

HUMANITARIAN NEEDS AND PRIORITIES
SUPER TYPHOON RAI (ODETTE)
PHILIPPINES

DEC 2021-
JUN 2022

ISSUED
24 DEC 2021

Photo: WFP/R. Matias



At a Glance

PEOPLE IN SEVERELY AFFECTED AREAS

16M

PEOPLE IN NEED OF ASSISTANCE

2.4M

PEOPLE TARGETED FOR ASSISTANCE

530K

NUMBER OF OP. PARTNERS

+50

FUNDING REQUESTED

\$107.2M

SO 1

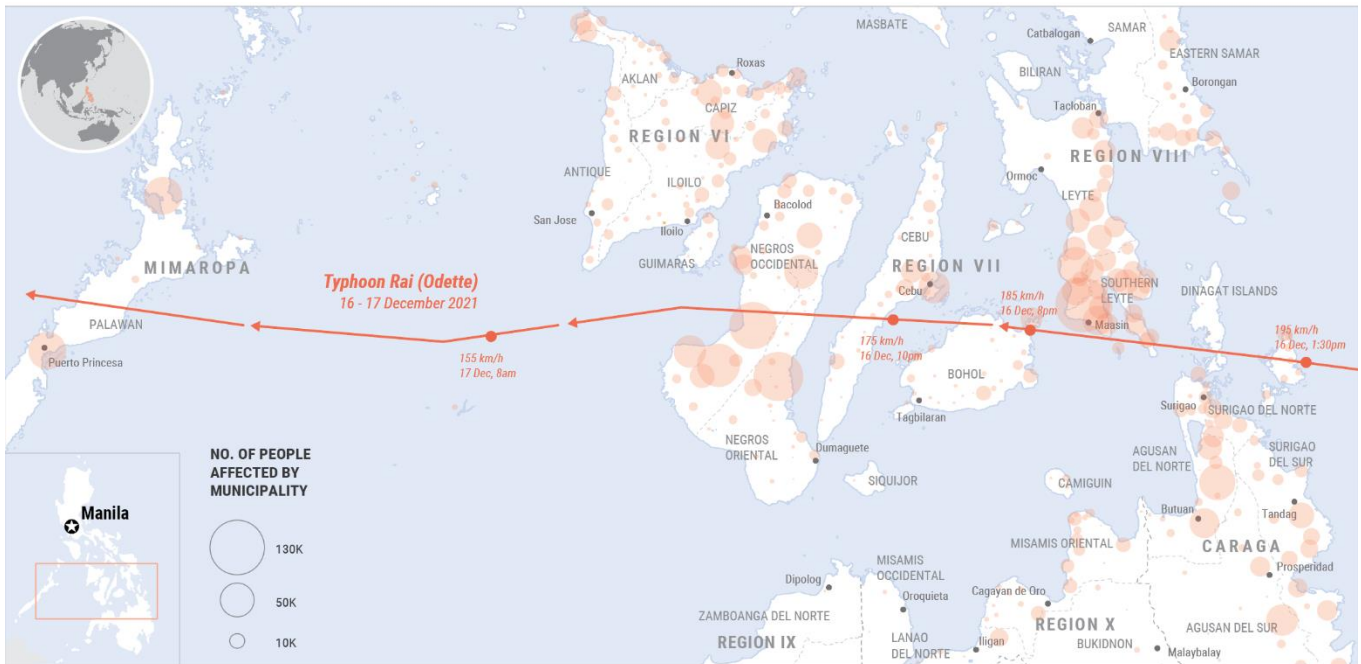
Save lives by providing immediate, integrated humanitarian assistance and protection to those in the most urgent need;

SO 2

Restore livelihoods and access to critical services to promote the rapid recovery of the most affected communities; and

SO 3

Address and advocate the specific needs of groups of people, based on gender, age, disability, displacement or other vulnerability criteria so that they are protected against violence and have equal access to humanitarian aid without discrimination.



PEOPLE DISPLACED

372K
PEOPLE INSIDE EVACUATION CENTRES

259K
PEOPLE OUTSIDE EVACUATION CENTRES

INFRASTRUCTURE

201K
DAMAGED HOUSES

87
FLOODED AREAS

269
CITIES AND MUNICIPALITIES WITH POWER OUTAGES

AGRICULTURE

61K Ha
AREA AFFECTED

\$51.6M
IN VALUE LOST (US\$)

ESSENTIAL SERVICES

217K
LEARNERS IN NEED

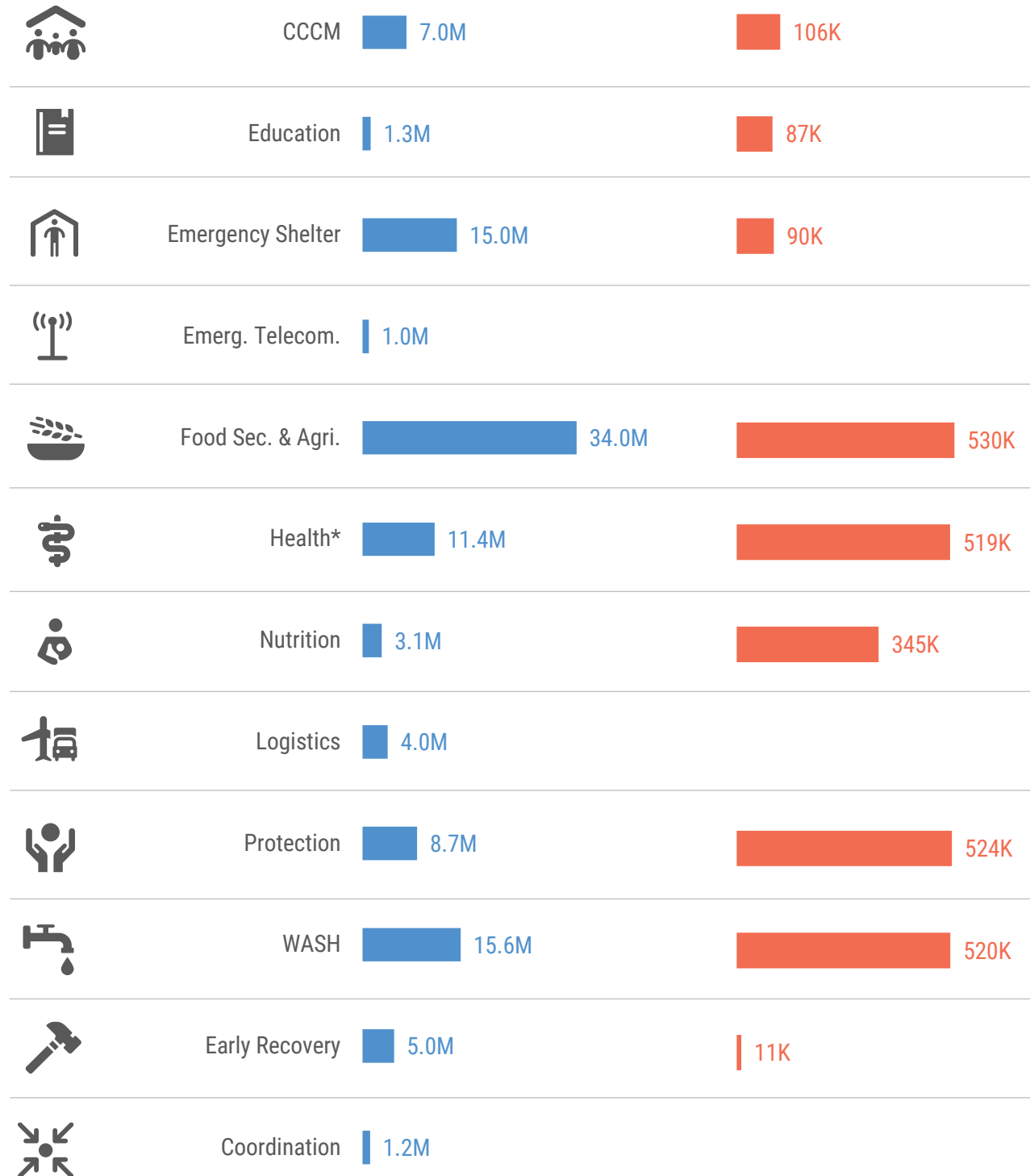
650K
WOMEN OF REPRODUCTIVE AGE AFFECTED

\$107.2M

FUNDING REQUIREMENTS (US\$)

530K

PEOPLE TARGETED



* Health sector hopes to provide strategic support to all affected areas that have vulnerable populations from the national level while providing operational support to a smaller population at the local levels.

Foreword by the Humanitarian Coordinator

Just over a week ago, Super Typhoon Rai, locally known as Odette, made its first landfall on 16 December 2021, bringing torrential rains, violent winds, floods and storm surges to the Visayas and Mindanao Islands. Overnight, the Typhoon left thousands of families homeless, placing at risk some of the impressive social and economic gains made since recovering from the fallout of the COVID-19 pandemic of the past two years.

I congratulate the Government of the Philippines for their preparedness activities. The effectiveness of pre-emptive evacuation and early warning messaging saved many lives. Together, we are still grasping to understand the full impact on the lives of communities and on the economy. An estimated 16 million people in six of the Philippines 17 regions are affected, leaving about 2.4 million most vulnerable people in need of assistance.

Needs are tremendous. Only days before many Filipinos expected to reunite with family and friends, they now depend on our solidarity. Displaced people require safe, temporary shelter and repair kits to rebuild their homes. Many of them require food, potable water and medicines. People need access to sanitation and hygiene facilities. Planned pilots for school reopenings have come to a halt, worsening the negative psychosocial and mental impacts caused by the COVID-19 pandemic on the lives of children.

The Secretary Locsin of Foreign Affairs, Mr. Theodore Locsin Jr, asked me to coordinate the



response of the humanitarian community partners in support of government relief efforts.

I am proud to say that humanitarian partners under the Humanitarian Country Team (HCT) are ready to shift gear. Provided enough funding is available and in line with the Government's invitation to scale up collective efforts of in-country capacities, the HCT plans to support life-saving assistance to at least 530,000 people. Most activities benefit people in the worst-affected areas of CARAGA and Region VIII from December 2021 to June 2022.

International and local Non-Government Organisations (NGOs) and Civil Society Organisations (CSOs) are the backbone of this response. I am mindful of the opportunity to show our commitment to strengthen local response mechanisms with people at the center of the response.

We all are aware that disasters like this disproportionately affect the most vulnerable in our communities, including children, women and girls, women and child-headed households, people with disabilities, older people, LGBTIQ persons and indigenous peoples. As such, the HCT is committed to integrate the protection needs of these groups, including their discrimination and exposure to sexual and gender-based violence (GBV), as well as their protection from sexual exploitation and abuse (PSEA) in the response.

I am mindful that we need to do more to align humanitarian and development action to ensure a sustainable future. Contrary to predictions, Rai intensified from a tropical storm to a super typhoon within hours before making landfall. In the coming months, scientists will debate the

attribution of Typhoon Rai to the impact of climate change. For now, the unusual storm formation at the end of the year and its sheer intensity require our collective effort to address the ever-increasing vulnerability of the region to climate hazards.

As we look forward to 2022, the trajectory of needs and the required scale of the response paint a dire picture. Together with the HCT, I remain committed to augment the Government's relief efforts and stand in solidarity with the people of the Philippines.

Gustavo González

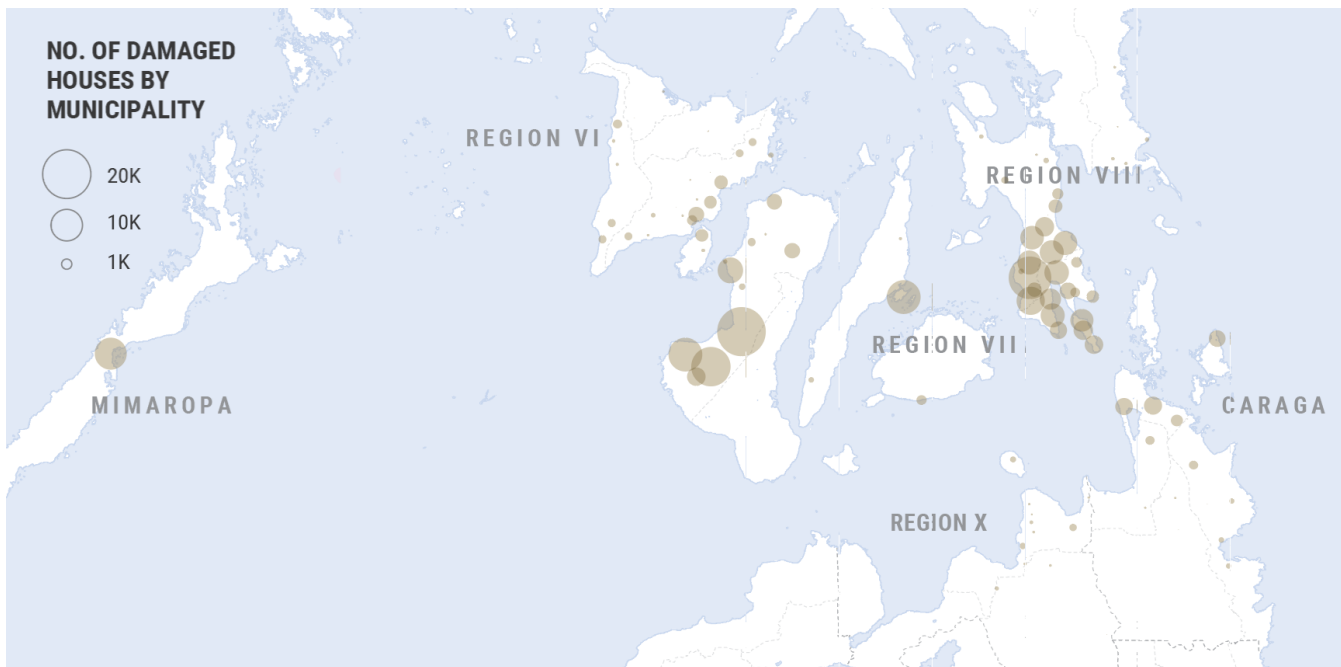
*Resident Coordinator and
Humanitarian Coordinator*

Gustavo on a field visit in Siargao Island

Photo: UN OCHA/Iris Lapid



1. Situation Overview



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Sources: DSWD DROMIC, NDRRMC/OCDA * Data as of 6am, 23 Dec 2021

Making its first landfall in the afternoon of 16 December 2021, Super Typhoon Rai, locally known as Odette, brought torrential rains, violent winds, mudslides, floods and storm surges to central-southern Philippines, specifically the Visayas and Mindanao Islands, with maximum sustained winds of 195km/h and gustiness of 260km/h.

The Typhoon affected an estimated 16 million people across the six worst hit regions, leaving about 2.4 million people in need of assistance. According to the National Disaster Risk Reduction and Management Council (NDRRMC) and the Department of Social Welfare and Development (DSWD), it killed at least 258 people, injuring 568 people and displacing 631,000 people as of 23 December and across ten regions. The number of casualties, injured and displaced people is expected to increase as debris clearing progresses, communication and electricity are re-established and isolated areas are reached.

Contrary to predictions, Rai intensified from a tropical storm to a super typhoon within hours before making landfall. Super Typhoon Rai made nine landfalls in seven provinces, first approaching Siargao (Surigao del Norte) with maximum sustained winds of 195km/h before heading on with similar intensity to Cagdianao (Dinagat Islands), Liloan and Padre Burgos (both in Southern Leyte), President Carlos P. Garcia and Bien Unido (both in Bohol), Carcar (Cebu), La Libertad (Negros Oriental) and Roxas (Palawan). Rai exited the Philippines Area of Responsibility on 18 December as the strongest storm to hit Mindanao in 10 years and the 3rd ever strongest recorded storm in the Northern Hemisphere.

With Regions XIII (CARAGA), VI (Western Visayas), VII (Central Visayas), VIII (Eastern Visayas) and IV-B (MIMAROPA) most affected, government reports and initial rapid assessments suggest that communities in the provinces of Agusan del Norte, Dinagat Islands, Surigao del Norte, Surigao

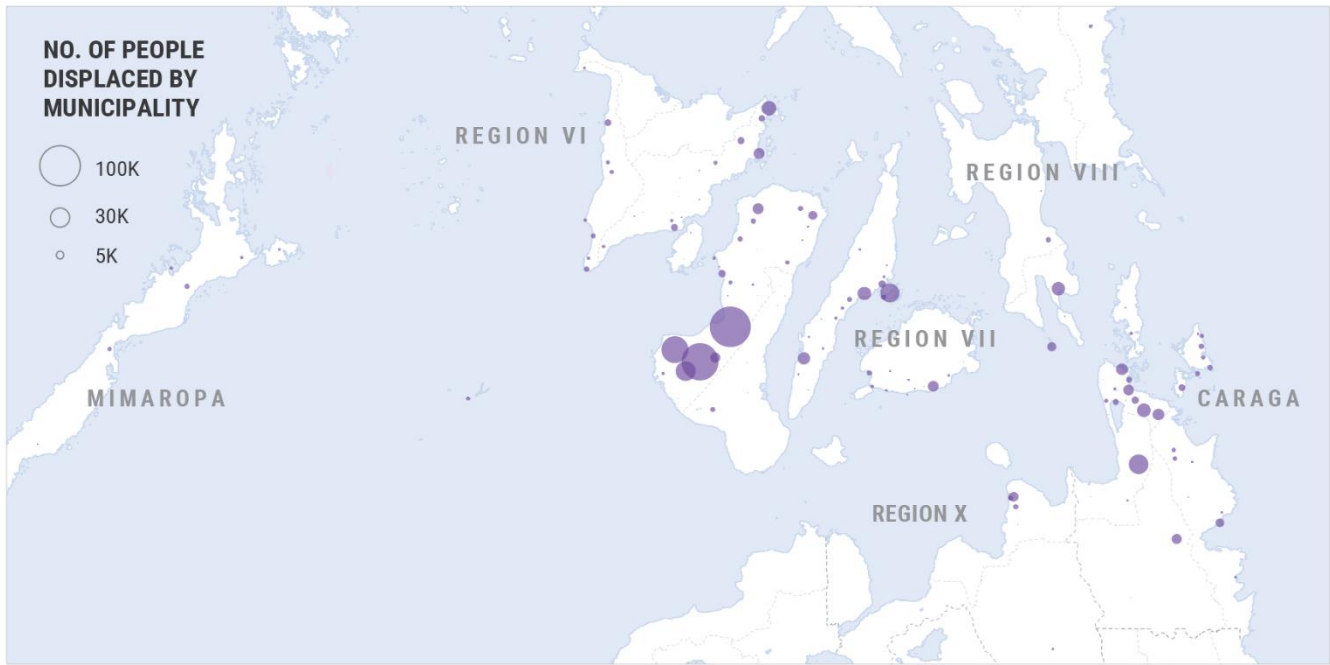
del Sur, Leyte and Southern Leyte bore the brunt of the Typhoon. Across the six provinces, where up to 46 per cent of people live below the poverty line, at least 1.2 million people are affected and at least 101,000 houses destroyed/damaged. More so, extensive damage and humanitarian needs are reported in Bohol and Cebu.

On 20 December, the Government declared the state of calamity in Region IV-B, VI, VII, VIII, X (Northern Mindanao) and XIII for a period of one year. The declaration provides authorities with access to emergency funds and the ability to reprogram other funds for disaster response activities. At the same time, the Government accepted the Humanitarian Country Team's offer of assistance in augmenting locally-led response efforts commensurate to the needs on the ground.

Food, potable water, temporary shelter and repair kits, hygiene kits, medical supplies, water, sanitation and hygiene (WASH) facilities as well as protection and psychosocial support services are urgently required. Affected people have expressed the preference of cash assistance to access local markets, where possible.

It is of vital importance to engage with and serve affected communities. Affected people need to be kept informed about available services and aid. Gender equality and the diversity of affected communities have to be addressed when engaging the community. Without access to reliable, timely, accurate information, affected people are unable to make the choices necessary to recover from the disaster and regain their livelihoods.

In its aftermath, some 71,000 houses are destroyed and 130,000 houses damaged across regions in the Typhoon's path. While houses made from light materials were hit the hardest, the Typhoon was so strong at landfall that it also destroyed and damaged houses built with concrete.



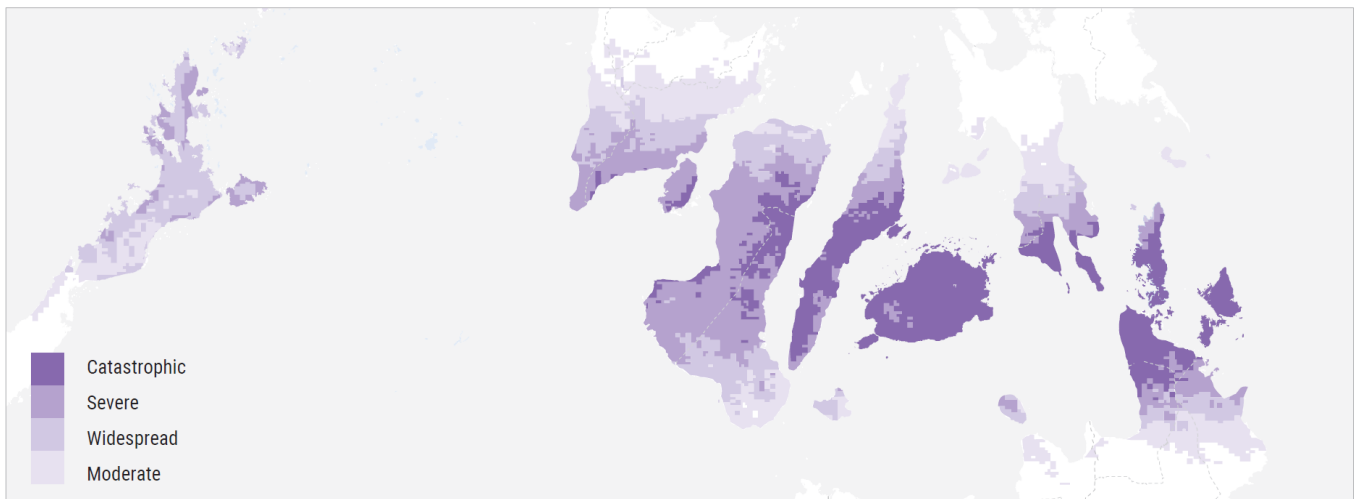
While many families who evacuated as a pre-emptive measure have started to repair their damaged houses, DSWD reports that over 631,000 people are displaced. This includes 372,000 people in evacuation centres as well as another 259,000 people displaced with families and friends or in makeshift shelters. Unable to repair their damaged or destroyed houses, all require immediate emergency shelter assistance and further shelter recovery support.

Typhoon Rai caused significant damage to health facilities, schools and essential services. Over

650,000 women of reproductive age are estimated to require urgent sexual and reproductive health care services. Educational activities in 11 regions have been interrupted or suspended. With many schools damaged and others used as evacuation centres, it is of priority to ensure the return to school after the year-end holidays.

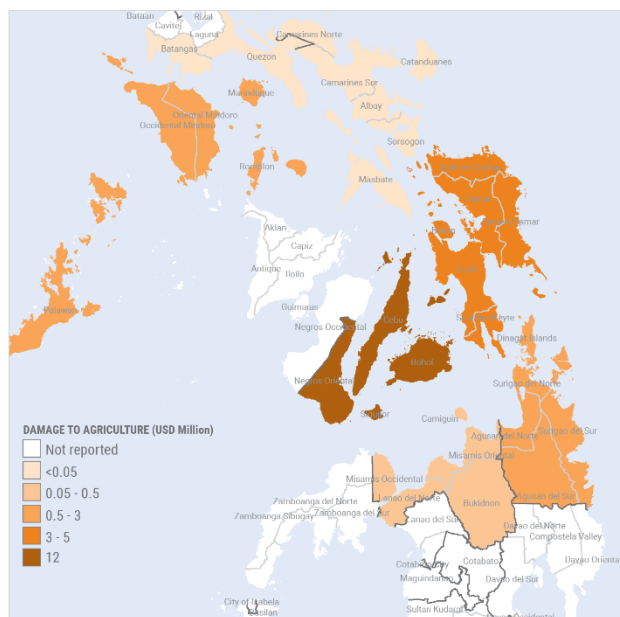
The Typhoon left 269 cities and municipalities without electricity and 348 locations with network interruptions. Authorities closed and restricted operations at 126 seaports and

JADE PRE-DISASTER* DAMAGE ESTIMATES (Moderate to Catastrophic)



cancelled over 160 domestic and international flights. By 23 December, authorities were able to restore power in 144, as well as communication lines in 112 cities and municipalities. Some major cities and economic hubs, including Cebu and Puerto Princesa, as well as large areas in Surigao del Norte, Dinagat Islands and Southern Leyte, remained without or with intermittent power one week after being hit by the Typhoon. As assessments continue, the Government expects significant damage to infrastructure and that it may take several months to restore essential lifelines

The Typhoon compromised access to safe water and sanitation facilities, heightening the risk of communicable disease outbreaks. Many affected people are now subsisting on springs and hand pumps for water, many of which are reported to have been contaminated by flood and sea waters. Many families whose homes have been totally or partially destroyed are reported to lack access to adequate sanitation and hygiene facilities and materials. Those in evacuation centres – many of them schools – are living in congested conditions with limited access to adequate WASH facilities that meet COVID-19 health standards.



Livelihoods have been lost, particularly of those who depend on farming or fishing to make a living. Authorities reported agriculture damage and losses across ten regions amounting to PhP2.6 billion (US\$51.6 million), affecting farmers with a volume of production loss at 87,600 metric tons (MT) and 60,500 hectares of agricultural areas. If not addressed, affected smallholder farmers and fisherfolk's food security and nutrition is likely to deteriorate.

Typhoon Rai struck as the Philippines was recovering from intense months of COVID-19 travel restrictions and days before many Filipino families would have reunited over the Christmas festivities. Since September, the Philippines has seen a sharp decrease in COVID-19 cases with 181 new cases reported on 20 December compared to over 19,201 on 20 September. About 45 per cent of the population was fully vaccinated as of early December. With the Omicron variant detected in the Philippines around the same time as Typhoon Rai struck, the nation-wide Alert Level 2 remains in place until the end of December.

In addition to the serious public health consequences, the negative economic impact of the pandemic likely reduces the resiliency of people and their ability to bounce back from losses to private properties and livelihoods. In 2020, measures to contain the pandemic triggered a 9.6 per cent economic contraction, the highest across members of the Association of Southeast Asian Nations (ASEAN), according to the Asian Development Bank. In 2021, the Philippine economy is forecast to rebound and grow by 4.5 per cent. The economic recovery is pending the steady progress in vaccination leading to greater mobility of people and the reopening of businesses, which on the downside risks the resurgence or renewed escalation of the pandemic.

The Typhoon exacerbates vulnerabilities. Prior to the Typhoon, many of the cities and municipalities in the worst affected provinces already had a high poverty incidence, categorized as 2nd to 6th class.

Indigenous communities residing in affected areas are particularly poor, malnourished, and lack access to public services, including health care.

The impact of Typhoon Rai is spread across several islands with diverse geographic characteristics and limited resilience. While storms typically make landfall in the southern parts of Luzon or the eastern part of the Visayas, Rai struck regions further south, which do not typically experience the brunt of typhoons. Southern Leyte, one of the worst affected areas, was previously ravaged by Super Typhoon Haiyan (Yolanda) in 2013. Affected are also the economic hub of Cebu as well as several tourist spots in Siargao and Bohol. The impact of Typhoon Rai drew comparisons with previous storms, including Typhoon Washi (Sendong) in 2011 which hit on the same day and killed over 1,000 people and affected close to half a million people, as well as Typhoon Goni (Rolly) which swept across southern Luzon in 2020 affecting over 2 million people.

The Government is leading the response through the NDRRMC and related emergency response mechanisms. Humanitarian partners in the country – the United Nations (UN), non-governmental organizations (NGOs), the Red Cross and Red Crescent Movement and the private sector - are augmenting national and local authorities with the typhoon response, building on established partnership agreements and relationships strengthened over years of collaboration. The Government of the Philippines made significant efforts to protect people and infrastructure, leveraging the investment made since Typhoon Haiyan in improved early warning and reinforcing the important leadership role played by local officials. The effectiveness of the Government's pre-emptive evacuation of 427,900 people to 2,861 evacuation centres ahead of landfall saved many lives.

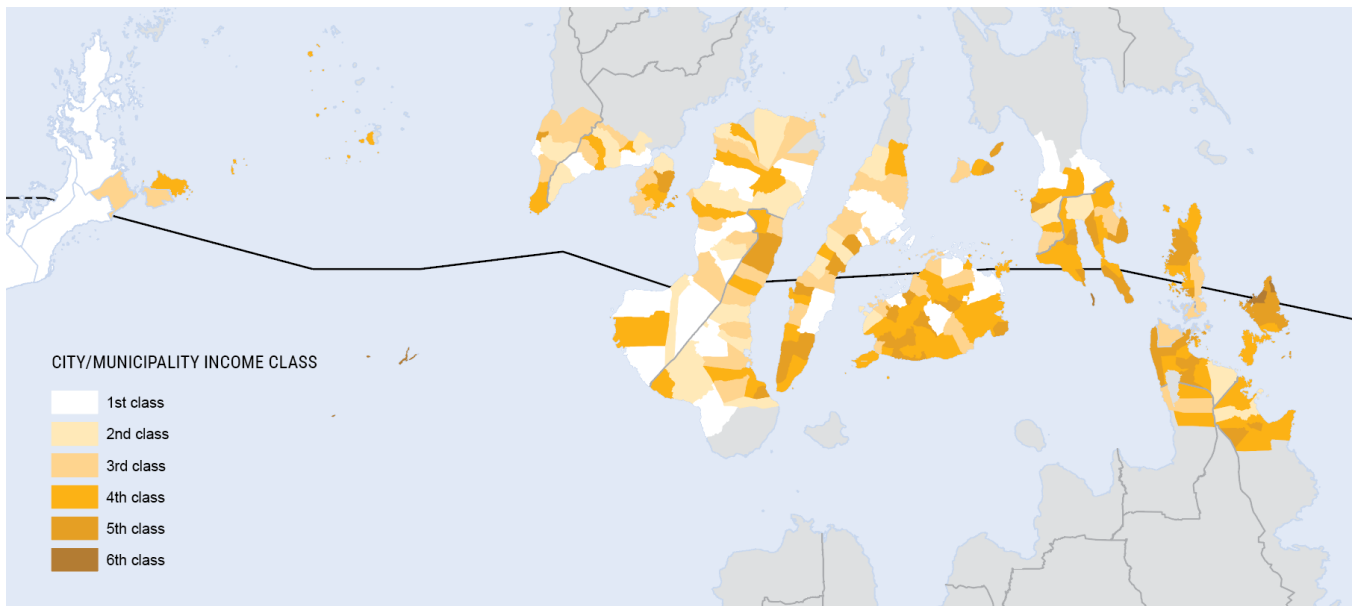
National and local authorities rapidly mounted search, rescue, emergency relief and road

clearing operations as soon as weather conditions improved. Humanitarian partners with pre-existing agreements with line ministries quickly supported local response efforts. While the full extent of the Typhoon's impact is not yet known, rapid assessments undertaken within the first 72 hours of disaster onset confirmed widespread devastation.

The Government welcomed the HCT's offer of assistance. Noting the continued fight against COVID-19 and the socio-economic impact to mitigate, on 20 December, the Secretary of Foreign Affairs invited the Resident Coordinator/Humanitarian Coordinator and his team to step up collective efforts and support people in the most affected areas. By 20 December, the HCT, working through the Inter-Cluster Coordination Group (ICCG) and the Mindanao Humanitarian Team (MHT), HCT members, with UN agencies, local and international NGOs, civil society organizations (CSOs), foundations and church groups, conducted 33 rapid assessments to inform this response plan.

Scaling up humanitarian support is increasingly urgent. As people are still shocked from the impact of the Typhoon, the Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA) is monitoring a low-pressure area over the Pacific that is expected to bring rains to Mindanao on 26 and 27 December. To avoid any further hazardous weather exposure, illness and harm to already affected communities, it is important that people are able to restore their homes and livelihoods as quickly as possible and within the next six months before the most active typhoon season between June to September.

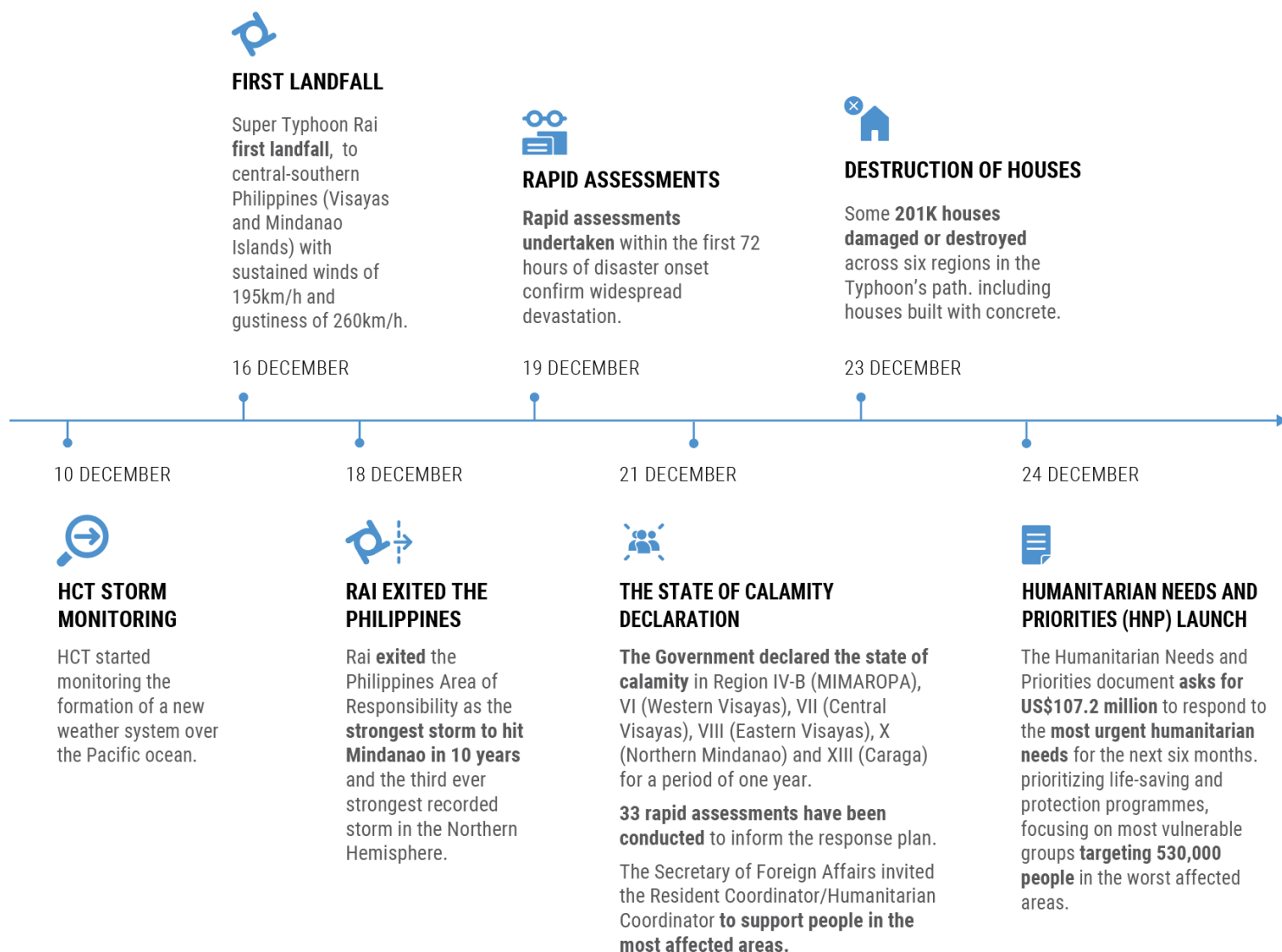
The Humanitarian Needs and Priorities document asks for US\$107.2 million to respond to the most urgent humanitarian needs for the next six months. The level of priority has been based on initial results of government and HCT



assessments, as well as on the results of the Joint Analysis for Disaster Exposure (JADE) developed by the Pacific Disaster Centre (PDC), WFP and OCHA on 15 December and updated on 16 December, modeling the potential disaster impact on communities and the economy ahead of Super Typhoon Rai's landfall.

The document prioritizes life-saving and protection programmes, focusing on most vulnerable groups, including displaced persons, host communities, indigenous groups and other affected people. Combining poverty indicators and severe wind strength exposure, the document targets at least 530,000 people in the worst affected areas in CARAGA and Region VIII, as well as in other hard-hit regions. In four to six weeks from the launch, the Humanitarian Needs and Priorities plan will be revised to reflect the needs arising from additional assessments.

Timeline of events



2. Response strategy

Through this Humanitarian Needs and Priorities plan, the country-based partners under the HCT umbrella will address life-saving and time-critical recovery needs of people, especially women, girls and people with disabilities, living in areas hardest hit by Typhoon Rai. In line with government's invitation to scale up collective efforts of in-country capacities, partners will provide

coordinated and prioritized multi-sectoral assistance to 530,000 people mostly in the worst-affected areas of CARAGA (Agusan del Norte, Dinagat Islands, Surigao del Norte and Surigao del Sur) and Region VIII (Leyte and Southern Leyte), as well as in other hard-hit regions from December 2021 to June 2022.

Strategic objectives

The Humanitarian Coordinator and the HCT are responsible for the implementation of the activities outlined in this plan, which aims to achieve the following strategic objectives.

1. Save lives by providing immediate, integrated humanitarian assistance and protection to those in the most urgent need;
2. Restore livelihoods and access to critical services to promote the rapid recovery of the most affected communities; and
3. Address and advocate the specific needs of groups of people, based on gender, age, disability, displacement or other vulnerability criteria so that they are protected against violence and have equal access to humanitarian aid without discrimination.

Assistance will be delivered in a manner that minimizes the risk of COVID-19 for disaster-affected people and responders. Necessary measures shall be taken to ensure that the zero-tolerance policy to sexual exploitation and abuse as stipulated in [Secretary-General's Bulletin ST/SGB/2003/13](#) is strictly observed.

Scope of the response

The people targeted by this plan are those who:

- Live with poverty (less than an average PhP9,140 (US\$183) per month for a family of five);
- Endured typhoon's severe wind strength of 185-195km/h;
- Live in 2nd to 6th class cities/municipalities (an average annual income of less than PhP30 million (US\$601,000)); and
- Situated in areas where the typhoon first made landfall with the greatest ferocity.

The ICCG has collectively prioritized activities based on available information and reasonable inference in the first week of disaster onset. A more complete and in-depth analysis of emerging needs and operational capacity to deliver will inform inter-cluster planning and reprioritization in January 2022.

While the plan focuses on two worst-affected regions, partners may complement the nationally-led response in other locations based on needs, capitalizing on opportunities to invest and respect the role of local actors, reduce costs and increase the reach of assistance.

Coordination

The HCT supports national leadership and government-led coordination structures and is supported by the ICCG comprising the coordinators of 14 humanitarian clusters and sub-clusters, representatives of OCHA, the Philippine Red Cross, international and national NGO networks, private sector, and those leading thematic working groups. The HCT Cluster Co-Leads assist line ministries, who are the Government Cluster Leads, in coordinating aid provided by the humanitarian community. Partners in Mindanao work through the MHT, a sub-national coordination forum mirroring the HCT.

Partners consult authorities at all levels – regional, provincial, municipal and barangay

(village) – for detailed response planning, implementation and evaluation. Considering the acute needs arising in CARAGA, humanitarian coordination hubs are being established in CARAGA and South Leyte regions, one each, to complement government’s coordination efforts. Additional hubs may be set up according to evolving needs.

Additionally, civil-military coordination is critical, given the key role the military has in the Philippines disaster response structure, including conducting search, rescue and retrieval, medical missions, and providing logistical support for relief items.

Operational response capacity and constraints

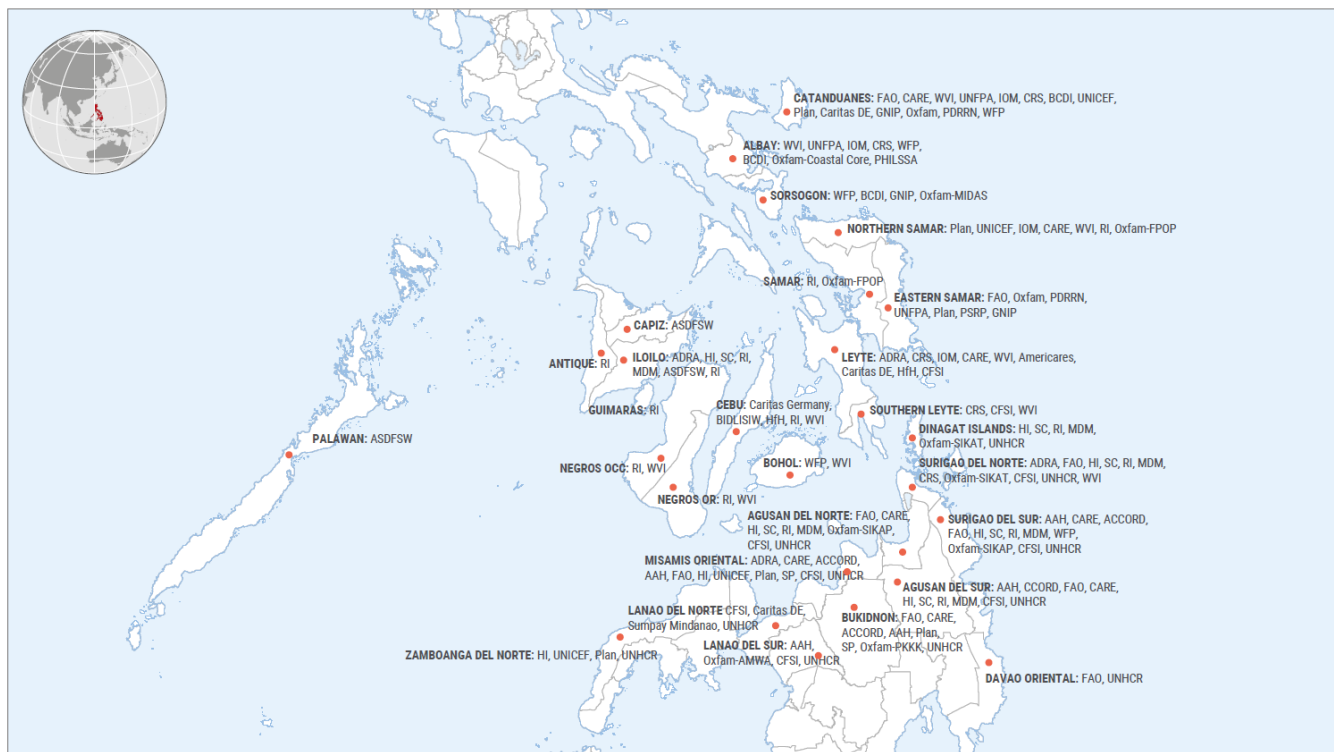
A rapid capacity mapping undertaken between 16 and 19 December indicates that 36 humanitarian organizations were delivering programmes in 28 provinces across the Visayas and Mindanao pre-disaster. Leveraging the operational presence of organizations on the ground, 53 organizations and networks, including 23 international NGOs and networks, 10 national NGOs and networks, and 14 UN agencies will implement activities under this plan.

Despite COVID-related restrictions, many of these organizations managed to rapidly scale up assistance for successive disasters in 2020 such as the Taal volcano eruption and Typhoons Goni and Vamco (Ulysses), demonstrating capacity to absorb new resources and deliver under a restrictive operating environment.

Notwithstanding the skill with which partners improvised ways to safeguard safety, quality and timeliness of humanitarian response during a pandemic, some affected islands and remote, inland communities are currently inaccessible due to damaged roads and bridges, and with airports and seaports not operating at capacity.

Power outage and the disruption in telecommunications, which may take months to restore, are also hampering needs assessments and rapid aid delivery. The banking system, where halted, is inhibiting operational management, including providing cash-based assistance to the affected people. Further, these access and logistical constraints are driving price hikes for transportation and basic products, raising operational costs.

Operational presence map (as of 19 December 2021)



Localization and principles of implementation

Over the years, the HCT mainstreamed protection, gender, accountability to affected populations (AAP), community engagement, PSEA and early recovery in emergency response and preparedness. It also increased cash-based assistance and invested in collaborating with development actors on humanitarian-development nexus.

Alongside these efforts towards principled and accountable humanitarian action, the HCT will add localization as one of its key principles of implementation, as renewed through the [localization commitment](#), a multi-stakeholder dialogue in 2021. The commitment serves to strengthen local response mechanisms, and local and national actors with people at the centre of the response.

The HCT recognizes the impact of climate change on the livelihoods of local communities in worst

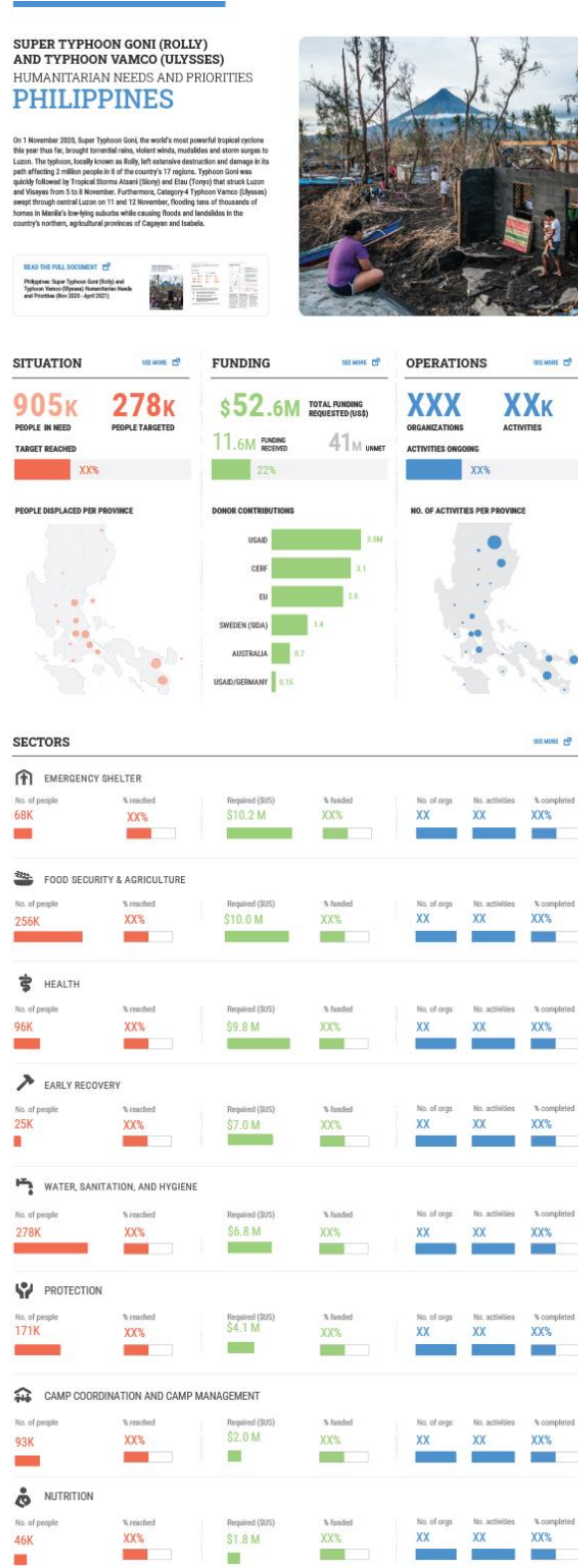
affected areas, especially those living along exposed coast lines. Aligning humanitarian and development action, the HCT is committed to involving affected communities in risk management and risk mitigation to ensure sustainable response and recovery.

The HCT will also learn from the initial phase of the current response to refine the [Central Emergency Response Fund \(CERF\) Anticipatory Action Framework 2021-2022](#), which outlines an approach to a collective anticipatory action delivered at scale as an innovative attempt to pilot typhoon response in the Philippines. National and provincial authorities, local NGOs and CSOs are engaged in the development and implementation of the pilot, which will allocate 29 per cent of the CERF funding to NGOs, including local, and to the Philippine Red Cross.

Monitoring framework

The HCT piloted an [interactive, online dashboard](#) to monitor its response to Typhoons Goni and Vamco of 2020. It comprised updates on the situation, operation and funding. The Typhoon Rai response will build on this experience to (1) track the evolution of the situation, priority needs, operation and resource mobilization, and (2) capture the achievements and setbacks of the collective response. The two components will inform HCT decision-making and corrective actions.

Financial and in-kind contributions will also be tracked by the [Financial Tracking Service](#).



3. Inter-cluster planning and prioritization



Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
212K	106K	Region VIII: Southern Leyte, Leyte Caraga Region	7M

Objectives

Ensure equitable access to assistance, protection, and services for IDPs living in displacement sites, to improve their quality of life and dignity during displacement while seeking and advocating for durable solutions.

Sector overview (needs and response)

According to DSWD, over 631,000 people are displaced as of 23 December. This includes 372,000 people in evacuation centres (ECs) as well as another 259,000 people displaced with families and friends or in makeshift shelters. Rapid damage and needs assessments in the most affected provinces confirmed that displaced people need food and non-food items, Water Sanitation and Hygiene (WASH) facilities, hygiene kits, and dignity kits. Mental Health and Psychosocial Support must be provided to displaced people who are distressed by the devastation of the Typhoon. Several suffered injuries after being hit by debris thus the need for first aid kits and medicine. With electricity and

communication lines unserviceable, the communities call for solar lamps, generators, and telecommunications services.

Specific to those in EC, the IDPs urgently need the following: sleeping kits, modular tents, and EC construction repair and maintenance. There is a necessity for sufficient space for physical distancing in the ECs in compliance with the COVID-19 guidelines, as well as with camp design and layout that is safe for women, children, and persons with disability. To inform further decision-making by government and humanitarian agencies, the Cluster will deploy the Displacement Tracking Matrix (DTM).

Expected evolution of situation and needs

Prolonged displacement will occur if durable solutions are not provided. Any long-term displacement is confirmed to be associated with subjective health ratings, the stress of the IDPs, and an increased risk for gender-based violence. Additionally, the areas affected are at high risk to tropical cyclones and other hydrometeorological hazards such as flooding, flashfloods and landslides. Response operations are limited and will deplete the Quick Response Funds (QRF) of the National and Local Government Units which already

have been greatly utilized for COVID-19 response and other disaster operations.

In connection with other present hazards, community transmission of COVID-19 in the evacuation centers is possible, if basic health protocols are not observed. Compliance with the COVID-19 Operational Guidelines is critical. Upcoming national elections in May 2022 might slow down humanitarian interventions in affected areas. This needs to be factored in on the work planning early on.

Priority response

- Provision of Food and NFI inside and outside the evacuation centres.
- Support and rollout of the COVID-19 Operational Guidelines for Camp Coordination and Camp Management and Protection which includes the following: additional tents for physical distancing, PPEs for adults and children, WASH facilities, installment of Infection Prevention and Control Checkpoints, safe distribution areas, designation of isolation units inside the evacuation centres.
- Provision of cooking and kitchen counters, and bathing cubicles and latrines for men and women.
- Setting up of women and child-friendly spaces.
- Setting up of Feedback Mechanism and Referral Pathways/Systems (health, psychosocial, safety, and legal response).
- Dissemination of Child Protection and Prevention of Sexual Exploitation and Abuse (PSEA) risk communication and community engagement materials, including on safe channels to report allegations or cases of SEA.
- Strengthen protection mechanisms in camps and temporary shelters in coordination with the Child Protection and Gender-Based Violence Sub-Clusters.
- Profiling of IDPs through the Data Tracking Matrix (DTM) with information on their places of origin and return/relocation prospects for early decampment in coordination with the local authorities and the Shelter Cluster.

Inter-cluster collaboration

Shelter Cluster, Food and Non-Food Items Cluster, WASH Cluster, Health Cluster (Sexual and Reproduction Health Sub-Cluster), Protection Cluster (Child Protection and Gender Based Violence Sub-clusters).

Contact

Government Lead: DSWD, Disaster Response Management Bureau (DRMB), Director Clifford Cyril Riveral (ccyriveral@dswd.gov.ph); HCT Lead: IOM, Conrad Navidad (cnavidad@iom.int)



Early Recovery

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
375K	10K women-entrepreneurs; 1K municipal fishers; 15 LGUs; tourism industry	CARAGA: Surigao del Norte (Surigao City), Surigao del Sur, Dinagat Islands	5M

Objectives

- Support sub-national governments, in partnership with OCD, to conduct post disaster needs assessment, utilising available digital technologies (e.g., satellite imagery, IT-enabled data gathering tools for post-disaster needs assessment (PDNA)) for faster loss and damage estimation;
- Conduct Household and Building Damage Needs Assessment (HBDA) in the most affected localities.
- Support local government units (LGUs) in the formulation and submission of, for funding, recovery and rehabilitation plans towards long-term resilience;
- Support local governments in Dinagat and Siargao Islands in restoring frontline government services;
- Support the mangrove assessment in the Siargao Island Protected Landscape and Seascape (SIPLAS);
- Support rehabilitation of resilient settlements for the most vulnerable. Implement Building Back Better principles in construction and enable strong owner participation during planning and construction;
- Provide emergency cash assistance to the most affected vulnerable population/households via cash-for-work schemes (repair of common service facilities/community infrastructures, repair of livelihood assets);
- Accelerate economic recovery by supporting rebuilding and diversification of people's livelihoods taking specific roles and needs of women into account.

Sector overview (needs and response)

In Siargao Island (population: 109,800), coconut and copra production, the traditional cash crop, were toppled and rendered unproductive in the coming years, reminiscent of typhoons Pablo and Haiyan. Tourism, farming and fishing, three main sources of livelihood, have been severely

impacted with estimated damage of PhP20 billion (US\$400 million) and will take years to recover.

Initial assessment reports reveal the extent of damage in shelters and livelihoods leaving families with no homes, work, and businesses.

Siargao Island was dependent on tourism earnings before the COVID-19 pandemic. With the closing of borders and travel restrictions, people on the island lost their source of livelihood. Reports and images of Siargao have detailed the damage in almost all tourist facilities, government infrastructures, and houses (even those made from sturdier/concrete materials). Affected small-scale tourism enterprises need support.

Dinagat Islands (population: 127,152) was also levelled down by Typhoon Rai's ferocious winds. Unofficial reports determine that 91 per cent of the population was heavily affected. Residences, commercial establishments and government infrastructures, including hospitals, were destroyed. Marine vessels, the main mode of

transportation from and to the island were affected. The restoration of essential frontline government services/functionality needs support.

Preparatory activities for a post-disaster needs assessment should begin. The PDNA-informed Recovery Plan, to be implemented by the sectoral government agencies, provides the national authorities the recovery framework and financing requirements. Post-disaster assessment and recovery planning should be done at the provinces-cities-municipalities level. Further, anticipating increasingly powerful typhoons, there is a need to rethink how to rebuild damaged settlements damaged.

Expected evolution of situation and needs

The provision of materials, goods, equipment, and supplies will be delayed, especially to islands, as most seaports and even some airports were damaged. It may take some time to restore power and telecommunications with many towers and posts fell down by Typhoon Rai. This will disrupt various social sectors like education and health. Economic activities in affected areas will also take time to recover. Local governments will be slowly restored as government buildings (including equipment and supplies) were damaged.

In consultation with the Department of Agriculture-Philippine Coconut Authority, a rapid assessment of coconut trees should be undertaken to dispose of unproductive/felled coconuts and convert it to coco lumber to augment shelter materials. Typhoon-affected regions will continue to experience challenges brought by two compounding disasters (the typhoon and the COVID pandemic), hampering recovery and rehabilitation. The coming 2022 national elections in May might slowdown interventions in affected areas. This needs to be factored in on the work planning early on.

Priority response

- Coordinate with the OCD (Rehabilitation and Recovery Management Service), OCD-CARAGA, provincial LGUs to undertake a PDNA and HBDA, mobilize resources for this activity.
- Assess support and resources needed by seven LGUs in Surigao del Sur and seven LGUs in Dinagat Islands in restoring frontline services (computers, printers, office equipment, supplies, internet devices, etc.).
- Assist provincial and local government offices to draft local recovery plans and proposals for assistance and recovery plans. Involve local CSO network in the drafting of local recovery plans.
- Emphasize the needs of women and girls in livelihood/economic recovery activities,

cash for work, support to micro, small and medium enterprises.

- Provide multi-purpose cash grants to stimulate local economy.
- Inception Phase of community savings group to continue cash grants for long term (to enable households to have access to financial assets).
- Commence owner-driven resilient housing reconstruction, including safe shelter orientation. Build local owners' capacity for building design and techniques. Another module on designing a more

typhoon-resilient structures can be developed for government technical professionals and local independent architects and engineers.

- Undertake capacity-building for resilient development. Further improve capacities of LGUs in risk analysis and DRRM, gender disaggregated population exposure data, and data on vulnerabilities of different sectors. Possible to implement DevLive+ tool in improving exposure and vulnerability data in the most affected LGUs.

Inter-cluster collaboration

Food Security, Shelter, Protection, Cash Working Group

Contact

Government Lead: OCD, Undersecretary Jalad; NEDA, Undersecretary Merceditas Sombilla

HCT Lead: UNDP, Floradema C. Eleazar (floradema.eleazar@undp.org), Camille S. Soriano (camille.soriano@undp.org)

Education

CHILDREN IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
217K	87K	CARAGA: Surigao del Norte, Surigao del Sur, Dinagat Islands Region VIII: Southern Leyte	1.3M

CHILDREN IN NEED (BREAKDOWN)	CHILDREN TARGETED (BREAKDOWN)
50,239 children aged 3-5 years old (pre-school and kindergarteners)	20,074 children aged 3-5 years old (pre-school and kindergarteners)
97,686 children aged 6-11 years old (elementary)	39,074 children aged 6-11 years old (elementary)
69,776 children aged 12-15 years old (high school)	27,910 children aged 12-15 years old (high school)

Objectives

Restore access to education in safe and secure learning environments and prevent accumulated learning loss among children;

Mitigate the harmful impact of crises on children's well-being and support their recovery through mental health and psychosocial support.

Sector overview (needs and response)

The Education Cluster reported 29,671 schools were affected by Typhoon Rai. Classes in 16,666 schools were suspended as 663 schools were used as evacuation centres (20 December), others were flooded, lost internet connectivity, or had power interruptions, etc. In the worst affected areas, 240 classrooms are totally damaged and 260 partially damaged across 114 schools, in addition to thousands of damaged furniture, major water sources and computer equipment. In some municipalities in Southern Leyte, 90 per cent of schools are severely damaged. Further assessment needs to be conducted to account for damage to other facilities, including water supply, toilets, hygiene facilities.

Damages from Typhoon Rai are halting the ongoing process of school reopening in the affected regions. For the 20 pilot schools in the affected areas (15 in Surigao del Norte, 2 in Surigao del Sur and 3 in Southern Leyte), learning has stopped. The impact of the typhoon is also significantly impacting ongoing distance learning with school supplies, learning modules, teaching materials, and module printers being damaged or swept away due to heavy rains and floods. This emergency is worsening the education crisis. The impact of the typhoon is worsening the negative psychosocial and mental impacts caused by the COVID-19 pandemic on the lives of children as learners.

Expected evolution of situation and needs

The repairs on damaged schools will take several months and will significantly hamper the return to school process in the affected areas. Parents have cited that damaged school buildings will not be safe for children and hesitate to bring them to school. Blended learning is likely to continue being affected as communities recover. Distance learning will also continue to be significantly impacted as households are focusing on recovery, shelters are affected and home learning environment is disrupted, with limited attention of parents to home learning. This is particularly likely to impact the most vulnerable, including children with disabilities.

The planned pilots for safe Early Childhood Education reopening will also be delayed due to significant damages to Child Development Centers (CDCs). The challenge with temporary learning centres will be the ability to follow safety and health protocols set for the safe reopening. Water, sanitation and hygiene needs, including menstrual hygiene management for adolescent girls and women, will need to be assessed, addressed and monitored as schools and CDCs resume face-to-face classes.

Priority response

- Provide accessible, inclusive Early Childhood Development Kits, contextualized storybooks, schools-in-a-box, learner resources/kits, teacher kits, modules.
- Provide mental health and psychosocial support (MHPSS) for learners and teachers/Child Development Workers (CDWs).
- Provide communication materials (including accessible inclusive Risk Communication and Community Engagement).
- Provide COVID infection prevention and control supplies and materials and WASH services for safe and conducive face-to-face classes in schools and CDCs.
- Provide accessible, inclusive temporary learning spaces.

Inter-cluster collaboration

WASH, Health

Contact

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Emergency Shelter

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
90K	Region VIII (Eastern Visayas); Region XIII (Caraga)	15M

Objectives

In complementing the Government's post-disaster recovery shelter program, to support the most vulnerable people and communities achieve safe, adequate, accessible, and dignified shelter.

Emergency shelter assistance: Support vulnerable people and communities through the provision of emergency shelter materials (or cash equivalent) such as shelter kits (material and tools), tarpaulins, and essential household items.

Social Technical Assistance: Support safer housing repair and construction standards at all stages of the response through the provision of technical assistance and appropriate information, education, and communication materials which are accessible to all.

Support to early recovery: Support vulnerable affected households to repair and/or build back safer and in a more accessible manner through the provision of tools, materials, cash and voucher assistance, and training.

COVID transmission considerations: Provision of timely and appropriate shelter assistance through adapted work plan and activities to reduce close contact while prioritizing health and safety of communities, staff and workers. Refer to [Shelter Cluster Guidance](#) developed for Typhoon Goni and Vamco in 2020 and to WHO's guidance on [Disaster evacuation shelters in the context of COVID-19](#) for further information.

Sector overview (needs and response)

Based on early assessment data, some 71,000 houses are destroyed and 130,000 houses damaged. Assessments are ongoing. In Siargao and Dinagat Islands, 95 per cent of structures are affected. Most damaged or destroyed houses are those in rural and coastal areas, made of light materials and extremely vulnerable to high winds and heavy rain. Without the protection of their homes, people lost household items and other assets to the weather and flooding. The Typhoon left 269 cities and municipalities without

electricity. Debris clearing and salvaging of usable materials is ongoing.

As of 23 December, over 631,000 people remained displaced, most of them in evacuation centres where they moved as a pre-emptive measure. Families have started to repair their homes using found materials with limited or no financial assistance and limited technical guidance. People typically return to overcrowded shelters at night to sleep. Reports highlight the shortage of corrugated sheets and tarpaulins as well as labor for shelter construction and repair.

Assistance should be prioritized for vulnerable displaced families who cannot afford to repair or rebuild their houses. Up to 46 per cent of people in the worst affected areas live below the poverty line. Many of these households are small labour or renter farmers, single-headed/ female-headed households, older people, people with disabilities and indigenous people. Timely return to safe and dignified homes will reduce the impact on mental and physical health, permit restart of livelihoods, reduce the incidence of GBV and other protection issues.

Extensive damage to the electricity distribution grid has left homes and businesses without light or power, solar chargers and lights provide

security and important communication where cell towers are still operating. Where markets can reopen, cash assistance will best serve the different needs for replacing essential goods and repairing or rebuilding homes. Demolition, clean up and reconstruction can pose environmental hazards to those working. The long-term environmental impact of proposed assistance solutions should be considered and weighed against alternatives.

To avoid any further hazardous weather exposure, illness and harm to already affected communities, providing safe shelter to affected persons is a priority within the next six months and before new weather systems impact the same people.

Expected evolution of situation and needs

As communication lines are re-established, assessment information is likely to show an affected population with higher estimated needs. Families will progressively return to repaired homes or temporary shelters over the next two months, with most affected people trying to restart their lives and livelihoods. Markets will progressively recover, making cash assistance more feasible as the situation evolves.

Shelter assistance will support the coping mechanisms of the affected population, providing a range of assistance that best suits the different situations of the affected families. Shelter

assistance will aim to discourage long-term displacement situations and facilitate support wherever families decide to settle, with an aim to support a safe return home and community wherever possible.

Affected families, especially those displaced and in congested living situations, are exposed and at high risk of getting COVID-19. Practicing physical distancing may be challenging, and access to health and WASH facilities is limited. The Shelter Cluster will work closely with the Health Cluster to develop and update COVID guidance for shelter responders and programs.

Priority response

Short term Emergency Shelter Assistance (ESA):

- Immediate distribution of Emergency Shelter Kits or Shelter Repair Kits and Essential Household Items to families with heavily damaged and destroyed houses.
- Wide scale dissemination of accessible Information, Education and Communication (IEC) materials on Building Back Safer (BBS), inclusive shelter design, Housing Land and Property (HLP) and disaster preparedness

targeting the wider community as well as those directly assisted.

- Complementary technical assistance to those receiving unconditional multipurpose cash and advisory services to the Cash Working Group to ensure consideration of shelter needs in multipurpose cash assistance.

- Conditional cash and voucher assistance to displaced families (rental support, hosted and hosting families support, labour, tools, materials and fixings) with rapid market assessments.
- Promote safe early return by moving directly to durable house repairs where possible.

Medium term Shelter Recovery Assistance (SRA):

- Shelter Market Assessment and Environmental Impact considerations.
- Conditional cash and voucher assistance (labour, tools, materials and fixings).
- Provision of appropriate construction materials (corrugated galvanized iron sheets, structural quality timber, cement, etc).
- Technical assistance to those rebuilding their heavily damaged and destroyed houses.
- Training of local carpenters, masons, and households on build back safer techniques for safer construction and repair, universal design and basic Do-It-Yourself (DIY) skills training for households on minor repairs and maintenance.

- Mobilization of community focal points for cascading and monitoring build back safer, inclusive disaster preparedness and disaster risk reduction.
- Transitional shelter and Housing Land and Property (HLP) assistance to displaced families unable to return and targeted by the government for relocation.
- Advocacy on behalf of the shelter and settlements sector to ensure adequate recovery and reconstruction assistance, in coordination and support of Government and Local Government Units (LGUs).

Persons with disabilities and older people will be consulted to assess the accessibility of shelters, to ensure that any shelter assistance provided is tailored to the specific needs of people with disabilities and older people.

Inter-cluster collaboration

WASH, Health, CCCM, Protection (HLP, GBV), Education, Cash Working Group.

Contact

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Emergency Telecommunications

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
Humanitarian workers	CARAGA: Surigao, Siargao Island, Dinagat Island Region VIII: Southern Leyte Region VII: Bohol Island, Cebu island	1M

Objectives

The Emergency Telecommunications Cluster will fill temporarily information and communication technology gaps where the infrastructure was

severely affected by Typhoon Rai and support the humanitarian response efforts led by the Government of the Philippines.

Expected evolution of situation and needs

ETC data connectivity services will first be deployed in Surigao City at the coordination hub, at the government offices and extended to humanitarians as well as affected communities to restore their link to communication and support two-way dialogues between affected communities and responders, coordination and response efforts. Services are expected to be deployed in up to four additional locations that will need more time to be recovered by national

providers. The most affected locations currently identified as Siargao Island, Dinagat Island, Southern Leyte and Bohol Island will be assessed and prioritized in coordination with the Department of Information and Communications Technology (DICT) government counterpart and local services providers and operators. Where national communications services are gradually restored, the ETC will demobilize its services and reallocate its resources where needed.

Priority response

- Support DICT in its response efforts to re-establish communications services at government offices and temporary coordination points.
- Provide support in re-establishing data connectivity in regional and local coordination hubs and government offices as well as to humanitarian organizations through hotspots.
- Provide affected communities with time-bound Internet services to access life-saving information, engage with aid agencies, connect with loved ones and support their recovery.
- Support DICT with inter-agency coordination among humanitarian partners mobilizing ICT capacity and services.
- Provide information management support to promote exchange of information among all actors, decision-making and reporting of ETC activities.
- Provide helpdesk support to users accessing the services in each location.

Inter-cluster collaboration

ETC as a services cluster, will provide services to humanitarian workers at dedicated services

points to all other humanitarian and government clusters.

Contact

Government Lead: DICT

HCT Lead: WFP, Martin Kristensson (Martin.kristensson@wfp.org)



Siargao Aerial Shots

Photo: Ronald Al Jurado, SIKAT vis OXFAM



Food Security and Agriculture

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.4M	530,000	Caraga Region (Agusan del Norte, Surigao del Norte, Surigao del Sur, and Dinagat Island) and Region VIII (Southern Leyte and Leyte) and other communities that are hardest hit	34M

Objectives

- To meet life-saving food needs of the affected population, living in the most vulnerable and hard to reach households.
- To restore the lost agriculture and fisheries resources through the provision of agriculture and fisheries inputs.
- To provide unconditional cash transfer for the immediate food needs, income support to youth and women members of affected households, and allowing them to start alternative livelihoods and cover other immediate food and basic needs.
- To improve food security situation, addressing lack of food supply, adverse impact to market and improve purchasing power of affected communities

Sector overview (needs and response)

Typhoon Rai has further exacerbated the negative effects of the COVID-19 pandemic to the economy of the affected communities requiring critical food and nutrition support at the onset of the disaster. Continuing life-saving support is needed to address the food security and nutritional needs of the affected population by providing immediate food and restoring their livelihoods, especially of the agriculture sector.

Detailed multi-sectoral assessments are on-going, and the full extent of damage and disruption caused will be determined when access to all communities is re-established. The latest government figures indicate that over 631,000 people are displaced, of which 372,000 are living inside evacuation centers. The total population living in the affected areas is circa 16 million, of which 9.1 million people live in the worst affected areas.

Authorities reported agriculture damage and losses in Regions IV-A, IV-B, V, VI, VII, VIII, IX, X, XI, XIII amounting to PhP2.6 billion (US\$51.6 million), affecting 34,747 farmers and fishers, with volume of production loss at 87,640 metric tons (MT) and 60,451 hectares of agriculture areas. If not addressed, affected smallholder farmers and fisherfolk's food security and nutrition is likely to deteriorate.

Affected farmers were also engaged in backyard gardening, now damaged. Household gardens contribute to families' nutritional needs, promote crop diversification, are a source of cash and articulate the role of women and children in household food production and security. Food diversity and access to low-cost nutritious food have been a perennial issue, contributing to high rates of malnutrition.

The typhoon affected markets, which impeded the availability of food supply in the affected communities and can potentially contribute to price volatility in the area. With the livelihoods disrupted, this adversely affects the food security and nutrition situation in the area.

People including farmers and fishers are in need of food and assistance in re-establishing their livelihoods to avoid reliance on food aid, to prevent food insecurity and malnutrition. Similarly, it is vital to offer proper and timely recovery and rehabilitation assistance to enhance production and link the farmers and fishers to markets and agribusiness value chains.

The Cluster is already active providing immediate food supply, especially to displaced communities in worst affected areas and where poverty and nutrition indicators were already concerning. Consideration is also being given to the extent to which government interventions are not sufficient to meet overall need. Cash-based transfers (CBTs) for short-term interventions are the preferred support modality, particularly as markets resume. If immediately available, supply and distribution of non-perishable foods (high energy biscuits) is being considered.

Expected evolution of situation and needs

Communities have been and continue to be affected by the COVID-19 pandemic and many will have exhausted their coping strategies including household asset depletion. Typhoon Rai hit as the rice crop was about to be harvested and crop loss will compound the difficulty for the poorest households. The expectation is that recovery will take time and well targeted support will be required in the worst hit areas. Food markets/retail sector will recover more quickly, especially as connectivity is restored and this will gradually increase supply to meet demand. Cash based transfers are the preferred support modality.

The food security needs of the affected population will remain volatile given the impact of the typhoon to sources of food and the disruption of livelihood sources. The disruption to agricultural production will negatively impact the

food over the coming months, further worsening food insecurity and malnutrition of the affected population.

The nutrition of the affected families will also be impacted negatively due to insufficient supply of low cost, diverse and nutritious food which is highly correlated with childhood chronic malnutrition (stunting). The 2018 Fill the Nutrient Gap Report showed that 49 per cent of households in Region VIII and 53 per cent in CARAGA are unable to afford nutritious diet due to economic and physical inaccessibility. Prevalence of stunting among children under five remains to be of high public health significance in Region VIII (42 per cent) and CARAGA (36 per cent). Apart from children, pregnant and lactating women, and the elderly are also at high risk for malnutrition.

Priority response

- Support government in the conduct of post-disaster assessment in the agriculture sector.
- Provide non-perishable nutritious foods, such as high energy biscuits, to communities in need and in the evacuation centers.
- Emergency Cash for Work in semi-urban and rural areas to assist in the early recovery and rehabilitation of communities.
- Provide multi-purpose cash transfers to cover immediate food needs, support the livelihoods of affected households, starting alternative livelihoods, allow affected people to restart agricultural and fisheries livelihood activities, other immediate needs, and income support to youth and women.
- Provide appropriate and timely agricultural and fisheries assistance, including seeds (rice and corn seeds for immediate planting for the next planting season), fertilizers, and assorted vegetable seeds, livestock/poultry and inputs for affected fisherfolk including boats, fingerlings, feeds, and fishing gears.

Inter-cluster collaboration

Cash Working Group, WASH, Nutrition, Early Recovery, Protection and Sexual and Reproductive Health

Contact

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Health

including Sexual and Reproductive Health, and Mental Health and Psychosocial Support

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
<h1>519,300</h1> <p>For SRH: 650,773 Women of Reproductive Age, 235,843 Young People including Adolescent Girls, 16,996 Pregnant Women, and 36,389 people with disabilities, particularly women and girls</p>	<p>CARAGA and Region VIII</p> <p>For SRH: Surigao del Norte (Siargao Island) (Dapa, Del Carmen, General Luna, Pilar, San Benito, Socorro, San Isidro, Burgos and Sta Monica); Surigao City; Dinagat (Basilisa (Rizal), Cagdianao, Dinagat, Libjo (Albor), Tubajon, San Jose (Capital) and Loreto), Southern Leyte</p>	<h1>11.44M</h1>

Objectives

- Provide strategic support to the affected LGUs by participating in local assessments, supporting micro-planning, and guiding and monitoring response
- Provide operational support to the affected LGUs by mobilising and deploying experts and teams on the ground and essential commodities
- Support the Department of Health to coordinate the health sector response, including risk and needs assessments and strategic and response planning
- Establish and strengthen emergency disease surveillance and outbreak control, including but not limited to acute respiratory infections (ARI), fever, diarrhoea, hypertension, skin disease and waterborne diseases
- Provide PPE to protect health care workers and vulnerable people in communities
- Provide rapid antigen tests for COVID to screen people in evacuation shelters, donation and distribution of masks in evacuation shelters

Sexual and Reproductive Health (SRH)

- Ensure continued availability of essential lifes-aving sexual and reproductive health services, including provision of commodities and medical supplies
- Deliver social and behavioural change communications with age, developmental and culturally appropriate, gender-responsive, rights-based, comprehensive and life-saving SRH and COVID-19 information and education
- Mitigate social and economic impacts through cash and voucher assistance to support empowerment and participation of pregnant and postpartum women and girls in practising and promoting healthy behaviours in the typhoon-affected communities

Sector overview (needs and response)

The affected populations have the following needs and challenges:

- Widespread injuries and many deaths
- Disruptions of access to WASH that may cause outbreaks of diarrheal and other water-borne diseases
- Risk of outbreaks of vector-borne diseases and vaccine-preventable diseases, including measles
- Likelihood of outbreaks of COVID-19 in evacuation centres and other congested areas where people may have sought shelter
- Overwhelming and disruptions of health services that affect maternal and child health services, including basic and comprehensive emergency obstetric and neonatal care, which are life-saving, and management of chronic diseases like tuberculosis, hypertension, diabetes and HIV/AIDs
- Unintended disclosure of status of women and children living with HIV in the evacuation camps and community when accessing services
- Disruption in disease surveillance and early warning systems, cold chain, laboratory and immunisation
- Limited capacity for waste management, including medical waste

Expected evolution of situation and needs

The affected populations are likely to continue to suffer from health problems enumerated above for several months, including those related to SRH and MHPSS. The populations are likely to experience outbreaks of diseases and acute malnutrition, in addition to the continued disruption of essential health services. We expect surges of COVID-19 cases due to a lack of

adherence to public health and social measures (PHSM) in the evacuation shelters and low vaccination coverage in the affected areas. Disruption of essential SRH services, especially safe deliveries, may lead to an increase in preventable maternal deaths, and lack of access to family planning and contraceptive services may result in unintended pregnancies.

Priority response

1. Immediate interventions: Trauma, injury, and death

- Coordination of health sector, including activation of regional and provincial SRH subclusters
- Acute psychological distress
- Rapid risk and needs assessments
- Emergency health services – Emergency Medical Teams or trauma care
- Provision of tents to set up temporary facilities for healthcare services
- Provision of modular tents for use in health facilities and evacuation centres to maintain physical distancing requirements for infection and prevention control for COVID-19
- (SRH) Provide Emergency Maternity Facility Tents for safe deliveries
- (SRH) Support basic and emergency obstetric care (BEmONC) through Reproductive Health kits
- (SRH) Support the integrated Reproductive Health Medical Missions (RHMMs) in areas with non-functioning health facilities and in

- geographically isolated and disadvantaged (GIDA)
- MHPSS- including Psychological First Aid (PFA)
- Risk communications
- Provision of rapid antigen tests for screening of COVID-19 cases in evacuation shelters and distribution of masks
- (SRH) Provide hygiene kits and maternity packs with SRH and COVID-19 risk mitigation information
- Ensure people living with HIV, especially children, adolescents and women have access to antiretroviral (ARV) drugs
- Supplies and logistics, including the immediate dispatch of essential health commodities including emergency health kits and acute watery diarrhoea kits
- (SRH) Provide adolescent go bags with essential items with SRH and COVID-19 risk mitigation information
- (SRH) Provide cash and voucher assistance (CVA) to the internally displaced pregnant and postpartum women and young girls availing maternal health services and cash for education to internally displaced adolescents and young people continuing access to informal and formal education

2. Short-term interventions: Disease outbreaks, excess morbidity and mortality from priority common causes including chronic diseases and maternal, new-born and child health

- Coordination of health sector and with other sectors such as WASH
- Assessment of needs at shelters/evacuation centres
- Risk assessment for epidemic-prone diseases
- Risk communications – for good health and hygiene behaviours and prevention of epidemic-prone diseases
- Assessment of COVID-19 health service and vaccination
- Strengthening of infection prevention and control measures for COVID-19 Surveillance and Early Warning and Response System (EWARS) (SPEED)
- Vaccination, especially measles and COVID-19
- WASH rapid assessment, needs analysis and services
- Vector control (mosquitoes, rodent)
- Health service delivery – mobile clinics, fixed clinics, outreach – to provide reproductive, maternal, newborn and child health (RMNCH) care
- Continuity of care for patients with chronic diseases or infections, such as diabetes, hypertension, TB, and HIV
- Access to HIV prevention commodities, syndromic treatment of STIs, and access to ARV through multi-month drug dispensing

3. Medium-term interventions: Excess morbidity and mortality from common causes including chronic diseases and maternal, new-born and child health

- Acute malnutrition (depending on rates of acute malnutrition)
- Coordination of health sector and with other sectors such as WASH, Nutrition
- Re-establishment of routine health services for priority common illnesses – RMNCH, non-communicable diseases and key prevention programs such as expanded program on immunization
- Surveillance for and prevention and management of acute malnutrition
- Wound care and management of disabilities, rehabilitation
- Monitor health care needs of the displaced population
- Risk communications
- Continuity of COVID-19 vaccination campaign

Inter-cluster collaboration

Protection, WASH, Nutrition, CASH and Early Recovery

Contact

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Siargao City

Photo: ADRA/NEMM Hope

Logistics

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
Government and humanitarian workers	CARAGA, Region VIII	4M

Objectives

- Provision of transport support to the Government for the movement of relief cargo to affected regions.
- Purchase of equipment to set up four logistics hubs for storage. Each hub will include mobile storage units, generators, and prefab offices. The plan is to hand over the management of these hubs to the Government. The tentative plan is to set up hubs in Surigao City, Dingaan Island, Siargao Island and one other yet to be determined location.
- Coordination and information sharing through Logistics Cluster coordination.

Sector overview (needs and response)

While logistics gaps and bottlenecks are still being determined, it is expected that certain parts of the affected areas have been cut off. Transport infrastructure has been damaged which will lead to delays in the delivery of relief items. Fuel supply

is also a concern. Port congestion on the road network has been reported, although OCD has prioritized the movement of relief goods specifically for access to ferries. Last mile delivery will cause delays.

Expected evolution of situation and needs

It is expected that transport routes will open relatively quickly. Decongestion at the ports will continue for the next few days/week but will slowly become normalized. Gaps that are currently not evident will be identified and potentially result in further scale-up of operations.

Considering the situation is rapidly developing and assessments are ongoing, there is a risk that there could be further deterioration with additional needs arising. The impact of more rain could also create further access constraints and cut off key areas for the delivery of relief items, impacting the humanitarian response. In addition, based on the

response requirement, significant coordination is required to ensure there are no duplication of assets and the response is as effective and efficient as possible. This coordination could become challenging given the emergency response context and the multiple entities involved. To mitigate these risks, the Cluster will ensure to maintain a flexible approach which can be enhanced or reduced as and when required. This includes making available additional equipment, having transportation assets readily available and ensuring staff are on standby in case of need.

Priority response

- Provision of transport.
- Purchase of emergency logistics response equipment, in particular Mobile Storage Units.
- Coordination and information sharing.

Inter-cluster collaboration

Logistics as a services cluster, will provide services to humanitarian and government clusters.

Contact

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Siargao City
Photo: ADRA/NEMM Hope



Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.6M	344,994 children and women 279,994 children 0-5 years 65,000 pregnant and lactating women	CARAGA: Surigao del Norte, Surigao del Sur and Dinagat Islands Region VIII: Southern Leyte Additionally, Cebu, Bohol, Negros Occidental, Negros Oriental, Agusan Del Norte, Palawan and Cagayan de Oro are considered.	3.06M

Objectives

Emergency-affected people meet their immediate nutrition needs and avoid nutritional deterioration

through improved access to life-saving and preventive nutrition interventions over six months.

Sector overview (needs and response)

Typhoon Rai has severely affected families whose sources of livelihood, primarily farming and fishing, have been disrupted or destroyed. Damages to farms including backyard gardens will affect families' daily nutritional intake, crop diversification, and cash income. Furthermore, the Typhoon has constrained access to essential services for pregnant women, infants and children as some of the health facilities and services are affected on top on the ongoing COVID-19 response interventions.

The effects of Typhoon Rai will exacerbate an already fragile, chronic malnutrition (stunting) situation. The 2018 Fill the Nutrient Gap Report showed that 49 per cent of households in Region 8 and 53 per cent in CARAGA are unable to afford nutritious diet due to economic and physical inaccessibility. Prevalence of stunting among children under five remains to be of high public health significance in Region VIII (42 per cent) and CARAGA (36 per cent). Apart from children,

pregnant and lactating women, and the elderly are also at high risk for malnutrition. The situation is projected to further deteriorate due to limited access to nutritious foods, dysfunctional food markets, the upsurge of water-borne diseases such as diarrhea.

Initial assessments reveal that half of the affected provinces and municipalities do not have an organized Nutrition Cluster coordination mechanism. Life-saving nutrition supplies including ready-to-use therapeutic food (RUTF), Vitamin A, Iron and Folic Acid (IFA) supplements and micronutrient powders (MNPs) are limited, among others. Depleted life-saving nutrition commodities will affect the coverage and quality of nutrition interventions. Trained nutrition human resource is needed to actively screen children and pregnant women for acute malnutrition, deliver life-saving services, monitor and report on the nutrition response.

Expected evolution of situation and needs

Typhoon damages to essential services will lead to the reduction of quality, accessibility, coverage, and availability of key water, sanitation, health and nutrition services in the succeeding weeks or months. As water and food supplies decline, market prices increase, and disrupted livelihoods deplete household savings and limit income. Increased water-borne diseases such as diarrhea are likely to predispose young children to malnutrition. Compounded with the pre-crisis levels of malnutrition and the COVID-19 pandemic, it is likely that childhood wasting will increase if immediate measures to ensure an adequate supply of safe drinking water, proper sanitation

and adequate and appropriate healthy and nutritious food nutrition services are not in place. Also, access to nutrition services is reduced by the impact of the typhoon on the facilities, its human resource capacity, and the availability of nutrition supplies. Community nutrition and health workers are expected to be overwhelmed with the immense workload, responding to pre-crisis bottlenecks and typhoon response needs. Affected communities are likely to have an influx of infant formula as part of humanitarian donations which are likely to be left unchecked by LGUs.

Priority response

- Ensure predictable, timely, coordinated, and efficient nutrition response to the emergency-affected population.
- Deliver timely nutrition interventions to children 0-5 years, pregnant and lactating women. Specifically:
 - Weekly nutrition assessment/screening of children under five years of age, pregnant and lactating women.
 - Treatment of children with severe and moderate acute malnutrition.
 - Micronutrient supplementation for children 0-5 years, pregnant and lactating women.
 - Promote and support infant and young child feeding in the emergency (breastfeeding, the Milk Code, complementary feeding).
 - Dietary supplementation for children 6-23 months and pregnant women with diversified and nutritious foods.
- Deliver life-saving nutrition supplies and commodities (including transportation and distribution). Specifically:
 - Therapeutic Food Supplies– RUTF, F-75 therapeutic milk, Rehydration Solution for Malnutrition.
 - Micronutrient supplements – MNPs, Vitamin A for children, IFA for pregnant women.
 - Nutritious complementary foods for children 6–23 months – enhanced food packs for children.
 - Child and Adult Mid-Upper Arm Circumference tapes, weighing scales and height boards for screening of children and pregnant women.
- Ensure timely and relevant data on the nutrition response is collected, and reports communicated to government partners and relevant agencies.

Inter-cluster collaboration

FSAC, Health, WASH, Protection, Gender, Early Recovery, Logistics, ETC and gender

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Cebu City

Nutrition Cluster members undertake a Rapid Nutrition Assessment in Alaska Elementary School Evacuation Center. Credit: UNICEF



Protection, Child Protection and Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
662K	523,500 displaced individuals	CARAGA: Surigao del Norte, Surigao del Sur, Dinagat Islands, Agusan del Norte Region VIII: Southern Leyte, Leyte	8.7M Including \$6M for GBV and \$650K for Child Protection
	100,000 individuals at risk of GBV		
	98,700 children		

Objectives

- Address the protection needs of the displaced population in heavily-affected regions.
- Ensure that women, children, older people, persons with disabilities and other groups at potential heightened risk have access to services while applying age, gender and diversity lens in any protection intervention.
- Complement government services related to WASH, health and other core relief assistance to the severely affected families and individuals.



Gender-based Violence (GBV)

- Support the integration of GBV risk mitigation and survivor support across the humanitarian response.
- Establish coordination mechanism for life-saving multi-sectoral GBV response services.
- Establish minimum GBV referral pathway (where none exists) and strengthen existing GBV referral mechanisms, and dissemination of referral information.
- Respond to GBV through the provision of uninterrupted, life-saving, essential GBV services and addressing unique mental health needs of women, girls, persons with disabilities and other vulnerable sectors.
- Prevent and mitigate GBV by promoting the safety and well-being of women and girls in emergencies and addressing harmful gender norms and gender-based power inequalities from response towards recovery.



Child Protection

The National Child Protection Working Group (NCPWG) will be the national coordination body

for concerns on the Typhoon response to ensure protection of children and adolescents, through:

- Reuniting unaccompanied and separated children (UASC).
- Scaling-up of activities including advocacy, communications, and awareness raising activities around prevention and response to abuse, exploitation, violence, and neglect. This includes the cross-cutting commitment of humanitarian during emergencies on Protection from Sexual Exploitation and Abuse (PSEA).
- Providing mental health and psychosocial support services to affected children and families.
- Strengthening child protection systems.
- Supporting cluster coordination and provide technical assistance to government partners for the prioritization and integration of child protection principles.

Sector overview (needs and response)

The aftermath of Typhoon Rai has been devastating particularly in CARAGA. Food insecurity is high across affected communities. Livelihoods were affected, resulting in insecurity about the immediate future. Livelihood assistance is needed for early recovery. Other basic needs, such as water, hygiene kits, and sanitation facilities are not being met. Sources of clean water are limited, and WASH facilities are not maintained due to the unavailability of water. There is very limited information on persons with disabilities and how they are affected.

Gender-Based Violence Sub-Cluster

The GBV Sub-Cluster members received reports of typhoon-affected GBV victims-survivors who need urgent support to address immediate needs and to protect them from all forms of GBV, including but not limited to intimate partner violence, sex trafficking and sexual abuse and exploitation. Initial assessments indicate that protection mechanisms in the typhoon-affected sites have been compromised, or were limited in capacity even before the disaster. At least 31 Women and Child Protection Units (WCPU) have

been affected to date. Local committees on anti-trafficking and violence against women (LCAT-VAW) are absent or inactive. While there are no reported cases of GBV so far, GBV is a pre-existing condition.¹

The risk of exposure to GBV, particularly for women and girls and marginalized populations, will likely increase in a disaster setting of this magnitude. The risk of intimate partner violence, sexual violence, and other forms of GBV has been documented to rise during emergencies and public health crises.

National Child Protection Working Group

A total of 650,882 children need humanitarian assistance. Given the displacement caused by significant damages, children are at increased risks of being separated from family/caregivers. They also face additional risks and vulnerabilities to child abuse and exploitation, recruitment to armed forces or armed group, child labour, and are especially vulnerable to the negative coping strategies of families/caregivers. Continued access to child protection services and support (i.e., PSS services, access to life-saving services

¹ Data from the National Demographic and Health Survey in 2017 showed a prevalence of ever-married women age 15-49 who had ever experienced physical, sexual, or

emotional violence committed by any husband/partner at 38 per cent in CARAGA and 25 per cent in Region VIII.

and survivor-centered case management interventions) is compromised. Lack of functional reporting and referral pathways, Violence against Women and Children (VAWC) or protection desks in evacuation camps or temporary shelters also pose increased risk.

Initial assessments reveal the need for coordinated and multi-sectoral support on

preventing, mitigating, and responding to child protection concerns. Children and their caregivers need psychosocial support, including programming on prevention and response to child abuse and exploitation.

Expected evolution of situation and needs

Community members estimate that the restoration of electricity, water, telecommunication lines and sustainable livelihoods for both areas will take around three to six months up to a year. This may result in: (1) increased or decreased reported cases of GBV, interpersonal or domestic violence, and child protection cases; (2) limited or slow referral and provision of protection and recovery services; (3) prolonged disruption of livelihoods that may foster push factors for online and offline sexual abuse and exploitation, child labor, and child and human trafficking, among others; (4) disruption of essential services in distance or modular learning education, health, and nutrition programs critical to fulfilling the rights of boys, girls, women and men with and without disabilities; and (5) the

possibility of increased water-borne diseases, as well as a greater risk of contracting COVID-19, particularly in evacuation centres where health protocols would be difficult to implement.

Upcoming national elections in May 2022 might slowdown interventions in affected areas. This needs to be factored in on the work planning early on.

The occurrence of further climate events, such as typhoons and other natural disasters, should be expected and planned for as these would exacerbate the already fragile situation of displaced families, particularly those in evacuation centres. Disaster risk reduction and management interventions must be strengthened in affected areas.

Priority response

- Protection Needs Rapid Assessment
- Provision of core relief items
- Organization of protection monitoring and community-based communication system
- Provision of psychosocial support to affected children and their families
- Disaster risk reduction campaign
- Risk communication and community engagement (RCCE)

The need to mainstream protection in all sectors/interventions will be underscored.

- Livelihoods: Provide emergency livelihood assistance; prioritize persons with specific needs.
- Emergency shelters and NFI: Provide emergency shelter materials (plastic sheets and rope), blankets and sleeping mats, solar lamps for individual households; install communal solar lamps.

- WASH: Repair/construction of emergency WASH facilities; ensure that WASH interventions are inclusive and consider the needs of persons with disability, older persons, women, and children.
- CCCM: Support to CCCM in evacuation centres; public awareness activities on the rights of the IDPs; and on reporting channels for violence and exploitation.
- Health: Risk communication and community engagement in line with COVID-19 pandemic.
- Persons with disability, indigenous peoples, and those with intersectional vulnerabilities, are often left behind and remain invisible, thus they will be prioritized in the interventions. Information campaigns on the rights of IDPs will be done and integrated in the response activities.

GBV coordination:

- Activate Regional GBV Sub-Cluster to coordinate GBV life-saving responses and leverage resources from various stakeholders.
- Ensure GBV referral mechanisms integrate services for survivors of SEA, and support PSEA actors for awareness-raising in affected communities to prevent SEA by humanitarian workers.
- Establish minimum GBV referral pathway (where none exists) and strengthen existing GBV referral mechanisms, and disseminate referral information, to ensure access of GBV survivors to life-saving multi-sectoral services
- Conduct GBV Safety Audit in Evacuation Center to ensure safety and protection of women, girls, persons with disabilities and other vulnerable population, and conduct of Rapid Gender Needs Assessment to highlight the unique needs of women and girls to inform emergency programming

GBV prevention:

- Deploy and organize community-based mobile GBV Watch Groups to serve as entry points for GBV reporting, conduct awareness-raising sessions and provide PSS interventions in evacuation centres and communities affected.
- Support women and youth-led innovative solutions through small grants to address multi-sectoral needs on GBV response.
- Conduct of RCCE activities to promote positive parenting and prevention of Violence Against Children.

GBV response:

- Establish safe spaces (WFS) for women and girls to mitigate the risk of GBV and provide multi-sectoral GBV response services and supplies, including dignity kits/hygiene kits.
- Ensure the functionality and availability of supplies and human resources of Women and Children Protection Units for provision of multi-sectoral GBV response services.
- Cash and voucher assistance for life-saving assistance to GBV survivors to enable access to multi-sectoral response services.

National Child Protection Working Group

- Cluster coordination and technical assistance to government partners for the prioritization and integration of child protection principles in Typhoon Rai response, while mindful of COVID protocols and cross-cutting issue on PSEA.
- Community-Based Mental Health and Psychosocial Support interventions to affected children and families, including setting up of Child Friendly Spaces (as needed), while observing safety protocols prescribed by the health cluster.

Scale up activities around prevention and response to abuse, exploitation, violence, and neglect including advocacy, communications and awareness raising.

- Continuity of child protection services. Facilitate access to MHPSS services, and case management for children to facilitate access to medical, psychological, and legal services, including family tracing and reunification of unaccompanied and separated children.
- Provide Risk Communication and Community Engagement interventions to help communicate life-saving information through different online and offline platform

Inter-cluster collaboration

Early Recovery, Emergency Shelter, WASH, CCCM, Health

Contact

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Child Protection Working Group

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Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.3M	520,000 (women, men, girls and boys representing the population of poor households or about 104,000 families in the target areas which includes the estimated number of people displaced.)	CARAGA (Region VIII): Surigao del Norte (including Surigao City), Surigao del Sur and Dinagat Island Provinces Region VII: Southern Leyte Province. Other areas are also being considered to scale up the response once resources are available, the provinces of Cebu, Bohol, Agusan Del Norte and Palawan and the cities of Cebu and Cagayan de Oro.	15.6M

Objectives

Seriously concerned with the dire WASH situation in the typhoon-affected communities that could quickly lead to the further spread of diarrhoeal and other WASH-related diseases, as well as the resurgence of COVID-19 infections, life-saving and emergency actions of the WASH Cluster are aimed at:

- ensuring that sufficient and safe water is immediately provided and accessible to the most vulnerable women and girls, men and boys, who may have less capacity to cope with the impact of the typhoon;
- ascertaining that basic sanitation facilities, e.g. latrines, handwashing facilities, hygiene supplies, including for COVID-19

- infection, prevention and control (IPC), are available to the target population to avoid open defecation while ensuring protection of most especially women and girls;
- proactively promoting and communicating key health and hygiene messages in emergency and pandemic situations; and
- extending support in harnessing the capacity to coordinate WASH response activities that abide by minimum standards, including on protection, gender, accountability to the affected population, and prevention of sexual exploitation and abuse (PSEA) at national and sub-national levels.

Sector overview (needs and response)

With Super Typhoon Rai developing into a Category 5 typhoon in a matter of 48 hours, many areas in the typhoon’s path were less prepared including on WASH. Some local government units (LGUs) were able to carry out pre-emptive evacuations; some 631,000 people found shelter

in formal and informal evacuation centers that generally have limited WASH facilities.

Typhoon Rai brought torrential rains, violent winds, landslides and storm surges that cut off water services and contaminated reservoirs and water sources. With water supply dwindling, there are now long queues at few open water refilling

stations. Power has been down in almost all areas severely impacted by the disaster compromising not only the reporting of information but also the operations of electricity-run water systems. In the outskirts of many town centers, people are reportedly collecting drinking water from springs, but potability cannot be ascertained.

The Education Cluster reported that almost 30,000 schools were affected interrupting educational activities for 12 million pupils in 11 regions. With many schools damaged, including their WASH facilities, it is now a priority to ensure that they are again prepared for the piloting of face-to-face learning that has already been suspended for two years because of the COVID-19 pandemic. On the other hand, DOH has initially reported that at least 128 health care facilities also bore the brunt of Typhoon Rai; the number is

expected to rise with incoming assessment reports.

Initial assessment reports and requests for assistance received so far have listed WASH as amongst the typhoon survivors' most critical needs.

While confronting logistical challenges, from lack of power and communication signals to blocked roads and rough seas, WASH Cluster partners are fast-tracking the conduct of damage and needs assessments with a number already implementing initial response actions such as distribution of water kits, water disinfectants, hygiene and toilet repair kits. Concerned government agencies, e.g. DOH, respective LGUs, as well as the Philippine Red Cross have started deploying water treatment units in highly water-critical areas such as Siargao and Dinagat Islands.

Expected evolution of situation and needs

With more than 50,000 houses either completely flattened to the ground or severely damaged along with their water and sanitation infrastructures, a significant number of displaced people will have to remain in evacuation centers for months, some awaiting relocation. While access to WASH facilities and services will have to be maintained, protection measures, especially for women and girls, including prevention of sexual exploitation and abuse, will also have to be strengthened. In general, as implementation of WASH response programming proceeds, keen attention to cross-cutting issues, including protection, gender, accountability to affected population, and PSEA, will have to be reinforced.

An exhaustive assessment on the extent of damages to water and sanitation systems is still to be undertaken. However, it is already projected that in some municipalities repair and

rehabilitation of facilities will take months to ensure full resumption of operations. Authorities project that in some municipalities it will take about three months to fully restore electricity. There is a serious concern that continued access to poor quality water, coupled with inadequate access to sanitation and hygiene facilities and materials, will lead to further spread of diarrheal and other WASH-related diseases.

Water trucking is being considered. Repair and rehabilitation of damaged houses will also have to consider WASH facilities. As markets start to function again, some WASH Cluster partners are already studying the feasibility of shifting to cash transfer programming on WASH. With a new COVID-19 variant already in the country, Infection Prevention and Control (IPC) measures will have to be strengthened alongside WASH interventions.

Priority response

- Provision of water kits (water containers and water disinfection materials); alternatively, distribution of either water containers or water disinfectants.
- Limited deployment of water treatment units (WTUs), including supporting the availability of reagents.
- Distribution of hygiene kits with COVID-19 add-ons (basic cleaning and disinfection supplies, masks for adults and children, basic PPE).
- Installation of emergency/temporary and semi-permanent latrines, handwashing facilities, and bathing facilities, including support to operations and maintenance.
- Hygiene promotion, including COVID-19 IPC measures.
- WASH in schools and Early Childhood Care and Development (ECCD) centres: immediate repair and rehabilitation of damaged WASH facilities, provision of WASH supplies, including cleaning and disinfection kits, also to sustain resumption of face-to-face learning.
- WASH in health care facilities: application of basic WASH-Facilities Improvement Tool (FIT) and immediate repair and rehabilitation of damaged WASH facilities.
- Provision of COVID-19 cleaning and disinfection kits and disinfection supplies, including PPEs for sanitary workers to affected Rural Health Units and Barangay Health Centers/Stations, and COVID-19 facilities.
- Technical assistance in coordinating WASH response activities at the national and sub-national (provincial) levels under the leadership of the Department of Health (DOH).

Inter-cluster collaboration

Shelter, Camp Coordination and Camp Management (CCCM), Health, Nutrition,

Protection, including GBV and Child Protection Sub-Clusters, Education, Cash Working Group.

Contact

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Coordination

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
HCT and partners including national NGOs, CSOs, INGOs, private sector and government counterparts at the national and local levels	CARAGA and Region VIII	1.2M

Objectives

Support the government to coordinate an effective and principled emergency response to

Typhoon Rai to save lives and protect people and their livelihoods.

Sector overview (needs and response)

On 19 December in the immediate aftermath of Typhoon Rai, the NDRRMC accepted HCT's offer of support, including the coordination of international aid, facilitation of rapid needs assessments, information management services and in-kind contributions. As of 22 December, over 50 actors representing the UN system, Red Cross and Red Crescent Movement, and national and international NGOs under the HCT-umbrella are supporting the Government-led efforts in these areas. The responders are coordinating themselves to complement local response mechanisms, including through 11 humanitarian clusters at the capital level. The MHT, the sub-national representation of the HCT, have also been augmenting local capacities.

Considering the growing humanitarian needs, logistics constraints, access limitations, adverse health and socio-economic impacts of the COVID-19 pandemic, and existing vulnerabilities such as protracted internal displacement, this emergency calls for significant reinforcement of coordination services at the provincial and municipal levels so that a diverse set of actors can effectively contribute to a collective response. Humanitarian coordination hubs will shortly be established in two field locations in the most heavily affected areas – Butuan City for Mindanao and in Southern Leyte for Eastern Visayas. The size and location of these hubs will be adjusted according to evolving coordination needs.

Expected evolution of situation and needs

In the first one to two months of the response, the HCT and partners will quickly scale up humanitarian assistance and protection to save lives while promoting rapid recovery of the most affected communities. Although the full effects of the typhoon will be unknown for months, needs assessments underway will offer more complete

information and in-depth analysis that inform a course-correction and updating of the Humanitarian Needs and Priorities plan in January 2022. HCT's focus will gradually shift from saving lives to restoring livelihoods and housing in the fourth and fifth months, following which OCHA will facilitate a handover of cluster coordination

responsibilities to government agencies and development actors.

The HCT, clusters/sectors and partners will continue to monitor the evolving needs of the affected people through ensuring a systematic approach to community engagement and accountability to affected people in this response. Aid community will ensure that communities are able to access information on humanitarian assistance and other life-saving information that allow them to make informed decisions. Additionally, a real-time collective platform for community voices will be strengthened to regularly learn the unique needs and priorities of affected people including vulnerable groups, this includes the reporting on issues of sexual exploitation and abuse. HCT and partners commit to adapt programming based on the response preferences expressed by the affected

communities periodically to ensure that humanitarian assistance is relevant and appropriate for all segments of communities.

Throughout the six months, coordination leaders such as the Humanitarian Coordinator, HCT members, Cluster Co-Leads and OCHA commit to improving needs-based prioritization so that humanitarian assistance and protection reach the people who need it most. All organizations participating in the HCT response will advocate and address the specific needs of vulnerable groups so that they are protected against violence and have equal access to humanitarian aid.

In a worst-case scenario, additional natural disasters devastate the Philippines, requiring the HCT to recalibrate its response and operational capacities to meet emerging needs.

Priority response

- Strengthen strategic coordination through the humanitarian mechanism of the Government, HCT and clusters at the national and local levels.
- Support high-level engagement, advocacy and communications by the Humanitarian Coordinator with national and local institutions and international community.
- Facilitate assessments, strategic planning, resource mobilization and monitoring. In the process, strengthen needs-based strategic planning, prioritization, localization, cash coordination, accountability to affected people, integration of resilience and environmental issues in humanitarian programming, monitoring and accountability.
- Provide information management services to the government and humanitarian community to inform coordination, decision-making and advocacy.
- Ensure transparency by providing an ongoing and strategic communication of humanitarian response activities and their impact on the ground.
- Advocate principled humanitarian action and protection of affected people, ensured through concrete and accessible prevention and response measures to SEA and GBV.
- Support humanitarian civil-military coordination in Manila and humanitarian hubs to facilitate dialogue with the military actors and the use of military assets in support of relief operations.
- Enhance collective mechanisms to improve two-way communications between the humanitarian community and the affected people and advocate programme changes where relevant (as expressed by affected communities).
- By providing technical support on gender equality programming and approaches, promote gender-sensitive programming to ensure the distinct needs of women, girls, boys

and men of all ages and background are taken into account in the response.

- Ensure safe and accessible reporting channels of SEA cases and strengthen PSEA Network activities on prevention and response.
- Advocate with the Government and cluster partners to enhance the analysis of context

affecting vulnerability, including gender, age, disability, displacement, environmental risks, and implement mitigation measures.

- Strengthen cash coordination and ensure cash interventions where feasible to give affected people greater choice and help restore local markets.

Contact

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Philippines

Credit: PDRF. Meralco Power restoration team deployed in Cebu

Private Sector

PEOPLE TARGETED

1.1M

TARGET AREAS

Cebu, Bohol, Dinagat Islands, Siargao, Surigao del Norte, Negros Occidental, Negros Oriental, Iloilo, Palawan

The Private Sector is integrated in coordination, planning and response activities of the HCT. They are self-reliant in terms of resource mobilization and hence not included in total financial requirements under this HCT response plan. The Philippine Disaster Resilience Foundation (PDRF), an observer to the HCT, also contributes to information products by reporting on 3W and funding flows.

Objectives

The overall objective is to offer critical support in immediate disaster response and assess the typhoon's economic impact that will contribute to the transition and development of the community's early recovery. The following are the key areas where the PDRF Network is engaged:

Finance: Conduct fund raising activities to support the operations of the PDRF Emergency Operations Centre (EOC) and its network. Provide cash-based assistance to the affected population of Negros Occidental.

Food and Non-Food Items (FNFI): Provide food packs, hygiene kits, and shelter repair kits to Typhoon affected areas.

Information & Communications Technology (ITC): Provide communication support to the affected

areas. Restore communication lines in the affected areas.

Infrastructure: Conduct debris clearing operations in Cebu and Siargao. Construct a temporary relief center for the affected population in Cebu.

Logistics: Provide transportation for goods and personnel to the Typhoon Rai affected areas.

Power, Fuel and Energy (PFE): Restore power to the affected communities.

Search and Rescue (SAR) – Medical: Provide search and rescue teams and medical services to the Typhoon affected areas.

Water: Provide drinking water and Mobile Treatment Plants in Typhoon-affected areas.

Sector overview (needs and response)

In the aftermath of Typhoon Rai, affected communities were left with damaged houses and critical infrastructure. Communication was badly hit and the affected areas were not immediately able to provide information on the extent of the damages. PDRF has been coordinating with the

ICT Cluster to provide temporary communication and repair the lines in the affected areas.

Damage includes power lines and fuel stations. The PDRF EOC has been coordinating with the government and the private sector to restore power in affected communities.

Damage also includes water sources. The PDRF EOC has been coordinating with the government and the private sector to provide drinking water to the affected population.

The damage forced people to evacuation centres, needing food packs and hygiene kits until they repair their houses. Evacuation centres in the affected areas were also damaged. Some relief efforts are hindered by road closures due to debris. The PDRF EOC has been coordinating with the PDRF Infrastructure cluster for building repair materials and heavy equipment for debris clearing.

Search and rescue teams were needed in the affected areas. The PDRF EOC has been

coordinating with the SAR-Medical cluster for the medical needs of the Typhoon Rai affected areas.

Logistics remains a major concern as the affected areas and relief would have to be procured locally. Cash-based assistance offers a more versatile help for those affected. The PDRF EOC has been coordinating with the PDRF network for monetary donations to support the operations and for cash-based assistance. Majority of the response actions originate in the National Capital Region and need to be flown to the area. Other areas are only accessible via ports, which were also damaged. The PDRF EOC has been coordinating with the Logistics cluster for the resource mobilization of the network.

Expected evolution of situation and needs

As the response shifts from search and rescue operations to response and recovery, medical facilities in the area need to be assessed so that necessary medical interventions and precautionary measures during a pandemic continue to be provided.

As the infrastructure is repaired, a mobile treatment plant can be placed to make sure that the water from the source is clean. More so, drinking water must be provided to affected people.

The immediate needs of the population should be addressed by using the monetary support to procure locally and fast track the response. As the economy opens up, the affected population would need purchasing power for the community to further recover from Typhoon Rai.

With more rains expected in the coming days and weeks, the priority should be the provision of shelter kits to families outside evacuation centres. Food packs and hygiene kits should be

provided to the evacuees as they spend Christmas in the evacuation centres.

The immediate needs of the population should be addressed by setting up free calls and mobile communications unit to the evacuation areas. The communication lines to and from the affected regions should be restored to facilitate information exchange for better response.

The immediate response should also include debris clearance to reach more areas faster. As the affected population repairs their homes, they should have a functional evacuation and relief center to stay in.

Coordination with the government on the operationalization of airports and ports is critical to facilitate access to the affected areas. Following that, the logistics cluster can help the network in resource mobilization.

As the affected population goes back to their communities, the power lines should be repaired and restored. Where necessary, generator sets and fuel must be provided to evacuation centres.

Priority response

Finance:

- Coordination with PDRF Network for fund raising activities
- Submission of proposals to donors for cash-based assistance

Food and Non-Food Items:

- Coordination with PDRF Network for the provision of Food packs and Hygiene Kits
- Coordination with PDRF Network for the provision of temporary shelter and shelter repair kits

Information & Communications Technology (ITC):

- Coordination with PDRF Network for the provision of free calls, satellite phones and mobile communications unit
- Coordination with PDRF Network for the restoration of communication lines in the affected regions

Infrastructure:

- Coordination with PDRF Network and the government for debris clearing permits
- Submission of proposals to donors for temporary relief centers.

Logistics:

- Airlift of immediate needs to the affected areas
- Sea transport for long term relief items (e.g. shelter repair kits) and heavy equipment (e.g. mobile treatment plants)

Power, Fuel and Energy (PFE):

- Coordination with the PDRF Power Fuel and Energy cluster for the provision of generator sets, the restoration of power lines
- and the provision of fuel.

Search and Rescue (SAR) – Medical:

- Preposition SAR teams before the typhoon and respond when needed.
- Quick assessment of the medical capacity of Siargao.
- Medicine and psychosocial support to the affected communities.

Water:

- Coordination with PDRF Water Cluster for drinking water, mobile treatment plant and transportation of goods.

Inter-cluster collaboration

Information and Communications Technology Cluster (wireless transfers of donations), Logistics (transport of material, goods and personnel to the affected areas), Government

(permit to procure chainsaws and conduct debris clearing operations, operationalization of ports and airports), PDRF Network (Response actions that need logistics support)

Contact

Lead agency: Finance, FNFI, ICT, Infrastructure,
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Philippines

Credit: PDRF. Aboitiz, through Davao Light and Power and Cotabato Light and Power, restored power in affected areas in Visayas

4. Participating organizations

The implementation of the Typhoon Rai Humanitarian Needs and Priorities actions is supported by more than 50 operational partners. This includes 23 international NGOs and networks, 10 national NGOs, CSOs and networks, and 14 UN agencies under the umbrella of the Philippines Humanitarian Country Team.

CLUSTER	CLUSTER LEAD, CO-LEADS	PARTICIPATING ORGANIZATIONS	NO.
Camp Coordination and Camp Management	DSWD/DRMB, IOM	United Nations Agencies, International and National Non-Government Organizations, Civil Society Organizations	
Early Recovery	OCD/NEDA, UNDP	UNDP, UN Habitat, FAO, WFP, Plan International, Save the Children, PDRF, OCD, provincial and local government offices, Department of Tourism, Department of Interior and Local Government, local CSOs and academe, other national agencies	10
Education	DepEd, UNICEF/Save the Children	DepEd, ECCD Council, Save the Children, Plan International, UNICEF	5
Emergency Shelter	DSWD/DHSUD, IFRC	Shelter Cluster partners including the Philippine International Non-Government Organization Network (PINGON) members, national and international NGOs, Red Cross Red Crescent Movement, UN agencies, faith-based organizations and the private sector	
Emergency Telecommunications	DICT, WFP	WFP	1
Food Security and Agriculture	DoA/DSWD, FAO/WFP	FAO, WFP, Islamic Relief, World Vision, Save the Children, ADRA, Pilipinas Shell Foundation Inc., Action Against Hunger, Plan International, People in Need	10
Health, including Sexual and Reproductive Health and Mental Health and Psychosocial Service	DOH, WHO	DOH and its concerned Regional Centers of Health Development, OCD and their Regional Offices, DRRMOs and Provincial/City/Municipal Health Offices, UNFPA, UNICEF, WHO, Y-PEER, Pilipinas, WVI, Plan International, FPOP, Save the Children	9
Logistics	OCD, WFP	OCD, DSWD, LGUs, UN agencies (WFP) and other humanitarian partners	1

Nutrition	NNC, UNICEF	UNICEF, WFP, FAO, WHO, Samaritan’s Purse, Save the Children Philippines, International Care Ministries, World Vision, Plan International, KMI, Action Against Hunger	11
Protection, including Child Protection and Gender-Based Violence	DSWD/NCPWG/RSCWC, UNHCR/UNICEF/UNFPA	ACCORD, HI, IRDT, CFSI, TKI, UNHCR, UNICEF, UNFPA, PDRRMC, MDRRMC, BDRRMC, PSWDO, MSWDO, DSWD, Kindernothilfe, CFSI, PDRF, Save the Children, Oxfam, Care Philippines, Coalition Against Trafficking in Women-Asia Pacific, Pambansang Kongreso ng Kababaihan sa Kanayunan, Samaritan’s Purse Philippines, Plan International, World Vision	25
Water, Sanitation and Hygiene	DOH, UNICEF	Action Against Hunger, ASDSW, Americares, CARE Philippines, CRS, IMC, Islamic Relief, Oxfam sa Pilipinas, PRC, Plan International, Relief International, Save the Children Philippines, Samaritan’s Purse, UNICEF, World Vision, DOH	16
Coordination	OCD, OCHA	ACTED, Action Against Hunger, ADRA, AECID, Australian Embassy, CARE, CFSI, DRRNetPhils, ECHO, Embassy of Japan, FAO, ICRC, IFRC, IOM, OCHA, OXFAM, PDRF, PINGON, PRC, PPERR, Save the Children, UN Civil Society Assembly, UNDP, UNDSS, UNFPA, UN-HABITAT, UNHCR, UNICEF, USAID, WFP, WHO, MHT	31
Private Sector	PDRF	PDRF Network	

5. How to contribute

Donating through the Philippines Typhoon Rai Humanitarian Needs and Priorities

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. Public and private sector donors are invited to contribute cash directly to aid organizations participating in the Humanitarian Needs and Priorities framework. To get the latest updates and donate directly to organizations participating in the response, please visit:

<https://www.humanitarianresponse.info/en/operations/philippines>

Contributing through the Central Emergency Fund

The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website at:

<https://unocha.org/cerf/donate>

By donating in-kind resources and services

The UN Secretary-General encourages the private sector to align response efforts with the United Nations in order to ensure coherent priorities and to minimize gaps and duplication. To make an in-kind donation of goods or services visit www.business.un.org. Contributions must comply with the Guidelines on Cooperation between the UN and the Business Sector. The United Nations enters into pro-bono agreements with companies planning to provide direct assets or services during emergencies. Contact ocha-ers-ps@un.org to discuss the ways in which your company might partner with the UN.

Individuals can donate online via the United Nations Foundation:

<https://unfoundation.org>

Registering and recognizing your contributions

We thank you in advance for your generosity in responding to this urgent request for support. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at:

<https://fts.unocha.org>

About

This document is consolidated by OCHA on behalf of the Philippines Humanitarian Country Team (HCT) and humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform strategic response planning.

The HCT, under the leadership of the Humanitarian Coordinator, ensures that humanitarian action by its members is well coordinated, principled, timely, effective and efficient. The HCT acts in support of and in coordination with national and local authorities with the objective to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, livelihoods and dignity of people in need. The HCT members include Humanitarian Coordinator – Chair, FAO, IOM, OCHA, UNDP, UNFPA, UN-HABITAT, UNHCR, UNICEF, WFP,

WHO, Save the Children (co-lead for Education Cluster), Action Against Hunger, ACTED, ADRA (PINGON co-convener), CARE, Oxfam (PINGON convener), Disaster Risk Reduction Network Philippines, Philippine Partnership for Emergency Response and Resilience, UN Civil Society Assembly. Observers include UN Resident Coordinator Office, UNDSS, International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies, Philippine Red Cross, Embassy of Australia, ECHO, Embassy of Japan, Spain/AECID, USAID and PDRF.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.