

EXECUTIVE SUMMARY

In August of 2008, armed conflict between the MILF-BIAF and GRP-AFP broke out in ARMM and adjacent regions which created at least 69,000 IDP families (342,495 persons) in five (5) provinces and one (1) city in ARMM not to mention the IDPs outside of ARMM. A total of ninety three (93) evacuation centers (ECs) with 18,863 IDP families (93,487 individuals) were set up in the five (5) ARMM provinces.

Earlier estimate is about P64 million worth of damaged dwelling units, schools, health units, crops and livestock and scores of death and injuries were recorded as a result of the armed confrontations.

Assistance to IDPs poured in from the Regional Government, National Government, the LGUs and our ODA partners including NGOs, INGOs and CSOs. A total of P165, 629,220 million cost of assistance were provided to these IDPs. Bulk of the assistance, 76% came from the UN system and INGOs, 17% from the National Government, while 5% and 2% respectively, came from the Autonomous Regional Government and Local Government Units.

Assistance to IDPs continued to come but in the long run, perceived anomalies occurred and the prolonged IDP stay in ECs has become a challenge to the Autonomous Regional Government, hence a Relief Early Recovery and Rehab Plan for IDPs was crafted in January 2009, said plan was submitted to National Government but it was not realized due to some unavoidable events which led to the changes of leadership in Maguindanao province and the ARMM brought about by political-related conflict.

Given the unbearable situation of the long-staying IDPs in Maguindanao province numbering about 16,131 families (80,655 individuals) in fifty one (51) evacuation centers, an assessment and validation of the conditions and needs of these IDPs was conducted in March, 2010 spearheaded by Autonomous Regional Government and Maguindanao province.

The results of such assessment revealed that, about 5,414 IDPs families are willing to return to their place of origin. Forty six return sites were identified with ten return sites as priority. These assessments led to the formulation of the Enhanced Early Recovery Plan for IDPs.

The Enhanced Early Recovery Plan is both strategic and urgent undertakings of the ARMM and its partners considering the lamentable situation of these IDPs.

The final preparation of the Enhanced Early Recovery Plan was preceded by two (2) workshops in Davao City and several consultation meetings of cluster members. The Early Recovery Plan adapted the cluster approach strategy of implementation.

The Early Recovery Plan consists of three (3) major parts, the IDP situationer, assessment and issues and problem affecting the IDPs. The second part is the identified programs and activities as form of interventions including the estimated cost classified by clusters. Cost of such initiatives by clusters and the gaps were also estimated.

The estimated cost of interventions focused on the forty six (46) return sites for each cluster are:

1. Food, Security, Agriculture and Livelihoods	P 71,938,000
2. Camp Management, Emergency Shelter and Protection	P 62,000,000
3. Permanent Shelter	P 110,935,000
4. Health, WASH, Nutrition and Psychosocial Services	P 48,146,566
5. Logistics and Emergency Telecommunications	P 6,590,000
6. Education	P 114,800,358
7. Early Recovery	P 26,957,000
TOTAL:	P 441,366,924

The last major part of the Early Recovery Plan consists of the implementation strategies, plan financing as well as monitoring of the Early Recovery Plan implementation through the established Autonomous Regional structures.

There are one hundred ninety six (196) identified return sites in Maguindanao province which are subject of IDP need assessment to determine the cost of interventions. The estimated cost of IDP interventions contained in the Early Recovery Plan is only about thirty six (36) percent of the total return sites. On-site planning for each of the remaining return sites shall be conducted under the auspices of RDCC-TMG.

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MESSAGE



The establishment of the Autonomous Regional Government (ARG) twenty years ago was meant to be vehicle to bring us to a destination of just and lasting peace to all stakeholders. But after these long years, it is still sad to note that we are still on that long road of pursuing the ever-elusive peace and development under good governance.

Amidst the backdrop of development interventions by the national government and international donor agencies, lost lives and trauma due to intermittent armed clashes, and concluded peace agreements, the twin goals of genuine peace and meaningful development remain as aspirations. This has been made poignant by the recurring phenomenon of the Internally Displaced Persons (IDPs).

With these as challenges to my leadership, we cannot rest till the pursuance of peace becomes a compelling priority in our Development Agenda for the ARG. Given the adverse implications of IDPs in the over-all development of the region, this has to be resolved and prevented in the future.

Thus, this ARMM Early Recovery Plan for IDPs is our overarching document to resolve the humanitarian situation in the autonomous region. Given the limited resources at our disposal, I call upon the affected LGUs, the national government agencies, ODA partners, INGOs, CSOs, the IDP themselves and other stakeholders to join hands in settling this social issue in this part of the country, which sadly hosts the highest of IDPs recorded worldwide.

It is our commitment in the ARG to return and rehabilitate all IDPs, and keenly aware of the magnitude and extent of the problem, we cannot but exhort everyone to participate and contribute in whatever to this gargantuan undertaking. With all of us working together, we will prevail *inshaAllah!*

(SGD)ANSARUDDIN ALONTO ADIONG
Acting Regional Governor



ACKNOWLEDGEMENT



The enhanced Early Recovery Plan (ERP) is both strategic and urgent undertaking of the Autonomous Regional Government (ARG) to specifically cater to the urgent needs of the Internally Displaced persons (IDPs) brought about by the armed conflict in ARMM and adjacent Regions. The IDPs are in fact, the most visible human indicators of the depth and magnitude of conflict, violence, and suffering affecting the constituents of the region.

The Autonomous Regional Government (ARG) in coordination with the Local Government units (LGUs), the IDPs, the Regional Line Agencies, ODA and International Non-Government Organization (INGOs) come into common terms to act decisively in addressing the needs of the more than Sixteen Thousand IDP families (80,655 persons) in fifty one (51) evacuation center (EC) mostly in Maguindanao, in ARMM.

The lamentable and sad plight of these IDPs was aggravated by the effect of Natural Calamities and other related local conflict.

The Early Recovery Plan was conceived and prepared by the Office of the Regional Governor in coordination with the LGUs of Maguindanao under the stewardship of RDCC-TMG composed of selected Technical Staff from ARMM agencies (RPDO, DSWD, DAF, TESDA, DOH, DepEd) led by TMS-ORG with support from Maguindanao Province and Act for Peace Programme. Like any other undertaking, the Enhanced Early Recovery Plan would not be realized without the participation and assistance of other individuals and organizations.

Hence, we sincerely recognized the active participation of the ODA partners, the IDPs and Technical Staff of the participating Regional Line Agencies (RLA).

Likewise, we deeply appreciated the effort of the RPDO Economic Staff led by the Assistant Regional Director in packaging the Early Recovery Plan (ERP), the TMS staff as well as the financial support of the ARMM Act for Peace Program and its technical staff.

With the ARMM ERP, may the Almighty give us strength, wisdom and will to achieve what we envisioned for our long suffering Internally Displaced Persons (IDPs).

(SGD) DIR. DIAMADEL E. DUMAGAY, MPA, CEO VI
Executive Director

Chapter I

INTRODUCTION

1. PROFILE OF THE AUTONOMOUS REGION IN MUSLIM MINDANAO

The Autonomous Region in Muslim Mindanao (ARMM) was established by virtue of Section 15 to 19, Article X of the 1987 Philippine Constitution. Also, Republic Act No. 6734 otherwise known as “the Organic Act for the Autonomous Region in Muslim Mindanao” was enacted into law and approved by then President Corazon C. Aquino on August 1, 1989 and ratified through a plebiscite on November 19, 1989 by the constituents of the region. It was then amended in March 31, 2001 by Republic Act 9054, an act to strengthen and expand the organic act for the ARMM.

The region is headed by one (1) Regional Governor, one (1) Vice-Governor and twenty-four (24) representatives of Regional Assembly representing the eight districts of the five provinces and two cities of the region.

The ARMM government has three (3) branches such as Legislative, Executive, and Judiciary. The Regional Governor is the chief executive of the regional government, and assisted by a cabinet not exceeding 10 members. It has a unicameral Regional Assembly headed by a Speaker. The Regional Assembly is the legislative branch of the ARMM government and is covered by Shari’ah, the law governing Muslims and the judiciary branch of the region.

1.1. Population

As of 2007, the region has an estimated population of 4.12 Million which is 47.01 percent higher than the 2000 population of 2.8 Million. Lanao del Sur has the biggest share of the population among the ARMM provinces which is about 27 percent followed by Sulu at 21 percent while Basilan has the smallest share of the population of only 10 percent.

During the 5-year period 1995-2000, the population of the region grew at an average of 3.73 percent annually. This increased to 5.46 percent for the period 2000-2007. It is projected that the region’s population will double in 13 years given the annual Population Growth Rate (PGR) of 5.46 percent.

1.2. Area

The Autonomous Region in Muslim Mindanao (ARMM) consists of five provinces and one city, such as Lanao Del Sur, Maguindanao, Sulu, Tawi-Tawi, and Basilan provinces and Marawi city. The region consists of 113 municipalities and 2,504 barangays and has a total land area of 27,581.79 square kilometers representing 9.17 percent of the country’s total land area. Most of which is devoted to agriculture and fishery.

The region is cultivated with crops both lowland and upland areas. Offshore fishery is abundant as the region has a long stretch of coastline.

1.3. Regional Economy

ARMM is predominantly **Agriculture**. More than 57.0 percent of the region's Regional Gross Domestic Product (GRDP) comes from the agriculture, fishery and forestry with an average of 1.9 percent growth rate (2004-2005). More than 53.0 percent of the labor force is employed in this sector that contribute bigger share to the regional economy.

The **Industry sector** has 11.94 percent share in the GRDP (2004-2005). The major manufacturing industries operating within the region composed of Agumil Phil. Inc., El Manuel & Depot Devt., MINRICO Lumber Enterprise co. Inc., Lamsan Inc., Wao Devt. Corp., MKAVI 2, SHOBI, La Frutera, ARDEXCor and others.

The **Service sector** shared in the regional economy was 31.05 percent with 4.2 growth rate (2004-2005). Government service and domestic trading contribute to the regional economy at about 10.33 percent and 9.03 percent respectively.

To sum up, the growth of the region's economy is expected to decline due to these calamities.

2. THE EARLY RECOVERY PLAN

2.1 Rationale

In the early part of 2009, the formulation of a comprehensive and harmonized Relief, Early Recovery Plan for the Internally Displaced Persons (IDPs) in ARMM through the collaborative efforts of the National/Regional Government, Local Government Units, United Nations System and International/Local Non-Government Organizations had served as a roadmap for rapid and more effective response management and commitment to alleviate the plight of disaster victims due to armed-conflict.

Aside from complementing and collaborating with the existing programs and projects in the area, it facilitated the delivery of basic services, including enhancement of capacities for livelihood and infrastructures to the identified beneficiaries.

After almost two years of stay in the evacuation centers, and after many things had happened that consequently changed the situation in governance in the ARMM and in the province of Maguindanao, the IDPs are still in the evacuation centers. Realizing this, the Autonomous Regional Government (ARG), under the administration of Ansaruddin Alonto Adiong, has called upon members of the RDCC-ARMM, attended by the Maguindanao Provincial Government and mayors and representatives from 15 affected municipalities, to look into the current situation of the IDPs displaced by the

2008 conflict. The RDCC-ARMM ordered the conduct of rapid assessment and facilitate the speedy and safe return of the IDPs.

The Provincial Government of Maguindanao, being the most affected province of the 2008 war in ARMM immediately funded and conducted the assessment on March 8-12, 2010, which was supported by the RDCC-TMG and the Act for Peace Programme of the UNDP.

Considering the result of the assessment, there is a need to refine the Early Recovery Plan for the IDPs in the conflict-affected communities in the region.

The Early Recovery plan is aimed to bridge the gap between immediate relief and reconstruction focused on identifying a set of concrete interventions to be implemented in a range of priority sectors to put people (IDPs) or build back better than they were before the event. Also, the ER plan would augment on-going emergency assistance operations by building on humanitarian programmes, to ensure that their inputs become assets for long-term development and thereby foster the self-reliance of affected populations and help rebuild livelihoods.

But, the overall focus of Early Recovery is on restoring the capacities of national/local institutions and communities to recover from crisis, build back better and to prevent relapse into crisis.

To ensure success of the plan, a Cluster Approach mechanism was institutionalized and adopted aimed at Improving humanitarian coordination and leadership and building effective partnership and organized response capacity in filling up the gaps in areas of Health, Nutrition, Water and Sanitation (WASH), Psychosocial Services; Food Security; Camp Coordination and Camp Management (CCCM); Permanent Shelter and Livelihood; Protection; Agriculture; Education; Logistics and Emergency Telecommunications; and Early Recovery.

The ER plan is a mechanism to harmonize response and build on existing mechanisms and ongoing interventions that are underway. The commitment of donor institutions, NGOs, INGOs and the UN agencies to support the RDCC-ARMM in the implementation of this Early Recovery Plan through Cluster Approach in the region is a welcome initiative to bring the lives of the IDPs back to normalcy.

Also, the cessation of GRP/AFP-MILF/BIAF hostilities is a good development from the RDCC-ARMM endpoint towards facilitating the shift from emergency relief services to the community-reintegration and restoration of normal functions of IDPs in the region.

The plan will also observe the following **Guiding Principles on Early Recovery:**

- Ensure regional ownership of the Early Recovery plan
- Promote local capacities
- Use and promote participatory practice
- Develop capacities for building constructive and inclusive working relationship

- Efficient coordination and collaboration to maximize synergies
- Include risk reduction and conflict prevention measures
- Build capacity to strengthen accountability systems
- Ground activities on the thorough understanding of the context
- Integration of cross cutting issues (gender, HIV-AIDS, security, human rights)
- Promotion of equality
- Promotion of gender equality
- Effective assessment of need and capacity
- Monitor, evaluate and learn
- Build on and/or reorient on-going development initiatives of ER plan principles

2.2 Objectives of the Plan

General Objectives:

To come up with a comprehensive, responsive and harmonized Early Recovery Plan to bring back normalcy the present status of Internally Displaced Persons (IDPs) in conflict affected areas of ARMM.

Specific Objectives:

- To provide an overview on the present situation/status of IDPs in ARMM conflict-affected areas;
- To identify gaps/unmet needs by cluster in the affected areas, determine and prioritize interventions that will address such gaps/unmet needs;
- To restore and strengthen the capacities of the community and other stakeholders for sustained reintegration, peace and development;
- To strengthen the capacities and capabilities of education stakeholders in delivering services to the affected areas of armed conflict;
- To synergize humanitarian assistance and rehabilitation efforts of national and local government agencies, UN-IASC and other local and international non-government organizations operating in conflict-affected areas of ARMM.

2.3 Scope of the Plan

The plan covers all 2008 conflict affected communities in the region which covers 196 barangays or return sites. In terms of priority, it focuses on the 46 return sites or barangays with has a significant numbers of IDPs identified by the recent assessment. However, the plan is a work-in-progress, while its timeframe is July to December 2010, it goes beyond the 46 sites to cover the 196 pre-identified barangays. Out of the 46, 10

return sites have been undergoing interventions by different donors. The remaining 36 sites will have to undergo site specific assessments or ER planning to determine the specific needs of the IDPs and the type of comprehensive interventions to be given. The remaining 150 return sites and other areas in the region will be given a future assistance beyond the timeframe of the ER plan as part of the framework of the Plan.

Table 01. Strategic Focus Vis Status of Enhanced Early Recovery Plan Interventions and Time Frame

Status	No. of Return Sites w/ Interventions	No. of Return Sites w/o Interventions but w/ EER Plan	Other Conflict-affected areas w/o EER Plan	Covered by EER Plan Framework
Total No. of conflict-affected areas	10	36	150	196
Priority Return Sites covered	46			
Time Frame	July-December 2010		January 2011 onwards	

The plan shall benefit a total of 16,131 affected families living inside the evacuation centers as of assessment time. Out of this affected families, 5,414 families opted to go home, which will be considered for the specific interventions from July to December 2010 under the ER plan. The case of the remaining of 10,717 families in the evacuation centers will be addressed even beyond the 2011. These IDP families are expected to be returning in the remaining 150 barangays or return sites.

2.4 Implementation Strategy

The Regional Government through the leadership of Honorable Ansaruddin Alonto Adiong had directed the RDCC-TMG to facilitate the return of IDPs in their respective areas most especially in the Maguindanao province.

Series of meetings had been conducted started from the early part of February 2010, wherein the first RDCC meeting has conducted for the purpose.

During the meeting, the Chairman RDCC instructed the members of RDCC-TMGs to immediately conduct the rapid assessment and validation and facilitate the speedy and voluntary safe returned of more or less 20,000 IDPs families.

Through the able effort of Technical Management Services under the Office of the Regional Governor has sponsored the two (2) planning workshop in Davao City on June 9-11, 2010 and July 7-9, 2010 respectively with the support and financial assistance of Act for Peace for ARMM.

For the success of the planning workshop, the Office of the Executive Secretary of ARMM was issued memorandum order to different cluster line agencies involved to actively participate in coming up with the plan to finally help the IDPs back to normal life.

The workshop was guided by the NDCC issued Circular No. 5 on 10 May 2007 and Amended on 06 October 2008 (Institutionalization of the Cluster Approach in the Philippine Disaster Management System, Designation of Cluster Leads and their Terms of Reference at the National, Regional and Provincial Levels) and as adopted by UN system.

The Circular was first rolled out in the ARMM at the regional level in February 2008. It formalizes the adoption of Cluster Approach in the PDMS, especially for humanitarian emergencies. This renewed effort in clearly defining the roles and responsibilities of each cluster ensuring that gaps in humanitarian interventions are avoided through proper coordination, preparedness and response mechanisms.

In addressing all humanitarian efforts of armed-conflict affected families and communities in the region, the RDCC-ARMM has implemented the “**Cluster Approach**” system and designation of Cluster Leads to fast track and ensures smooth implementation of relief and recovery efforts in the conflict-affected provinces of the region.

The “Cluster Approach” consists of the Food Security, Agriculture, Livelihood, Camp Coordination/ Camp Management, Permanent Shelter, Water, Sanitation, and Hygiene (WASH), Health, Nutrition, Psychosocial Services, Camp Emergency, Protection and Evacuation, Logistic and Emergency/Telecommunication, Education and Early Recovery.

Table 02 Cluster Lead Agencies on the Early Recovery Plan

CLUSTERS	CLUSTER LEAD AGENCIES	
	Government Cluster Lead	UN-Inter-Agency Standing Committee (IASC) Cluster Lead
1. Food Security, Agriculture & Livelihood a. Food b. Non-Food Items (NFIs)	DSWD Agriculture TESDA	<ul style="list-style-type: none"> • WFP
2. Camp Coordination/ Camp Management, (CCCM) a. CCCM	DSWD	<ul style="list-style-type: none"> • IOM • UNHCR • IFRC • OHCR • UNICEF

b. Emergency Shelter c. Protection		<ul style="list-style-type: none"> • UNDP
3. Permanent Shelter a. Permanent Shelter	DSWD	<ul style="list-style-type: none"> • UHCR • UNDP • IFRC
4. WASH, Health, Nutrition and Psychosocial Services a. WASH b. Health c. Nutrition d. Psychosocial Services	DOH DOH DOH DOH/DSWD	<ul style="list-style-type: none"> • UNICEF • WHO • WFP
5. Logistics & Emergency Telecommunications a. Logistics b. Emergency Telecommunications	TMS-ORG	<ul style="list-style-type: none"> • WFP • UNICEF • OCHA
6. Education	DepEd	<ul style="list-style-type: none"> • UNICEF
7. Early Recovery	TMS-ORG/ RPDO	<ul style="list-style-type: none"> • UNDP

Acronyms:

- *FAO – Food and Agriculture Organization of the UN*
- *IFRC - International Federation of Red Cross and Red Crescent Societies*
- *IOM - International Organization for Migration*
- *OCHA – Office for the Coordination of Humanitarian Affairs*
- *OHCHR -- Office of the High Commissioner for Human Rights*
- *UNDP - United Nations Development Programme*
- *UNHCR - Office of the UN High Commissioner for Refugees*
- *UNICEF - United Nations Children’s Fund*
- *WFP – World Food Programme*
- *WHO – World Health Organization*

Chapter II

INTERNALLY DISPLACED PERSONS SITUATIONER

1. SITUATIONAL BACKGROUND

The armed conflict between the GRP and the MILF started on August 19, 2008 had affected 105 barangays in 18 municipalities and 52,078 families (250,715 individuals) forcibly transferred to 136 evacuation centers in the province of Maguindanao alone.

Thousands of houses were reportedly destroyed either by burning or dilapidated due to long abandonment by the owner.

The conflict has created thousands of Internally Displaced Persons (IDPs) in conflict affected areas. The poverty stricken people of ARMM prior to the occurrence of conflicts has exacerbated their misery and deprived them of even the basic requirements of a decent human existence (WB, 2002). The IDPs, are in fact, the most visible human indicators of the depth and magnitude of violence, sufferings and fear.

Various government institutions, NGOs and humanitarian institutions, both local and international, responded by providing relief assistance to mitigate the impact of displacement.

In the early part of 2009, the Autonomous Regional Government (ARG), in an effort to harmonize responses towards the recovery of the IDPs crafted the Cluster approach **Emergency Response, Rehabilitation and Development Plan** and submitted this plan to the National Government for funding support.

The plan was implemented but not properly coordinated due to lack of funding and unstable coordinating mechanism to facilitate harmonized responses to IDPs. The abolition of the OCD in the ARMM has contributed much to the situation and resulted to the creation of the Technical Management Group (TMG) chaired by the Technical Management Services (TMS) under the Office of the Regional Governor (ORG).

The Suspension of Military Operation (SOMO) by the AFP on July 23, 2009 and Suspension of Military Action (SOMA) by the MILF on July 25, 2009 had improved the security situation in conflict affected areas.

20 Months after the war, there are still **19,047 IDPs families** in the evacuation camps. Due to the prolonged stay in EC, the IDPs continue to become dependent on the food ration from various humanitarian organizations and lost (to a certain extent) the very basic human dignity-**free from harm, fear, hunger and above all the self respect and independent individuals and families.**

To lessen the IDP suffering turning **MORAL** issue due to a situation seemingly promoting mendicancy of IDPs, the need for a more programmatic, coordinated and sustainable assistance towards early recovery is imperative.

There is already existing Early Recovery Plan of the ARMM (October 2009) but overtaken by major events in the region like the Maguindanao Massacre, change of leadership in the province and ARMM, respectively, further aggravated the IDP situation.

2. THE IDP NEEDS ASSESSMENT

Based on the rapid **assessment and validation** of the condition of IDPs in ARMM on March 8-12, 2010 through Focus Group Discussions (FGDs) to 66 evacuation centers in the province of Maguindanao, initiated and financed by the Local Government Unit of Maguindanao with technical support from TMG ARMM and ACT for Peace, it was reported that there are existing 51 evacuation centers with 16,131 families. Of which, 5,414 families opted to go home and 10,717 families retained in the evacuation centers. (Figure 1).

Table 3. Affected Families

MAGUINDANAO					
MUNICIPALITIES	NO. OF E.C.	NUMBER OF		IDP Families Opted to go home	Retained IDP families in E. C.
		FAMILIES	PERSONS		
TOTAL	51	16,131	80,655	5,414	10,717
1. Datu Piang	13	1,827	9,135	953	874
2. Datu Saudi Ampatua	4	2,105	10,525	781	1,324
3. Mamasapano	6	3,327	16,635	0	3,327
4. Sultan Sumagka	8	1,281	6,405	589	692
5. Guindulungan	4	933	4,665	385	548
6. Talayan	5	2,217	11,085	1,807	410
7. Mother Kabuntalan	1	494	2,470	231	263
8. Datu Odin Sinsuat	4	2,170	10,850	618	1,552
9. South Upi	5	1,385	6,925	0	1,385
10. Datu Salibo	1	392	1,960	50	342

3. THE IDP PRIORITY RETURN SITES

Based on the recent assessment and validation by the RDCC- Technical Management Group (TMG), 46 return sites or barangays were identified areas for Early Recovery Interventions.

Table 04. Identified Return Sites

Municipality	Barangays	HH
Datu Anggal Midtimbang	Nunangen	747
Datu Anggal Midtimbang	Tugal	147
Talayan	Damablac	505
Talayan	Katibpuan	131
Talayan	Linamonan	230
Talayan	Tulunang	128
Talayan	Macadayo	112
Talayan	Bintan	111
Talayan	Kitaman	70
Talayan	Pedyad	38
Talayan	Pageda	38
Talayan	Pened	33
Talayan	Pblacion	36
Talayan	Lanting	30
Talayan	Matilak	29
Datu Salibo	Balanaken	63
Datu Salibo	Pandi	115
Datu Salibo	Butilen	58
Datu Salibo	Tee	41
Datu Salibo	Liong	159
Datu Salibo	Sambulawan	34
Datu Salibo	Andavit	83
Datu Salibo	Masigay	80
Datu Salibo	Dado	76
Datu Salibo	Alonangen	74
Datu Salibo	Kalipapa	136
Datu Salibo	Pagaten	210
Guindolongan	North Binangga	35
Guindolongan	Gadungan	64
Guindolongan	Muti	185
Guindolongan	Muslim	60
Guindolongan	Kalumamis	165
Datu Piang	Ganta	55
Datu Piang	Balong	21
Datu Piang	Manggay	39
Datu Piang	Ambadao	115

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Datu Piang	Montay	28
Datu Unsay	Pamalian	480
Datu Unsay	Igagampong	92
Datu Unsay	Pikeg	114
Datu Saudi	Bakat	65
Datu Saudi	Dapiawan	150
Datu Saudi	Gawang	31
Datu Saudi	Madia	116
Kabuntalan	Mengay	25
Kabuntalan	Kabuntalan	38
	TOTAL	5,414
<i>Source: DSWD-ARMM</i>		

Out of the 46 return sites, 10 return sites are prioritized and now undergoing interventions with 2,339 IDPs families. Initial computation by the DSWD-ARMM of the needed assistance for the 2,339 IDPs families, a total amount of **P 81,875,500.00** is needed for their early recovery.

Out of the total assistance, the ARMM government has committed and started spending ten (10) million pesos as counterpart coming from ARMM Regional Line Agencies and the Office of the Regional Governor in the form of foods, and non-foods items and agriculture livelihood facilities. The other support assistance will be contributed from the donor institutions operating within the jurisdiction of ARMM.

The remaining 36 identified return sites shall be included in the cluster priorities for possible assistance from the donor communities and government support assistance. And a site specific Early Recovery Plan shall be conducted to determine the specific needs and gaps in the remaining 36 return sites.

Chapter III

ASSESSMENT AND INVESTMENT REQUIREMENTS BY CLUSTER

1. Food Security, Agriculture and Livelihood Cluster

1.1 Situation

- a. Food insecurities to both IDPs and returnees
- b. Shortage of foods and other basic necessities
- c. 5 kilos of rice is far beyond standard for family of 6 in a couple of days.
- d. No regular schedule of food assistance.
- e. Generally improving security situation
- f. Continuing effort for IDPs return to their places of origin.
- g. Ad-hoc livelihood activities in the ECs like vending of firewood, vegetables, cooked food, and sari-sari store but not enough for their daily needs
- h. Loss/destruction of agriculture assets (farm land, farm implements, draft animal).

1.2 Problem Statement

a. Food Security

One of the major problems of the IDP's and returnees is the lack to access food sufficiency. The problem occurred due mainly to the following reasons like: 1) Low level of education among IDPs and returnees, 2) Heavily indebted, 3) Lack of livelihood opportunities, 4) Lack of LGU counterpart in relief assistance & non utilization of 5% calamity fund, and 5) Slow augmentation support of concerned government agencies on food assistance.

b. Agriculture

The agriculture cluster noted that the main challenge in the region is supporting the rebuilding of livelihoods of IDPs and the limited agriculture related assistance for the returning IDPs

c. Livelihood

d. Lack of source of income opportunities of the IDPs

1.3 Cluster Objectives

a. Food Security

To ensure the IDP's/returnees families have the capacity to access food.

b. Agriculture

To augment on-going emergency assistance to ensure that inputs become assets for early recovery.

IDPs are able to resume and improve their farming activities for longer term recovery.

c. Livelihood

To ensure provisions of income opportunities/activities to the IDPs in their place of origin/or relocation site.

1.4 Indicators

- a. No. of IDP families received food.
- b. No. of IDP families have backyard gardening
- c. Availability of local foods
- d. No. of IDPs/returnees engaged in small income generating activities and livelihood
- e. Type, No. , trainings conducted
- f. Type, No. Of participants .
- g. Type, No. Of enterprise established.
- h. No. Of CBOs capacitated.
- i. Type, No. of market linkage established.
- j. Type, No. and amount of micro finance accessed.
- k. Type, No., volume of inputs provided.
- l. # of IDPs trained and empowered.

1.5 Current Activities/ Commitments/Interventions

a. General Food Distribution. This includes Food/Cash for Work and Food for training

- a.1 Coordination with other stakeholders on the technical inputs on farming.
- a.2 Skills Training on livelihood
- a.3 Access to other resources.

b. Food for Work

- b.1 Organize the IDP's/returnees in their community
- b.2 Community improvement projects,

- b.3 Flood control,
- b.4 Vegetable gardening and
- b.5 Communal farming/agricultural production and communal infra.
- b.6 Agro-forestry activities

c. IDP Agri/Fishery Recovery Programme

c.1 Assessment

- c.1.1 Conduct rapid assessments to determine the extent of damage to agriculture.
- c.1.2 Inventory and mappings of affected households.
- c.1.3 Convergence of resources and support services by stakeholders/ partners.

c.2 Capability Building

- c.2.1 Agriculture Technology,
- c.2.2 Micro enterprises
- c.2.3 Strengthening of CBOs.

c.3 Organising and establishment of production and marketing links (DTI, DAF, LGU, NGOs)

c.4 Provision / access to microfinancing

c.5 Provision of agriculture inputs like Work animals, Fishing gears, Seeds, Fertilizers and Equipment/ tools

c.6 Livelihood Assistance

- 1.1.1 Conduct of Rapid Community Assessment (RCA)
- 1.1.2 Preparation of Training Proposal/Plan
- 1.1.3 Identification of Trainor/s
- 1.1.4 Procurement of Tools, Equipment and materials
- 1.1.5 Conduct of skills training
- 1.1.6 Conduct of Entrepreneurship training, if needed.

c.7 SEA-K

d. Livelihood program and activities

- d.1 Conduct of skills training on (e.g. of priority qualifications): a) basic/finish carpentry, b) Masonry, c) Plumbing, d) Building Wiring Installation, e) Bag making, f) Weaving, g) Garment sewing

- d.2 Provisions of livelihood needs of the IDPs (fish nets, good for sari-sari stores, raw materials for mat weaving). MTB/JOMP
- d.3 Provision of post-harvest facilities (corn sellers). MTB/SC

Activities

1. Training Needs Analysis (TNA) or Rapid Community Assessment(RCA);
2. Preparation of Training Plans/Proposals;
3. Identification of Trainers;
4. Procurement of tools, equipment and materials;
5. Conduct of skills trainings; and
6. Conduct of Entrepreneurial ship training, if needed.

e. Interventions from humanitarian partners:

- e.1 **FAO Executed:** OSRO/PHI/001/CHA “Livelihood restoration and improved food security of IDPs in conflict affected areas in Maguindanao” to 7,250 IDP HHs; 750 Male FB rice and corn, 6,000 Male/Female vegetable producers and 500 Fishers and wives.

f. ACT for Peace Executed the following:

- f.1 Agri-based livelihood for 440 FBs.
- f.2 Training on crop production for farmers group in 10 return sites.
- f.3 Bio Intensive Gardening (BIG) support of 2,978 IDP Families.
- f.5 Provision of gardening tools for 298 IDP Families.

g. WFP – DAF Executed the following:

- g.1 Provision of food through FFW and FFT
- g.2 Cleaning/ clearing of irrigation canal.
- g.3 SWCs
- g.4 Crop production

2. Camp Coordination/ Camp Management (CCCM)

2.1 Situation

Harassment of armed men to civilians resulted to feelings of anxiety, discomfort, stress, depression

2.2 Problem Statement

The moral values and human rights of the IDPs were violated as brought by lost of individual privacy and congested atmosphere in the EC's HB.

2.3 Cluster Objectives

The moral values and human rights of the IDPs were violated as brought by loss of individual privacy and congested atmosphere in the EC's HB.

a. CCCM

- a.1 To assess and validate remaining 38 return sites.
- a.2 To establish Community-based Site management mechanisms.

b. Protection

- b.1 To standardize terminologies and definitions used by government and humanitarian actors
- b.2 To prevent and mitigate SGBV incidents/occurrence

c. Emergency Shelter

- c.1 To provide emergency shelter support for relocating families

2.4 Indicators

a. CCCM

- a.1 Needs are identified in terms of CCCM, Emergency Shelter and Protection
- a.2 at least one group is organized per site
- a.3 set of officers identified/elected

b. Protection

- b.1 Number of MSWOs trained
- b.2 Set of terminologies and definitions agreed upon and circulated
- b.3 Incidence of SGBV cases minimized
- b.4 Number of municipalities with IDP/NGO desk
- b.5 Number of cases mediated or resolved or referred

c. Emergency Shelter

c.1 Number of families provided with emergency shelter assistance

2.5 Current Activities/Commitments/Interventions

a. CCCM

a.1 Comprehensive/Joint Needs Assessment of the 38 sites

- 1.1 Meeting at the cluster level
- 1.2 Development of assessment tool
- 1.3 Conduct assessment
- 1.4 Consolidate and report back to cluster

a.2 Site Management

- 1.5 Drafting of TOR for the CCCM Cluster
- 1.6 Organize families who have returned (like the CCCM structure but in the context of the return site) such as BAPA (Bangsamoro Pabahay Association) in the 4 sites

Commitments:

1. DSWD: commits to facilitate the whole process; provide the list of 38 priority sites (including specific sites)
2. IOM: technical assistance to DSWD and the cluster; tools development

b. Protection

b.1 Capacity Building for Provincial/Municipal/ Barangay Council for the Protection of Children (P/M/B CPC)

- b.1.1 Leveling off activity on terms and usage of terms (emergency, transitional shelter, relocation, resettlement areas, re-integration)
- b.1.2 Orientation and training of MSWOs on Monitoring and Reporting Mechanism on Child Rights Violation
- b.1.3 Training on Guiding Principles of IDPs for MSWOs
- b.1.4 Orientation on International Humanitarian Law for MSWOs

b.2 Provincial/Municipal/ Barangay Inter Agency Committee on Anti Trafficking and Violence Against Women and Children (P/M/BIACAT VAWC)

- b.2.1 Conduct awareness raising activities or orientation on VAWC.

b.2.2 Installation of bathrooms for men and women (sex disaggregated) in IDP sites

b.2.3 Provide WASH facilities in IDP sites.

b.3 Human Rights Action Center

b.3.1 Establish an NGO and IDP desk with LGU volunteers in ECs to facilitate returns of IDPs and resolve, mediate or refer cases

b.3.2 Establish Civilian Protection Teams in the places of return

Commitments:

1. PWG members to provide technical advice and logistical support for the conduct of these activities.
2. Link with the current program of UNFPA and for SGBV
3. Link with UNICEF, ACF and OXFAM for WASH
4. Maximize existing WASH activities.
5. Coordinate with the PWG, NP, JCCCH, MHT, MINHRAC, MPC, MOGOP

b.4 Emergency Shelter

b.4.1 Establishment of temporary shelter in places where they intend to temporarily stay

Commitments:

1. Involve or encourage the participation of IDPs in the building of their temporary shelters.
2. Ask assistance from the MHT on what they can provide

3. Permanent Shelter Cluster

3.1 Situation

- a. Unstable Peace and order in their area/community
- b. IDP's houses were left behind and these were destroyed and burned.
- c. Identified location site of constructed houses are not acceptable to IDP's.
- d. Standard size on the modified shelter is small
- e. Lack source of Income/Job opportunities of IDPs
- f. Financial difficulties of IDPs in E.C.
- g. Absence of marketable skills among IDPs
- h. Lack of farm equipment/facilities and working animals.
- i. No land available for cultivation in the ECs

3.2 Problem Statement

The permanent shelter cluster identified that the major problem the IDP families are facing is that they have no home/shelter to return at their place of origin. This is primarily because of the unstable peace and order brought by the armed-conflict as well as the IDP's left their house and personal belongings. Other underlying causes identified are: IDP houses were destroyed & burned, place of origin is unsafe for returns, livelihood was destroyed during armed conflict and agricultural products were damaged by pests.

3.3 Cluster Objectives

- a. To continue the assessment and validation of the 3,112. of the 5,414 IDPs Families who expressed their willingness to returned in the 46 returned sites and follow up the returns of 10,717 IDP families.
- b. To ensure the IDP families of 46 return sites to have decent shelters after six (6) months in their place of origin, resettlement or relocation site.

3.4 Indicators

There are 16,131 IDP Families from the 46 return sited needing 1,594 units and repair of 3,000 units shelters partially damaged

3.5 Current activities/ Commitments

- a. Permanent Shelter and repair of partially damaged houses
 - a.1 Assess and validate IDPs with totally and partially damaged houses
 - a.2 Organize shelter beneficiaries into Bangsa mor Pabahay Association (BAPA)
- b. Construction of 269 Units of shelter at Pagatin and Dapiawan.
- c. Food/ cash for work (F/CFW)
- d. Transport,/handling and hauling of construction materials by LGU

4. WASH, Health, Nutrition and Psychosocial

4.1 Situation

- a. Some returned areas are hard to access due to difficult road condition
- b. Lack of manpower
- c. IDP's need motivation to practice hygiene sanitation/proper waste disposal

- d. Some returned areas have no WASH facilities
- e. Returned IDP's have no more assets to begin with
- f. Limited logistical support from government agencies
- g. Returned areas are hard to reach due to difficult terrain

4.2 Problem Statement

Lack coordination

4.3 Cluster Objectives

To insure access to improve water source, basic sanitation and proper hygiene

a. WASH

a.1 To reduce morbidity & mortality rates of common diseases in ECs & RAs.

b. Health

b.1 To provide WASH facilities according to international standards for target ECs.

b.2 To train concern health staff deployed in ECs and RAs in coordination with concerned CAs like the Oxfam.

c. Nutrition

c.1 To continue providing/distributing nutritious food stuffs, giving priority to malnourish under-five children of ECs.

c.2 To conduct survey /OPT on malnutrition incidence in target ECs.

a. Psychosocial

a.1 To widen coverage of psychosocial services in ECs, targeting at least 1 parent per family.

4.4 Indicators

- a. Coordination and cooperation of partners and LGU's and IDP's ease the implementation.
- b. Decrease number of diarrheal cases and other vector borne / water borne diseases
- c. Decrease Morbidity and Mortality Rates

- c. WASH Facilities are properly used maintained by populace
- d. Awareness of good hygiene practices among residents
- e. IDP's practice Hygiene and Sanitation

4.5 Current activities/ Commitments/Interventions

a. Health

a.1 Continuation of routine Health Care delivery services

- a.1.1 Resource augmentation in ECs & RAs in terms of medicines, drugs & other supplies by DOH – ARMM and other CAs;
- a.1.2 Human Resources Management/Deployment of Health Staff to undergo 24- hour duties in affected areas.
- a.1.3 Deployment of itinerant teams to target ECs & RAs (Conduct of Immunization Services)

a.2 Health Promotion in ECs and RAs: Orientation of common diseases in ECs and what to do.

a.3 Construction of temporary make-shift medical clinics in ECs.

- a.3.1. To conduct medical consultation/check-ups in ECs where unusual increase of diseases are observed.

a.4 Strengthening Referral System: For Emergency/Severely Malnourished Children.

- a.4.1 Making use of hospital ambulances for the use of ECs & RAs patient's referral.
- a.4.2 Coordination of LGU for masterlisting of IDPs.

b. WASH

- b.1 Conduct/Provide health promotions and campaign activities like proper waste disposal/management & personal hygiene.
- b.2 Provision/Distribution of water containers(Jerricans) and if possible regular drinking water supply in ECs.
- b.3 Capability Building: To orient and conduct training/ refresher course for concern health staff (RSIs) in coordination with some CAs.
- b.4 Regular collection/water sampling and analysis in target ECs.
- b.5 Regular submission of records and data to proper authorities for possible interventions.

c. Psychosocial

- c.1 Conduct of training of Trainers (ToT) of Basic Psychosocial services to concern health staff and to work out mechanisms of rolling out the training.
- c.2 Tap LGUs and other support groups (CHATs and BHWs) in the conduct of psychosocial orientation in ECs.

d. Nutrition

- d.1 Health promotion/social mobilization: Orientation of Common Diseases in ECs and what can be done (prevention)
- d.2 Referral of identified severely malnourished children to hospital for appropriate therapeutic interventions.
- d.3 Periodic conduct of Anthropomorphic measurement survey and Operation Timbang (OPT) to determine the incidence of malnutrition in ECs and RAs.
- d.4 Regular provision/distribution of High Energy Biscuits (HEBs) and compact foods in coordination with CERF and other support groups.
- d.5 To continue supplemental feeding projects in coordination with other agencies like WFP.

5. Logistic and Emergency/ Telecommunication

5.1 Situation

The needs of the IDPs are affected by the lack of telecommunication and logistical requirements of the RDCC for effective operation.

5.2 Problem Statement

- a. Lack of Disaster equipments and facilities
- b. No trained emergency responders
- c. Insufficient emergency operation's fund.

5.3 Cluster Objectives

The need of the IDPs properly addressed through available effective and efficient telecommunication and logistics.

5.4 Success indicators

- a. Appropriate disaster equipments and facilities are available

- b. Emergency responders are well-trained and equipped (WASAR, SAR, etc)
- c. Sufficient funds for emergencies are allocated.

5.5 Program/Project/Activities

a. Institutional Development Program

a.1 Activities

- a.1.1 Identify Regional/Provincial/City/Municipal (RPCM) Disaster Operation Center
- a.1.2 Procurement of communication and disaster equipment
- a.1.3 Conduct of contingency planning in the provincial/municipal and barangay levels
- a.1.4 Conduct skills training on Water Search and Rescue {WASAR}, Incidence Command System {ICS}, Medical First Responders {MFR} and others

6. Education

6.1 Situation

Ineffective delivery of education services

6.2 Problem Statement

- a. Poor access of IDPs to basic education
- b. Problems on policies and guidelines of education in elementary
- c. Poor supports from LGUs on education in emergency situations

6.3 Cluster Objectives

- a. To increase access to and availability of education supports for conflict affected (37,163) children in Maguindanao
- b. To improve quality of education services for conflict children in early recovery settings
- c. To increase knowledge and acceptance of education services among local communities to support early recovery of children
- d. To encourage the shaping of a policy environment that enables increased access to and availability of, as well as quality, of education services

6.4 Indicators

- a. 80% or 29,270 the targeted children are provided with education support towards early recovery
- b. 70% of the affected students is prepared to transition to formal education system after two months of implementation
- c. 80% of education personnel are provided with essential training on EiE and other relevant standards
- d. 80% of the targeted sites are supported with para-teachers and volunteers
- e. 75% of the affected school districts have activated local school boards (meaning, they have action plans/instructions and clearly identified membership and structure)
- f. 80% of the affected schools have activated PTCA (meaning, they have action plans/instructions and clearly identified membership and structure)
- g. Policies and standards are clearly outlined and rolled out for use by all schools within the early recovery sites

6.5 Current activities/ Commitments/ Interventions

a. Access and environment

- a.1 Continuing education session with psychosocial activities in 44 TLCs
- a.2 Continuing psychosocial activities in 68 CFS
- a.3 Students enrolled in place of origin school and in evac. Center school
- a.4 Students enrolled in original schools, evac. Center
- a.5 Construct 10 TLCs and 5 CFSs (to include WASH facilities). Note: TLCs and CFS will cater both in-school and out-school children and youth
- a.6 Repair of classrooms (193 slightly damaged classrooms, 54 partially damaged and 12 totally damaged; to include comfort rooms and hand-washing facilities)
- a.7 Provisions of 37,163 chairs (Maguindanao formal schools only+ other provinces); 485 tables (Maguindanao only+ other provinces); 485 chalk boards (Maguindanao only+ other provinces)
- a.8 Advocate implementation of government Scholarship Program RA 7687 (DOST, TESDA)

School Health and Nutrition

- a. Emergency School Feeding program (100% of affected children and youth=70,000) c/o WFP
- b. School/TLC/CFS vegetable gardening to sustain or alternative to the emergency supplementary feeding.

- c. Deworming (for 6-9 years old in-school children) and Micronutrient Provisions (Vitamin A for 6-9 years old in-school children)

b. Teaching and Learning

- b.1 ADL (distance learning modules) – 640 teachers and volunteers; (review figure re: no. Of teachers and volunteers)
- b.2 Children’s Learning packs (10,731 packs). This is for Grades 1-6.
- b.3 Teachers’ Packs (640 packs)
- b.4 Library Sets (dictionary, primers, encyclopedia,) (496 teachers x P5000/set)
- b.5 Training and Development of Distance Learning Modules on EiE and other learning materials
- b.6 Reproduction of materials (ADLM modules) for Grade 1 to 3 = 19,008 students)
- b.7 Training of teachers on MTLI-mother tongue learning instruction
- b.8 Reproduction of MTLI modules and other teaching and learning materials (e.g. textbooks, reference books, others) (for grades 1-3)

c. Teaching and Education Personnel

- c.1 Teachers’ Day Care Workers and Volunteers Training (INEE Training, Psychosocial, Emergency in Education, DRR (496 teachers and volunteers)
- c.2 Deployment of para-teacher and volunteers for TLCs

d. Community Participation

- d.1 Capacity Building for youth (Journey of Life, Life Skills) for affected youth (age 13-18) (2 days live-in Training/workshop X 1226 pax)
- d.2 Strengthening of EiE Advocacy to LGUs and other stakeholders –
- d.3 EiE Action Planning and Capacity Building for School Board, PTCA and education stakeholders
- d.4 Youth livelihood technology (short courses) (c/o TESDA)
- d.5 DRR training/workshop for children and youth. (Note: DRR already incorporated in the curriculum but limited to natural disaster only.)

e. Policy & Coordination

- e.1 For the first two (2) months, emergency education reinforcement (to normalize the situation)
- e.2 Policy (? – lesson content for the first 2 months – “*survival*”, *psychosocial*)

- e.3 Transition of Emergency Education to formal education in the third month; Shift/transition from teaching education in emergency to regular curriculum;
- e.4 Craft policy on Mainstreaming and Accreditation and Promotions (of those children attending alternative mode of education)
- e.5 craft policy on EiE Learning context
- e.6 Assess acquired learning skills from TLS or ADLM concepts vis-a-vis formal education concepts
- e.7 Policy on the use of schools as evacuation centers (Reference: RA 7610, DepEd Order, Draft on Guidelines on Closure of Schools as Evacuation Center and resumption of its “normal education function”

f. Commitments:

- a. DepEd has started regular classes in the affected (recovering) areas following the education framework of EiE.
- b. DepEd’s Bakwet Brigada Eskwela (still ongoing)
- c. Commitment from UNICEF to support local efforts for special education programs in early recovery sites to be implemented via partner agencies
- d. ACT For Peace to support construction of X classrooms
- e. WFP committed to support supplementary feeding activities in schools
- f. Save the Children currently implementing psychosocial interventions in 6 villages
- g. CFSI currently implementing psychosocial and EiE services
- h. UNICEF supported construction of TLS
- i. DoH to support deworming, vitamin provision, dental and medical mission
- j. ARG Office to construct school-buildings (JICA supported)
- k. MISOSA and DORP developed and ready for roll-out
- l. BEAM to support development of modules of Math, English, and Science ; Mother Tongue Language Instruction
- m. EQuALLS Program currently supporting curriculum
- n. A4P to provide books for peace education; will pilot “schools-for-peace”
- o. UNICEF/IOM/ILO/ to pilot YEM-DORP in three (3) high schools
- p. UNICEF: 3,310 library sets, 176 children’s packs, teachers packs, hygiene kits, tarpaulins, and other instructional materials
- q. Commitment from UNICEF to support capacity-building activities in early recovery sites to be implemented via partner agencies
- r. UNICEF-supported training activities for capacity-building of youth (journey of life, life-skills)
- s. Adaptation of the ToR for the Education Cluster that was already developed

- t. Education clusters core members to start planning for development/adaptation of EiE policies and standards

7. Early Recovery Cluster

7.1 Situation:

Spontaneous Return of IDPs

7.2 Problem Statement:

The needs of the IDPs are not properly addressed and systematically provided

7.3 Cluster Objectives:

- a. In six months period, the needs of the IDPs are properly and systematically provided through the strengthening and broadening of the Technical Management Group (TMG)
- b. Build capacities of local leaders and other stakeholders for effective early recovery response and disaster preparedness.
- c. Support government-led and spontaneous early recovery initiatives by affected communities.

7.4 Indicators:

- a. Strengthened Technical Management Group taking lead in ER activities
- b. Report is regularly updated
- c. Funds are appropriated for monitoring and evaluation of ER Programs/project implementation
- d. Strengthened capabilities of the Actors (concerned line agencies, LGUs, local CSOs)
- e. Active coordination of ER activities at the level of LGUs.

7.5 Programme:

- a. ER Coordination and Monitoring
- b. Institutional Development and Capacity Building
- c. Support to Community based ER program

Activities:

- a. Conduct of regular coordination meetings (RDCC/Clusters) for convergence of responses to IDPs
- b. Conduct regular visitation to IDP sites (evacuation centers, place of origin, settlement)
- c. Conduct awareness on the new R.A.1021, strengthening the Philippines' National Disaster Risk Reduction Management to the local, newly elected officials pending the issuance of the IRR
- d. Conduct regular RDCC meeting
- e. Strengthen local government capacity to plan and manage ER and longer-term development.
- f. Support local efforts for ER coordination.
- g. Conduct capacity building for LGUs to strengthen capacity to resume delivery of basic public services
- h. Assist communities to formulate site specific ER plans (including conflict management and risk reduction, feasibility plan for early economic recovery, emergency employment possibilities).
- i. Institutionalise community-based ER activities
- j. Prepare proposals for submission to donor institutions or funders
- k. Conduct donors forum for Community ER plan funding assistance
- l. Support community infrastructure development (shelters, farm to market roads)
- m. Support spontaneous livelihood recovery initiatives of affected families and communities through institutional partnerships and technical assistance.

7.5 Current Activities/commitment:

- a. Formulation of ER plan
- b. Coordination with partners
- c. Regular meetings and coordination activities
- d. Coordination Activities
- e. Technical support on ER coordination at the local level
- f. Conduct of site specific assessment and ER planning

7.6 Gaps:

- a. Monitoring of the implementation of the ER Plan
- b. Capacity building activities for LGUs on E
- c. Fund to support the implementation of the ER plans at the return sites

8. Aggregate Total Cost of ARMM “Cluster” Early Recovery Plan

Table 05 – Aggregate Total Cost of ARMM “Cluster” Early Recovery Plan

CLUSTER/S	FOCAL AGENCY	WITH FUNDING	REQUESTED FUNDING	TOTAL
Food Security, Agriculture, and Livelihood	DSWD/DA TESDA	10,830,500 380,000	55,727,500 5,000,000	71,938,000
Camp Management, Emergency Shelter, and Protection	DSWD	2,000,000	60,000,000	62,000,000
Permanent Shelter	DSWD	14,795,000	96,140,000	110,935,000
WASH <ul style="list-style-type: none"> • Returned IDPs • Construction of Facilities 	DOH		23,605,756	48,146,566
Health Nutrition Psychosocial Services			13,770,000 8,618,750 2,152,060	
Logistics and Emergency Telecommunications	TMS		6,590,000	6,590,000
Education	DEPED	10,710,158	104,090,200	114,800,358
Early Recovery	TMS/RPDO	7,927,000	19,030,000	26,957,000
AGGREGATE TOTAL (Php)		46,642,658	394,724,266	441,366,924

* Out of the P46,642,658 assistance, about P10 million was provided by the Autonomous Regional Government and the Regional Line Agencies.

Chapter IV

PLAN IMPLEMENTATION, COORDINATION, FUNDING STRATEGY AND MONITORING AND EVALUATION

1. PLAN IMPLEMENTATION AND COORDINATION MECHANISM

The Early Recovery Plan shall be implemented and coordinated through the Regional Disaster Coordinating Council (RDCC) headed by the ARMM Regional Governor. The RDCC is a region-wide council for emergency response and assistance. This is where concerted efforts and coordination among the ARMM Regional Line Agencies, down to all levels of the Local Government Units.

Reporting to the National Government through the National Disaster Coordinating Council (NDCC), the RDCC shall extend support/assistance to Provincial Disaster Coordinating Council (PDCC) in the Provincial levels. This relationship shall be maintained down the line towards the Municipal (MDCC) and Barangay (BDCC) through their respective Disaster Operation Centers. All these Disaster Coordinating Councils, from the Provincial down to the Barangays are established to complement the Regional Disaster Coordinating Council. Likewise, the RDCC is established to complement the NDCC.

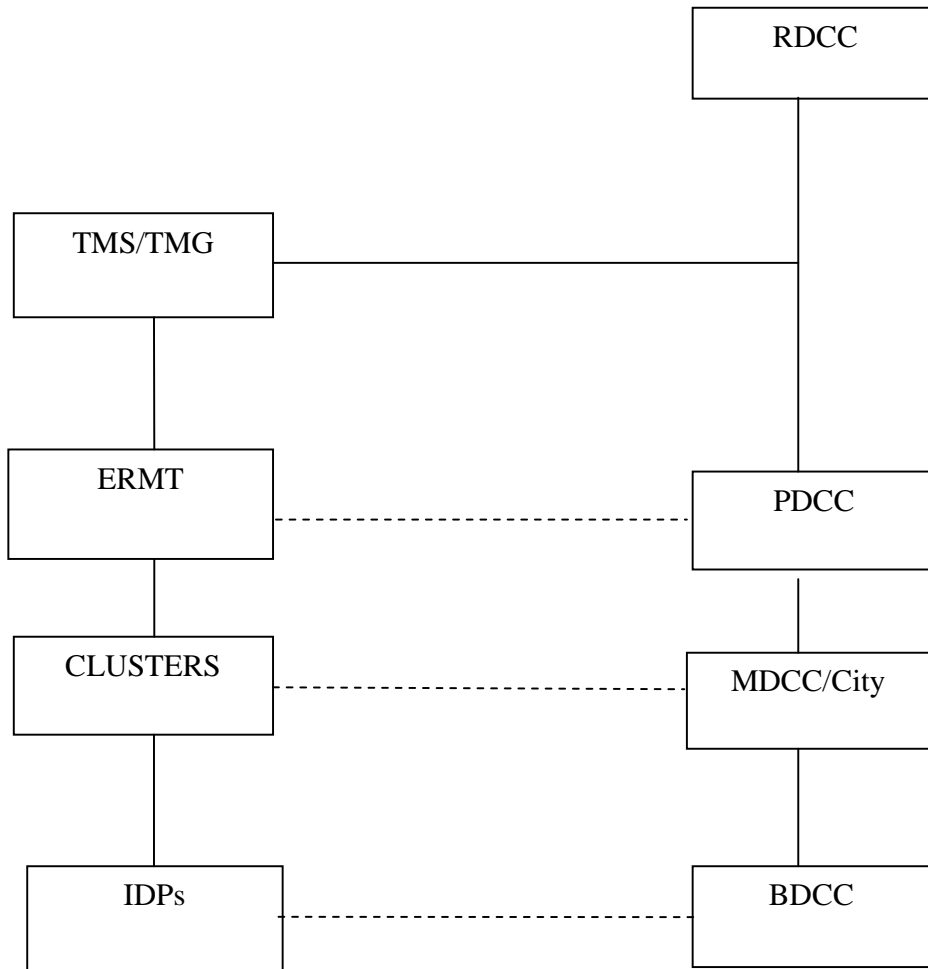
At the Regional level, the RDCC shall be operated by Cluster, composed of seven (7) clusters as follows: 1) Food security, Agriculture and Livelihood, 2) Camp Coordination/ Camp Management, (CCCM) , 3) Permanent Shelter, 4) WASH, Health Nutrition and Psychosocial Services, 5) Logistics and Emergency/ Telecommunication, 6) Education, 7) Early Recovery.

Coordination, complementation and collaboration among partners of the government, including the NGOs, INGOs and humanitarian institutions shall be done through the different clusters which shall meet regularly in the course of the plan implementation.

Down the line in the lower levels in the municipalities or barangays (return site specifics), the clusters may also be adopted in the implementation of the ER Plan in the Barangay Levels.

1.1. Regional Disaster Coordination Mechanism, ARMM

Figure 1. Organizational Structure

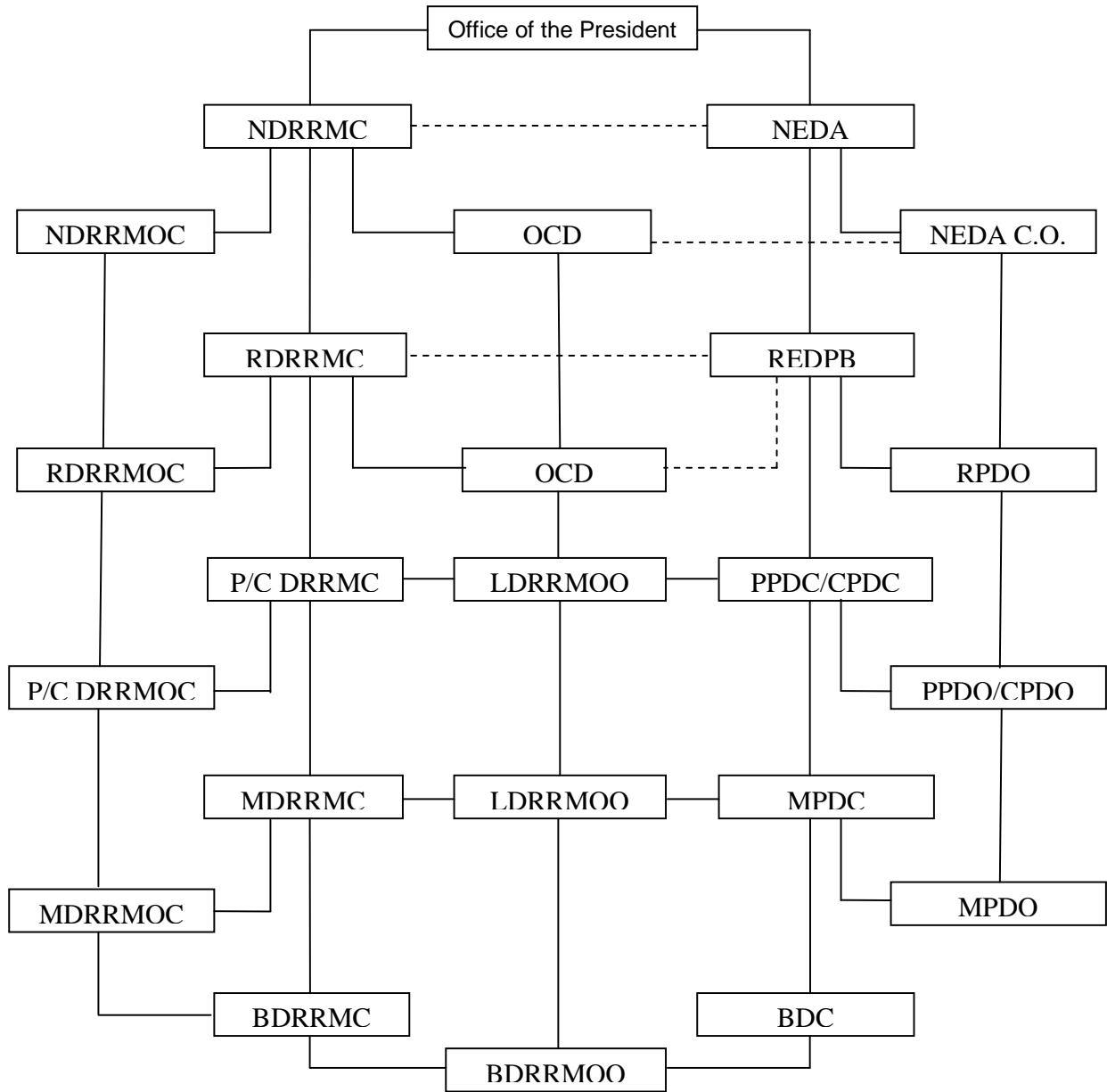


TMS – Technical Management Services
TMG – Technical Management Groups
ERMT – Early Recovery Management Team
IDPs – Internally Displaced People
RDCC – Regional Disaster Coordinating Council

Legend:
----- Coordination

1.2 National, Regional, Local Linkages Mechanisms

Figure 2. Implementing and Coordination Structure



Legend:

NDRRMC – National Disaster Risk Reduction Management Council
 NDRRMOC – National Disaster Risk Reduction Management Operation Center
 RDRRMC – Regional Disaster Risk Reduction Management Council
 RDRRMOC – Regional Disaster Risk Reduction Management Operation Center
 P/C DRRMC – Prov’l/City Disaster Risk Reduction Management Council
 P/C DRRMOC – Prov’l/City Disaster Risk Reduction Management Operation Center
 MDRRMC – Municipal Disaster Risk Reduction Management Council
 MDRRMOC – Municipal Disaster Risk Reduction Management Operation Center
 BDRRMC – Barangay Disaster Risk Reduction Management Council
 BDRRMOO – Barangay Disaster Risk Reduction Management Operation Council
 NEDA CO – National Economic Development Authority Central Office

OCD – Office of Civil Defense
 RPDO – Regional Planning and Development Office
 PPDO – Provincial Planning and Development Office
 MPDO – Municipal Planning and Development Office
 CPDO – City Planning and Development Office
 REDPB – Reg’l Economic & Development Planning Board
 PPDC – Provincial Planning and Development Coordinator
 MPDC – Municipal Planning and Development Coordinator
 BDC – Barangay Development Council
 CPDC – City Planning and Development Coordinator

2. FUNDING STRATEGY

Upon the finalization of the Enhanced Early Recovery Plan, the Autonomous Regional Government shall endeavor through its appropriate coordination body, the RDCC-TMG, to work-out all possible means to source out funding for the identified interventions in terms of program, project and activities. All possible fund resources shall be utilized to include donors-forum and similar undertakings.

Funding from the national government, the ODA partners, NGOs, the regional government as well as the local government units (LGUs) shall be tapped.

Specific sources of fund from the national government are the calamity fund under the National Disaster Coordination Council (RDCC) now National Disaster Risk Reduction and Management Council (NDRRMC, RA 10211 s. May 2010). The five (5) percent calamity funds of LGUs as well as contingent fund from the Office of Regional Governor and Regional Line Agencies shall also be utilized. Special allocation from the House of Representatives could also be a source of funding, as well as from the Early Recovery funds of ODA partners and NGOs.

Advocacy shall be conducted to be led by the ARMM RDCC-TMG utilizing the role of the media to popularize the Early Recovery Plan. The Bureau of Public Information (BPI) ARMM shall spearhead all information campaign in popularizing the Enhanced Early Recovery Plan.

3. MONITORING AND EVALUATION

Monitoring and evaluation of the Enhanced Early Recovery Plan implementation is an important component to ascertain that the plan is well-implemented and that the target beneficiaries are assured of these government and ODA partners assistance. Since the Enhanced Early Recovery Plan would cater to the IDPs needs during the transition period between relief and onset of rehab and long-term development, close monitoring is of prime consideration given the urgency of catering to the needs of the IDPs. Timely and concerted delivery of these IDP assistance utilizing the internationally accepted “cluster approach” is an important Early Recovery Strategy.

An Ad-hoc Monitoring Team under the supervision of the RDCC-TMG shall be organized to undertake the monitoring of the Enhanced Early Recovery Plan implementation utilizing the existing regional and local coordination structures. Foremost in monitoring activities is the application of timely remedial actions on identified issues and problem affecting program/project/activities implementation.

Subject of monitoring and evaluation activity shall not only focus in implementation, it also includes good practices and experiences that can be replicated as far as the Enhanced Early Recovery Plan is concerned. One good aspect of monitoring is documentation that is accurate, reliable and timely. Reporting of said

implementation in proper venue and use of appropriate medium is plus factor. The active role of the BPI-ARMM and its media partners in this aspect shall be utilized.

Site-Specific Program Mapping

Target Barangays	Education			Shelter			Health			Livelihood			Governance			Infrastructure		
Barangay 1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 2	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 3	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 4	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 5	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 6	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 7	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 8	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 9	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Barangay 10	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Donor/GO	IOM	FAO	UNICEF	OCHA	WFP	STC	UNHCR	ARG-ARMM
Color Code	■	■	■	■	■	■	■	■

The site-specific program mapping shall be used as a tool to pinpoint specific interventions as well as gaps in the actual delivery of specific programs/projects or activities by providers. It is an effective tool for monitoring site-specific interventions.

ANNEXES

1. Legal Issuance
2. Action Plan By Cluster

**ARMM EARLY RECOVERY
Action Plan
July – December 2010**

CLUSTER: FOOD SECURITY, AGRICULTURE AND LIVELIHOOD

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATOR	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
FOOD SECURITY	Less coordination of other cluster members on food distributions and schedules.	The IDPs both EC's and HB experienced insufficient food supply due to constant increase of IDP numbers during distribution.	To ensure the IDPs families have the capacity to have enough food for their families	No. of IDP families received rice	Conduct skills training on: food preservation, cooking of local foods, nutrition education, technical inputs on farming and provide farm inputs and seedlings.		10,830,500 (WFP)	40,327,500
	Gov't. Standard of 5 kilos of rice per ration is far beyond standard for family of 6 in a couple of days.	Primary Cause:		No. of IDP families have backyard gardening				
	Encounter hardship in food distribution due to use of aliases	• Uncoordinated schedule of distribution		Availability of local foods				
	Lack of farm equipments/facilities and working animals.	Secondary Cause:		No. of IDPs engaged in small income				

				generating activities				
	No land available for cultivation in the Evac. Centers	<ul style="list-style-type: none"> Increasing numbers of IDPs during distribution. 						
		<ul style="list-style-type: none"> Host families served as IDPs in the ECs and HB 						
		<ul style="list-style-type: none"> Food supplies for IDPs in the ECs were shared to the HB IDPs. 						
		<ul style="list-style-type: none"> Host families were counted as IDPs 						
		<ul style="list-style-type: none"> Lack of LGU counterpart in relief assistance & non utilization of 5% calamity fund. 						
AGRICULTURE AND LIVELIHOOD	Unstable Peace and Order in their area/community	IDP family's belongings and houses were looted and destroyed during evacuation.	Continue assessment and validation of the 3,112 out of 5,414 IDP families who	There are still 16,131 IDP families Inside Evacuation Centers in the 46	Conduct dialogue/ consultative meeting and other related activities in addressing the	Absence of DAF-ARMM fund intended for the Livelihood		1,500,000

			expressed their willingness to return in the 46 returned sites and encourage the returns of unspoken 10,717 IDP families.	identified return sites needing 2,017 units of totally damaged houses and repair of 3,000 partially damaged houses.	IDPs situation	Project		
	IDPs houses were left behind and these were destroyed and burned	Primary Cause:	To ensure the IDP families of 46 return sites to have decent shelters after six (6) months in their place of origin, resettlement or relocation site.	IDPs needs 2,017 permanent shelters	Conduct update vegetable production technology and crop protection			250,000
	Constructed houses for relocation are not acceptable to the IDPs.	<ul style="list-style-type: none"> • Unstable peace and order due to armed conflict. 			PROVISION OF FARM INPUT			
	Funded Shelter by other stakeholders are not in accordance with agreed standard	Secondary Cause:			Provide work capital and animal work to organized IDPs (farmers)			1,500,000
	Lack of income activities/opportunities inside	<ul style="list-style-type: none"> • IDPs force by circumstanc 			Provide and distribute of assorted			

	evacuation centers.	e to left their houses.							
	Financial difficulties of IDPs in Evac. Center	Underlying Cause:			• Vegetable seeds			150,000	
	Absence of marketable skills among IDPs	• IDPs becomes homeless			• Palay Seeds			1,500,000	
		• IDPs house were destroyed & burned			• Corn seeds			2,500,000	
		• Place of origin is still considered unsafe			• Cassava cutting seed pieces			1,500,000	
					Agriculture & Fisheries and Facilities				
					• Finger ling (fish finger ling)			1,500,000	
					• Fishing gears			2,000,000	
					• Provision of Post-harvest facilities			3,000,000	
TOTAL								10,830,500	55,727,500

**ARMM EARLY RECOVERY
Action Plan
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CLUSTER: LIVELIHOOD

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATORS	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
Technical-Vocational Education and Training Center-Based and CBT/CBTED Trainings (TESDA-ARMM)	Lack of livelihood opportunities for the IDPs in Evacuation Centers, Return Areas and/or Resettlement/Relocation Areas	No sources of income and for the basic needs of the IDPs and their families Low employability of the IDPs	Provision of (main or alternative) livelihood opportunities for the IDPs, especially on the following priority qualifications, but not limited to: carpentry, plumbing, masonry, garment sewing, and weaving.	Number of IDPs trained and empowered (Target: 1050 for FY 2010) 50 IDPs (funded) 1000 IDPs (unfunded)	1. Conduct of Rapid Community Assessment (RCA) 2. Preparation of Training Plans/Proposals 3. Identification of Trainers 4. Procurement of tools, equipment and materials 5. Conduct of Skills Trainings 6. Conduct of Entrepreneurship training, if needed.	Training sites/venues and facilities (power and water) around or near IDP's locations 1000 IDPs (Unfunded)	380,000	5,000,000
TOTAL							380,000	5,000,000

**ARMM EARLY RECOVERY
Action Plan
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CLUSTER: CCCM, EMERGENCY SHELTER AND PROTECTION

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATORS	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
	Harassment of armed men to civilians resulted to feelings of anxiety, discomfort, stress, depression	The moral values and human rights of the IDPs were violated as brought by lost of individual privacy and congested atmosphere in the EC's HB.	The moral values and human rights of the IDPs were violated as brought by lost of individual privacy and congested atmosphere in the EC's HB.	Functional camp committees	Establishment of temporary shelter		2,000,000	60,000,000
	Congested families in EC's & HB.	Underlying factors:		Responsible Committee Members	Conduct of camp management orientation			
	Children/women experiencing common sickness in EC's.	<ul style="list-style-type: none"> Congested situation in EC's and HB 		IDP family/members psychologically stable	Organization of camp management volunteers/committees to clearly defines its functions.			
		<ul style="list-style-type: none"> Some host communities 		IDP leaders attended	Installed community			

		s/families build their own tents within the EC's perimeter.		training and orientations.	kitchen			
		<ul style="list-style-type: none"> Some NGO's entertained non IDP families. 			Installed IDP's and NGO ask (LGU volunteer)			
					Installed bathroom for women/men			
					Installed light, fencing			
					Wash facilities			
					Telecommunication			
					Mobile health stations			
					For children/women			
					Define emergency			
					Transitional, relocation or resettlement area			
					Coordinate with AFP & PNP etc.			
					Secure clearance on UXO from AFP			

					Provide cash assistance			
TOTAL							2,000,000	60,000,000

**ARMM EARLY RECOVERY
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CLUSTER: PERMANENT SHELTER

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATORS	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
PERMANENT SHELTER PROJECT	Unstable Peace and Order in their area/community	IDP family's belongings and houses were looted and destroyed during evacuation.	Continue assessment and validation of the 3,112 out of 5,414 IDP families who expressed their willingness to returned in the 46 returned sites and encourage the returns of unspoken 10,717 IDP families.	There are still 16,131 IDP families Inside Evacuation Centers in the 46 identified return sites needing 2,017 units of totally damaged houses and repair of 3,000 partially damaged houses.	1. Construction of 269 permanent shelters and the repair of 13 shelters at Brgy. Pagatin and Dapiawan.	Absence of DSWD-ARMM fund intended for permanent shelter	14,795,000 (Act For Peace & DSWD - National)	96,140,000
	IDPs houses were left behind and these were destroyed and burned	Primary Cause:	To ensure the IDP families of 46 return sites to have decent shelters after six (6) months in their place of origin, resettlement or relocation site.	IDPs needs 2,017 permanent shelters	1.1 Further assess and validate IDPs with totally and partially damaged houses			

	Constructed houses for relocation are not acceptable to the IDPs.	<ul style="list-style-type: none"> Unstable peace and order due to armed conflict. 			1.2 Organize shelter beneficiaries into Bangsamoro Pabahay Association (BAPA)				
	Funded Shelter by other stakeholders are not in accordance with agreed standard	Secondary Cause:			2. Food/Cash for Work (F/CFW)				
	Lack of income activities/opportunities inside evacuation centers.	<ul style="list-style-type: none"> IDPs forced by circumstances to leave their houses. 			3. Transport/handling and hauling of construction materials by LGU to return sites.				
	Financial difficulties of IDPs in Evac. Center	Underlying Cause:			4. Carpentry /Masonry Training				
		<ul style="list-style-type: none"> IDPs become homeless 							
		<ul style="list-style-type: none"> IDPs houses were destroyed & burned 							
		<ul style="list-style-type: none"> Place of origin is still considered unsafe 							
TOTAL							14,795,000	96,140,000	

**ARMM EARLY RECOVERY
Action Plan
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CLUSTER: WASH

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATOR	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
I. Social Preparation 1. Meeting with LGU/Barangay Leaders		Lack coordination	To insure access to improve water source, basic sanitation and proper hygiene	Coordination and Cooperation of Partners and LGU' and IDP's ease the implementation.	Consultation meeting with LGU/IDP Leader and IDP's s	15 units		45,000
2. Provision of WASH Facilities to Population affected by the conflict both in the EC and returned areas in life threatening situation TARGET IDP's : 13,775 families or 76,820 ind.		* Some returned areas are hard to access due to difficult road condition * Lack of manpower * IDP's need motivation to practice hygiene sanitation/proper waste disposal * Some returned		* Decrease number of diarrheal cases and other vector borne / water borne diseases * Decrease Morbidity and Mortality Rates	Provision of latrines, bathing cubicles, hand- pump / jetmatics, protected dug wells * Construction of communal water storage tanks * Provision of WASH Stand, hygiene kits,			
2.1) Construction of						92 units		4,599,862
						92 units		1,861,434

Permanent Latrines		areas have no WASH facilities			soaps, slippers	92 units		2,388,458
2.2) Bathing Cubicle		* Returned IDP's have no more assets to begin with			* Receptacle for Solid Waste, DecontaminatiDisinfectant (Hyposal), fencing of farm animals, on/ water trucking services	92 units		73,600
2.3) One unit 60 ft deep Hand pump		* Limited logistical support from government agencies			* Provision of drinking water containers (jerry cans) diarrheal kit, mosquito nets			
2.4) Transportation/ Mobilizatio/On site Delivery of Material					* Receptacle for solid waste, decontaminat ion/ disinfectant (Hyposal), fencing of farm anim water trucking services			
3. Regular Water Sampling/ Analysis		* Returned areas and hard to reachdue to difficult terrain			* Conduct regular water sampling and analysis of drinking water	450 samples		138,000

					sources * Provision of purifying tablet (hyposal tab) *Maintenance of filtration equipments used on some returned areas			
4. Distribution of Jerry Cans/Hyposol/Hygiene Kit						13,775 families		13,775,000
4.1 Delivery Cost						45 areas		161,000
5. Orientation/Training on WASH for Local HealthWorkers, Hygiene Promoters, Sanitary Inspect-tors, Community Health Volunteers and othertors, Community Health Volunteers and other				* WASH Facilities are properly used maintained by populace	Recruitment/training of WASH implementers	276 fax x 10 mtgs		82,800
				Awareness of good hygiene practices among residents		46 mtgs		115,000
				IDP's practice Hygiene and Sanitation	* Orientation/training of IDP's	108 person/mo . for 3		129,600

d Maintenance of WASH facilities						months		
Hygiene Promoter Food and Transportation Hygiene Promoter Food and Transportation								
6. Recording / Reporting					* Documentati on of events / activities / lesson learned / good practices			
7. Monitoring / Evaluation		* Hard to reach areas * Lack of manpower			* Data collection / interpretation / analysis * Continuous monitoring and collection of WASH	6 months		36,000
TOTAL								23,405,756

**ARMM EARLY RECOVERY
Action Plan
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CLUSTER: HEALTH

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATORS	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
1. Conduct proper master listing & assessment of health needs in identified areas	Profiling/interviews of identified families in ECs & RAs	No new data as to family profile	To ensure delivery of health services and availability of needed drugs, medicines and corresponding supplies in identified Return Areas (RAs) and Evacuation	Completion of a new family profile database	Conduct of family interviews and consultation	Establishment of a new <u>family profiles/database</u> in identified area		422,400
II. Provision/delivery of <u>RHU/BHS health services</u>	<ul style="list-style-type: none"> • Routine medical consultations, counseling, distribution of available medicines/drugs • Deployment 	<ul style="list-style-type: none"> • Undermanned & over worked health staff • Poor coordination & no funds for subsistence allowance (meals, meryenda) 	To ensure delivery of health services and availability of needed drugs, medicines and corresponding supplies in identified	All IDPs who sought health services are well satisfactorily attended.	<ul style="list-style-type: none"> - Implementation of the usual/routine medical services -Tapping LGU support & local groups in EC/RA health operations 	<ul style="list-style-type: none"> -Ensure continuous medical services in ECs -Strategic deployment of Mag. IPHO staff -Strengthening networking & linkages with 		6,496,800

	<p>of health staff & mobilization of local health groups (CHATs, BHW)</p> <ul style="list-style-type: none"> • Augmentation/ Replenishment of drugs, medicines & supplies of identified RHUs & BHs. • Inventory, purchase & distribution of medicines, drugs & supplies to identified RHUs & BHs. 	<ul style="list-style-type: none"> • Delay in the delivery of DOH-ARMM drugs & medicines • Lack of drug, medicine/ supply inventories • Fund sources 	Return Areas (RAs) and Evacuation		-Regular conduct of monthly inventory of affected health facility to determine volume/quantity of purchase	<p>other support group</p> <ul style="list-style-type: none"> -Ensure availability of needed medicines, drugs & supplies in ECs & RAs -Procurement of identified medicines like antibiotics, antipyretics, anti-hypertensives & other 		
III. Health education & promotion on Prevention & control of common EC dses & environmental	On site orientation on the natural hx of dses, pathogenesis, etiology, transmissibility & methods of control & prevention	Poor level of understanding & internalization	To ensure delivery of health services and availability of needed drugs, medicines	reduced morbidity & mortality rate in identified areas	Mag. Dialect must be the medium of instruction in IDP sessions -utilization of localized audio-visual	Orientation must be localized & with local audio visual aids		544,800

sanitation			and corresponding supplies in identified Return Areas (RAs) and Evacuation		aids			
IV. Conduct of regular Disease surveillance in target ECs & in RAs	Regular submission & reporting of notifiable diseases in ECs & to include target RAs in coordination of IPHO Mag. Staff	Poor coordination with concerned IPHO Mag. Health staff	To ensure delivery of health services and availability of needed drugs, medicines and corresponding supplies in identified Return Areas (RAs) and Evacuation	Surveillance reports submitted on time & appropriately acted upon		<ul style="list-style-type: none"> Regular bi monthly conduct of health surveillance & subsequent intervention Coordination with IPHO Mag. Staff 		
V. Strengthening of Referral System in EC & RAs	<ul style="list-style-type: none"> deployment of hospitals ambulances & LGU vehicles for patients transport to appropriate hospital (Mag.Prov'l hospital & others) expand referrals coverage to other nearby 	<ul style="list-style-type: none"> there is only one referral hospital so far that attend to IDP referrals no clear-cut roles/tasking of major actors. yet to forge more MOUs. 	To ensure delivery of health services and availability of needed drugs, medicines and corresponding supplies in identified Return Areas (RAs) and Evacuation	<p>MOUs with other hospitals & other</p> <p>Groups are made/ completed</p>	<p>-utilization of communication equipments in transport of patients (icom handsets & mobile phones)</p> <p>-tapping LGU staff support in the transport of patients</p>	<ul style="list-style-type: none"> expand referral MOUs to other nearby hospitals tapping LGU support in the referral of patients work out/ forge agreements/ understanding with other 		6,306,000

	hospitals					groups & Mag. IPHO		
VI. Conduct of Reviews of death cases & program implementation	Submission of FHSIS reports & Notifiable dses from RHUs & ECs	Under reporting of death & other health data	To ensure delivery of health services and availability of needed drugs, medicines and corresponding supplies in identified Return Areas (RAs) and Evacuation	Reports monthly review is conducted	Monthly review of death cases in ECs in coordination with concerned IPHO Mag. Staff	Morbidity/ Mortality reviews as well as the usual		
TOTAL								13,770,000

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CLUSTER: NUTRITION

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATOR	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
Operation Timbang (OPT)			To ensure timely nutrition assessment and surveillance in the target areas	% of 6-59 months old children with low weight –for-age index(underweight) -% of 6-59 months old children with low weight-for-height index (wasting) - # of children screened using MUAC	RHU staff trained on the proper use of the MUAC tape			603,250
Community Management of Acute Malnutrition (CMAM) which includes OTP/ITP/SFP			To ensure the availability of treatment of malnutrition in the target areas	# of facilities with functioning OTP/ITP <ul style="list-style-type: none"> • # of trained staff in CMAM • Availability of standard treatment drugs # of children enrolled in CMAM # of children treated # of pregnant women enrolled SFP # of PW treated % recovery % of defaulters/drop-outs	Expansion of OTP sites for SFP Day care stabilization center in Datu Piang			7,640,250

				% deaths # Exits from OTP % coverage # of education classes conducted # of participants in classes # of IEC distributed				
Garantisadong Pambata (GP)			To ensure the availability of DOH nutrition programs in the target areas	# and % of children 6-59 months old given VAC # and % of children 12-71 months old dewormed # and % of pregnant women given complete iron with folic acid # and % of pregnant women given MMS % of infants 2-6 months old with low birth weight give iron drops % of anemic children 2-59 months old given iron drops/syrups	Routine Supplementation and Universal Supplementary (GP) April and October			
Infant and Young Child feeding (IYCF)			To ensure appropriate IYCF in the target sites	# and % of staff trained on IYCF # of support group organized # of mother class conducted	All frontline health workers will be trained on PGN/IYFC			330,250
Regional Nutrition Cluster			To ensure cluster coordination	Number of meeting held Availability of medium for information sharing	Dedicated Nutritionist-Dietician from DOH-ARMM			45,000
TOTAL								8,618,750

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Action Plan
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CLUSTER: PSYCHOSOCIAL

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATORS	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
I. Capability Building • Training of Trainers of (TOT) DOH-ARMM and IPHO-Maguindanao staff on Psychosocial and Stress Mngt (25 pax)		No funding source	To ensure the delivery of psychosocial services to ARMM IDPs in 46 return areas		Training of 3 Response Team of DOH-ARMM and IPHO-Maguindanao TEV for 2 expert speakers - 1,500x25x3			140,560
II. Health Education and Promotion • Conduct of series of psychosocial and stress mngt. orientation in the return areas by		No funding Source No masterlist for database Lack of conduction of IPHO-Mag. DOH-ARMM Week	To ensure the delivery of psychosocial services to ARMM IDPs in 46 return areas		Coordination of IPHO- Mag., DOH-ARMM staff and with LGU support			2,011,500

trained IPHO-Mag and DOH- ARMM staff		Tapping of LGU support						
III. Monitoring and Evaluation								
TOTAL								2,152,060

**ARMM EARLY RECOVERY
Action Plan
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CLUSTER: TELECOMMUNICATION

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATOR	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
Institutional Development	The needs of the IDPs are affected by the lack of telecommunication and logistical requirements of the RDCC for effective operation.	Absence of Office of Civil Defence in the ARMM	The need of the IDPs properly addressed through available effective and efficient telecommunication and logistics	Regional Operation Center (ROC)		Identify Regional/Provincial/City/Municipal (RPCM) Disaster Operation Center		20,000
		Lack of Disaster equipments and facilities		Appropriate disaster equipments and facilities are available		Procurement of communication & disaster equipment / facilities and ambulance vehicle		3,500,000
				Number of contingency planning conducted		Conduct of contingency planning in the provincial/municipal and barangay levels		2,320,000
		No trained emergency		Emergency responders are		Conduct skills training on Water		750,000

		responders Insufficient emergency operation's fund		well-trained and equipped (WASAR, SAR, etc) Sufficient funds for emergencies are allocated.		Search and Rescue {WASAR}, Incidence Command System {ICS}, Medical First Responders {MFR} and others		
TOTAL								6,590,000

**ARMM EARLY RECOVERY
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CLUSTER: EDUCATION

PROGRAM	SITUATION	PROBELM	CLUSTER OBJECTIVES	INDICATOR	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
Access and Environment	Regular classes started in places of origin, schools and evacuation centers through EiE (ADLM)	Damaged classrooms, facilities and equipment	To maximize the delivery of services and resources for the educational needs of the affected in-school students and OSY utilizing the EiE (Emergency in Education) minimum standard on access and environment, teaching and learning, teachers and other personnel and policy and coordination in attaining	80% or 34,532 of the affected IDP students will be provided with support towards Early Recovery	Bakwet Brigada Eskwela repaired tables, chairs and facilities and polish classrooms	Construction, repair of classroom facilities and equipment	3,500,000	6,000,000
				60% of the needed classrooms, facilities and equipment provided	6 partially damaged classrooms repaired or upgraded, 48 remain unrepaired	54 partially damage (250,000/ classroom)		2,000,000
					40 slightly damaged classroomswill be provided material support with 158 remaining unrepaired	198 slightly damaged (50,000/ classroom)		7,900,000
						Provision of 35,838 chairs (300/piece)		10,800,000
						495 tables (800/ table)		
						970 chalkboard		148,500

			desired education output as one instrument in normalizing their life in pursuit of realistic development.			210 latrine (boys and girls @ 25,000 for 164 latrines	346,158	776,000 4,100,000
	Continuing education with psychosocial intervention, and stress debriefing (TLS and CFS and formal school) with School Health and Nutrition Masterlisting of IDP students for Emergency Feeding	Repair and additional construction of TLS		100% of the identified affected students IDPs served	Constructed (2009-2009) 44 TLCs, 68 CFS additional Affected students benefitted from supplementary feeding and food for school (S.Y. 2008-2009)	82 schools x 2 unit of WASH @ 10,000/unit 15 additional TLS with WASH will be constructed at places of origin Emergency school feeding for 46,610 affected IDP students	1,500,000 1,200,000	820,000
	Deworming for ages 6-9 years old students	No available resources		90% malnourished IDPs were treated	Deworming micronutrients provisions were given last year	Deworming and provision of micronutrients for the 19,231 students @ 18.00/child		1,640,000
Teaching and Learning	Regular classes started in places of origin/schools with EiE	Lack of instructional materials (module ref. and		70% of the total affected IDP students in preparation	Provided 1,260 MISOSA modules for Grades 4-6 affected pupils	Provision of Grades 4-6 module for 9,509 students x 6 subjects = 57,254	964,000	11,400,000

	concepts for transition and preparation for formal education	textbooks, audiovisuals		from transition to formal education system after more than a month 70% to 80% of the total number of affected school given EiE and educational support materials	and 3,560 MISOSA modules for TLS and CFS (English, Math, Science, Filipino, EPP and Araling Panlipunan, 2009-2010)	@ 200/module		
	1,965 IDP Students (secondary) DORP-YEM Pilot School	No implementation yet (Mamasapano, Datu Saudi Memorial and Maguindanao NHS) as pilot school			Attended training on DORP-YEM program implementation (principals, teachers, guidance counselors, barangay chairman, division and regional representative)	Provision of DORP distance module (secondary) to 5,327 @ 6 subjects, 31,962 modules @ 200/module Scholarship grant		6,400,000
	Scholarship Program, 23 students per pilot school	Very few were given			YEM scholarship and educational assistance, 1,500 a month per 20 months	Deserving students of dropping out (SARDO) Budget for the DORP-YEM program		

						implementation 34,289 ref/ textbook @ 300/ bookl Given (2009) 10,731 children learning packs Educational pack for elementary (28,964 IDP students @ 500.00/piece		10,300,000 14,400,000
	Proposed piloting of School for Peace and provided references of Peace Education	No ADLM module for Grades 1-3			640 Teachers pack, 496 library sets, dictionaries, primers, encyclopedia	Provide Peace Education reference for Grades 4-6 pupils, 9,711 pupils @ 200/piece		1,300,000
	Proposed development of EiE module for Grades 1-3	No ADLM Module for Grades 1-3			Grades 4-6 provided reference for Peace (40 pcs.) Educational proposed for piloting a school for Peace Use multi grade approach in Grades 1-3	Reproduction of ADLM grades 1-3 module for 19,208 students x 4 (English, Filipino, Science and Math) 76,832 pieces @ 200/piece		15,300,000
Teaching and other Personnel	Proposed development of Mother Tongue Language	No available resources		80% of education personnel and	BEAM attended the training	MTL development 19,208 students x 2 (Grade 1-3) 38,416 for Math	500,000	1,700,000

	Instruction (MTLI)			teachers provided with needed training relevant in education		and Science @ 200/piece		
624 Teaching and Education Personnel improved quality of education service for conflict affected children in early recovery setting	Capability training on EiE Psychosocial Intervention, Stress debriefing and DRR was given Continued education with EiE for 1 st to 2 nd month 496 Para-Teachers and volunteers deployed in CPS and TLS	Not all teachers are trained			Prepared the training (school level)	Training of 521 Teachers (EiE Psychosocial and DRRM) @ 300/day x 10 days		1,600,000
Deployment of Para-Teachers and Volunteers		Some teachers are to be utilized in the formal setting		80% of the targeted site are supported with Para-Teachers and Volunteers	All CFS and TLS were given Para-Teachers and Volunteers	Continued classes of the CFS and TLS for 6 months		2,100,000
	Skill Training	Lack of Resources			Proposed technical and livelihood training for parents (community based)	Parents of IDP students and OSY, 10/district for 11 districts (110 participants trainers training) for 7 days @		231,000

						300/day		
Community Participation	PTCA and LSB in place but not so active	Lukewarm support of some concerns		80% of affected schools activated PTCA and LSB for district with action plans, clear instruction of members functions, membership and structure	Bakwet Brigada conducted Proposed activation of LSB (District) and PTCA school with action planning and capacity building	Capacity building for LSB (3 pax/district x 11 districts x 3 days @ 300/day)		49,500
	Youth livelihood technology (short course) strengthen	The program is only for the selected students			Proposed capability building training	For PTCA 2 rep/sch affected x 82 schools x 3 days @ 300/days		1,497,600
	DRRM is proposed to be integrated in the curriculum (secondary)	Not yet institutionalized in ARMM		DRRM will be integrated in the curriculum (affected schools)	Proposed DRRM training/ workshop (integration in the curriculum) for education stakeholder	Expand the program 5 HS graduate/school for 12 schools (60 recipient @ 20,000/student Training on integration/mainstreaming DRRM in the curriculum Grade 5-6 and secondary, 3/HS, x 12 sch (36 pax), 3/elem x 40 schools (120 pax) x 7 days @ 300/day		1,200,000 327,600

**ARMM EARLY RECOVERY
Action Plan
July – December 2010**

CLUSTER: EARLY RECOVERY

PROGRAM	SITUATION	PROBLEM	CLUSTER OBJECTIVES	INDICATOR	CURRENT ACTIVITIES	GAPS	AMOUNT NEEDED	
							FUNDED (Php)	UNFUNDED (Php)
ER Coordination and Monitoring	Spontaneous Return of IDPs	The needs of the IDPs are not properly addressed and systematically provided	In six months period, the needs of the IDPs are properly and systematically provided through the strengthening and broadening of the Technical Management Group (TMG)	<ul style="list-style-type: none"> • Strengthened Technical Management Group taking lead in ER activities • Report is regularly updated Funds are appropriated for monitoring and evaluation of ER Programs/ project implementation 	<ul style="list-style-type: none"> • Formulation of ER plan • Coordination with partners • Regular meetings and coordination activities 	<ul style="list-style-type: none"> • Monitoring of the implementation of the ER Plan 	600,000	250,000
							15,000	
							12,000	
Institutional Development and Capacity Building			Build capacities of local leaders and other stakeholders for effective early recovery response and disaster	<ul style="list-style-type: none"> • Strengthened capabilities of the Actors (concerned line agencies, LGUs, local CSOs) 	<ul style="list-style-type: none"> • Coordination Activities • Technical support on ER coordination at the local 	<ul style="list-style-type: none"> • Capacity building activities for LGUs on ER 		180,000

				<ul style="list-style-type: none"> Active coordination of ER activities at the level of LGUs. 	level			
Support government-led and spontaneous early recovery initiatives by affected communities.			<ul style="list-style-type: none"> Support to Community based ER program 			<ul style="list-style-type: none"> Fund to support the implementation of the ER plans at the return sites Conduct of site specific assessment and ER planning 	7,300,000	18,000,000 600,000
TOTAL							7,927,000	19,030,000