JICA	Japan International Cooperation Agency
KAWAGIB	Alliance for the Advancement of Moro Human Rights
KFI	Kadtuntya Foundation Incorporated
LDRRMO	Local Disaster Risk Reduction and. Management Office
LGU	Local Government Unit
LSB	local school board
MAM	moderate acute malnutrition
MCL	mobile clinic and laboratory
MDG	Millennium Development Goals
MHPSS	mental health psycho-social services
MHT	Mindanao Humanitarian Team
MILF	Moro Islamic Liberation Front
MinHRAC	Mindanao Human Rights Action Centre
MISOSA	Modified In School-Off School Approach
MoA	memorandum of agreement
MPC	Mindanao Peoples Caucus
MPH	Maguindanao Provincial Hospital
MRE	mine risk education
MRM	monitoring and reporting mechanism
MSF	Doctors Without Borders (<i>Médecins sans Frontières</i>)
mt	metric tons
MTB	Mindanao Tulong Bakwet
MUAC	mid-upper-arm circumference
MVP	mobile and vulnerable population
MYROI	Muslim Youth Religious Organization Incorporated
NDRRMC	National Disaster Risk Reduction and Management Council
NFI	non-food item
NGO	non-governmental organization
NP	Nonviolent Peaceforce
NPA	New People's Army
NRDC	National Reconciliation and Development Council
NSO	National Statistics Office
OCD	Office of Civil Defense
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	official development assistance
OPAPP	Office of the Presidential Adviser on the Peace Process
OSWDS	Office on Social Welfare and Development Services
PAMANA	Payapa at Masaganang Pamayanan (Resilient Communities for Peace and Development)
PC	Protection Cluster
PCBL	Philippines Campaign to Ban Landmines
PLW	pregnant and lactating women
PNP	Philippine National Police
PPP	purchasing power of the peso

M I N D A N A O

PRRO	protracted relief and recovery operation
PSWDO	Provincial Social Welfare and Development Office
PTCA	parent-teacher community association
QRT	quick response team
RDO	Revenue District Offices
RDRRMC	Regional Disaster Risk Reduction and Management Council
RH	reproductive health
RHU	rural health unit
SAM	severe acute malnutrition
SC	Save the Children
SGBV	sexual and gender-based violence
SOP	standard operating procedure
SRSG-CAAC	UN Special Representative of the Secretary General for Children and Armed Conflict
STI	sexually transmitted infection
STWG	Shelter Technical Working Group
TAF	The Asia Foundation
TBA	traditional birth attendant
TLS	temporary learning space
TLWOI	Teduray Lambangian Women's Organization, Inc.
TMG	Technical Management Group
ToR	terms of reference
TOT	training of trainers
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UnYPAD	United Youth for Peace and Development
UnYphil-Women	United Youth of the Philippines - Women
UXO	unexploded ordnance
VAWC	violence against women and children
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
ZFD	Peace Building Forum (Ziviler Friedensdienst)

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, and non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM) and, United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilization leading to a Consolidated Appeal or a Flash Appeal;
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary;
- reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on <http://fts.unocha.org>.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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