

Philippines: Zamboanga Action Plan 2014 (Revision)



This document outlines the plan of action for the Philippines Humanitarian Country Team's response to the needs of people affected by the Zamboanga Crisis in September 2013. It was issued by the Humanitarian Country Team in collaboration with partners.

Highlights

- In September 2013, fighting between a faction of the Moro National Liberation Front and the Armed Forces of the Philippines in Zamboanga City affected an estimated 118,800 people. Six months since the crisis began, 64,600 people remain displaced in evacuation centres, transition sites and host communities.
- To complement the Government's recovery efforts, humanitarian partners are seeking US\$12.8 million¹ to continue to provide targeted assistance to the displaced people for six months.
- Further decongestion of crowded, unsustainable evacuation centres, where water provision and maintenance of sanitation facilities, shelter and livelihood opportunities do not meet minimum standards for all IDPs, is required.



118,800

People affected by the crisis in Zamboanga City

64,600

IDPs targeted for assistance

10,000+

Destroyed houses

\$12.8 million

Revised funding requirement

43%

Funded

14

Projects

Source: Department of Social Welfare and Development, Region IX (24 March 2014)

Situation Overview

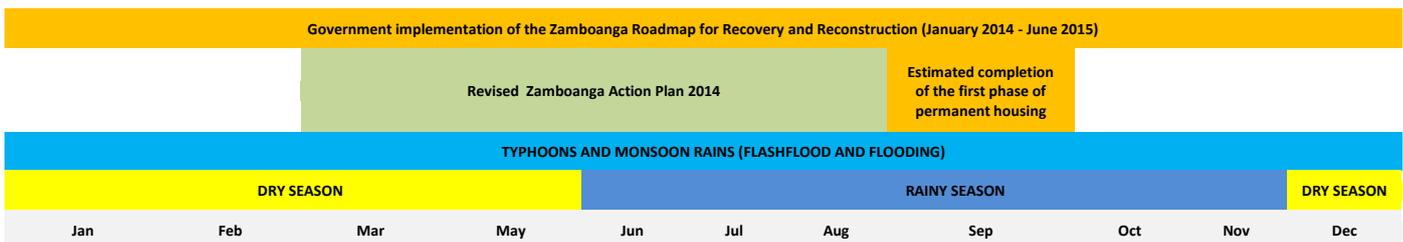
In September 2013, fighting between a faction of the Moro National Liberation Front (MNLF) and the Armed Forces of the Philippines (AFP) affected and forcibly displaced an estimated 118,800 people in Zamboanga City during the height of the conflict. The 20-day siege left at least 140 people dead and over 10,000 houses destroyed. Six months since the crisis began, about half of the internally displaced people (IDPs) have returned to their places of origin according to the Protection Cluster. However, some 64,600 IDPs (26,550 people in seven evacuation centres and five transition sites, and 38,050 people in host communities) still need humanitarian support while the Government implements its rehabilitation plan and timely durable solutions are being sought.

Prolonged displacement in overcrowded conditions without adequate sanitation and nutrition or protection from abuse and exploitation continues to pose health and protection risks, particularly in the two largest evacuation centres hosting some 20,000 IDPs (Joaquin Enriquez Sports Complex and Cawa-Cawa shoreline). According to the Health Cluster, a total of 104 IDP deaths were reported from September 2013 to March 2014; 48 per cent were children under age 5, with diarrhoea as the leading cause of mortality. The mortality rate for children under age 5 reached emergency threshold four times, with the latest incidence in February. Dry weather conditions in Zamboanga City caused water levels in the city's reservoir to fall since early March; as a result, water as well as electricity rationing has exacerbated the living conditions of the IDPs. Furthermore, with only two water tankers available, there has been irregular water delivery to the evacuation centres and transition sites. Further decongestion of the centres, water provision and sanitation maintenance, timely transitional and permanent shelter solutions, and ensuring all IDPs have access to livelihood opportunities are urgently needed.

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

Local and national authorities have begun implementing the Zamboanga City Roadmap for Recovery and Reconstruction (Z3R), looking at longer-term shelter solutions and infrastructure development. The plan is being implemented from January 2014 to June 2015 with the first phase of permanent housing construction estimated to be completed by the end of September 2014 (refer to the timeline below). The vast majority of IDPs remaining in the evacuation centres, many of whom have not been adequately included in the Z3R plan, are from minority communities and depend on the sea for their livelihood. City government officials have requested support from humanitarian partners to continue to complement their efforts to assist IDPs who are still in evacuation centres, transition sites and host communities; funding remains a concern, however, with the current appeal critically underfunded at 21 per cent (refer to Funding section).

According to the Basilan Provincial Social Welfare Office, most of the over 18,000 IDPs displaced by the September 2013 MNLFF-AFP conflict in Akbar, Tuburan and Tipo-Tipo municipalities and Lamitan City have returned to their places of origin. However, there are still people who have not permanently returned due to insecurity in some areas, and are in need of humanitarian support, particularly in Tipo-Tipo. These IDPs will be supported through the municipal social welfare offices and local non-governmental organizations.



Note: Dry season may be December to Feb or March to May

Overall response and challenges: Zamboanga City and the national government, supported by humanitarian partners, have continued to provide assistance to IDPs over the past six months. An estimated 120,000 people received food support through general food distributions until December 2013, while 5,600 IDP families in evacuation centres and transition sites and 6,000 family returnees benefitted from food-for-work and cash assistance as the response has shifted focus towards livelihood programmes. Additional food assistance is being mobilized until May upon the request of the Government.

Access to basic health services, including reproductive health, were provided through mobile medical teams, transitional health posts, emergency health units and barangay (the lowest administrative unit in the Philippines) health stations. Regular disease surveillance has prevented outbreaks. Nutrition screening enabled treatment of malnourished IDP children in the largest evacuation centres and in 16 barangays; food supplements and therapeutic feeding were integrated into food assistance programmes. Water delivery and testing, construction and maintenance of latrines and drainage systems, and hygiene promotion activities have improved water and sanitation conditions in evacuation centres and transition sites. Most education services have resumed and 95 per cent of IDP schoolchildren have been tracked. Humanitarian partners also continue to assist local authorities to ensure dignified relocation of IDP families to transition sites and fast-track the construction of temporary shelters.

Regular monitoring, prevention and response activities have not adequately improved the protection of IDPs, especially women and children, who continue to be exposed to violence, abuse and exploitation. Communication with communities through regular mobile information sessions and community consultations needs to be improved. The city government and humanitarian organizations have provided information on available services. However, many IDPs, particularly those remaining in evacuation and transit centres, are unaware of how they will be supported to find a durable solution.

While efforts continue to find durable solutions for IDPs, the large number of IDPs still in evacuation centres has not been adequately included in planning for durable solutions. In addition, the lack of available information about land on which to construct transitional and permanent housing remains a gap. Ensuring the availability of culturally suitable livelihood opportunities in return and permanent relocation areas needs to be increased for the minority population. Also needed is the continued maintenance of WASH facilities and services and sustained hygiene promotion in existing evacuation centres and new transition sites.

Zamboanga City Evacuation Centres and Transition Sites	No. of families	No. of people
Evacuation Centres	3,806	20,038
Cawa-Cawa shoreline	873	4,421
Don Gregorio Evangelista Memorial School	26	146
Joaquin F. Enriquez, Jr. Sports Complex (JFEJSC)	2,512	13,520
Lunzuran Barangay Hall	12	54
Talon-Talon Central School	204	934
Talon-Talon National High School	42	173
Zamboanga City East-West Central School	137	790
Transition Sites	1,208	6,508
Tulungatung (DSWD) bunkhouses	401	2,320
JFEJSC bunkhouses	254	1,442
Rio Hondo Elementary School	69	438
Taluksangay bunkhouses	373	1,824
Philippine Tuberculosis Society Inc., Upper Calarian	111	484
Outside Evacuation Centres	6,055	38,062
Grand Total	11,069	64,608

Source: Department of Social Welfare and Development, Region IX

The Zamboanga Action Plan revision: On 18 March, a workshop was held in Zamboanga City involving over 80 participants from government and humanitarian agencies. The city Government elaborated its response plan and jointly evaluated with cluster partners the outstanding humanitarian and early recovery needs to be addressed until December 2014. The Humanitarian Country Team (HCT) endorsed the Zamboanga Action Plan revision process with the aim of providing targeted humanitarian support for the remaining IDPs in Zamboanga over a six-month period while government recovery efforts continue to be scaled up to include all IDPs.

Philippines: Zamboanga Humanitarian Dashboard (as of 5 April 2014)



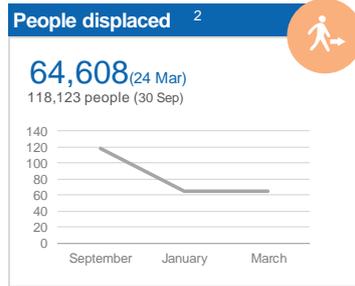
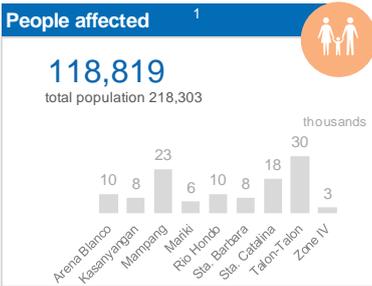
SITUATION OVERVIEW

Six months after the crisis began in September 2013, 64,608 people remain displaced (26,546 people inside evacuation centres and transition sites while 38,062 people are staying with host communities) with ongoing humanitarian needs.

Further exacerbating the living conditions of the displaced people is the dry weather conditions in Zamboanga City which have caused the water levels to fall in the city reservoir since early March, resulting to water and electricity rationing to evacuation centres.

With half of remaining IDPs from areas declared as "no return areas" staying in congested evacuation centres, continued provision of assistance is needed as the Government implements its recovery and rehabilitation plan.

KEY FIGURES



Returned population ⁵

Month	No. of people
September	696
January	54,001
March	54,221

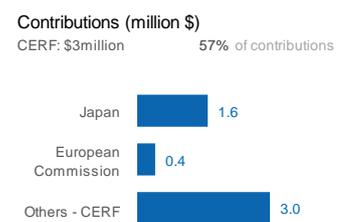
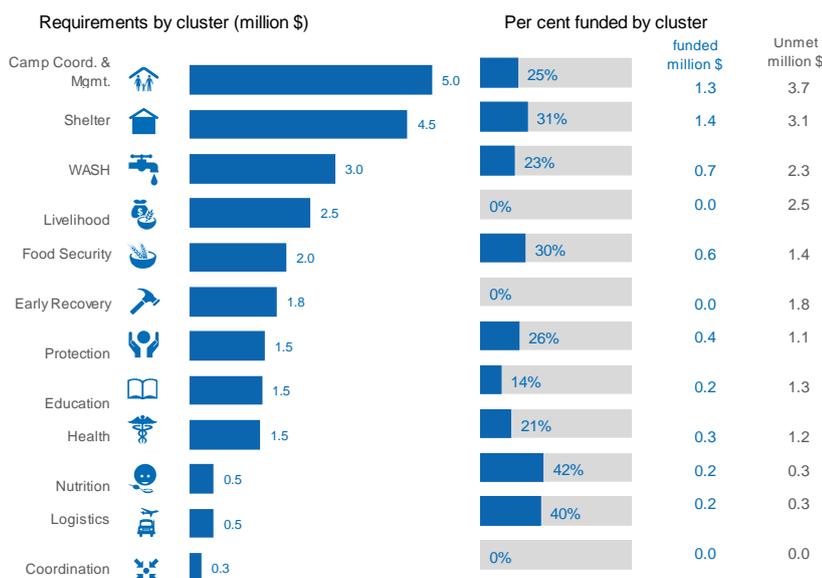


FUNDING: Zamboanga Action Plan 2013 ⁷

\$ 25 million
REQUESTED (US\$)

21%
FUNDED

\$ 5 million
RECEIVED (US\$)



STRATEGIC OBJECTIVES

In support of the recovery efforts of the Government, the Humanitarian Country Team will continue to provide humanitarian assistance to 64,600 IDPs with the goal of assisting vulnerable IDPs to become self-reliant and find durable solutions to their displacement in Zamboanga City for six months (March to August).

The strategy aims to ensure that all IDPs through an informed and consultative process can voluntarily return or relocate. This process must proceed in a dignified and safe manner through culturally and conflict sensitive activities by:

- 1 Assisting IDPs in all locations to complement ongoing efforts to find durable solutions in a consultative manner with IDPs, the local authorities and host communities;
- 2 Ensuring that IDPs in all locations have access to basic services provided by the government and assisted by other humanitarian actors;
- 3 Assisting all IDPs to return to their traditional livelihood or find a new livelihood if they so choose, so they can sustain and protect themselves and their families.

Priorities, Needs and Responses

Clusters	Priorities	Needs	Responses
 Camp Coordination and Camp Management Original Target: 100,000 IDPs	Provide essential services and camp support	Social preparation of IDPs and host communities Decongestion of evacuation centres Information gathering and dissemination of camp needs	Camp managers and health personnel were deployed Displacement Tracking Matrix reports disseminated to inform inter-sectoral needs and responses Provision of privacy partitions and upgrades of common facilities in the open evacuation centres
 Food Security and Agriculture Original Target: 40,000 IDPs	Provide food assistance and emergency school feeding	IDPs still need food rations especially those outside the large evacuation centre	Provided unconditional cash transfer to more than five thousand IDPs Emergency school feeding to school-age children Group feeding to vulnerable groups
 Nutrition Original Target: 32,300 children and lactating women	Provide nutrition support to children and to pregnant and lactating women (PLWs)	Access to nutrition and health services for children and PLWs in all evacuation centres, transition sites and host communities Building capacity of the local government and partners in assessing nutritional status of children	CMAM services and nutrition screening conducted. Identified malnourished children that needed nutritional support and treatment
 Water Sanitation and Hygiene Original Target: 60,000 IDPs	Safe water supply and additional latrines that meets global standard.	Provision of safe water supply. Maintenance of WASH facility.	Provided clean water supply to IDPs and other vulnerable groups Provided emergency latrines and hand washing facilities
 Education Original Target: 85,000 children	Provide and strengthen Education in Emergencies services (EIE)	Restore preschool and basic education system in affected schools Enhancing the capacity of the city to prepare and respond to future emergencies	Response focused on support for psychosocial and emergency education needs of affected pre-school and school-aged children and replacement of damaged or lost teaching and learning materials Temporary learning spaces were set-up in major evacuation centres, transition sites and host schools
 Health including RH Original Target: 12,000 women incl PLW	Ensure access to health services to on-site and home-based IDPs	Accessible health services to all IDPs	Conducted disease surveillances in all evacuation centres Conducted medical missions to evacuation centres and transition sites Provided reproductive health services to PLW
 Protection incl. CP and GBV Original Target: 27,500; 2,500 children; 12,000 women and men	Ensure protection, promotion and respect for the human rights and dignity of IDPs	Monitoring of protection issues in evacuation centres	Conduct IDP profiling and protection monitoring. Referrals of child protection and GBV cases
 Emergency Shelter Original Target: 10,000 displaced families	Contribute to the efforts of the government and humanitarian partners in providing shelter solutions to the displaced vulnerable populations	Durable shelter solutions for the displaced people	Provided emergency shelter assistances and transitional shelter solutions including indigenous shelter repair kits for the Badjaos Provided NFIs to IDPs moving out of evacuation centres Provided five transition sites to 22% of remaining IDPs
 Livelihood Original Target: 2,300 vulnerable workers	Enable IDP women and men to regain self-sufficiency through skills training and alternative livelihood	Provide alternative livelihood opportunities to IDPs	

Overall Strategic Objective

In support of the recovery efforts of the Government, the HCT will continue to provide humanitarian assistance to 64,600 IDPs with the goal of assisting vulnerable IDPs to become self-reliant and find durable solutions to their displacement in Zamboanga City for six months (March to August).

The strategy aims to ensure that all IDPs through an informed and consultative process can voluntarily return or relocate. This process must proceed in a dignified and safe manner through culturally and conflict sensitive activities by:

- Assisting IDPs in all locations to complement ongoing efforts to find durable solutions in a consultative manner with IDPs, the local authorities and host communities.
- Ensuring that IDPs in all locations have access to basic services provided by the Government and assisted by other humanitarian actors.
- Assisting all IDPs to return to their traditional livelihood or find a new livelihood if they so choose, so they can sustain and protect themselves and their families.

Revised Cluster Response Plans



Camp Coordination and Camp Management

Contact Information: Marco Boasso (mboasso@iom.int; +63-2-230-1777)

Cluster Objective

- Assist the Government and humanitarian partners in conflict-sensitive and culturally sensitive evacuation camp management and eventual closure, including the safe movement of displaced vulnerable people from conflict-affected communities of Zamboanga City.

\$1,500,000
Funding requirement

As of 24 March, seven evacuation centres continue to host some 20,000 people (3,800 families) and 6,500 people (1,210 families) are in five transition sites. In order to ensure the provision of essential services and camp support, 35 field staff were deployed, including camp managers and health personnel, and a total of 14 Displacement Tracking Matrix (DTM) reports were issued to inform inter-sectoral response inside the camps.

In coordination with local governance bodies such as the barangay disaster risk reduction and management council and IDP host communities, the Cluster aims to strengthen social preparation activities, including by reducing social tensions and supporting integration of IDPs, in order to facilitate return and resettlement. For the duration of the revised Action Plan, the Cluster will:

- Prioritize support for IDPs in the Cawa-Cawa shoreline and Joaquin Enriquez Sports Complex to close the evacuation centre.
- Continue the DTM as part of IDP profiling and monitoring of sectoral needs, including protection and gender issues in host communities.
- Assist in IDP movement planning and monitor the voluntary and safe movement to transition sites.
- Deploy additional support staff to priority evacuation centres and barangay displacement sites to assist the local camp committees and support social mobilization to facilitate IDP movement.
- Expand communication with communities (e.g., information caravans, media engagements, community media) including interactive community mapping as part of emergency preparedness and enhancing understanding of the city government-led recovery and reconstruction plan.



Coordination

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With the continued activation of clusters in Zamboanga City (refer to Coordination Structure), inter-cluster coordination is required to ensure efficient and principled implementation of humanitarian action. A strengthened inter-cluster forum through the Zamboanga Mindanao Humanitarian Team, which implements policy directions of the Humanitarian Country Team, will enable collective advocacy for the return and reintegration of the remaining displaced people. Overall monitoring of the humanitarian situation and dissemination of information products such as bulletins, contact lists and maps will enable partners to be informed of the ongoing operations. Information management is crucial and effective coordination will ensure that appropriate information flows between aid providers and beneficiaries are enhanced through the Communicating with Communities programme.

\$250,000

Funding requirement



Education

Contact Information: Lotta Sylwander (lsylwander@unicef.org; +63-2-901-0188)

\$1,100,000

Funding requirement

Cluster Objective

- Continue to provide and strengthen education-in-emergencies services towards the faster recovery of at least 20,000 disaster-affected preschool and school-aged children in Zamboanga City.

Since late September 2013, the Education Cluster response focused on support for the psychosocial and emergency education needs of affected preschool and school-aged children and the replacement of damaged or lost teaching and learning materials. Psychological first aid activities were conducted for all affected teachers who were subsequently trained on Education in Emergencies (EiE) and psychosocial support together with volunteer teachers. Temporary learning spaces were set up in major evacuation centres, transition sites and host schools. Meanwhile, the repair and rehabilitation of damaged school facilities is ongoing alongside the tracking of displaced schoolchildren, with the latest coverage at 95 per cent.

Although classes formally resumed in all schools in October 2013, the impact of the crisis is still greatly felt by children, especially the 9,269 children from the most affected schools (Rio Hondo Elementary School, Santa Barbara Central School, Don Gregorio Evangelista Memorial School, and Mariki Elementary School). While priority attention is being accorded to children staying with their families in the evacuation centres and in host communities, it is vital to pursue a holistic education response. At the height of displacement, including the floods that triggered the second round of city-wide suspensions of classes, the education of 46,043 learners was disrupted as classrooms and buildings were damaged, teaching and learning materials lost, and the use of schools as evacuation centres limited children's access to learning spaces. On 14 October 2013, the Department of Education reported that IDP families have occupied a total of 619 classrooms in 25 schools.

Despite progress on tracking students, low attendance rates prevail in three of the four most affected schools due to: 1) diminished capacity of families to send their children to school; 2) education being given low priority within the family; and 3) uncertainty brought about by the movement of IDPs. Four schools are still used as evacuation centres, displacing schoolchildren who have to endure heat, dust, noise and crowded conditions in temporary learning spaces while they patiently wait for their rooms to be cleared or repaired. Feelings of distrust and cultural differences have also caused fear among students and teachers and cases of bullying were reported.

In order to accelerate the overall recovery process in affected schools, the Education Cluster will continue to support government efforts to restore the preschool and basic education systems in the city, including with enhanced capacity to prepare and respond to future emergencies, through the following activities:

- Training on EiE and psychosocial support for additional teachers;
- Support for temporary learning spaces, which will continue to receive students during the summer period in order for learners, especially those who have been absent for the past six months, to be provided with academic services;
- Collaboration with the WASH Cluster for repair and construction of WASH facilities in schools;
- Provision of additional Early Childhood Care and Development (ECCD) kits, as well as the provision of training to kindergarten teachers and daycare workers on ECCD-in-emergencies;
- Establish temporary learning spaces in new transition sites;
- Support training of school personnel on child-friendly school systems and peace education; and,
- Strengthen and sustain education cluster coordination mechanisms and the student tracking system.



Emergency Shelter

Contact Information: Marco Boasso (mboasso@iom.int; +63-2-230-1777)

\$2,000,000
Funding requirement

Cluster Objective

- Contribute to the efforts of the Government and humanitarian partners to support conflict-sensitive and culturally sensitive shelter solutions for the vulnerable displaced people from conflict-affected communities of Zamboanga City.

At the peak of the crisis in September 2013, 10,160 homes were destroyed in Zamboanga City. The local Government identified shelter solutions as one of the top three priorities for normalcy to return to the city. The Zamboanga City Roadmap to Recovery and Reconstruction Plan requires 18 months for implementation. As of 14 March, 24,365 people (4,873 families) in nine evacuation centres and five transitional sites have been provided with emergency shelter assistance and common facilities in the existing centres. About 22 per cent of the remaining IDPs in evacuation centres were also transferred to transition sites. The more vulnerable IDPs were prioritized for transfer to temporary shelter solutions.

For the duration of the Action Plan, the Cluster will prioritize:

- Provision of transitional shelter assistance to IDPs in the Joaquin Enriquez Sports Complex and Cawa-Cawa shoreline to support decongestion efforts in these sites.
- Construction of alternative transition shelters, including suitable dwelling units that are culturally sensitive and will provide protection to vulnerable IDPs.
- Identification of suitable land for safe relocation and resettlement that is acceptable to IDPs and host communities and where IDP livelihoods can be pursued.
- Support resettlement and relocation planning to ensure the safe and voluntary movement of vulnerable IDPs.



Health (including Reproductive Health and Mental Health and Psychosocial Support)

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\$1,553,000
Funding requirement

Cluster Objectives

- Ensure access to health services to onsite and home-based IDPs (including consultations/admissions, reproductive health, mental health and psychosocial support, health promotion and immunization).
- Continue disease surveillance and mount appropriate and timely response for outbreak control, if needed.
- Rehabilitation of damaged health facilities in conflict zones and establishment of temporary health facilities in transition sites.
- Build local government capacities in disease surveillance and other emergency health response mechanisms.

According to cluster assessments, an estimated 8,700 children under age 5 (3,500 children in evacuation centres and 5,200 home-based IDP children) need accessible child health services. Since 8 October, acute respiratory infection remains the largest health concern reported, followed by fever and acute watery diarrhoea.

From 9 September 2013 to 23 March 2014, a total of 104 mortalities have been reported, with the crude mortality rate (CMR) at 0.34/10,000 people/day and the under-five mortality (U5MR) rate at 1.13/10,000/day (emergency threshold levels according to WHO are as follows: CMR > 1/10,000 per day; U5MR > 2 per 10,000 per day). Twenty per cent of under-five mortalities and 18 per cent of neonatal deaths have been from Badjao areas.

A total of 3,608 pregnant and lactating women have been reached through 34 reproductive health medical missions in 19 evacuation centres and transition sites and in 26 barangays; 500 pregnant and lactating women are still targeted for reproductive health services. During the past five months, 23 confirmed cases of sexually transmitted infection were reported. Health facilities (including medical equipment, supplies and medicines) in the most affected areas of Santa Catalina, Rio Hondo, Mariki and Santa Barbara still need to be rehabilitated.

For the duration of the revised Action Plan, the Cluster aims to continue to conduct culturally sensitive and gender-responsive activities, including the provision of health services such as: outpatient consultations and admissions, disease surveillance; mental health and psychosocial support; Extended Programme on Immunization

Reproductive Health to onsite and home-based IDPs through rehabilitated health facilities; review the micronutrient and nutritional intake of children under age 5 in evacuation centres and transition sites; and provide additional support to nutrition response, as needed. The capacity of local partners to carry out health programmes will also be strengthened to ensure a sustainable response.



Livelihood

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\$2,400,000
Funding requirement

Cluster Objective

- To enable IDP women and men whose livelihoods and employment were lost to regain self-sufficiency through skills training and traditional livelihoods.

A total of 46,000 workers have either permanently or temporarily lost their livelihood as a result of the conflict in Zamboanga. A significant portion of those whose livelihood have been affected by the conflict are IDPs who continue to live in evacuation centres and informal settlements seven months after the conflict. A large part of the population of Zamboanga prior to the conflict, including the IDPs, were already engaged in vulnerable employment and supported themselves through food and goods vending, fishing, operating small stores, carpentry, pedicab driving, security work and sales. The destruction of entire neighbourhoods and property in Zamboanga make it highly unlikely that they can resume their former livelihood activities. The Livelihood Cluster will support recovery and reconstruction by:

- Conducting an assessment on the impact of the conflict on the livelihood and employment of IDPs;
- Repair and construction of transition/temporary shelter and support facilities for IDPs to create jobs through community contracting and local resource-based investments in collaboration with local government units and civic and religious organizations;
- Undertaking skills training, capacity development, and mentoring initiatives to provide alternative livelihood opportunities to IDPs while ensuring the sustainability of these interventions; and,
- Supporting community-based local enterprise development activities.



Nutrition

Contact Information: Lotta Sylwander (lsylwander@unicef.org; +63-2-901-0188)

\$288,400
Funding requirement

Cluster Objectives

- To promote, protect and support optimal Infant and Young Child Feeding (IYCF) practices for girls and boys aged between 0 to 23 months and by pregnant and lactating women (PLWs);
- To ensure access and strengthen the delivery of nutrition and health services to children (6 to 59 months) and PLWs in all evacuation centres, transition sites and host communities;
- To prevent and control micronutrient deficiencies in girls and boys aged between 6 to 59 months and PLWs;
- To strengthen the capacity of the local Government and partners in assessing, monitoring and managing the nutritional status of children and PLWs, and in nutrition information management; and,
- To link with the Livelihood Cluster for inclusion of PLWs and parents of children with acute malnutrition as beneficiaries for livelihood assistance.

Initially, Community-based Management of Acute Malnutrition (CMAM) services focused on children living inside evacuation centres, but they were subsequently expanded to other areas with high malnutrition prevalence. Nutrition screenings were extended to 16 barangays by city health officials. As of February, a total of 643 children were identified as suffering from acute malnutrition while an estimated 8,700 children under age 5 and 4,200 PLWs need nutrition services. This includes support for breastfeeding as well as the prevention and therapeutic supplementary management of acute malnutrition and micronutrient deficiencies. Eighty health staff and volunteers were trained on CMAM to assist in the treatment of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases; however, with the increase in screening coverage, there is a need to train and capacitate additional health workers to ensure continuous treatment.

The cluster response plan will focus on CMAM, IYCF, nutrition surveillance, the provision of micronutrient supplementation, and strengthening cluster coordination, capacity-building and policy support through the following activities:

- Outpatient Therapeutic Programme for children with SAM.
- Inpatient Therapeutic Programme for children with SAM with complications.
- Supplementary Feeding Programme for children and PLWs with MAM.
- Counselling for PLWs, mothers, and caregivers on IYCF, maternal and child health, and hygiene.
- Conducting human breast milk donation drives.
- Provision of micronutrient supplementation to children under age 5 and PLWs.
- Free laboratory tests for pregnant women.
- Capacity-building of health workers on the Philippine Integrated Management of Acute Malnutrition (PIMAM), including coaching and mentoring.
- PIMAM protocols and guidelines signed and approved by the Department of Health, Region IX.



Protection (including Child Protection and Gender-based Violence)

Contact Information: Protection: Bernard Kerblat (kerblat@unhcr.org; +63-2-818-5121); Child Protection: Lotta Sylwander (lsylwander@unicef.org; +63-2-901-0188); Gender-based Violence: Klaus Beck (beck@unfpa.org; +63-2-901-0302)

\$1,254,000
Funding requirement

Cluster Objective

- In support of the Government, ensure protection, promotion and respect for the human rights and dignity of IDPs by facilitating a durable solution to their displacement as soon as possible, while ensuring the prevention of and a response to all forms of abuse, exploitation and violence against children and women.

After seven months, IDPs remain in unsustainable collective centres where protection problems continue, particularly for women and children. The populations most in need are the minority Moro groups, as their previous place of habitual residence that includes only a small percentage of the remaining IDP population in the local government reconstruction plan. It is of primary importance that all IDPs have equal access to durable solutions and that any solution is reached through consultation and with the full consent of the IDPs and in accordance with human rights standards.

The situation of children in Zamboanga highlights the crucial need for effective and sustained prevention and response mechanisms that mitigate all forms of abuse, exploitation, violence and neglect. Enhancing Information Management support will reinforce overall coordination for child protection. Barangay Councils for the Protection of Children are only partly functional in five affected barangays. Children separated from parents and caregivers, limited access to structured education and play, disruption of normal routine, and an increase in child labour and vagrancy are the critical child protection concerns, particularly in evacuation centres and transition sites.

The situation of IDP girls, boys, women and men needs an appropriate response and intervention to ensure their protection from all forms of gender-based violence (GBV). Appropriate support should be made available to GBV survivors, particularly on GBV case management, including immediate medical assistance, mental health and psychosocial support. Currently, there are only two barangays with functional Violence Against Women (VAW) desks. Protection mechanisms through VAW desks and Local Councils Against Trafficking have to be established and made functional at barangay and city levels, respectively. Some GBV cases are not attended to properly in government hospitals; there is a strong need to capacitate doctors from the city hospital on the management of GBV cases and sensitize them on GBV inter-agency referral pathways.

For the duration of the Action Plan, the Protection Cluster (including Child Protection and GBV) plans to conduct the following activities:

- Continue IDP profiling and protection monitoring to inform advocacy for durable solutions, including support for access to traditional livelihoods.
- Advocacy to ensure that all IDPs are consulted on decisions of return and relocation, all IDPs are given free and informed choice, and that IDPs are treated in accordance with international and national human rights instruments. Similarly, consultation processes for children in both IDP sites and those in host communities may, separately or jointly, be pursued through creative activities that will allow them to express their needs and opinions. These consultation processes for children could serve as a venue for other sectors to reach children and solicit their voices on, e.g., camp management needs, expectations on WASH facilities, alternative learning approaches, etc.
- Build community and civil society capacity to provide psychosocial support to children, adolescents and their families, including access to dedicated spaces and structured psychosocial activities; strengthen the networks of children, youth and women; train community volunteers on psychosocial support/psychosocial first aid; and create/strengthen referral systems for children in need of specialized care.
- Monitoring, reporting and response to grave child rights violations in situations of armed conflict, including support to the Country Task Force on Monitoring, Reporting and Response Mechanism (MRM).

- Strengthen community-based protection mechanisms in evacuation centres, transition sites and host communities to prevent and respond to all forms of abuse, exploitation, violence and neglect towards children and women.
- Strengthen existing mechanisms to prevent and respond to family separation, including by identification and the documentation, family tracing and reunification system, and by ensuring the provision of appropriate alternative care support for all unaccompanied and separated children.
- Ensure the access of children and adolescents to entry points and referral nodes for referral to specialist services and information dissemination.
- Continue to strengthen inter-agency protection mechanisms on survivor-centered management of GBV cases.
- Establish seven additional community-based women-friendly spaces in transition sites and host communities.
- Organize GBV Watch Groups in barangays for effective prevention, monitoring, reporting and response systems for GBV survivors.
- Continue to conduct awareness-raising sessions on women's rights, GBV prevention and response and anti-trafficking, particularly women and children.



Water, Sanitation and Hygiene

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\$1,650,000
Funding requirement

Cluster Objective

- Improve access to WASH services in displacement sites, including evacuation centres, transition sites, temporary learning spaces and child-friendly spaces by providing adequate facilities, and facilitate an environment for proper hygiene behaviour.

Based on weekly water quality monitoring, out of the estimated 662,900 litres of water required per day for the remaining 26,546 people in evacuation centres and transition sites, there is currently 231,200 litres of water available. The decrease in water levels at the main source is due to a long dry spell in the region. The limited number of available water tanks for water delivery has resulted in water rationing in displacement sites, further contributing to the deterioration of hygiene conditions among the displaced people.

Prolonged stay in the evacuation centres, lack of space and limited resources is constraining the ability of the Cluster and its partners to respond to humanitarian needs while working towards a more durable solution.

Technically, the construction of about 1,327 additional latrines is required to meet the cluster standard on toilet to population ratio (1 toilet for every 20 people) and ensure that basic hygiene standards are met. The emergency latrines built in October, which were originally designed for three months, have been decommissioned. There is a need to increase the capacity of government partners for regular desludging and the regular provision of cleaning and disinfection materials.

WASH committees and marshals need to be strengthened and hygiene promotion activities sustained, including strengthening communication mechanisms.

For the duration of the Action Plan, the Cluster aims to:

- Provide additional water solutions to support daily water distribution operations.
- Install community water systems in Taluksangay and Tulungatong temporary transition sites.
- Construct latrines with hand-washing and bathing cubicles in identified transitional sites.
- Organize the regular desludging of septic tanks in all evacuation centres and transition sites and ensure the availability of cleaning and disinfection materials.
- As part of solid waste management, clean and de-clog canals and collect garbage.
- Conduct family-to-family sessions and demonstrations on proper hygiene using appropriate and culturally sensitive methodologies.

Coordination Structure

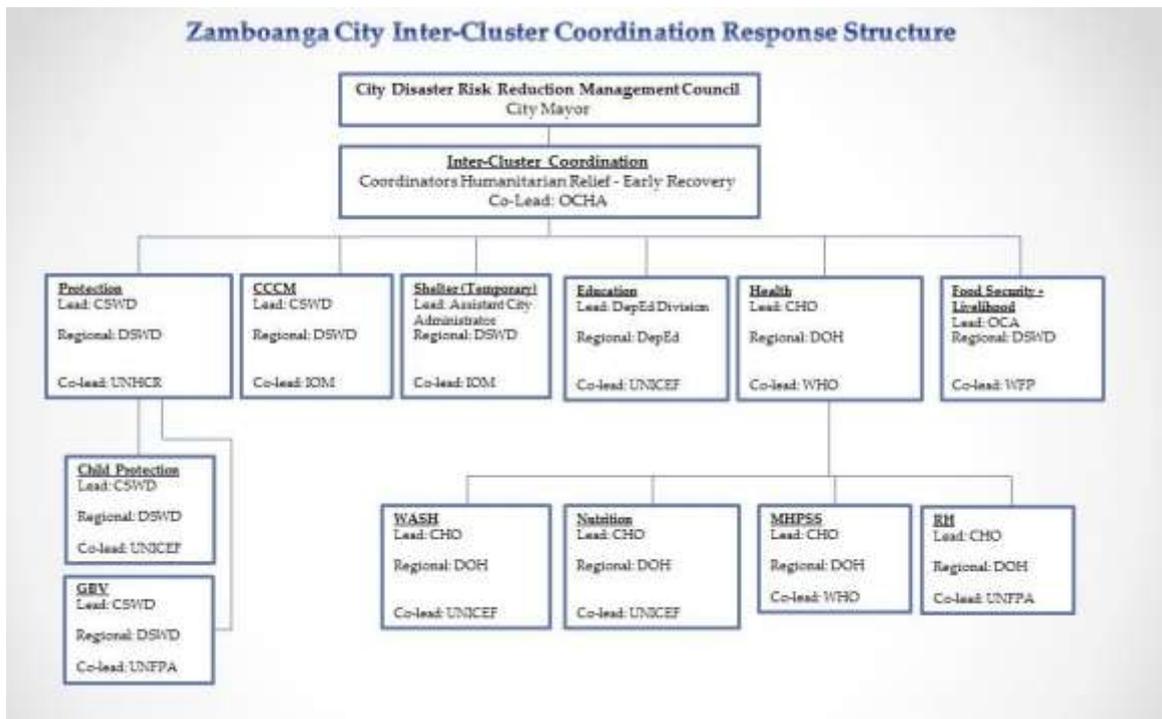
Adopted at the beginning of the response, the cluster approach was further developed by the Zamboanga City Government as the basis of its humanitarian coordination structure. The structure further evolved based on the humanitarian and recovery needs and the operational capacity of local authorities and partners. The following clusters were strengthened: Camp Coordination and Camp Management, Education, Food Security, Health (including reproductive health and mental health and psychosocial support), Nutrition, Protection (including child protection and GBV), Shelter and Livelihood. As of January 2014, the Food Security and Livelihood Clusters

merged as a joint cluster as the response transitioned into the early recovery phase. Food Security is now being integrated into the Livelihood Cluster.

Government line departments, as cluster leads at the initial phase of the response, handed over coordination roles and responsibilities to city government offices and departments by the end of 2013. UN agencies and IOM continued to provide support as cluster co-leads.

Regular cluster coordination meetings continue to be convened, including inter-cluster coordination meetings with government and humanitarian partners, as well as with the Zamboanga Mindanao Humanitarian Team (MHT).

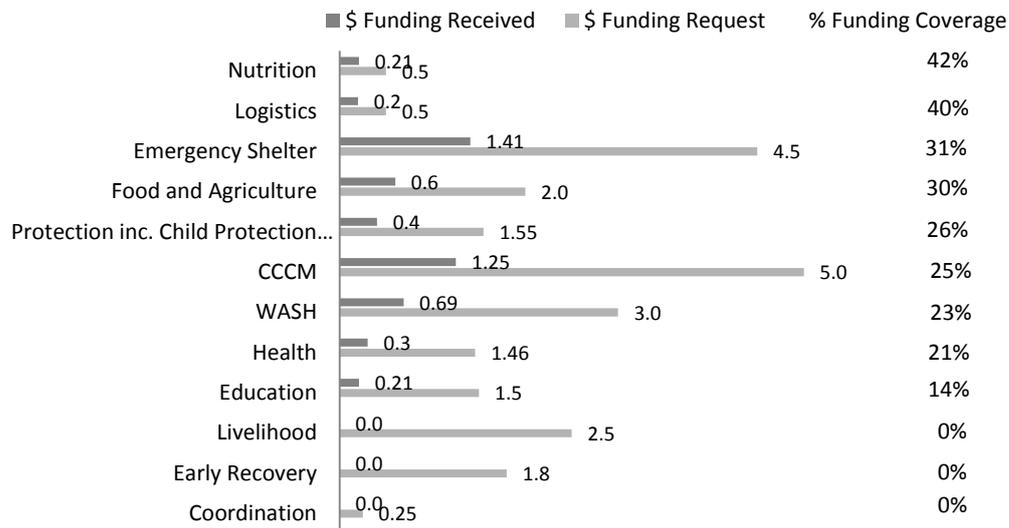
The MHT mirrors the structure of the HCT at the Mindanao level and provides technical advice and recommendations to the HCT on the humanitarian situation. The HCT, which includes UN agencies and other international humanitarian organizations, is the primary humanitarian decision-making and policymaking body for international humanitarian actors in the Philippines under the leadership of the Humanitarian Coordinator. The purpose of the HCT is to ensure that humanitarian response delivers lifesaving and early recovery assistance to those in need in accordance with humanitarian principles and the principle of “accountability to affected populations”.



Funding

According to the Financial Tracking Service (FTS), the Action Plan has received US\$5,275,008, or 21 per cent of the \$24,559,916 in total funding that was requested in October 2013. The UN Central Emergency Response Fund contributed \$3,015,540, or 57 per cent of the total funding received. To date, four clusters received more than 30 per cent: Nutrition (42 per cent), Logistics (40 per cent), Emergency Shelter (31 per cent), and Food and Agriculture (30 per cent) while Early Recovery and Livelihood received no funding.

Funding received by Cluster as of 16 April 2014



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS – <http://fts.unocha.org>) of cash and in-kind contributions by emailing: fts@un.org.

Annex I: Requirements and funding per cluster, priority and organization

Table I: Requirements and funding per cluster

Philippines – Zamboanga Action Plan Revision (March 2014) (October 2013 - August 2014)
as of 16 May 2014

Cluster	Requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered
CCCM	1,500,000	1,252,412	247,588	83%
COORDINATION	250,295	-	250,295	0%
EDUCATION	1,100,000	210,000	890,000	19%
EMERGENCY SHELTER	2,000,000	1,407,056	592,944	70%
FOOD AND AGRICULTURE	600,215	600,215	-	100%
HEALTH	1,553,000	378,841	1,174,159	24%
LIVELIHOOD	2,400,000	-	2,400,000	0%
LOGISTICS	199,998	199,998	-	100%
NUTRITION	288,414	210,000	78,414	73%
PROTECTION, INCL. CHILD PROTECTION AND SGBV	1,253,960	490,818	763,142	39%
WASH	1,650,000	689,668	960,332	42%
Grand Total	12,795,882	5,439,008	7,356,874	43%

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

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 16 May 2014. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org)

Table II: Requirements and funding per priority

Philippines – Zamboanga Action Plan Revision (March 2014) (October 2013 - August 2014)
as of 16 May 2014

Priority	Requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered
A - VERY HIGH	11,724,382	5,288,285	6,436,097	45%
B - HIGH	1,071,500	150,723	920,777	14%
Grand Total	12,795,882	5,439,008	7,356,874	43%

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

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Table III: Requirements and funding per organization

Philippines – Zamboanga Action Plan Revision (March 2014) (October 2013 - August 2014)
as of 16 May 2014

Appealing Organization	Requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered
ILO	2,400,000	-	2,400,000	0%
IOM	3,500,000	2,659,468	840,532	76%
OCHA	250,295	-	250,295	0%
Plan	550,000	-	550,000	0%
UNFPA	548,817	369,037	179,780	67%
UNHCR	333,643	149,916	183,727	45%
UNICEF	3,209,914	1,260,391	1,949,523	39%
WFP	800,213	800,213	-	100%
WHO	1,203,000	199,983	1,003,017	17%
Grand Total	12,795,882	5,439,008	7,356,874	43%

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

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

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Annex II: List of projects

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

Philippines – Zamboanga Action Plan Revision (March 2014) (October 2013 - August 2014)
as of 16 May 2014

Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered (%)
CCCM						
PHI-13/CSS/60347/R/298	[ZAP] CCCM and evacuation support to the displaced population in Zamboanga City	IOM	1,500,000	1,252,412	247,588	83%
Sub-total for CCCM			1,500,000	1,252,412	247,588	83%
COORDINATION						
PHI-13/CSS/60351/R/119	[ZAP] Strengthening humanitarian coordination and advocacy in Western Mindanao.	OCHA	250,295	-	250,295	0%
Sub-total for COORDINATION			250,295	-	250,295	0%
EDUCATION						
PHI-13/E/60355/R/124	[ZAP] Strengthening continued support for quality education needs and faster recovery of disaster-affected preschool and school-aged children in Zamboanga City	UNICEF	750,000	210,000	540,000	28%
PHI-13/E/69095/R/5524	[ZAP] Inclusive Learning and Education Opportunities for Displaced girl and boy children in Zamboanga	Plan	350,000	-	350,000	0%
Sub-total for EDUCATION			1,100,000	210,000	890,000	19%
EMERGENCY SHELTER						
PHI-13/S-NF/60357/R/298	[ZAP] Humanitarian Assistance in Mindanao	IOM	2,000,000	1,407,056	592,944	70%
Sub-total for EMERGENCY SHELTER			2,000,000	1,407,056	592,944	70%
FOOD AND AGRICULTURE						
PHI-13/A/60360/R/561	[ZAP] Emergency food assistance to conflict-affected households in western Mindanao	WFP	600,215	600,215	-	100%
Sub-total for FOOD AND AGRICULTURE			600,215	600,215	-	100%
HEALTH						
PHI-13/H/60362/R/1171	[ZAP] Ensuring access to reproductive health (RH) services to the displaced population of the Zamboanga City humanitarian crisis	UNFPA	350,000	178,858	171,142	51%
PHI-13/H/60366/R/122	[ZAP] Provision of life saving health services to conflict-affected populations in Zamboanga City	WHO	1,203,000	199,983	1,003,017	17%
Sub-total for HEALTH			1,553,000	378,841	1,174,159	24%
LIVELIHOOD						
PHI-13/ER/60368/R/5104	[ZAP] Local resource-based livelihood assistance for IDPs in Zamboanga	ILO	2,400,000	-	2,400,000	0%
Sub-total for LIVELIHOOD			2,400,000	-	2,400,000	0%
LOGISTICS						
PHI-13/CSS/60369/R/561	[ZAP] Logistics augmentation in support of the Government of the Philippines' response to conflict-affected areas in Zamboanga and Basilan	WFP	199,998	199,998	-	100%
Sub-total for LOGISTICS			199,998	199,998	-	100%

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered (%)
NUTRITION						
PHI-13/H/60370/R/124	[ZAP] Provision of nutrition life-saving interventions to children 0-59 months, pregnant and lactating women affected by emergencies	UNICEF	288,414	210,000	78,414	73%
Sub-total for NUTRITION			288,414	210,000	78,414	73%
PROTECTION, INCL. CHILD PROTECTION AND SGBV						
PHI-13/P-HR-RL/60372/R/124	[ZAP] Strengthening the protective environment for children affected by armed conflict and emergencies in Zamboanga City	UNICEF	521,500	150,723	370,777	29%
PHI-13/P-HR-RL/60373/R/120	[ZAP] Protection of population affected by armed conflict in Zamboanga City and Basilan Province	UNHCR	333,643	149,916	183,727	45%
PHI-13/P-HR-RL/60374/R/1171	[ZAP] Life-saving interventions on gender-based violence (GBV) for affected women and girls in the Zamboanga City Emergency	UNFPA	198,817	190,179	8,638	96%
PHI-13/P-HR-RL/69091/R/5524	[ZAP] Comprehensive Child Protection Services for the Displaced Girl and Boy children in Zamboanga	Plan	200,000	-	200,000	0%
Sub-total for PROTECTION, INCL. CHILD PROTECTION AND SGBV			1,253,960	490,818	763,142	39%
WASH						
PHI-13/WS/60375/R/124	[ZAP] Ensuring WASH services for conflict-affected populations in Zamboanga City	UNICEF	1,650,000	689,668	960,332	42%
Sub-total for WASH			1,650,000	689,668	960,332	42%
Grand Total			12,795,882	5,439,008	7,356,874	43%

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