In the Philippines, women and children face revolving cycles of conflicts and disasters. The country typically experiences annual displacement due to political conflict or natural disaster. Typhoon Ketsana (known in the Philippines as Ondoy), hit in 2009, and its aftermath—massive displacement, ill health, poor nutrition, dirty water—plunged millions of people into extreme distress that reached well into 2010. This was followed by Typhoon Megi, in October 2010. Such natural disasters, along with protracted armed conflict and exposure to violence, hinder attempts to alleviate the effects of poverty, unsafe water and inadequate sanitation facilities, limited health-service delivery and poorly functioning governance.

Of the total population of 93 million, 48 million are vulnerable to conflict or natural disaster, and 170,000 families are typically displaced by disaster annually. Displaced families suffer sporadic disease outbreaks, and undernutrition is endemic among children. Prolonged displacement and continued insecurity mean families are without income, a push factor for children to enter hazardous labour situations.

Destruction of school buildings, long distances between schools and evacuation centres, hidden costs and loss of important documents are factors limiting education for displaced students, causing many children to drop out. Violent incidents due to family feuds, local elections and typhoons interrupted children’s education in a number of provinces, particularly those in northern and central Luzon. In Maguindanao Province, schooling for an estimated 14,000 children was affected in 2010.

For 2011, UNICEF is requesting US$14,022,000 for humanitarian activities in the Philippines to cover the conflict-affected areas in Mindanao and potential natural disasters—earthquakes, floods, typhoons—that can occur anywhere in the country, as well as the after-effects of recent typhoons in the north.

UNICEF has a vital role as cluster coordinator of education, WASH, nutrition, and sub-cluster coordinator of child protection and gender-based violence. In 2011, it will mobilize health and nutrition supplies, non-food items, shelter, and child protection and education responses across all five affected regions.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Undernutrition is an ongoing problem for Philippine women and children. A joint UNICEF-World Food Programme assessment in 2009 found that 87 per cent of households faced food insecurity and 75 per cent were limiting their meal sizes, thereby decreasing dietary diversity, exacerbating pre-existing nutrition deficiencies, and aggravating the likelihood of undernutrition. Areas affected by armed conflict were generally found to have a poorer nutritional status and, therefore, an increased risk of disease and death. The same assessment revealed that global acute malnutrition prevalence in conflict-affected communities in Mindanao reached 9.6 per cent (95% CI > 7.6-11.6).

The Philippines continues to need assistance in helping children caught in armed conflict and those who are subject to trafficking. In 2010, 17 children were killed and 19 others were injured as a result of armed conflict, and the Government has documented 221 cases of child trafficking. In Mindanao, more than 50,000 children remain in camps for internally displaced people. At least 300,000 children who are continually exposed to violence and disasters require psychosocial support and need protective services against further harm and violence. An estimated 10,000 children who may have been involved with the Moro Islamic Liberation Front require community-based reintegration services as well as other basic services.

Children are the most vulnerable during emergencies, especially in the impact to health and nutrition. Common causes of deaths among children under age 5 are such preventable communicable diseases as pneumonia and diarrhoea, which account for more than one third of the deaths, while undernutrition is the major underlying...
cause of death. Mortality figures easily increase if high-impact preventive public health interventions are not in place immediately after disaster occurs, especially among the poor and disadvantaged populations, where access to health services is already weak.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$17,890,000 was needed for humanitarian activities in the Philippines. As of October 2010, a total of US$6,067,089 was received, or 34 per cent of the goal. During 2010, UNICEF used humanitarian action funds to make a strategic impact in the health sector, with an estimated 1 million people benefiting from emergency supplies. Nearly 20,000 children 6 months to 15 years old received a dose of measles vaccine through mobile health teams in evacuation centres. In addition, procurement of emergency drugs, supplies and cold chain equipment – including 270 units of inter-agency emergency health kits – supported basic health-care services to help prevent and treat common illnesses during emergencies.

More than 16,000 children were screened under the community-based management of acute malnutrition programme in 2010; of these, more than 500 were treated for severe acute malnutrition. In 24 flood-prone villages in Muntinlupa, Laguan and Rizal, which have an approximate population of 153,000 included an estimated 4,600 pregnant and lactating women, training sessions on infant and young child feeding in emergencies were held for 552 health workers.

UNICEF continued to deliver WASH services through partners to at least 36,000 families affected by the typhoons of 2009 and 2010 and those affected by war in Mindanao. The organization and its partners reconstructed wells, equipped many with pumps, and constructed latrines with washing facilities for 280,000 people. Forty thousand families received supplies promoting healthy hygiene practices. In conflict-affected areas of Mindanao, around 100,000 people, including 36,000 children, gained access to new latrines and to safe water via new or improved wells and storage tanks. Around 180,000 people in typhoon-affected areas benefited from similar initiatives.

In 2010, UNICEF continued in its role as co-lead, with Save the Children, of the Government’s National Education Cluster. UNICEF supported the Department of Education in preparing for emergencies with the production of a resource manual on disaster risk reduction for distribution in the most disaster-prone schools and school divisions. In the northern part of the Philippines, about 27 typhoon-damaged early learning centres were reconstructed, and 500 other affected centres received early childhood development packages – with both interventions benefiting about 31,700 preschoolers. In the conflict-affected areas in southern Philippines, UNICEF engaged Save the Children and Community and Family Services International to repair
or construct 73 temporary learning centres for about 6,000 displaced/affected children aged 3–18.

In addition, UNICEF helped establish 109 child-friendly spaces, providing psychosocial support to more than 50,000 children living in internally displaced person camps and in conflict-affected areas in Mindanao. Child protection networks and committees were organized in 109 camps and conflict-affected communities as well as in 67 flood-stricken communities in Metropolitan Manila and the Bicol region.

Displacement brings elevated risk of many kinds, including risks for HIV and sexually transmitted infections (STI). Youth in evacuation centres in Muntinlupa, Marikina, Pasig, Taguig and Quezon City benefited from HIV and STI prevention services and were able to obtain referrals as needed for specialized care and support.

**HUMANITARIAN ACTION: BUILDING RESILIENCE**

During the 2009/2010 typhoon emergency response, UNICEF was given the opportunity to fine-tune its programme for building resilience in the chronically disaster-prone Philippines.

With the disruption of health services threatening disease outbreaks, UNICEF, as a key partner in the health cluster, took part in several assessments and provided essential materials and other support. Leading the nutrition cluster, UNICEF played an instrumental role in ensuring that the Government of the Philippines had a strong stance on infant formula milk distribution in evacuation centres, promoting breastfeeding and providing emergency complementary food for infants at risk.

The global WASH cluster deployed interventions to facilitate closing gaps in drinking-water distribution at all points of displacement and in flood-affected areas, including the restoration of water services and water quality testing following the risk of floodwater contamination.

As co-lead of the education cluster with Save the Children, UNICEF held several assessment missions with education authorities to evaluate the situation in affected areas. UNICEF focused on distributing supplies to enable children and teachers to resume schooling. As the lead of the child protection sub-cluster, UNICEF expanded its collaboration to deliver psychosocial care and support through child-friendly spaces in evacuation camps and affected communities.

**PLANNED HUMANITARIAN ACTION FOR 2011**

In 2011, UNICEF will work with the Government of the Philippines, UN agencies and non-governmental organization partners to respond to the needs of more than 300,000 women and children in conflict- and disaster-affected areas. UNICEF will focus on capacity building of emergency service providers and volunteers, provision of water and sanitation facilities, repair of learning structures, and provision or replacement of learning supplies and materials.

**NUTRITION (US$875,000)**

The overall goal for 2011 will be to develop capacity for implementation of community-based management of acute malnutrition and provision of ready-to-use therapeutic foods and multiple micronutrient powders as well as provide technical direction for design, implementation, monitoring and evaluation of emergency nutrition projects.

- 37,500 of the most vulnerable children will receive life-saving nutrition support in their communities; 12 new outpatient treatment centres and two stabilization centres in three different provinces will be established as points of referral.

- To save lives and prevent deterioration of the nutritional status of children under age 5, UNICEF will provide: ready-to-use therapeutic foods and other essential supplies for managing acute malnutrition; appropriate training for health staff in primary care centres, hospitals and NGO partners’ facilities; and technical support for updating national protocols and programmes for management of acute malnutrition.

- By conducting infant and young child feeding in emergencies training for NGO partners and refresher courses for government partners, UNICEF will monitor milk-code violations and ensure continued breastfeeding in evacuation centres. By reviewing and updating operational guidelines and tools in nutrition surveillance, it will provide timely and appropriate responses for those most vulnerable.

**HEALTH (US$2,100,000)**

To help prevent illness and mortality during emergencies, UNICEF, as a crucial health cluster member, will help the Government and communities ensure 60,000 women and children have access to life-saving public health interventions.
• The Vulnerability Assessment Committee has estimated needs for a population of 150,000 in emergency-affected areas. The following essential commodities will be procured and pre-positioned: 75 basic health kits, 105,000 micronutrient supplements, 150,000 doses of measles vaccines and bundled devices or immunization supplies, and 95,000 deworming drugs. Other situation-specific basic preventive/curative needs will be addressed as appropriate after rapid assessments depending on the nature and scope of the emergency.

• A disease surveillance system will be deployed in evacuation centres and affected communities using currently available tools in coordination with the health cluster and the World Health Organization.

• To increase access to accurate information during emergencies and to complement and increase utilization of available preventive health services in affected areas, the promotion of positive health behaviours for women and children will be supported by conducting rapid participatory assessments, generating key messages and information channels. Available materials and channels can be utilized as appropriate.

WATER, SANITATION AND HYGIENE (WASH) (US$3,500,000)
UNICEF will continue to provide WASH services for communities in return areas. There are 280,000 people, 69 per cent of them women and children, in Mindanao evacuation camps and return areas requiring water, sanitation and hygiene services.

• Access to safe water and sanitation facilities for children in 52 schools will be ensured.

• UNICEF will lead a joint assessment on WASH in conflict-affected areas and respective clusters.

• Activities such as WASH facility construction, training, distribution of jerrycans with water disinfectant, hygiene kits, education and communication materials, and cluster meetings will benefit a caseload of up to 500,000 people to ensure preparedness of WASH partners for Mindanao in the coming typhoon season and in typhoon-affected areas.

CHILD PROTECTION (US$3,500,000)
UNICEF and partners will build community-based systems linked to national systems to benefit more than 130,000 children exposed to chronic and rapid onset emergencies, recruitment into armed groups, unexploded ordnances, becoming unaccompanied and/or separated from their families, child trafficking and other child rights violations.

• Psychosocial support will be delivered directly to 136,000 children through child-friendly spaces in 600 targeted locations.

• More than 150,000 people will benefit from establishment of community-based child protection systems that include awareness sessions, child protection training for parents and community workers, and outreach to children through child-friendly spaces.

• Special assistance will be provided to 100 separated and unaccompanied children by strengthening the database for family tracing, expanding and strengthening reunification teams, and advocating temporary or long-term family-based care and equal access to basic services.

• An estimated 10,000 children who had been associated with armed groups will be reintegrated into their communities and helped by community reintegration packages, which include support for education, livelihood, life skills and effective parenting.

• Children at risk of recruitment by armed groups will benefit from life-skills, formal and informal education.

EDUCATION (US$3,710,000)
In 2011, UNICEF will continue to address the education needs of an estimated 100,000 children in areas affected by conflicts, typhoons, floods, earthquakes or tsunami. About 18 per cent, or 18,000 target beneficiaries, are 3–5 years old. The remaining beneficiaries (82 per cent, or 82,000) are children aged 6–18, including out-of-school youth and overage children in the secondary schools. In 2011, the overall goal will be to enhance national capacity for disaster risk reduction and response by:

• The policy framework for education in emergencies and disaster risk reduction will be clearly articulated within the Department of Education, by supporting development of emergency preparedness plans for education and by strengthening school-based disaster risk reduction systems.

• About 1,000 day-care workers, teachers and volunteer educators will be trained on alternative delivery modes of basic education (e.g., Modified In-school Off-school Approach (MISOSA), Instructional Management by Parents, Community and Teachers (IMPACT), conducting psychosocial sessions for displaced young children, and school-based disaster risk reduction and management, including orientation activities on quality education in emergencies for service providers and other stakeholders.

• Replacement of lost or damaged school supplies and learning materials (school packs, teacher packs, library books, etc.) will benefit 100,000 children.

• To ensure safe, secure and uninterrupted learning for children affected by emergencies, UNICEF and its partners will help establish and support at least 20 school-community partnerships in model schools of selected disaster-affected areas.
**HIV AND AIDS (US$49,000)**

Since urban areas are experiencing emergencies, there are recent increases in the numbers of HIV infections. UNICEF and its partners will ensure that young people are empowered to protect themselves from HIV and that services for the prevention of mother-to-child transmission are uninterrupted. UNICEF will support establishment/expansion of paediatric treatment for children in need through targeted referral and transport support.

- To help young people protect themselves from HIV, a directory of services, informative games and educational materials related to HIV and AIDS will be provided.

**CLUSTER COORDINATION (US$288,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
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<td>300,000</td>
<td>123,000</td>
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</tbody>
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1. UNICEF estimate, based on data extracted from The Manila Observatory and the National Statistics Office.
7. Number of Child Abuse Cases, Served, By Type of Abuse, By Sex, By Age, By Region, CY 2009, Policy Development and Planning Bureau, Department of Social Welfare and Development (DSWD), unpublished report.
9. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
10. This total includes 50,000 pregnant women.