INTRODUCTION

This Report on Rapid Psychosocial Assessment summarizes the key findings, analysis, and recommendations of Community and Family Services International (CFSI) as initial response to the Typhoon Ketsana (Ondoy) emergency in Luzon, Philippines. This document presents a snapshot of the psychosocial situation in the areas assessed, the implications of ongoing sectoral humanitarian efforts on the psychosocial well-being of the affected population and responders, and specific recommendations for immediate humanitarian intervention.

CFSI is a Philippines-based humanitarian organization committed to protecting and promoting human security, with a particular interest in the psychosocial dimension. CFSI deployed an Emergency Response Team (CFSI-ERT) with the general objective of protecting and promoting the mental health and psychosocial well-being of the affected population. The specific objectives of the CFSI-ERT were to (a) provide immediate psychosocial support to survivors and first responders through counseling and stress debriefing; and (b) carry out a Rapid Psychosocial Assessment in worst-hit areas, specifically Marikina City, Pasig City, Quezon City, and Cainta, Rizal from 03 through 04 October 2009.

The purpose of this report is to inform the development of psychosocial interventions of humanitarian actors, including but not limited to, CFSI. Specifically, this report will inform the development of CFSI’s Plan of Action and interventions for the next one to three months.

BACKGROUND

On 26 September 2009, Ketsana wreaked havoc across the National Capital Region (NCR) and parts of Northern, Central, and Southern Luzon. Unprecedented rainfall, rapid flooding, and overflow of water systems affected 3,929,030 people and claimed 295 lives. Official reports indicate that 1,042,703 people were displaced. Estimates show that 335,740 internally displaced persons (IDPs) have taken refuge in 559 evacuation centers (ECs), while 706,963 are receiving relief from outside ECs.2

The Government of the Republic of the Philippines (GRP), specialized United Nations agencies, international non-governmental organizations (INGOs), national non-governmental organizations (NGOs), civic groups, foundations, corporations, schools, and private donors have mobilized resources and established preliminary coordination mechanisms to undertake rescue operations and relief distribution in ECs, as well as through distribution points outside ECs, where possible.

Initial and ongoing humanitarian interventions are aimed at meeting the basic needs of IDPs (food, shelter, basic health care, clothing, etc.). Cluster leads and members at the Inter-Agency Standing Committee (IASC) and GRP levels have been mobilized and are operating in the field to address urgent concerns according to their respective mandates.3

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1 The CFSI Emergency Response Team (CFSI-ERT) is composed of the following: Dr. Denfred Balleza, Celia Santos, Ofelia Mendoza, Rutchelle Solis, Alice Molina, Dolly Rubia, Zyra Murillo, Lalaine Santiago, Christian Guillermo, Kimberly Carbungco, Kim Locklier, Laura McPhee-Browne, Catherine Diamante, and Joseph Lumanog. Substantive guidance, input, and review were provided by Dr. Steven Muncy, Neil Sison, and Vladimir Hernandez.
2 “NDCC Update Situation Report 22”. National Disaster Coordination Council (NDCC, Philippines), 05 October 2009 16:00 (Tab A).
**METHODOLOGY**

**Area Selection.** Area selection by CFSI was primarily based on secondary sources such as the NDCC Situation Reports, UN OCHA’s Humanitarian Updates, news reports, internet sources and on-site inspections by CFSI personnel, including those not assigned to the CFSI-ERT. The areas selected were: (a) those considered amongst the hardest hit; (b) in greater need of psychosocial intervention; (c) have not been visited for psychosocial assessment; and (d) were reasonably accessible. The areas selected were: Bagong Silangan in Quezon City; Tumana, Provident Village, and Malanday in Marikina; Maybunga in Pasig City; and Cainta, Rizal. Since these areas are also close to water systems, and have large populations of poor people and many young children, the extent of disaster impact was very extensive.

**Team Composition.** The CFSI-ERT field teams were composed of professional social workers and social work interns, supported by a psychiatrist and a public health specialist. A coordinating team was also established and based in CFSI Headquarters.

**Team Preparation.** While most of the CFSI-ERT members were experienced in humanitarian responses to emergencies, the entire team participated in a one-day preparatory activity. This activity focused on refining the team’s counseling and debriefing plans, as well as discussions on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

**Team Deployment and Strategy.** Two (2) field teams were deployed. They conducted individual and group discussion/interviews with IDPs in evacuation centers, people who returned home, people who were affected but were not physically displaced, local leaders, and humanitarian workers. The information obtained in these discussions/interviews was manually recorded by the workers. The discussions/interviews consisted of a series of questions which were designed to find out as much as possible about the psychosocial needs and coping capacities of IDPs within the limited time available.

At the end of each day, the two field teams met to debrief on the day’s experiences and findings. This debriefing consisted of reflection time, followed by comprehensive discussion and reporting on the psychosocial needs of the communities visited that day. Five (5) key areas were used as discussion points: Humanitarian Needs, Humanitarian Response, Psychosocial Profile, Gaps and Constraints; and Recommendations. The findings of the CFSI-ERT were compiled into Daily Updates, which were then circulated through channels to the GRP, IASC, INGO, and NGO partners.

**Limitations.** Since this rapid assessment was carried out in a short period of time and with limited physical access to affected areas, it does not presume to provide a clear and complete picture. Rather, it offers a descriptive overview and a snapshot of the psychosocial situation and other relevant conditions on the ground, provides, to the extent possible, a preliminary analysis of these conditions, and recommends strategies and activities for moving forward.

**PRE-DISASTER SITUATION**

The CFSI-ERT rapid assessment covered the following barangays: Tumana, Malanday, and Provident Village in Marikina; Bagong Silangan in Quezon City; Maybunga and Kapitolyo in Pasig City; and the municipality of Cainta, Rizal. The majority of the population in these urban areas is in the lower socio-economic income bracket. Consequently, the sources of livelihood vary significantly, with most of the income based in service sector industries within NCR. Although many may have originated in several different provinces and migrated to urban Manila, the communities affected are fairly culturally homogenous and predominantly Christian.

Geographically, these barangays are close to the Pasig River, Marikina River, and their tributaries, making them vulnerable to flooding. Chronic clogging of the sewage system aggravates this risk, which was dramatically realized in during and after Ketsana.

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DISASTER IMPACT

News reports indicate that the amount of rain brought by Ketsana within 12 hours upon landfall—341 millimeters—was equivalent to the monthly average during typhoon season. This has superseded the 1967 record of 334 millimeters. While early warning systems were functioning and useful, the unexpected amount of rainfall caught national and local authorities largely unprepared.

The combined effects of continuous rainfall and storm surge were exacerbated by clogging of drainage systems, leading to rapid flooding in streets, landslides in mountainous areas, and flash floods along the Pasig and Marikina rivers. The first 24 hours of landfall in NCR alone caught thousands stranded in the streets, office buildings, shopping malls, and residences, while simultaneously blocking major thoroughfares in the urban center and suburban peripheries. During this period, humanitarian access for rescue and relief was severely constrained because roads were submerged and bridges had collapsed. As of this writing, conditions on the ground for access have improved for most areas, but some locations are still underwater and accessible only through boats or rafts, thereby limiting relief distribution.

POST-DISASTER SITUATION

Priority Concerns

Ketsana’s immediate impact was felt by almost 4 million people in a wide expanse of territory within the NCR and parts of Northern, Central, and Southern Luzon. As informed by preparatory internal discussions on humanitarian impact, priority needs, and methodology, the CFSI-ERT targeted the areas specified in the table below for the rapid psychosocial assessment.

<table>
<thead>
<tr>
<th>Area</th>
<th>Population Assessed inside ECs*</th>
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<tbody>
<tr>
<td>Marikina: Bgys. Provident Village, Malanday, Tumana</td>
<td>1,188 families 5,940 persons</td>
</tr>
<tr>
<td>Quezon City: Bgy. Bagong Silangan</td>
<td>312 families 1,560 persons</td>
</tr>
<tr>
<td>Pasig City: Bgy Maybunga</td>
<td>1,186 families 5,930 persons</td>
</tr>
<tr>
<td>Cainta, Rizal: Bgy. Sto. Domingo</td>
<td>1,500 families 7,500 people</td>
</tr>
<tr>
<td><strong>TOTAL POPULATION ASSESSED</strong></td>
<td><strong>4,186 families 20,930 persons</strong></td>
</tr>
</tbody>
</table>

*5 persons per family. Source: List of Evacuation Centers Department of Education National Office 02 October 2009

Many of the IDPs interviewed post-Ketsana identified their initial concerns as having their basic needs met. It is apparent that having these needs met will support psychosocial well-being and recovery.

**Food.** IDPs are anxious because distribution in the ECs, particularly of food and water, tend to be quite chaotic. There have been instances where food and water were distributed in a ways that undermine IDPs dignity, such as throwing at random. In addition, there is the risk of women and children not receiving these supplies in the absence of systematic distribution measures.

**Health.** There is growing concern regarding the health and well-being of IDPs, particularly with regard to the spread of disease. IDPs are concerned that there is not enough medical support including medicine, health kits and on-site primary health care. Often, a medical emergency occurs overnight, and there are no supports or channels in place for immediate assistance.

**Education.** Parents and children in general have expressed concern over damage to school facilities and loss of schoolbooks, supplies and other items. In particular, IDP parents are anxious, and worry if their children can resume schooling under the difficult circumstances of living in ECs. Non-IDP parents, on the other hand, are worried as well.

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5 “Epic flood in Metro Manila caused by record rainfall”. www.gmanews.tv. 26 September 2009 17:42
6 NDCC, op. cit.
**WASH.** Many IDPs are concerned with the lack of sanitation and facilities in affected areas and evacuation centers. People in cramped ECs are especially vulnerable to water-borne diseases, pulmonary infections, and skin ailments.

**Housing.** One of the greatest concerns evident for the IDPs interviewed is housing and resettlement. Living in crowded ECs, IDP families face the possibility of secondary displacement—or worse, forced return—if areas for safe, sustainable, and dignified resettlement are not identified and secured.

**Security.** Many survivors—both IDP and non-IDP—are concerned about the lack of safety and security in the affected areas. At present no security teams are deployed and tensions have been arising between the EC-based IDPs and those who have remained in their homes. Survivors have also raised concerns about the lack of police presence, especially at night.

**Communication and Information.** There is concern amongst some IDPs about the lack of communication and information sharing in the ECs. For instance, there were no community information boards or updated figures for registration and tracking of relief distribution.

**Psychosocial Profile**

In the aftermath Ketsana’s immediate impact, there is a high level of distress, anxiety, frustration, helplessness and insecurity. The anxiety and distress are attributed to the uncertainty of the IDPs’ current condition. Many of them have expressed concern that they do not know how long they will stay in the evacuation centers and when they could go back to their homes. Others are even more distressed because their houses have been wiped out and they do not have any other place to go. This uncertainty and the lack of options available to them reportedly contribute to the stress they are experiencing.

The parents are concerned about their children’s welfare—specifically, health, as well as their education—which increases their overall anxiety. The children themselves expressed concern about their education, specifically on how they can go back to school when their books, school supplies and uniforms are all gone. The children, however, cope fairly well by playing inside the ECs and socializing. On the other hand, it is the parents who appear most anxious about the situation, specifically how to provide for their families’ basic needs.

Signs of depression were observable in some IDPs. Others have also expressed feelings of helplessness. The feeling of helplessness is exacerbated perhaps by the IDPs’ lack of participation in relief distribution and camp management. Their sense of loss of control over their lives is aggravated by their lack of opportunity to participate in activities purportedly designed to protect their lives and well-being. Their dignity is also threatened as they become mere recipients of relief.

The frustration in many IDPs is very evident. This is also manifested in the anger they exhibit as they speak of the issues in the ECs, especially amongst fathers. This anger, unrecognized and unchecked, could lead to aggressive and violent behavior. The IDPs link their frustration to several issues: (a) being asked to leave the evacuation centers and immediately return home—regardless of their fears; (b) people who are taking advantage of them; and (c) issues related to relief operations, e.g. chaotic, unsystematic distribution and lack of information and participation.

IDPs do not feel safe to return to their places of origin, nor are they comfortable, at this time, to relocate to other areas. In Bagong Silangan, for example, some families have attempted to go back home but were forced to return to ECs as floodwaters started to rise again. Many who remain in ECs expressed that they do not have a home to return to. The instructions for them to leave the ECs (public schools) have caused anxiety and fear because the IDPs have no place to go yet.

In the ECs, IDPs have also expressed fear, especially at night when there are no or less police or security personnel in the area. In Bagong Silangan Elementary School, IDPs reported that a “gang” ransacked and vandalized classrooms.
In some areas, “loan sharks”—people who provide small loans to community members—are beginning to take advantage of the IDPs. Interest rates have gone up from 10% to as much as 40%. Whilst these people are part of the informal community support structures especially in poor communities, they have now become a contributing factor to the frustration and difficulties of IDPs.

First responders on the ground, usually school teachers and administrators, are experiencing heavy cumulative stress, have become exposed to vicarious stress, and are vulnerable to burnout. Many of them have been directly affected by the flooding themselves, and their families are in similarly difficult circumstances.

Despite the issues on the psychosocial well-being of IDPs, meeting basic survival needs remains, quite naturally, the priority for IDPs. Psychosocial support such as counseling and stress debriefings remain lacking in the current emergency response.

Below is a summary of the trauma and other disaster-induced reactions observed by the CFSI-ERT:

- Some survivors still in a state of shock, and seem unable to acknowledge what has occurred
- Some survivors are angry and aggressive and seem to need to blame someone
- Some survivors are sad and teary
- Many survivors are turning to religion, or spirituality, to accept what has happened to them
- Many survivors exhibit feelings of helplessness and hopelessness are evident
- Some survivors, particularly children, are showing resilience through play and laughter
- Some survivors appeared to have made the decision to move forward with their lives and are already trying to forget the experience

**Resilience and Community Supports**

However, despite the extremely difficult circumstances in which they find themselves, communities display a remarkable level of resilience. This is strongly influenced, in most cases, by deep religious conviction; people have cited prayer as the main source of personal strength and support. In addition, the disaster has cemented family and community bonds, while on the broader level, mobilized collective action and solidarity from donors and volunteers. Interviewees cited instances where relatives from distant areas have provided support by visiting the ECs and remitting cash. The CFSI-ERT observed that many family members from less affected areas had come to provide assistance in many ways including physical and emotional support.

**HUMANITARIAN RESPONSE**

The GRP is clearly trying very hard to effectively respond to the overwhelming impact of Ketsana. Many, but certainly not all affected parts of the country are receiving support at local, regional, and national levels. The Philippines has been receiving significant support from local organizations and has requested international assistance, some of which is already arriving. The Department of Social Welfare and Development (DSWD) has provided various relief goods containing ready-to-eat food and non-food items. Some hot meals are being provided to displaced families residing in evacuation centres where community kitchens have been established. The Department of Health (DOH) has deployed a number of multi-disciplinary healthcare teams to affected areas including doctors, psychiatrists, psychologists, nurses, and social workers. Assessments of health facilities and supplies are reportedly being undertaken in the field by various agencies.

The Philippine National Red Cross is actively involved in the response effort and expects to be complemented by other elements of the Movement in due course. Also, a number of NGOs including Alto Broadcasting System–Chronicle Broadcasting Network (ABS-CBN) Foundation and the Global Media Arts (GMA) Foundation have implemented short-term relief efforts to affected areas with some planning for longer term development and support. Finally, thousands of individuals volunteered in relief distribution

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7 NDCC, op. cit.
and donated resources for the emergency response. The extensive use of blogs, newsgroups, and Facebook as channels for real-time information dissemination and resource mobilization demonstrated the power of social networking in humanitarian action.

RECOMMENDATIONS

While meeting basic survival needs remains the top priority, it is important to look after the psychosocial well-being of IDPs especially during this critical emergency phase, and into the early recovery and rehabilitation phases of the emergency. Based on the findings described above, below are the recommendations of the CFSI-ERT:

Provide immediate psychosocial care to IDPs. Quickly mobilize social workers, counsellors and other trained professionals to provide immediate attention to the psychosocial well-being of IDPs. During the assessment, many IDPs expressed that they are just happy to see that there are people taking time just to listen to them. This has immediate positive impact, increases resilience, and supports healing.

Mobilize IDP communities. It is important to harness the strengths and capacities of IDPs. In addition having sufficient human resource for any emergency response intervention, organizing and mobilizing them for productive activity fosters a sense of control over their lives and helps them regain their dignity. This will ensure faster recovery and promotion of their psychosocial well-being. Community mobilization, for instance, may be complemented by a food-for-work (FFW) scheme, which may include but is not limited to: cleaning of the community, garbage disposal, and repair of schools.

Ensure protection from sexual and gender-based violence. Disaster displacement may present opportunities for trafficking of women and children. Therefore, protection measures should be established to prevent sexual and gender-based violence, as well as exploitation. The rights, needs, and protection issues of lesbians, gay men, bisexuals, and transgendered individuals also require greater attention.

Establish a referral system. For people who require specialized interventions for psychosocial and mental health, a referral system involving the government and mental health specialists should be established. Special attention needs to be given to children, persons with disabilities, the elderly, and others in need of special protection. Such a system should also include an information campaign and mechanisms that will allow IDPs themselves to identify and report potential cases.

Establish child-friendly spaces (CFS). Children, while showing good signs of resilience, do not have a safe and secure place where they can play and enjoy activities that help them recover, such as art and play activities. Caregivers need to be mobilized and/or trained.

Establish Education in Emergencies (EE). The length of time school-aged children will remain in evacuation centers and/or will have their schools back remain uncertain. Establishing a multi-grade EE is recommended.

Designate areas for worship and encourage faith-based activities. It has been noted that much of the people’s resilience may be attributed to their strong religious faith. Hence, it would be beneficial to build on this contributing factor. Faith-based community activities have been known to be an effective source of inspiration and unity, especially amongst Filipinos.

Ensure that culturally-accepted grieving practices are observed. Special attention needs to be given to those who lost a family member or a loved one, and arrangements should be made for mourning and dignified burial. The circumstances and manner in which these grieving practices are carried out will have substantial impact on the psychosocial well-being of surviving family members.

Care for the caregivers and responders. Lastly, a system that provides debriefing and stress management interventions for the caregivers and responders need to be established. This is especially important in light of the reduction in human resources, as relief volunteers return to their families.
The table below reflects the preliminary psychosocial programming recommendations for CFSI presented by the CFSI-ERT. These will be discussed and refined during the week that began on 05 October.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activity</th>
<th>Timeframe</th>
<th>Resources Needed</th>
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<tbody>
<tr>
<td>1. Advocacy and networking</td>
<td>Joint psychosocial activities with Institutions, local government units (LGUs), NGOs and INGOs.</td>
<td>3 months</td>
<td>Consultants/trainers on psychosocial care projects and emergency mitigation and preparedness</td>
</tr>
<tr>
<td>2. Evacuation center and community-based interventions</td>
<td>Camp management and community rehabilitation</td>
<td>3 months</td>
<td>Community organizers with added skills and experiences in psychosocial care approaches in projects</td>
</tr>
<tr>
<td>3. Institutionalizing disaster mitigation and preparedness in emergency response and psychosocial care</td>
<td>Joint community and government/LGU activities</td>
<td>3 months</td>
<td>Consultants/trainers on mitigation and preparedness in emergency including knowledge and understanding of psychosocial care</td>
</tr>
<tr>
<td>4. Some livelihood or communal projects</td>
<td>Joint projects with community and national government and LGUs</td>
<td>3 months</td>
<td>Community organizers/development specialists, especially for livelihood</td>
</tr>
</tbody>
</table>

Prepared by the CFSI-ERT with the assistance of Joseph Lumanog, Executive Assistant, Office of the Executive Director, CFSI Headquarters, 06 October 2009

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<thead>
<tr>
<th>Reporting Organization</th>
<th>Community and Family Services International (CFSI)</th>
<th><a href="http://www.cfsi.ph">www.cfsi.ph</a></th>
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