

Handicap International - Emergency Response Philippines
RAPID ASSESSMENT REPORT – Tropical Storm Ketsana
15 October 2009

Handicap International (HI) Philippines is currently carrying out an assessment of the impact of Tropical Storm Ketsana on the most vulnerable affected populations, including persons with disabilities, older persons and persons with serious medical conditions and chronic diseases.

This report covers assessment in Rizal Province (Region IV-A), and summarizes the findings by sector. It particularly highlights the specific challenges faced by these extremely vulnerable persons in the wake of the tropical storm. Subsequent assessments are being planned for other affected areas.¹

Period of Assessment: 01 to 13 October 2009

Assessment Methodology: The assessment covered evacuation centers and communities, where a number of beneficiaries including vulnerable persons and persons with disabilities were interviewed. Information was also gathered from the camp managers in the evacuation centers visited and from local Disabled Persons Organizations working in the areas. General information for the barangay and municipal-levels was also collected through the Barangay Captains and representatives of the Municipal Social Welfare and Development Offices (MSWDO), respectively. The information collected from these sources was verified through participant observation in communities and evacuation centers.

Geographic Coverage and Sources of Information:

LOCATION			SOURCES OF INFORMATION			
	Evacuation Center	Community	MSWDO/BSWDO	Barangay Captain	Camp Manager	Beneficiary Interviews
CAINTA			0	n/a	n/a	
Barangay Santo Domingo		X	0	1	n/a	4
Barangay San Andres	X	X	1	1	2	3
BINANGONAN			1	n/a	n/a	
Barangay Tayuman	X	X	0	1	0	5
Barangay Malakaban		X	1	1	n/a	0
Barangay Pipindan		X	0	1	n/a	0
Barangay Rayap	X	X	n/a	1	0	4
ANGONO			1	n/a	n/a	
Barangay Kalayaan	X		n/a	1	0	5
Barangay San Vicente	X		n/a	0	1	1

Evacuation Centers Visited	No. of Families
Lakas Bisig Elementary School	239
Kabisig Elementary School	154
Tayuman Elementary School	45
Banaba Elementary School	5
Angono National High School	335
Sewingdale	249

¹Note: Completed rapid assessment templates from NDCC, CCCM Cluster and Health will be sent directly to the Coordination body in question.

ASSESSMENT FINDINGS BY SECTOR**CAMP MANAGEMENT AND COORDINATION / SHELTER**

Registration in evacuation centers: Registration systems were in place in the evacuation centers visited, with information on the number of families and household size. The regularity of updating information differed from site to site, as well as the use of these registration systems to facilitate activities such as the distribution of goods also differed between sites visited. **None of the centers visited had disaggregated registration systems,** thus no detail on the demographic breakdown of evacuees was available.

Identification of Vulnerable Persons: The active **identification of vulnerable populations, particularly those who have specific needs such as persons with disabilities, older persons or persons with serious/chronic medical conditions is not being done** in the evacuation centers, barangays and municipalities visited. Identification is occurring informally, mainly through familiarity between community members or occurring when camp managers or other relief workers come across these vulnerable groups during their inspections. However, despite identification, information regarding these persons is not currently being recorded.

Accessibility in evacuation centers: None of the visited evacuation centers were accessible. In some cases, persons with reduced mobility were located on the second floor, which made it extremely difficult to access the limited WASH facilities and distributions. The evacuation center in Angono National High School is itself flooded, and evacuees are forced to either wade across contaminated flood-waters, or use makeshift boats to move to/from the center.

Communities: Many of the communities in Rizal are still flooded, and in many cases, people are living in their homes, despite the continued presence of flood waters. The resulting **heightened risk of disease is acutely important for individuals with reduced ability to combat diseases such as older and frail persons. Persons with reduced mobility face particularly dangerous situations and a major loss of independence by living in flooded and damaged homes.**

DISTRIBUTION (i.e. food, NFI)

Accessibility: While local authorities stated that distributions are accessible to all and special measures are in place for vulnerable persons, feedback from members of the communities and evacuees suggested that these measures are not always being implemented. **Distributions were also observed and there were no noticeable efforts to ensure that the most vulnerable populations accessed the distributed goods.**

For distributions in both evacuation centers and communities, vulnerable persons, including those who may have limited mobility, are obliged to either join in the regular distribution under difficult conditions where they are not always able to access goods, or depend on their families or companions to obtain goods on their behalf. However, the latter option still does not assure access to relief efforts as even their family or companions are sometimes unable to access goods themselves, particularly where distribution systems are not in place or are not organized.

Availability: According to local authorities in the municipalities visited, food packs currently distributed can only last a family between one to two days. In addition to this, the content of food packs received was also criticized with regards to its health content.

Distribution of items outside of food and clothes is also scarce, particularly in the municipality of Binangonan, Rizal, where they have not received or distributed any NFIs aside from buckets distributed to two out of the municipality's 40 barangays. In addition to this, affected populations outside the evacuation centers had less

access to distributions compared to those in evacuation centers. In Barangays Tayuman and Rayap only 1-2 food distributions (with 2-3 days of rations) were conducted in the community as opposed to almost daily distributions in evacuation centers.

Coordination: Difficulties in accessibility and availability is exacerbated by the current lack of coordination in distribution activities, particularly between the municipalities, barangays and donors. Distributions are not scheduled, as these depend largely on the availability of goods. In addition to this, some donors go directly to areas without informing the relevant authorities of their activities.

WATER, SANITATION AND HYGIENE

Water: Water was available to most affected populations in the areas visited, with running water or open distributions. However, **water collection points are not accessible to vulnerable groups such as persons with disabilities or older persons.** There were also **no measures taken to facilitate access to water for these groups.** As in the distribution of relief, access to water was also highly dependent on accompanying family members or other companions. In Barangay Rayap, the community reported that all 9 of the deep tube wells are flooded, and they do not have access to clean water. Those that can afford it are purchasing mineral water for drinking on the mainland. (As noted below, widespread diarrhea was reported in the same barangay. See Health.)

Latrines and washrooms in evacuation centers: No latrines are available in Barangay Rayap center; evacuees are forced to toilet in the hills and wash in the lake. In Angono National High School there is only one latrine for approximately 350 families. Evacuees are toileting in the flood waters surrounding the evacuation center or using bags which they are throwing in the flood waters.

Accessibility of facilities in evacuation centers: Toilet and hygiene facilities, where they exist, are not accessible for all individuals: many buildings are multi-story, with most toilet facilities either on the lowest floor or outside the evacuation center. Utilization of these facilities without assistance would be difficult for PwDs, older persons and persons with serious medical conditions. This observation was confirmed by evacuees, camp managers, as well as barangay and municipal officials.

Solid waste: Solid waste was a noticeable problem in the areas visited, although to varying degrees. In evacuation centers, namely those visited in Cainta, there were common areas where evacuees are instructed to throw their garbage. However, these places were usually just the side of the road or at the entrance of the evacuation center. There was a noticeable accumulation of garbage in these evacuation centers and while also noticeable, less so around the communities. In areas where toilets are limited, there a serious problem of contaminated waste as people are throwing bags of excreta around the evacuation centre, sometimes directly into flood waters (i.e. Angono National High School). According to feedback from local authorities, garbage collection is regular but there are not enough trucks being mobilized to address the impact of the floods on the amount of solid waste in the affected. According to them, if the capacity for solid waste management is not increased, clearing of the affected areas can take months, posing serious health and safety risks to the communities.

HEALTH

Accessibility and availability: Health services were available but not consistent in the areas visited through health centers, hospitals, periodic medical missions and barangay health workers. Several facilities were affected by the floods particularly in Binangonan where there are 'island barangays' that are expected to stay flooded until January 2010. Seventeen out of 40 health centers in Binangonan are flooded, with some relocating to houses in the barangays. **Specific medicines and medical care for persons with disabilities and persons with**

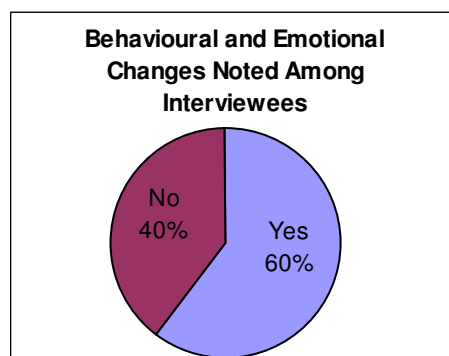
chronic medical conditions are unavailable. The current situation has also made referral difficult, particularly for the 'island barangays' as hospitals are in the mainland section of the municipality and transport between these barangays and the mainland is difficult, if not currently impossible, for these vulnerable groups. In addition to this, medical missions are very periodic and barangay health workers are not regularly present in the evacuation centers and communities visited (at most twice a week in the 'island barangays'). The lack of active identification efforts for affected populations with specific health needs also hampers their access to necessary healthcare.

Residents in Barangay Rayap reported widespread diarrhea which they attribute to lack of clean water. They are forced to travel to the mainland for medical care as adequate services are not available on the mainland.

HI assessed individuals who had lost/damaged assistive devices such as wheelchairs, prosthesis due to the storm and the loss of these items has meant loss of independence. **There is currently no distribution of specific items and equipment for vulnerable groups, including assistive devices.** More detailed needs are currently being identified through local disabled persons organizations, in addition to data collected during assessments.

PSYCHOSOCIAL

Psychosocial: The assessment team observed that there was a general sense of anxiety and confusion with regards to the forced return of evacuees; there was no information available concerning contingency plans with regards to families still in evacuation centers. This was true for the evacuation centers visited, feedback from camp managers, barangay captains and municipalities. Psychosocial impacts on affected populations differed from site to site. Perceptions from authorities and camp managers largely depended on whether or not the areas visited were prone to flooding or not, with more perceived psychosocial effects in flood-prone areas than others. Psychosocial effects noted were: trauma and shock, signs of depression, expressed helplessness and hopelessness, and some episodes of aggression and frustration particularly amongst those in evacuation centers. A total of **60% of vulnerable persons with disabilities/chronic medical conditions and elderly persons interviewed showed behavioral and emotional changes².**



Specifically in Tahanan Walang Hagdanan (center for persons with disabilities) in Cainta, there was marked hopelessness and helplessness at the face of the effects of the flooding. Although the residents and workers have started moving on from the recent events, they expressed fear of losing their source of income and consequently their self-sufficiency as their livelihoods are largely dependent on Tahanan Walang Hagdanan's workshops, and their workshop equipment was damaged by the floods. Both Tahanan Walang Hagdanan's staff and its members **expressed fears that this loss of livelihoods would force them to go back to the streets.**

² This data includes only results of individual interviews and does not include results of group discussions.

There were currently **limited psychosocial interventions** being conducted in the places visited; what exists is very global and **will hardly reach vulnerable groups due to lack of access and inappropriate communication mechanisms for persons with hearing/sensory/intellectual impairments**. The main form of coping mechanism was through family and community support systems. In addition, no screening system is in place to identify persons requiring specialized services. Tahanan Walang Hagdanan was referred by HI to CFSI who subsequently conducted a psychosocial assessment.

PROTECTION including CHILD PROTECTION, EDUCATION

As there was no active identification of vulnerable persons, there were **no visible protection measures in place in the areas visited**. In evacuation centers for instance, **hazardous areas were not well-marked and facilities were not easily accessible to persons with disabilities, older persons and persons with specific needs. As described above, distribution and other services were likewise not made accessible and as their specific needs are not identified they are not being adequately responded to.**

In Angono National High School, Lakas Bisig Felix Elementary School, Tayuman Elementary School, and Banaba school, classes are ongoing, even with the presence of evacuees in the school grounds. With reduced space to conduct classes, children from multiple classes are taught at the same time, or a rotational schedule is used with shortened class times. In some areas, students and communities reported that schools were immediately closed each time it rained, for fear of another typhoon. Tayuman Elementary school specifically noted reduced attendance rates from children who have been severely impacted by the floods (i.e. lost their homes). **As many of the children are hearing-impaired, it is more difficult for them to understand what is happening around them.** There is no separation between evacuees and students, raising potential child protection issues.

In all flooded areas, children were seeing playing in contaminated flood waters, and in some cases had no other choice but to cross flooded areas to reach school.

SUMMARY

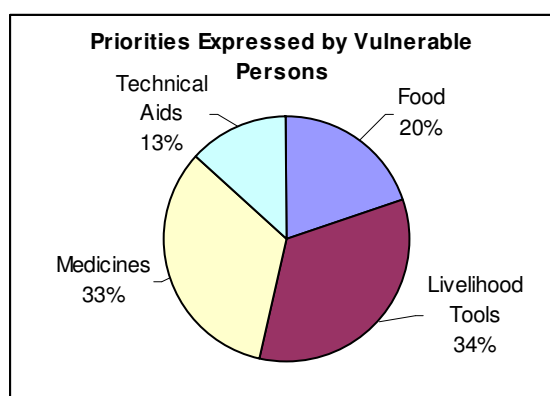
The assessment noted the following key problems facing the extremely vulnerable flood-affected populations:

- There is no effort or action to identify and register vulnerable persons in the evacuation centers and host communities.
- Specific needs of the extremely vulnerable are not taken into account at all (special treatment and medications, additional food rations, replacement of lost/damaged assistive devices).
- Evacuation centers, distribution systems and WASH facilities are not accessible.
- Precarious living conditions, both in evacuation centers and flooded communities, particularly related to health and hygiene.
- Global health and hygiene awareness messages may miss particularly vulnerable individuals as the campaign is very global and may be challenging for persons with hearing, visual and intellectual impairments to access and understand.
- Lack of essential food and basic needs items (some areas had not received anything).
- Inadequate water and sanitation facilities, including lack of clean water supply.
- Build up of solid waste with inadequate clean-up mechanisms in place.
- Relief stakeholders of this crisis recognise the need to tackle the issue of vulnerability and persons with special needs, but there is little understanding among stakeholders at coordination level but also field level (i.e. camp managers, service providers) on the issue of special needs that prevents mainstreaming the issue in relief response
- Anxiety, hopelessness, fears of more disasters.

Extremely vulnerable individuals such as **persons with disabilities and serious/chronic medical conditions, as well as older persons are not included in the global humanitarian response**, often missing out on essential relief services. In addition, **some villages are cut off from relief efforts**, and are therefore in a situation of extreme vulnerability.

Priorities voiced by the assessed vulnerable population³:

- Food distribution
- Improved access to health services, including chronic diseases medicines
- Replacement of broken/lost assistive devices/technical aids such as wheelchairs, prosthesis, crutches
- Urgent replacement of damaged/lost livelihood tools to allow people to buy food and other essential items.
- Clean water
- Toilets in evacuation centres (and for these toilets to be accessible)



Hypertension rate	5745
Diabetes prevalence rate	220
Injury rate	454
Cancer rate	539
Cardiovascular disease rate	542
Disability rate	109892
Older persons (>65)	48352

RECOMMENDATIONS FOR EMERGENCY ACTORS

- Disaggregated registration systems need to be established in evacuation centers and communities that include the active identification of the extremely vulnerable.
- Implement a system for persons with disabilities and other vulnerable groups to have easier access to relief items. For instance, through individual distributions following from active identification, through special line-ups for vulnerable persons, etc.
- Provide additional relief items including non-food items (blankets, hygiene kits, mosquito nets, kitchen sets, sleeping mats), additional food rations and medical supplies that are appropriate to the needs of the extremely vulnerable. This includes provision of chronic disease treatments. Immediate medical supply needs identified include foley catheters and leg bags, as well as dressings, antiseptics and antibiotics for pressure sores.⁵
- Replace lost/damaged assistive devices, essential to ensure continued independence of the most vulnerable.

³ Bullet points represent priorities based on individual interviews (vulnerable persons, camp managers, other flood affected persons), as well as group discussions. Pie chart represents only individual interviews with vulnerable persons

⁴ Chronic disease and injury estimations based on WHO Estimation Tool for Philippines, Disability estimation based on 10% (WHO standard) of affected population

⁵ Tahanan Walang Hagdanan in Barangay Santo Domingo has particular needs for these items, for their clients with spinal cord injuries

- Increase the number of WASH facilities and ensure facilities are accessible for all.
- Ensure the proper coverage of basic health needs of vulnerable groups and address specific assessment and treatment needs of vulnerable persons; for instance through medical missions targeting the extremely vulnerable, particularly in areas that are cut-off from health services, and providing chronic disease treatments.
- Development of inclusive psychosocial responses in affected areas involving most vulnerable groups.
- Ensure all dissemination of information is done in multiple formats (i.e. print and auditory, using simple language) so that persons with different sensory or intellectual impairments can access your messages.
- Urgent replacement of lost livelihood tools to allow improved food security. This is particularly essential for vulnerable persons who face more difficulty than others to find alternatives for earning their livelihoods, or have additional essential financial needs such as treatment for chronic diseases.
- Solid waste programs such as street clearing to prevent consequences on the health, hygiene and safety of affected areas.

Pending funding, Handicap International plans to implement the following three actions:

1. Response to the specific needs of most vulnerable populations

Active identification of most vulnerable populations and an assessment of their basic and specific needs through Disability and Vulnerability Focal Points that will be set-up in each of the chosen areas of intervention and through other partners such as Disabled Persons Organizations (DPOs). Response will target persons with disabilities and serious/chronic medical conditions, and the elderly. Specific needs items, livelihood recovery tools, NFIs and primary health care supplies will be distributed. The action will also include psychosocial interventions and dissemination of essential health/hygiene messages targeting the most vulnerable. Persons with disabilities will be trained to carry out the activities. Beneficiary information collected from activities will be disseminated to all actors, leading to the putting in place of a functioning referral system and ensuring that these beneficiaries have access to all available relief efforts.

2. Solid waste management

Cleaning kits will be distributed to affected households, and waste collection will be done in chosen areas of intervention, improving access of most vulnerable populations to all services and the sanitation of the general community.

3. Shelter

HI will respond to the emergency shelter needs of extremely vulnerable families to improve living conditions of the flood-affected populations through shelter reconstruction, shelter rehabilitation and risk reduction sensitization, relying on technical mobile teams and community participation.

Handicap International has 3 technical guidelines available to assist other actors to better include vulnerable groups in emergency response:

1. **Disability Checklist:** a checklist for actors in all sectors with simple measures to address the needs of the most vulnerable in their emergency response actions.
2. **Accessibility in Emergency:** a technical guideline for WASH, Shelter + Distribution actors to ensure their actions are accessible (physical and communication accessibility).
3. **How to Include Children with Disabilities in Child-Friendly Spaces:** a practical tool for CFS staff.

For more information on this assessment or to obtain copies of the above guidelines, please contact Handicap International at hiurgence.cdp.manila@gmail.com or hi.pmdvfp.manila@gmail.com.

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