OVERVIEW

In close partnership with national authorities, significant progress has been made in meeting the needs of vulnerable people affected by last November’s Typhoon Haiyan (locally-known as Yolanda). This is the final Periodic Monitoring Report (PMR) and it evaluates the quality and quantity of the response from 9 November 2013 to 31 August 2014 against the objectives of the Haiyan Strategic Response Plan (SRP).

We list key achievements of the SRP as the following:

- 3.7 million people reached with food assistance
- 82,000 mothers given feeding counsel
- 190,000 children received blanket supplementary feeding
- 570,000 households reached with emergency shelter
- 158,000 households given durable roofing solution
- All evacuation centres reached with camp management
- 152,000 vulnerable workers benefitted from immediate short-term work
- 103,000 farmers provided with agricultural seeds and tools
- 24,000 fishermen assisted with boat building and repair
- 1.9 million people benefitted from hygiene kits
- 350,000 provided with access to new or fixed latrines
- 0 significant public health outbreaks
- 2.3 million children were vaccinated
- 10,000 officials trained by protection partners
- 50,000 documents processed for the most vulnerable
- 545,000 children received learning materials
- 111,000 beneficiaries of GBV-awareness training
- 285 child-friendly spaces established
- 4,900 temporary learning spaces created
- 1.4 million people received some form of cash transfer

The response to Typhoon Haiyan marked the first L-3 declaration for a natural disaster and all L-3 related protocols under the IASC Transformative Agenda were applied. Coordination hubs were established quickly in key locations and experienced staff rapidly deployed strengthening coordination structures both in the regions and in Manila. The surge allowed a scaling up of support in civil-military coordination, as well as in thematic areas such as Communications with Communities and Accountability to Affected Populations. Coordination with government was strong from the outset of the response.
To date, partners have reached over 3.7 million people across the Haiyan-corridor with immediate food assistance. In addition, they provided unconditional cash transfers to an estimated 750,000 people in areas with functioning local markets, giving individuals liquidity and purchasing power and contributing to dietary diversity. Partners also reached over 80,000 mothers with infant and young child feeding counseling, a key priority in the effort to prevent acute malnutrition, stunting, and reducing risks to child survival and development. Nearly 1,000 children with severe acute malnutrition were admitted into therapeutic feeding programmes and approximately 190,000 children were reached with Blanket Supplementary Feeding to prevent under nutrition.

Partners have also provided over 570,000 households with emergency shelter, nearly 200 per cent of the SRP target. The focus of the sector is now on recovery, with shelter agencies providing support to self-recovery through the provision of durable roofing solutions to nearly 160,000 households. In pursuit of durable solutions, partners continue to strive for "zero Evacuation Centres (ECs)" and "zero tents" by facilitating the settlement of Internally Displaced Persons (IDPs) in transitional sites. At the time of reporting, these targets were expected to be achieved before the one-year anniversary of Haiyan on 9 November 2014.

Immediate, short-term work – debris clearing and cleaning of public works - was provided to over 150,000, a number that is expected to reach 162,000 by November. Emergency employment activities injected much-needed financial resources into the hands of those who were directly affected, allowing them to begin their recovery and reinvigorating local economies. Additionally, over 120,000 individuals were reached through the provision of skills and enterprise support, over 103,000 farmers were supported with agricultural seeds and tools, and, in partnership with national authorities, nearly 24,000 fishermen were assisted with the repair and building of boats.

On another front, nearly 2 million people have benefitted from hygiene kits and another 1.8 million provided with water kits. Additionally, nearly 1 million benefitted from improved water infrastructure and about 350,000 people benefitted from new or rehabilitated latrines. Nearly 150,000 people who did not have latrine access prior to Haiyan now have access.

With respect to the control of communicable diseases, 1.8 million children under the age of five received measles vaccinations and 50,000 received polio vaccinations. Some 500,000 infants benefited from the re-establishment of routine immunisations while over 660,000 consultations (from January to March) were recorded in newly repaired or rehabilitated health facilities. It is estimated that up to 5.8 million people benefited from the control of both communicable and non-communicable diseases in Haiyan-affected areas.

At the time of reporting, nearly 10,000 personnel from the military, police, and local officials across the Yolanda Corridor were trained on the UN Guiding Principles on Internal Displacement, Child Protection, Sexual and Gender-based Violence (SGBV), including prevention of human trafficking and inclusion of people with specific needs. Protection by presence was continuously carried out, with more than 1,200 protection monitoring visits conducted in at least 76 municipalities and 546 barangays. Under the Mobile Civil Registration Project, at least 50,000 documents were released The project has been of particular support to school children by securing birth certificates in time for school enrollment, enabling parents to obtain civil documents  for employment needs. Protection by presence was continuously carried out, with more than 1,200 protection monitoring visits conducted in at least 76 municipalities and 546 barangays. Under the Mobile Civil Registration Project, at least 50,000 documents were released The project has been of particular support to school children by securing birth certificates in time for school enrollment, enabling parents to obtain civil documents  for employment requirements, and in the access to state welfare and claims or benefits. Over 75,000 children were also reached with psychosocial support activities and 285 Child-Friendly Spaces were established, even as 5,000 temporary learning spaces were established and over 2,000 classrooms repaired. Over half a million pre-school and school-aged children received teaching, learning, and recreational materials.

The above achievements notwithstanding, challenges have been encountered and in some cases have been impeding progress materially. For instance, the absence of up-to-date data created problems with targeting in some sectors. Limited disaggregated data early on in the response also affected multiple sectors, with a particular impact on Child Protection and GBV actors.

Shortages in the supply of quality construction materials challenged both shelter and education clusters, as local markets offered lower quality, lower cost supplies relative to the higher quality, higher priced supplies that could be imported. The higher prices which accompanied supply shortages also reduced the effectiveness of cash interventions in multiple sectors.

Limited funding was an acute constraint for certain sectors, restricting the ability to deliver against critical objectives of the SRP. The two most under-funded sectors within the SRP were Early Recovery and Livelihoods and Shelter - the two identified at the outset as critical – which have received 29 per cent and 44 per cent of requested funding, respectively. Progress on livelihoods has been further complicated by the severe livelihood vulnerabilities already present in the areas before Haiyan. Region VIII – the region most heavily affected by Haiyan – was already the second poorest in the country in 2012.
Moving forward, the humanitarian response has revealed a number of strategic areas for local capacity building and support not only to improve disaster response or facilitate rehabilitation, but to ensure inclusiveness, resilience and sustainability in recovery. Behavior change and capacity development of local stakeholders will require strong linkages with national strategies and will also require sufficient and timely support from various levels of government (national and local), and the long-term post-disaster commitment of partners to affected municipalities. For this purpose, humanitarian partners are strongly committed to working within recovery mechanisms and have started to do so through special structures coordinated by the Office of the Presidential Advisor for Rehabilitation and Recovery (OPARR) as well as through regular counterparts at the central and local government levels.

Some areas of focus include the strengthening of local capacities and systems in safe water provision and health surveillance; strengthening child and gender protection mechanisms at local and regional levels, strengthening efforts related to issuance of civil documentation, and improving systems for providing psychosocial support to children. Enabling local and national duty bearers to deliver “Nutrition in Emergencies” interventions to meet the needs of nutritionally vulnerable women and children has also been identified as strategic and partners will continue to support service delivery in the short to medium-term, with a view to building community resilience. Education partners will likewise continue to support local and national actors in formulating strategies and strengthen existing interventions, such as catch-up learning programmes to reintegrate vulnerable children into school.

These focus areas are apart from the ongoing critical work to repair and/or reconstruct evacuation centers, evacuation centres and classrooms and the advocacy addressing the chronic system-wide shortfalls in operating and maintaining sustainable WASH services across all typhoon-affected regions.

Another key area that has been identified is the pursuit of durable solutions, especially for an estimated 25,000 individuals currently living in transitional sites (bunkhouses), evacuation centres and tent settlements as well as an estimated 95,000 families living in “unsafe” or “inadequate” emergency or makeshift shelter; some of whom may also be living in “unsafe” zones. Advocacy is required to ensure that interim sites do not end up as permanent sites, raising awareness around the right to adequate housing and services prior to a movement of people. It is also required to clarify the unsafe zone policy of local governments, including what inter-sectoral assistance can or cannot be provided pending relocation, such as basic services, preparedness and evacuation plans. International partners will continue to push for full consultations, participation, and a fair selection of beneficiaries during relocations, and will continue to raise housing, land, and property issues with relevant authorities. Shelter agencies will continue to promote build-back-safer approaches to communities.

The typhoon Haiyan response has also highlighted the critical importance of disaster preparedness measures. An inter-agency working group under the auspices of the HCT is leading efforts by international actors in this area. The group has thus far been focusing on emergency preparedness with respect to data preparedness, joint rapid assessments, risk profiling of vulnerable regions, and identifying stockpiles for rapid response. An inter-agency Disaster Preparedness and Disaster Risk Reduction Working Group has also been in place in Region VIII since early 2014, resulting in a region-wide inter-agency contingency plan. During the recovery phase the group will continue to oversee broader coordination of disaster risk reduction programmes in Haiyan-affected areas under the UNDAF framework.

Livelihood initiatives are much-needed in Haiyan-affected areas but cash-for-work is no longer suitable. Rather the road to recovery will require longer-term sustained livelihood interventions that include strengthening of local capacities in referral and labour information services, aligning local products and services within a value chain, provide relevant skills trainer wage and self-employment, and enterprise development support in partnership with the private sector.
This Periodic Monitoring Report (PMR) is the third produced for Typhoon Haiyan.

At its core, the PMR is a report from humanitarian clusters to the Humanitarian Country Team (HCT), informing the HCT of progress and significant challenges in the field, and making concrete recommendations on how to improve humanitarian interventions. The PMR monitors progress made against the December 2013 Haiyan Strategic Response Plan (SRP) and provides both a qualitative analysis and a quantitative accounting against pre-defined outcome and output indicators.

Initially scheduled to run until November 2014, the HCT took the decision in July 2014 to close the Haiyan SRP at the end of August, three months ahead of schedule. This decision reflected significant progress which had already been made against the goals of the SRP as well as the recovery work that many field level actors were already engaged in. More importantly, it responded to the government’s decision to end the relief phase and shift fully to rehabilitation and recovery. With government focused on a P170B Yolanda Comprehensive Recovery and Rehabilitation Plan and no longer participating in humanitarian clusters, the HCT decided that parallel international relief structures, and the SRP, were no longer required.

This third PMR therefore serves as a final monitoring report against the SRP targets. It sets out to paint a comprehensive picture of the achievements and ongoing challenges faced throughout the Haiyan response as well as provide an outline of the general direction partners will take as they move into the recovery phase.

Structurally, the PMR is organized around five overarching strategic objectives. Output and outcome indicators are attached to each strategic objective with a view to providing quantitative data in support of progress reports. This data is sourced from clusters and cluster members and forms the basis of the report’s narrative. Each strategic objective encompasses multiple clusters.

In reading through each strategic objective, it should be noted that the pace of transition and phase-down of clusters has been varied – some have fully handed-over coordination to government counterparts since June for instance. Thus, not all clusters are able to report significant progress relative to the last reporting period (ending April 2014). In these cases, a lack of movement reflects the change in focus, modalities and coordination mechanisms into recovery and should not be misinterpreted as an indicator of poor performance.

Other clusters have re-hatted as sectoral “working groups” however and continue to work with or alongside government recovery structures to address remaining humanitarian needs. The activities of these working groups are reported accordingly. Projects funded through the SRP are also proceeding (notwithstanding the transition), with partners interfacing with regular development counterparts. As an example, activities under Strategic Objective 3 have speeded up in recent months and original targets set are likely to be met by the end of the year.

This PMR also features a few new indicators. These indicators have been identified as more appropriate or reflective of actual progress after finding that some original SRP indicators were difficult to monitor, difficult to measure or simply not suitable. Also, indicators deemed to be irrelevant are no longer reported. One learning therefore is that an initial appeal document such as the SRP is probably not the best mechanism through which to identify indicators. In future responses, defining indicators through the development of a stand-alone monitoring framework at the inter-cluster level is recommended.
INFOGRAPHIC: PMR OVERVIEW

45 SRP Indicators

30 indicators show achievements at 50% or more

61% funded overall
44% shelter funding
29% early recovery funding
15 indicators show achievements at 100% or more

3.7M people reached with food assistance
1.4M people received cash transfer
82K mothers given feeding counsel
190K children received blanket supplementary feeding

570K households with emergency shelter
162K given durable roofing solutions
152K vulnerable workers through debris cleaning
103K farmers given agricultural seeds and tools

24K fishermen with boat building and repair
1.9M benefited from hygiene kits
350K people benefitted from new or fixed latrines
2.3M children received vaccinations

50K documents processed for most vulnerable

0 target number of ECs by end of year
0 public health outbreaks
545K children received learning materials

10K officials trained by protection partners
111K beneficiaries of GBV-awareness training
285 child-friendly spaces established
4.9K temporary learning spaces created
MAP: TYPHOON HAIYAN DISPLACED POPULATION

Source: IOM Displacement Tracking Matrix, 30 July 2014
Strategic Objective 1

Typhoon-affected people meet their immediate food needs, avoid nutritional deterioration, and build food security in ways that are sustained through stimulation of markets and production, and access to life-saving community-based nutrition service.

**Progress toward Strategic Objective**

It must be noted that the indicators and targets associated with this strategic objective do not adequately capture progress made towards all elements of the strategic objective. No indicators, in fact, were established to measure progress achieved vis-à-vis the building of “food security in ways that are sustained through stimulation of markets and production” (refer to indicator results, below, for full list of indicators). It is suggested therefore that Strategic Objectives 1 and 3 are read in sequence, as progress toward the latter is closely linked to food security sustainment through markets and production to which numerous FSAC partners are contributing.

In close collaboration with key government partners, in particular the DSWD, as well as local government units, FSAC members reached approximately 3.65 million people across six regions, representing over 100 per cent of those targeted [indicator 1.1.1]. It is important to note that out of this overachievement, FSAC partners that have projects under the SRP have collectively reached 3.2 million people, while the balance were assisted by partners whose projects were not part of the original target of 3.5 million. In addition, in areas where other food commodities became available in the local markets, FSAC partners provided unconditional cash transfers to an estimated 750,000 people, giving them liquidity and purchasing power to buy their other food requirements [indicator 1.1.3], contributing to dietary diversity.

In order to measure the impact of the food assistance provided to the typhoon-affected households, one of the outcome indicators used is the Food Consumption Score (FCS), which is based on the composite score of dietary diversity and food frequency of the households that received food assistance. Overall, FSAC-assisted communities showed gradual improvements in terms of food security from the baseline figure of 68 per cent in December 2013 to 77 per cent in the monitoring period of December/March. It further improved to 90 per cent in March/April as markets were gradually recovering and accessibility to functional markets became increasingly evident. The acceptable FCS peaked at 95 percent in May/June when further stimuli were injected into the local economy with the commencement of rehabilitation and asset-creation activities. It is worth remarking that in December 2013, female-headed households had a lower FCS compared with male-headed households. However, the acceptable FCS of both groups climbed to 93 per cent towards July/August 2014 [indicator 1.1].

Over the period of March/April, FSAC partners significantly scaled down their general food distribution to only the most vulnerable groups such as the elderly, people with disabilities and those living in remote, hard-to-reach islands with limited market access. This came following extensive consultations with key stakeholders such as the Department of Agriculture (DA), Department of Agrarian Reform (DAR), DSWD, non-governmental organisations (NGOs), UN agencies and the affected communities. Moreover, May and June marked the implementation of asset-creation activities to further facilitate the recovery of the most vulnerable households by providing them with purchasing power to meet their other priority needs. Post-distribution monitoring has revealed that households...
under the cash-for-asset programme utilised the biggest percentage of their cash on food, which in turn is reflected in the improving food security of the affected families.

In terms of nutrition, cluster partners are implementing programmes to prevent and treat under-nutrition for a total of 150,000 children under-five years of age, and 170,000 mothers in Haiyan-affected areas. The National Nutrition Council (NNC), under the Department of Health (DoH), continues to lead the Nutrition Cluster at the national and regional level, with the support of nutrition partners.

During the reporting period, 49 per cent of the 167,401 mothers targeted for infant and young child feeding (IYCF) counseling [indicator 1.3.1] have been reached. Counseling mothers on infant and young child feeding is a key priority in the effort to prevent acute malnutrition, stunting (chronic malnutrition), and to reduce the risk to child survival and development. With support from nutrition partners, Local Government Units (LGUs) in region VI, VII, and VIII continue to implement activities that contribute to the achievement of this indicator. It is anticipated that coverage will continue to increase until the end of November – the initial duration of the SRP and planned intervention period.

Eighty (80) per cent of the target caseload of 1,237 children with severe acute malnutrition (SAM) for admission into therapeutic feeding programmes [indicator 1.3.2] have been reached through community-based efforts of LGUs and partners in screening, referral, and treatment of children with SAM. Treatment of SAM – the deadly form of undernutrition – is an immediate, life-saving intervention.

Blanket Supplementary Feeding (BSFP) [indicator 1.3.3] as an immediate strategy for prevention of under nutrition was completed in March (see PMR 2, covering February to April 2014) and reached 190,000 children, or 137 per cent of the original target.

Targeted Supplementary Feeding (tSFP) [indicator 1.3.4] of children identified with moderate acute malnutrition (MAM) has reached 42 per cent of the targeted 5,900 children. The Targeted Supplementary Feeding program was scaled back at the end of May in response to WFP closing down their Haiyan programme in Region VI, VII and VIII. In view of no functional tSFP, no additional children with MAM received treatment services in the affected regions.

The distribution of Multiple Micronutrient Powders [indicator 1.3.5] for home fortification of complementary foods has reached more than 100 per cent of the targeted 149,600 children.

The initial Nutrition Cluster SRP targets on the treatment of children identified with moderate and severe acute malnutrition have been re-calculated following the findings of the SMART nutrition survey, conducted in February and March 2104. Details on this revision can be found in the 2nd PMR. A second SMART survey is planned for October 2014 to assess the current nutritional status and its underlying causes, with emphasis on infant and young child feeding practices in view of the high stunting rates (chronic undernutrition). The survey aims to determine unmet acute needs at the end of the SRP implementation period, as well as to provide an evidence-base for longer-term nutrition programming to address chronic undernutrition needs.

Challenges

Since the start of FSAC interventions, the absence of a joint in-depth household assessment meant that targeting was a common challenge among FSAC partners.

FSAC partners feel that indicators did not adequately capture all elements of the Strategic Objective (in particular in relation to “building food security in ways that are sustained through stimulation of markets and production”). On the other hand, progress made toward Strategic Objective 3 is closely linked to food security sustainment through markets and production stimulation to which numerous FSAC partners are contributing.

A challenge for Nutrition partners is to ensure that Nutrition in Emergencies activities shift towards integrated, preventative approaches targeting stunting and more targeted treatment of acute malnutrition in the recovery phase. With WFP phasing out its food distribution operations in Haiyan-affected areas, the government will require

---

1 They comprise the rounded sum of the activities that reach the highest number of beneficiaries of two population sub-sets, specifically: (i) Counseling of 167,400 pregnant women with children 0-23 months on IYCF; and (ii) Micronutrient supplementation for 150,000 children 6-59 months.

2 Standardized Monitoring and Assessment of Relief and Transitions – a methodology for conducting nutrition and mortality surveys.

3 Global Acute Malnutrition (GAM) prevalence of 4.1% (classified as “acceptable”).
continued support to approve and implement national guidelines for the management of moderate and severe acute malnutrition.

**The Way Forward**

Leveraging the government-led social safety nets, such as the DSWD’s 4P programme proved beneficial in the identification and targeting of the affected communities, as well as in the implementation of the activities. Further enhancement and expansion of the 4P programme to include more eligible and intended recipients is critical to reaching more beneficiaries, especially during emergency operations. The existing partnerships with government agencies have also presented opportunities to explore new linkages, for example, with PhilHealth.

The typhoon Haiyan response has highlighted the importance of disaster preparedness measures to minimise the impact of natural shocks, such as prepositioning food commodities in strategic points. Given the susceptibility of the Philippines to natural shocks, it is essential for humanitarian agencies to be operationally ready to mount rapid life-saving responses at any time, especially in addressing food insecurity at the onset of emergencies.

As food and nutrition security are coordinated through the Social Services recovery cluster within the OPARR (Office of the Presidential Assistant for Rehabilitation and Recovery) structure, the coordination of these issues should be enhanced. The Food and Nutrition Research Institute presented results from the 2013 National Nutrition Survey which revealed that 30 percent of the child population in the Philippines were stunted, 19 percent underweight, and almost 8 percent wasted. This clearly indicates that the situation should be regularly monitored, while programmatic intervention to address malnutrition should be implemented.

For the rehabilitation phase of the Haiyan Response, needs are characterised by increased vulnerability to maternal and chronic malnutrition (child stunting) – both of which have serious long-term consequences on child survival and development. The SMART Survey showed a stunting prevalence of 30.6 per cent for children under 5.

Recovery and rehabilitation efforts will need to emphasise access to interventions (evidence-based high-impact) that are known to significantly reduce vulnerability across the 1,000 day window of opportunity: from pregnancy up to the first two years of a child’s life. The current Nutrition in Emergencies interventions (IYCF counselling support, micronutrient supplementation of children and pregnant and lactating women, prevention and management of acute malnutrition) are part of these interventions. Hence, it is vital that capacity of local and national government duty-bearers is enhanced to enable the delivery of such interventions. Simultaneously, nutrition cluster partners will continue to support service delivery in the short to medium-term with a view to building resilient communities.

Infant -and young child- feeding counseling remains an area that requires improved service delivery and capacity-building at community-level through strengthened capacities on IYCF Counseling at all levels. It is also a priority area for potential long-term partnerships that will extend beyond the SRP period as IYCF Counseling has proven effective at reducing child mortality and the risk of long-term nutrition deficits.

There are ongoing efforts to test approaches to nutrition surveillance at the community-level. These will have to be institutionalised and mainstreamed as a preparedness and risk-reduction measure, and as part of routine health system monitoring. The Nutrition Cluster is also working on strengthening the Nutrition in Emergencies national policy environment and national resource capacity (in the form of Master trainers) through its work in the area of IYCF in Emergencies and Integrated Management of Acute Malnutrition (IMAM) towards strengthened nutrition preparedness and response at national and regional levels.

**Indicator Results**

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th># Reached</th>
<th># Targeted</th>
<th>% Targeted reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 % of target population with a minimum household food consumption score &gt;42</td>
<td>92.7%</td>
<td>80%</td>
<td>92.7</td>
</tr>
<tr>
<td>1.3 Prevalence of global acute malnutrition in girls and boys 6-59 months</td>
<td></td>
<td>4.1% Across Regions VI, VII, and VIII</td>
<td></td>
</tr>
</tbody>
</table>

---

**Outcome Indicator**

- # Reached
- # Targeted
- % Targeted reached
### 1.1.1 # of affected population who received immediate food assistance

- # reached: 3,500,000
- # targeted: 3,684,427
- % of target reached: 105%* 49% 51%

*Cash Transfer Programming data under 1.1.3 is based on data from only four of the actors involved in the sector (see below under Crosscutting Issues, Cash Transfer Programming).

### 1.1.2 # of persons identified as the most food insecure and vulnerable who received continued food assistance

This indicator overlaps with 1.1.1. as the operations were generally sustained over the entire emergency phase.

### 1.1.3 # of persons reached with cash transfers

- # reached: 750,000
- # targeted: 2,000,000
- % of target reached: 38%* N/A N/A

### 1.2.1 # of hectares of land cleared in targeted areas, and planted

- # reached: 11%
- # targeted: 100%
- % of target reached: 11%** N/A N/A

**Achievements for 1.2.1 include WFP only, not other sector partners.

### 1.3.1 # of pregnant women and caregivers of children 0-23 months reached with BF/IYCF counselling and support

- # reached: 49%
- # targeted: N/A
- % of target reached: 100%

### 1.3.2 # of severely acutely malnourished (SAM) boys and girls 6-59 months admitted for SAM treatment

- # reached: 82,026
- # targeted: 167,401
- % of target reached: 49% N/A 100%

### 1.3.3 # of boys and girls aged 6-59 months receiving blanket supplementary feeding

- # reached: 138,892
- # targeted: 189,985
- % of target reached: 137%*** 51% 49%

***The Blanket Supplementary Feeding Programme (BSFP) [indicator 1.3.3] is now complete; this intervention exceeded the targeted 139,000 children and reached 190,000 (137%) due to additional needs assessed at the barangay level.

### 1.3.4 # of moderately acutely malnourished (MAM) boys and girls 6-59 months admitted for targeted Supplementary Feeding Programmes

- # reached: 2,496
- # targeted: 5,903
- % of target reached: 42%**** 40% 60%

****The therapeutic Supplementary Feeding Programme (tSFP) [indicator SO1.3.4] has reached 36% of the targeted 5,900 children; this achievement is being limited as the World Food Programme scales back its operations.

### 1.3.5 # of boys and girls 6-59 months received micronutrient powder supplementation

- # reached: 149,559
- # targeted: 152,550
- % of target reached: 102% 51% 49%
Strategic Objective 2

Families with destroyed or damaged homes, including the displaced population, attain protective and sustainable shelter solutions.

<table>
<thead>
<tr>
<th>300,000</th>
<th>570,000</th>
<th>190%</th>
</tr>
</thead>
<tbody>
<tr>
<td>households targeted</td>
<td>given emerg. shelter</td>
<td>reached / targeted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18,000</th>
<th>27,000</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs targeted</td>
<td>with temporary or transitional sites</td>
<td>reached / targeted</td>
</tr>
</tbody>
</table>

Progress toward Strategic Objective

The Department of Social Welfare and Development (DSWD) has been the government cluster lead for both Shelter and CCCM. The OPARR-led recovery cluster system positions shelter agencies (as the Humanitarian Shelter Working Group or HSWG) in two out of the five recovery clusters: the DSWD-led Social Services Cluster (and its shelter sub cluster), and the Resettlement Cluster, led by the Housing and Urban Development Coordinating Council (HUDCC) and the National Housing Authority (NHA).

The HSWG has been working with national authorities to create a National Strategic Advisory Group to ensure cohesion between the two clusters and provide a national ‘think tank’ on post disaster shelter needs, responses, and gaps. The CCCM Cluster has transitioned into a working group, which, for the past two months, has been striving to achieve “zero EC” by facilitating the settlement of IDPs in transitional sites through close coordination with the Relocation Working Group. It is for this reason that the CCCM WG has added indicators 2.3.5 and 2.3.6, which determine the number of IDPs occupying transitional shelters in fulfilment of SO2. To date, only one quarter of the initial caseload (25 per cent) are still in tent cities and not yet occupying transitional shelters, although this group is also scheduled for transfer to transitional sites by the end of October 2014.

Over the past ten months, shelter agencies have provided 571,206 households [indicator 2.1.1] with emergency shelter (tents and tarps), equating to 190% of the targeted 300,000 households. The focus is now very much on recovery, with shelter agencies providing support to self-recovery through the provision of durable roofing solutions to 157,686 households [indicator 2.1.2] equating to 32% of the targeted 500,000 households. Current agency planning figures suggest that approximately 300,000 households (60% of the target) will receive a durable self-recovery shelter solution.

The HSWG has modified its monitoring approach to focus on recovery as opposed to emergency activities, as the latter have now come to an end. Indicator 2.1.1 essentially monitors outputs related to emergency activities, which are no longer ongoing, and so remains unchanged from the last reporting period. Recovery activity tracking has been modified to focus on programme outcomes in terms of households fully assisted, as opposed to tracking the breakdown of items provided (outputs).

The HSWG carried out its third assessment in July 2014.4 This showed that among the entire affected population, less than one-fifth (17%) of dwellings were classified as still being totally destroyed by the typhoon; less than one-third (29%) as still having major damage, whilst two-fifths (43%) were found to have minor damage. Additionally, more than one in ten households (11%) were deemed to have no damage, a seven per cent increase over the baseline assessment carried out in December 2013. Furthermore, the survey found that whilst only three per cent of households have fully completed their recovery, 15 per cent believe that they can recover using their own

---

means. However, nearly two-thirds (61%) of affected households believe they require continued assistance to complete their recovery, with one-fifth (21%) stating that they have yet to begin their recovery. Overall nearly two-fifths (38%) of affected households have received some form of assistance, with four-fifths (80%) having received emergency shelter assistance, 16 per cent having received temporary support, and four per cent having been provided with permanent housing assistance.

The third assessment also looked at qualitative aspects of the response with such findings being used for outcome indicators 2.2, 2.2.2 and 2.2.3. In order to assess whether households were living in ‘safe’ and ‘habitable’ dwellings, enumerators were given a one day training by the HSWG technical team to identify a number of criteria around safety and adequacy. The assessment found that 24 per cent of damaged households that had received some form of shelter assistance [indicator 2.2.2] have a safe/fairly safe dwelling (‘safe’ was determined by looking at the following minimum safety features: site, shape, foundation, tie-down, bracing, strong joints and roofing). 61 per cent of damaged households that had received some form of assistance [indicator 2.2.3] are living in adequate/fairly adequate housing (‘adequacy’ was assessed by looking at the following minimum adequacy features space, durability, drainage, ventilation, ceiling height, privacy, security and accessibility). Overall, 26 per cent (indicator 2.2) of the entire affected population is living in safe and habitable dwellings (this is measured by looking at households that were categorized by enumerators as both safe/fairly safe and adequate/fairly adequate). Of this group, shelter assistance was provided to 33% of the households.

Whilst indicator 2.2.2 is low, the safety aspects that were assessed looked at structural features whereas the majority of assistance provided so far has been emergency in nature (tents and tarps); the extent to which the latter activities can return people to a ‘safe and habitable’ dwelling is therefore limited. This reinforces the importance of recovery shelter activities. Recovery activities have been more limited in number than hoped however primarily due to funding constraints. They also require a longer time to implement. Furthermore, from the start of the response the Shelter Cluster’s strategy has been about supporting people with their own recovery with the majority of recovery activities (87%) being in the provision of shelter repair kits. Consequently there should be an increased focus on technical assistance, trainings and public outreach and communication around building back safer so as to support households in their self-recovery.

Throughout this reporting period the HSWG consulted with agencies and government counterparts to develop guidelines on recovery-based shelter programming that advocates prioritising permanent solutions, with adherence to key principles, and parameters around safety, adequacy, appropriateness and accessibility, where possible. These guidelines emphasise that temporary assistance in high-risk areas, where allowed, should include preparedness and evacuation plans. Both the government and shelter agencies continue to train communities on techniques for building back safer to ensure a positive and lasting impact on the durability of their homes. Thus far, more than 3,600 carpenters have been trained on building back safer techniques, and posters with key messages have been produced in English, Hiligaynon, Waray, Cebuano, and Tagalog. Finally, ongoing advocacy has continued around outstanding humanitarian shelter needs and the necessity for essential services to be provided in temporary and permanent resettlement sites so that durable solutions can be achieved.

Nine months into the response, indicators 2.3.1, 2.3.2, and 2.3.4 have been deemed irrelevant for this review since they have long been achieved, i.e., stabilised conditions in displacement sites. Male and female site managers are overseeing all existing displacement sites – remaining tent cities, school evacuation centers, and bunkhouses. Trained IDP leaders also run camp management committees. Additionally, camp needs and service gaps are regularly monitored through the Displacement Tracking Matrix (DTM) for referral and follow up by service providers.

With the establishment of the DSWD-led Social Services Cluster under OPARR’s oversight, the CCCM Cluster transitioned into a working group in July 2014. The working group continues to strive to achieve “zero Evacuation Centres (ECs)” and “zero tents” by facilitating the settlement of Internally Displaced Persons (IDPs) in transitional sites through close coordination with the Relocation Working Group. It is for this reason that the cluster added indicators 2.3.5 and 2.3.6 which determine the number of IDPs occupying transitional shelters in fulfillment of Strategic Objective 2.

The total number of affected people referred to by the Cluster in this report is the total caseload of displaced families, either in tent cities, evacuation centers, bunkhouses and single-detached transitional shelters declared by DSWD as formal displacement sites (see table below). The figures do not include those in makeshift homes, host families, and tents located in homesteads or outside formally recognised settlements. Less than one-quarter of IDPs remain in formal tent settlements and not yet occupying transitional shelters. At the time of reporting all families within this group were already scheduled for transfer to transitional sites by the end of October 2014, according to LGU officials.
Region VI Region VIII Total
Families Individuals Families Individuals Families Individuals
Tent settlements (11 sites) - - 1,120 4,760 1,120 4,760
Transitional (52 sites) * 215 1,017 4,022 18,685 4,237 19,702
ECs (1 site) - - 84 323 84 323
Total 215 1,017 5,226 23,768 5,441 24,785

Data provided by IOM DTM (30 July) for Region VIII and OCHA for Region VI (7 August 2014).

* Region VI is host to 2 bunkhouses: Estancia (103 HH, 487 Individuals) and Concepcion (112 HH, 530 individuals). The remaining 62 transitional or temporary sites are in Region VIII.

The number of IDPs with sustainable return or relocation sites identified and assessed [indicator 2.3.3] is estimated to be 32 per cent of the total IDP population (those in formal displacement sites, as categorised by DSWD). LGUs, together with the National Housing Authority (NHA) – the agency charged with building permanent housing in relocation sites – are still in the process of land acquisition, particularly in Tacloban City and other municipalities in Eastern Samar. Although the total land requirements have already been determined, inventorying available land is still under way, making it difficult to allocate specific relocation sites to particular groups or families.

In the absence of this information, the CCCM and HS working groups came up with a matrix called the “IDP Settlement Plan” to serve as a guide for camp closures and function as an inter-cluster coordination tool, in particular to support shelter actors. The Plan charts the direction of IDPs from evacuation centers or tent cities to transitional sites, while they continue to pursue durable solutions. The tool identifies the number of transitional sites and WASH facilities committed to by organisations, and the timeline for their construction in areas provided by LGUs. The IDP Settlement Plan was further expanded to include other camp facilities, such as women and child-friendly spaces, and health stations.

Some Local Inter-Agency Committees (LIAC) within LGUs are planning to adopt the tool (most notably in Tacloban), mainstreaming interim shelter solutions into their Local Rehabilitation and Recovery Plans. This transitional solution is in pursuit of the strategic objective of providing improved shelter and living conditions to IDPs who have been living in tents and ECs since the aftermath of Typhoon Haiyan.

All (100%) of IDPs remaining in tent cities and ECs have already been allocated transitional sites while waiting for durable solutions [indicator 2.3.6]. These IDPs in tents are located in Guiuan in Eastern Samar, and Tacloban City and Tanauan in Leyte. The remaining EC residents in Tacloban are scheduled to transfer to transitional sites by the end of October 2014, thus achieving the “zero EC” cluster objective before the one-year anniversary of Haiyan (9 November 2014).

More than three-quarters (79%) of the IDP population (19,702 individuals) are already living in transitional sites [indicator 2.3.6]. The majority of this group are occupying bunkhouses built by the government during the first months of the response. The CCCM Cluster and its partner agencies have been maintaining WASH facilities and upgrading structures, in particular the replacement of worn out plywood flooring, broken gutters, leaking roofs, and silted drainage canals. The remaining 1,120 families (4,760 individuals) in tent cities, and the remaining EC residents in Tacloban are scheduled to transfer to transitional sites by the end of October 2014, thus achieving the “zero EC” cluster objective before the one-year anniversary of Haiyan (9 November 2014).

Challenges

Many of the challenges outlined in the previous PMR facing the HSWG and the CCCM WG in achieving the strategic objective continue, particularly related to achieving durable shelter solutions at scale, the lack of suitable land for transitional shelters, and heightened vulnerabilities in the face of the current typhoon season. Ten months into the response and many families still remain in tents, bunkhouses, and makeshift shelter - based on the third HSWG assessment, 9% of the assessed population, or about 95,000 households (assuming a base of 1,053,302 households), currently live in emergency or makeshift shelter that is considered ‘unsafe’ or ‘inadequate’ using a scale based on shelter recovery guidelines - with the humanitarian community challenged by a continued uncertainty around “unsafe zones,” leading to protracted displacement and ad hoc shelter solutions being proposed. In addition to the lack of suitable land, the situation has been exacerbated by the occurrence of typhoons, which have subjected families living in tents to ongoing suffering, with flooding and toppled tents forcing
many to flee to evacuation centers. Another challenge is the difficulty in finding natural water sources in transitional sites, further delaying the transfer of IDPs from tent cities.

Through advocacy and negotiation many local government units are becoming more open to the provision of temporary assistance in areas that were once classified as no-build-zones. This is a reflection of the challenges that remain for LGUs around the need to relocate families from unsafe zones (estimated by OCD at 205,000 families)\(^5\) when appropriate land is scarce. It is consequently being recognised that durable solutions for families in unsafe zones will be a protracted process.

With the scale of requirements has come a decrease in availability of quality construction materials. A number of agencies currently face the question of whether to support local markets and accept lower quality supplies, or import materials at the expense of the local economy and at higher prices. This is also being seen in the government’s own emergency shelter assistance, which in the past has constituted the provision of shelter repair kits. Now government assistance has shifted towards the provision of cash alone and will cover 966,341 households.\(^6\)

Efforts to achieve the target set at the beginning of the shelter response (500,000 households with durable roofing solutions, indicator 2.1.2) has been inhibited largely by a lack of funds – at 44 per cent funded under the SRP, the second lowest funding rate, surpassed only by Early Recovery and Livelihoods. This under-funding is compounded by price inflation in construction materials. In the absence of further funding, it is highly unlikely that agencies will be able to make any significant gains in terms of supporting self-recovery therefore. Furthermore, the current typhoon season is widely expected to negatively affect construction work for both CCCM and shelter partners, extending timetables for achieving overall targets.

The Way Forward

Evacuation planning and evacuation simulation exercises will be conducted in vulnerable communities in preparation for future typhoons. The rehabilitation and reconstruction of evacuation centres will be urgently considered and advocated for in light of the impending typhoon season. Similarly, shelter agencies will continue to work on contingency and preparedness plans with the support of the HSWG coordination team.

Shelter agencies will continue to provide ongoing build back safer training to communities, and will continue to focus on public outreach through radio and social media so as to ensure an outreach beyond those directly receiving shelter assistance. They will continue to work with DSWD and local government units to ensure the sharing of beneficiary lists between agencies and municipalities, and the HSWG coordination team will work to ensure that community-driven programmes include key technical messages around building back safer.

Identification of shelter focal points is currently underway to ensure ongoing coordination amongst shelter agencies at the municipality level, as well as with local government and DSWD.

In accordance with the DSWD-led Social Services Cluster’s aim of transforming displaced populations into typhoon resilient communities, the CCCM Working Group will strive to meet the “zero tent” objective by the end of October; the middle of the typhoon season. Additionally, advocacy will continue in pursuit of durable solutions to ensure transitional sites do not end up as permanent displacement sites. Timelines for transition will be advocated for to encourage local authorities to actively pursue early completion of permanent housing projects.

Coordination with WASH service providers will continue to ensure transitional sites meet minimum standards. Furthermore, the HSWG and the CCCM Working Group will continue to advocate for the clarification of the “unsafe zone” policy to determine what assistance can or cannot be provided pending relocation. Additionally, advocacy for durable permanent relocations will continue, raising awareness around the right to adequate housing and the consequential need to provide infrastructure and services prior to a movement of people.

---


6 Social Services Plan of the Philippines Comprehensive Recovery and Rehabilitation Plan, as above.
### Indicator Results

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Reached</th>
<th>Targeted</th>
<th>% Target Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 # of households that sustained house damage that are currently living in safe, habitable emergency shelter</td>
<td>No longer relevant – see narrative, above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 # of households that sustained house damage from the typhoon that are currently living in safe, habitable dwelling</td>
<td>263,325</td>
<td>1,012,790</td>
<td>26%</td>
</tr>
</tbody>
</table>

#### Indicators 2.1.1 to 2.2.3 reflect assistance provided by all partners of the HSWG, the majority of whom sit outside the SRP.
Strategic Objective 3

Women and men whose livelihoods or employment have been lost or severely impaired regain self-sufficiency, primarily with the restoration of local economies, agriculture and fisheries.

Progress toward Strategic Objective

The April 2014 Labor Force Survey (LFS) shows a decrease in vulnerable employment rates for MIMAROPA\(^8\) and Western Visayas compared to the same month of the previous year, whereas the rate for the Central Visayas remains unchanged (see Table below). This suggests that over the last 6 months vulnerable worker\(^9\) beneficiaries have benefited from either of the following: adequate income, improved productivity, better working conditions, or access to social protection benefits.

It should be noted, however, that during the first half of 2014, survey implementation in Region VIII was not feasible due to the extent of damage. Similarly, the master list of households to be surveyed could no longer be used due to damage to houses and displacement. The Philippine Statistics Authority (PSA) therefore decided to temporarily exclude Region VIII (January 2014 LFS) and the province of Leyte (April 2014 LFS) from the survey implementation. The extent to which the LFS can be seen to provide data on Haiyan livelihood recovery is somewhat compromised therefore and is perhaps just illustrative of wider trends.

<table>
<thead>
<tr>
<th>Region</th>
<th>April 2013</th>
<th>July 2013</th>
<th>October 2013</th>
<th>January 2014</th>
<th>April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-B (MIMAROPA)</td>
<td>49.7%</td>
<td>47.8%</td>
<td>50.0%</td>
<td>49.8%</td>
<td>47.2%</td>
</tr>
<tr>
<td>VI (Western Visayas)</td>
<td>37.0%</td>
<td>37.3%</td>
<td>36.5%</td>
<td>35.4%</td>
<td>36.1%</td>
</tr>
<tr>
<td>VII (Central Visayas)</td>
<td>42.6%</td>
<td>42.9%</td>
<td>44.4%</td>
<td>42.8%</td>
<td>42.6%</td>
</tr>
</tbody>
</table>

Source: Philippine Statistics Authority (PSA), Labour Force Survey

Despite the year-on-year decreases that can be seen above, it is recommended that, given the nature of this indicator, reporting would benefit from a longer gestation period to allow for trends to become more apparent. Since the LFS is a national survey, trend analysis is still possible despite the official shift to recovery.

Completed and ongoing activities across Regions VI, VII, and VIII show significant progress has been made in all indicators since the last data collection period (30 April 2014).

Unique to the Typhoon Haiyan response was the emphasis on adherence to international labor standards providing regional minimum wage to worker beneficiaries, personal protective and safety equipment, and social protection and health benefits to reduce vulnerability among workers.

---

i. e. own account or unpaid family workers

8 MIMAROPA is the name of the region with the following provinces: Mindoro (divided into Occidental Mindoro and Oriental Mindoro), Marinduque, Romblon, and Palawan. The name is an amalgam of the names of these provinces.

9
Immediate, short-term work has been provided to 152,152 vulnerable workers through clearing of debris and fallen coconut trees, and minor repairs to access roads, public facilities, health care centers, and key public and economic infrastructure [indicator 3.1.1]. Of these, 60 per cent were men and 40 per cent were women. Assistance to a further 10,086 vulnerable workers is planned by November 2014, reaching a total of 162,238 individuals or 119% of the targeted 136,000 affected individuals. The number of vulnerable workers reached increased by 61 per cent since the last reporting period.

Emergency employment activities were at the forefront of the disaster response because of the magnitude and urgency to make humanitarian relief goods and services physically accessible, and reduce health risks. It also injected much-needed financial resources directly into the hands of those who were directly affected, allowing the purchase of food, water, shelter materials, and other basic commodities necessary for survival. At the macro-level, conditional cash transfers through emergency employment invigorated local economies across affected regions, reviving local businesses and creating local employment. The response was a success, allowing affected households to meet basic needs.10

Individuals reached through the provision of skills and enterprise support [indicator 3.1.2] increased substantially from 18,981 in the 2nd PMR to 134,215 individuals at the time of reporting. It is anticipated that 31,799 individuals will receive technical vocational skills training and enterprise support under planned activities by year end. Overall, 166,014 individuals will benefit reaching 138 per cent accomplishment. Males comprised 56 per cent of the total beneficiaries with women at 44 per cent. The significant increase is attributed to the shift to sustainable livelihood activities, which are responsive to industry demand and local economic growth projections. For those who are trained on technical vocational skills, the objective is to enhance their employability for wage employment or self-employment. Support to local enterprises largely consists of capacity building and the provision of small grants for micro-enterprises. Value-chain analysis have been undertaken in preparation for growth in the tourism industry in Palawan, and Northern Cebu.

Restoration of public and economic infrastructure [indicator 3.1.3] increased from 4,914 to 9,486, reaching 95 per cent of the targeted 10,000 buildings and infrastructure from the last reporting period. Restoration of public infrastructure has been instrumental in the resumption and continuing delivery of basic services to local communities that were severely affected by the typhoon. This has also brought about a sense of normalcy and restored confidence in the ability of both public and private services to resume operations.

The number of LGUs provided with capacity strengthening to plan and undertake risk reduction measures from the provincial down to the barangay level [indicator 3.1.4] increased from 28 to 58 LGUs; 135 per cent of the targeted 43 LGUs. Such interventions have focused largely on Disaster Risk Reduction (DRR) capacity development, includes participatory stock-taking, lessons learned exercises, risk assessments, support to land use planning, contingency planning, Information Education Campaign (IEC) and awareness-raising programmes, and the provision of equipment for improved early warning and communications capabilities.

Agriculture farming-related targets have been achieved and reached over 200% [indicator 3.2.1]. The number of boats repaired and/or built is on-track at 80 per cent [indicator 3.2.4]. There is a lag in the achievement of targets related to the repair of agricultural assets [indicator 3.2.2], fishing inputs [indicator 3.2.3], and capacity development of women in alternative agriculture and fisheries livelihoods [indicator 3.2.6].

FSAC partners have supported over 103,021 (206 per cent) of the target number of farmers with agriculture seed packages (including fertilisers) and hand tools [indicator 3.2.1]. Achievements have surpassed targets through interventions which comprise the emergency rice package distribution, the provision of corn and vegetable seed packages, and the establishment of communal gardens. A post-harvest evaluation of the emergency rice seed packages distributed for the December/January planting season by one partner shows that farmers used virtually all rice seeds (97%) and fertilisers (91%). The swift and timely response of FSAC partners to source and provide rice seeds and fertilisers for the December/January planting season allowed rice farmers to regain their primary source of livelihood. This indicator does not, however, reflect other ongoing projects which target coconut farming communities, who were also severely affected by the typhoon and who require alternative livelihoods.

Marginal progress was made on the number of farmers with key agricultural assets repaired, which include irrigation and drainage structures, storage spaces, and machinery [indicator 3.2.2]. Monitoring the indicator presented difficulties, however; only one FSAC partner directly reported on this indicator. Many other partners

10 Observations supported by Rapid Household Economy Analysis – Eastern Leyte conducted by Save the Children, July 2014.
implemented cash-for-work (CfW) schemes for the repair of agricultural assets, posing difficulties in terms of beneficiary attribution according to the indicator. CfW schemes provide immediate income, whose only direct beneficiaries are the cash recipients. Meanwhile, the indicator ideally aims to capture the number of farmers who enjoy communal benefits from the repair of agricultural assets, such as water availability in case of irrigation and drainage structures.

An assessment of post-harvest rice storage facilities revealed that farmers store their harvest in vacant spaces inside the house instead of in separate storage areas. Consequently, repair of storage areas [indicator 3.2.5] was not possible, and partners did not report on progress against this indicator. Instead, to improve the storage of rice and seeds, farmers will receive storage containers that can impede insect growth and resist water and mechanical damage caused by typhoons or earthquakes. This indicator should therefore be revisited for future use in inter-agency monitoring frameworks such as the one used by FSAC.

To date, only 37 per cent of the target fisher folk have received fishing inputs and gear from FSAC partners [indicator 3.2.3]. Progress is expected to increase as partners scale-up and continue to implement activities.

Through the combined efforts of the government – in particular the Bureau of Fisheries and Aquatic Resources (BFAR) through its Ahon Initiative – and FSAC partners, boat repairs and boat building are on track at 80 per cent [indicator 3.2.4]. BFAR repaired and/or built 16,630 boats, while FSAC partners covered 7,361 boats. Data does not allow to capture the number of boats provided by other civil society and private sector groups, which are believed to be significant but outside the SRP.

Pending and ongoing interventions of FSAC partners in the fisheries sector include the distribution of engines, and training of fisher folk on boat-building based on the prototype hybrid boat already developed.

FSAC partners have reported 4 per cent achievement on providing trainings on alternative livelihoods [indicator 3.2.6]. This is expected to change as FSAC partners implement activities on fish processing and seaweed farming in the coming months.

Boat repair and replacement took precedence over other distributions given boats are key productive fisheries assets. This explains the more recent distribution of fishing inputs, gears, and trainings on alternative fisheries livelihoods.

FSAC partners continue to plan and implement interventions that will be ongoing until mid-2015 at least. Partners now work within the Department of Trade and Industry (DTI)-led livelihoods cluster strategy within the OPARR-led recovery structure. Consequently, FSAC partners remain confident that they will meet or surpass SRP targets before phasing out from the response.

Challenges

Livelihood vulnerabilities across affected areas were evident before Haiyan but were further exacerbated by the disaster. This is particularly true for Region VIII, which was the second poorest region of the country prior to the typhoon in 2012.

Large populations remain unemployed and vulnerably employed, with an estimated 3.9 million workers in vulnerable forms of employment. For the most part it was the poorest households who were temporarily or permanently stripped of their primary source of income and who will find it the hardest to recover.

As regards indicators, FSAC should refrain from identifying capacity development as a core indicator in emergency response plans, such as an SRP. While such interventions are critical in building the resilience of community livelihoods, capacity development interventions such as trainings address long-term development strategies as opposed to emergency humanitarian needs. Furthermore, their design and implementation normally require capacity assessments, which need more time than is appropriate for an emergency response.

The Way Forward

Gaps in livelihood support are wide, with limited access to income generating opportunities for the most vulnerable. Nonetheless, emergency employment using cash-for-work for debris clearing, and in some cases cleaning of public areas, are no longer necessary as most markets and local economic activities have recovered, normalised, and even expanded.

Prolonged cash-for-work activities risk distorting local labor markets, with workers preferring to engage in unskilled labor earning minimum daily wages rather than returning to previous livelihoods or shifting to alternative sustainable activities. The nature of an emergency employment programme should consider how it contributes to
stimulating economic activities and how it is designed to improve capacities through skills training, enterprise development support, and production or asset building. It is important that measures to protect workers’ rights and promote labor standards are also incorporated.

The issue of transitional shelters and the failure to identify permanent relocation sites has impinged on the delivery of livelihood services and products. There is a need for sustainable, longer-term livelihoods, and economic solutions for those in “unsafe zones”.

It is beyond the scope of the SRP to address the issues underlying poverty. It is acknowledged, however, that the road to recovery will require longer-term sustained livelihood interventions that include strengthening of local capacities in referral and labour information services, aligning local products and services within a value chain, provide relevant skills trainer wage and self-employment, and enterprise development support in partnership with the private sector.\(^\text{11}\)

### Indicator Results

<table>
<thead>
<tr>
<th>Indicator</th>
<th># reached</th>
<th># targeted</th>
<th>% of target reached</th>
<th>(%) of target reached</th>
<th>(%) of target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 # of affected vulnerable workers employed in debris clearing and in the repair and restoration of public and economic infrastructure disaggregated by sex and age</td>
<td>136,000</td>
<td>152,152</td>
<td>112%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>3.1.2 # of affected men and women provided with skills and enterprise support in order to regain livelihood</td>
<td>120,000</td>
<td>134,215</td>
<td>112%</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>3.1.3 # of public infrastructure restored disaggregated by type</td>
<td>9,486</td>
<td>10,000</td>
<td>95%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3.1.4 # of affected local government units with capacity strengthening support being provided to plan and/or undertake risk reduction measures</td>
<td>43</td>
<td>58</td>
<td>135%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3.1.5 # of affected local government units with capacity strengthening support being provided to plan and/or undertake risk reduction measures</td>
<td>135%</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.1 # of affected farmers receiving agricultural inputs (such as seeds and tools)</td>
<td>60,000</td>
<td>103,021</td>
<td>206%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3.2.2 # of affected farmers with key agricultural assets repaired (such as irrigation and drainage structures, storage spaces, machinery etc.)</td>
<td>Unable to report (see narrative)</td>
<td>Unable to report (see narrative)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.3 # of affected fishermen receiving fishing inputs and gear</td>
<td>11,470</td>
<td>31,000</td>
<td>37%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3.2.4 # of fishermen with boats repaired and built</td>
<td>23,991</td>
<td>30,000</td>
<td>80%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3.2.5 # of Barangays with support infrastructures repaired</td>
<td>Unable to report (see narrative)</td>
<td>Unable to report (see narrative)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.6 # of women trained in food conservation, fish processing and seaweed farming</td>
<td>1,192</td>
<td>30,000</td>
<td>4%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

\(^\text{11}\) Recommendations supported by Priority Needs Assessment made by Early Recovery and Livelihood Cluster in Western Leyte and Biliran Province, June 2014, not released.
Strategic Objective 4

Prevent increases in mortality and morbidity and the outbreak of communicable diseases through immediate access to basic water, sanitation, hygiene, and health services

<table>
<thead>
<tr>
<th>1.5 million people targeted</th>
<th>1.8 million received water kits</th>
<th>117% reached / targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% targeted</td>
<td>100% of reported disease alerts verified</td>
<td>100% reached / targeted</td>
</tr>
</tbody>
</table>

Progress toward Strategic Objective

Since the beginning of the response, significant achievements were made in both the timely response of immediate life-saving assistance and the provision of sustainable access to health services, and water, sanitation, and hygiene in Haiyan-affected areas. The absence of significant public health outbreaks is a reflection of the strong coordinated public health response that was supported by effective early-warning surveillance, as well as of community resilience.

The WASH and Health clusters started transitioning from life-saving interventions to early recovery planning and implementation in December 2013. This included not only restoration of communal and household-level water and sanitation facilities and healthcare infrastructure, but also the strengthening of governance and resilience capacities at local levels.

The WASH Cluster has surpassed both life-saving and early recovery aid targets, with the exception of sanitation targets. To date, more than 1.89 million people have benefitted from hygiene kits [indicator 4.1.3.a] and 1.75 million through the provision of water kits [indicator 4.1.1a].

Access to safe water supply and adequate sanitation is fundamental in preventing disease outbreaks. Strong partnerships with LGUs and local water service providers facilitated the rapid restoration of municipal and community water supply systems. Over the past six months humanitarian efforts focused on improving water infrastructure and system management with priority being given to Level 1 (water source at point, for example dug wells) and Level 2 (communal faucet or stand post) systems. To date, more than 976,000 people have benefitted from improved infrastructure [indicator 4.1.1b]. Water Quality Programmes, including follow-up coaching and supply of test kits, has been undertaken in more than 54 municipalities, with more than 450 participants.

Haiyan-affected areas had a pre-typhoon household latrine access rate of 64 per cent, equating to around 1.3 million persons without access to a household latrine, and around 5 to 7 per cent (200,000 people) lost household latrine access due to the typhoon. To date, 349,000 persons (54 per cent of target) have benefitted from 35,000 new or rehabilitated latrines [indicator 4.1.2], and there are a further 77,000 household latrines which are under construction or planned for construction. Not all those who lost their household latrines have been reached, as many live in “unsafe zones” and are awaiting relocation. The majority, however, have been reached with emergency communal latrines.

The WASH sanitation response has gone further than meeting humanitarian needs, and figures show that over 149,000 people who did not have latrine access pre-typhoon now have access. Recognising the push by national authorities to improve overall sanitation coverage in the country, the response was seen as an opportunity to address both new and long-standing sanitation issues. As the Haiyan response transitioned into early recovery and development, WASH Cluster partners seized the opportunity to use an adapted form of a rural sanitation strategy.

---

12 REACH Baseline Study, April 2014
called the Philippines Approach to Total Sanitation (PhATS). This strategy focused on addressing demand, supply and governance in relation to WASH with a view to accelerating, scaling up, and sustaining sanitation improvements within target areas.

PhATS is a phased approach to sanitation development, with three levels of achievement: Grade 1 to 3. These levels encourage barangay-wide sanitation improvements with incremental rewards and incentives for reaching each of the three levels. The benefits of efforts in implementing PhATS are already apparent, with increasing numbers of barangays being certified as free of open defecation, where all community members are now using hygienic toilets. As of the date of reporting, 20 barangays have achieved “Zero Open Defecation (ZOD)” status, with the number rapidly increasing. Community-based WASH committees have been established in 747 barangays, or 30 per cent of all Haiyan-affected barangays. More than 13 WASH players have committed to continue their response across affected regions for the next 15 months at a minimum, with significant programmes focused on sanitation.

In support of this objective, the health cluster has supported the Department of Health (DoH), at the national, regional and provincial levels, to prevent outbreaks of communicable diseases; treat survivors of the typhoon through provision of timely life-saving medical aid and health services; rebuild and ‘build back better’ the health infrastructure in the affected areas; and link and coordinate with international partners and other response clusters and sectors to ensure effective multi-sector response. The indicators to measure progress have evolved over time to reflect the data collected by the DOH and the focus for the response and recovery work. Progress in each of the key activity areas is presented below:

**Prevent**

After Typhoon Haiyan there was serious concern there could be an outbreak of communicable diseases. The Health Cluster undertook vaccination, surveillance, water, sanitation, and hygiene promotion activities to prevent the outbreak and spread of diseases. Technical assistance was provided to the DoH in planning, implementation and data management for immunisation campaigns in affected areas. Cold chain equipment and other medical supplies were also provided to assist, and routine immunisations were re-established. 1.8 million children under the age of five benefited directly from measles vaccination, and 49,900 from polio vaccination. In addition, 500,000 infants benefited from the re-establishment of routine immunisation. Since January 2014, the Health Cluster has been providing intensive training, micro planning, data and logistics management support for the September 2014 national mass immunisation campaign against measles, rubella, and polio. The campaign is targeting 11 million children 9-59 months of age for the measles-rubella (MR) vaccine, and 13 million children 0-59 months of age for the Oral Polio Vaccine. To date there has been no major outbreak of disease in the Haiyan affected areas.

Technical support was provided to strengthen the disease surveillance systems within the DoH. This included strengthening Surveillance in Post Extreme Emergencies and Disasters (SPEED) in the initial response phase, and the Philippine Integrated Disease Surveillance and Response System (PIDS&R) and Event-based Surveillance and Response (ESR), after March. During the initial four months that SPEED was in place, it was implemented in 411 health facilities in affected areas of Regions VI, VII, and VIII to support the early detection of epidemic-prone diseases and to minimise morbidity and mortality of 21 predetermined syndromes. Over 340,000 consultations were reported through SPEED in affected areas, generating approximately 3,000 “alert” signals. Action was taken in response to 100% of these alerts in order to prevent outbreaks [indicator 4.2.4]. Furthermore, the Health Cluster, in conjunction with the WASH cluster, produced dengue preparedness and response plans that have been used in the typhoon affected areas. Advocacy campaigns on dengue prevention were conducted in Ormoc and Tacloban Cities. Dengue brigade trainings continue within communities.

It is estimated that 5.8 million people benefited from the control of both communicable and non-communicable diseases in these areas. Over 300 health personnel were trained in surveillance. The latest reports indicate that both dengue and measles have shown a declining trend as compared to last year. Assistance was also provided in the areas of water quality testing, health care waste management, and environmental risk assessment.

**Treat**

The objective of this part of the response was to address the immediate health needs of affected communities, especially for obstetric and neonatal care, mental health and psychosocial support, and care of the deceased and bereaved. From November 2013 the Health Cluster provided immediate support to DoH for the coordination of field hospitals, the direction of over 500 tonnes of medical supplies, and the activities of over 150 foreign medical teams to help restore the capacity of the health systems to provide basic emergency services to affected populations.
With the typhoon resulting in many casualties, management of the dead became a high priority. The Health Cluster supported DoH on dead body management and mass casualty management, including the coordination of international cadaver rescue dogs to assist in the search for bodies and support for the burial of those recovered.

The cluster took special care to ensure that the immediate healthcare needs of the more vulnerable sections of the affected population were adequately met – particularly women, children, and the disabled. More than 21,900 pregnant and lactating women benefitted from services provided during Reproductive Health Medical Missions and at least 20,000 adolescents were provided sexual and reproductive health information. The health cluster also focused on the treatment of chronic diseases, especially high-risk diseases like tuberculosis (TB) and HIV/AIDS and STIs. Mental health care and psychosocial support was deemed to be crucial in the overall recovery of the affected people and was therefore another area of focus for the cluster. A coordinated approach has been undertaken through the introduction of psychosocial first aid; core and supplemental training of municipal health officers and public health nurses on the Mental Health Gap Action Programme (mhGAP). Around 22% of district hospitals now have at least one staff member trained on diagnosis and manage mental illness in the community [indicator 4.2.3]: the bulk of the training activity is due to take place in the remaining months of 2014. The Secretary of Health has followed this work up with the establishment of a national task force on mental health to prepare for transforming mental health services across the country, based on the model used in Haiyan-affected areas. Training on mental health continues for key health workers along with assistance to strengthen the supply chain for psychotropic drugs. An initial donation of psychotropic drugs worth over US$300,000 has already been secured by WHO from international partners.

Rebuild

More than half of all health facilities were damaged or destroyed in the worst affected municipalities, causing disruption to delivery of services. In November and December 2013 Health Cluster partners mapped the location and functional status of health facilities, identifying priority centers for rehabilitation to ensure adequate health care for the community. The health cluster supported the establishment of tent hospitals, “quick fix” repairs to priority health facilities, installation of pre-fabricated units for outpatient treatment, and re-equipped other facilities. Mapping of the repair and rehabilitation of health facilities has continued to help guide investment of donors and the government. At least 60% of the target has been reached in terms of access to functioning health facilities [indicator 4.2.2] and at least 40% of the target has been reached on access to consultations [indicator 4.2.1]. To date, the lack of funds for rebuilding health facilities has hampered progress and the lack of adequately trained health professionals has hampered the ability of the health system to sustain and increase the number of consultations once foreign medical teams left the area. Both issues have been a priority for the health cluster and also require necessitate support and close collaboration with the Government.

Link

From November 2013 to February 2014, 151 foreign medical teams (FMTs) arrived in the Philippines to provide medical care to the affected population. The Health Cluster registered, coordinated, and tracked these FMTs in collaboration.

The Health Cluster established six coordination hubs (Tacloban, Cebu, Roxas,Ormoc, Borongan, and Palo) in addition to a national hub in Manila, in order to support cluster partners and coordinate the health response. Health cluster meetings are regularly held and the 4W matrices updated regularly.

Challenges

To date there are still some 200,000 households living in areas classified as “unsafe zones” across the typhoon-affected municipalities.13 Future plans for these communities are yet to be determined as the government tackles the complex political, environmental, cultural and economic issues that surround relocation.

In Tacloban City alone, some 2,000 households are expected to be relocated to transitional sites in the coming months whilst they await their permanent housing. Ensuring adequate standards of WASH in these transitional sites, as well as still existing bunkhouses, evacuation centres, and tent sites remains an ongoing challenge – particularly in terms of project planning when figures and timeframes are still unclear.

---

13 Source: Resettlement Cluster under OPARR.
The lack of water supply infrastructure in Northern Tacloban, identified by the local government as permanent relocation site, remains a serious concern that needs to be addressed by local authorities in order to ensure reliable supply to existing and new transfers.

With the signing of the Rehabilitation and Recovery Plans, activities under WASH are distributed across three OPARR-led recovery clusters; Social Services, Infrastructure, and Resettlement. WASH partners continue to provide updates on accomplishments and plans to the WASH 3W, whilst awaiting further clarity around OPARR reporting mechanisms and leadership.

Although progress has been made, WASH partners will continue to work to strengthen WASH governance systems from the LGU level through to the regions to ensure sustainable WASH programmes into the future.

The continuation of health services when facilities are still damaged or under construction stresses the capacity of providers on a daily basis. A rise in birth rates and an increasing trend of pregnancy in teenage girls – who are also seeking prenatal care – is of great concern and requires extra support. Adequate facilities and training of healthcare providers is still a priority need for maternal, neonatal, and child health, as well as for the provision of care for those with mental health conditions.

The exit of FMTs providing free healthcare in the region also puts an increased burden of care on government health facilities.

The risk of flooding and strong winds threatens all temporary buildings, including health facilities, particularly those still operating out of tents. There are insufficient numbers of evacuation centers and emergency accommodation available. Furthermore, some people have repaired their homes and offices using materials that are unlikely to withstand even low intensity storms, leading to an overall increased risk of further injuries and fatalities. The onset of the rainy season also threatens to increase the risk of seasonal vector borne diseases.

A further health risk is the continued practice of open dumping of medical waste. Tackling this issue is a priority for health actors, although it poses a major challenge in terms of investment in training and equipment.

The Way Forward

To ensure inclusiveness, resilience and sustainability of Health and WASH services, focus needs to continue on the strengthening of local capacity and systems through a rights-based and governance approach. This is particularly so for safe water provision and for surveillance and reporting of potential disease situations. Behavior change and capacity development of local stakeholders both in barangays and LGUs will require strong linkages with national strategies. It will also require sufficient and timely support from various levels of government (national and local), and the long-term post-disaster commitment of partners to affected municipalities will be vital.

WASH agencies should remain committed and flexible with ongoing WASH programmes to also account for assistance in transitional and relocation sites as land becomes available. Simultaneously, WASH partners should work with LGUs to advocate that ongoing costs for these sites are built into LGU plans to ensure sustainability once humanitarian programmes finish.

Furthermore, effective advocacy regarding the water infrastructure needs in Northern Tacloban in particular, and generally the chronic system-wide shortfalls in operating and maintaining sustainable WASH services, including the physical infrastructure to collect and treat sewage, across all the typhoon-affected regions, is required. The humanitarian community should continue reaching out to LGUs, local civil society organisations, the private sector, and other potential partners, to help bridge this gap where possible.

Looking ahead and with a view to meeting the challenges outlined above, many health partners will continue to provide longer-term support during the recovery phase. The response will continue to be focused on the achievement of all four of the health objectives highlighted in the SRP, with the additional objective of preparing for the rainy season and likely typhoons in affected areas. This will be done through the purchase and pre-positioning of contingency supplies, repair and rebuilding of all remaining health facilities and further strengthening health services – especially for maternal and neonatal care, mental health, and management of chronic diseases.

At the request of DoH colleagues, technical assistance is becoming more focused on providing capacity building in clinical areas where the population’s needs have increased as a result of the typhoon, and where re-establishing services has been a challenge during the response phase.

Rebuilding of health services requires detailed health information. WHO will support strengthening of health information in the post- Haiyan areas in accordance with the request of the Secretary of Health, and will undertake
joint recovery assessments for every Regional Health Unit and Barangay Health Station using the Health Resource Availability Mapping System (Herms).

Indicator Results

As of the end of March, 2014, monitoring against the Haiyan SRP health indicators shows that there continues to be good progress. With the response moving out of the emergency phase, regular monitoring is now being undertaken by the DOH with new data not being available at the time of reporting to update the SRP indicators. The indicators will be updated as and when the data becomes available.

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th># Reached</th>
<th># Targeted</th>
<th># Reached over 100%</th>
<th>% of Target Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1a # of people receiving Water Kits</td>
<td>1,755,579</td>
<td>1,500,000</td>
<td>1,755,579</td>
<td>117% 49% 51%</td>
</tr>
<tr>
<td>4.1.1b # of people served by rehabilitated water systems (could be community, private or others- include Levels 1,2,3)</td>
<td>976,674</td>
<td>900,000</td>
<td>976,674</td>
<td>109% 49% 51%</td>
</tr>
<tr>
<td>4.1.2 # of people with new or rehabilitated latrines</td>
<td>650,000</td>
<td>349,976</td>
<td>650,000</td>
<td>54% 49% 51%</td>
</tr>
<tr>
<td>4.1.3a # of people receiving Hygiene Kits</td>
<td>1,391,963</td>
<td>1,500,000</td>
<td>1,391,963</td>
<td>126% 49% 51%</td>
</tr>
<tr>
<td>4.1.3b # of people in camps and barangays with established committee/group with a mandate covering WASH</td>
<td>811,049</td>
<td>800,000</td>
<td>811,049</td>
<td>101% 49% 51%</td>
</tr>
<tr>
<td>4.2.1 Average consultations per person</td>
<td>0.25</td>
<td>0.1</td>
<td>0.25</td>
<td>40% N/A N/A</td>
</tr>
<tr>
<td>4.2.2 # of functional health facilities per 10,000 population</td>
<td>2.89</td>
<td>1.78</td>
<td>2.89</td>
<td>61% N/A N/A</td>
</tr>
<tr>
<td>4.2.3 % of municipalities with 1 or more hospital or RHU with non-specialized OPD for mental disorder</td>
<td>80%</td>
<td>17%</td>
<td>80%</td>
<td>22% N/A N/A</td>
</tr>
<tr>
<td>4.2.4 % of reported disease alerts verified (of total 897 reports)</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>100% N/A N/A</td>
</tr>
</tbody>
</table>
Strategic Objective 5

Affected people quickly regain access to community and local government services, including basic education and a strengthened protective environment.

Progress toward Strategic Objective

The Protection cluster has sustained its support to the government in terms of building the capacities of frontline staff and the mandated institutions to strengthen community preparedness to disasters. Additionally, the cluster has prioritised the establishment of protective mechanisms at various levels to protect women, boys, girls, elderly, persons with disability, indigenous peoples, and other persons in need of protection.

At the time of reporting, the cluster had conducted 283 trainings [indicator 5.1.3] to at least 9,902 personnel from the Armed Forces of the Philippines (AFP) and Philippines National Police (PNP), including female police officers, as well as municipal and barangay officials, service providers, and volunteers in all affected regions. These trainings on the UN Guiding Principles on Internal Displacement, Child Protection, Sexual and Gender-based Violence (SGBV), including prevention of human trafficking and inclusion of people with specific needs. The trainings are also used as an advocacy tool for the protection of the rights of IDPs and encouraging national/local government to pursue durable solutions for the displaced.

Protection by presence is continuously carried out across affected regions to ensure that protection risks of the displaced families and affected communities are identified and addressed through the referral of issues or cases to relevant authorities or humanitarian agencies. More than 1,200 protection monitoring visits [indicator 5.1.4] were conducted during the reporting period in at least 76 municipalities and 546 barangays, with more vulnerable barangays having visited multiple times. Under the Mobile Civil Registration Project, at least 120,000 requests for civil documents were received, with close to 50,000 documents released as of the closure of the SRP. The project has been of particular support to school children by securing birth certificates in time for school enrollment, enabling parents to obtain civil documents for employment requirements, and in the access to state welfare and claims or benefits.

The Gender-based Violence sub-cluster has focused on three key elements in GBV prevention and response throughout its humanitarian activities: (1) Enhancing community protection mechanisms and community awareness, (2) Capacity building of key service providers, and (3) Engagement of local and international NGOs to complement government-led efforts. To date, 23 Women-Friendly Spaces (WFS) have been established and are fully operational across 20 municipalities in Capiz, Iloilo, Leyte, and Eastern Samar [indicator 5.1.5]. These spaces serve as a venue for community members – particularly women and girls – to gain awareness on GBV-related information, including sexual and reproductive health, and can have access to livelihood skills training and support systems. The WFS, which are managed by local women facilitators, also serve as entry point for referral of GBV survivors to needed services. 111,341 women, girls, men, and boys benefitted from 2,306 GBV awareness and skills training sessions, such as fish deboning, net making, and cosmetology, among others. These activities have contributed to the empowerment of women, as is evident by active community participation, self-enhancement, and the emergence of female community leaders.

To complement existing security structures within barangays, the GBV SC organised and formed 19 GBV Watch Groups – composed of local women and girls – who disseminate GBV information and respond to GBV cases with, male barangay tanods – a barangay-level law enforcement official – to provide appropriate support as necessary.
[indicator 5.1.5]. Based on community feedback, the presence of female watch groups has provided a sense of security and helped them identify cases of GBV.

At least 137 capacity building activities across target areas have been conducted, reaching 3,755 individuals. These have primarily targeted members of Local Committees on Anti-Trafficking and Violence Against Women and their Children (LCAT-VAWC) aiming to enhance the functionality of referral mechanisms and coordination among key service providers [indicator 5.1.3]. LCAT-VAWC trainings include GBV/VAW, clinical management of rape, anti-trafficking, paralegal, gendered approaches to crisis interventions, Prevention of Sexual Exploitation and Abuse (PSEA), GBV in Emergencies and GBV referral pathway.

Continuing efforts have been made to organize and/or strengthen the existing inter-agency protection mechanisms (such as LCAT-VAWC) in 10 municipalities to provide survivor-centred response to GBV survivors and ensuring the functionality of referral pathways [indicator 5.1.2].

The CP sub-cluster moved from emergency response to transition, consolidation and development. The targets for the CP sub-cluster were revised to 131,536 in 64 municipalities [indicator 5.1.1]. This increase considers the funding, revised response plans and targets of agencies reporting to the CP sub-cluster 5W (Who Does What Where, When and for Whom) matrix and finally a review of needs and priorities to the end of the SRP.

The CP sub-cluster has reached 76,173 children with psychosocial support activities through 12 partners in 52 municipalities. This represents 58 per cent progress against the current target for the number of girls and boys receiving structured activities that promote their psychosocial wellbeing [Indicator 5.1.1]. Indicative evidence suggests that girls and boys have equally received psychosocial support, although many partners have not disaggregated their data by sex and age.

Moreover, 285 Child-Friendly Spaces (CFS) have been established to date [Indicator 5.1.5]. This is considered to be on target.

In June 2014 an assessment was conducted in Region VIII on the Worst Forms of Child Labor in partnership with the Global Child Protection Cluster and the Child Protection Sub-Cluster for Region VIII. The key objective of the study was to understand the different types of child labour in the post-Haiyan environment, and the driving factors behind them. The report found that increasing vulnerabilities of children to WFCL were due primarily to the insecure livelihoods of caregivers, school dropouts, family separation, and unmet basic shelter needs. Children were reported to be involved in selling sex for money, domestic servitude, and were reported to be victims of trafficking. Children were also reportedly seen digging through rubble at the Tacloban dump for recycling plastics, glass, and metal, and driving pedicabs and tricycles.

Over 4,911 temporary learning spaces (TLS) were established by cluster partners, including the completion of 2,097 classroom repairs, 426 makeshift classrooms, the distribution of 998 tents, and over 4,700 tarpaulins, marking a 98 per cent achievement of the initial SRP target of 5,000 [indicator 5.2.1].

The establishment of safe learning environments and ensuring children have sufficient educational supplies is a key element of the cluster’s overall objective of providing girls and boys and their teachers with access to adequate primary and secondary education. Approximately 99 per cent of target beneficiaries (545,000 pre-school and school-aged children aged 3 to 17 years) received teaching, learning, and recreational materials to enable learning [indicator 5.2.2].

A total of 54 per cent of the target, or 5,397 education personnel have been trained on Education in Emergencies, psychosocial support and/or disaster risk reduction [indicator 5.2.4]. This deficit is attributable to conflicting timetables and existing teacher training activities of the DepEd. There are also fewer cluster partners specialised in training education personnel and who are able to offer quality teacher training as part of their interventions. Partners are nevertheless expected to reach over 8,500 teachers over the coming months with planned training programmes.

Additionally, the Education Cluster – co-led by the Department of Education (DepEd), UNICEF, and Save the Children – provided training for DepEd administrative officials on cluster co-ordination, Education in Emergencies, and Disaster Risk Reduction (DRR) as the cluster transitions into 7 division-based working groups in Region VI and Region VIII. Partners provided support to DepEd and DSWD on Back-to-Learning events for the return of the

14 Key service providers to GBV response identified, who understand how and to whom to refer survivors for additional services
school year in June, focusing on safe schools and DRR activities to build back a better, more resilient education system before the next typhoon season.

Through this support, education cluster partners have made a significant contribution towards the normalisation of the school system after the disruption of Haiyan, providing children with the opportunities to return to learning with adequate school supplies in conducive learning environments. Training activities provided to teachers and day care workers are further improving the quality of teaching and the learning environment for children and the preparedness of the education system to future disasters.

Challenges

While the Protection cluster has succeeded in encouraging local authorities to improve services at transitional sites and bunkhouses where IDPs are being hosted, attaining durable solutions – particularly in Region VIII – remains a significant challenge. Following Haiyan, there are some 5,441 families (24,785 individuals) in Region VIII living in bunkhouses, evacuation centres, and tent cities.15 Additionally, some 215 families (1,017 individuals)16 remain in two bunkhouse sites in Region VI.17 These families have thus far not found a durable solution, meaning their continued displacement represents a residual humanitarian caseload due to conditions in many of the aforementioned sites.

With extensive government-led activities being conducted in support of most communities living in transitional sites, the protection cluster continues to advocate for the identification of long term, durable solutions for permanent return and/or relocation to avoid secondary, multiple, or prolonged displacement. The displacement and resettlement context is continually monitored by an inter-agency task force in Tacloban, with similar monitoring mechanisms established in other areas.

Inter-agency protection mechanisms are in varying states of functionality. Given the limited capacity building of service providers to address GBV cases, and limited funding, establishing functional referral processes continues to pose a challenge in all target areas.

LCAT-VAWC – which is mandated by law to serve as coordinating and monitoring bodies on trafficking and VAWC initiatives – seemed to be inactive in most of the municipalities. This is evident by lack of coordination meetings among the members, particularly key GBV service providers. Moreover, barangay officials at the forefront of the referral process frequently lack understanding and capacity in the identification and management of GBV cases. Absorption and sustainability of GBV programmes by LGUs is also a challenge, as illustrated by the gap in funding prior to 2015 and changes in leadership.

Addressing these gaps would entail additional financial resources and a high level of commitment from LGU and LCAT-VAWC to ensure GBV prevention and response activities are properly accommodated in annual budgets, and that key actors are adequately capacitated at all levels – both in terms of technical and human capacity. Furthermore, frequent changes in leadership raise questions around the sustainability of investments in GBV. Failure to address these issues will result in a worsening of the protective environment for women and girls, leading to increased risks and the prevalence of protection issues, including GBV in particular.

The child protection response has benefitted from the early establishment of coordination structures in key locations, but there has been a lack of consistent, available, disaggregated data on child protection issues. Further, largely non-functioning child protection mechanisms in local government units have put an additional burden on already over stretched child care professionals including social workers, police men and women and day care workers.

15 IOM DTM (4 August 2014) for Region VIII and OCHA for Region VI, as of 7 August 2014.
16 OCHA Iloilo, August 2014.
17 OCHA Iloilo, August 2014.
The Way Forward

With the sustained coordination of the Protection cluster and the Government of the Philippines, importance will be placed in support to the voluntary relocation and resettlement of the affected population and to sustain and ensure quality interventions and services to protect IDPs at risk.

The various government-led protection working groups will continue to support LGUs to engage in a process of consultation, participation, and fair selection of beneficiaries, and will continue to address housing, land, and property issues, in partnership with shelter actors. It is also recommended that efforts related to issuance of civil documentation be strengthened during the recovery phase.

Actions for intensive advocacy at the LGU level needs to be done to prompt LGU focal points and service providers to approach members of their legislative body to pass an ordinance to formally establish their inter-agency protection mechanism / LCAT-VAWC so they can access LGU resources such as the Gender and Development (GAD) budget for the financing of its prevention and response activities, particularly the functionality of referral mechanisms. Response to GBV cases should also be strengthened primarily at the barangay level by setting up Barangay VAW Desks and designating a VAW Desk Officer as mandated by law. Moreover, re-activation and regular meeting of MDTs should be initiated to keep track of services and actions given to ensure that essential needs of a victim-survivor are met.

In the recovery and rehabilitation phase, the GBV SC (now GBV WG) will focus primarily in strengthening the technical capacity not just only of the government counterpart but also local NGOs and partners in their GBV prevention and response programmes. Advocacy in the inclusion of GBV programmes into the LGU preparedness plans for next emergencies is also a priority; thus, prepositioning of WFS supplies and Reproductive Health Kits in the LGU for future response. Livelihood skills training, by tapping DSWD’s Sustainable Livelihood Program (SLP), will be given to local women for them to initiate an income-generating project. Moreover, physical rehabilitation and provision of equipment will be done in safe shelters to ensure safe space for GBV victim-survivors.

Through the cooperation of child protection sub-cluster members and the Government of the Philippines, greater emphasis will be placed on strengthening the enabling environment to support initiatives in child protection in emergencies (including national standards, guidelines and executive orders) and to sustain and ensure quality interventions and services to protect children that are vulnerable to, at significant risk of, or victims of violence, exploitation, abuse and neglect. For example, Child Friendly Spaces (CFS) and adolescent specific activities in target Local Government Units will continue to be supported and will be gradually transitioned into either more permanent “spaces” or into other key services / or functions to meet the evolving needs of children and adolescents; and key professionals (including social workers, policemen and women, day care workers and community members) will continue to be equipped to prevent and mitigate the risk of children to child protection issues.

On-going support to coordination between the Government and the humanitarian community for child protection will be through existing Regional Council for the Welfare of Children. This structure has been put in place by the Council for the Welfare of Children, lead agency for the Child Protection Working Group. Further Local Councils for the Protection of Children in target municipalities will be supported to strengthen their own capacity to better prepare for and respond more effectively to child protection issues generally and more specifically in emergencies.

Key child protection responses implemented in the immediate aftermath of Typhoon Haiyan will be assessed and/or evaluated to guide and inform future programming and national guidelines. Evaluations and assessments presently underway include the Evaluation of Child-Friendly Spaces; An Assessment of Rapid Family Tracing Processes and an Assessment of Mental Health and Psychosocial Interventions used in the response to Typhoon Haiyan.

Classroom repairs are continuing, yet there remains an ongoing need for TLS and makeshift classrooms as school buildings (permanent structures) are repaired and rehabilitated. Over 1,350 day care centres are still in need of repair or reconstruction in Region VI and Region VIII. These identified gaps highlight the need to scale up classroom repair and rehabilitation as tents and tarpaulins will become unusable, given the nature of frequent heavy rain and the typhoon season. Unless mitigation measures are put in place while repairs are completed, some TLS and repaired classrooms will become unusable, impacting negatively on attendance and the quality of learning.

Recognising the ongoing need to reintegrate children who stopped attending school after Haiyan, and for those who have been frequently absent, the Education partners are working with the DepEd in Region VIII and at the central level to formulate strategies and programmes and strengthen existing government interventions and catch-
up learning programmes to successfully reintegrate vulnerable children – especially youth – into school or other educational opportunities.

Key recommendations from the Education Child Protection assessment highlighted that education in emergencies should be streamlined in teacher training that incorporates child protection in emergencies, the need for ongoing training on psychosocial debriefing in case of disaster; improved school contingency planning to prepare schools for disaster and the relocation of students, and for guidelines for the repair and reconstruction of damaged school buildings.

There remains the ongoing need for psychosocial support to children, and education responses should not focus only on the provision of learning supplies, but should take a balanced approach towards the quality of education. This underscores the need to continue ‘Back-to-Learning’ support through campaigns, material distributions, and psychosocial support to children.

Strengthened coordination is needed between the central government and regional partners to prevent overlapping of repair and rehabilitation of classrooms between NGOs/UN and the Department of Education. The duplication of classroom repairs has slowed down the progress of repairs of a number of cluster partners obliged to move to other schools.

**Indicator Results**

<table>
<thead>
<tr>
<th>Indicator</th>
<th># reached</th>
<th># targeted</th>
<th>% of target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 # of girls &amp; boys participating in structured activities that promote their psychosocial well being</td>
<td>76,173</td>
<td>131,536</td>
<td>58%</td>
</tr>
<tr>
<td>5.1.2 # of municipalities with functional GBV referral mechanisms (includes health, psychosocial, &amp; security services)</td>
<td>10</td>
<td>15</td>
<td>67%</td>
</tr>
<tr>
<td>5.1.3 # of trainings including on UNGPID, CP, GBV</td>
<td>283</td>
<td>300</td>
<td>94%</td>
</tr>
<tr>
<td>5.1.4 # of protection monitoring visits conducted to identify protection risks and advocate response to protection issues</td>
<td>500</td>
<td>1,200</td>
<td>240%</td>
</tr>
<tr>
<td>5.1.5 # of established protective mechanisms CFS, WFS, FTR, WCPU to promote safety and protection to IDPs</td>
<td>350</td>
<td>535</td>
<td>65%</td>
</tr>
<tr>
<td>5.2.1 # of damaged schools/classrooms/learning spaces established/rehabilitated in affected areas</td>
<td>4,911</td>
<td>5,000</td>
<td>98%</td>
</tr>
<tr>
<td>5.2.2 # of students provided with learning materials (M/F)</td>
<td>545,030</td>
<td>550,000</td>
<td>99% 48% 52%</td>
</tr>
<tr>
<td>5.2.3 # of teachers provided with teaching and learning materials</td>
<td>8,088</td>
<td>10,000</td>
<td>81%</td>
</tr>
<tr>
<td>5.2.4 # of teachers trained on at least one emergency-related topic</td>
<td>5,397</td>
<td>10,000</td>
<td>54%</td>
</tr>
</tbody>
</table>

* Key service providers to GBV response identified who understand how and to whom survivors in need of additional services should be referred
CROSS-CUTTING AND INTER-CLUSTER ISSUES

Coordination

The response to Typhoon Haiyan marks the first L3 declaration for a natural disaster since the IASC Transformative Agenda was adopted. All L3-related protocols were applied in accordance with an agreed timeline, including a multi-cluster initial rapid needs assessment (MiRRA), mobilisation of the Central Emergency Response Fund (CERF), and the application of the IASC Programme Cycle – which included the Strategic Response Plan and Periodic Monitoring Reports.

The Typhoon Haiyan Action Plan (HAP) was released on 12 November 2013, just 4 days after the disaster. The plan initially appealed for $301 million, but later expanded to $348 to include new and revised projects. The Typhoon Haiyan Strategic Response Plan replaced the HAP on 27 December, based on more in-depth assessments and a larger set of projects. Appealing for $788 million initially, the SRP was revised down to $776 million following a soft-review (in May), and included 14 UN agencies, 40 NGOs and international organisations, and the International Federation of Red Cross and Red Crescent Societies.

Coordination with the government was strong from the outset of the response, given long-term relationships between international partners and government counterparts. Despite being heavily affected, the government provided an enabling environment for international humanitarian actors.

Experienced surge staff were rapidly deployed, strengthening coordination structures in Manila and regional hubs. Five coordination hubs were established across Haiyan-affected areas; three in Region VIII (Guiuan, Tacloban, and Ormoc), one in Region VII (Cebu, which was the first to close), and one in Region VI (first Roxas and later Iloilo).

In the weeks following Haiyan, 160 cluster staff – including coordinators, information managers, and technical advisors – and more than 80 OCHA/UNDAC staff were mobilised in support of coordination under the L3 declaration. In addition to inter-cluster coordination, the surge allowed scale-up in core areas like Civil-Military Coordination and thematic areas like Communications with Communities and Accountability to Affected Populations.

The number of staff involved in the surge, however, resulted in a 242% increase in staffing levels over a 10-week period. Whilst effective at rapidly establishing systems and structures necessary to oversee the L3 response, this huge scale-up of humanitarians at times overwhelmed national actors and government counterparts. Furthermore, whilst cluster and coordination capacity was quick to scale up through the surge, operational capacity and relief supplies were slower to be positioned, perhaps in part due to the prioritisation of coordination needs.

Civil Military Coordination

After accepting the offer of international assistance on 9 November 2013, the government also welcomed the deployment of foreign military assets (FMA) from 22 Member States in the first two months of response. This consisted of various air, naval, medical, engineering and communications capacity. At the peak of the operation, thousands of foreign military personnel were deployed to the disaster area and worked closely with the humanitarian community. Coordinating these efforts and making best use of the available military assets created a significant challenge.

OCHA set up its largest sustained CMCoord operation. With eight dedicated CMCoord officers (posted to Manila, Tacloban, Guiuan, Ormoc, Roxas, and Cebu), CMCoord has been highly effective. The early engagement of two CMCoord officers at the capital level, liaising with the National Disaster Risk Reduction and Management Council and the military-led multinational coordination centre, served as a foundation for the follow-on CMCoord operation. Most foreign military assets were utilised in direct support of UN agencies and the broader humanitarian community.

18 Beginning in May 2014, the soft-review of the SRP removed projects from the appeal which had zero-funding and were deemed by submitting agencies themselves to be no longer relevant. This removed approximately $12 million-worth of projects, bringing the overall appeal down to $776 million.
In the unique circumstances of the Haiyan response, military forces were the only available assets to overcome logistical hurdles at the onset of the large-scale response. The use of FMA in the humanitarian operations included:

- Strategic airlift of food, shelter, health facilities, water purification units, and foreign military contingents from all over the globe;
- In-theatre operational and tactical airlift of relief supplies;
- Evacuation of disaster victims from the most damaged sites;
- Engineering to assist in clearing debris, opening roads, re-establishing electricity, remediating washouts, rehabilitating schools, and assessing structures such as bridges;
- Water purification to produce huge amounts of clean drinking water;
- Fumigation of worst-hit sites (living areas) to contain secondary threats such as outbreaks of epidemics;
- Mobile medical teams to treat injuries;
- Establishment of field hospitals to provide advanced health services;
- Logistics to support the delivery of humanitarian supplies; and
- Identification of potential sites for assistance.

Given the enormous coordination challenges in the first two months of the emergency, a UN-CMCoord After Action Review (AAR) was conducted in Manila on 10-12 March to focus on the humanitarian-military-police interaction and coordination mechanism, and the use of FMA in support of the national and regional authorities. The AAR concluded the CMCoord achievements in the response were overwhelmingly successful and identified six key recommendations for future responses.

Since April CMCoord work has continued – albeit on a reduced scale – in support of the recovery and rehabilitation activities of a smaller number of visiting foreign militaries. These included the Republic of Korea (January-December 2014); the US, Australia, and Japan as part of Pacific Partnership Exercise 2014 (June-August 2014); and Guam and Hawaii National Guard (July-September 2014).

Work has also continued at the national level to implement a number of the AAR recommendations relating to CMCoord capacity building in the Philippines in preparation for any future response requirements.

**Protection**

A Protection Needs Assessment conducted in March and April in Region VIII helped inform a number of protection concerns.

The 5,441 families continuing to live in transitional or temporary shelters are of particular concern to all sectors. The lack of durable solutions for this group makes them the most significant remaining humanitarian need, and requires longer-term interventions from multiple sectors to reduce the heightened protection risks to which they are exposed. Sustained efforts are required in the coming months, with a strong link to WASH and Shelter providers, to ensure that basic needs are met in relocation sites, and to encourage local government units to adopt fair selection criteria for the beneficiaries in the context of the relocation. This should take place through a process of consultation and community participation while ensuring that housing, land and properties (HLP) issues are addressed, including discussions of security of tenure and “unsafe zones”.

In addition to concerns over the duration of stay in transitional sites, the AAP and CWC Working Groups flagged concerns for the safety of women in both Region VI and VIII – particularly young women in bunkhouses – as they often share facilities with adult men with little to no privacy. Reports of child labor and scavenging are also a serious concern, while a number of children out of school are exposed to heightened risks of child trafficking. Limited capacity to provide adequate psychosocial support, in particular to distressed children and care givers is of further concern to protection actors.

Further, protection risks affecting girls and women in overcrowded transitional sites centers with limited security, inadequate bathing and latrine facilities as well as a lack of privacy, are not always addressed, given that government services have been disrupted and referral systems negatively impacted by the typhoon and are not yet fully operational.

Among the displaced persons remaining in transitional sites, many are unable to independently meet basic survival needs and access supplies such as bathing, washing, and hygiene materials without external assistance. They are often those who have no financial or other means to find durable solutions.

The lack of electricity in many affected areas, limited livelihoods opportunities, and a lack of income-generating activities have also been identified as ongoing protection concerns linked to large-scale economic vulnerability.
Finally, the typhoon season and lack of safe and rehabilitated evacuation centres is another immediate protection concern, as it constitutes a heightened risk to the physical security of the population in the area and threatens to set back recovery efforts.

Gender

During the first planning period and at the Manila level, the gender team focused on strengthening the gender dimensions of the clusters’ secondary data to enrich the MIRA, bringing gender dimensions much more robustly into the MIRA-Phase 2 tools and process. The Strategic Response Plan was also reviewed, which included applying the Gender Marker to the appeal chapeau and cluster response plans, as well as arranging external gender coding and comments on projects. A further responsibility of the gender team was engaging gender mainstreaming capacity to support the HCT in support of the GBV sub-cluster and existing gender networks in the UN and in government (Manila, Tacloban, Roxas). Additionally, coordination and advocacy for gender mainstreaming was undertaken, as was work on GBV and gender dimensions within reproductive health, and gender issue management and advocacy on emerging issues. The Gender Advisor was also called to input into a ToR framework for GenCap support to L3 emergencies.

At the field levels Gender and GBV Area of Responsibility specialists worked together with other implementers in setting up Women Friendly Spaces, alternative livelihood activities for women, and mainstreaming gender and GBV concerns through the Inter-cluster coordination mechanisms in field hubs. This translated into practical actions reported in the 2nd PMR which highlighted the measures taken by many cluster partners to ensure that the affected population was reached equitably, with their dignity intact, and taking their gender and age-related specific needs into account. These gender specialists worked closely with the AAP coordinators to ensure that community feedback mechanisms generated information for more effective response and accountability.

The main challenges experienced were articulated as the need for more systematic coordination of the gender expertise along with the other cross-cutting issue advisors, and the need for a strategy for the integration of cross-cutting issues into the response as a whole. It was thus recommended that coordination mechanisms and strategies for effective integration of cross-cutting issues, particularly gender and age, be strongly considered in ‘peace-time’. One of the ways that the HCT is addressing these gaps is to do more comprehensive mapping of gender expertise, to join this expertise together into networks, and to create a gender surge roster to be on standby for future emergencies.

In the final phase of the humanitarian response, a gender analysis of the impact of Typhoon Haiyan was released by Oxfam (July, 2014). Key findings emerging from this analysis were that while some gender roles and responsibilities changed to sustain survival, much of the care work remained the responsibility of women and girls. The humanitarian needs faced by communities had different impacts on the affected population according to gender and age. For example, coconut farming is male-dominated with women taking on farming responsibilities, facing biases from traders who refused to deal with them. Women are more indebted after Haiyan due to increased loans, but have little power to decide on how the money is spent. More boys opted to go out to work rather than return to school.

The analysis recommended steps be taken to ensure that gender equality and gender-based violence measures are mainstreamed into DRRM plans. It also emphasised the importance of Standard Operating Procedures for data gathering in all government line agencies, both pre and post-disaster. These would ensure access to sufficient sex and age disaggregated data for a comprehensive gender analysis that can clearly identify needs based on gender and age, and taking other diversities into account, such as the disabled, indigenous groups, and the LGBTI community. Needs assessments should identify both practical and strategic gender needs, for example practical special needs of pregnant and lactating mothers, privacy and safety issues for girls and boys and decision making needs at the strategic level. Further recommendations from existing gender networks are that consistent gender sensitization of all project staff needs to be done on a regular basis; that livelihood strategies and programs are tailored to meet women and men’s specific needs and that mental health and psycho-social pathways are established and geared to address the different and specific post-disaster trauma of women, girls, boys and men.

Accountability to and Communications with Affected Communities

Actors within the Communications with Communities (CwC) and Accountability to Affected Persons (AAP) communities increasingly worked together during the response to provide appropriate and timely information on interventions and activities, using multiple communications platforms. The AAP and CwC groups have established feedback mechanisms and referral pathways in order that information related to needs and assistance are able to flow to and from affected communities across affected areas. The flow of information from communities has
increased the quality of programming and cluster decision-making in some key areas, but closing the loop and providing information back to communities effectively is still a challenge.

Joint AAP and CwC Working Groups were established in Tacloban City, Ormoc, and Eastern Samar, and CwC was incorporated into the agenda of existing AAP Working Groups in Cebu and Roxas. The working groups consolidate community feedback from member agencies through their community consultations, hotlines, SMS feedback, and assessments. The groups conduct trend analysis and identify strategies for engaging with communities to address key concerns and issues. The trends analysis is presented in cluster and inter-cluster coordination meetings for partners to address or resolve.

Throughout the response, AAP tools have been developed to process community feedback into useful information to partners and decision-makers for action. The community feedback forms and accountability monitoring tools have varied from one area to another, but are tailored to fit the context of the location, as well as the capacities of the WG partners. OCHA continues to provide support to the working groups in the consolidation and analysis of feedback to be reported in various coordination fora.

Radio programs continue to be the most accessible media channel for communities. These are regularly used by partners to promote communication as aid and advocate improved engagement with, and accountability to, affected populations. The distribution of over 11,000 radios and the production of newsletters have supported the right of affected communities to information.

AAP and CwC partners in Regions VI and VIII are working to consolidate a basket of tools on CwC strategies, feedback mechanisms, and accountability templates for humanitarian agencies and government counterparts, through a common services platform.

Plans are already underway for the handover of the coordination of the Regions VI, VII, and VIII working groups to operational partners and government counterparts. Links to government partners – in particularly the Philippine Information Agency and DSWD – are also being strengthened to ensure community feedback continues to be heard and acted upon.

For Region VII and VIII, the AAP-CwC coordination role of all WGs has been handed over to agency and government partners. Links to government partners like the provincial government, PIA, and DSWD are also being strengthened to ensure that community feedback continues to be heard and will be acted on accordingly.

Future directions for AAP and CwC have transitioned from providing community inputs into the inter-cluster system to building further capacity for feedback mechanisms and consolidation of feedback with relevant government partners. In addition, building overall capacity within communities for advocacy around needs in disasters will support the integration of AAP principles and the recognition of communication needs into future emergency responses in the Philippines.

Cash Transfer Programming (CTP)

The humanitarian relief overall was effective in addressing the needs of most of the affected populations in the critical phase through a combination of cash and in-kind support. This is reflected in feedback from post-distribution monitoring and focus group discussions with affected Filipinos, who stated that the cash infusion contributed to their food security, and helped speed up their families’ efforts to repair/construct their houses and recover lost livelihoods.

At least 45 international humanitarian agencies implemented cash transfer programmes (CTP) to assist survivors of Typhoon Haiyan.19 This excludes other actors known to have distributed cash to affected families, such as government agencies, private companies, civil society organisations, and individuals, including Filipinos overseas.

Given this multitude of actors that provided cash assistance, and the limited oversight and cash coordination structures that currently exist within international humanitarian architecture, it is not possible to accurately report here the total number of households and individuals assisted, or the total amount of cash transferred to disaster-

19 This number covers cash programmes implemented between 31 December 2013 and 2 August 2014. Only those agencies which reported cash interventions to the 3Ws. It does not individually account for the multiple branches which responded under one umbrella organisation, but implemented stand-alone cash interventions, e.g. the different national societies (Swiss, German, British, American, etc.) of the International Federation of Red Cross and Red Crescent Societies (IFRC). Similarly, Caritas was counted only once, although Caritas Germany and Caritas Austria reported separate cash interventions.
affected communities. Figures reported by four of the largest humanitarian agencies, however, (less than 10 per cent of the total number of cash actors) indicate that cash as a modality of assistance was applied at an unprecedented scale.

These four cash actors (WFP, IFRC through the Philippine Red Cross, UNICEF, and OXFAM) reported distributing cash to a combined estimated total of 1.4 million disaster survivors – more than 277,000 households. These four agencies alone distributed around $34 million through a combination of unconditional and conditional cash transfer programming, including cash-for-work activities (CfW) from the emergency phase through to early recovery.

Out of the total completed cash-based assistance activities reported in the 3Ws from December 2013 through to early August 2014, more than three-quarters (77 per cent) were conditional cash transfers, while just under one quarter (23 per cent) was unconditional.

Overall in the Haiyan response, agencies designed cash transfer programmes to meet the three most critical needs of disaster survivors: food security, shelter, and livelihoods.

About 60 per cent of the total conditional CTPs completed during this response were implemented in support of a combination of livelihoods recovery interventions and emergency employment through CfW, while CTPs for food security and shelter each represented around 20 per cent of the sector.

It should be noted that Cash-for-Work was used extensively as early as November by both humanitarian agencies and government. CfW provided immediate income to households, mitigated food insecurity for affected families, while also contributing to clearing private, public spaces, including blocked roads that were hampering the provision of assistance in hard-to-reach areas. Moreover, the injection of cash through wages (adhering to the regional standards for minimum wage) restored peoples’ purchasing power and created a multiplier effect that stimulated local markets. Further research is needed, however, to determine if there were any distortions in local commodity prices or labour markets as a result of the significant infusion of cash and the extensive cash-for-work programming.

In the aftermath of Haiyan, agencies appropriately conducted blanket in-kind and cash distributions. As the response progressed and food insecurity was mitigated, beneficiary selection became a universal challenge, but was particularly critical for agencies with CTPs, who needed to move swiftly from relief mode to cash interventions designed to meet shelter, livelihoods recovery, and other set programme objectives.

Given the urgency, many agencies felt they did not have ample time and resources to conduct assessments that would capture the different vulnerabilities and needs of disaster-affected people. This deterred some agencies from designing more nuanced cash programmes that could more fully match community needs and vulnerabilities. This may also be related to the protracted implementation of unproductive cash-for-work activities that instead could have been better designed to put affected communities on the path to more sustainable livelihoods or income-generating activities.

Coordination of cash-based interventions also became a challenge, given the enormous scale of the disaster and the multitude of actors involved in cash distribution outside formal international coordination structures. Contributing to this is the multi-sectoral nature of cash. The essence of its application in a humanitarian response as a more accountable form of assistance implies that disaster-affected people are given the right to use cash according to what they determine to be the priority needs. This poses a set of challenges that have implications for existing coordination systems and frameworks.

An open dialogue among the CTP actors is needed to identify lessons learned during Haiyan, especially since the Philippines, a country prone to natural disasters, is uniquely conducive to cash transfer programming as a form of humanitarian assistance. The experience in Haiyan provides the humanitarian community with an opportunity to identify gaps, as well as areas for collaboration and innovation. These lessons learned need to be captured and reflected in preparedness initiatives.

One further development during the Haiyan response that also needs to be better understood was the use of the government social safety net programme as an emergency project to deliver cash assistance to affected families. Several actors targeted the same beneficiaries as the government’s own 4Ps development programme (a government-run social safety net), which provides conditional cash to the poorest households with children. Lessons from such engagement between the government and UN agencies with both emergency and development programmes need to be understood and reflected in future interventions. A potential multi-sectoral cash framework could be developed amongst these actors to ensure that the needs of the most vulnerable disaster affected are met throughout the humanitarian-development continuum.
CTP in Haiyan has also provided a concrete entry point to engaging the private sector in the Philippines. The wide-scale interface between the government, humanitarian agencies, and the long-running business entities that provided cash assistance to typhoon survivors must be documented. The sophisticated network of financial service providers (FSPs) across the country – well adept at providing remittance services to the millions of Filipinos working overseas – was used in Haiyan. There is buy-in among CTP stakeholders, including the FSPs themselves, of the need to pre-position certain coordination tools and instruments that could help shorten humanitarian responses in the future, and such opportunities should be pursued.
FUNDING ANALYSIS

776 million ($US)
Total Required

Funding Requested
$776 million
61% funded
as of SRP closure (31 August 2014)

470 million ($US)
Total Received
CERF: 25 million

61%
Total Funded
Unmet: 306 million ($US)

Source: Financial Tracking Service, as of 31 August 2014: http://fts.unocha.org/

Whilst overall funding levels for the response are above the current global average for appeals (at the time of closing the SRP on 31 August was 61 per cent funded, as compared to a global average of 46 per cent), the level of funding between clusters varies significantly. Six clusters have received funding above two-thirds of their appeal amount, namely Logistics (113%), Nutrition (96%), Coordination (83%), Food Security and Agriculture (76%), WASH (76%), and Health (68%). A second tier of clusters are above 50 per cent funding levels; Education (62%), ETCCCM (55%), and Protection (52%).

Perhaps most significantly, however, the Shelter Cluster and Early Recovery and Livelihoods Cluster have each received below half of requested funding, at 44 per cent and 29 per cent, respectively. These two worst-funded sectors were seen from the outset of the response to be critical in both the humanitarian and recovery phases, yet have received disproportionately low levels of funding. As outlined below, however, extensive funding outside the SRP calls into question the extent to which we can draw conclusions around broader sectoral funding.

The largest institutional donors within the SRP were the United Kingdom (12%), the Canada (10%), United States (9%), Japan (8%), and the European Commission (6%). Private sector contributions, from both individuals and organisations, however, were the largest single source, constituting nearly one-third (29%) of overall SRP funding.
The bulk of funding within the SRP was mobilised in the first month of the response (see above). By 9 December 2014 – one month on – $275 million had already been contributed to the appeal, representing more than one third of requested funding under the SRP and nearly 60 per cent of the total that was to be received under the plan. By the end of the year more than three-quarters of all funding had already been committed (77%). This pattern of contribution emphasises the importance of an early release of a strategic framework to access potential funding.

Based on cluster reporting, however, there is estimated to be around $87 million in funding under the SRP that is not reflected on the Financial Tracking System (FTS) on which the above data is based, due to reporting gaps by recipient agencies. If estimates of this unrecorded funding are accurate, the overall funding for the Typhoon Haiyan Strategic Response Plan would be around 71 per cent, or $557 million received.

Furthermore, a significant amount of funding has been tracked outside the SRP. Over $375 million is recorded by FTS as having been committed to projects that are not listed in the 2013 Haiyan Strategic Response Plan. This is equivalent to just under half the overall SRP appeal budget or 80 per cent of funding received against the SRP. Additionally, although significant private sector contributions were made under the SRP, there is believed to be a large number of contributions that have not been recorded, from both individuals and businesses. Similarly, private sector actors are also implementers in the sense of providing assistance and conducting relief and recovery activities, and no data is available on the nature or scale of this. The level of remittances to families and contributions from the Philippines diaspora to local NGOs following Haiyan is another area that is not fully understood, and a big-picture financial analysis of the wider response is therefore not possible at this time.

Whilst the above financial analysis of funding under the SRP is illustrative of a significant subset of response activities – namely those projects listed in the December 2013 plan that also comprised the backbone of funding for inter-agency coordination activities – caution should be taken when drawing conclusions that relate to the financial state of the broader response.
CONCLUDING REMARKS

The humanitarian response has revealed a number of strategic areas for local capacity building and support, not only to improve disaster response or facilitate rehabilitation, but to ensure inclusiveness, resilience and sustainability in recovery. Behavior change and capacity development of local stakeholders will require strong linkages with national strategies as well as sufficient and timely support from various levels of government (national and local). It will also require the long-term post-disaster commitment of partners to affected municipalities. For this purpose, humanitarian partners are strongly committed to working within recovery mechanisms and have started to do so through special structures coordinated by the Office of the Presidential Advisor for Rehabilitation and Recovery (OPARR) as well as through regular counterparts at the central and local government levels.

The typhoon Haiyan response has also highlighted the critical importance of disaster response preparedness measures. An inter-agency working group under the auspices of the HCT is leading efforts by international actors in this area, focusing on emergency preparedness with respect to data preparedness, joint rapid assessments, risk profiling of vulnerable regions, and identifying stockpiles for rapid response. An inter-agency disaster preparedness and disaster risk reduction working group has also been in place in Region VIII since early 2014, resulting in a region-wide inter-agency contingency plan focusing on preparedness for effective response to disasters. A simulation exercise was held jointly between humanitarian agencies and the Tacloban City Government on 22-23 September to test the effectiveness of the plan. During the recovery phase the group will continue to oversee broader coordination of disaster risk reduction programmes in Haiyan-affected areas under the UNDAF framework.

By way of closing this report, and as it comes to conclude actions around the humanitarian response for Haiyan, the Philippine Humanitarian Country Team wishes to express its genuine recognition and appreciation to all the actors for creating the conditions that enabled this response. In particular, to recognize the efforts and leadership of the Government of the Philippines and of the communities affected by Haiyan; to all the donors, civil society organizations, and overseas Filipinos, and to UN and INGO teams, for making this work possible and for trusting it with the responsibility to be partners in this response.