Philippines Humanitarian Country Team

North Cotabato and Davao del Sur Earthquakes Humanitarian Needs and Priorities

January - June 2020

Credit: OCHA/G. Arevalo
SITUATION OVERVIEW

Between 16 October and 15 December 2019 four earthquakes above magnitude 6 struck the provinces of North Cotabato and Davao del Sur in Mindanao. After a first earthquake in October, two additional tremors of magnitude 6.6 and 6.5 struck an area 25 kilometres southeast of the municipality of Tulunan in North Cotabato province, with the last one occurring at shallow depth. The October earthquakes caused ground shaking and soil liquefaction followed by multiple landslides and debris flows, in particular in mountainous areas around Mount Apo, as well as flooding of several barangays (villages) as the result of damaged dikes. The earthquakes triggered substantial displacement as a result of destroyed, damaged or unsafe homes.

While the Government authorities, supported by humanitarian partners with presence on the ground, started to provide humanitarian assistance to people in need, a fourth earthquake occurred on 15 December with a magnitude of 6.9, affecting many areas that were struck before. The epicenter was located 9 kilometres northwest of Matanao, Davao del Sur and shook the province of Davao del Sur and vicinity. The December earthquake compounded previous displacement as well as damage to homes, schools and infrastructure from the October earthquakes. Municipalities in Davao del Sur in particular were struck multiple times by the series of tremors. OCHA estimates that some 838,000 people live in the areas that were exposed to all four earthquakes.

According to the National Disaster Risk Reduction and Management Council (NDRRMC), over 625,000 people/132,000 families are affected in Region XI and XII. As of 7 January, more than 70,000 people/16,000 families are taking shelter in over 170 evacuation centres (ECs), while almost 160,000 people/35,000 families are staying outside of ECs or in home-based settings. In total, 36 were killed and over 770 people injured by collapsing structures, falling debris, cardiac arrest and other earthquake-related traumas.

Strong ground shaking led to additional and newly damaged and destroyed houses and compromised vital infrastructure, including roads, schools and hospitals, causing the interruption of basic services to health, clean water, hygiene and sanitation, and education of learners. According to the NDRRMC, more than 43,000 houses are partially damaged and almost 30,000 totally destroyed. Some 165 health facilities, and 36 bridges and roads have been reported as damaged or destroyed.

According to the Department of Education (DepEd), the October and December earthquakes damaged over 1,370 schools in Region X, XI, XII and BARMM affecting more than 853,000 enrolled students. In particular schools in the municipalities of Padada, Kiblawan, Hagonoy and Matanao in Davao del Sur were damaged multiple times by the series of earthquakes. An estimated PhP5.3 billion (US$104 million) will be needed for the reconstruction and rehabilitation of damaged schools.

As of 7 January, the Department of Social Welfare and Development (DSWD), the Department of Health (DOH) and the Office of Civil Defense (OCD) have provided a total of PhP172.5 million ($3.4 million) worth of assistance to the affected families.
Philippines: Humanitarian Humanitarian Needs and Priorities (HNP) for the North Cotabato and Davao del Sur Earthquakes (January 2020 - June 2020)

These barangays were formerly designated as No-Build-Zones, even though most of these areas are the land and ancestral domains of Indigenous People (IPs) who reported that decisions were made without consultation and their consent. In Davao del Sur, an additional 18 barangays in the municipality of Matanao (of which three barangays include IP communities) and some fewer barangays in Magsaysay and Bansalan have also been declared completely or partially as ‘high-risk areas’. It is not yet clear if affected communities will be able to return, but reconstruction of houses in ‘high-risk areas’ would be permitted only if owners can ensure that the structures are resilient enough to withstand future earthquakes and not exposed to potential landslides.

**STRATEGIC OBJECTIVES**

While the previous response strategy remains unchanged, the focus is now shifting towards Objective 2 and 3. Humanitarian assistance in certain priority sectors is still critical, but facilitating durable and sustainable solutions for the displaced population and ending the need for emergency relief requires strengthening rehabilitation, reconstruction and early recovery efforts.

**Strategic Objective 1: Augment Government efforts in saving lives and reducing suffering by providing immediate assistance and protection interventions to people in need.**

**Strategic Objective 2: Facilitate early recovery of the most vulnerable households by assisting the government in the rehabilitation of housing and livelihoods, including by providing cash and voucher assistance, where feasible.**

**Strategic Objective 3: Enhance the sustainability and long-term impact of the response, by aligning humanitarian assistance with long-term development through a Government-led process and building resilience of the most vulnerable and conflict-affected areas of the Philippines.**

**CHALLENGES WITH RECONSTRUCTION AND REHABILITATION**

Reconstruction efforts in barangays at the foot of Mount Apo in North Cotabato and some areas in Davao del Sur are inhibited due to concerns regarding the risk of future earthquakes. In November, the Mines and Geosciences Bureau-Region XII (MGB-XII) and the local Disaster Risk Reduction and Management Offices conducted geohazard assessments in affected areas. MGB XII confirmed that four barangays in Makilala (Cabiao, Luayan, Bato, and Buhay) and three barangays in the municipality of Tulunan (Daig, Paraiso, and Magbok) are considered as 100 per cent ‘high-risk areas’ and additional 23 barangays are considered as partially ‘high-risk areas’.

FINANCIAL REQUIREMENTS AND SECURED FUNDING

Financial resources amounting to an estimated US$ 31.8 million, up from previous US$ 19.8 million, are required by humanitarian partners to support the government-led response and meet priority needs in protection, emergency shelter, CCCM, WASH, education, early recovery and livelihoods, health, food security and agriculture, nutrition and logistics of 247,000 people over the next six months. This updated financial figure factors in additional damage and humanitarian needs resulting from the latest December earthquake. As 10 January, humanitarian organizations responding to the series of earthquakes were able to secure funding amounting to US$5.7 million (18% of the total requirements).

CENTRAL EMERGENCY RESPONSE FUND

In the aftermath of the October earthquakes, a CERF Rapid Response allocation was granted by the Emergency Relief Coordinator (ERC) to jump-start life-saving relief efforts of locally-based humanitarian partners. In total, grants of a little over US$3 million were approved for three projects covering life-saving CCCM and shelter assistance, ensuring sexual and reproductive health and Gender-based Violence services to women and girls, and multi-sector emergency response (Education, Child Protection and WASH) for the most vulnerable populations inside and outside of ECs in the municipalities of Makilala, Tulunan and Kidapawan City. The response places emphasis on the needs of IPs, which are native to many of the affected barangays and are confronted with the loss of their livelihoods and ancestral lands.

Page 3
CLUSTER/SECTOR TARGET POPULATION

- Health Inc. SRH: 336,000
- CCCM and Shelter: 247,000
- Protection Inc. CP and GBV: 91,000
- Education: 82,000
- Early Recovery and Livelihood: 75,000
- Wash: 75,000
- Food and Agriculture: 37,500
- Nutrition: 36,000

FUNDING REQUIREMENTS

- CCCM and Shelter: $10.8M
- Health Inc. SRH: $5.4M
- Protection Inc. CP and GBV: $3M
- Early Recovery and Livelihood: $3.5M
- Food and Agriculture: $2.47M
- Education: $1.5M
- Nutrition: $0.3M
- Logistics: $0.25M
- Coordination: $0.12M

CONTACT DETAILS

Mr. Mark Bidder,
Head of Office, OCHA-Philippines, bidder@un.org

Ms. Manja Vidic
Humanitarian Affairs Officer, OCHA-Philippines, vidic@un.org
RESPONSE STRATEGY

The overall goal of the humanitarian response to the October and December earthquakes continues to ensure national and regional Government efforts to respond to immediate humanitarian needs and protection risks, especially of the most vulnerable, facilitate early recovery and rehabilitation of shelter, housing and livelihoods, while aiming for sustainability and lasting impact that complements long-term development in the affected areas. The challenge now is to maintain a comprehensive humanitarian response to what is likely to become prolonged displacement.

Humanitarian partners with an existing presence on the ground are working through the Mindanao Humanitarian Team (MHT), a sub-national coordination forum composed of UN agencies, INGOs and national NGOs and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Many of the MHT members have been operational in Mindanao for over ten years, working in close partnership with Government agencies and Local Government Units (LGUs).

The displaced population and vulnerable groups remain at the centre of the response. Through engagement of the communities themselves, humanitarian assistance is prioritizing the key needs inside formal evacuation centres and of those living in informal or unrecognized settlements within the most affected areas of Makilala, Tulunan, Kidapawan City (North Cotabato), Matanao, Bansalan and Magaysay (Davao del Sur). Vulnerable groups, such as people with disabilities and pre-existing health issues, elderly, children, pregnant women and indigenous groups are disproportionately exposed to the effects of displacement.

PRIMARY INTERVENTIONS TO MEET REMAINING ACUTE NEEDS

Since the beginning of the initial response, acute needs have been alleviated to some degree inside and outside of ECs, but primary interventions are still required in the priority areas of Shelter, WASH, health and CCCM.

While the immediate needs for shelter materials in the majority of the affected areas have been met, there are still some urgent needs in the most affected areas (MAA) by the December earthquake, such as Padada. In addition to the provision of repair and construction materials to selected MAAs, interventions are aiming to provide more durable recovery shelter materials that are able to withstand heavy rainfall and winds in anticipation of long-term displacement. The need for camp managers has been somewhat decreased with the recent deployment by DSWD, however, technical support, in particular on IDP consultations, protection mainstreaming, and the conduct of IDP registration and profiling, remains a priority. The lack of disaggregated data has been reported by multiple clusters, including protection.

WASH interventions remain critical as water and sanitation are among the most urgent needs in affected municipalities in both North Cotabato and Davao del Sur, including the hinterlands and coastal areas, inhabited by IPs and fisher folk. Local Government units (LGUs), the Philippines Red Cross and other humanitarian partners continue to operate water treatment units, collection points and distribution of water kits in MAA. Establishing WASH facilities in ECs, including the provision of critical amenities, remains a priority as the current number and quality does not meet the needs of IDPs. This is also to reduce protection risks that women, girls and boys are facing when accessing latrines and fetching water from distant sources.

Health systems in North Cotabato and Davao del Sur are functional and operational, but capacities are still limited due to structural damages to health facilities. Health surge capacities, such as deploying health staff, distribution medical supplies, and the provision of mobile clinics, are to compensate for the reduced capacities of provincial and local health facilities. With prolonged and renewed displacement, interventions to ensure access sexual and reproductive health services for women and adolescent girls continue to be a priority.

Significant progress has been made on the provision of temporary learning spaces (TLS) to compensate for damaged school facilities and teaching and learning kits to affected children and schools. Priority needs remain with regards to adequate WASH facilities near schools and PSS/PFA for children and school personnel.

MOVING TOWARDS RECONSTRUCTION, REHABILITATION AND EARLY RECOVERY

Medium and long-term interventions are starting to be implemented and aim to facilitate reconstruction, rehabilitation and early recovery of the affected population, specifically displaced families and affected small businesses and farmers. This includes technical assistance to affected households for rebuilding, repairing and retrofitting damaged houses and training of local carpenters in Build Back Safer (BBS) techniques. The Shelter and Early Recovery clusters are aiming to coordinate activities for the provision of alternative livelihood support to affected population in evacuation centres and those that are relocating or returning to their homes. Technical assistance is provided to affected LGUs in the formulation of comprehensive recovery and rehabilitation plans (CRRPs) and resettlement plans. The latter includes identification of risk/hazard-free resettlement area certified by the Mines and Geosciences Bureau (MGB). The repair and rehabilitation of damaged small-scale water systems is to reduce the dependency on water trucking and operation of water treatment units. In addition, the WASH cluster will offer technical assistance to LGUs on WASH concerns to support the transition and relocation process. Similarly, the subnational nutrition cluster plans to support the development and implementation of a nutrition rehabilitation and recovery plan which incorporates both preventive and life-saving nutrition interventions. The education cluster is extending technical assistance to DepEd in finding alternative evacuation centres to decamp schools, and in exploring alternative learning delivery (ADMs) to conduct education services for displaced learners, including those who are already in the Alternative Learning System (ALS) program. In coordination with the Government, the Food and Agriculture cluster is aiming to conduct an Emergency Food Security Assessment and identify the most vulnerable populations, as a basis for the repair and provision of farm input in preparation for cropping season. As health facilities in North Cotabato and Davao del Sur are expected to be restored over time, the Health cluster is focusing on strengthening the capacities of local health staff and facilities in Minimum Initial Service Package (MiSP), and the integration of Sexual and Reproductive Health and Mental Health and Psychosocial Support in local health services.
SUPPORTING GOVERNMENT-LED RESPONSE EFFORTS

The national Government is leading response efforts, assisted by the Philippine Red Cross in deploying rescue teams, providing water, food, health and relief assistance. Several LGUs and government departments have issued bilateral requests for humanitarian assistance. At the beginning of the response, DSWD established two mobile logistics hubs, each providing capacity to store relief items up to 1,600 cubic metric tons in Kidapawan City, North Cotabato province and Digos City, Davao del Sur. DSWD is distributing food and relief items to the affected families, and setting up temporary shelters and community kitchens. DSWD XI is providing immediate assistance to families in Padada and Malalag. DepEd through its Disaster Risk Reduction and Management Service (DRRMS) is providing immediate assistance to ensure learning continuity in the form of clean-up funds; temporary learning spaces; learning materials; learner’s, teacher’s and hygiene kits; psychological first aid (PFA) and emergency feeding.

Humanitarian partners with a presence on the ground assisted local authorities with rapid damage assessment and needs analysis, especially in remote and hard-to-access areas and have scaled up humanitarian interventions.

PROTECTION AT THE CENTRE OF HUMANITARIAN ASSISTANCE

Protection monitoring and mainstreaming continue to be central components of the response. Key protection interventions, such as assistance in accessing services and distribution sites, establishing referral pathways, and capacity building of service providers ensure that protection risks and needs are being identified and addressed.

At the beginning of the response, a regional Protection Working Group (including CP and GBV) was established in Kidapawan City under the leadership of DSWD Field Office XII. Significant progress has been made in capacity-building and training of child protection partners in the areas of Mental Health and Psychosocial Support (MHPSS), Psychological First Aid (PFA), and Prevention of Sexual Exploitation and Abuse (PSEA). In addition, a series of Psychological First Aid and Well-Being training activities were conducted for members of the Kidapawan and Cotabato Divisions of the Department of Education (DepEd). Psychosocial support activities for the most affected children and their families have been started, gradually increasing their access to safe play, recreation and non-formal education. As of early January, several vulnerable individuals, including persons with disabilities and single parent households have been identified and referred for appropriate support services.

Regular protection assessment in the field and the collection of disaggregated data on IDPs, are still needed to address the most urgent and immediate protection risks and needs of crisis-affected populations. Situation monitoring is of particular importance in ‘hard-to-reach areas’, where communities receive limited assistance and are at-risk to be left behind or neglected due to their inaccessibility.

ACCOUNTABILITY TO AFFECTED POPULATIONS

The high degree of uncertainty regarding the future of their situation causes additional stress to IDPs. From 29 November to 2 December, OCHA conducted an Information Communication and Accountability Assessment (ICAA) in seven IDP sites in the municipality of Makilala. The assessment identified a need for active feedback mechanisms, inclusive community engagement and improved communication and dialogue with IDPs, who suffer from psychological trauma and high levels of stress and anxiety because of the limited information they have received. The physiological trauma of the affected population is further aggravated by continuous aftershocks. At the end of December, more than 1,000 aftershocks were recorded in Davao del Sur.

INTEGRATED CASH AND VOUCHER ASSISTANCE

Initial assessments of public markets in North Cotabato and Davao del Sur identified suitable conditions for cash and voucher assistance, including multi-purpose cash transfers for short-term response efforts, commodity vouchers, and cash for work (C4W) schemes to engage the affected population in response and improvement activities.

CCC and shelter interventions are currently utilizing multipurpose cash grants and ensure IDP participation through Cash for Work schemes. In addition, conditional cash grants are distributed to facilitate the repair and retrofitting of houses. In order to diversify food intake and restart farm activities, the Food Security and Agriculture cluster is providing unconditional cash transfers and cash for work schemes to targeted beneficiaries from December 2019 to February 2020. Members of the Early Recovery cluster are providing unconditional cash to the most affected families and Cash for Work to assist vulnerable families not covered by grants already provided by the Food Security and agriculture cluster. Cash transfer mechanisms are also considered by the WASH cluster for households with destroyed houses and WASH facilities. Financial literacy training will complement the disbursement of cash grants.

Further assessments of markets, common practices and access to financial transaction facilities are planned to inform the appropriate model for cash and voucher assistance. During its first meeting in December, the Cash Working Group for Cotabato Province agreed to conduct a comprehensive market assessment and take stock of agencies implementing cash interventions. WFP is coordinating with DSWD XI for a potential in-depth assessment of the food security situation of affected communities in Davao del Sur.

HUMANITARIAN DEVELOPMENT NEXUS

The Task Force for Rehabilitation and the Provincial Disaster Risk Reduction Management Council (PDRRMC) are working together to finalize plans and programs, projects, and activities (PPAs) for the harmonization and strengthening of rehabilitation efforts. A related Post Disaster Needs Assessment (PDNA) is planned between 16 January to 28 February. In alignment with the Government’s rehabilitation plans, humanitarian partners are expected to build on the progress made in responding to immediate needs and invest in durable and sustainable solutions. This comes in addition to the ongoing engagement and capacity strengthening of local NGOs and civil society organizations.

IMPLEMENTING PARTNERS

A total of 40 implementing partners across all clusters are currently part of the response.
ACCESS, SAFETY AND SECURITY CONSIDERATIONS

At the beginning of the response to the initial October earthquakes, humanitarian organizations were advised by the authorities to keep a low profile and minimize visibility when conducting assessments and relief operations on the ground. Over time, continuous engagement with Government authorities at provincial and municipal level and the recognition of MHT members’ added value with regard to resources and expertise fostered trusting relationships, leading to a conducive environment and more relaxed visibility requirements.

In Davao del Sur, the majority of the affected areas is accessible, with the exception of some barangays, which are hard to reach due to damaged bridges, landslides and tension cracks resulting in the delay of service delivery and humanitarian assistance to affected population. Affected families in these location, for example hard-to-reach barangays in Kiblawan, were advised to evacuate their home and move to safer places within their barangays. Most of them have a limited access to assistance and are at-risk to be left behind due to their remoteness and inaccessibility.

COORDINATION

Since the series of earthquakes in October, the provinces of North Cotabato and Davao del Sur have activated and followed the Incident Command System (ICS) in managing the disaster. In early November, the Emergency Operation Center (EOC) has been established in the provincial capitals, providing oversight and management to affected communities. The provincial EOCs cover operation control, planning, logistics and finance and administrative concern of emergency. EOC has been activated to coordinate continuing humanitarian response for displaced communities in each affected municipality. The EOC Manager represented by the Provincial Disaster Risk Reduction and Management Officer (PDRRMO) reports directly to the Provincial Governor, the overall Responsible Official (RO) in the province in providing leadership and management of disaster.

In January 2020, the North Cotabato Provincial Government created the Province Task Force on Restoration, headed by the Provincial Governor. The Task Force is under the Rehabilitation pillar within the Provincial Disaster Risk Reduction Management Council (PDRRMC). Created as an inter-agency body, the Task Force aims at coordinating and synchronizing the early recovery and rehabilitation efforts of the province with humanitarian and development partners, with a particular focus on implementing the Comprehensive Provincial Restoration Plan (CPRP).

In Davao del Sur, the Response Cluster led by the Provincial Social Welfare and Development Office (PSWDO) is coordinating the sectoral response in relation to humanitarian support to the affected communities. Using ICS in the province, the PDRRMC headed by the Provincial Governor, and represented by Department Heads of the province, is a province level policy coordination platform.

OCHA is coordinating the MHT partners to work closely with the Central Coordination Center (CCC) and Emergency Operations Centers (EOCs) of Davao del Sur and North Cotabato provinces and the authorities at municipal level. Through the existing coordination platforms, the MHT has been requested by partners to support sectoral responses and address gaps. To ensure effective implementation of the CERF projects, OCHA facilitated meetings between CERF recipient agencies and provincial authorities to provide an orientation on current and planned project activities under the CERF Rapid Response grant.

The Government instructed all responding organizations to check in and out at the EOCs at both provincial and municipal level when conducting operations in the affected areas. To facilitate coherence, OCHA worked together with humanitarian partners and provincial authorities on a joint protocol for the check in/check out process at Emergency Operations Centres (EOCs).

A sub-national Cash Working Group (CWG) has been activated to support the MHT in coordinating its Cash and Voucher Assistance (CVA) interventions and in guiding the feasibility of a joint market assessment.

PRIORITY NEEDS AND RESPONSE BY SECTOR

The following cluster/sector-specific response plans reflect requests for support received by clusters from Government counterparts and identified short-, medium and long-term needs. The identified targets and priority needs by sector aim to augment the Government-led response and substantiate the overall response strategy and strategic objectives.
CAMP COORDINATION AND CAMP MANAGEMENT (CCCM) AND SHELTER

Target areas:
CCCM:
A total of 159,200 people are displaced due to the recent earthquakes in Mindanao. An additional 130,000 displaced population from the December 15 Davao del Sur M6.9 earthquake from hardest hit municipalities of Magsaysay, Matanao, Hagonoy, and Padada.
Shelter:
First priority: Makilala, Tulunan and Kidapawan (North Cotabato) and Magsaysay, Matanao, Hagonoy and Padada in Davao del Sur

Target beneficiaries: 100,000 people/ 20,000 families in North Cotabato; 147,000 people/29,400 families in Davao del Sur

CCCM:
- EC care and maintenance for 6 months: 86,700 people/17,800 families
- CCCM technical assistance for ECs: 86,700 people/17,800 families
- Displacement tracking and needs assessment: 247,000 people/49,400 families (158,300 people/11,600 families outside ECs)

Shelter:
- Short-term Emergency Shelter Assistance to displaced households (HHs) outside of evacuation centres, with heavily damaged and destroyed houses and/or living in host families: 75,000 people/15,000 families
- Medium term recovery shelter assistance to HHs rebuilding their heavily damaged and destroyed houses: 50,000 people/10,000 families
- Technical assistance to HHs rebuilding / repairing / retrofitting their damaged houses: 75,000 people/15,000 families
- Training of local carpenters on Build Back Safer (BBS) techniques for safer construction and repair (ToT): 5,000 builders

Funding required: $10,800,000 (4M for CCCM/6.8M for Shelter)
Lead: Department of Social Welfare and Development (DSWD)
HCT/MHT Lead: CCCM: International Organization for Migration (IOM)
Shelter: International Federation of Red Cross and Red Crescent Societies (IFRC) (with IOM as MHT focal point for provincial level coordination)

PRIORITY NEEDS:

Sector overview
More than 70,000 houses were either destroyed or damaged by the earthquakes. The heaviest damage has been observed in semi-urban and rural areas, on single-story houses built in concrete block masonry. Several residential areas, particularly in highland locations, have been declared as danger zones due to risk of landslides with hundreds of families no longer allowed to return to their homes even if these have not sustained any damage. These families will likely be displaced for up to one year and targeted for permanent and compulsory relocation.

This might lead to Housing, Land, and Property right issues and the need to find appropriate housing solutions in the medium term (e.g. transitional shelter and rental assistance).

More than 92,100 IDPs are temporarily staying in 125 evacuation centers while more than 67,100 people are staying with host families or have built makeshift tents within their house yards and in nearby open spaces including roadsides. Some ECs lack proper registration mechanisms, which could complicate the delivery of humanitarian assistance. Several sites lack camp managers, with barangay officials temporarily overseeing the camp.

Key immediate needs
- Family tents, shelter-grade tarpaulins for emergency shelters
- Multipurpose cash
- Camp Management
- Drainage systems at evacuation sites
- Essential household items for the displaced families - mats, blankets, mosquito nets; solar lanterns; cooking utensils
- Financial and technical assistance to repair or rebuild homes
- Electricity supply
- Mental health and psychosocial support (MHPSS)
- Active CCCM and Shelter Cluster Coordination mechanisms at the provincial and municipal levels
CAMP COORDINATION AND CAMP MANAGEMENT (CCCM) AND SHELTER

PRIORITY ACTIONS:

Short term (up to 3 months)

- Assist DSWD, relevant national government agencies, and LGUs in activating the CCCM and Shelter Cluster coordination mechanisms and in developing their CCCM and Shelter response plans at the provincial and municipal levels (1-2 months)

- Support the LGUs in CCCM and Shelter operations: conduct IDP registrations, profiling and return intentions surveys for an age-, gender-, ability-, cultural-, appropriate activities and interventions; improving the site lay-out according to minimum Sphere standards; establish site governance structures (CCCM welfare desk, IDP site committees, volunteer groups); conduct regular IDP consultations, FGDs and psychosocial activities including host communities; upgrading of temporary shelters, care and maintenance of facilities (e.g. WASH, drainage, cooking counters, women/child/PWD/elderly-friendly spaces); coordinate provision of food, NFIs, health, education, protection and livelihood services, mindful of protection mainstreaming measures (GBV, human trafficking, PSEA) and establishing referral pathways; conduct regular site needs assessment (1-6 months)

CCCM-specific

- Provide technical assistance on CCCM and Shelter to camp managers and IDP communities in terms of training, coaching to develop their capacities on site lay-out planning, upgrading of temporary shelters, site governance, care & maintenance and planning for durable solutions (less than 3 months)

- Promote access of affected population outside evacuation centres to basic critical services: conduct social preparation activities and trainings on build back safer shelters, disaster risk reduction, and family preparedness; conduct registrations, profiling, and needs surveys; (1-3 months)

- Advocate for the ‘recognition’ of unrecognized camps to ensure equal access to relief assistance and basic services by the LGUs, DSWD and other national government agencies, humanitarian actors, private and individual donors (1-3 months)

Shelter-specific

- Distribution of essential household items for the displaced living in the open and ECs – blankets, sleeping mats and mosquito nets

- Distribution of shelter grade tarpaulins for the displaced (setting up temporary shelter and makeshifts in the open) and those who need to quickly fix their roofs.

- Multipurpose cash grants, which can also be used for immediate, basic repairs - tools, materials, etc. Shelter toolkit distributions are advised only in case of lack of access to local markets / market not functioning.

- Basic awareness/dissemination on the use of emergency shelter items to beneficiaries.

- Multisectoral rapid market assessment to evaluate cash feasibility and market functionality (for early recovery).

Medium Term (3 to 6 months)

CCCM-specific

- Support the LGUs and IDP communities in planning for the return or relocation of IDPs following the IASC framework on Durable Solutions and guided by lessons learned from past post-disaster relocation programs

- Coordinate with the Early Recovery Cluster for the provision of alternative livelihood support to affected population in evacuation centres and/or upon return/relocation

- Ensure IDP participation through Cash for Work schemes on camp set up/care/maintenance work. Livelihood assistance is clearly needed as sources of living of the IDPs mostly farmers and construction workers have been affected.

Shelter-specific

- Distribution of conditional cash and durable materials for house repairs / retrofits;

- Provision of transitional shelter solutions (household-driven);

- Provision of technical assistance to households repairing, retrofitting or rebuilding their houses;

- Rental assistance (as temporary solution) for those displaced long term and awaiting permanent relocation;

- Build back safer shelter awareness raising for households (non-technical);

- Build back safer training for local builders (on the job training);

- Detailed housing damage assessment;

- HLP / legal assistance for the displaced who will need to relocate permanently.

Partner organizations

- International Federation of Red Cross and Red Crescent Societies (IFRC)

- Philippines Red Cross (PRC)

- ACTED

- Christian Relief Services (CRS)/Caritas
HUMANITARIAN NEEDS AND PRIORITY ACTIONS

EARLY RECOVERY AND LIVELIHOOD

Target areas: At least 25 per cent of small businesses and agriculture sector that are heavily affected in Kidapawan City, Tulpulat, Makilala (North Cotabato), Matanao and Bansalan (Davao del Sur); Local Government Units (LGUs) of Makilala, Tulunan and Kidapawan City (North Cotabato), Bansalan and Magsaysay (Davao del Sur); Magsaysay, Matanao, Hagonoy and Padada in Davao de Sur for CRRP Document and Resettlement Plan Document Formulation

10,000 families for CfW for home repair
5,000 families for CfW for construction of 5,000 transitional shelter units

Target beneficiaries: At least 75,000 people/15,000 families

Funding required: $3,500,000

Lead: Department of Social Welfare and Development (DSWD), Local Government Units [Province/City-Municipality/Barangay], Office of Civil Defense (OCD)

HCT/MHT Lead: United Nations Development Programme (UNDP) (in coordination with WFP for beneficiary identification)

PRIORITIES:

Sector overview and key immediate needs

Based on initial information, the agricultural sector and farmers as well as the business sector and store workers in urban centers are among the worst affected sectors.

- The houses of workers of banana and rubber plantations have incurred significant damage. Many are staying in evacuation sites far from their work places, especially those from areas that have been declared no-build zones
- Displacement of upland farmers whose areas have been declared no-build zones
- Stores and business in Kidapawan are not fully operational yet as assessments and repairs are on going
- Lack of capital to restart businesses and farm activities especially among small business owners and farmers
- Alternate source of income and livelihoods for small businesses and store workers and farmers (most of them are tenant or paid farm workers)

- Technical inputs on resilient structures and relocations sites
- Carpentry tools and machines, farm tools for communal/bayanihan use
- Repair of public facilities, such as water points
- Regular, timely and accurate sharing of information on the status of government and community plans

PRIORITY ACTIONS:

- Assessment profiling of agriculture and business sectors
- Facilitate organizing and participation of farmers and business in planning, analysis and decision making processes
- Organizations to assist in repair of public water points and hand pumps in communities
- Profiling of people’s skills, facilitating referral to business sector, TESDA and DOLE
- Provision of tools and technical input at community level
- Through community organizations introduce Cash for work to repair water points, clean canals and build communal latrines
- Support small farmers and business to develop livelihood plan and to access credit facilities

Information, education and communication (IEC) on earthquakes will be mainstreamed in all activities.

Immediate/short-term (up to 3 months):

Technical assistance to the affected LGUs in the formulation of comprehensive recovery and rehabilitation plans [CRRPs]. The impact of the earthquake is limited to a number of LGUs, technical assistance will be provided towards the conduct of post-disaster needs assessment using the UNDP-developed iPDNA to generate a more realistic loss and damage, including pre-earthquake data as baseline using DevLife+[Long-Term] app platform to also inform long-term development planning of the LGUs.

Unconditional cash grants to the most affected families.

- Cash-for-work (CfW) will be implemented to assist vulnerable families (not covered under the Food Security and Agriculture cluster) clear debris from their own homes, salvaging recyclable materials and rebuilding
HUMANITARIAN NEEDS AND PRIORITY ACTIONS

EARLY RECOVERY AND LIVELIHOOD

their homes. Cash will enable the families to repair their homes through the procurement of materials, e.g., galvanized iron sheets, hammer, nails, coconut lumber among others.

Medium-term (3-6 months):

Technical assistance to the affected LGUs in the formulation of Resettlement Plan. This includes identification of risk/hazard-free resettlement area certified by the Mines and Geosciences Bureau [MGB] of the Department of the Environment and Natural Resources [DENR]. Ideal sites should have the following: available land for procurement/donation, with access to potable water and power, near areas of livelihood activities of displaced communities, among others. Processes and methodologies will be inclusive.

Shelter assistance through conditional cash grants to the most affected families.

• Conditional cash grants using digital cash platforms will be implemented to speed up the disbursement of funds for the construction of shelters for affected Lumad families in the lowland and upland barangays. As the earthquake has disrupted the tribes’ sources of potable water and irrigation, efforts will be undertaken to locate and build Level II water systems for clusters of communities.

• Financial literacy training will be incorporated as part of the familiarization process of beneficiaries.

• Support for Emergency Livelihoods. Livelihood support package [worth U$10,000/PhP 510,000] will be provided to communities assisted in transitional/repaired shelters. Livelihoods will be identified by the beneficiaries themselves but with premium on value-adding for on- and off-resource economic activities.

Partner organizations

• Farmers and business organizations
• DSWD provincial and municipal
• LGUs at the barangay-municipality/city/province
• Tribal and community leaders
• Academe and CSOs

Credit: Abdulaziz/WFP
EDUCATION

HUMANITARIAN NEEDS AND PRIORITY ACTIONS

Target areas: Makilala, Tulunan, M’lang, Magpet, Pikit, Kidapawan City (North Cotabato), Bansalan, Magsaysay, Santa Cruz and Digos City (Davao del Sur)

Target beneficiaries: 82,000 people (72,000 learners enrolled in affected schools in 622 most affected schools; 10,000 children in early learning centres)

Davao del Sur: 20,000 children; 476 damaged classrooms

Funding required: $1,500,000

Lead: Department of Education (DepEd)

HCT/MHT Lead: United Nations Children’s Fund (UNICEF) and Save the Children

Sector overview

North Cotabato

As of November 2019, more than 1,400 temporary learning spaces (TLS) were installed for schools that were damaged by the earthquakes in addition to provision of ‘school in a box’, recreation kits, student kits, teacher kits, ECD kits and water and hygiene kits. Teachers and DepEd personnel, Child Development Workers (CDWs) as well as affected learners have undergone Psychological First Aid (PFA) sessions. The provincial education cluster convened twice in November 2019 under the leadership of the DepEd XII Regional Director to coordinated response efforts in the education sector. CDWs in the province resumed early learning sessions and children were provided with supplementary feeding as part of regular DSWD programmes.

Davao Del Sur

DepEd Davao del Sur SDO has expressed concerns that schools are being used as evacuation centers. It is challenging for school administrations to set up Temporary Learning Spaces (TLS) because of lacking space inside the schools’ premises. Further, some WASH facilities, particularly toilets, inside the schools are not operational because they were not designed for such a high number of people.

Identified urgent needs are decampment of schools, provision of TLS, provision of PSS/PFA for parents, teachers and students, provision of teaching kits and other learning materials and repair of damaged WASH facilities in schools that are used as evacuation centers.

One of the challenges for the education sector is that it is not considered as part of the emergency response, but of the rehabilitation phase. Hence, DepEd Davao del Sur SDO is not included in the response structure of the provincial government and cannot effectively raise issues and concerns on education.

Key immediate needs

- Strengthen cluster coordination (including LGUs for early education)
- Advocacy to include education in the response priorities/structure of the government
- Temporary learning spaces
- Learning, teaching and recreation kits
- Psychosocial support for learners and teachers
- WASH facilities in schools used as evacuation centres and TLS established
- Education services through alternative delivery modalities
- Emergency school feeding
- Supervised neighbourhood play (SNP) sessions (for early learning)
- Early learning kits

Target areas:
Makilala, Tulunan, M’lang, Magpet, Pikit, Kidapawan City (North Cotabato), Bansalan, Magsaysay, Santa Cruz and Digos City (Davao del Sur)

Target beneficiaries: 82,000 people (72,000 learners enrolled in affected schools in 622 most affected schools; 10,000 children in early learning centres)

Davao del Sur: 20,000 children; 476 damaged classrooms

Funding required: $1,500,000

Lead: Department of Education (DepEd)

HCT/MHT Lead: United Nations Children’s Fund (UNICEF) and Save the Children
HUMANITARIAN NEEDS AND PRIORITY ACTIONS

EDUCATION

PRIORITY ACTIONS:

• Technical assistance to DepEd and the local government. Assist DepEd in consolidating and verifying damages incurred by the earthquakes. As much as possible, push the local governments to find alternative evacuation centers and decamp those schools being used as evacuation centers to facilitate immediate resumption of education activities in schools.

• Provision of temporary learning spaces (TLS). Prioritize deployment of TLS for children and set them up within the affected school grounds, if available and deemed as safe interim location.

• Provision of teaching and learning kits. Teaching and learning kits, including recreation and ECCD kits, to those schools and Child Development Centers with the most affected classrooms and have limited capacity to immediately recover.

• Provision of Psychological Support (PSS)/Psychological First Aid (PFA) sessions for children and school personnel. Immediate PSS/PFA sessions must be conducted in areas with child-friendly spaces or those with possible locations to conduct the sessions. This is to help those affected personnel in restoring a sense of normalcy.

• Repair/rehabilitation of WASH facilities in schools, especially those are being used as evacuation centres.

• Explore alternative delivery modalities (ADMs). Provision of technical support and resources to conduct education services through alternative learning delivery modalities to displaced learners, including those who are already in the Alternative Learning System (ALS) program.

• Ensure continuity of early learning sessions in affected communities. Provide child-friendly safe spaces and early learning resources such as ECCD and recreation kits that can also support to conduct of early learning sessions.

Partner organizations

• World Vision
• Plan International
• Balay Rehabilitation Center
• Community and Family Services International (CFSI)
• Education Development Center
• Catholic Relief Services (CRS)
• Aboitiz Foundation
• Love Jan Foundation
• BDO Foundation (thru BDO Network Bank)
• Eastwest Rural Bank
• Energy Development Corporation
FOOD SECURITY AND AGRICULTURE

Target areas: Makilala; Indigenous People communities located at the foot of Mt. Apo in Kidapawan City (North Cotabato), Region 11 and Region 12

Target beneficiaries: 30,000 people/6,000 families in Makilala; 7,500 people/1,500 families in Kidapawan

Funding required: $2,475,000 (1,125,000 for FAO / 1,350,000 for WFP)

Lead: Department of Social Welfare and Development / Department of Agriculture

HCT/MHT Lead: World Food Programme (WFP) and Food and Agriculture Organization (FAO)

HUMANITARIAN NEEDS AND PRIORITY ACTIONS

PRIORITY NEEDS:
Sector overview
The affected local government units provided relief items from their available stockpiles to the displaced individuals which are currently staying both in the evacuation centers and with their relatives or friends. However, local authorities stressed that family food packs supplies will only last for three days, hence, a request for additional support has been made. As the displacement is expected to last for several months, sustained food assistance will become critical.

From the preliminary assessment of the DA regional field office, it appears that the damage/losses in the agriculture sector may occur primarily from collapsed warehouses, irrigation facilities, post-harvest facilities (warehouses, drying and milling), and damaged road network (as farmers could not bring their produce to market). Farmers may also have issues tending to their farms while displaced.

Given the persistent risks and the possibility of protracted displacement, affected families need continuous food assistance. Meanwhile, there are barangays in Makilala that were already declared as uninhabitable by the government authorities. This will exacerbate their present situation and have limited to no access at all to their livelihood activities which will negatively impact the food security.

Key immediate needs
• Provision of unconditional cash transfer and cash for work to targeted beneficiaries in order to diversify their food intake, including farm activities, while the government is assessing areas for possible relocation and conducting early recovery activities
• Provision of farm inputs and cash for work for the repair/rehabilitations of small agriculture infrastructure and facilities that could start and facilitate recovery of agriculture-based activities.
HEALTH INCLUDING SRH

Target areas: North Cotabato: Tulunan, Makilala, Kidapawan City  Davao del Sur: Matanao, Padada, Hagonoy, and Kiblawan

Target beneficiaries: North Cotabato: 139,000 people (includes 17,200 children under 5 years, 10,110 elderly persons above 60 years, 35,000 women of reproductive age and an estimated 2,000 pregnant women) Davao del Sur: 197,000 people (49,000 women of reproductive age of which 3000 are estimated to be currently pregnant) for SRH

Funding required: $5,400,000 (2.8M for Health and 2.6M for SRH)

Lead: Department of Health (DOH)

HCT/MHT Lead: World Health Organization (WHO)

SRH sub-cluster: United Nations Population Fund (UNFPA)

PRIORITY NEEDS:

Sector overview

North Cotabato: The majority of the health facilities in the Province of North Cotabato are damaged, if not totally destroyed. These left the municipalities of Tulunan, M’lang, Makilala, Arakan, Kabaca, President Roxas and Kidapawan City reliant on the Cotabato Provincial Hospital, and other small private health providers.

The Cotabato Provincial Hospital (CPH) has been assessed by engineers and declared safe for habitation, but the CPH is experiencing a high influx of patients due to referrals from other affected areas. Some patients are accommodated outside the Emergency Room Department due to limited hospital bed capacity. The Municipality of Makilala, for instance, refers most of their patients to CPH since their RHU is completely damaged.

The Health Cluster is conducting assessments and coordination to ensure immediate life-saving assistance is provided to the displaced population. But initial needs on health requested during coordination meetings are primarily food, safe potable water, sanitation in evacuation centers, and medical and health equipment and supplies.

The destruction of RHUs will result in additional delays in accessing basic emergency maternal and neonatal care for pregnant and lactating women. It is estimated that there are 1800 pregnant mothers, wherein 600 will deliver in the next three months. The absence of health facilities for them to deliver safely will result in increased maternal death which is highly preventable.

It is also evident that mental health and psychosocial support have to be placed as one of the priorities in the next few months. It is important to provide supportive psychosocial support to the population and at the same time, establish clinical services and referral mechanisms for arising mental illness.

Common illnesses have been reported in evacuation sites, which include cough and colds, fever, diarrhea, hypertension, headaches, and body pain. Patients are treated outside of the buildings in makeshift tents. Medical services are needed in the evacuation sites and affected areas.

Davao del Sur: Health systems in Matanao, Padada, Hagonoy, and Kiblawan are functional and operational. Because health facilities including hospitals, have been heavily affected, operations are continuing in makeshift tents. Support in the form of additional doctors, health equipment and medicines is necessary to respond to health needs. Commonly reported diseases are respiratory tract infections and gastro-intestinal diseases. It is recommended to provide access to health services and health education in evacuation centres and address identified cross-cutting issues on WASH and SHELTER including the prompt validation of evacuation centres.

The limited capacities of health facilities, including health personnel, expose women and adolescent girls to unplanned pregnancy, maternal complications and death. Women need access to a full range of sexual and reproductive health services and information, including family planning services to prevent sexually transmitted diseases and unintended pregnancy, post abortion care for those who experience an unwanted pregnancy, prenatal, delivery and postnatal care for those who carry a pregnancy to term. Comprehensive reproductive health services must be integrated into primary health care services as soon as possible. Also critical is the prevention and management of sexual and gender-based violence, including clinical care for survivors.

Prior to the December earthquake, the Rural Health Units (RHUs) and health centres had already been affected by the October earthquake. Overall health systems are functional and operational but need support in terms of additional doctor and health equipment and medicines to cater to the needs of IDPs. Provision of health services need to be brought to the evacuation centres.
HEALTH INCLUDING SRH

The hospital in Matanao was totally damaged by the earthquake. Matanao uses an ambulance to refer patients to nearby health facilities. The hospital in Padada was also heavily damaged and patients are accommodated in tents outside the hospital. Teenage mothers were reported in Hagonoy and Kiblawan.

The referral government facility, Davao del Sur Provincial Hospital, and the Gregorio Matas District Hospital in Kiblawan are badly damaged but continue to operate with services provided to patients in tents outside the facility.

Key immediate needs (Health)
- Medicines for common illnesses (pain relievers, antibiotics, cough syrups) and psychotropic medicines
- Health personnel (mobile team and disease surveillance advocates)
- Medical tents
- Specialized and trained mental health service providers
- Temporary health facilities

Key Immediate Needs (SRH)
- Water, sanitation, and hygiene for pregnant and lactating women, especially with newborn and infants in camps and communities
- Sexual and reproductive health services for pregnant women and lactating mothers; counseling and commodities for those in need of family planning; referral mechanism/facility for complicated deliveries and postpartum women opting for permanent methods.
- Provision of dignity kits and maternity packs to pregnant and lactating women
- Mental health and psychosocial support for vulnerable population such as PLWs, young people including girls and elderly people at the primary and referral facility, including population needing level 3 and level 4 services.

PRIORITY ACTIONS:

HEALTH: Provide enhanced urgent health surge capacity, including:
- Deployment of health staff
- Procurement and distribution of essential medical supplies
- Set up of temporary health facilities (tents) and mobile clinic and outreach teams, including the distribution and installation of the health dispensary tents to temporary replace the totally damaged hospitals, Rural Health Units and selected Barangay Health Stations;
- Ensure equitable and timely access to Essential Primary and Secondary Care, including:
  - Primary health care services, with particular attention to children and to pregnant and lactating women; maternal and neonatal intra-partum care, as well as to the elderly (which represents a relatively large proportion of the vulnerable population who will need support for chronic health conditions)
  - Mental health and psychosocial support to the most vulnerable groups, including medical professionals (health staff themselves have been affected and many have been unable to render medical services);
- Vaccination against vaccine-preventable diseases like measles, polio
- Re-establish the drug and cold chain management system.
- Health promotion and advocacy for positive health-seeking behaviour, environmental sanitation and hygiene, prevention of vector-borne and water-borne diseases
- Re-establish/Strength the Disease surveillance and outbreak control,
- Ensure systematic epidemiological data collection, compiling, analyzing and reports’ dissemination for further health intervention decision.
- Provide in service training to front line health workers to better manage life-saving intervention such as intra-partum health care, and early detect, manage and refer severe cases of acute and chronic mental disorders.
- Availability, support to immediate referral and continuity of treatment for level 3 and 4 interventions through trained and specialize health personnel

SRH: Continuity of immediate/short-term actions:
- Continued coordination of the RH Coordination Team (RHCT) within the Health Cluster
- Provision of essential lifesaving health services through the deployment of mobile teams and/or the establishment of temporary health facilities’
- Conduct of Reproductive health medical missions
- Conduct of health information sessions
- Establishment of emergency maternity tent facility
- Distribution of clean delivery kits and reproductive health kits
- Distribution of dignity kits and maternity packs
- Assurance of availability of post-abortion care in referral hospitals

Actions that need to be reinforced:
- Strengthen coordination mechanisms and support to information management
- Conduct psychosocial support services to women, men and young people needing PSS
- Provide supplies, equipment and temporary health facility to rural health units with birthing centers rendered non-functional by the earthquakes
- Strength capacities of local health staff and facilities in Minimum Initial Service Package (MISP) for Sexual and Reproductive Health integrating Mental Health and Psychosocial Support
- Capacitate young people to contribute to enhancing community resilience particularly addressing psychosocial issues that will arise

Partner organizations
- MOSEP
LOGISTICS

Target areas: Region XI and XII
Target beneficiaries: N/A
Funding required: $250,000

Lead: Office of Civil Defense (OCD) and Department of Social Welfare and Development (DSWD)
HCT/MHT Lead: World Food Programme (WFP)

PRIORITY NEEDS:

Sector overview:
In order to respond to those affected by the earthquake OCD and DSDW set up two forward logistics hubs in Kidapawan City and Digos City for the consolidation and preposition of relief goods before being sent to delivery points. These hubs are comprised of Mobile Storage Units, pallets and prefab offices. WFP has used existing stocks of materials to meet immediate needs of the affected population. As the response scales up, it is anticipated that additional equipment will be needed to store goods.

DSWD both at the national and regional level, as well as the DOH, have made requests for the transportation of relief items. Additional resources are needed to meet requests for logistical support. Logistical support will assist the Government in delivering relief items to affected persons. Priority will be given to hard-to-reach areas.

Key immediate needs:
- Logistics equipment: Mobile Storage Units, prefab offices, generators
- Establishment of forward logistics bases for consolidation of stocks before dispatch for distribution
- Transportation of relief items

PRIORITY ACTIONS:

Medium-term (3-6 months):
- Provision of transport to move Government relief items from propositioned stocks throughout the country to Regions XI and XII.
- Provision of mobile storage unit to Makilala LGU to be used as a temporary office as the manipulatives office is no longer safe.
- Provision of five ablution units.

Long-term (6-12 months):
- Setting up and equipping forward logistics hubs. This includes assembling mobile storage units and prefab offices. Set up will happen in the short-term, but facilities are expected to be in place for longer time.

Credit: OCHA
NUTRITION

Target areas: 45 evacuation sites in Makilala, Kidapawan, and Tulunan (North Cotabato) 25 evacuation sites in Bansalan, Digos City, Magsaysay, Matanao, Malalag (Davao del Sur)

Target beneficiaries: 36,800 people (24,000 children under-five years old; 12,800 pregnant and lactating women; 150 Barangay Nutrition Scholars and Health Center Staff)

Funding required: $300,000

Lead: National Nutrition Council - Department of Health (DOH)


Sector overview and key immediate needs

According to NDRRMC SitRep 38 (30 Nov 2019), 71,247 families have been affected in 218 Barangays over two regions of XI and XII. 13,073 families living in 107 Evacuation Camps (EC) while 25,812 families live outside ECs.

The Davao del Sur Provincial Operation Timbang Plus (OPT) results in 2019 show that 10.1% of children under 5 years are stunted while 2.9% were wasted and 2.8% were overweight/obese. Coverage of OPT was reported to be at 83%. On the other hand, OPT 2018 results for Region 12 show that 9.6% of children under 5 years are stunted while 3.41% are wasted. The provincial nutrition teams of Davao del Sur and North Cotabato have completed Nutrition Initial Needs Assessment of all evacuation centres and are currently consolidating all assessment findings.

Pregnant and lactating mothers, as well as children under five years, suffer from micronutrient deficiencies. Based on the 2105 National Nutrition Survey, nutritionally at-risk pregnant women for Regions 11 and 12 are at 25.1% and 23.1% respectively. Moreover, chronic energy deficiency for lactating women is at 9.7% for Region 11, and 12.5% for Region 12. Further, 13.5% of children aged 6months to 5 years in Region 11 and 20.4% in Region 12 have anaemia.

Through field ocular assessments conducted by UNICEF and DOH Region XI last November 2019 and the Rapid Assessment conducted last December 2019, it was observed that majority of infants <6months are exclusively breastfed. Alarmingly, donations of breastmilk substitutes and milk powders for adults were given by private individuals and reached evacuation centers in Region XI. Widespread or uncontrolled donations of breastmilk substitutes especially during emergencies pose a great risk to the health of infants and young children.

Community kitchens are available in some evacuation centers which will help families in the preparation of healthy and fresh food for young children. However, majority of families have reduced household income because their main source of livelihood (laborer, blacksmithing, farmers/gardening) have already been disrupted – no opportunities for cash-for-work have been established yet.

Although the provinces have prepared Nutrition in Emergencies Preparedness and Response Plans, this is the first major emergency response being managed by Davao del Sur, in particular. Thus, capacities of LGUs in cluster coordination and information management are limited and is made apparent by observed data quality issues and discrepancies within municipalities and across levels of reporting as there were no standard reporting forms or core indicators being monitored. At present, subnational nutrition cluster leads still need guidance and support in cluster coordination and information management.

Aggravating factors were also identified, such as: 1) reduced income of households because their main sources of livelihood (farming, construction) have been damaged by the earthquake, 2) reduced intake of quality and diverse types of food (and increase in intake of processed and unhealthy food) secondary to food insecurity, 3) limited access to safe water and poor hygiene practices that may cause water-borne illnesses and other infections, 4) limited access to and coverage of health care and nutrition services, and 5) difficulties to promote, protect and support optimal IYCF practices. All these, if not acted upon, will cause the deterioration of the nutritional status of infants, young children and mothers.

The impacts of the earthquake on the nutritional status of the affected population, particularly the most vulnerable, will be felt in the succeeding weeks or months as food supplies further decline, market prices increase, and disrupted livelihoods deplete household savings and limit income. Compounded with the pre-crisis levels of malnutrition, childhood wasting, overweight/obesity and stunting may increase if immediate measures to ensure adequate supply of safe drinking water, adequate and appropriate healthy and nutritious food (especially for young children and pregnant and lactating women) are not in place. Thus, both preventive and therapeutic nutrition interventions, with emphasis on regular screening and IYCF counselling, and nutrition sensitive interventions need to be established and children closely monitored.
NUTRITION

PRIORITY ACTIONS:

Support the development and implementation of a nutrition rehabilitation and recovery plan which incorporates both preventive and life-saving nutrition interventions (including Infant and Young Child Feeding (IYCF), and Philippine Integrated Management of Acute Malnutrition (PIMAM), and micronutrient supplementation.

- IYCF: 7,800 pregnant and lactating women supported for optimum infant and child feeding through the provision of IYCF counselling (3-6 months)
- PIMAM: 10,000 children aged 6-59 months screened for acute malnutrition; approximately 100 children with SAM are appropriately managed and referred to therapeutic care services (3-6 months) and 400 children with MAM are referred to supplemental feeding services
- Micronutrient supplementation (vitamin A, Iron-Folic Acid, Micronutrient Powder) to children under five and pregnant and lactating women (3-6 months)
- Capacity development of front-line community volunteers, 150 Barangay nutrition scholars and health center staff on SAM management (<3 months)
- Strengthen capacities of LGUs on Nutrition Cluster Information Management and maximize use of 6 standard information management tools (3-6 months)
- Support Regional and local nutrition clusters in effectively coordinating and monitoring both nutrition-specific and nutrition-sensitive interventions. (3-6 months)

Partner organizations

- World Food Programme (WFP)
- Food and Agriculture Organization (FAO)
- Samaritan’s Purse
- Action Against Hunger
- Save the Children
- Community and Family Services International (to conduct screening in child friendly spaces)
**HUMANITARIAN NEEDS AND PRIORITY ACTIONS**

**PROTECTION INCLUDING CP AND PGBV**

**Target Areas:** North Cotabato: Tulunan, M’lang, Kidapawan, Makilala, and Magpet
Davao del Sur: Bansalan, Digos City, Hagonoy, Magsaysay, Malalag, Kiblawan and Matanao

**Target Beneficiaries:**
- **North Cotabato**
  - 61,000 people (36,000 children, 24,000 parents/caregivers) and 1,000 teachers (CP)
  - 59,000 people (32,000 women of reproductive age and 27,000 adolescents) (GBV)
- **Davao del Sur Province**
  - 30,000 people (20,000 children, 10,000 parents/caregivers) (CP)
  - 26,300 (22,000 women of reproductive age and 4,300 adolescents) (GBV)

**Funding Required:**
- $3,000,000 ($1.5 M for CP and $1.5M for GBV)
- $ 668,644 for GBV (additional funding required for Davao del Sur)
- $ 1.5M for CP (increase by 0.5M compared with previous HNP)

**Lead:** Department of Social Welfare and Development (DSWD)

**HCT/ MHT Lead:** United Nations High Commissioner for Refugees (UNHCR)

**CP sub-cluster:** United Nations Children’s Fund (UNICEF)

**GBV sub-cluster:** United Nations Population Fund (UNFPA)

**PRIORITY NEEDS:**

**Sector Overview (Protection)**
In North Cotabato, some of the displaced families have return to their respective residences following the decline in number of aftershocks. Those who remain displaced are hesitant to return because of the agony brought by the strong earthquake and its persistent aftershocks. There are over 19,400 houses that are reportedly destroyed by the earthquake. Those who remain displaced have settled in evacuation centres or have built makeshifts near their houses or in areas that are not environmentally safe such as tents built under coconut trees. There are no identified relocation sites where they can be transferred because there are areas that are identified as “no build zones” because it is also prone to landslides. The IDPs inside evacuation centres are cramped. It is not well lit as women raised concerns on their safety and security especially when going to toilets at night time. Also, tents are made up of light materials that cannot protect them from heat and rain. Whenever it rains, the areas where they built their makeshifts are flooded. The IDPs received relief assistance including foods and non-food items but it could not suffice if they could stay longer in the evacuation centres.

In Davao Del Sur, most of the affected communities of the recent 6.9 earthquake were also affected by previous earthquake in October and November. Some of them have been staying in the evacuation centre around two months already. The provincial Governor expressed that they can no longer encourage people to go back to their homes because of uncertainties and frequent aftershocks, while most of the houses have been damaged by the 6.9 earthquake. The prolonged displacement also worries the provincial government as it may result to a more problematic situation.

The Provincial Disaster Risk Reduction and Management Council Officer estimates that the IDPs will stay in the displacement sites up to six months. Below are some of the key protection issues and risks that needs immediate actions:

**Key immediate needs:**

- Common to all sites visited, significant protection issues related to Food and Non-food items, Water Sanitation and Hygiene, Livelihood and Shelter are notably prevalent. Risks related to Child Protection and Gender-Based-Violence (GBV) have also been identified in all assessed areas. The Protection situation of vulnerable groups such as pregnant women, children, senior citizens/elderly and people with disabilities and specific needs may worsen if displacement is prolonged and gaps remain unaddressed. Therefore, protection must be considered and integrated in the response and it must be ensured that all sectors are well-assisted.

- Aside from the sectoral needs assessed, prevailing issue on IDPs access to information also needs to be addressed. IDPs and affected families are anxious about their situation and need accurate and timely information on government programs and services, status of the disaster, and any related information concerning them.

- There is also an issue of access to humanitarian assistance that needs immediate action from the government and humanitarian actors. There are barangays which are considered “hard-to-reach areas” and dominantly populated by Indigenous People. Damaged roads, bridges, hazards caused by landslides and tension cracks hamper the delivery of assistance. Pre-emptive evacuations have been conducted in some
of these areas and families were advised to go to safer places within their barangays. There is a need to conduct a thorough assessment and monitoring in these areas to ensure no one is left behind in our response.

On IDP registration and sector specific response, evidently, most of the affected municipalities don’t have a systematic age and gender disaggregated registration of IDPs. The lack of sector specific intervention particularly on PWDs, elderly, pregnant and lactating mothers, and persons with reduced or non-mobility is also a concern that needs to be addressed. Registration using Disaster Assistance Family Access Card (DAFAC) is on-going (Day 3) in evacuation centers. The Incident Commander has permitted the inclusion of IDPs living outside the evacuation centers (unrecognized ECs) in the registration yet whether they can receive relief goods, how and when are still in discussion. Priority is given to families in recognized ECs.

Other protection risks that needs immediate actions:

- **Lack of privacy.** there are shelters where more than one family is living without partitions. This may pose protection risks to women and girls living with other families, relatives or neighbours. Although no reported GBV, and other related cases occurred, this may become a serious concern as families stay longer in crowded ECs.

- **Risk of Force eviction/housing, land and property issues (HLP).** IDPs setting up makeshift tents in open spaces that are privately owned are encountering problem with the land owners. In one evacuation site, in Baka Park, Hagonoy, IDPs were given five (5) days or until 24 December by the owner to vacate the premises. This concern already reached the local officials and Provincial Disaster Risk Reduction and Management Officer. The rising number of IDPs setting up informal makeshift tents not “recognized” by the local government causes problem amongst residents while placing IDPs to risk of not accessing humanitarian assistance compared to those identified/recognized by the local government.

- **According to UNHCR,** five barangays have not yet received any humanitarian assistance. These are: Barangay Galidan with 90 families, Genoveva Baynosa with 34 families, Nabundasan with 74 families, New Panay with 62 families and Tambac with 27 families.

- **There are reports that some camp managers do not accept relief goods that are (1) from sources without clearance, and (2) with quantities below the total number of families living in the camps. Also, IDPs living outside the ECs are reportedly not allowed to receive relief goods inside the camp, while the unrecognized ECs are directed to receive support from their LGUs.** Protection services have been requested from AFP and local Barangay Peacekeeping Action Teams (BPATGs).

---

**Sector Overview (Child Protection)**

After disasters and other emergency situations, children are even more vulnerable to all forms of abuse, exploitation, neglect and violence. They are in the most disadvantaged position, especially when separated from their parents, family and caregivers. While there were no documented cases of abuse during the assessment in both North Cotabato and Davao Del Sur, the impact of emergency to children may increase the risks for child protection issues, including physical and environmental dangers. In IDP sites in Kidlawan, children are susceptible to falling on slopes as they play around the evacuation center. The makeshift tents do not have flooring and IDPs use plastic sheets on the ground where children are directly sleeping. In Matanoa, women, girls and boys face challenges in accessing latrines particularly at night which resulted in open defecation near/ outside their tents.

Most affected children and their families have psychosocial needs related to the emergencies. Child survivors, as well as their parents, require assistance in their return to normalcy through quality psychosocial support, including opportunities for safe play, recreation and non-formal education. In Davao Del Sur, most children showed signs of anxiety including signs of distress, nightmares, and changes in eating patterns and loss of appetite. Some groups have provided free play activities for children, but there are no coordinated efforts and structured psychosocial support services provided to children and their families or for service providers who were also affected by this emergency including access to safe spaces. While in Cotabato province, Psychological First Aid and structured psychosocial sessions are being provided by Child Protection Working Group members in tents, home-based and in school environments.

**Key immediate needs (Child Protection)**

**North Cotabato**

- Dispatch tents for Child Friendly Spaces (CFS) following DSWD Region XII withdrawal to provide tents
- Expansion of psychosocial support activities for children outside of Evacuation Camps.
- Engage adolescent and youth in peer support groups.

**Progress:**

**Sub-cluster Coordination**

The regional Child Protection Working Group (CPWG) has been established in Kidapawan City under the leadership of DSWD Field Office XII. Two (2) CPWG meetings were held and attended by child protection partners including Batang Star Philippines, Save the Children, Plan International, World Vision and Community and Family Services International (CFSI). Information management system is in place and functional with information management support to the CP cluster, through CFSI.
HUMANITARIAN NEEDS AND PRIORITY ACTIONS

PROTECTION INCLUDING CP AND PGBV

Capacity building for child protection response

Thirty-one (31) child protection partners have undergone training-orientation on the Philippine Guidelines for CFS, Mental Health and Psychosocial Support (MHPSS), Psychological First Aid (PFA), Prevention of Sexual Exploitation and Abuse (PSEA) and basic Disaster Risk Reduction (DRR). The said concepts were carefully discussed with the community organizers, field assistants, and other field staff to help them better understand the situation of the affected communities and vulnerable situation of children and how to best assist them.

To date, a total of 163 youth animators, with ages from 14 to 30 years old, were trained. Youth animators are community youth volunteers endorsed and selected by the local governments of target and adjacent barangays with help from the Sangguniang Kabataan.

Meanwhile, a series of Psychological First Aid and Well-Being Training activities were conducted for 137 faculty members from Kidapawan and Cotabato Divisions of the Department of Education (DepEd). This is to capacitate them on these competencies to provide psychological first aid to co-teachers and students in their respective schools and communities.

Psychosocial support activities

Psychosocial support activities for the most affected children and their families have been started, gradually increasing their access to safe play, recreation and non-formal education. The sub-cluster has identified 60 sites where PSS activities are being implemented. Department of Health (DoH) has taken the lead in coordinating MHPSS interventions planned by several clusters.

Case management

Proactive follow up by community organizers, field assistants, and social workers documented that there are no separated and/or unaccompanied children from this emergency. There were also no case of gender-based violence (GBV) reported or documented thus far. However, the sub-cluster acknowledges that the sensitive nature of GBV cases may have caused under-reporting, as survivors or their families do not wish the information to be reported. To date, 22 vulnerable individuals, including persons with disabilities and single parent households have been identified and referred for appropriate support services.

Davao del Sur

- Strengthen cluster coordination and information management capacities of LGUs
- Strengthen child protection mechanisms and referral pathways
- Provision of psychosocial support activities for children

- Engage adolescent and youth in peer support groups

Progress:

Sub-cluster Coordination

Davao Del Sur has been affected by several earthquakes since October 2019, and the Regional Child Protection Working Group in Region XI has been activated in response to this emergency and address immediate child protection risks identified in the rapid assessments. Availability of sex and age disaggregated data on children and other vulnerable groups remains a challenge.

Psychosocial support activities

Child protection partners are geared to organize psychosocial support activities and safe space for children in evacuation centers. MSWDO Magsaysay have already organised request for supplies to set up CFS and WFS for all ten (10) evacuation centers in their municipality. Regional offices mentioned that MHPSS concerns are generally relegated to DOH, as they have the expertise/specialization on Mental Health. Although some groups have provided short term free-play activities for children, there are no coordinated efforts and structured psychosocial support initiatives.

Case management, Child Protection mechanisms and referral pathways

Camp managers reported that they have set up different committees, including Protection and WASH committees. Referral pathways has been established in each of the evacuation centers. The Protection committee serves as the feedback mechanism and reporting channel for any possible complaints and abuses. No reported cases of child abuse or VAWC cases have been received yet. In barangay Sacub of Hagonoy municipality, four boys were reported separated from their parents (pre-emergency) but were immediately reunited with the closest relatives as part of this emergency response.

Youth engagement

No specific interventions mentioned or planned for adolescents/teens. Camp managers at Barangay Kinuskusan Tent City in Bansalan municipality and Magsaysay MSWDO were seen to involve teens in relief distribution activities.
Sector Overview (Gender-Based Violence)

In North Cotabato, protection risks, including gender-based violence are high especially in the evacuation centres and other temporary shelters. Risks of GBV can be compounded by overcrowding and lack of privacy for affected population who may have to stay longer in evacuation areas and in private homes or temporary accommodations. In multi-family and multi-household dwellings, lack of doors and partitions for sleeping and changing clothes can increase exposure to sexual harassment and assault; Tensions linked to overcrowding may lead to an escalation of domestic violence; Children left alone in the temporary shelters while parents are fixing their houses or to earn a living are in a vulnerable situation to experience sexual violence. The lack of electricity limits women and girl's movement at night and exposes them to various forms of sexual violence especially when going to toilets without proper lighting.

In Davao de Sur, women and girls, boys and other at-risk groups are exposed to GBV risks in evacuation sites. The evacuation sites, including makeshift tents do not have partition, no proper lighting, and no WASH facilities such as latrines and bathing cubicles. In most cases, women opt to go back to their houses or nearby houses in host communities to use WASH facilities. In one IP community, women and their children chose to go back to their homes, in which they need to walk around 20 minutes to get drinking water and use latrines. During night time, they use flash lights when they need to use latrines.

A GBV case has been monitored which happened sometime in November 2019 in one displacement site in Davao del Sur where IDPs affected by the first earthquake in October are staying. The survivor was referred to the hospital for medical support and later handed over to the Municipal Social Welfare and Development Office (MSWDO). Limited capacity on handling cases of GBV and clarity on referral system for GBV survivors' access to life-saving interventions are challenges. Although women said on cases of Violence Against Women (VAW) they report directly to the barangay officials or designated VAW Desk officers and Indigenous People Mandatory Representative in the case of IP communities, but these cases are usually settled at the local levels.

- Psychosocial distress manifests among the IDPs especially women and young adolescent girls due to consecutive aftershocks, leading them to refuse to enter their homes and other buildings.
- Tension may arise between IDPs in ECs and host families due to lack of water supply and appropriate food distribution for children and Pregnant and Lactating Women (PLW).
- Sanitation facilities were found lacking in assessed evacuation sites, prompting IDPs to return to their homes to use their bathrooms and toilets. Affected families are also sharing their latrines with their neighbors or are using open spaces.
- Lack of toilets or safety precautions in latrine areas such that women have been reported bathing in rivers.
- Instituting criteria for receiving relief goods that makes some families ineligible leaves excluded women and girls vulnerable to sexual exploitation and abuse (SEA).

**Key immediate needs (Gender-based Violence):**

- Establishment of coordination mechanism with focus, to coordinate, support and improve the activities of all relevant stakeholders in the prevention and response to GBV, ensuring multi-sectoral response to GBV survivors. Reactivation of reporting and referral system to prevent and respond to GBV survivors as well as provision of appropriate and gender-sensitive case management interventions.
- GBV risk mitigations and response in the evacuation sites, including makeshift tents must be incorporated in the overall priorities of the local government and service providers providing humanitarian assistance to affected communities in evacuation sites and home-based, under consideration of the needs of IP communities in hard-to-reach areas (i.e. some barangays in Kiblawan and Matanao in Davao del Sur).
- Expressed need for dignity kits for women and girls in all of the four provinces assessed should be provided to ensure that women and girls' vulnerabilities to various forms of violence are mitigated.

**PRIORITY ACTIONS:**

**General**

- Close coordination with MHT to support the government in promoting the Centrality of Protection in the overall humanitarian response.
- Coordination with MHT and Protection actors, to support the government in the conduct regular protection monitoring and assessment in areas affected by the earthquake.
- Through the regular protection assessment in the field, address the most urgent and immediate protection risks and needs of crisis-affected populations in a manner that is responsive to differences of age, gender and diversity.
- Support the government in the establishment of a clear information and feedback mechanisms; to provide avenues for the IDPs and affected families to raise their concerns.
- Support the government in monitoring the situation of affected families in hard to-reach areas. There is
**PROTECTION INCLUDING CP AND PGBV**

- a need to fast track the LGU's plans for repair and re-routing of roads to reach these areas and provide necessary assistance to affected families who are at-risk to be left behind or neglected due to their inaccessibility.

  - Established or support the existing protection coordination platforms like the IDP Protection Cluster to discuss the pressing protection needs of the affected population.

**Child protection-specific:**

- Strengthen cluster coordination and information management capacities of LGUs to show coverage of interventions and current gaps for decision making. This would also facilitate collection and analysis of sex and age disaggregated data, to serve as reference in emergency response efforts.

  - Psychosocial support interventions
    - Community level MHPSS.
    - Setting-up of coordinated MHPSS initiatives for children and their families at evacuation centers and community level, including establishment of Child Friendly Spaces, where relevant.
    - Provide technical assistance to local government units in their psychosocial support interventions in line with MHPSS guidelines, Child Protection Minimum Standards and the Philippine National Guidelines on CFS.
    - Care for care givers. Organize psychosocial support initiatives such as provision of Psychological First Aid (PFA) for MSWDOs, MDRRMOs, police, health workers and volunteers.
    - Support for MHPSS coordination between DOH, DSWD, and DepEd at regional to municipal level.

- Case management, Child Protection mechanisms, and referral pathways
  - Capacity Building on child protection in emergencies for Regional Child Protection Working Group (RCPWG) members, and child protection service providers and volunteers.
  - Imbed protection strategies and referral pathway messages in camp management. With DSWD as lead in camp management, there is opportunity to integrate protection strategies (including prevention of abuse and prevention of family separation) and referral pathway messages for all evacuation areas. Make sure feedback mechanisms are available (with contact details posted in command centres) and functional, with male and female focal points known in each of the evacuation centers to receive any possible complaints and abuses. Need for advocacy work to prevent potential exploitation and GBV.

- Reactivation of Local protection mechanisms and clear referral system, including Local Council Against Trafficking and Violence Against Women and Children (LCAT-VAWC), Women and Children Protection Desk (WCPD) by the PNP, and operationalization of Women and Children Protection Unit (WCPU) in the Provincial Hospital where survivors can access life-saving interventions with multi-sectoral response.

- PSEA advocacy. Incorporate orientation on codes of conducts and protection from sexual exploitation and abuse (PSEA) policies in all CP and GBV capacity building to partners and service providers.

- Case management. Monitoring, reporting and referral of child protection cases including GBV and level 4 MHPSS that needs specialized services. Vulnerable children and families identified and referred for basic services.

  - Youth engagement. Continue to engage teens in productive activities, including camp management efforts, to instil responsibility in these young individuals and involve them in community activities, particularly in areas where classes have not yet resumed.

**Gender-based Violence specific:**

- North Cotabato
  - Support the coordination mechanism on GBV to coordinate, support and improve the activities of all relevant stakeholders in the prevention and response to GBV.
  - Map available and functional services where GBV survivors (medical treatment and health care, psychosocial care and support, options for safety and protection, legal services, reintegration services such as education and livelihood opportunities) can access life-saving interventions, and for inclusion in the GBV referral pathway.
  - Support capacity-building activities for Protection actors and humanitarian workers to integrate GBV in Emergencies, including GBV risk mitigation, prevention and response across all humanitarian interventions.
  - Sensitize 8000 women and adolescent girls reached and sensitized on GBV risk mitigation and response, including women-related laws and policies through awareness-raising sessions; and 2500 men and adolescent boys reached and sensitized on GBV risk mitigation and response.
  - Operationalize and support three (3) Women and Youth-friendly spaces for women and girls at-risk/
HUMANITARIAN NEEDS AND PRIORITY ACTIONS

PROTECTION INCLUDING CP AND PGBV

vulnerable groups such as women and girls with disabilities and elderly women.

• Support the organizing and mobilization of local GBV watch groups to monitor and prevent incidents of GBV led by concerned Municipal Social Welfare Offices (MSWDOs).

• Support the establishment and operationalization of Women and Children Protection Unit (WCPU) at the Provincial Hospital where Multi-Disciplinary Team is trained to provide life-saving interventions to GBV survivors.

Davao del Sur

• Support setting-up of coordinated MHPSS initiatives at community level women and girls, boys and other at-risk groups, including awareness-raising on women-related laws and policies through establishment of Women-Friendly Spaces in affected communities.

• Expressed need for dignity kits for women and girls in all of the areas assessed in Davao del Sur should be provided to ensure that women and girls’ vulnerabilities to various forms of violence are mitigated;

• Provide necessary technical assistance to local government units on psychosocial support interventions in line with MHPSS guidelines, GBViE and WFS Implementation during emergencies.

• Ensure delivery of, and equitable access to, services and protection. Proper identification of persons at risk, as well as effective management of information, space and service provision (through data collection and monitoring systems such as registration and the Displacement Tracing Matrix) are also key to GBV prevention.

• Provision of psychosocial support such as provision of Psychological First Aid (PFA) for first responders i.e. MSWDOs, Police, MDRRMOs, health workers and volunteers who have been likewise affected by the emergency.

• Reactivation of Local protection mechanisms and clear referral system, including Local Council Against Trafficking and Violence Against Women and Children (LCAT-VAWC), Women and Children Protection Desk (WCPD) by the PNP, and operationalization of Women and Children Protection Unit (WCPU) in the Provincial Hospital where GBV survivors can access life-saving interventions with multi-sectoral response.

Partner organizations
Child protection:
• Community and Family Services International
• Save the Children
• Plan International
• Child Fund
• Balay Rehabilitation Center
• World Vision

GBV protection:
• UnyPhil
• CPN
• MMI
• MOSEP

Partner organizations
Child protection:
• Community and Family Services International
• Save the Children
• Plan International
• Child Fund
• Balay Rehabilitation Center
• World Vision

GBV protection:
• UnyPhil
• CPN
• MMI
• MOSEP

Credit: OCHA
HUMANITARIAN NEEDS AND PRIORITY ACTIONS

WATER, SANITATION AND HYGIENE (WASH)

Target areas: Municipalities of Tulunan, Makilala and M’lang, and Kidapawan City all in North Cotabato Province; Municipalities of Magsaysay, Padada, Matanao, Hagonoy, and Kiblawan in Davao del Sur Province

Target beneficiaries: 75,000 people/15,000 families, representing 50% of the total number of people displaced and currently staying in evacuation centers and in home-based settings (with the other 50% presumably already being served by concerned LGUs and government agencies), broken down as follows:

- 55,000 people/11,000 families in both evacuation centers and home-based settings in North Cotabato
- 20,000 people/4,000 families in evacuation centers in Davao del Sur

Funding required: USD 4,501,820

Funding secured/income: USD 473,290 (CERF RR)

Lead: Department of Health (DOH)


PRIORITY NEEDS:

Sector overview

In both earthquake events, serious water supply interruptions are reported in many areas due damaged Level III water systems, e.g., pipes being broken, water reservoirs being buried in resulting landslides, and prolonged power outages. This has forced affected population to collect water both for drinking and domestic use from more traditional, Level I water systems such as hand pumps, open dug wells, and surface water sources that are easily prone to contamination. In a number of cases too, these water systems are far from evacuation centers such as those in Davao del Sur where some sources are reportedly at least 500 meters to 1 kilometer away, noting that women and children are often assigned to collect water. With the sudden nature of the emergency, families now staying in formal and informal/makeshift evacuation camps do not have enough safe water containers or other water storage mechanisms; and although local health authorities are encouraging households to boil water for drinking, household water treatment, handling and safe storage (HWTHSS) needs to be further strengthened. For the earthquake in October, WASH Cluster partners have so far distributed water kits (water containers + water disinfectants) for more than 8,000 households.

In the most affected areas in both North Cotabato and Davao del Sur, families are mostly depending on water treatment units and collection points set up by LGUs and the Philippine Red Cross; more than 28,000 people have so far been provided clean and safe water by the Philippine Red Cross alone. Private sector groups are also handing out bottled water (for example, in Padada and Matano municipalities in Davao del Sur) though rather on a one-off basis. Survivors who can afford just purchase drinking water from water refilling stations still operating after the earthquakes; with prolonged power outages, a good number of these water stations in both provinces have reportedly ceased operation temporarily. In extreme cases people in the hinterlands (indigenous people) and coastal areas (fisherfolk) are said to be desperately collecting water from rivers and the sea, according to Rapid Assessment of Impact and Needs (RAIN) report for Davao del Sur.

Sanitation facilities in general are very limited, in particular in evacuation camps, and are rarely complemented by handwashing facilities and critical amenities, for example, for menstrual hygiene management (MHM), in both North Cotabato and Davao del Sur. Because of this, in many cases evacuees would just return to their damaged homes to use their bathrooms and toilets or will just defecate in the open. Those in home-based settings are mostly sharing latrines with their neighbours or likewise defecating in the open. With increased open defecation, there is an increased risk of water sources further being contaminated leading to spread of diseases, even unnecessary deaths. Especially in informal/makeshift camps currently not being recognised as “official” evacuation centers, there are almost no WASH facilities, not even bathing areas such that women and children are forced to bathe in the open raising protection concerns. With this some LGUs in Davao del Norte (Padada, Matanao) have initiated construction of latrines and bathing cubicles but rather still insufficient. The Philippine Red Cross and other WASH Cluster partners have also deployed portable toilets and constructed temporary latrines and bathing cubicles mostly in the bigger evacuation centers.

In both North Cotabato and Davao del Sur, a significant number of schools have been destroyed by the earthquake, including their WASH facilities. Some of the remaining less damaged schools are being used as evacuation camps, which requires the set-up of temporary learning spaces (TLS). These learning spaces needs to be supported by WASH facilities too to ensure the welfare of learners who are also bearing the brunt of the disaster.

Assessment reports from the Government indicate that at least 23,000 houses in North Cotabato and 4,500 houses in Davao del Sur were completely destroyed by the earthquakes, presumably, including their WASH...
WATER, SANITATION AND HYGIENE (WASH)

facilities. It is noteworthy though that markets in the earthquake-affected areas in both provinces are still functioning, and WASH supplies, in general, are still locally-available. But with the impact of the disaster to people's livelihoods, capacity of the more vulnerable households to procure even the most basic items for them to maintain proper hygiene, is now significantly reduced. Following the earthquake in October, WASH Cluster partners have so far extended hygiene kits for more than 8,000 households.

The WASH situation in North Cotabato and Davao del Sur needs to be closely monitored given that displacement may be prolonged with recurring aftershocks and persisting fear of another major earthquake.

Key immediate needs

• Sustained access to safe drinking and domestic water, with water systems now only partly operating or seriously damaged by the earthquake, both at the community and household levels
• Technical assessment of the extent of damage to water systems followed by immediate repair and rehabilitation
• Availability of sufficient sanitation facilities (latrines, handwashing stations, washing, bathing areas, etc), including operations and maintenance (e.g., desludging/decommissioning of latrines), particularly in evacuation camps, both formal and informal/makeshift, to discourage open defecation and ensure protection of most especially women and children
• Capabilities of affected households to maintain good hygiene especially those that are most vulnerable (women and girls, differently-abled persons, older people) and currently displaced by the earthquake
• Availability of WASH facilities for learners displaced from their schools and learning centres
• Intensified hygiene promotion campaigns on key WASH messages, e.g., handwashing with soap and water at critical times, HWTHSS, proper use and maintenance of latrines, MHM, zero open defecation
• Availability of hygiene supplies, including replenishment
• Presence of functional response coordination mechanism, including cross-sectoral coordination, supported by effective information management at the provincial and municipal levels

PRIORITY ACTIONS:

Immediate/short-term (up to 3 months):

• Distribution of water kits (water containers + water disinfectants), mainly to complement what is currently being provided by the Government/DOH and the private sector
• Continued operation of water treatment units and water tankering systems (currently being provided by Philippine Red Cross and a number of LGUs) especially in the bigger evacuation centres and unrecognised informal/makeshift camps in both North Cotabato and Davao del Sur
• Regular water quality monitoring and treatment
• Construction of sex-disaggregated, inclusive temporary latrines especially in formal and informal/makeshift evacuation camps equipped with facilities for handwashing and MHM, to complement what is currently being constructed by the Government/DOH and a number of LGUs
• Setting up of bathing areas and common handwashing stations in formal and informal/makeshift evacuation camps, also for protection of women and girls
• Regular operations and maintenance actions of sanitation facilities, e.g., desludging/decommissioning of latrines
• Distribution of hygiene-dignity kits, mainly to complement what is currently being provided by the Government/DOH and the private sector
• Intensified hygiene promotion campaigns on key WASH messages, e.g., handwashing with soap and water at critical times, HWTHSS, proper use and maintenance of latrines, MHM, zero open defecations, to complement what is currently being carried out by the Government/DOH
• Setting up basic WASH facilities for TLS
• Extending technical assistance in setting up WASH cluster coordination mechanism and information management system, including capacity-building, to also initiate cross-sectoral coordination, e.g., with clusters on Camp Coordination and Camp Management (CCCM), Shelter, Education, Health, Protection.
HUMANTARIAN NEEDS AND PRIORITY ACTIONS

WATER, SANITATION AND HYGIENE (WASH)

Medium-term (3-6 months):

- Disinfection/repair/rehabilitation of damaged water systems (small-scale)
- Regular water quality monitoring and treatment
- Provision of technical assistance to LGUs and local water districts to assess extent of damage and repair requirements of damaged water systems
- Regular operations and maintenance actions of sanitation facilities, e.g., desludging/decommissioning of latrines
- Sustained hygiene promotion, including application of tools on programme designing, e.g., WASH’Em
- Replenishment of critical WASH supplies, e.g., water disinfectant, soap, MHM materials
- Distribution of latrine repair kits for priority households whose houses and WASH facilities were completely destroyed, possibly through cash transfer mechanism
- Extending technical assistance to LGUs on WASH concerns as part of transition and relocation process, as may be necessary
- Capacity-building on cluster coordination and information management

Partner organizations

- Philippine Red Cross (PRC)
- A Single Drop for Safe Water—Humanitarian Response Consortium
- Action Against Hunger (AAH)
- Catholic Relief Services (CRS)
- ACTED
- Oxfam
- Save the Children Philippines
- World Vision Philippines
- Plan International
- Samaritan’s Purse
COORDINATION

Target areas: Region XI, XII and BARMM

Target beneficiaries: Government agencies, UN, I/NGOs, Donors, CSOs and Private organizations

Funding required: $125,000

Lead: Office of Civil Defense (OCD) and Department of Social Welfare and Development (DSWD)

HCT/MHT Lead: United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

PRIORITY NEEDS:

Sector overview

Stable and regular coordination of activities remains essential to enable an effective humanitarian response, considering the geographic spread of displacement, the multiplicity of responders and the evolving nature of established coordination platforms. The Government continues to lead the main coordination structures and mechanisms, supported by the MHT, which also facilitates linkages with non-government responders, private and civil society organizations.

In North Cotabato, OCHA and MHT members are strengthening coordination with the municipality of Makilala and are starting to link up with the newly established provincial Task Force on Restoration. In December 2019, OCHA together with the MHT, facilitated a Provincial Government-led Rapid Assessment of Impact and Needs (RAIN) of communities affected by the magnitude-6.9 earthquake. The RAIN provided a shared understanding of the most pressing needs of vulnerable people and communities, living in the areas most affected by the recent earthquake and helps to inform the local government in strategic response planning.

Key immediate needs:

• Coordination of response, including non-government actors and private sector
• Identification of priority needs, response gaps, affected populations and locations using Information Management processes and products
• Advocacy for the needs of vulnerable groups
• Integration of cross-cutting themes, such as protection, gender, cash and voucher assistance and early recovery, in response efforts

PRIORITY ACTIONS:

Medium-term (3-6 months):

• Support a Government-led coordination platform at various levels, to be engaged by MHT members (3-6 months)
• Support streamlined layers of different coordination platforms
• Engage and support Government-led response clusters
• Support the response and coordination capacity of most affected municipalities
• Strengthen information management support to Government coordination structures through full range of information products and services, including mapping to identify gaps and risks in response and aid in decision-making. (6 months)
• Reach out to non-government organizations, including private sector in partnership with Philippine Disaster Resilience Foundation (PDFR), who are active responders and outside the sphere of the MHT to ensure a coherent response. (6 months)
• Established civil-military coordination to reach GIDA areas.

Partner organizations

• Members of the Mindanao Humanitarian Team
PRIVATE SECTOR ENGAGEMENT

Target areas: Kidapawan City and Makilala (North Cotabato)
Target beneficiaries: 8,500 people/1,700 affected families
Lead: Office of Civil Defense (OCD)
HCT/MHT Lead: Philippine Disaster Resilience Foundation (PDRF)

PRIORITY NEEDS:

Water remains to be a priority need in Cotabato, Kidapawan, and Makilala. These areas are expected to have limited to scarce water supply for the next 4 months due to the damage caused by the earthquake in water facilities. Communities that are for permanent resettlement have not been identified yet but it is very likely that they will be in need of proper WASH facilities.

PRIORITY ACTIONS:

PDRF and its members continue to provide the following services and goods:

Immediate/short-term (up to 3 months):
- Provision of water to affected communities in Tulunan, North Cotabato, Kidapawan City, and Makilala by PDRF members and partners.
- Provision of air-transport/logistics relief items such as water and non-food items, etc. by PDRF partners.
- Provision of ground transport of relief items of PDRF partners.
- Provision of hygiene kits.
- Provision of Mental Health and Psycho-Social Support (MHPSS) or "Community Kamustahan" to displaced families in Ilomavis, Kidapawan City and Makilala. [short-term and long-term]

Medium-term (3-6 months):
- Provision of shelter repair kits such as corrugated GI sheets, plywood to families with partially damaged houses that have MGB and PHILVOCS clearance to return to home.

Long-term (6-12 months):
- Provision of water tanks to identified long-term or protracted resettlement areas.
- Provision of proper WASH facilities to identified long-term to protracted resettlement areas.
- Provision of Temporary Learning Schools to identified long-term or protracted areas with totally damaged school facilities.
- Provision of in-kind or cash assistance for reconstruction of new houses to communities that are permanent resettlement giving priority to Indigenous Peoples (IP) evacuated from the areas surrounding the foot of Mt. Apo.

Partner organizations
- Members of the Philippine Disaster Resilience Foundation