

Philippines

Consolidated Emergency Report 2022



Students in Hanginan Elementary School, Maasin City received UNICEF school supplies, a temporary learning space, and handwashing facilities and toilets in support of their limited in-person learning.

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Expression of Thanks

UNICEF Philippines expresses its sincere gratitude to the generous and valuable contributions made by donors, governments, National Committees, Non-Government Organizations (NGOs), and other UN agencies enabling UNICEF to reach children in need of critical assistance and support. UNICEF recognizes the dedication and commitment of all those involved and is grateful for the teamwork and unity that enabled programmes to be implemented despite significant challenges.

The critical importance and necessity of flexible funding provided through thematic funding cannot be overstated. After emergencies, UNICEF interventions are planned and implemented jointly with governments, other UN agencies, and NGO partners. Because thematic funding is not earmarked, it is responsive to emerging issues and can be used where it is most needed within the context of the situation on the ground and the capacity of partners and other actors.

We would also like to highlight that through your generosity, there is a significant and evident improvement in the Government's capacity for emergency response. We look forward to continuing this partnership as we work together for every child.

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and Acronyms

4Ps	Pantawid Pamilya Pilipino Program
AAR	After Action Review
AFP	Armed Forces of the Philippines
AICS	Assistance to Individuals in Crisis Situations
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BEmONC	Basic Emergency Obstetrics and Newborn Care
BHS	Barangay Health Stations
CCC	Core Commitments for Children
CDC	Child Development Centre
CFS	Child Friendly Space
CFSI	Community and Family Services International
CHD	Center for Health Development
CHO	City Health Office
CHR	Commission on Human Rights
CSAC	Children in Situations of Armed Conflict
CSO	Civil Society Organization
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
DepEd	Department of Education
DOH	Department of Health
DRRM-H	Disaster Risk Reduction and Management in Health
DSWD	Department of Social Welfare and Development
ETT	Emergency Technical Team
GAD	Gender and Development
GBV	Gender-based Violence
GCRV	Grave Child Rights Violation
HAC	Humanitarian Action for Children
HCF	Health Care Facility
HCT	Humanitarian Cash Transfers
HOPE	Humanitarian Cash Operations and Programme Ecosystem
HPM	Humanitarian Performance Monitoring
IFA	Iron and Folic Acid
IM	Information Management
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
LCAT-VAWC	Local Committee on Anti-Trafficking and Violence Against Women and Their Children
LCE	Local Chief Executive
LCPC	Local Council for the Protection of Children
LGU	Local Government Unit

LNAP	Local Nutrition Action Plan
MHPSS	Mental Health and Psychosocial Support Services
MNIYCF	Maternal Nutrition Infant and Young Child Feeding
MNP	Micronutrient Powders
MSSD	Ministry of Social Services and Development
MUAC	Mid-Upper Arm Circumference
NCPWG	National Child Protection Working Group
NGO	Non-Governmental Organization
NIE	Nutrition-In-Emergencies
NNC	National Nutrition Council
PEIRIDDEC	Prevention, Early Identification, Referral and Intervention of Delays, Disorder and Disabilities in Early Childhood
PhAtSS	Philippine Approach to Sustainable Sanitation
PNP	Philippine National Police
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
PSWDO	Provincial Social Welfare and Development Office
RCCE	Risk Communication and Community Engagement
RCPWG	Regional Child Protection Working Group
RHU	Rural Health Unit
RUTF	Ready-to-Use-Therapeutic Food
SSAT	Schools Safety Assessment Tool
TLS	Temporary Learning Spaces
UNFPA	United Nations Population Fund
WASH	Water, Sanitation, and Hygiene
WEAVERS	Women Enablers & Advocates Volunteers for Empowering and Responsive Solution
WFS	Women Friendly Spaces
WiE	WASH in Emergencies

Executive Summary

In 2022, UNICEF's work in emergencies comprised preparedness activities and emergency response. Over \$16 million mobilized - representing 40 per cent of UNICEF's Humanitarian Action for Children Appeal - strengthened disaster preparedness capacities and allowed UNICEF to support government response to disasters such as Super Typhoon Odette (Rai), Super Typhoon Noru (Karding), Severe Tropical Storm Nalgae (Paeng), North Luzon Earthquake, and the continuing COVID-19 response.

By the end of the response, UNICEF and its partners have provided 156,579 children and women with access to primary healthcare; 292,270 individuals with emergency water, sanitation, and hygiene infrastructure, supplies, and services; 376,603 children with screening for wasting; 74,449 people with safe channels to report sexual exploitation and abuse; 29,730 children and caregivers with mental health and psychosocial support services; 179,418 children with learning continuity; 6,913 households with humanitarian cash transfers; and over 5.5 million individuals with messaging on prevention and access to essential services.

Moreover, UNICEF has advocated with and supported local government units (LGUs) in the improved delivery of health and nutrition services, focusing on community-level engagement. This includes working with multiple sectors, community-based groups, and families with early identification and referral for nutrition services alongside building capacities, preparedness, and resilience of the communities for future emergencies.

Water, sanitation, and hygiene (WASH) interventions united focal agencies, strengthening local processes and capacities. As a result, three municipalities and 53 barangays were certified to have Zero Open Defecation. To ensure the sustainability and proper management of the advances in the WASH sector, UNICEF supported the consolidation and strengthening of government recovery and rehabilitation plans.

Child protection programming led to increased capacities, awareness, and engagement of key stakeholders on child protection, mental health, and gender-based violence. To strengthen child protection systems in emergencies, UNICEF found the convergence approach to be strategic, impactful, and sustainable.

In adherence to government policies on safe school reopening, in-person learning has continued. UNICEF supported provincial governments in setting up local education clusters to help address recovery needs, disaster preparedness, and risk reduction, including residual humanitarian needs: repair or construction of classrooms, Child Development Centers, and other education facilities; and teaching and learning materials.

UNICEF's partnership with the DSWD for humanitarian cash transfers and support services helped strengthen the use of social protection programs such as the Pantawid Pamilyang Pilipino Program (4Ps) and the Assistance to Individuals in Crisis Situations (AICS) to channel emergency response to affected populations.

Humanitarian Context

UNICEF started 2022 by continuing its response to Typhoon Odette, which brought torrential rains, violent winds, floods, and storm surges that resulted in 409 deaths, thousands of injuries, and over half a million displaced. In addition, the typhoon severely disrupted essential services, resulting in widespread humanitarian needs.

An estimated 16 million people live in severely affected areas, and 2.4 million people, including 912,000 children, require humanitarian assistance.¹ The typhoon has taken a significant toll on the most vulnerable, especially children, who faced increased risks to their survival and physical and mental wellbeing.

The typhoon disrupted access to safe water and sanitation facilities, heightening the risk of infectious disease outbreaks, including cholera. In addition, water structures and sanitation facilities were destroyed, including water and sanitation facilities in all affected schools and health centres.

With health facilities and stations damaged across the affected regions, the health system faces enormous challenges, further compounded by the threat of COVID-19. Lack of health and nutrition human resources is a concern. Maintaining access to life-saving assistance, including maternal and child health, needs prioritization. Children were at risk of acute severe malnutrition.

High displacement rates and heightened risks of gender-based violence create psychosocial and mental health challenges for children. Children in the displacement sites are at higher risk of violence, with girls and women at risk of sexual violence. Children with disabilities are especially vulnerable.

The impact of the typhoon on the education of children, who are already profoundly affected by the COVID-19 pandemic, is devastating. Since March 2020, schools have been closed, and the impact of the typhoon further delayed the reopening in the affected areas.

On October 28-31, Severe tropical storm (STS) Nalgae (locally named Paeng), brought heavy rains and strong winds to the Philippines and affected at least 5 million people, severely impacting Regions V, VI, VIII, XII, and BARMM. In addition, although not directly in the path of Nalgae, BARMM was severely affected by flooding and landslides, resulting in 169 injuries and 68 deaths.

Sector-specific contexts are as follows:

Health

The initial focus of the health response was to address acute illnesses, which mainly comprised injuries, respiratory tract infections, and diarrhea. The typhoon also presented challenges in disease surveillance and the continued provision of essential health services. Over 200 health facilities were damaged in

¹ Philippines: Super Typhoon Rai (Odette) Humanitarian Needs and Priorities. OCHA. December 2021

affected areas, which required repair and other means of delivery of health services to affected populations as health facilities and health systems recovered. In Southern Leyte, all seven public hospitals, 18 out of 21 rural health units, and most health centers and barangay health stations were either wholly or partially damaged. Caraga's total damaged health facilities included 13 hospitals, 26 rural health units, and 30 barangay health stations. Prioritization of the typhoon response further added to the burden on health workers and local health systems that already had essential health services and COVID-19 interventions to deliver. This was also against a backdrop of low rates of full immunization of children in Southern Leyte and Caraga. Power interruptions in affected areas also compromised cold chains for routine and COVID-19 vaccines. The Typhoon Odette response also coincided with a surge in COVID-19 cases. From 1-25 December 2021, cases were at a low for the year, with daily cases not exceeding 500. Cases started to rise late in December 2021 and peaked from 3-18 January 2022, with more than 20,000 cases diagnosed daily.

In October 2022, Typhoon Paeng affected the country, causing damage to 15 health facilities across Regions III, IV-A, VI, XII, and CAR. Areas in BARMM were affected by flooding and extreme weather effects. Arising health needs in BARMM included MHPSS services and augmentation of damaged vaccine equipment, including refrigerators, syringes, and vaccine carriers.

The country continued to address the COVID-19 pandemic through 2022. By the end of the year, 94 per cent of the target population was immunized, and 21 million individuals had received booster doses. UNICEF continued to support interventions for increasing vaccine coverage for vulnerable populations and strengthening behaviors for controlling the spread of COVID-19.

Immunization Status

Immunization rates of children are low in Southern Leyte (FIC accomplishment of 48.2 per cent for January to December 2021), with 3,689 zero-dose children, making them vulnerable to vaccine-preventable diseases. Cold chain equipment remains intact in the provincial hospital, district hospitals, and in 19 RHUs, but the power supply remains challenged. Limasawa island uses a regular refrigerator for vaccine storage.

In Caraga, routine immunization coverage for 2021 is also low at 68.1 per cent FIC and around 22,000 zero-dose children. Among the provinces, the Province of Dinagat has the lowest FIC coverage at 53.7 per cent.

At least 95 per cent of target children should be vaccinated to achieve population immunity. However, the low immunization coverage and the high number of zero-dose children can result in outbreaks of vaccine-preventable diseases.

Nutrition

Super Typhoon Odette severely compromised the communities' access to nutrition services, and nutritious and diversified diets heightened the risk of malnutrition among children under five years of age. Even before the typhoon, malnutrition was high, with stunting reported at 36.4 per cent in the Caraga region and 41.7 per cent in Region VIII, wasting at 8.1 in Caraga and 8.4 per cent in Region VIII. A reported

53 per cent of households in Caraga and 49 per cent in Region 8 could not afford a nutritious diet before the typhoon, and only 10 percent of children 6-23 months are consuming the *Minimum Acceptable Diet*. Nearly a quarter (23 per cent) of pregnant women are *Nutritionally at Risk*, and 10 per cent of lactating women are *Chronic Energy Deficient* is more pronounced among teenaged mothers.

TYPHOON Odette significantly impacted healthcare facilities and ravaged most barangay health centers and stations (BHSs), including nutrition supplies and equipment. The loss of these facilities impeded the provision of primary health care services. In communities deeply affected by TYPHOON Odette, access to these services was available only through the nearest Rural Health Unit (RHU) or City Health Office (CHO).

Destructions to health facilities have caused loss and damage to anthropometric equipment, including weighing scales, height boards, and other critical job aids needed to screen children and deliver nutrition services. Infant and Young Child Feeding (IYCF) facilities and supplies (breastfeeding area, counselling cards, other information, education, and communication materials) were destroyed. Limited life-saving nutrition supplies such as ready-to-use therapeutic food (RUTF), F-75 and F-100 therapeutic milk, Rehydration Solutions for Malnutrition, Vitamin A, Iron and Folic Acid, and micronutrient powders (MNPs), among others. Depleted life-saving nutrition commodities affected the coverage and quality of nutrition interventions.

Typhoon Odette heavily impacted access, compromising vehicles and rendering service providers unable to cope with the increasing demand. Health and nutrition workers were also affected by the super typhoon and were forced to decide between meeting their needs and the demands of providing care to the community.

On 29 October 2022, Tropical Storm Nalgae (Paeng) affected the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), with over 78,000 households reported to be impacted by flooding and rain-induced landslides. Before Paeng, BARMM had some of the lowest indicators for child health, nutrition, and well-being. Specific to nutrition, stunting is very high at 39.1 per cent and wasting at 10 per cent. (UNICEF-World Bank, 2019)

Assessment reports reveal that half of the affected provinces and municipalities do not have an organized Nutrition Cluster coordination mechanism. There is limited availability of life-saving nutrition supplies, including ready-to-use therapeutic food (RUTF), Vitamin A, Iron and Folic Acid (IFA), and micronutrient powders (MNPs), among others. Depleted life-saving nutrition commodities will affect the coverage and quality of nutrition interventions. There is also a need for trained nutrition human resources to actively screen children and pregnant women for acute malnutrition, deliver life-saving services, and monitor and report on the nutrition response in the ongoing humanitarian situation.

WASH

With much of damage, needs and capacities assessments related to Typhoon Odette completed at the start of 2022, the humanitarian community led by the Humanitarian Country Team recognized that there was an initial under-estimation of the impact of the typhoon, particularly beyond Caraga and Region VIII.

As such, the Humanitarian Needs and Priorities (HNP) was revised and re-issued on 01 February 2022. As a result, the overall number of people targeted for assistance increased to 840,000 from 530,000 previously, including other provinces later validated to have been severely impacted, such as Bohol, Cebu, and Palawan. UNICEF classified the emergency response to the typhoon as an L1 emergency.

Following the revision of the HNP, the WASH Cluster led by the DOH and UNICEF also reviewed its response targets, increasing its beneficiary number to 740,000 people (from 520,000 previously), with some cluster partners agreeing to also assist in Cebu, Bohol, and Palawan. Complimentary, the total funding requirement for identified WASH activities increased from USD 15.6 million to USD 29 million. UNICEF's WASH response, however, remained largely in Caraga (Surigao del Norte, including Siargao Island, Province of Dinagat Island) and Region VIII (Southern Leyte) with limited, one-off activities carried out in Bohol and Palawan.

The severe impact of Typhoon Odette on WASH expectedly persisted moving into 2022: Access to safe water and sanitation facilities and services remained limited, particularly in the hardest hit areas such that threats of water-borne disease outbreaks, including diarrhoea and cholera, especially amongst children, lingered even for 3-6 months more. Water systems seriously impaired, mostly Levels II and III, remained non- or only partially operational. Many typhoon survivors still had to subsist on likely-contaminated Level I systems (pumps, wells) and surface water sources for their drinking and domestic needs. According to the Local Water Utilities Administration (LWUA) in a press release issued in early January, Super Typhoon Odette heavily disrupted the operations of at least 141 water districts.

With 1.7 million houses damaged heavily, an almost equal number of sanitation facilities (latrines, handwashing facilities, bathing areas) were also destroyed at the household level. This expectedly increased the practice of open defecation and, in a pandemic, has compromised adherence to minimum health protocols, e.g., frequent handwashing with soap and water. Re-building of sanitation facilities, however competed with the repair and reconstruction of the houses themselves in terms of supplies, skilled labour, and household counterparts—the latter understandably prioritised first and foremost—that emergency sanitation interventions were generally delayed.

At the sub-national level, UNICEF also supported the formation of provincial WASH clusters, with dedicated WASH Cluster coordinators and Information Management officers recruited to support respective Provincial Health Offices. In coordinating the development of strategic response plans, it was established that a significant number of *barangays* (villages), even a few municipalities, have already attained or were about to attain Zero Open Defecation (ZOD) status before Typhoon Odette hit. In Surigao del Norte, some 30 out of 335 *barangays* were already declared or were about to be declared ZOD while in the Province of Dinagat Islands, about 20 out 100 *barangays* were lined up. Unfortunately, Super Typhoon Odette wiped out all these gains. Recognizing an opportunity in this disaster, UNICEF, and its implementing partners, along with sub-national WASH clusters, reframed their emergency sanitation programming beyond mere distribution of supplies, e.g., sanitation repair kits (SRKs) and hygiene promotion and more towards regaining and supporting the achievement of ZOD status and strengthening

WASH governance. By close of 2022, 53 barangays and 3 municipalities in Caraga alone were awarded ZOD under UNICEF's WASH response.

At the start of 2022, it became clearer that Typhoon Odette swept hard on public institutions, particularly health care facilities (HCFs), including those catering to COVID-19 cases, and learning centres (schools, early child development centres), their WASH infrastructures not spared. From DOH's Health Emergency Alert Reporting System (HEARS) report, at least 200 HCFs were classified non-functional. At the same time, according to the Department of Education (DepEd), some 527 school buildings sustained severe damages in Caraga alone, valued at no less than PHP 2.4 billion (USD 47 million), compromising the piloting of face-to-face classes in the region.

Overall, the WASH response to Typhoon Odette, including that of UNICEF and her implementing partners, was seriously challenged by competition on supplies and skilled labour (the usual Shelter vs WASH) and logistical concerns (hauling, transport, etc.), particularly on island communities, with abrupt changes in weather condition delaying construction and distribution plans. In addition, the national elections in May resulted in a change in leadership in several local government units (LGUs) and also pushed some activities back. As a result, it took about 6-9 months in 2022 to fully complete most of the WASH interventions.

Within the Humanitarian Country Team, and UNICEF herself, the WASH sector received the most significant share of donor funding for Typhoon Odette; in UNICEF, more than USD 6 million was earmarked for WASH. Many of these financial contributions, however, came with strict utilization timeframes (within 6-9 months), resulting in immense pressure both to UNICEF's WASH Section and implementing partners reaching a point when most development WASH programming had to be suspended for at least 3 months; the main exception was on the ongoing COVID19 response. In the latter half of the year, modest WASH responses were also carried out on two less severe storms: Typhoon Noru (local name: Karding), initially a Typhoon as well, bringing havoc primarily to Northern Quezon Province in Region IV-A, and Severe Tropical Storm Nalgae (local name: Paeng) that resulted to massive landslides and flooding in BARMM.

Child Protection

The Philippines has a robust legal framework for child protection (CP) and gender-based violence (GBV). In addition, many laws and policies have institutionalized prevention, mitigation, and response measures at the national and barangay levels. These frameworks apply to children in emergencies.

Violence against children in the Philippines is high. The National Baseline Study on VAC (CWC, 2016) also showed that 3 out of 5 children were physically and psychologically abused, and 1 in 5 children were sexually violated. Furthermore, 20 percent of internet-using children aged 12-17 were victims of online sexual exploitation and abuse. This represents an estimated 2,000,000 children². Moreover, DSWD served 537 girls who were sexually abused; and 187 boys who were neglected in 2021³.

² Disrupting Harm in the Philippines. ECPAT, Interpol, UNICEF Office of Research Innocenti, 2022

³ Philippine Statistics Authority | Republic of the Philippines (psa.gov.ph)

Likewise, based on the findings of the Child Protection System Assessment in BARMM completed in 2022, there were 93 cases referred into the child protection system in Lanao del Sur from 2017 – 2021. While the data from Maguindanao did not provide a comprehensive list of child protection referrals, it did indicate that relatively small numbers of cases are coming before the formal protection system. There are challenges faced by children and women in accessing community-based reporting channels. Among these are limited access to and awareness on reporting hotlines especially in GIDA areas, service providers are not properly trained on child- and gender-sensitive case management, cultural barriers, fear, stigmatization, no confidentiality, among others. As a result, there remains unreported and underreported child protection and gender-based violence cases in BARMM.

Violence against children and adolescents is exacerbated whenever the country is stricken by disasters, calamities, and protracted armed conflicts, causing major displacements among the affected communities. The formal and informal protection structures that are relied on become dysfunctional or disrupted, leaving children and adolescents more vulnerable and exposed to protection risks. It has been a common understanding for all humanitarian actors that with or without reports of child protection, gender-based violence, and sexual exploitation and abuse, prevention and response measures should be immediately (re) established, including the reporting and referral mechanisms as well as case management. Living in crowded evacuation centres with no privacy and safe spaces, being dependent on the help of others to survive, experiencing distress and struggling to cope up with the fragile situation, among others, are some of the conditions that increase exposure to protection risks if not properly and promptly addressed in emergency setting such as the Typhoon Rai/Odette.

In BARMM, despite the progress in the peace process, insecurity and displacements continue to occur in some areas, preventing sustainable returns of IDPs to their home origins. As of the 31st of October 2022, 38,506 families (188,233 individuals) remain displaced in Mindanao due to crime, violence, and natural disasters⁴. In addition, the intersectionality of gender, disability, and cultural identities worsens the vulnerability of displaced and affected children and adolescents.

Children, young people, and women continue to be affected by conflicts, natural hazards, and displacement. Recurring armed conflicts between the armed forces and several armed groups in the Philippines, Mindanao, and the Bangsamoro region have resulted in grave violations against children. Killing and maiming, recruitment and use, and threats or attacks against schools and their personnel were prevalent, including the detention of children for alleged association with armed groups. UNICEF with the UN country Task Force completed verification and response for 78 per cent (45 out of 58) of reported cases of grave child rights violations (GCRVs) in 2022 from 80.95 per cent in 2021.

Prevention and response can be further enhanced by supporting the implementation of Republic Act 11188 (Special Protection of CSAC Act) on children in situations of armed conflict (CSAC), including the CSAC handling protocols of the Armed Forces of the Philippines (AFP), Philippine National Police (PNP), and Commission on Human Rights (CHR). In addition, capacity-building on relevant policies can also be

⁴ Philippines: Mindanao Displacement Dashboard, October 2022 - Issue No. 97 - Philippines | ReliefWeb

undertaken by continuing engagement with parties to the conflict, notably through the UN-AFP Strategic Plan to Prevent and Respond to GCRVs in Situations of Armed Conflict, which reached a total of 3,153 military personnel at the local, regional, and national levels in 2022.

One of the life-saving interventions needed at the immediate stage of any humanitarian response is providing mental health care and psychosocial support services. Child and adolescent survivors, as well as their parents, the community and local service providers, require assistance in their return to normalcy through mental health care and well-being, including opportunities for safe play, recreation, and informal education. Child-friendly spaces are usually put up with trained volunteers to provide psychosocial support services. Though humanitarian organizations and government agencies deliver psychosocial support interventions for children, very few actors focus on the humanitarian needs and concerns of adolescent boys and girls. Beyond protection and safe spaces, displaced adolescents need timely access to reproductive health services and information, mental health care, and other life skills interventions.

UNICEF addresses child protection and gender-based violence in an emergency context using a system-strengthening approach, ensuring that local child protection systems can be robust enough to respond to child protection violations during emergencies. In situations such as Typhoon Rai/Odette, coupled with the ongoing response to COVID, the prevention and response to child protection, gender-based violence, and sexual exploitation and abuse required interventions that were a combination of standalone initiatives and convergence with other sectors, such as Health, WASH, Education, and Nutrition. Though sustainability is an issue in any humanitarian response, emergencies have been used to transfer knowledge and skills to local government service providers and civil society organizations in addressing child protection and gender-based violence. Through NGO implementing partners, the direct and immediate delivery of information and services was made possible, including mobilizing children and youth for greater representation and participation in resilience-building.

Education

Last December 2021, over 29,000 schools in the Philippines were impacted by Super Typhoon Odette, with 5,800 classrooms destroyed and 934,572 learning resources damaged, thereby interrupting the learning of over 12 million learners in 11 regions, disproportionately affecting those who are most marginalized and disadvantaged. The significant losses incurred on educational investments highlighted the need to support national and local government partners in ensuring that children have immediate access to inclusive and quality education in safe learning environments.

The concern persists with the learning loss brought about by further interruption of education cycles since the onset of the *Coronavirus Disease* (COVID-19) Pandemic. As a result, the Department of Education (DepEd) deployed the Schools Safety Assessment Tool (SSAT) to equip schools on the safe and efficient conduct of the progressive expansion of in-person classes. However, Typhoon *Rai* further challenged hardest-hit areas such as the Provinces of Surigao del Norte (including Siargao) and Dinagat Islands in the Caraga Region and the Province of Southern Leyte in Region VIII in complying with the mandated full implementation of face-to-face classes for elementary and secondary levels last 02 November 2022. Its

effect likewise delayed the reopening of Child Development Centers (CDC) in affected areas closed since March 2020 due to COVID-19.

Moreover, Severe Tropical Storm *Nalgae* (Paeng) caused flooding, rain-induced landslides, and displacement in several regions, including the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), which was placed under a state of calamity. A total of 1,241 schools were affected in BARMM alone, disrupting the education of 477,288 learners. This is apart from other disasters caused by natural hazards that occurred last 2022 such as Super Typhoon *Noru* (Karding) and the 6.4 Magnitude North Luzon Earthquake.

The Education in Emergencies response of UNICEF has supported 179,418 school children by providing education supplies, digital learning materials, temporary learning spaces, facilities repair and improvements, and construction of transitional learning spaces. The professional development of teachers was also supported through trainings in Education/Early Childhood Care and Development in Emergencies and use of technology in pedagogy and blending learning. The Prevention, Early Identification, Referral and Intervention of Delays, Disorder and Disabilities in Early Childhood (PEIRIDDEC) system was likewise introduced in the Province of Surigao del Norte to address specific needs of children with disabilities. Additionally, UNICEF provided technical assistance in institutionalizing and strengthening the capacity of sub-national education clusters on emergency preparedness, information management, coordination, and advocacy to facilitate partnership and accountability.

Social Protection

The onslaught of Typhoon Odette that occurred late in December 2021 has significantly affected the affected regions' populations, further exposing families and their children to risks exacerbated by the loss of basic services, shelter, and shelter during the COVID-19 pandemic. The impact of the disaster was spread over a wide area and based on the Government's assessment, six severely affected regions were identified as a priority for assistance. These are Regions IV-B, VI, VII, VIII, X and XIII. Among these, Central Visayas (Region VII), 12.05 million persons (3.21 million families) were affected across 11 of the 17 regions in the country. Response, recovery, and reconstruction for TYPHOON Odette preoccupied much of 2022. Compounding the difficult circumstances of these families were the record high inflation, rising fuel/energy costs and further damages due to severe tropical storm Paeng which inundated BARMM with flooding. While the government provided targeted unconditional cash transfers to specific sectors: e.g., cash transfers for those affected by the high fuel/energy costs, and financial assistance (emergency cash transfers) to affected families by ST Odette, the resources were not enough to cover all affected families and their children. As of March 30, 2022, the NDRRMC reported that Php 10.4 billion financial assistance from key government agencies has been released for response and early recovery of affected families of Typhoon Odette⁵. However, due to the extent and magnitude of ST Odette, the Government's financial assistance is insufficient to cover all the affected population that needed support. One of the challenges in the early weeks following Odette was the difficulty of getting data on the gaps of the financial

⁵ National Disaster Risk Reduction and Management Council. (2022, March 31). Typhoon Odette Final Report. https://ndrrmc.gov.ph/attachments/article/4174/Final_Report_for_Tropical_Cyclone_ODETTE_2021.pdf.

assistance. A survey on hunger by the Social Weather Station showed that by December 2022, 11.8 per cent or around 3 million Filipinos experienced hunger, most of which were from Visayas and Mindanao regions, incidentally, the regions that were severely hit by the typhoons.

UNICEF's social protection in emergencies programming allowed it directly to work with government partners and CSOs to implement humanitarian cash transfers as part of ST Odette response and STS Paeng, focusing in areas where there is need and an explicit request by the government to focus assistance – and this is in Bohol Province. UNICEF used the government's safety net program to identify beneficiaries. Beyond the immediate objective of assisting families to recover from shocks, UNICEF worked with the government to strengthen its shock-responsive social protection to channel emergency response. UNICEF designed a Humanitarian Cash Transfers (HCT) Plus to provide financial assistance to families and their children to help meet basic needs. Complementary sessions providing key messages on child protection, WASH, nutrition, and adolescent health were likewise integrated into the cash payouts. UNICEF also rolled out its HOPE beneficiary management system to deduplicate beneficiaries, generate payment lists, and engage a financial service provider.

Humanitarian Results

Health

UNICEF supported the typhoon hit areas with technical and financial support to ensure provision of the primary health care services through mobile health teams, provision of routine immunization services in the temporary shelters and the communities, training and capacity building of the health workers, supply chain management.

Results Table and Narrative Analysis

Indicators	Cluster/ sector 2022 Target	Cluster /sector total results	UNICEF 2022 Target	UNICEF Total results
Number of children aged 6-59 months vaccinated against measles	53,000	53,000	53,000	103,499
Number of children and women accessing primary health care in UNICEF-supported facilities	NA	NA	277,000	156,579
Number of healthcare workers and communities provided with personal protective equipment (PPE)	106,800	82,395	106,800	82,395
Number of healthcare facility staff and community health workers trained in COVID-19 infection prevention and control	820	1,155	820	1,155

Support to Health Quad-Cluster Coordination and Capacity Building

In close coordination with WHO, UNICEF supported the government at the subnational level in convening the health quad cluster and in the transition to recovery planning. This support continued into the recovery period, which focused on strengthening the local disaster risk reduction and management plans for health involving all the health-relevant clusters (Health, Nutrition, WASH, MHPSS).

At the national level, UNICEF organized a Health in Emergencies Workshop of humanitarian health actors, including the Centers for Health Development and provincial sector representatives from disaster-prone and affected and other civil society organizations. This was co-organized with UNICEF EAPRO, the US-CDC, DOH, and WHO.

Given that the typhoon led to severe disruption of the health services, UNICEF through partnership with Samaritan Purse deployed mobile health teams that supported provision of the primary health care services such as immunization, dissemination of health messages, COVID-19 testing and vaccination, treatment of children and women. This contributed to reaching 3,504 children (1,752 boys, 1,752 girls) in

Southern Leyte and 7,110 children (3,590 boys, 3,520 girls) in Caraga with health services. In addition, UNICEF supported health workers by deploying them and provided a monthly allowance of PHP3,000 to conduct vaccination activities. UNICEF also supported the Chikiting Bakunation vaccine catchup days of the DOH, reaching 92,885 children (46,443 boys, 46,442 girls) nationwide.

In areas affected by Typhoon Odette, UNICEF ensured continued access to health services by augmenting medical supplies of local health facilities, providing tents to serve as temporary health service delivery points in communities with damaged health facilities, and deploying mobile health teams to provide health services in communities with difficulties in accessing health services. Medical supplies provided were interagency emergency health kits distributed to rural health units and health centers. Around 53 tents were established in different Rural Health Units, District Hospitals, and Barangays in Southern Leyte and Caraga to serve as temporary health service delivery points providing essential health services and routine and COVID-19 vaccinations. Aimed at rendering immediate medical services, two mobile health teams were deployed to respond to community medical needs – one team deployed in Southern Leyte (Maasin City, Bontoc and Limasawa) and the other to Caraga to cover the provinces of Surigao del Norte (Surigao City, Del Carmen, and General Luna) and Dinagat Island (Libjo, Basilisa and Cagdianao). Each medical outreach involved two doctors, one nurse, one midwife, and one pharmacist, rendering services to all nine project sites. The outreach was integrated with the nutrition team to ensure a holistic health and nutrition services approach during medical outreach. Other partners, namely the United Nations Population Fund (UNFPA), and Women Enablers & Advocates Volunteers for Empowering and Responsive Solution (WEAVERS) had the opportunity to converge with the mobile team and complement their services during the outreach. In addition, COVID-19 vaccination was simultaneously conducted during medical outreaches in Basilisa, Dinagat Island, and General Luna, Surigao del Norte. The total reach of these interventions was 156,579 children and women (45,305 boys, 45,256 girls, 66,018 women).

As COVID-19 continued to be a priority through 2022, UNICEF supported infection prevention and control (IPC) by augmenting personal protective equipment (PPE) supplies and providing training to strengthen IPC practices among health workers. UNICEF provided PPE to areas affected by the earthquake in Northwestern Luzon and by Typhoon Odette, reaching 82,395 individuals. This included masks, face shields, gloves, gowns, and modular tents for proper social distancing in evacuation centers. UNICEF supported the training IPC training of 1,155 health workers in Typhoon Odette-affected areas.

Through its emergency response, UNICEF also strengthened health systems in areas affected by Typhoon Odette. UNICEF strengthened disease surveillance in Southern Leyte by providing IT equipment (25 tablets and 6 laptops) for use in routine surveillance activities. In Caraga, through a partnership with DOH CHD Caraga and AAH, 25 disease surveillance officers were hired and deployed in Surigao del Norte, and the Province of Dinagat Islands from April to October 2022, supporting disease surveillance, health promotion, and case monitoring and reporting. UNICEF also supported a series of After-Action Reviews in Caraga led by DOH CHD Caraga. In addition, UNICEF provided technical assistance and support to conduct workshops to develop and strengthen provincial and municipal Disaster Risk Reduction and Management in Health (DRRM-H) plans of Southern Leyte, Surigao del Norte, and the Province of Dinagat Islands. In Southern Leyte, UNICEF supported a refresher course on Basic Immunization and Cold Chain Management for 40

health workers in from 17 city and municipal rural health units. In Caraga, 35 healthcare workers were trained in Basic Emergency Obstetrics and Newborn Care (BEmONC) in Surigao Del Norte and Province of Dinagat Islands in partnership with UNFPA. UNICEF also provided generator sets to maintain cold chain facilities in Southern Leyte PHO and DOH CHD Caraga.

UNICEF also disseminated key messages to communities affected by Typhoon Odette around good health practices including seeking continued essential health services, immunization, and COVID-19 IPC. Dissemination was integrated with messages for nutrition, WASH, protection, and education. The total reach of risk communication and community engagement (RCCE) was 5.5 million people.



PPEs for SOYMPH



Mobile Health Team Integrated Medical Outreach

UNICEF's Role and Key Partnerships

At the subnational level, UNICEF was able to leverage its health cluster support role and key partnerships in primary care in mounting more integrated and cohesive response activities. Partnership with other UN agencies such as UNFPA allowed for operationalization of a bidirectional integration of UN-supported sector activities to optimize reach of interventions to mother-child dyads. Collaboration activities included the (1) UNFPA-supported GBV education sessions that were included in UNICEF mobile clinics, and (2) UNICEF-supported child health and nutrition interventions that were included in UNFPA-supported reproductive health missions and targeted interventions for pregnant women. These activities were carried out mainly through implementing a partnership with Samaritan's Purse.

Good Practices and Innovation

A number of good practices and innovation initiatives within the sector were demonstrated by UNICEF in 2022 across the emergency program cycle. Some of these practices have already been referenced in the preceding sections. The following provides a summary:

- Integrating UNICEF IPC training with nutrition training for health workers resulted in more resources and a larger reach than what was targeted.
- The strong collaboration between UNICEF and UNFPA on the ground allowed for a bidirectional integration of UN-supported sector activities that will optimize the reach of interventions to mother-child dyads
- The same collaboration among UN agencies provided temporizing support to the health quad cluster leadership at the subnational level, mainly in terms of coordination of activities and TA in the Transition to Recovery workshops to consolidate the recovery action plans across the quad cluster
- The integrated RCCE approach allowed for the cohesive delivery of content to affected communities
- Building on and adapting available communication tools and materials helped facilitate immediate dissemination of messages and engagement with communities.
- Gathering feedback from communities helped to ensure that interventions were aligned with the needs and contexts of affected individuals.

During the recovery phase, as support was pivoted to resilience building, UNICEF focused its efforts on strengthening local DRRM-H plans and Health in Emergencies Capacity building. A specific innovative practice that came out at the sub-national level was the refinement of the DRRM-H planning methodology that incorporated:

1. Feedback from vulnerable groups (persons with chronic illnesses and disabilities),
2. Introduction of relevant cluster orientations as a necessary input to the planning, and
3. Development of a tool (i.e., menu of essential quad-cluster interventions) that will lend more efficiency into the DRRM-H planning at the LGU level. Regional DOH will adopt this tool for use in other provinces

Specific to Southern Leyte, UNICEF catalyzed the DRRM-H planning of the municipal local government units (LGUs) employing these approaches, resulting in 100 per cent institutionalization for the entire province, the first in Region 8, and a milestone that advances both the UHC and SGLG 2022 status of the province.

Challenges

An essential initial challenge at the implementation level was the lack of health cluster leadership for which UNICEF had to step in, supported by UNFPA. UNICEF, through its staff, co-convened the health cluster meetings, supported the documentation and follow-up of the action points

Another significant challenge was the incongruence in the organizational mandates between partners (Samaritan's Purse and UNFPA) on FP services delivery during outreach activities. This hindered the full-scale integration of activities that would have maximally benefitted the mother and child dyads.

Finally, a few months into the response, a significant surge in dengue fever cases was also witnessed in the disaster-affected areas, especially in Southern Leyte, calling for an intensified response from the health sector. In addition, a cholera outbreak was also declared in adjacent areas within the region, heightening monitoring, and surveillance.

Grand Bargain Commitments

During the recovery phase, UNICEF pivoted support to local DRRM-H planning. To ensure that the plans are more responsive to the plight of vulnerable segments of the population, UNICEF ensured that the planning process involved getting active feedback from people with chronic illnesses and disabilities to surface their situation to the planners. This translated to the DRRM-H plans of the LGUs having this specific equity dimension.

Lessons Learned

- There is a need to assess the mandates and restrictions of the implementing partners during the finalization of the standby partnership. There is a need to engage with partners that will work well with other UN agencies (e.g., able to work well with partners like UNFPA in delivering FP services)
- In the early phase of any response to major disasters in the Philippines, intensified focus on debris clean-up and dengue surveillance should be a priority, which demands very close collaboration between the Health and WASH focal points at the provincial and municipal levels LGUs. Furthermore, the local chief executives (LCEs) need to be engaged in providing aggressive support in carrying out clean-up drives, mainly including those of abandoned houses and buildings, to avert a subsequent surge in dengue cases as what happened in Typhoon Odette where a substantial increase in the number of cases (as high as 1,850 per cent increase) was witnessed.

- Need for prepositioned equipment in different geographic locations in case of infrastructure challenges that may delay mobilization and deliveries.
- Need to strengthen MHPSS interventions in communities affected by emergencies and improve integration between health and protection sectors

Nutrition

UNICEF continued to provide technical assistance and support to government counterparts on nutrition in emergencies to ensure the immediate response to any critical nutrition gaps identified in the assessment, including those with pre-existing conditions.

Results Table and Narrative Analysis

Indicators	Cluster/ sector 2022 Target	Cluster/ sector total results	UNICEF 2022 Target	UNICEF Total results
Number of children aged 6-59 months with SAM admitted for treatment	2,700	1,397	2,700	1,397
Number of children 0-59 months screened for wasting	133,800	376,603	95,900	376,603
Number of primary givers of children aged 0 to 23 months reached with infant and young child feeding counselling	54,900	20,384	40,295	20,384
Number of children 6-59 months receiving Vitamin A supplementation	128,700	78,070	64,350	78,070

Typhoon Rai and COVID 19

UNICEF provided preparedness and recovery support in response to COVID-19 and Typhoon Rai. As a result, by the end of the year, 376,603 children had been screened for acute malnutrition, and 1,397 were admitted to life-saving treatment for severe acute malnutrition. In addition, with the support of UNICEF in distributing government supplies, 78,070 children 6–59 months old received vitamin A supplementation, and 20,384 primary caregivers were reached with infant and young child feeding counseling. These are incorporated into the package of interventions with health services.



Nurse Renato Jandayan receiving RUTF at Malitbog Rural Health Unit in Southern Leyte.
© UNICEF Philippines/2022/ Blanche Bacareza



Barangay Nutrition Scholar conducts a training session on infant and young child feeding at Barangay San Jose, Dinagat Island. © UNICEF Philippines/2022/ Blanche Bacareza

Early identification and treatment of acute malnutrition

Even pre-Odetta, most of the anthropometric tools health and nutrition workers used to measure children's nutritional status were either inaccurate or unavailable. In partnership with Samaritan Purse

(SP) and the government, UNICEF has provided 682 sets of anthropometric measuring tools to screen children in the affected barangays to address the issue. In addition, UNICEF supported the conduct of weekly/monthly nutrition screening of children and pregnant women by providing technical assistance to LGU through training and post-training monitoring and supportive supervision.

A total of 376,603 children under 5 years old were screened, and 1,397 SAM cases were identified and enrolled in the program and provided with necessary treatment. In addition, to address the need to capacitate health and nutrition workers on the proper management of acute malnutrition, UNICEF, in partnership with SP, conducted training and supportive supervision of 392 service providers on the management of children with acute malnutrition. The capacity building activities were done alongside the support to the establishment of 101 OTC and 11 ITC sites and the augmentation of nutrition commodities and supplies (RUTF, F-75, ReSoMal, MUAC tapes, and ITC kits) for the treatment of severe acute malnutrition.

Promote and support maternal nutrition infant and young child feeding (MNIYCF) in the emergency Community workers were significantly equipped with capacity building. For example, 693 health and nutrition workers were trained on MNIYCF, and 17,082 caregivers were reached through counseling and messaging on maternal, infant, and young child feeding, diets, and access to other health and nutrition services.

Approximately 78,070 children received Vitamin A for nutrition supplementation, and 27,947 received MNP. Pregnant women must receive and take iron and folic acid (IFA) supplementation to address the deficiency as well as to promote the healthy development of the fetus. A total of 8,313 pregnant women received IFA supplementation.



Barangay Nutrition Scholar at Barangay Mapawa, Surigao City measures the MUAC of a child. © UNICEF Philippines/2022/ Blanche Bacareza



Midwife Rosario Vallinas takes the height measurement of Zhavia (4) at Barangay Maujo, Malitbog, Southern Leyte. © UNICEF Philippines/2022/ Blanche Bacareza

Nutrition Cluster Leadership

The National Nutrition Council has been leading the National Nutrition Cluster in planning for, responding to, and monitoring the nutrition situation in typhoon- and conflict-affected areas since 2013. UNICEF is best placed to provide technical assistance on nutrition in emergencies and cluster coordination as the co-lead to the Government's National Nutrition Cluster. With support from UNICEF, the Nutrition Cluster could sustain coordination, establish a social media group, and convene quarterly.

As co-lead of the Nutrition Cluster with the National Nutrition Council, UNICEF supports in coordinating Typhoon Rai nutrition response activities. At the sub-national level, UNICEF coordinated and provided technical support to government partners to identify and respond to the nutrition needs of infants, young children, and pregnant women and adolescents. To ensure timely and relevant data on the nutrition response is collected and reports communicated to government partners and relevant agencies, UNICEF and NNC recruited and deployed ten Information Management (IM) Officers. In addition, two cluster coordinators were deployed in Caraga and Southern Leyte to facilitate efficient coordination and information management of response activities at the provincial, regional, and national levels. Moreover, UNICEF and the government conducted regular monitoring visits and provided technical support to provinces to help track commodities utilization and allowed follow-ups and support in data reporting.

UNICEF continues to capacitate the national, regional, and local governments in emergency preparedness and response and pre-positioned nutrition commodities and supplies for use in the event of an emergency. As a sustainability strategy, UNICEF supported strengthening government and civil society capacities to prepare and respond to future emergencies. At the national level, UNICEF and NNC trained 45 staff on Nutrition in Emergencies (NIE) via a training package jointly prepared by NNC, UNICEF, and WFP. Moreover, UNICEF supports NNC in drafting the NIE strategic plan for 2023 to 2028. At the sub-national level, NIE plans have been fully integrated into the Disaster Risk Reduction and Management Health plans of all UNICEF-supported Municipalities in partnership with DOH and NNC. UNICEF has also supported Local Nutrition Action Planning (LNAP) workshops in Caraga and Southern Leyte. As a result, all participating municipalities submitted their LNAP for 2023 to 2025

Finally, UNICEF and NNC conducted an after-action review workshop last December. The workshop highlighted significant achievements and good practices of the nutrition cluster response, drew lessons from the operational challenges in implementing preparedness, response, and recovery activities, and formally documented the recommendations to sustain the implementation of nutrition activities.

Challenges

Assessments reveal that the affected provinces and municipalities in Caraga and Southern Leyte do not have an organized Nutrition Cluster coordination mechanism at the LGU level. Limited data is due to challenges in collection, consolidation, and transmission from the barangay to the province. This is partly due to limited human resources, access to health facilities, and internet connectivity.

Even before TYPHOON Odette, anthropometric equipment, including weighing scales, height boards, and other critical job aids needed to screen children, were limited to none. There are limited life-saving

nutrition supplies such as ready-to-use therapeutic food (RUTF), F-75 and F-100 therapeutic milk, Rehydration Solutions for Malnutrition, Vitamin A, Iron and Folic Acid, and micronutrient powders (MNPs), among others. Depleted life-saving nutrition commodities will affect the coverage and quality of nutrition interventions.

One of the challenges identified is the low number of local partners on the ground that can support or deliver services for nutrition. To increase its engagement with national and local organizations and fulfill the localization commitment, the cluster is conducting a comprehensive mapping of existing organizations in the different regions that are already working or could potentially work on emergency preparedness and response. Priority is given to the networks who have a large, distributed membership and can cover different or most remote parts of the country. Additionally, the cluster is also inviting CSOs to participate in existing or new calls for partnerships, as they could be included in the capacity-building initiative (including both technical and institutional capacity) to expand the number of potential Nutrition cluster partners and build sustainability, child-focused emergency management capacity in the country.

Innovations

- Integration of Nutrition intervention in the Women-Friendly Spaces (WFS) and Child-Friendly Spaces (CFS), such as breastfeeding corners, IYCF counselling, and screening of pregnant women and children under 5, led to more efficient use of resources and widened the reach for all sectors involved.
- Linking humanitarian and development programming through system strengthening. As part of preparedness initiatives, UNICEF has worked with the Nutrition Cluster, local CSOs, and LGUs at provincial and municipal levels to ensure that nutrition referral systems are established and operative in all areas affected areas even during the onset of the response. In addition, advocacy for policy and funding for nutrition was done while responding to the disaster to ensure that there would be a continuity of services even after the response.

Lessons Learned

- To scale up nutrition in emergency interventions and address the persistent problem of malnutrition, we need to prioritize advocacy and support for capacitated and full-time human resources for nutrition at the frontline and funding for NIE to be included in LNAP and DRRM plans.
- To ensure the immediate response to any critical nutrition, it is essential to advocate with Government leads to establish nutrition clusters at the regional and local level as a preparedness measure, including strengthening capacities of clusters focusing on coordination, needs assessments and gaps analysis, information management, sectoral technical capacities, and inter-cluster coordination.

WASH

Results Table and Narrative Analysis

Indicators	Cluster/ sector 2022 Target	Cluster/ sector total results	UNICEF 2022 Target	UNICEF Total results
Number of people accessing sufficient quantity of safe water for drinking and domestic needs	650,000	269,583	277,500	292,270
Number of people using safe and appropriate sanitation facilities	520,000	231,915	245,500	52,612
Number of people reached with handwashing behaviour-change programmes	740,000	1,889,661	2,276,500	2,292,363
people reached with hygiene kits including items for the menstrual hygiene management	N/A	N/A	253,500	154,692

Along with the WASH Cluster which UNICEF co-leads with the DOH, the WASH response to the impact of Typhoon Odette, classified as L1 emergency, was aimed at:

- 1) ensuring that sufficient and safe water is immediately provided and accessible to the most vulnerable women and girls, men, and boys, who may have less capacity to cope with the impact of the disaster;
- 2) ascertaining that basic sanitation facilities, along with hygiene supplies, including for COVID-19 infection, prevention, and control (IPC), are available to minimize open defecation while ensuring the protection of most especially women and girls;
- 3) proactively promoting and communicating key health and hygiene messages in emergency and pandemic situations; and
- 4) extending support in harnessing Government's capacity to coordinate WASH response activities that abide by minimum standards, including on protection, gender, accountability to the affected population (AAP), and prevention of sexual exploitation and abuse (PSEA).

These objectives were informed by damaged, needs and capacities assessments immediately carried out by WASH Cluster partners which pointed out that:

- The typhoon resulted in massive disruption in water supply services at the household and institutional levels with severely damaged Level II and III water systems operated mainly by local water districts and LGUs that cannot undertake repair and reconstruction quickly;

- The number of houses totally or partially destroyed with the storm's onslaught was simply staggering—1.7 million, of which almost half were in Caraga; along with this are households' WASH facilities;
- WASH facilities in institutions (HCFs, learning centers) rendered unfunctional in a critical time of continuing COVID-19 pandemic;
- Though markets generally remained open, the typhoon's impact on people's livelihoods—losses in the agricultural sector alone valued at USD 330 million—limited their access to critical health and hygiene supplies, including against COVID-19;
- Risk of water-borne disease outbreaks, e.g., diarrhoea and cholera, particularly amongst children in island communities, persisted during the first few months of the emergency with people subsisting mostly on Level I water systems (pumps, wells) and surface water sources, and increasing practice of open defecation;
- The humanitarian cluster approach has not been introduced in the affected areas.

As with previous WASH responses, interventions were initially implemented within the usual disease prevention framework. However, for this particular emergency, damage, needs, and capacities assessment highlighted modest sanitation gains, e.g., ZOD status, also wiped out by the typhoon. With this, a more development-oriented framework was also applied to bring affected communities back to their ZOD status before the disaster. This required reinforcing the governance and advocacy aspects of the response.

UNICEF's Typhoon Odette WASH response covered 213 barangays in 22 municipalities in the provinces of Surigao del Norte, including Siargao Island (12 municipalities), and Dinagat Islands (5) in Caraga, and Southern Leyte (5) in Region VIII. The main actions were around:

- distribution of water kits (water containers + water disinfectants)
- limited water trucking and tankering in remaining evacuation centres and in critical communities
- repair and rehabilitation of damaged Level II and III water systems
- distribution of sanitation (toilet) repair kits
- provision of hygiene kits with COVID-19 add-ons (basic cleaning and disinfection supplies, masks for adults and children, essential personal protective equipment)
- hygiene promotion, including on COVID-19 IPC measures, alongside organising for WASH, e.g., formation of community-based WASH committees
- repair and rehabilitation of WASH facilities in learning centres (schools, early childhood development centres, temporary learning spaces), also in support of piloting return to face-to-face classes after 2 years of lockdown
- provision of WASH supplies, including COVID-19 cleaning and institutional disinfection kits, in HCFs and learning centers

Implementation of UNICEF's Typhoon Odette WASH response was in partnership with ACTED, Action Against Hunger (AAH), A Single Drop for Safe Water (ASDSW), Community and Family Services, Inc (CFSI), Plan International, and Samaritan's Purse.

Aside from Typhoon Odette, UNICEF also launched modest WASH responses to two other typhoons that hit the Philippines in 2022: Typhoon Karding (international name: Noru), which also reached a super typhoon category following an “explosive intensification” just before it made landfall in the island municipalities (Polillio, Burdeos) in Northern Quezon Province on 25 September 2023; and Typhoon Paeng (international name: Nalgae), which was a mere severe tropical storm but nevertheless resulted in widespread flooding and landslides on 28 October 2022 most especially in BARMM that had been under unusually heavy precipitation in previous months. Typhoon Paeng affected about 1 million people in BARMM alone of which 467,300 were momentarily displaced. In both typhoon events, UNICEF extended water kits and hygiene kits with COVID-19 add-ons to the most severely affected households—500_ families in Northern Quezon and 1,000 families in Sultan Kudarat Province and BARMM.

Also, in 2022, UNICEF’s COVID-19 response, including on WASH, continued in partnership with Relief International. As in the last two years of the pandemic, the WASH component included the provision of institutional cleaning and disinfection kits complemented by the application of the WASH-FIT tool to assess the sufficiency of WASH facilities and services in HCFs (small hospitals, health centres, quarantine facilities); construction of handwashing facilities in both HCFs and critical communities; training on COVID19 IPC; and distribution of hygiene kits with COVID19 add-ons at the household level supported by the promotion of critical IPC measures. This year, a hand hygiene behavioral change campaign was also rolled out at the national level, dubbed “WASH O’Clock,” in partnership with the DOH and through the support of UNICEF EAPRO.

In summary, for 2022, UNICEF supported 292,270 people (92,118 men, 91,617 women, 54,962 boys, and 53,573 girls) in regaining their access to safe water for both drinking and domestic use mainly through the distribution of water kits, temporary water trucking and tankering, and repair and rehabilitation of water systems supplemented with regular water quality monitoring. Some 28,300 water kits were initially handed out as 85 water systems (mostly Level II, communal) were repaired and rehabilitated through construction materials, payment for labour, and technical assistance (e.g., designs).

10,669 households, or roughly about 50,703 individuals (21 per cent of the target) (15,387 men, 15,620 women, 9,385 boys and 10,311 girls), benefitted from SRKs distributed in Caraga and Region VIII as amongst the sanitation interventions of UNICEF. Meeting sanitation targets has always been a challenge in WASH responses in the Philippines not just for UNICEF but for the entire WASH Cluster—resulting from change in implementation strategy (from communal facilities in evacuation centres to distribution of materials at the household level); limited funding (thus only the very basic repair materials could be offered); and a whole range of logistical challenges (from procurement, warehousing and transport over land and sea). Distribution of SRKs has always come with labour counterpart from receiving households, and this too contributed to implementation delays with affected families understandably prioritising the repair of their houses.

Actions on water and sanitation, be they for typhoons or COVID-19 responses, were backed with intensified health and hygiene promotion initiatives ranging from orientations and group discussions to

distributing IEC materials, caravans, and theatre performances. From these activities, a total of 2,306,354 people (736,781 men, 690,859 women, 452,334 boys and 426,380 girls) are assumed to have been reached with key WASH and COVID-19 IPC messages.

A total of 154,692 people (44,799 men, 43,332 women, 33,482 boys, and 33,079 girls) received family hygiene and dignity kits with COVID19 add-ons packs from UNICEF. However, set target for this activity was also not reached (61 per cent only) mainly because of limitations in funding.

Specifically on UNICEF COVID-19 response, portable handwashing facilities were installed in 83 HCF in Caraga, Southern Leyte and Region IX (Zamboanga Peninsula). These facilities were utilised by some 118,474 people (57,137 men, 61,337 women), about 30 per cent of the daily traffic in typical rural health units or health centres. A total of 422 cleaners and sanitation personnel (128 men, 294 women) in 55 health care and quarantine facilities were trained on cleaning and disinfection protocols for COVID-19. A total of 586 institutional cleaning and disinfection kits that includes PPEs specifically for cleaners and sanitation personnel were made accessible to 91 HCFs, ad-hoc COVID-19 centers, and DOH regional offices in the National Capital (NCR), Regions II, III, and IV-A.

Humanitarian-Development Nexus: Reframing the Response within PhATSS

As previously discussed, UNICEF's WASH response to the impact of Super typhoon Odette was later reframed to also assist affected communities achieve or regain their ZOD status before the disaster. Aside from taking advantage of an opportunity highlighted from in-depth situational analysis, the conscious move of UNICEF and her implementing partners is in line with the humanitarian-development programming nexus aimed at linking humanitarian response (distribution of SRKs) to longer-term development objective of achieving the ZOD status in line with the Philippine Approach to Sustainable Sanitation (PhATSS). In promoting and advocating for ZOD and PhATSS side-by-side with emergency sanitation, LGUs in the target areas were encouraged to invest in more durable sanitation solutions regarding budget allocation and technical expertise, as reflected in respective Super typhoon Odette WASH Recovery and Rehabilitation Strategic Plans .

At the close of 2022, in Caraga alone, 67,519 people (20,140 men, 19,109 women, 10,114 boys and 18,156 girls) are now living in 53 ZOD barangays that were previously brought to their knees by Super typhoon Odette.

WASH Cluster Coordination

As Rai entered the Philippine Area of Responsibility (PAR), and while it astoundingly went on "explosive intensification" to become a super typhoon just before hitting Caraga, the WASH Cluster at the national level, co-led by the DOH and UNICEF, was already closely monitoring the situation and coordinating its partners on the likelihood of launching a significant WASH response. When UNICEF started deploying WASH supplies to the hardest hit areas within the first few weeks of the disaster, recruitment of dedicated WASH Cluster coordinators and Information Management (IM) officers at the sub-national level also commenced. By mid-January, these personnel were in-placed: one WASH Cluster Coordinator supported

by one IM Officer each for Caraga and Southern Leyte Province. With this, WASH clusters at the provincial level were formally set up with UNICEF and respective Provincial Health Offices (PHOs) partnering.

WASH clusters at the sub-national level initially coordinated the ongoing responses of most NGOs and civil society organizations (CSOs), ensuring that assistance are delivered equitably across the affected communities following agreed minimum standards; regular Needs, Response, Gaps (NRGs) analysis were facilitated to minimise overlapping of support. Later on, the composition of these groups was expanded to include WASH representatives from affected municipalities, typically the sanitary inspectors, thereby creating a more effective forum for NGO/CSO-LGU collaboration.

The WASH clusters at the sub-national level also facilitated the development of provincial strategic early recovery and rehabilitation plans that were later integrated within local development plans, e.g., Annual Investment Plans (AIPs) and Comprehensive Development Plans (CDPs), to ensure that post-typhoon actions will be prioritised, sufficiently funded, and technically supported. The finalisation of these strategic plans though was delayed with the national elections in May due to some local WASH champions officials being replaced, as in the case with the Governor and Provincial Health Officer of the Province of Dinagat Island. Later in the year, DOH regional offices have integrated these early recovery and rehabilitation plans were incorporated in the Disaster Risk Reduction and Management for Health (DRRM-H) planning process which UNICEF's Health sector also supported.

Lessons Learned

- Expanding the usual disease prevention framework in WASH in emergencies programming to be more in line with the humanitarian-development nexus, as in the case of re-framing the sanitation component of Typhoon Odette response along PhATSS. In the case of BARMM, the operationalisation of the humanitarian-development-peace nexus could even be considered.
- Formulation of a joint strategic response plan between UNICEF and its implementing partners at the onset of any large-scale WASH response is essential, as pointed out during the Advanced WASH in Emergencies Training facilitated by UNICEF Country Office with the support of UNICEF EAPRO for the WASH Cluster in December 2022. Furthermore, such strategic plan needs to be regularly reviewed as the response progresses, and adjusted, as necessary.
- Expanding and diversifying the list of possible implementing partners for WASH to also consider non-traditional partners (local CSOs and people's organisations, private sector) even for specific response activities, e.g., supplies distribution, hygiene promotion, monitoring.
- More comprehensive analysis of the logistical aspect of any WASH response. In the case of Typhoon Odette, the humanitarian community (not just UNICEF), to immediately "be there," seemingly missed out on reviewing further the capacity of local markets, the erratic weather conditions, the absence of reliable communication channels, etc, that eventually caught up with the efficiency of their respective responses. In relation to this, other response modalities should also be considered, e.g., humanitarian cash transfers.

- Need to strengthen the mainstreaming of climate change adaptation in future WASH in emergencies interventions. The “explosive intensification” of typhoons that were seen in 2022 not only in the Philippines is seemingly becoming a highly alarming trend.

Child Protection

Indicators	Cluster/ sector 2022 Target	Cluster/ sector total results*	UNICEF 2022 Target	UNICEF Total results
Children and parents/caregivers accessing mental health and psychosocial support	82,000	51,712	107,000	29,730
Women, girls, and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	65,000	10,267	92,000	10,267
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	175,000	91,964	175,000	74,449
Children who have received individual case management	5,000	92	5,000	203**

*Results as of 30 November 2022

** Additional 30 cases were reported and validated by RCPWG VIII after HAC Final reporting

Reducing the exposure of children and adolescents to protection risks at the onset of any emergency is at the core of UNICEF’s humanitarian response. When Typhoon Odette struck the country, one of the life-saving interventions carried out was the establishment of 29 child-friendly spaces (CFS) to deliver the needed psychosocial support services. Around 286 adult and youth volunteers came forward to be trained on CFS management and to deliver mental health and psychosocial support services (MHPSS) to 29,730 children, parents, and caregivers. Volunteers felt empowered when they were able to do something for their communities even though they too needed help as survivors of TY Odette. Their passion to serve was evident on how they managed their CFSs on a regular basis. As a result, their barangays and municipalities entrusted tasks and responsibilities to them which never happened before the typhoon. Children looked up on them and eager to have their CFS sessions. The engagement of CFS volunteers with UNICEF has developed and honed their skills in leadership and being new advocates of child protection.



The psychosocial support sessions for young children were facilitated by trained CFS youth volunteers in Siargao Island, Province of Surigao Del Norte. ©UNICEF2022/SHerrera



CFS volunteers from the affected communities feel empowered and confident as they take part in the healing and recovery of young children through recreation and play activities. UNICEF partnered with CFSI in CARAGA region for its TY Rai emergency response for 12 months. ©UNICEF2022/SHerrera

Child-friendly spaces also catered to children with disabilities. In Southern Leyte, for example, fourteen children with disabilities benefitted. Based on their testimonials, they enjoyed playing and learning with other kids and felt safe and protected by the volunteers. One example was a 12-year-old girl who has a hearing impairment. She said she enjoyed spending time in the CFS because being with other children made her happy and safe. It also allowed for her mother and brothers to work while she was playing in the CFS. In addition, she participated in the World Children’s Day celebration through the UNICEF’s Dance for All. She gracefully executed the dance steps despite her disability. Another child with a disability was an 11-year-old girl with down syndrome. The trained CFS volunteers were very protective of her and have sensitized her family on child protection. She understood the safe and unsafe touch for it was taught to them in CFS. Adult volunteers were either members of the Barangay Councils for the Protection of Children or Barangay VAWC Desk Officers.

Through implementing partners such as Plan International, Community and Family Services International (CFSI), and ABS-CBN Lingkod Kapamilya Foundation, UNICEF supported 203 children who received individual case management with seventy percent being girls. At the start of the emergency response, reporting hotlines and referral mechanisms were re-established by mapping the local service providers in the affected areas. UNICEF also supported the conduct of capacity-building exercises of the multi-disciplinary teams in collaboration with UNFPA. This is in recognition that only one system is being rebuilt and strengthened to prevent and respond to child protection and gender-based violence. To ensure that even children and adolescents could access and use the protection services, consultative activities were carried out to cull out their inputs on making the reporting and referral pathway more gender-, culture, and age-sensitive. The referral pathway's printed tarpaulins were distributed strategically where information can easily be accessed.



Child Protection and Gender-based Violence Referral Mechanism Tarpaulin is displayed just outside the Office of the Maasin City Social Welfare and Development Office in Southern Leyte. This was in consultation with the communities facilitated by UNICEF and Plan International for TY Odette Response. ©UNICEF2022/SHerrera



In CARAGA, the joint CP and GBV Working Group disseminated the referral pathways and are displayed in barangay halls to increase access to reporting channels. @UNICEF2022/SHerrera

In BARMM, UNICEF supported the Training of Trainers and roll out of an emergency preparedness and response training for 45 key staff of line ministries and other members of the Regional and Provincial DRRM Councils. In October 2022, responding to STS Paeng / Nalgae, UNICEF provided technical support to the Ministry of Social Services and Development in the coordination and co leadership of the Joint CP and GBV working group including formulation of the Protection cluster and CPGBV sub-cluster response plans. Provision of child protection in emergency interventions for 10,000 children is being implemented as of this writing in partnership with Community and Family Services International.

In consultation with the multi-disciplinary teams in Siargao, for example, it was found that there were reported cases involving girl children selling fish to earn money but also prostituted themselves. Mentally challenged children increased too. The presence of Child Protection CSOs led to the identification of the weak spots in the system, such as no Wellness Crisis Center catering to mentally challenged children who are said to be sexually abused by family members. The island is also prone to child trafficking for prostitution and online sexual exploitation being one of the tourist spots in the country. Addressing all child protection concerns cannot be done if the approach is issue-based. Thus, the child protection systems strengthening needs to be introduced at the local level for better appreciation and application whenever there is an emergency response.

Constraints or Obstacles

The results show that many targets were not met. There are a few reasons for this. Aside from receiving only 39 percent of the total UNICEF funding for TY Odette, there was also an over-estimation of the number of children who might need case management or a specific child protection or GBV service. This is because in general, there is a high prevalence of all forms of violence against children in the Philippines so the assumption was that the numbers would be higher. Perhaps fortunately, or due to underreporting, there were less cases than anticipated. In addition, it took substantial time for UNICEF to recruit Child Protection consultants to be deployed in the two regions. This was due to a shortage of human resources based on a heightened demand for the response across multiple agencies and a general shortage of

qualified and experienced child protection practitioners that were willing to be deployed in the response locations. This issue was also experienced by implementing partners.

More so, all targets were based on estimations made at the initial stage of the response as data was still being collected. However, it can be said that most of the targets committed by the implementing partners were fully achieved except for individual case management, access to MHPSS hotline of Bantay Bata 163, and GBV mitigation. The full programme implementation in Caraga was also delayed mostly due to the shift of approach upon the request of the local government units to focus its programme from temporary approach to long-term recovery and rehabilitation. It was also challenging to implement the project promptly given that it covered three major islands characterized by unpredictable weather and sporadic communication signal. Another obstacle was the election and change of administration that took place on May-June 2022. CFSI needed to adjust given that the new leadership brought about new government employees who needed to be familiar with the project and trained on child protection.

To address the identified challenges, UNICEF employed some mitigating measures. For example, the Child Protection section partnered with other Sectors and Clusters, and other UN agencies and INGOs to augment funding needs. LGUs also provided their counterparts. For example, UNFPA and UNICEF supported each other in the conduct of capacity-building for the local service providers in Southern Leyte. ACTED complemented UNICEF by shouldering the printing and dissemination of CP/GBV referral pathway in Caraga to cover the remaining affected barangays and ensure access is given for every child. The Provincial Government of Dinagat Islands co-sponsored the planning workshop on gender-based violence. UNICEF's WASH Section provided hand-washing facilities in all established child-friendly spaces including the Child Protection Hub in Barangay Cagniog, Surigao City, a semi-permanent CFS. Such cost-sharing of resources and complementation of efforts allowed Child Protection to increase its reach and contribute towards rebuilding components of child protection systems.

Another measure that was undertaken by UNICEF based on lessons learnt was updating its Emergency Roster on Child Protection. This is to avoid further delays in deploying technical assistance to wherever the disaster or conflict strikes. For example, UNICEF was able to deploy one consultant in BARMM to support the Mindanao Field Office on its response for TY Paeng. There is also the plan to review, update, and redesign the present child protection strategies and key interventions to standardize targets and avoid overestimation and to limit key indicators into a few measuring only the impact of the programme. The Child Protection humanitarian programming also needs to adapt to the changing humanitarian landscape such as the climate change; and take off from the lessons learnt and good practices from TY Odette.

Given that the programme had covered island provinces, municipalities, and barangays, it is expected that child protection, gender-based violence, and sexual exploitation and abuse incidents and cases are either unreported or underreported. However, not all LCPCs are functional, and even the delivery of protection services is delayed or limited because of their geographical locations. One of the challenges that need to be discussed is the availability of alternative reporting and referral mechanisms if there is no internet or signal in their areas, or when there are no crisis centres or shelters for victim-survivors. Access to

specialized psychosocial support services is also limited in the two regions. It would usually take months before the LGU can avail of a psychologist or psychiatrist services due to high demand in emergency settings but limited-service providers. The LGUs in Caraga also revealed that the presence of cults or religious groups in their areas prohibits them from delivering information and services primarily to girl children who are said to be dropping out of school and ending up pregnant at an early age. Extensive advocacy is needed to address the challenges, but this goes beyond humanitarian programming.

Gender- and age-disaggregated results and analysis

UNICEF reached 10,267 individuals (60 per cent women and girls) in the conduct of community-based awareness-raising sessions to impart critical messages on GBV risk mitigation, prevention, and response. About 74,449 (57 per cent women and girls) received safe and accessible channels to report any allegation of sexual exploitation and abuse. More than 70 percent, or 143 girls out of the 203 reported cases of CP and GBV, were given case management.

Data showed that most of the participants or beneficiaries of the Child Protection programme were girls and women though it aimed to achieve a gender balance. However, the limited participation of men and boys could reflect the existing gender division of labour wherein in an emergency setting, males tend to prioritize livelihood to support their families which takes up most of their time; while females tend to look after the children and household chores linking them to child-related services provided by humanitarian actors. Thus, they were most likely enticed to attend community activities and exposed to humanitarian activities, provided that, the schedules do not conflict with the priorities and responsibilities of mothers and students.

Another explanation could be that child protection and gender-based violence are seen as women and girls' issues since most reported cases were from women and girls. However, the Philippines' National Baseline Survey on VAC in 2016 shows that violence affects girls and boys in almost equal numbers. What needs to be communicated is that to eliminate all forms of violence against children and women, and to achieve gender equality, it would require the equal participation and engagement of men and boys. However, the key messages can be calibrated to attract men and boys on how they will benefit if violence is eliminated and if gender equality and equity are achieved.

In the conduct of focus group discussions with the adolescents for the CFS innovation kits, one of the concerns raised is the need to address adolescent boys' issues, especially the masculinity culture. One of the participants expressed the need for support on how they can freely express themselves when society teaches them to be strong and independent even when they feel vulnerable and needing support. He also said the struggle they feel inside when they want to report and seek help but could not because of culture and stigma. They also clamor for information and services, not just on protection, sexual and reproductive health, and livelihood. These findings led Child Protection to further collaborate with other sectors in designing interventions for adolescents in emergency contexts, both for boys and girls. Awareness-raising on protection is not enough. They desire to access more holistic and comprehensive information and services.

Innovations

Key findings from the AAR and lessons learned from monitoring the implementation of the Typhoon Rai/Odette Emergency Response underscore the need (1) for the child-friendly space (CFS) kits and activities to be more localized and inclusive and (2) to enhance adolescence programming and case management interventions in a humanitarian setting. These findings were based on the feedback gathered from the CFS volunteers, facilitators, and animators (both youth and adults); from the adolescents, youth, and parents served; from the community leaders and service providers reached by the project; from the OCHA and UNICEF AAR; and the implementing partners such as Plan International (Southern Leyte) and Community and Family Services International (CFSI) (Caraga).

To address these gaps and enhance future emergency response, the Child Protection Section is introducing innovations in making the Child-Friendly Space Recreation Kits for young children (5-9 years old) and adolescents (10-19 years old) more localized and disability-inclusive while ensuring gender- and culture-sensitivity. The innovation work began consulting the children and adolescents, including those with disabilities and local service providers. The exercise allowed them to express their needs and wants to bring normalcy back into their lives. They brought out the familiar street and indigenous games they played using whatever materials they found. Those games are opportunities to incorporate key child protection messages to create awareness. There were also sentiments on the need to remove some of the items not commonly used or known to children and replace them with toys they prefer. As for adolescents, there is a need to have focused humanitarian interventions on them that is beyond protection. They clamor for information on mental health to address the prevalence of suicide cases, especially for teenage boys; reproductive health information and services primarily on teenage pregnancy; and other protection issues like bullying in schools, online sexual exploitation, and abuse, among others.



Photos above were taken during the conduct of focus group discussions with young people in Marawi City, Maasin City, and Siargao Island on the development of localized and disability-inclusive CFS recreation kits.

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Lessons Learned

UNICEF's co-leadership role at the National/Regional Child Protection Working Group (N/RCPWG) and the direct provision of technical assistance and support to provinces down to the barangay/village levels and its facilitative role in mobilizing communities led to plans, policies, and measures put in place to address child protection in emergencies. This is part of UNICEF's support to strengthening child protection systems and ensures that the national and local structures can continue to be strengthened even throughout the year (and not just at the onset of an emergency). The close monitoring and convening exercises done with

implementing partners allowed UNICEF to immediately detect areas needing technical additional support, shift or change of approach or interventions to troubleshoot gaps and challenges, and the openness and flexibility to learn from the insights and feedback of the communities it serves contributed as well to the achieved results and outcomes. The citation of good practices and experiences in previous emergency responses, the documentation of lessons learned, and the technical capacities transferred helped improve child protection systems.

The conduct of community consultations, programmatic visits, and interaction with the beneficiaries were beneficial in seeing the adjustments and shifts to be made in the programming. For example, CFSI was able to recalibrate its interventions after 6-months of a humanitarian response to better suit the recovery and rehabilitation needs of the communities. Instead of putting up temporary child-friendly spaces, CFSI and the City Government of Surigao City proposed to put up a semi-permanent child protection hub in a housing project site wherein the displaced families are relocated. CP/GBV/MHPSS capacity-building activities were more welcomed by the affected LGUs to improve the access and delivery of services. Programmatic visits were also helpful in interacting with the service providers. During an interaction with the PSWDO of Southern Leyte, it was discovered that there was a new sexual assault in the remaining evacuation center that most humanitarian organizations almost forgot. That information led UNICEF to call the attention of the LGU, the Philippine National Police, and the Department of Health to respond to the case primarily upon knowing that the perpetrator is mentally challenged, still living in the evacuation center that pose a risk to other children and that the girl victim-survivor was showing signs of stress. This case emphasized the linkages between child protection and MHPSS.

Leaving no one behind in emergency response is quite a challenge, mainly if you cover geographically isolated and disadvantaged areas. Among the many protection services affected were access to referral services, particularly shelters or centres; and reporting hotlines. Some barangays/villages have no internet access or phone signal. This delayed the influx of information. The MHPSS hotline of Bantay Bata was also ineffective, especially in rural areas. According to the young people served, they prefer to reach out to service providers who can speak their dialect and who are known to them. Also, Bantay Bata is famous for child abuse rescue missions but not for psychosocial support services. It is better to strengthen local government hotlines and schools for greater ownership, sustainability, and better utilization of intended users.

Making the child protection humanitarian response disability-inclusive was also a challenge, especially if the UNICEF staff, implementing partners, and even the local government units were without any technical capacity and expertise to deal with disability. Though there were documented efforts to make the activities more disability-oriented, it needs strategic guidance and disability-oriented programming to ensure they are not left behind. Moreover, from the protection lens, their exposure to risks and vulnerabilities is double compared to their counterparts.

Cluster/Sector Leadership

One of the good practices in the country is the joint activation of the Child Protection Working Group and Gender-based Violence Sub Cluster at the regional and provincial/municipal/city levels whenever there is

an emergency. Tapping into the existing inter-agency coordination structures mandated by the CP and GBV laws, the Regional and Local Councils for the Protection of Children (R/LCPCs) and the Regional and Local Committees on Anti-Trafficking and Violence Against Women and Their Children (LCAT-VAWCs) serve as the humanitarian coordination mechanisms. Those structures are being re-established and strengthened as local government actors work with UN and INGOs on child protection and gender-based violence.

In Caraga and Southern Leyte, local government units enacted Executive Orders to re-create such structures and make it functional to lead child protection, not only on the first six months of the response, but also in leading towards recovery and reintegration. In the Province of Dinagat, the Governor put in place a coordination structure for Child Protection, WASH, and Education. To ensure sustainability and institutionalization, the Provincial Social Welfare and Development Office (PSWDO) included its operationalization in Gender and Development (GAD) and Local Government Unit (LGU) Budgets. With UNICEF support, local and community service providers were capacitated on the different components of the child protection in emergencies including case management. UNICEF also provided technical guidance and mentoring in Southern Leyte on integrating CP and GBV in the Disaster Risk Reduction and Management plans, including MHPSS.

UNICEF continues to provide technical assistance and mentorship to Regional Child Protection Working Groups in Caraga and Region VIII, being the TYPHOON Rai-affected regions. One of the good practices that emerged was the innovation introduced by RCPWG Caraga wherein they developed their own CP/GBV Response Plan that led to the development of a Joint CPIE/GBViE Framework which they called 'Bugsay' Framework. For Region VIII, UNICEF's advocacy paved the passage and adoption of resolutions for the joint activation of the RCPWG along with the RIACAT-VAWC as CP/GBV Working Group in times of emergencies. UNICEF, as co-chair of the National Child Protection Working Group (NCPWG) also provided technical assistance and support to Regions I, II, III and VIII that led to the incorporation of child protection in their annual investment or workplans.

Child Protection Working Group always works with the GBV Sub Cluster, which is more practical and efficient at the local level. With limited resources, UNICEF, UNFPA, and other NGOs bring together resources to implement capacity building for multi-disciplinary teams jointly. Implementing a CP/GBV/PSEA referral pathway and reporting procedures has been a sustained good practice in every emergency. What needs to be improved on is the national leadership of the Gender-based Violence Sub Cluster by the Department of Social Welfare and Development. With the transition of the new administration that took place in the middle of the TY Odette response; and with the changing of the Department Secretaries, this gap at the national level should be addressed to institutionalize further the joint activation of the regional CPWGs and GBVSCs.

Likewise, part of the capacity building of the cluster is the need to develop a Child Protection Theory of Change in an emergency context so that every humanitarian organization can contribute to the desired impact and align all interventions and strategies accordingly to create that change. Emergencies are seen

as entry points to transform harmful practices and beliefs, to transfer knowledge and skills for sustainability and resilience-building, and to empower displaced communities and individuals.

Education

UNICEF Education response focused on supporting learning recovery from formal and non-formal service deliveries for early childhood, elementary, and secondary education, especially with the eventual full implementation of face-to-face classes for DepEd schools and the reopening of Child Development Centers the same year since the onset of the COVID-19 pandemic.

With the increased scale and frequency of natural hazards in the Philippines due to climate change, UNICEF likewise responded to TYPHOON Rai, TYPHOON Noru, STS Nalgae, and the North Luzon earthquake, among others, in support of the national and local governments. The humanitarian aid extended seeks to ensure that children have access to inclusive, quality, and essential education services in safe learning environments, hence, supporting learning continuity to safeguard the welfare, well-being, and development needs of children in affected areas.

Education Results and Narrative Analysis

Indicators	Cluster/ sector 2022 Target	Cluster/ sector total results	UNICEF 2022 Target	UNICEF Total results
Number of children accessing formal or non-formal education, including early learning	199,181	182,662	259,508	179,418
Number of children with disabilities supported to access learning, including remote/distance learning and return to school	9,959	1,197	10,975	1,197
Number of teachers/ Child Development Workers trained on Education in Emergency	9,815	2,442	5,888	2,442

**UNICEF targets include COVID-19 and other emergencies, thus higher than the Cluster target which only covers Typhoon Odette*

Humanitarian Response to Super Typhoon Rai

The UNICEF Education response supported 154,278 school children in three priority provinces from two regions, namely the Province of Southern Leyte in Region VIII and the Provinces of Surigao del Norte and Dinagat Islands in the Caraga Region. Along with Education partners, UNICEF has set up 10 transitional learning spaces in Southern Leyte and repaired 73 classrooms in Caraga, six of which were the results of the partnership between UNICEF and the World Food Program. In addition, a total of 102 temporary learning spaces (TLS) in Caraga and 62 TLS in Southern Leyte were distributed. Meanwhile, the education supplies provided to both regions include 15,003 Learner's Kits, 10,316 Teacher's Kits, 1,777 Learn-at-Home Kits, 550 ECCD Kits, 538 School-in-a-Box, 7 Recreation Kits, 24,204 Alas Singko Storybooks, and 832

Adarna Storybooks. Education and Early Childhood Care and Development in emergencies training to DepEd teachers and Child Development Workers/Teachers were also provided. UNICEF also provided technical assistance to sub-national education clusters to strengthen their capacities in information management, coordination, and advocacy, making them better equipped to respond to recovery needs and prepare for future emergencies.

Meanwhile, the Learning Recovery Programme has catered to 96 multigrade schools in Southern Leyte and Dinagat Islands that received “School-in-a-Bag” and “Learning Passport,” benefiting 6,170 children and 345 teachers in the recipient schools. Furthermore, 199 teachers from 53 multigrade schools in Southern Leyte were trained in technology in pedagogy to support emergency and COVID-19-adapted learning approaches.

To address the specific needs of children with disabilities the system for Prevention, Early Identification, Referral and Intervention of Delays, Disorder and Disabilities in Early Childhood (PEIRIDDEC) was also introduced in Surigao del Norte, one of the areas affected by TYPHOON Rai. The emergency response helped reach 1,197 children with disabilities addressed their challenges by supporting local government units in providing sustainable and effective services to children with developmental delays, disorders and/or disabilities.

Education Response in BARMM

In response to Severe Tropical Storm *Nalgae* (Paeng), UNICEF and its education sector partners have supported 8,961 school children by providing temporary learning spaces and distributing essential education supplies and learning materials. To facilitate partnership and accountability, UNICEF has also provided technical assistance to the BARMM education cluster to strengthen their information management, coordination, and advocacy capacities.

Challenges

One key constraint is on funding. The Education sector received only 51 per cent of the needed funds, and this has affected the attainment of key targets. The targets identified at the onset were also too ambitious and proved to be difficult to achieve. Targeting can be improved in the future based on all possible data available.

Another key constraint is that the Education Cluster is not functional in areas hit by the typhoons. UNICEF deployed education in emergency personnel who provided much-needed information management and coordination support.

Key Role, Partnerships and Cluster Leadership

UNICEF and Save the Children co-led the Education Cluster at the national level with the Government, Department of Education, as lead. To facilitate partnership and accountability, UNICEF also provided technical assistance to provincial-level education clusters in strengthening their capacities in information management, coordination, and advocacy. In Surigao del Norte and Dinagat Islands, terms of reference have been developed identifying the structure, composition, and key functions of cluster members in

information management, partnerships, coordination, advocacy, and capacity building. In Southern Leyte, the Education Cluster has developed an action plan to guide them in responding to remaining humanitarian needs and gaps and to outline specific recovery interventions for the education sector.

UNICEF also worked with five implementing partners, Save the Children, CFSI, Humanity and Inclusion, Plan International, and Educo, in responding to humanitarian needs through the provision of temporary learning spaces, teacher training programmes on education in emergencies, orientation on safe Early Childhood Education (ECE) reopening, learning recovery and distribution of essential education supplies and learning materials.

UNICEF also ensured collaboration with school divisions and local government units affected by the Super Typhoon Rai as it advocated for reopening schools and child development centers.

Innovations and Lessons Learned

- **UNICEF and WFP Convergence for School Rehabilitation**

In response to the call for early recovery assistance in the Schools Division Office of Dinagat Islands, UNICEF partnered with WFP to repair six public schools, further complemented by the latter with school garden restoration. The concept of the partnership is for the WFP Cash for Work Programme to complement UNICEF by providing labor force from beneficiaries in the same community as the recipient schools. In contrast, UNICEF provides the workers' protective equipment and insurance, along with funding for skilled workers who will supervise the work.

This convergence finds opportunities to increase the effectiveness and alignment of interventions of different UN agencies leading to quality and accountable programming. In addition, the replication of this benchmark project can be explored for future response interventions.



Before and After Photos of School Rehabilitations in the Schools Division Office of Dinagat Islands.

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- **Construction of Transitional Learning Spaces**

Ten Transitional Learning Spaces were constructed in Southern Leyte with the objective to ensure access of learners to education. Although based on the standard 2019 DepEd Temporary Learning Space (TLS) design, several modifications were proposed and then endorsed by DepEd Division Office. This design has now increased the TLS lifespan of up to 5 years, can withstand a tropical cyclone with a wind speed of up to 184 kph, and reduces excessive heat while providing natural ventilation.



*Transitional Learning Space in Asuncion Elementary School, Macrohon, Southern Leyte
©UNICEF2023/Beltran*

- **Localization of Early Childhood Education Kits**

The Learn-At-Home (LAH) kit is a local adaptation of the UNICEF Early Childhood Care and Development (ECCD) kit for early childhood education. The Kit was provided most especially to children with risks of developmental delays and is composed of manipulative toys, musical instruments, storybooks, art materials, care counselling cards, printed materials including menu of nutritious food, amongst others. A total of 35,419 children 3-4 years old (24,240 as part of COVID-19 response; and 11,179 as part of Typhoon Rai response) have already benefitted from the LAH kits.



*In Surigao City, Philippines, Roxanne guides her daughter, 4-year-old Jaira, in using the learn-at-home kit provided.
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- **Development of Blue Box**

As part of the implementation of the PEIRIDDDEC system, the “Blue Box” was developed to guide parents/caregivers in implementing interventions. This “Blue Box” includes seven (7) videos highlighting early stimulation, play, routines, and positive disciplines anchored on the Nurturing Care Framework

UNICEF’s programmatic response design was able to address needs identified in a comprehensive and articulated manner, but it could have benefitted from better data collection and analysis, stronger and more strategic internal coordination, and more focus on equity.

The support provided by UNICEF to Government, especially at the subnational level, has been useful to strengthen capacities, reinforce cluster coordination, and improve information management for planning and monitoring of activities. UNICEF has a strategic role to play in augmenting government capacity, particularly at subnational level, on child-centered preparedness and response.

Social Protection

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
Number of households reached with UNICEF-supported cash transfers	N/A	N/A	9,500	6,913 (STY Odette) 2,137 (STS Paeng) Total: 9,050

UNICEF worked with the government, specifically the Department of Social Welfare and Development (DSWD) at the national level and the Ministry of Social Services and Development (MSSD) in BARMM to assess the needs and gaps for further assistance. The results of these discussions and joint planning, including market assessments, underpinned the decision to implement the HCT Plus programme in specific areas where intersecting vulnerabilities are observed. UNICEF decided to implement in Bohol, upon recommendation of DSWD, where there continues to be a high number of underserved families that have been excluded from the government's financial assistance, in eight local government units: Tubigon, San Isidro, Bilar, Candijay, Valencia, Sierra Bullones, Duero and Guindulman. The assistance reached 6,913 families with children, expanding the reach of the government's financial assistance program. Each family received one-off assistance of Php5,000 in alignment with the government's emergency cash transfers guidelines. Beneficiaries were identified through the government's social safety net programme, the Pantawid Pamilya Pilipino Program (4Ps) and the Assistance to Individuals in Crisis Situations (AICS). The Plus sessions provided complementary information-sharing sessions on thematic areas such as child protection, WASH, adolescent health, and nutrition. DSWD and local government units, including the beneficiaries, highly appreciated these sessions and saw this approach as an innovation.

In BARMM, UNICEF worked to deliver HCT to populations affected by flooding who were also residing in armed conflict areas. UNICEF reached 2,137 families with children with financial assistance to help them meet their basic needs. This was done jointly with FAO under the shock-responsive social protection joint programme. FAO also implemented their separate caseload under this joint programme. In addition, beneficiaries were identified jointly with MSSD's own social welfare and development indicators and added vulnerabilities (families with children, pregnant and lactating mothers).

Through this programme, UNICEF contributed to strengthening the social protection systems to enable elements of it to be leveraged for future emergency response. In both instances, UNICEF optimized the use of T4D solutions to conduct post-distribution monitoring, payment verification through SMS, and HOPE for collecting and storing data, processing information, deduplication and generating payments for a more streamlined and efficient process.

UNICEF also trained DSWD staff on using cash for emergencies and the elements of the HCT Plus programme for sustainability. In addition, UNICEF also conducted a rapid assessment of the Drivers of Exclusion from Government Financial Assistance for ST Odette in Bohol to understand why families remain underserved. The study points to the limited fiscal space available for disaster response at the year-end when financial books have been closed. In addition, logistical difficulties prevented the local government

units from accurately assessing and reporting on the extent of damages and affected populations which were the basis for financial allocations.

UNICEF also took the lead on Cash Working Group coordination in the Province of Bohol to coordinate the various cash actors in implementing cash and voucher assistance leading to a more coordinated response.

Lessons Learned

Working with government, particularly the use of shock-responsive social protection, to channel emergency response requires longer preparation. Negotiating MOUs and data-sharing agreements can be inefficient in the face of an emergency. However, the gains from these partnerships are more sustainable in the long term, especially when donor support phases out. Hence, investing in these during the preparedness phase is critical.

Cash is not enough. We learned that providing complementary services can empower as much as cash itself. The Plus sessions were complementary information-sharing sessions that provided critical messages on child protection, WASH, health, and nutrition at the cash payouts/code distribution. Partners and beneficiaries saw the value of the messages that were designed to be delivered in short sessions and, thus, were most likely to be remembered.

Results Achieved from Humanitarian Thematic Funding

Health

Thematic funding was utilized mostly for the response to Typhoon Odette. The availability and flexibility of thematic funding were crucial to the quick response of UNICEF. Modular tents were procured to reach 200 families and ensure adherence to social distancing measures in evacuation centers and other public spaces. The thematic funding was also utilized for interventions to ensure the continued provision of essential health services in affected communities, in particular, the procurement and distribution of tents that served as temporary health service delivery points and in funding a partnership that included support to vaccination and mobilization of mobile health teams. Altogether, the reach of these interventions through this partnership was 156,579 children and women. The same partnership also disseminated key health messages to affected communities, reaching 5.5 million people. Finally, the thematic funding was utilized to procure and distribute two generators that will strengthen vaccine cold chains at regional and provincial levels in Caraga and Southern Leyte, respectively, in the face of future emergencies.

Nutrition

The thematic fund allowed for timely quality response to meet urgent needs interventions in the TYPHOON Odette-affected areas. UNICEF, government partners, and Samaritans Purse conducted capacity building for frontline workers on managing acute malnutrition, infant and young child feeding, and nutrition in emergencies in Southern Leyte and the Caraga Region. Alongside, the fund supported the screening and treatment of children 6–59 months old for acute malnutrition. It is also used to fund the delivery of nutrition commodities for children and pregnant and lactating women.

Moreover, nutrition equipment and supplies were procured to facilitate continuity of service delivery in Caraga and Southern Leyte. Supplies include 341 weighing scales, 341 height boards, 80,000 Mid Upper Arm Circumference (MUAC) Tapes and 10 inpatient therapeutic care kits, and 51 sachets of ReSoMal. The fund also allowed the re-stocking of critical Nutrition supplies that can be used for future emergencies. In total, 376,603 children (180,130 boys; 170,113 girls) were screened for acute malnutrition using the anthropometric equipment, and 1,397 (768 boys and 629 girls) were treated for severe acute malnutrition.

Overall, the Thematic Funds supported UNICEF to be flexible and quick in providing technical support to the government counterparts in the affected areas.

WASH

The flexible thematic funding allocated for WASH allowed for immediate deployment of initial WASH supplies and services, including the organisation of WASH clusters at the sub-national level, as donor support was still solicited for Typhoon Odette WASH response. It also supported the implementation of one-off WASH responses outside the agreed focus response sites, e.g., in Bohol and Palawan provinces. As WASH resources were mostly allocated against Typhoon Odette and COVID19, the thematic funding also enabled the implementation of modest responses to other emergencies encountered within the year, e.g., Typhoon Karding in Northern Quezon and Severe Tropical Storm Paeng in BARMM.

Child Protection

Child protection (CP) carried out standalone interventions and at the same time, converged with other sectors to integrate protection. For Odette emergency response, UNICEF received a share of 39 percent funding support. This allowed UNICEF to deploy two CP technical consultants that supported the implementation of the humanitarian response plans and the co-leadership role on the Child Protection Working Groups at the regional and provincial levels. It also activated the two stand-by implementing partners (Plan International and CFSI) to carry out life-saving interventions such as the establishment of child-friendly spaces managed by a trained adult and youth volunteers, delivery of mental health care and psychosocial support services to 29,730 children and adolescents, re-establishment of local reporting and referral mechanisms giving access to 74,449 children and adults, GBV services that reached 10,267, and provision of financial support to 203 individuals receiving case management. The funding support also led to a partnership with the private sector to bring closer the MHPSS hotline to those affected by COVID-19 and TY Odette.

Though the implementation was with challenges because of the geographical locations of the project sites, UNICEF, together with its implementing partners, collaborated with other sectors, such as WASH and Education, to mainstream child protection in their interventions. For example, schoolteachers were among those capacitated for MHPSS. They were also oriented on the CP/GBV/PSEA reporting and referral mechanisms while some teachers became CFS volunteers. CP also coordinated with local government

units, CSOs, INGOs, and other UN agencies to expand its reach, build the capacity of local service providers and community leaders, and sustain the initiatives introduced.

Through implementing partners, affected community members were also hired as field assistants, community organizers, and volunteers. As beneficiaries who received several trainings on CFS, MHPSS, and Child Protection, their self-esteem and confidence increased; their contributions towards helping their families and communities build back better were recognized and appreciated; and their knowledge and skills were enhanced as they took part in the programme implementation. At the end of the humanitarian programme, volunteers committed to continuing serving their communities while local councils committed to supporting and sustaining them. The staff and personnel of implementing partners were able to get new jobs with other NGOs after being exposed to humanitarian work, while some were deployed to cover new projects. LGUs improved their inter-agency coordination structures and delivered CP/GBV/PSEA services, including the one-stop-shop approach to case management. With the presence of UNICEF and implementing partners on the ground, individual lives have been changed and influenced, improvements were made, and innovations were introduced.

The lessons learned and insights gained in COVID, TY Odette, and other emergencies led to the plan of reviewing the child protection package of humanitarian interventions to better adapt to the emerging and new issues and concerns of children, adolescents, and vulnerable individuals. The mentoring role of UNICEF to RCPWGs is also critical in keeping child protection in emergencies at the forefront of government agencies and local government units. UNICEF is also critical in introducing the child protection systems strengthening approach in a humanitarian context, especially as the country braces itself with more frequent and intense emergencies, as experienced in 2022.

PSEA

With the prevalence of sexual violence taking place in times of emergencies, children, particularly girls, are at high risk. To safeguard children and protect them from sexual exploitation and abuse, UNICEF ensured that all its stand-by implementing partners comply with the PSEA Core Standards and those deployed for emergency response practice the PSEA Code of Conduct. In addition, provision of technical assistance and guidance is consistently provided by UNICEF, especially to local CSOs that have limited capacity to put in place and implement their respective PSEA policies. Partners were also reminded of their obligation to mandatory report to UNICEF of any SEA allegation.

The PSEA hotline and referral services are also integrated into the general child protection and gender-based violence reporting and referral pathways. The tarpaulins are disseminated down to the barangay level and schools to increase the access of children and adults to protection services. The communities were also oriented on PSEA prevention and localized IEC materials were distributed. Capacity-building activities were also conducted among government workers such as men and women in uniform, Barangay VAWC Desk Officers, service providers, and humanitarian organizations to ensure the delivery of gender- and child-friendly referral services. Even partners from WASH Sector also displayed PSEA hotline in their project sites. However, some areas can be improved to scale up PSEA prevention and response, and these

are: (1) SEA investigation capacity; (2) confidential reporting procedures; and (3) victim-survivor assistance and referral.

In response to the gaps and lessons learned, the approved 2022-2023 PSEA Action Plan is focused on building the PSEA capacity of not just implementing partners but also of UNICEF personnel as well as suppliers and vendors. Establishing PCO's PSEA Task Team and PSEA Community of Practice (CoP) for CSO Partners are strategies to strengthen PSEA. For example, the Task Team comprises ten focal points from all Programme Sections and Operations, including Mindanao Field Office. The move is meant to make everyone accountable to PSEA and not just sit within the confines of the Child Protection Section. Through PSEA focal points, PSEA becomes a standing agenda across all Programme Sections and Operations, both in development and humanitarian contexts. In addition, the PSEA CoP will serve as a venue for the online learning sessions of partners on all PSEA core standards noting the transition towards the use of UN Harmonized Assessment Tool.

Initial discussions were also made to explore the integration of a PSEA indicator across all programme documents of all Sections. The proposed indicator is about giving children and adults access to safe channels to report SEA by humanitarian and development workers. This Core Standard Indicator (CSI) sits in CP and is taken from the Core Commitment for Children. Having this indicator will encourage all Sectors and CSOs to put in place PSEA initiatives which in turn will create awareness and understanding and lead to better prevention and protection at all times.

Education

The thematic fund supported the Education programme in responding to humanitarian needs. UNICEF and its Education partners, Save the Children, Plan International, and CFSI conducted capacity-building activities and was able to train 1,603 (533 males and 1,070 females) teachers and child development workers on topics such as Education in Emergencies. The fund was also used to deliver temporary learning spaces, learner kits, teacher kits, school-in-a-box, learn-at-home kits, early childhood development kits and other essential learning and education supplies.

The thematic fund also allowed for the deployment of emergency personnel in the Caraga Region and Region VII. This supported regular monitoring of response activities and facilitated support in setting up and strengthening the capacities of Education Clusters in the said geographical areas.

Social Protection

The humanitarian thematic fund was the first flexible funding to be mobilized in support of the HCT Plus program, which was critical to support the design and delivery of the first cash payouts to the first set of beneficiaries. This is important as we needed to demonstrate UNICEF's capacity to respond immediately in Bohol. It also supported the engagement of a third-party monitor, ECPAT Philippines, to undertake data collection and post-distribution monitoring of the cash transfers.

Through this fund, we were able to reach 3,961 underserved families with children (out of the 6,913 households) with humanitarian cash transfers in the local government units of Tubigon, San Isidro and Bilar in Bohol Province for ST Odette response.

It also supported critical technical expertise by funding the hiring of a local consultant, Odette HCT Coordinator, based in Bohol to support the implementation of the HCT Plus program. The consultant has trained partners' staff, DSWD and ECPAT Philippines, on cash and vouchers programming. UNICEF was able to lead cash coordination in Bohol Province through the HCT Coordinator. The HCT Coordinator provided critical support to the Cash Working Group by convening the various cash actors to coordinate the cash assistance better.

Assessment, Monitoring, and Evaluation

Assessment and Planning

As the co-lead for the Nutrition cluster, UNICEF supported the National Nutrition Council (NNC) to convene Non-Government Organizations (NGOs) and UN agencies to effectively plan and respond to Typhoon Odette and Severe Tropical Storm Paeng in 2022. As a result, assessments have led to necessary training of local and international NGOs on preparedness and response, strengthening the capacity of regional/provincial nutrition clusters in emergencies. UNICEF also co-led the WASH Cluster with the Department of Health (DOH), leading emergencies assessments and coordinating response actions. This work is continued to be performed by UNICEF because of, and despite the delays in the completion of activities that would have further developed government's capacity for LGU-led assessments. These activities included: roll-out and adoption of the National Policy on WASH in Emergencies (WiE) and Disasters at local level, finalization of accompanying WiE Technical Guidelines, revision of WiE training modules, and capacity-mapping of cluster partners. Also, through UNICEF's technical assistance, sub-national education clusters have been established or strengthened in Typhoon Odette areas, particularly Southern Leyte, Surigao del Norte and Dinagat Islands.

Monitoring and Evaluation

The response to a Level 1 emergency at the onset of 2022 has brought about subsequent innovations to the way humanitarian performance monitoring (HPM) is being done at the country office. From not having a standardized set of humanitarian indicators and practically a non-existent HPM platform, the TY Odette emergency, which struck the country towards the end of 2021, has paved the way to the CO's creation of an HPM system that both monitors and visualizes real-time progress of the CO response. In this system, progress towards HPM indicators is reported by CSO and/or government partners every week through a data collection platform (i.e., ONA). The data inputted, which are disaggregated by sex and age groups, are then pulled, and processed into another system for visualization and analysis. UNICEF programmes are responsible for following up the reports from their implementing partners (IPs) and in cases where there may be technological challenges, they would also be in charge of data entry into the platform. Subsequently, during regular Emergency Technical Team (ETT) meetings, progress against targets that come out of this visualization is reviewed, analyzed and when necessary, taken action upon.

The collaborative efforts by the country office, NYHQ and the regional office, have led to stronger internal processes and systems (e.g., the HPM reporting). These in turn have led to more transparent programme implementation which benefitted from timely technical and management guidance. The CSO and government partners also contributed notably to these improvements with their practical and timely feedback (e.g., to ONA reporting, data disaggregation, indicator definitions and methodology, eTools reporting challenges, etc.) and these have become the basis for the office's continuous enhancement of these systems and processes.

In terms of activity-level monitoring for the humanitarian cash transfers interventions, UNICEF continued to take advantage of available innovations. In 2022, the CO made use of T4D solutions for its post-distribution monitoring, including the use of SMS-based payment verifications. Philippines is the first country in the region to roll out Humanitarian Cash Operations and Programme Ecosystem (HOPE) to enable the smooth implementation of humanitarian cash transfers plus program.

Evaluation

UNICEF Philippines continued to foster a learning culture, including in an emergency. A During Action Review (DAR) was organized as UNICEF responded to typhoon Odette, and subsequent learning was used to refine the CO's response. After that, a more in-depth After-Action Review (AAR) was conducted to look at the overall response. The AAR used an evaluative framework and looked at six elements (preparedness, programme response – design and implementation, operational response, management of response and internal arrangements, and external coordination). The in-depth analyses from the AAR were turned into quick performance feedback to strengthen and further improve process efficiency. With the AAR, important equity issues in HPM have surfaced, particularly disability disaggregation during data collection and reporting. The issues were also highlighted in a manner that called for immediate, meaningful, and actionable solutions. As a result, some points were addressed outright through, for instance, disability learning sessions among colleagues and partners. And this action is expected to translate to more accurate and reliable targeting and reporting for disability in future emergencies.

The AAR also provided strategic insights and recommendations on improving the country office's capacity to respond to emergencies. It will likewise feed into the development of the new country programme, particularly in strengthening the humanitarian-development nexus.

In fact, as a concrete result of the learnings from the AAR and with success seen from the availability of standby partners during TY Odette, by the end of 2022, PCO has developed 13 more standby Humanitarian Programmed Documents with CSO partners that can be immediately activated in anticipation of a sudden onset emergency.

Contribution to Humanitarian Cash Transfers (HCT) and other strategies for Long-term Resilience

In 2022, with the new Core Commitments for Children (CCC) issuance, UNICEF started to implement Humanitarian Cash Transfers (HCT) again in response to disaster-related shocks. (The last HCT intervention

done by the country office was for Haiyan.) Moreover, UNICEF introduced an innovation that complemented the cash support with community information sessions called the Plus. Plus sessions involved delivering key messages and information on WASH, nutrition, child protection and adolescent health, and the idea was to build communities' long-term resilience and achieve more sustained results.

The strategy was new to the local government units and the Department of Social Welfare and Development (DSWD). And as UNICEF worked with the agency to reach households with HCT Plus, this also led to the vertical expansion of 4Ps and horizontal expansion of the Assistance to Individuals in Crisis Situations (AICS). Consequently, apart from providing much-needed assistance to more affected families, the work has also promoted sustainability as it allowed for better ownership and buy-in by the Government. It also supported the broader objective of systems strengthening necessary for when donor support phases out.

HCT interventions in 2022 also led to the building of WASH resilience among communities. For instance, during the emergency, and through UNICEF provided cash incentives and supplies, toilets were rebuilt, providing for better security among women and girls and reinforcing proper hygiene practices in communities. Through cash transfers, water systems were rehabilitated and with it, local capacities to maintain the systems were also developed, thus building community preparedness for the next typhoon. Lastly, for the BARMM region, Social Protection systems in emergencies were enhanced by the emergency cash transfers provided to families, because this led to a more shock-responsive social protection system to be integrated in the emergency cash transfer mechanism of the Ministry of Social Services and Development (MSSD).

Financial Analysis

In 2022, UNICEF appealed for US\$39.8 million to provide humanitarian services to 492,000 people, which include 293,000 children, in the Philippines. The appeal covered two pillars: (a) UNICEF’s humanitarian preparedness and response to Typhoon Odette- affected areas in 11 regions with 72 per cent of overall funding, and (b) nationwide COVID-19 prevention and response with 28 per cent of overall funding. Over \$16 million has been mobilized, representing 40 per cent of the HAC Appeal. The flexibility of the thematic funds received for the other emergencies was even more critical in responding to fast-evolving humanitarian conditions. It allowed UNICEF Philippines to deploy immediate interventions while still mobilizing resources from other sources. Contributions from CERF were likewise crucial in the typhoon response.

The key donor and funding information are summarized in the tables below:

Table 1: 2022 Funding Status against the Appeal by Sector (USD)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2022*		% Funding Gap
		Funds Received in 2022	Carry-Over	
Health	3,720,876	2,774,150	0	25%
Nutrition	2,867,583	1,507,710	2,413	47%
WASH	19,337,232	6,098,406	23,311	68%
Child Protection, GBViE and PSEA	2,861,784	1,317,578	11,006	54%
Education	5,098,643	2,267,409	15,622	55%
Social Protection/HCT	1,080,000	979,908	0	-
RCCE	1,180,857	40,282	0	97%
Programme support and operations	3,614,697	865,831	25,403	75%
TOTAL	39,761,672	15,851,274	77,754	60%

* Funds available include funds received against current appeal and carry-forward from previous year.

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant reference	Overall Amount ⁶
I. Humanitarian funds received in 2022⁷		
a) Thematic Humanitarian Funds		
Global Humanitarian Thematic Fund ⁸	SM189910	1,657,174
Global Humanitarian Thematic Fund ⁹	SM229910	-
Regional Humanitarian Thematic Fund ¹⁰	SM229920	-
Country Humanitarian Thematic Fund ¹¹	SM229930	1,024,748
b) Non-Thematic Humanitarian Funds		
France	SM220165	280,899
Japan	SM220124	2,500,000
Japan	SM220496	1,389,088
New Zealand	SM220432	1,636,126
Korea	SM220031	700,001
Japan	SM220032	1,600,000
PFP for Odette	SM211006	466,981
PFP International Online Donations	SM211010	16,077
HQ EiE	FR 9000026347	214,857
HQ GBViE	SM210613	16,200
PFP	SM220298	18,682
Total Non-Thematic Humanitarian Funds		8,838,910

⁶ Based on HAC funding status report, recovery rate is part of the amount.

⁷ Total for this section's points a) to d) is equal to the total Humanitarian funding received in 2022 SitRep table, e) and e) are equal to the total of the other resources regular in SitRep table.

⁸ Old SP Global humanitarian thematic fund. UNICEF was receiving 2022 contributions to it in the first quarter of 2022. EPOMS was releasing GHTE allocations using this grant in 2022.

⁹ 2022-2025 GHTE (funding allocated by EMOPS)

¹⁰ Regional humanitarian thematic fund

¹¹ Country-level humanitarian thematic fund

c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM211000	3,396,045
Unearmarked PFP income used for emergency	SC180113	704,452
d) Other types of humanitarian funds		
UNICEF-Philippines In-Kind assistance	KM220036	206,477
e) Other resources – development funding towards HAC (SH grant)		
f) Other resources – development funding towards HAC (SC grant)		
Total humanitarian funds received in 2022¹²		15,827,806
II. Carry-over of humanitarian funds available in 2022¹³		
g) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	77,754
h) Carry-over of non-Thematic Humanitarian Funds¹⁴		
Total carry-over non-Thematic Humanitarian Funds		
Total carry-over humanitarian funds		77,754
III. Other sources		
Regular resources diverted to emergency	GC	200,000
EPF	GE220001	1,400,000
Total other resources		1,600,000

**2022 loans have not been waived; COs are liable to reimburse in 2023 as donor funds become available.*

¹² This total equals Funds Available Against Appeal as of 31 December 2022 in the SitRep table

¹³ Programmable amount, total equals to the carry-forward total in the SitRep table

¹⁴ Same list as it was prepared for the Q1 FTS reporting

Table 3: Thematic Humanitarian Contributions Received in 2022

Donor Name/Type of funding	Grant Reference	Total Contribution Amount (in USD)
GHTF (if any):		
n/a*	SM189910	1,657,174
n/a	SM229910	-
Sub-total (received from EMOPS/HQ):		1,657,174
Regional thematic (if any):	SM229020	-
Sub-total (received from RO):		
Country thematic contributions:		
French Committee for UNICEF	SM2299300026	451,628
Japan Committee for UNICEF	SM2299300091	38,726
United States Fund for UNICEF	SM2299300013	264,907
German Committee for UNICEF	SM2299300116	255,877
International On-line Donations	SM2299300246	13,611
Sub-total (received directly at CO level):		1,024,748
Total:		2,681,922

**Global Humanitarian Thematic Funding contributions are pooled and then allocated to country and regional offices by UNICEF's Office of Emergency Programmes. A detailed list of grants will be available in the 2022 Humanitarian Action Global Annual Results Report, and you may also contact PPD Humanitarian team for the allocations to your office.*

Future Work Plan

Health

In 2023, UNICEF will work with WHO and UNFPA to strengthen the functionality of the national and regional health quad clusters, including coordination, action planning and capacity building. Specific priorities include the following:

- Strengthen the national, regional and BARMM and local government units' capacities to prepare and respond to future emergencies through conducting health in emergency workshops at the regional and provincial levels, partners mapping and support to the supply prepositioning
- Work with WHO to strengthen the health in emergencies information management systems capacity through advocacy and support to the government to hire surveillance officers through government budget
- Mapping of civil society organizations – with a focus on local organizations, strengthening their capacity through training, planning and preparedness for response to future emergencies

Nutrition

In 2023, as co-lead of the Nutrition Cluster, UNICEF will continue to provide leadership, support, and technical guidance for the Nutrition Cluster information, management, and coordination. Specific priorities include:

- Finalization of the Nutrition in Emergencies (NIE) Strategic Plan 2023 – 2028
- Strengthening the government (national, regional and BARMM) and Local Government Units capacities to prepare and respond to future emergencies this will be done through capacity mapping of cluster partners, training, and capacity building of partners
- Strengthening nutrition in emergency information management systems and capacities includes support to NNC in the use and roll-out of the online platforms
- Mapping of civil society organisations – with a focus on local organisations, strengthening their capacity through training, planning and preparedness for response to future emergencies
- In BARMM, UNICEF will continue to respond to the affected areas of Typhoon Nalgae to deliver timely nutrition interventions to children 0-5 years and pregnant and lactating women to prevent stunting, wasting, micronutrient deficiencies, and overweight.

WASH

An After-Action Review specific to UNICEF's Typhoon Odette WASH response was facilitated in September 2022 when most WASH interventions had already been completed. The activity was participated in by all WASH implementing partners. Following the review, an Advanced WASH in Emergencies Training was conducted in December led by a WASH in Emergencies consultant from UNICEF EAPRO. This time the event was opened to all WASH Cluster partners, including the DOH. From

these two lessons-learning and capacity-building activities, the following plans were deemed necessary moving forward with more effective and efficient WASH in Emergencies programming between UNICEF and its partners:

- Development of a joint response preparedness plan between UNICEF and her implementing partners for L1 and L2 emergencies, looking at available WASH resources (funding, supplies, equipment, etc), human resource capacity, technical expertise, and geographical coverage. Such a preparedness plan will also include a contingency aspect, i.e., what UNICEF and its partners will do when another emergency strikes
- Mapping of other potential partners for WASH responses, including non-traditional partners, e.g., local CSOs, people's organizations, networks, including in the private sector. In general too, partnerships with the private sector will be strengthened.
- At the individual level, further operationalizing the roster system within UNICEF, supported by capacity-building on WASH.
- Sustained advocacy for localization of humanitarian response in the Philippines. For UNICEF, we are studying the possibility of supporting the formation of local NGO/CSO networks for humanitarian response, including on WASH.
- Further study how to more effectively mainstream climate change adaptation in WASH in emergencies interventions, beginning with gathering good practices locally and globally.

Child Protection

Child Protection will continue to make the child-friendly spaces' recreation kits more localized and disability-inclusive considering the inputs of young children, adolescents, children with disabilities, and service providers, the humanitarian contexts, and the gender and cultural lens. Using expensive high-performance tents may not be appropriate in rural and island areas. It might be more practical to repair, improve, and support existing structures or establish semi-permanent structures that can last for a year for better recovery and reintegration.

As part of broader child protection systems strengthening, UNICEF Philippines has hired an institution to review and assess the child protection system based on the most recent guidance and to develop a systems strengthening strategy to focus on priorities. This will include the system's capacity to prevent and respond to child protection violations in emergencies.

The Social Behavioural Change component needs to be strengthened in CFSs to inject interventions that would promote gender equality, inclusion, understanding of climate change adaptation, and even the appreciation of CP/GBV/PSEA reporting hotline and referral pathways. There is also the need for UNICEF to review existing and develop innovations with adolescents to better provide holistic approach towards their needs and concerns in times of emergencies. This should include addressing harmful gender norms and cultural practices.

There is also the need to strengthen the capacities of the National and Regional Child Protection Working Groups to address emerging changes happening in the humanitarian landscape. For example, national and local governments, UN, and humanitarian organizations need to be more engaging in the preparedness phase for resilience-building and equally so in recovery and reintegration, where the nexus of development, humanitarian, and peacebuilding occurs. To be more effective, it is recommended that a focus be made on anticipatory action initiatives (e.g., strengthening child protection system around pre-defined evacuation centers), better MHPSS approach linked to teenage suicide, child protection, gender-based violence, and sexual exploitation and abuse. All these will make the child protection systems resilient and adaptive in various situations. However, UNICEF needs to rethink its position to better influence children, families, and communities by working more at the local level than with national institutions.

There is also the call for a better convergence with different sections such as Education, WASH, Nutrition, and Health, particularly MHPSS and Reproductive Health for adolescents. In TY Odette, UNICEF's partners tend to operate in silos though they were in the same emergency-affected areas and serving the same children and communities. If areas of convergence are well-defined, coordination will be efficient, resources will be maximized and well-utilized, and UNICEF may have a more significant impact or influence at the individual, family, and community levels. Convergence would also mean including other UN humanitarian agencies such as UNFPA for GBV and RH responses, WFP for cash assistance programs to CP in an emergency, WHO for MHPSS, and UNHCR for other child protection concerns such as registration of birth certificates.

The use of cash transfers for child protection, instead of prepositioned supplies, might be more effective in empowering children, women, and communities in mitigating protection risks in anticipation of and coping with the impact of any major emergency. Therefore, child protection and social policy need to innovate and converge to make cash assistance work in the Philippines' rural context.

Education

As part of the After-Action Review, UNICEF will continue to support the Education Cluster in strengthening its capacities, especially for preparedness, planning, coordination, and reporting. For 2023, the following activities will be pursued by UNICEF: reflection session of the Education Cluster on the 2022 humanitarian responses it carried out, mapping of existing sub-national and provincial-level education cluster presence and capacities, analysis of roles and responsibilities in the Education Cluster, review and updating of Education Cluster TOR, relevant training activities on preparedness, planning, coordination, and reporting. In addition, UNICEF will explore integrating the education response with other sectors (especially CP and WASH) and UN agencies. Finally, UNICEF will continue advocating for the inclusion of ECE in the current Education Cluster setup.

Social Protection

As part of the response to the After-Action Review, UNICEF will continue to improve its preparedness to implement the HCT Plus program for future emergencies. This includes conducting a training workshop on HCT Plus for the whole office to increase update of HCT use in the sectors. In addition, the country office will pursue the negotiations of the MOU and data sharing agreement for future emergencies with government social protection, currently underway.

UNICEF will also continue to expand its list of financial service providers that can be readily mobilized. There are currently three available FSPs, with another being procured. This will help the country office to be cash ready.

Annex A: Communication in Emergencies

The Communication Section highlighted UNICEF Philippines' work in emergencies in 2022 through press releases, articles, and social media posts. UNICEF Philippines also raised awareness about child-centered emergency preparedness for families on official social media channels.

The response covered Super Typhoons Odette and Karding (Noru), Severe Tropical Storm Paeng, the North Luzon earthquake, elevated alert levels of Bulusan Volcano, and the continuing COVID-19 response. Seven press releases and 42 feature stories highlighted the situation of children affected by emergencies, UNICEF's work to address their needs, and calls to action for stakeholders.

Emergency-related content posted on Facebook, the country office's primary social media channel, reached over 12 million users.

Press Releases

1. Children affected by Typhoon Rai/Odette face uncertain New Year
<https://www.unicef.org/philippines/press-releases/children-affected-typhoon-raiodette-face-uncertain-new-year>
2. UNICEF concerned for children in the Philippines as Typhoon Rai/Odette strike
<https://www.unicef.org/philippines/press-releases/unicef-concerned-children-philippines-typhoon-raiodette-strike>
3. UNICEF sends supplies to Typhoon Odette areas; advocates needs of children
<https://www.unicef.org/philippines/press-releases/unicef-sends-supplies-typhoon-odette-areas-advocates-needs-children>
4. UNICEF calls for US\$11M to respond to children's needs affected by Typhoon Odette
<https://www.unicef.org/philippines/press-releases/unicef-calls-us-11m-respond-childrens-needs-affected-typhoon-odette>

Feature Stories (also contain photos)

All stories and humanitarian reports on Typhoon Odette are housed in a landing page on unicef.ph:
<https://www.unicef.org/philippines/typhoonrai>

1. A family's ordeal during Typhoon Odette
<https://www.unicef.org/philippines/stories/familys-ordeal-during-typhoon-odette>

2. How breastfeeding saved this mother and child after Typhoon Odette
<https://www.unicef.org/philippines/stories/how-breastfeeding-saved-mother-and-child-after-typhoon-odette>
3. How Typhoon Odette affected children in Badjao indigenous communities
<https://www.unicef.org/philippines/stories/how-typhoon-odette-affected-children-badjao-indigenous-communities>
4. Children need support as families recover from Typhoon Odette
<https://www.unicef.org/philippines/stories/children-need-support-families-recover-typhoon-odette>
5. Typhoon Odette destroys Badjao school
<https://www.unicef.org/philippines/stories/typhoon-odette-destroys-badjao-school>

Social media posts and low-resolution photos

1. Typhoon Odette Child-centered Emergency Preparedness
<https://www.facebook.com/unicefphilippines/posts/pfbid02SCEjYWvMxTHVfkDpKevEHQaEE11AfQkZLkd6PvLxNoJYTu7QJyYy7GTqka7EEg5eI>
2. Emergency Preparedness for Families: Volcanic Eruptions
<https://www.facebook.com/unicefphilippines/posts/pfbid0CXowPBTq93WFLKeGaP69dTzyJTsj9FRmZc4UkzXMJqHpAEgrQqYyfw8j3CclmKwI>
3. Emergency Preparedness for Families: Earthquake
<https://www.facebook.com/unicefphilippines/posts/pfbid09rjPoPjrresn8rBUbbJFzMFganxorRf8fBQMS6mNF8FNRQkrqTp8eHhJuw5gS8QuI>
4. What happens to children in emergencies
<https://www.facebook.com/unicefphilippines/posts/10160415140120572>
5. WASH: Hygiene and Dignity Kits arrive in Surigao
<https://www.facebook.com/unicefphilippines/posts/10160419195385572>
6. Child Protection: Child-Friendly Spaces in Siargao
<https://www.facebook.com/unicefphilippines/posts/10160489528110572>
7. Education: Children receive education supplies in Siargao
<https://www.facebook.com/unicefphilippines/posts/10160500447370572>
8. Health & Nutrition: Nutrition services at Surigao

<https://www.facebook.com/unicefphilippines/posts/pfbid0332GibjoB52SZea4Y3asCtTjpAehHz48AWc1aBu4JLqY8meHdZCPCJWnkuDhQgi1gl>

9. Social Protection: Cash Transfers in Bohol

<https://www.facebook.com/unicefphilippines/posts/10160626104780572>

Videos

1. Typhoon Odette Field Diary

<https://www.youtube.com/watch?v=mHJakdjOej0&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=8>

2. One month on: Children need support as families recover from Typhoon Odette/Rai

<https://www.youtube.com/watch?v=MLPdWzAb-kc&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=2>

3. Typhoon Odette WASH Response in Siargao

<https://www.youtube.com/watch?v=y8tRPuoH9ZY&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=10>

4. Typhoon Odette Education Response in Southern Leyte

<https://www.youtube.com/watch?v=CRUbBngekas&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=11>

5. Typhoon Odette Nutrition Response in Siargao

<https://www.youtube.com/watch?v=m1gqL7zKI2Q&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=14>

6. Typhoon Odette Child-friendly Spaces Youth Volunteers

<https://www.youtube.com/watch?v=peeIthdRFwE&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=15>

7. Typhoon Odette Response: How Breastfeeding saved Gilla and her baby

<https://www.youtube.com/watch?v=Rp0vrJ2D7OA&list=PLTGdOKsv87bBxNWXVD2Tv8wo2EyII7OtE&index=18>

8. UNICEF Typhoon Odette Response Explainer Video

<https://www.youtube.com/watch?v=oDIfNJDxxLg>

Annex B: Humanitarian Thematic Funding Case Studies

Social Protection

Top Level Results

Global Humanitarian Thematic Funding contributed to UNICEF's objective to expand the Philippine government's financial assistance in its response and early recovery efforts to manage the impact of Super Typhoon Odette on the affected population. The humanitarian thematic fund 1) supported the design and delivery of the first cash payouts to the first set of beneficiaries covering 3,961 households (out of 6,913 households) to help meet their basic needs and 2) better cash coordination in the province of Bohol among cash actors for coordinated cash assistance.

Issue/Background

Super Typhoon Odette was the most destructive typhoon that hit the Philippines in December 2021, eight years after Yolanda (Haiyan). Based on Department of Social Welfare and Development (DSWD) Disaster Response Operations Management Information Center (DROMIC) Report of 26 January 2022, 2,673,801 families or 9,634,672 persons were affected across 11 regions in the immediate weeks. Around 40 per cent of which are children.

As part of the disaster response, the Philippines Department of Budget and Management (DBM) released Php4.85 billion directly to affected local government units to distribute financial assistance. Each individual will receive Php1,000 (\$18) or a maximum of Php5,000 (\$90) per family as a one-time payment. However, at the time of the announcement, the DBM funds only can cover around 53 per cent of the affected population, excluding a significant portion of the affected population. Therefore, DSWD supplemented the DBM with its own financial assistance under the Assistance to Individuals in Crisis Situations (AICS) program to cover the variance. In response to Super Typhoon Rai, AICS provides Php5,000 (\$90) per family. However, DSWD indicated these will still be insufficient to cover the remaining affected population. During the rapid needs assessment, UNICEF does not have the final consolidated report on gaps/variance for all Typhoon Odette-affected regions. However, data from DSWD Field Office VII (Central Visayas, highest magnitude of affected populations) indicated that more than 136,000 families did not receive government financial assistance.

Resources Required/Allocated

The humanitarian thematic fund amounting to USD 379,122 supported the design and implementation of the HCT Plus program, the delivery of Plus sessions, the engagement of a third-party CSO to conduct post-cash distribution monitoring and hiring of a consultant to lead cash coordination in Bohol Province.

Progress and Results

Through this fund, we reached 3,961 underserved families with children (out of the total 6,913 households reached) with humanitarian cash transfers in the local government units of Tubigon, San Isidro, and Bilar in Bohol Province. These are the first beneficiaries reached for UNICEF's HCT Plus program. The cash

transfer value aligned with the DSWD Guidelines on AICS for Typhoon Rai. It was a one-time payment representing approximately 50 per cent of Bohol's monthly family poverty threshold. All beneficiaries received *Plus* sessions, which are complementary information sessions on various topics such as child protection, health and nutrition and WASH to reinforce critical messages on child rights in emergencies.

The post-distribution monitoring indicated that beneficiaries spent most of the cash on food and school-related expenses as in-person classes resumed. The after-action review meetings with partners also showed that DSWD and the local government units highly appreciated the conduct of the *Plus* sessions, which they saw as innovative.

The Global Thematic Funds also enabled UNICEF to coordinate the Cash Working Group in Bohol, subsumed within the national Cash Working Group. This improved coordination among cash actors, thus minimizing duplication and ensuring other areas benefit from cash transfer programming in Bohol.

Criticality and Value Addition

The humanitarian thematic fund was the first flexible funding to be mobilized in support of the HCT *Plus* program, which was critical to support the design and delivery of the first cash payouts to the first set of beneficiaries. This is important as we needed to demonstrate UNICEF's capacity to respond immediately in Bohol, a province identified by DSWD as one where gaps persist. It also supported the engagement of a third-party monitor, ECPAT Philippines, to undertake data collection and post-distribution monitoring of the cash transfers.

The fund also allowed UNICEF Philippines to explore, design and implement the *Plus* sessions, which are complementary information sessions for the affected families along the various sectors: WASH, health and nutrition, and child protection. The implementing partners highly regard this *Plus* component as innovative and new to the regular cash transfer programming implemented by the government. It is also what distinguishes UNICEF from other cash actors. This is because UNICEF's cash transfers programming did provide not only cash but also critical information that families with children need to know to safeguard their children's rights in emergencies.

It also supported critical technical expertise by funding the hiring of a local consultant, Odette HCT Coordinator, based in Bohol to support the implementation of the HCT *Plus* program. The consultant has trained partners' staff, DSWD and ECPAT Philippines, on cash and vouchers programming. UNICEF was able to lead cash coordination in Bohol Province through the HCT Coordinator. The HCT Coordinator provided critical support to the Cash Working Group by convening the various cash actors to coordinate the cash assistance better.

Challenges and Lesson Learned

The Core Commitments for Children in Humanitarian, UNICEF's core policy and framework for humanitarian action, call for the inclusion of social protection in emergency response through timely humanitarian cash transfers to the affected population using existing government programmes, where feasible. On the one hand, the bureaucracy can delay humanitarian cash assistance. On the other hand,

working within established government systems promotes cooperation and ownership. Further, because it is cost-efficient, this approach is sustainable for UNICEF as it works with the Government through existing programme structures and supports systems strengthening, especially when donor support phases out.

In the Philippines, cash assistance is distributed through the national 4Ps and AICS. Since these programmes have been running for quite some time with varying success, UNICEF worked with the Department of Social Welfare and Development to integrate humanitarian cash assistance for shock-responsive social protection. This was tested during the country's response to Typhoons Rai and Nalgae in late 2021 through 2022, with UNICEF introducing the Humanitarian Cash Operations and Programme Ecosystem (HOPE) to the Government to provide post-distribution monitoring and the use of SMS-based payment verifications.

The Philippines is the first country in East Asia and the Pacific to use HOPE, UNICEF's management information system that can collect beneficiary data; associate data with cash programmes; create a database of the target population; manage payment lists and send them to financial service providers (FSPs); reconcile payments; triangulate payment verification information directly from beneficiaries; and handle grievances and feedback.

As a result, HOPE was able to facilitate the deduplication of beneficiaries to ensure a more accurate beneficiary list for payout. The system integrates open-source solutions and existing tools within the UN, such as UNHCR's CashAssist, becoming a payment management solution to handle financial information and safely transfer them to FSPs. The challenge was in the interoperability with the CashAssist payment module, which posed challenges during the actual run of several payouts. Learning from this experience, UNICEF continues to refine HOPE and develop its payment module for a more efficient execution during emergency response.

Moving Forward

The design and implementation of the 2022 HCT Plus provides the blueprint for UNICEF to implement its future humanitarian cash transfer programming. The experience and lessons learned will continue to refine the approach for a more context-specific response. At the same time, UNICEF's partnership and collaboration with the government developed through this engagement are being sustained and carried through in the next cycle of work plans.



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Education

Top Level Results

Global Humanitarian Thematic Funding was crucial for allowing UNICEF and the Philippine government to provide children with access to inclusive and quality education in safe learning environments.

UNICEF education response to Super Typhoon Rai has supported 154,278 school children in three (3) priority provinces from two (2) regions, namely the Province of Southern Leyte in Region VIII and Provinces of Surigao del Norte and Dinagat Islands in the Caraga Region. In addition, UNICEF and its partners have supported learning continuity for children in these areas by providing temporary learning spaces, teacher training programmes on education in emergencies, orientation on safe early childhood education reopening, and distribution of essential education supplies and learning materials.

To facilitate partnership and accountability, UNICEF has also provided technical assistance to provincial-level education clusters in strengthening their capacities in information management, coordination, and advocacy.

Issue/Background

Last December 2021, over 29,000 schools in the Philippines were impacted by Super Typhoon Rai, with 5,800 classrooms destroyed and 934,572 learning resources damaged, thereby interrupting the learning of over 12 million learners in 11 regions, disproportionately affecting those who are most marginalized and disadvantaged. This event further exacerbated by the learning loss brought about by further interruption of education cycles since the onset of the Coronavirus Disease (COVID-19) Pandemic. The significant losses incurred on educational investments highlighted the need to support national and local government partners in ensuring that children have immediate access to inclusive and quality education in safe learning environments.

Resources Required/Allocated

Through the Global Humanitarian Thematic Funding, UNICEF partnered with five civil society organizations: Save the Children, Plan International, CFSI, EDUCO, and Plan International, in responding to the needs of the affected children. UNICEF and implementing partners implemented activities that addressed essential education needs. One of these is the provision of high-performance tents that serve as temporary learning spaces (TLS). Through these TLS, learners in the affected areas could attend schools and participate in in-person classes after almost two years of closure. UNICEF and implementing partners also provided other education and learning materials such as learner's Kits, teacher's Kits, learn-at-Home Kits, ECCD Kits, school-in-a-box, recreation kits, and contextualized storybooks.

Teachers received professional development through training in Education and Early Childhood Care and Development in Emergencies and in using technology in pedagogy and blending learning. The Prevention, Early Identification, Referral and Intervention of Delays, Disorder, and Disabilities in Early Childhood (PEIRIDDEC) system was likewise introduced by UNICEF in one of the provinces heavily affected by Super Typhoon Rai to address specific needs of children with disabilities. Additionally, UNICEF provided technical

assistance in institutionalizing and strengthening the capacity of sub-national education clusters on emergency preparedness, information management, coordination, and advocacy to facilitate partnership and accountability.

UNICEF utilized the Global Humanitarian Thematic Funding of approximately US\$620,000 for these activities.

Progress and Results

With the provision of global thematic humanitarian funds, UNICEF and its education partners reached 154,278 school children in three priority provinces from two regions, namely Province of Southern Leyte in Region VIII and Provinces of Surigao del Norte and Dinagat Islands in the Caraga Region. In addition, UNICEF and partners supported repairing 73 classrooms in Caraga Region and distributing 102 TLS in Caraga and 62 in Southern Leyte. Meanwhile, the education supplies provided to both regions include 15,003 Learner's Kits, 10,316 Teacher's Kits, 1,777 Learn-at-Home Kits, 550 ECCD Kits, 538 School-in-a-Box, 7 Recreation Kits, 24,204 Alas Singko Storybooks, and 832 Adarna Storybooks. All these resources were vital to ensure learning continuity in these heavily affected areas.

A total of 1,603 (533 men and 1,070 women) Department of Education teachers and child development workers received training in Education and Early Childhood Care and Development in Emergencies training. UNICEF also provided technical assistance to sub-national education clusters to strengthen their capacities in information management, coordination, and advocacy, making them better equipped to respond to recovery needs and prepare for future emergencies.

Meanwhile, the Learning Recovery Programme has catered to 96 multigrade schools in Southern Leyte and Dinagat Islands that received "School-in-a-Bag" and "Learning Passport" benefiting 6,170 children and 345 teachers in the recipient schools. Furthermore, 199 teachers from 53 multigrade schools in Southern Leyte were trained in technology in pedagogy to support emergency and COVID-19-adapted learning approaches.

The System on Prevention, Early Identification, Referral and Intervention of Delays, Disorder and Disabilities in Early Childhood (PEIRIDDDEC) is now in place in Surigao del Norte, a heavily affected province by Super Typhoon Rai. A total of 13 local government units (12 municipalities and 1 province) have been assessed on their capacity to implement the system and on the availability of service providers. To date, 3,780 parents (266 males, 3,514 females) of young children at risk of developmental delays were trained and supported. In addition, a total of 529 child development workers (17 males, 512 females) and 83 local government stakeholders (16 males, 57 females) were oriented and trained on their roles in addressing the needs of children with risks of developmental delays.

Criticality and Value Addition

Super Typhoon Rai destroyed schools and affected over 12 million learners from 11 regions in the Philippines, and they faced interruptions to critical services. Before the typhoon, the education system was already in a crisis with COVID-19 long school closures. Urgent action was needed to prevent further

losses in learning. The Global Humanitarian Thematic funding was crucial in delivering sustained and adequate education services and ensuring that the situation improves and further interruptions to learning are mitigated.

The primary objective of the response was the restoration of and improved access to essential education services and maintenance of learning continuity to safeguard the welfare, well-being, and development needs of children and adolescents in affected communities in the initial month. The thematic funding also supported the provision of high-performance tents so in-person learning can continue and resume, provision of Early Childhood Development Kits (including learn at home kits and storybooks), learner kits, Schools in a Box, and Teacher Kits, and capacity development of teachers and Child Development Workers on Education in Emergencies.

Challenges and Lesson Learned

UNICEF's response design addressed needs identified comprehensively, but it could have benefitted from better data collection and analysis, more robust and more strategic internal coordination, and more focus on equity. As a result, UNICEF is offering support to the Department of Education in strengthening the functioning of the Education Cluster.

The support provided by UNICEF to Government, especially at the subnational level, has effectively strengthened capacities, reinforced cluster coordination, and improved information management for planning and monitoring activities. UNICEF has a strategic role in augmenting government capacity, particularly at the subnational level, on child-centered preparedness and response.

Moving Forward

In line with the recommendations from UNICEF's After-Action Review, UNICEF will continue to support the Education Cluster in strengthening its capacities, especially for preparedness, planning, coordination, and reporting. For 2023, the following activities will be pursued by UNICEF: a reflection session of the Education Cluster on the 2022 humanitarian responses it carried out, mapping of existing sub-national and provincial-level education cluster presence and capacities, analysis of roles and responsibilities in the Education Cluster, review and updating of Education Cluster TOR, relevant training activities on preparedness, planning, coordination and reporting. In addition, UNICEF will explore integrating the education response with other sectors (especially CP and WASH) and UN agencies. Finally, UNICEF will continue advocating for the inclusion of ECE in the current Education Cluster setup.



Grade 1 students of Bontoc Central Elementary School in Southern Leyte participate in in-person classes in UNICEF's temporary learning space. ©UNICEF Philippines/2022/Bacareza



Teachers and learners receive essential education and learning materials for their in-person classes. ©UNICEF Philippines/2022/Tacsan

WASH

Top Level Results

The global humanitarian thematic funding (GHTF) facilitated the swift provision of water, sanitation, and hygiene (WASH) needs during local emergencies and expanded the programming scope to cover longer-term lifesaving interventions.

The fund's flexibility allowed UNICEF to empower local partners in implementing a WASH program from response to recovery and well into risk mitigation.

The thematic funding also allowed UNICEF to invest in strengthening national systems on WASH cluster coordination. This resulted in timely collection and reporting of data during emergencies, faster WASH response, and leveraging of additional resources, particularly during the aftermath of Typhoon Rai that affected far-flung areas in Palawan and Caraga Administrative Region.

Issue/Background

Typhoon Rai brought torrential rains in the northeastern Mindanao seaboard and other parts of the country. Much of the resources for quick response understandably went to the region. However, Rai also flattened communities in Palawan. Electricity and communication lines were cut, and clean water supply rapidly depleted.

Resources Required/Allocated

UNICEF's GHTF supported prepositioning emergency WASH supplies worth over \$120,000. The rest of the resources supported UNICEF staff, partners' emergency operations, and technical assistance to the government on WASH cluster coordination. More importantly, GHTF allowed UNICEF to implement WASH programming within the humanitarian-development-peace nexus, which would otherwise be prohibited from restricted grants.

Progress and Results

The implementing partner, A Single Drop for Safe Water (ASDSW), leveraged UNICEF funding to make an investment case for expanding WASH support for Palawan province and augmented resources from global and local partners to implement sustainable sanitation approaches as part of disaster risk reduction and management (DRRM) strategies. This also allowed ASDSW to reach three times more beneficiaries than its original target of 500 households.

The funding also helped local government units (LGUs) and ASDSW reach previously underserved indigenous communities such as the Badjao fisherfolk and upland Batak people. After years of lacking assistance due to geographic challenges, these groups were prioritized by UNICEF through cash transfers for clean water and toilet repairs.

UNICEF's in-kind investment of 1,000 prepositioned hygiene and water kits also allowed ASDSW to support the WASH needs of previously unreachable areas in Sultan Kudarat.

Moreover, the return of UNICEF's investments in enhancing local policymaking and resource mobilization capacities manifested in policies and budgets for sustaining and expanding sanitation coverage. For example, the Puerto Princesa LGU allocated USD 27,300 in support of the Philippine Approach to Sustainable Sanitation (PhATSS).

Criticality and Value Addition

The Philippines ranked first in the World Risk Index in 2022. Filipinos, particularly children, are reportedly at 'extremely high risk' of the impacts of an ongoing climate crisis.¹⁵ Recently, small-scale emergencies have increased in frequency. However, many local governments cannot keep up with the faster rate at which typhoons and other disasters strike. They have yet to build their capacities in emergency programming, especially on WASH. Aside from overwhelmed staff, resources are limited. This comes at the expense of children, indigenous groups, and other people in far-flung communities.

While past emergencies saw many INGOs and humanitarian actors coming to support the government with immediate response needs, only too few would stay behind to equip local governments with the capabilities to improve their resilience in the long run.

UNICEF's investment in strengthening local capacities in disaster areas allowed us to extend programming interventions that address underlying weaknesses and vulnerabilities. Beyond delivering life-saving emergency supplies, it has also helped enhance communities' systems and capacities to mitigate hazards and better prepare for future emergencies.

Challenges and Lesson Learned

With the support from UNICEF's GHTF, our implementing partner was able to leverage resources and technical expertise to provide quick response in its focus LGUs, as well as strengthen LGUs' capacity to better address WASH challenges in future emergencies through the initiation and institutionalization of their respective PhATSS programs.

Generally, the COVID-19 context has provided lessons in delivering response during cross-cutting emergencies (e.g., pandemic and disasters). One of these is to hasten the learning curve. For example, the ASDSW acknowledges that the knowledge gained during the equity support program allowed it to fast-track its emergency WASH response when UNICEF urgently requested its support in Surigao Del Norte.

Data is also a key factor for the effective targeting of the delivery of emergency assistance. In close coordination with the LGUs, data gathered led to more accurate estimates of potential beneficiaries and the identification of households and groups that are most left behind and hence need to be prioritized, in this case, the indigenous Badjao and Batak communities.

¹⁵ <https://www.unicef.org/philippines/press-releases/children-philippines-extremely-high-risk-impacts-climate-crisis-unicef>

The ASDSW also sees the partnership as a model of localizing of humanitarian leadership, proving that by leveraging strategic coalitions of development and humanitarian implementers and funders, and with strategic support from thematic funding opportunities, local organizations can implement large-scale responses with the desired effectiveness and impact.

Moving Forward

Plans are underway for UNICEF to continue developing local capacities on emergency WASH programming with a climate resilience approach in highly vulnerable areas of the country. In addition, existing partner CSOs with contingency PDs with UNICEF will be reviewed to explore the possibility of an INGO-local NGO twinning in the delivery of the emergency response.

The Philippine WASH cluster is formulating the next 3-year Strategic Plan at the national level, focusing on building a more extensive membership base of local organizations and supporting them in strengthening their capacities.



Women and children from the Badjao tribe in Roxas, Palawan benefit from the construction of a water supply system and community toilets during typhoon Rai emergency response. (Photo credit: UNICEF/PHL/Vasquez)



A Badjao child fetches drinking water from a tap stand that brought water supply closer to the community and costing 10x cheaper than before. (Photo credit: UNICEF/PHL/Vasquez)



One of the community toilets in Roxas, Palawan, has raised toilet seats, safety frames, and rails that improve toilet accessibility for the elderly and people with disabilities. (Photo credit: UNICEF/PHL/Vasquez)

Health

Top Level Results

With support from the global humanitarian thematic funding, UNICEF readily deployed mobile health teams to augment the capacity of local government units in delivering primary health care services to areas significantly affected by Typhoon Odette in 2022 (Southern Leyte and CARAGA). A total of 156,579 individuals in remote areas, mainly women and children, received essential health services. In addition to these medical outreach activities.

UNICEF also supported the training and deployment of community health workers to track defaulters and unimmunized children with 103,499 children 6 to 59 months vaccinated against measles. Lastly, efforts to mitigate COVID-19 transmission were also carried out, with a total of 1,155 healthcare facility staff and community health workers trained on Infection Prevention and Control, and 82,395 healthcare workers and community members provided with Personal Protective Equipment (PPE).

Issue/Background

Super Typhoon Odette made its first landfall on 16 December 2021, which brought violent winds, torrential rains, and storm surges in some parts of Visayas and Mindanao. The devastation affected 16M people, with 2.4M people in need of assistance particularly in the provinces of Surigao del Norte, Dinagat Islands, Southern Leyte, Bohol, Cebu, Negros Oriental, and Palawan. The Philippine government launched a rapid and massive response to address the needs of the affected population. Many health facilities were damaged and needed essential medical supplies. Typhoon Odette affected that country at the time when COVID-19 cases were still increasing in many areas and there was a need to ensure that the affected population would be protected against COVID-19, while responding to the emergency.

In coordination with the Department of Health, emergency health cluster, and local government units, UNICEF trained and deployed community health workers and mobile health teams in the affected areas in Southern Leyte and CARAGA to ensure continuity of the health service delivery including immunization against measles.

Resources Required/Allocated

The global humanitarian thematic funding amounting to USD 301,582.07 helped fund the training and deployment of community health workers and mobile health teams. The medical outreach services were integrated with the nutrition team to ensure a holistic approach for health and nutrition services. The activities were coordinated with other organizations working in the UNICEF-supported areas, namely the United Nations Population Fund (UNFPA), and Women Enablers & Advocates Volunteers for Empowering and Responsive Solution (WEAVERS) to ensure complementation of services. UNICEF's health emergency response was deployed in nine areas, specifically in Maasin City, Bontoc, and Limasawa in Southern Leyte; Surigao City, Gen. Luna, and Del Carmen in Surigao del Norte; and Libio, Basilisa, and Cagdianao in the Province of Dinagat Islands.

Progress and Results

The global thematic humanitarian funding contributed to the vaccination of 103,499 children (51,785 boys; 51,714 girls) aged 6 to 9 months against measles. These children were reached by community health workers and mobile health teams that were trained and deployed by UNICEF and its implementing partner, Samaritan's Purse. In addition, UNICEF and SP were also able to facilitate access to primary health care among 156,579 women and children (45,256 boys; 45,305 girls) in UNICEF-supported facilities. In these facilities, community health workers also engaged parents and caregivers of young children and communicated the importance of vaccination according to schedule and seeking health care services.

Through the global thematic humanitarian funding, UNICEF and SP also trained 1,155 health facility staff and community health workers (34 men; 1,121 women) on infection prevention and control; and provided Personal Protective Equipment (PPE) to 82,395 health workers and other people in the community (25,773 men; 24,074 women; 16,889 boys; 15,659 girls). These initiatives helped to prevent COVID-19 transmission in the affected areas.

Criticality and Value Addition

The global thematic humanitarian funding facilitated the immediate delivery of essential health care services and assistance especially in the severely affected areas. Overall, the response was intended to augment local capacity during the emergency response, to ensure continuity in the delivery of essential health services.

Challenges and Lesson Learned

An important initial challenge at the implementation level was first the lack of health cluster leadership for which UNICEF had to step in, supported by UNFPA. UNICEF through its staff co-convened the health cluster meetings, supported the documentation, and follow up of the action points

Another important challenge was the incongruence in the organizational mandates between partners (Samaritan's Purse and UNFPA) on FP services delivery during outreach activities. This hindered the full-scale integration of activities that would have maximally benefitted the mother and child dyads.

Finally, few months into the response, a major surge in dengue fever cases was also witnessed in the disaster affected areas, especially in Southern Leyte, calling for an intensified response from the health sector. In addition, a cholera outbreak was also declared in adjacent areas within the region heightening monitoring and surveillance.

Moving Forward

Moving forward, efforts are ongoing to build resilience among communities affected by the typhoon through Health in Emergencies capacity building across the four thematic areas of disaster risk reduction.



A health worker from the mobile health team deployed by UNICEF and Samaritan's Purse gives medical advice to clients in Limasawa, Southern Leyte during a medical mission. Mobile health teams were deployed in various areas to delivery of health services to the most affected communities. UNICEF Philippines/2022/ACDimatatac.



To ensure continuity in the delivery of health services, UNICEF and Samaritan's Purse deployed mobile health teams to support nine cities and municipalities in provinces of Surigao del Norte, Southern Leyte, and Dinagat Islands. The mobile health teams administered vaccination against measles and other vaccine-preventable diseases and delivered essential health services to people in need. UNICEF Philippines/2022/ACDimatatac.