

CONSOLIDATED NEEDS ASSESSMENT REPORT REVISION:
SUPER TYPHOON RAI (ODETTE)
PHILIPPINES

24 JAN 2022

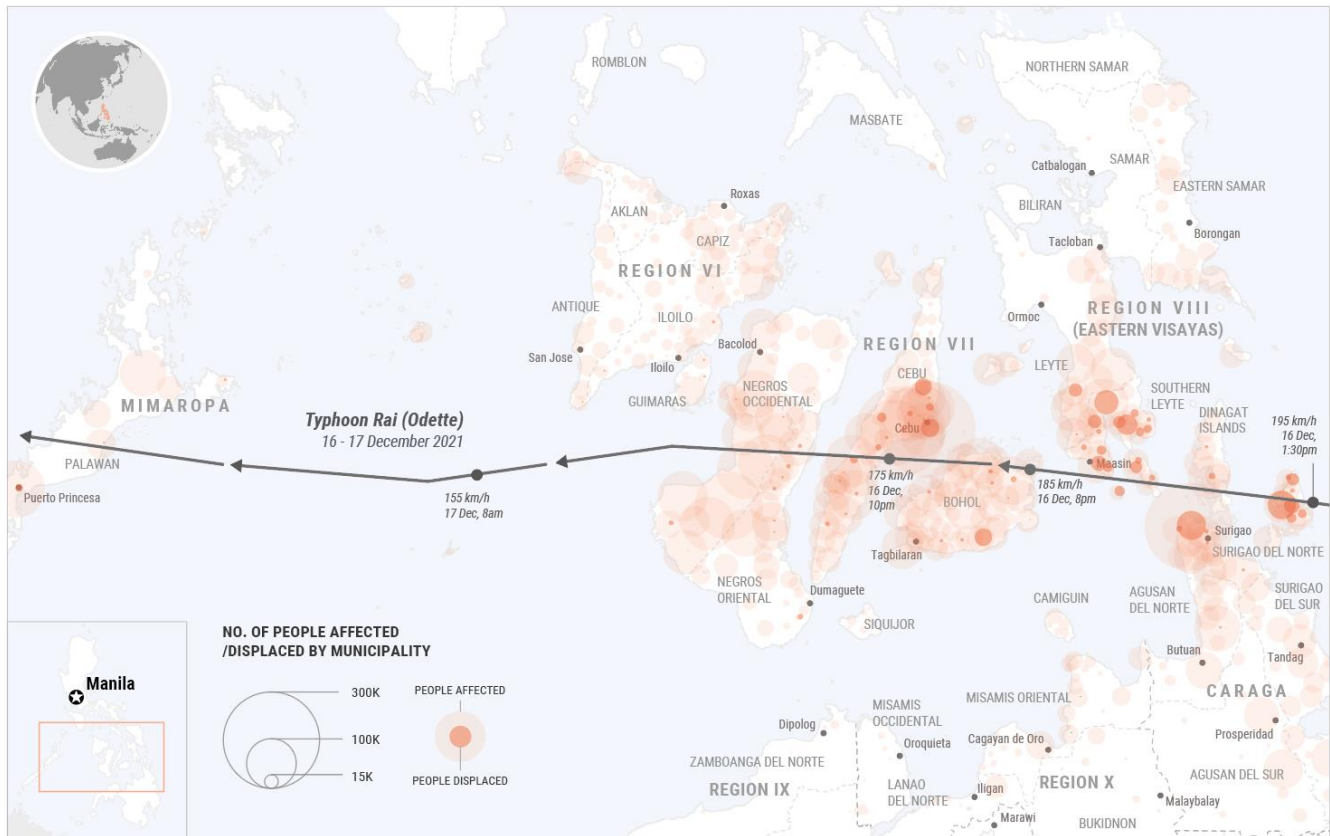
HUMANITARIAN COUNTRY
TEAM (HCT)

INTER-CLUSTER COORDINATION
GROUP (ICCG) AND MINDANAO
HUMANITARIAN TEAM (MHT)

Photo: WFP/R. Matias



KEY FIGURES



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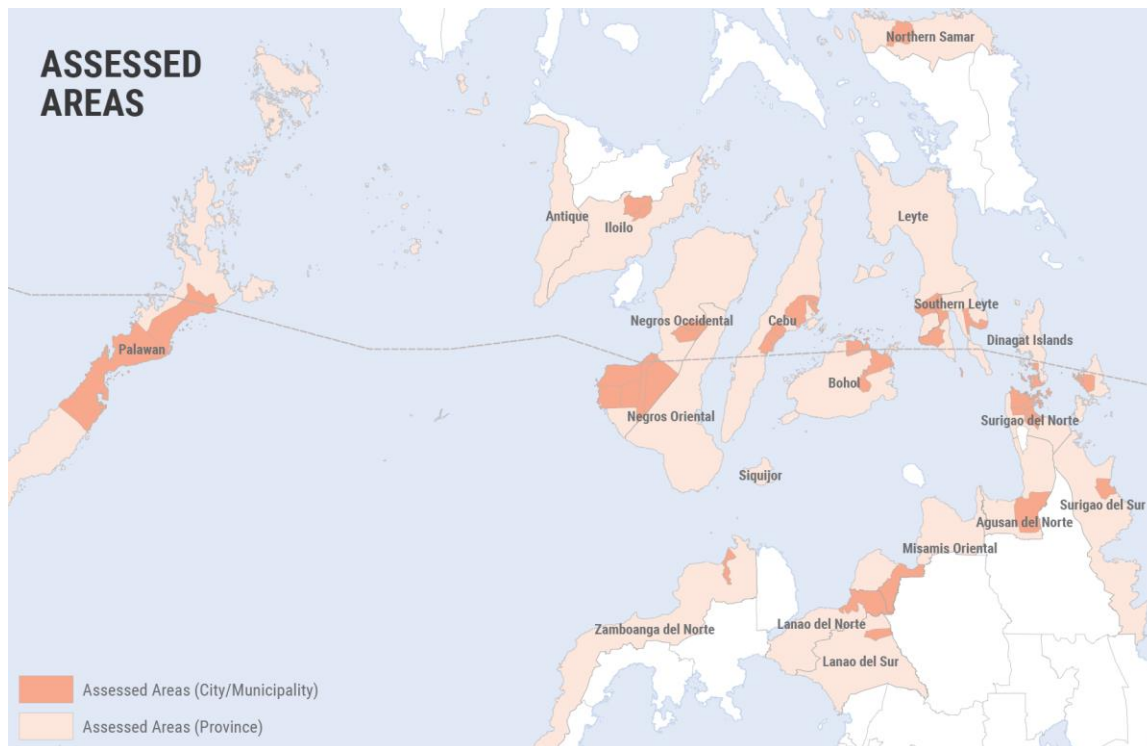
METHODOLOGY

When launching the [Humanitarian Needs and Priorities](#) document on 24 December 2021, the Humanitarian Country Team (HCT) committed to review the strategic direction of the response commensurate to the evolving needs on the ground within four to six weeks.

As access to affected areas became increasingly possible and response activities were scaled up, the Inter-Cluster Coordination Group (ICCG) and the Mindanao Humanitarian Team (MHT) continued using a hybrid approach in gaining an overview of priority needs and gaps across most affected areas. This overview builds on the [Consolidated Rapid Assessment Report](#) released on 20 December and intends to inform the HCT’s collective recalibration and adjustment of response planning.

ICCG and MHT, together with partners on the ground, used the multi-sectoral Rapid Damage Assessment and Needs Analysis (RDANA) and Debriefing forms for data collection. Where possible, this approach included a combination of key informant interviews, focus group discussions and direct observations by humanitarian partners on the ground, as well as the collection of secondary data through satellite imagery¹, available government reports and social media accounts. OCHA compiled and consolidated individual reports to identify priority humanitarian concerns and geographic areas.

Between 20 December 2021 and 23 January 2022, UN agencies, international and local NGOs and foundations shared over 70 rapid needs assessment reports with data from Regions IV-B, VI, VII, VIII, IX, X, BARMM, and Caraga.



¹ UNOSAT has published a [Comprehensive Damage Assessment Report](#) based on preliminary satellite-based images, 14 January 2022

IMPACT OVERVIEW

Eight years after Super Typhoon Haiyan, the most destructive storm to ever hit the Philippines, Super Typhoon Rai brought similar torrential rains, violent winds, mudslides, floods and storm surges to central parts of the Philippines, leaving a wide path of destruction and debris in its wake. While not as powerful as Haiyan in terms of wind strength, evidence shows that Rai damaged houses, infrastructure and livelihoods on a comparable scale or in even greater numbers. Most striking, Rai damaged 1.57 million homes, 500,000 more than Haiyan, across 11 of the Philippines 17 regions, with around 180,000-200,000 people still displaced – either still in evacuation centers or staying with friends, family or other temporary housing. People across affected areas were already coping with increasing poverty, unemployment and a roll-back on development gains following two years of the pandemic. Their resources are now depleted and local coping capacities are severely strained. One bright spot amid Rai’s destruction compared to Haiyan was the significantly lower number of casualties, which is thanks to pre-emptive measures undertaken by communities and Governments. Rai was nevertheless the second deadliest natural disaster of 2021.

The initial assessment reports underestimated the full extent of the damage. As of 20 January, the number of assessed damaged houses has increased to 1,570,240 houses, a massive increase on the initial estimates of around 60,000 houses damaged or destroyed in the original assessment report. Of these, 423,492 are completely destroyed with the most affected provinces are Cebu, Bohol (region VII) and Surigao del Norte (region XIII) accounting for 61% of destroyed homes. When the analysis is expanded to include pre-crisis vulnerability based on poverty, urban/ rural, typology² and weighted building damage severity³ the areas of greatest concern for shelter are Dinagat Island, Surigao del Norte (Caraga), Southern Leyte (region VIII) and Bohol (region VII).

In region VI, Negros Occidental had the highest level of damaged and destroyed houses, however the overall situation seems slightly less severe than in other regions, with also a high level of Government support. Further assessments and analysis in the province is recommended to better understand prioritization of needs.

In Palawan, government reports have shown 77,000 houses are damaged or destroyed which housed over 385,000 individuals with extensive damage to livelihoods. However, Palawan has one of the highest rates of Government support by municipality.

Overall, this suggests that those areas of regions VII, VIII and XIII remain the highest priority in terms of severity of damage.

However, the damage from the Typhoon goes well beyond the direct impact to housing and sanitation facilitates, to disruptions to livelihoods, infrastructure and massively increased protection risks in the most vulnerable communities. The Level II and III water systems in the six most affected regions affected by the Typhoon are not functioning due to sustained infrastructure damage or limited power. As a result, many households still use open springs, possibly contaminated hand pumps, for drinking and domestic use. Over

² Poverty/ Population density (and urbanity): OCHA 2015

³ Number of damaged houses relative to the total number of houses, where totally damaged houses are weighted more than partially damaged houses.

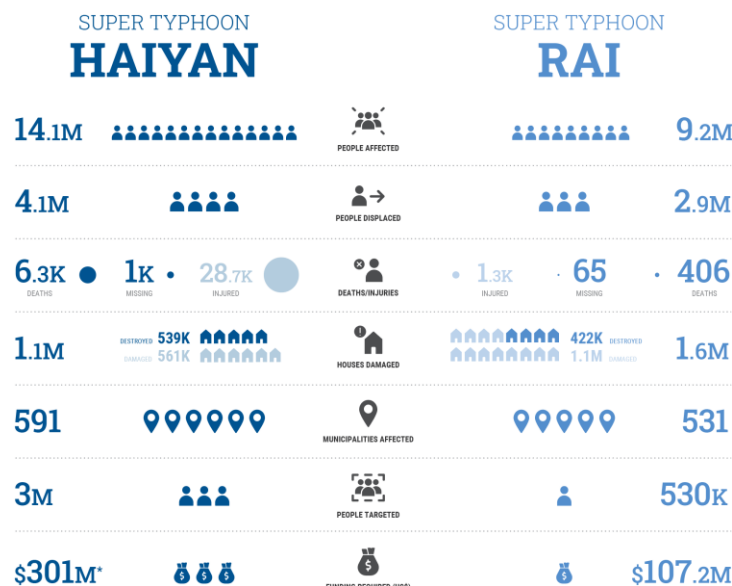
220 health facilities have been damaged, and access to others is disrupted, further complicated by the severity of the covid-19 outbreak over the past month.

In terms of impact to the agriculture sector, the damage and losses report from the Department of Agriculture (DA) as of 18 January 2022 showed that the total value of damages and losses is at over US\$261 million, with 533,709 farmers and fishing communities and 462,766 hectares of agricultural areas affected.

The impact of Typhoon Odette on the education of children already deeply affected by the COVID-19 pandemic is enormous. Affected learners in all affected regions are roughly 2 million, and affected personnel remain large: in Caraga alone 5,562 of 7,106 (DepEd, 21 January 2022). School rehabilitation and reconstruction will require PHP17.771 billion (US \$347 million), according to the Department of Education.

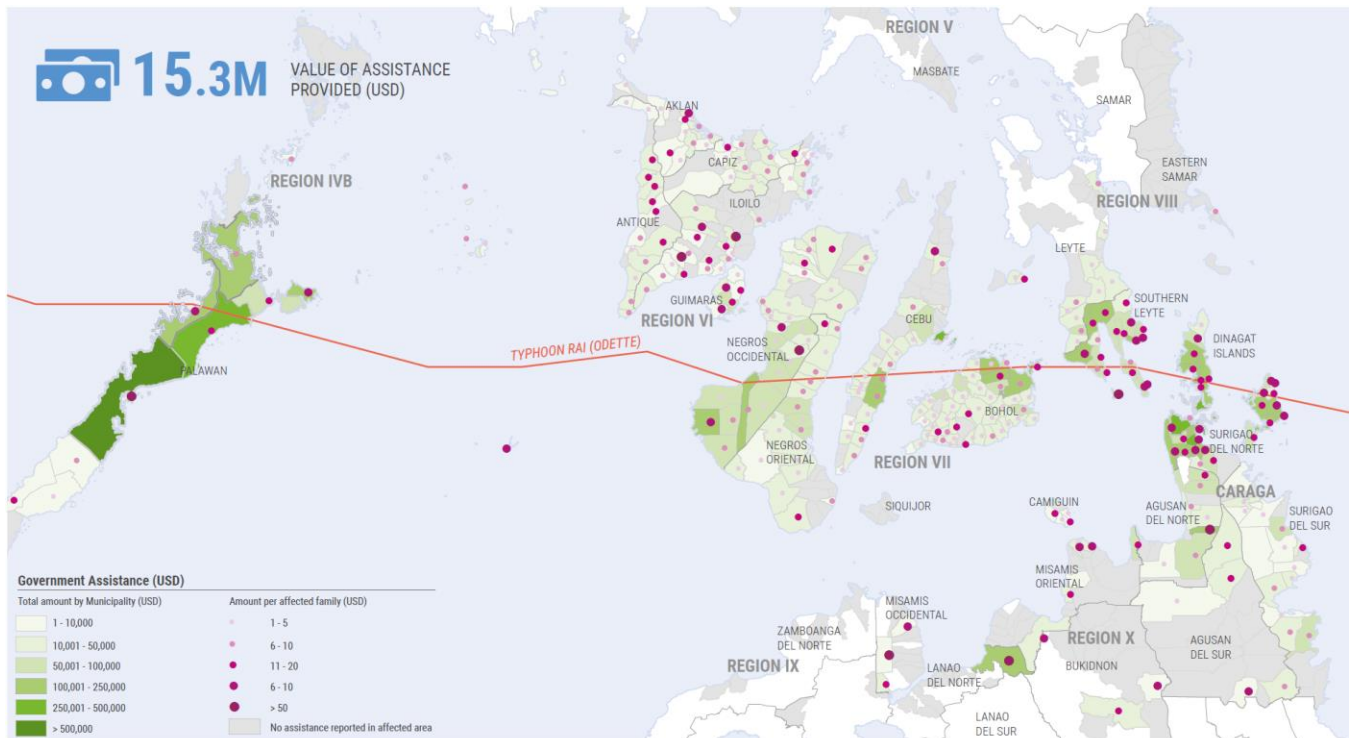
Partners issued a preliminary assessment on labor and employment indicating that almost 2.2 million workers are estimated to have been directly impacted by the Typhoon. The Typhoon directly affected around one-fifth of all workers in each of the three most impacted regions: Western Visayas (21 per cent), Eastern Visayas (19.3 per cent) and Central Visayas (18.8 per cent). The devastation risks exacerbating pre-existing labour market challenges for various vulnerable groups.

Across all affected regions, understanding and assessment of complex protection concerns related to disability, GBV, sexual and reproductive health and other vulnerabilities, especially among adolescents, girls and women, and other vulnerabilities remain under-assessed. Based on the report from the Philippine National Police Regional Women and Children Protection Desk CARAGA, there is a potential increase in GBV. From December 18 to January 7, there were 29 cases reported, but the PNP believes that this is underreported especially in areas where Barangay VAWC desks were affected. Moving forward, additional focus is required on a protection-focused, comprehensive package of support to identify and help the most vulnerable, and to complement Government efforts where resources are strained. The top response priorities are shelter, WASH, protection, including HLP issues, child protection and GBV, health and food security and livelihoods. In addition, the pace of planning for early recovery needs to increase to address long-term disruptions in many areas.



Value of government assistance by municipality (as of 21 January 2022)

Province	Affected Families	Affected Persons	Displaced Persons (cumulative)	Damage Houses	Destroyed Houses	Value of Assistance by Municipality (USD)	Value of Assistance by Affected Families (USD)
Palawan	104,523	356,656	269,974	62,849	14,927	3,220,114	354
Surigao del Norte	175,810	687,561	244,050	67,934	65,267	2,492,017	441
Bohol	373,415	1,235,055	245,113	183,269	80,978	1,717,273	247
Southern Leyte	96,420	345,919	129,041	45,570	28,027	1,644,610	386
Negros Occidental	271,578	1,150,532	678,993	124,528	60,994	1,327,443	323
Cebu	745,508	2,287,240	463,018	417,032	112,792	1,301,192	154
Dinagat Island	37,605	151,490	1,553	11,997	16,336	686,033	131
Negros Oriental	117,137	433,332	46,304	80,416	19,915	606,581	116
Agusan del Norte	51,432	213,801	162,473	9,327	2,858	413,432	133
Leyte	146,013	559,667	33,937	70,561	16,971	309,785	37
Surigao del Sur	87,493	339,131	259,293	7,577	314	251,818	54
Iloilo	73,548	276,878	149,777	27,909	607	229,461	279
Capiz	41,996	148,277	76,516	302	9	219,941	89
Antique	32,432	129,884	67,120	8,699	1,464	205,411	121
Lanao del Norte	3,689	19,542	19,226	42	15	187,333	76
Misamis Oriental	28,278	114,465	77,229	3,199	474	173,737	105
Aklan	17,901	67,892	46,331	1,593	21	99,665	115
Guimaras	8,179	34,877	4,636	1,450	117	87,582	92
Agusan del Sur	31,343	119,113	33,104	255	94	56,708	60
Bukidnon	6,946	24,846	13,970	60	68	42,039	54
Misamis Occidental	1,875	8,582	3,889	31	9	26,239	170
Camiguin	3,987	16,872	8,239	2,999	282	19,464	39
Eastern Samar	58,283	219,425	2,345	1,027	88	10,262	6
North Cotabato	2,106	8,884	3,096	0	0	5,991	3
Oriental Mindoro	268	1,317	1,287	0	2	684	10



SECTORAL IMPACTS

 <p>SHELTER</p> <p>1.6M DAMAGED HOUSES</p> <p>A majority of the houses in the storm's path were made of light materials that didn't stand much of a chance against the super typhoon winds, leaving them flattened. Even homes with concrete walls had their roofs blown straight off. People who remain displaced are trying to return home and rebuild but need funding, materials, and skilled labor, which are particularly scarce in the islands and geographically isolated areas.</p>	 <p>CCCM¹</p> <p>200k PEOPLE DISPLACED</p> <p>While many of the displaced people have returned home, 160,000 people remain in evacuation centres. The greatest needs are for tents, sleeping kits, lamps, telecomm services, and psychosocial support. The camps have insufficient space for proper social distancing and lack infection control measures. Women and children are especially vulnerable to gender-based violence and sexual exploitation in evacuation centres and camps.</p>	 <p>PROTECTION</p> <p>INCREASED RISKS OF: GBV, SEA FOR WOMEN AND CHILDREN</p> <p>The storm has isolated communities and lifeline services are yet to be restored. There are urgent needs to setup protection mechanisms and services such as GBV abuse reporting and child-friendly spaces. In areas without electricity and water, women and children's risk of abuse increases. Lack of lighting and access to nearby water sources means that women and children have to venture out long distances in the dark to get water.</p>	 <p>WASH²</p> <p>LEVELS I & II WATER SOURCES IN S. LEYTE POSITIVE FOR E.COLI</p> <p>With water systems still down in many municipalities, communities have used local streams for washing and have had to travel long distances to get potable water. The significant increase in damaged houses also includes destroyed WASH facilities such as toilets and handwashing facilities. Cases of diarrhoea are attributed to contaminated food and water. With the current COVID-19 outbreak, these areas are especially at-risk due to the lack of proper sanitation and hygiene.</p>
 <p>HEALTH</p> <p>220 DAMAGED HEALTH FACILITIES</p> <p>Hospitals are at limited capacity and many health facilities have been damaged, which include COVID and birthing facilities. There are over four million women and girls of reproductive age in the affected areas with 162,000 believed to be pregnant. Many women and girls have been left without access to reproductive health support. This will be further worsened by the current COVID-19 surge.</p>	 <p>NUTRITION</p> <p>53% OF FAMILIES IN CARAGA CAN'T AFFORD A NUTRITIOUS MEAL (PRE-DISASTER)</p> <p>The typhoon has further impacted the already grim malnutrition rates in the CARAGA and Eastern Visayas areas. In the CARAGA region, 53 per cent of families already couldn't afford a nutritious meal and in Eastern Visayas 42 per cent of children were stunted. With nutrition supplies and support staff currently in low supply, pregnant and breast-feeding women are also in a perilous situation.</p>	 <p>EDUCATION</p> <p>4.2K DESTROYED CLASSROOMS NATIONWIDE</p> <p>135,000 students in 835 schools are affected in the Caraga region alone. Nationwide, there are 2,000 damaged schools with 4,200 destroyed classrooms. Some 4,200 classrooms are still being used as evacuation centres. Combined with COVID-19 measures and the current lack of electricity and telecomms in many areas, the outlook on children's education remains grim for the coming months.</p>	 <p>E. TELECOM³</p> <p>76 MUNICIPALITIES WITH AFFECTED COMMS LINES</p> <p>While electricity and connectivity services are gradually being restored, many locations remain without power or voice and data. This greatly impacts risk communication and sector assessments leaving the affected people in the dark without access to vital information and the ability to be heard.</p>
 <p>FOOD & AGRICULTURE⁴</p> <p>462k HECTARES OF AGRICULTURE AFFECTED</p> <p>The damages to farmland has been catastrophic with over 440,000 hectares of farmland affected. Daily food needs of IDPs and those in geographically isolated and disadvantaged areas, including the specific food and nutritional needs of pregnant and breastfeeding women and children under age 5 continue to be unmet while assistance for farm recovery remains very limited.</p>	 <p>ERL⁵</p> <p>397k FARMERS AND FISHERS AFFECTED</p> <p>Nearly 400,000 farmers and fishers have had their livelihoods badly affected. The Super Typhoon upended lives and devastated farming and fishing communities which provide a major source of income and livelihoods. Fishing activities were hampered as boats, nets and other equipment were damaged.</p>	 <p>LOGISTICS</p> <p>36% OF SEAPORTS ARE NOT OPERATIONAL</p> <p>With many of the affected in small islands and geographically isolated areas, this disaster has presented many logistical challenges to get aid to those most in need. Frequent and heavy rains in the region are affecting resumption of both sea and land transport operations. With a national COVID outbreak looming, humanitarian access has also been difficult.</p>	

¹Camp Coordination/Management, ²Water, Sanitation, and Hygiene, ³Emergency Telecommunications, ⁴Food Security & Agriculture, ⁵Early Recovery & Livelihoods, ⁶Gender-based Violence/Sexual Exploitation & Abuse



Access

Affected areas are considered safe for the delivery of humanitarian assistance. Some areas in Caraga and Region VIII, however, require attention to conflict dynamics with isolated incidents between the Armed Forces of the Philippines (AFP) and the New People’s Army (NPA). While continued vigilance and analysis of the evolving security situation are warranted, no incident affected humanitarian operations during the first month of the response. Access by and to beneficiaries, however, is restricted by delayed power/network repair and road clearance. By 23 January, DSWD reported that power was restored in 82 per cent of cities and municipalities. It is worth noting that partners on the ground confirmed that restoration of power in parts of Caraga, Region VI, VII and VIII is limited to main roads and key infrastructure only, which continues to impact on livelihoods and intermittent access to clean water. This remains of particular concern in 20 of 27 cities where water supply remains cut off. Over the past 5 weeks, authorities and partners were able to restore 73 per cent of communication lines. Over 65 cities and municipalities, however, remain without access to telecom network. As authorities and partners scale up operations across affected areas, most areas can now be reached through the normal road network. Some of the worst affected areas in Southern Leyte, Dinagat Island and Surigao del Norte, however, continue to experience difficulties with road access. Some roads remain cut off due to landslides and storm surge or delayed debris removal. Sea access to some of the most affected island provinces and barangays continues to experience delays due to prevailing weather disturbances.



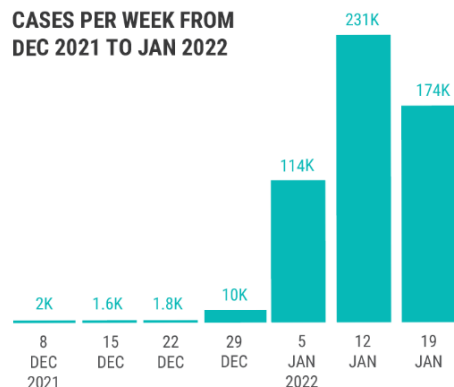
COVID-19

Since the start of 2022, the Philippines has seen a major surge of Covid-19, driven primarily by the Omicron variant – with weekly case numbers going from a one-year low of 833 in a weekly average for the week of 13 December, to an all-time high of 273,600 cases in the week of 19 January.⁴ The Philippines has about approximately 52% people vaccinated, so many people remain at high risk of hospitalization and increased morbidity. Lagging hospitalization and deaths from Covid-19 infections mean that the worst impact of the current surge on the health system is still ahead. The spread of Covid-19 has had a double impact on the response – first on those still in shelters, with damaged housing, or in areas where health care facilities are damaged are more at risk of the impact of Covid-19. Second, with large numbers of first responders and humanitarian actors also falling sick, there have been disruptions to the continuity of operations, further slowing the response. Increase in travel restrictions and other measures to slow the spread will also have knock-on effects on the ability of the humanitarian community to reach those most in need.



273.6K
ACTIVE CASES

CASES PER WEEK FROM DEC 2021 TO JAN 2022



⁴ <https://doh.gov.ph/covid19tracker>

CROSS-CUTTING ISSUES



Accountability to Affected People

The preliminary findings of assessments and consultation with communities conducted by several organizations suggest that there are critical gaps to provide information on humanitarian assistance locally available to affected people, particularly in hard-to-reach areas. These have been further deteriorated by the lack of two-way communication systems among the responders to regularly monitor and respond to community feedback and complaints in the response, due to the disruption of information and communication infrastructures, COVID-19 restrictions and other access challenges.⁵ Humanitarian actors, clusters/sectors, government need to urgently address these key challenges to ensure communities trust in the delivery of humanitarian services across the country. A response-wide accountability mechanism is currently under development by the Community of Practice on Community Engagement, with the membership of national and international organizations in coordination with the government bodies, through ensuring the collection, analysis and response to community feedback and complaints in a timely manner. Additionally, there is a need to collectively strengthen a rumour-tracking mechanism to allow affected people access accurate information about the response and voluntarily inquire to humanitarian and government responders at any given time to ensure that the response is relevant and appropriate to them.



Cash and voucher assistance

One month after, the banking system is recovering in some areas such as Siargao, others like Dinagat providing cash assistance are still facing access and logistical constraints. Reports of ATMs and markets not being functional are driving price hikes for transportation and basic products. Though many markets were damaged, traders are already starting their businesses. There is however a noticeable increase in the prices of some commodities as well as construction materials and fuel. In Siargao, markets are operating in limited capacity and re-stocking is affected due to bad weather. In Surigao Del Norte, markets are functional, but some areas banks and FSPs are not fully operational. In Palawan, markets are starting to recover, but there are still issues in access, power, and telecommunications. Cash and Voucher Assistance is feasible but will need to further study the market connectivity and access of the most vulnerable individuals.

In some cases, the government shelter cash assistance is delayed and affected people need to borrow money to purchase basic shelter commodities and end up in debt as a result. However, the government (both LGUs and DSWD) have already started with financial assistance under the DBM-LGU funding and the DSWD, and some LGUs have completed distributions.

⁵[Typhoon Rai \(Odette\) Community Engagement Mapping](#)

Some gaps identified included:

- Technical assistance to those receiving unconditional multipurpose cash and advisory services to the Cash Working Group to ensure consideration of sectoral needs in multipurpose cash assistance.
- Ensure that the unique needs of at-risk groups should be fairly represented in assessments in order to tailor livelihood/cash-based interventions, including targeting women and at-risk groups from falling prey to prostitution and human trafficking and other protection risks.
- Ensure the equitable distribution of the cash assistance, avoiding crowding of assistance to same municipalities.



Environment

One month into the response, it remains critical to recognise the link more specifically between environment and life-saving activities and protection services to inform environmental considerations in humanitarian response and recovery. Environmental damage on coastal ecosystems and upland areas needs to be assessed across critical areas, including Dinagat Islands, Siargao and Palawan. Regional authorities in Caraga have conducted rapid environmental assessments under the leadership of the Directorate of Natural Resources. In Caraga and elsewhere, the Post-Disaster Needs Assessment (PDNA) aims, among others, at informing an environmental impact analysis. Priorities include debris clearance and disaster waste management covering temporary storage/ recycling and disposal. It is estimated that up to 90% of all debris can be recovered and reused or repurposed. Given the immense need to repair shelter and sanitation facilities, there is an increased opportunity to use sustainable construction material and to reflect on environmental risks in reconstruction planning. Aggregates and fallen logs are clogging waterways, posing risks of damage to infrastructure (bridges and roads) when rains occur. In turn, extraction of sand and gravel from riverbeds and seashores needs to be controlled. Although the typhoon-impacted area is not typically subject to wildfires, vegetative debris and deforestation, together with activities like charcoal production or land clearing, may lead to wildfires. The restoration of damaged mangroves is critical to provide nature-based storm surge protection, to enrich biodiversity and reflect on local livelihood, as well as to serve as carbon storage of carbon. One concern in the rehabilitation of the fisheries sector is to not produce an overcapacity of fishing effort and contribute to overfishing. Going forward, it is critical to ensure a dedicated and time-sustained environmental expertise to authorities and the HCT, in particular on the evaluation of environmental consequences of cash intervention in Caraga and elsewhere.

People with disabilities

While disability is a recognized factor of vulnerability, one month into the response there is a lack of disaggregated data and participation of men, women, boys and girls with disabilities in the needs assessment and design of humanitarian activities carried out. This is putting persons with disabilities at risk of being excluded and invisible during response activities. Based on the figures from the national census⁶ and the disability report from WHO⁷, we can estimate that there is between 125,000 and up to 400,000 persons with disabilities affected in the 11 regions affected by Typhoon Odette. Although they have the same basic needs as everyone else, meeting specific needs such as medicines, rehabilitation services, access to sanitation and water, assistive and mobility devices is critical to preventing their medical condition from worsening and allowing them to equally access basic needs. Also, women and girls with disabilities experience double discrimination, which places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. Actions on disability inclusion should be strengthened by humanitarian actors to ensure no one is left behind⁸. Importantly, the Shelter clusters is consulting persons with disabilities and older people to assess the accessibility of shelters and to ensure that any shelter assistance provided is tailored to their specific needs.

Localization

Out of the 69 organizations that have activities in the 3W9, 32 (46%) are National NGOs or CSOs accounting for 10% of the total listed activities. In addition, 41% of all implementing partners (whether of UN, INGO or NNGO) are local organizations, so the majority of direct implementation of activities is likely done by local organizations. In addition, many National NGOs, CSOs, local mutual aid groups, religious organizations and other front-line groups are not registering their activities and are providing a large share of actual services on the ground in many areas, particularly those outside the initial HNP. Additional support to local organizations, and better integration of local actors into coordinating and decision-making mechanisms is still required to further localize the response and improve effectiveness.

⁶ <https://doh.gov.ph/persons-with-disabilities>

⁷ <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

⁸ <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

⁹ <https://data.humdata.org/dataset/typhoon-rai-odette-3w>



Protection from sexual exploitation and abuse

As vulnerabilities increase and humanitarian action intensifies, so does the risk of sexual exploitation and abuse. Therefore, Protection against Sexual Exploitation and Abuse (PSEA) needs to be at the forefront of the humanitarian response to this emergency and every effort has to be made to mainstream PSEA throughout the response. It is important that partners take a coordinated victim-centered and rights-based approach, adhering to the principle of Do No Harm throughout the response. Across all affected areas, there is a need to scale up safe and accessible reporting of SEA complaints. This includes hotlines for structured reporting mechanisms, awareness raising of PSEA within communities and responders. There is also a need to ensure quality assistance for PSEA survivors. This requires the activation of case management SOPs for safe, accessible, confidential, victim-centered reporting channels and the collaboration of the PSEA Task Force with communities, authorities and relevant stakeholders within the HCT, including the GBV sub-cluster, Community of Practice on Community Engagement and the Gender in Humanitarian Action Community of Practice. The National Child Protection Working Group (NCPWG) and Regional Child Protection Working Group (RCPWG) equally provides support for PSEA such as the integration of PSEA messaging in RCCE materials as well as awareness raising activities of partners.



Gender

As the response evolves, more can be done to integrate cross-cutting issues relating to gender in all cluster activities. There are gaps in getting sex, age and disability disaggregated data (SADDD) – this should be included in all monitoring & reporting. Targeted activities to support women & marginalised groups with livelihood recovery are required due to the protection & trafficking risks that they face. Women are facing a double burden of their daily household tasks and getting relief foods such as food items and water supplies.

In addition, privacy in evacuation centres is lacking in many cases and this leads to protection concerns. Shelter interventions should ensure ensure GBV risks mitigation are in place i.e. partition, separate latrines and bathing cubicles with safety locks and safety measures are in place, in particular at sanitation and bathing facilities. Clusters should collaborate with local women and youth responders who are active in the response, for example in Southern Leyte where they are playing a role in repackaging and distribution of relief goods.

The devastation of Typhoon Odette risks exacerbating pre-existing labour market challenges for various vulnerable groups. For example, of the total affected workers, nearly 839,000 (38 percent) are women. Before the destruction of Typhoon Odette, around three in five of these impacted women workers were employed in agriculture, wholesale and retail trade or domestic work – sectors where jobs typically are lower paid and less productive.

NEEDS ANALYSIS BY SECTOR



Camp Coordination and Camp Management

According to the [DSWD DROMIC Report](#) as of 21 December 2021 6:00 PM, a total of 179,620 families or 684,121 persons are displaced in Regions VI, VII, VIII, X, MIMAROPA, and Caraga. From these figures, there are 190,947 displaced persons from Caraga, 8,859 from Leyte, and 12,179 displaced persons from Southern Leyte.

After the conduct of the rapid damage assessment in the affected provinces, the identified general needs of the displaced population are food, water, non-food items particularly family kits, hygiene kits and dignity kits. Water Sanitation and Hygiene (WASH) and hygiene promotion is also crucial to avoid outbreak of communicable diseases. Mental Health and Psychosocial Support Services (MHPSS) must be provided to address the psychosocial concerns of the survivors, raise awareness around mental health, and promote de-stigmatization. Several people also suffered injuries after being hit by debris thus the need for first aid kits and medicine. With the electricity and communication lines unserviceable, the communities also need solar lamps, generators with fuel, and telecommunications services.

Specific to those in the Evacuation Centers (EC), the IDPs urgently need the following: family kits, sleeping kits, modular tents, and EC construction repair and maintenance. There is a necessity for sufficient space for physical distancing in evacuation centers in compliance with the COVID-19 Guidelines and camp design and layout that is safe for women, children, and persons with disabilities.

A month after the landfall of Typhoon Odette, IOM through the DTM team, visited and assessed the major Evacuation Centers of Leyte, Southern Leyte, Surigao del Norte, Bohol and Cebu. 328 of 998 evacuation sites were verified of which only 73 remain active, showing the shift of people to living with friends, family, community services and in damaged houses requiring a different approach to targeting. Most families who remained in the ECs are either renters, sharers or from the declared unsafe areas by the local government while those who opted to return resolved with rebuilding makeshift shelters rather than staying in an overpopulated EC. The remaining needs of the IDPs are shelter materials, relocation to safe areas, support to families wanting to avail “balik probinsya” program, and recovery of livelihoods affected by the typhoon.

Key immediate needs include:

- Damaged houses are the main reason for IDPs’ delayed return home. A significant number of IDPs have already returned and are using salvaged materials to repair their homes.

- IDPs in ECs urgently need sleeping kits, modular tents, construction repair and maintenance of ECs, solar lamps, generators, telecommunication services, and mental health and psychosocial support (MHPSS).
- Sufficient space is needed for physical distancing in the remaining ECs, in compliance with COVID-19 guidelines, as well as a camp design and layout that is safe for women, children, and people living with disabilities.
- Below table summarizes priority needs of the IDPs captured in the return intentions of the families in the ECs.

Areas covered by the DTM team	Needs (1st Priority)	Type	Needs (2nd Priority)	Type	Needs (3rd Priority)	Type
Region VII						
Bohol	Return to their place of origin and repair their damaged houses; Shelter repair kits	Shelter	Relocate to a safer lot and build a new house; Housing Project	Shelter/Land	Cash to purchase materials and other basic needs such as water, food, and petroleum (no electricity)	CBI; unconditional
Cebu	Relocate to a safer area and build a new house	Shelter; Land	Return to their provinces or transfer to their relatives. Cebu is a highly urbanized island and most individuals that were affected by the typhoon are renters and were only staying in Cebu because of their job.	Return/Reintegration	Livelihood opportunities	Livelihood
Region VIII						
Leyte and Southern Leyte	100% needs of Shelter materials with cash assistance due to increasing demands of coco lumber and CGI roofing plus transportation availability	Shelter and CBI, unconditional	Relocation needs to "no return/build zone areas"	Shelter/Land	Livelihood (such as boat)	Livelihood
CARAGA Region						
Surigao City, Sison, Mainit, Tubod, Placer, Tagana-an	Return to place of origin and repair damaged houses. Need for cash assistance to buy repair materials and bring to the island barangays	Shelter	Hygiene Kits and Medicine	Health	Modular Tents as temporary privacy partitions while in the ECs	CCCM; Shelter



Emergency Shelter

As of 20th January, the number of damaged houses has increased to 1,570,240 houses, a massive increase on the initial estimates of around 60,000 houses damaged or destroyed in the original assessment report, of which, 423,492 are totally damaged and 1,146,748 are partially damaged in Regions VI, VII, VIII, IX, X, MIMAROPA and Caraga¹⁰. Most affected regions are, in order from highest to lowest, region VII, VI, CARAGA and VIII.¹¹

Most affected and priority provinces following an ongoing Shelter Cluster gap analysis crossing DROMIC DATA 18th January, partners report on Shelter Cluster 4W, Pre-crisis vulnerability based on poverty, urban/rural, typology, and distance to the typhoon track.¹² and weighted building damage severity¹³ are: Dinagat Island, Surigao del Norte, Southern Leyte and Bohol. These are the provinces where most SC partners are working. Negros Occidental, Surigao del Sur and Zamboanga del Norte had high vulnerability but lower damage and no partners operating, so far.

There are 16,542 families or 59,196 persons temporarily staying with their relatives and/or friends in Regions VI, VII, VIII and Caraga and There are 29,134 families or 110,469 persons currently taking temporary shelter in 903 evacuation centers in Regions VI, VII, VIII, X, MIMAROPA, and Caraga.

Key immediate needs include:

Short term Emergency Shelter Assistance (ESA): Ongoing / 51.424 HH reached as of 20th January.

- Essential household goods to sleep, cook and begin self-recovery.
- Distribution of Emergency Shelter Kits or Shelter Repair Kits and HHI (for displaced and non-displaced).
- Wide scale dissemination of accessible Information, Education and Communication (IEC) materials on Building Back Safer (BBS), inclusive shelter design, Housing Land and Property (HLP) and disaster preparedness targeting the wider community as well as those directly assisted.
- Rubble clearance.
- Technical assistance to those receiving unconditional multipurpose cash and advisory services to the Cash Working Group to ensure consideration of shelter needs in multipurpose cash assistance.

¹⁰ [DSWD DROMIC Report #59 on Typhoon ODETTE as of 20 January 2022, 6PM](#)

¹¹ [DSWD DROMIC Report #59 on Typhoon ODETTE as of 20 January 2022, 6PM](#)

REGION	TOTAL	TOTALLY DAMAGED	PARTIALLY DAMAGED
REGION VI Western Visayas	241,457	63,641	177,816
REGION VII Central Visayas	899,037	213,957	685,080
REGION VIII Eastern Visayas	162,244	45,086	117,158
REGION IX Zamboanga	239	136	103
REGION X Northern Mindanao	7,438	874	6,564
MIMAROPA	77,778	14,929	62,849
CARAGA	182,047	84,869	97,178

¹² Poverty/ Population density (and urbanity): OCHA 2015

¹³ Number of damaged houses relative to the total number of houses, where totally damaged houses are weighted more than partially damaged houses.

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

Medium-term Shelter Recovery Assistance (SRA):

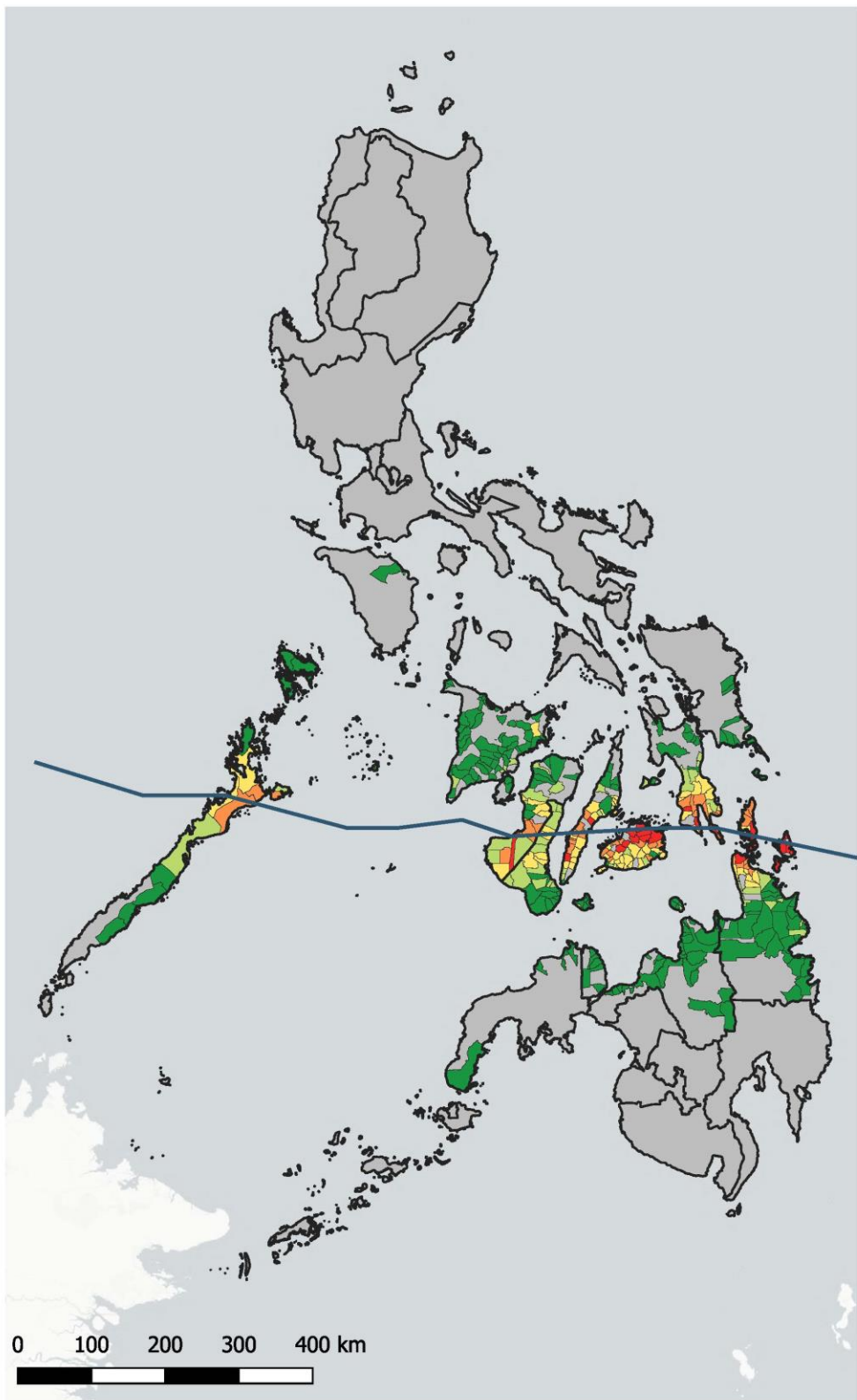
- Shelter Market Assessment and Environmental Impact considerations.
- Conditional cash and voucher assistance (labour, tools, materials, and fixings).
- Provision of appropriate construction materials (corrugated galvanized iron sheets, structural quality timber, cement, etc).
- Technical assistance to those rebuilding their heavily damaged and destroyed houses.
- Training of local carpenters, masons, and households on build back safer techniques for safer construction and repair, universal design and basic Do-It-Yourself (DIY) skills training for households on minor repairs and maintenance.
- Mobilization of community focal points for cascading and monitoring build back safer, inclusive disaster preparedness and disaster risk reduction.
- Transitional shelter and Housing Land and Property (HLP) assistance to displaced families unable to return and targeted by the government for relocation.
- Advocacy on behalf of the shelter and settlements sector to ensure adequate recovery and reconstruction assistance, in coordination and support of Government and Local Government Units (LGUs).



Shelter Cluster Philippines
 ShelterCluster.org
 Coordinating Humanitarian Shelter

Damage severity - Overview map

Typhoon Rai/Odette - 21 January 2022



The data displayed on this map is the result of a damage severity analysis. The number of damaged buildings is compared to the total number of buildings per municipality, where totally damaged houses get a higher severity score than partially damaged houses, whereas intact houses get no severity score. The result is a score of 1 - 5, where 1 indicates no damage severity, and 5 very high damage severity.

The results of these maps should be considered as indicative, and further validation of the data in the field should be done. Areas might not be displayed on the map due to gaps in the available data, but might still face substantial damage.

Source: Building damage (DSWD DROMIC, 18 Jan 2022); Shelter partner presence (Shelter Cluster Philippines, 20 Jan 2022).

Disclaimer: This map does not imply the expression of any opinion of the Global Shelter Cluster or the Shelter Cluster Philippines concerning the legal status of territory or its authorities.

For questions or feedback on this map, please reach out to im1.phil@sheltercluster.org

- Typhoon Rai/Odette track
- Weighted damage severity
- 1
- 2
- 3
- 4
- 5
- No data



Food Security and Agriculture

The humanitarian needs in regions affected by Typhoon Odette remain high. In the CARAGA region, the Provincial Government of Dinagat Islands listed food, water, medicine, clothing, and shelter as the top needs of about 111,600 individuals. In most coastal areas in Surigao City, the primary need of people in evacuation centers are shelter materials; medical assistance to address emerging malnutrition in children, and cash.

In other regions outside CARAGA, the humanitarian situation is still dire and requires immediate attention. This information is based on the assessments conducted by FAO in the last week of December 2021 and by WFP in the first week of January 2022. FAO deployed assessment teams in regions 8 and 13 upon the request of the Department of Agriculture while WFP, in coordination with regional DSWD offices and local government units, assessed Regions VIII (Leyte, Southern Leyte), VII (Bohol, Cebu), VI (Negros Occidental), and IV-B (Palawan).

Food, shelter, access to WASH, and livelihood support (particularly for farming and fishing sectors) are highly needed in the affected areas. A total of about 1.4 million families were affected in the six provinces that WFP visited while 39,196 coconut farms (61% of coconut areas in Caraga) have little to no chance of recovery in areas assessed by FAO.

In terms of impact to the agriculture sector, the damage and losses report from the Department of Agriculture (DA) as of 18 January 2022 showed that the total value of damages and losses is at over US\$261 million, with 533,709 farmers and fishing communities and 462,766 hectares of agricultural areas affected. Production loss is at 273,062 metric tons. For crops, DA reported considerable damage was found particularly in coconut production in regions VII, VIII and Caraga. A total of 264,008 hectares with more than 26 million trees, with loss of \$31.5 million, and 242,881 farmers were affected. About 50 percent of coconut trees were totally damaged with no chance of recovery, which would take at least 6 to 8 years before reaching maturity and productive stage. For fisheries, a total of 2,126 fishers were affected with the loss of their produce of \$3.5 million from seaweeds, milkfish, tilapia, and shrimp production (cages and ponds) in the three regions.

As such, coconut farmers will need additional support for alternative livelihoods while waiting for coconut harvesting. For aquaculture and fisheries, fishers were unable to continue fishing after the typhoon as they lost their fishing equipment and gear. There is a need to support on the provision of livelihood kits to affected fishers and ensuring sustainability of the livelihoods. In terms of food security, most respondents coped by reducing the number of meals per day or borrowing food from neighbors and relatives to compensate for the lack of food supply and income.

People including farmers and fishers need food assistance in re-establishing their livelihoods to avoid reliance on food aid, to prevent food insecurity and malnutrition. Similarly, it is vital to offer proper and timely recovery and rehabilitation assistance to enhance production and link the farmers and fishers to markets and agribusiness value chains, including conduct of capacity building activities covering intercropping and climate resilient coconut-based farming systems, early warning systems for agriculture and fishery-based livelihoods, nutrition improvement and value-adding enterprises. While the Government (national and local), private sector, and non-government organizations are already providing food, and in-kind assistance to the affected population, these activities require augmentation since the assistance may only last for a limited period. The Department of Budget and Management has issued a Local Budget Circular No.141, Series of 2021 which allocated funds directly to LGUs to provide financial assistance to individuals and families (Php1,000/person or Php5,000/family) affected by Typhoon Odette. The Department of Social Welfare and

Development is also augmenting the financial assistance gaps through their Assistance to Individuals in Crisis Situation (AICS). There is limitation in the ongoing support from the government agencies since many of them need to replenish their budgets. In addition, the COVID-19 pandemic has overstretched resources and has added to challenges to initiating implementation.

Facilities, establishments, and potential partners for multi-purpose cash intervention are gradually becoming operational in most of the affected areas. Electricity and access to telecommunications is still a challenge in many parts of the affected regions. Though many markets were damaged, traders are already starting their businesses. There is however a noticeable increase in the prices of some commodities as well as construction materials and fuel.

Key immediate needs include:

- Access to food remains the top priority needs in many areas, work with the government counterpart on establishing a possible triage system to determine how at-risk groups (female-headed households; elderly households, child-headed households) can be prioritized or grouped for greater safety.
- Shelter, access to WASH, and medical assistance to address emerging malnutrition in children are also priority concerns in the affected areas.
- Debris clearing and converting damaged coconut trees into lumber as temporary shelter support is a proposed livelihood opportunity for the affected coconut farmers. Facilitate deployment of mobile heavy duty biomass shredders for remnants of coconut falcata trees for conversion into organic fertilizer and soil conditioner.
- Establishment of community-based coconut seedling nurseries.
- Provide appropriate and timely agricultural and fisheries assistance, including planting materials (sweet potato, cassava, banana cardava, assorted vegetable seeds for immediate planting by the coconut farmers), fertilizers, livestock/poultry.
- For fisheries, Provision of motorized (with engine) and non-motorized bancas, repair kits for partially damaged boats, replacement of lost assets/paraphernalia – gill net, battery-operated lamp, ice chest, hook and line, crab nets, lobster cages, and inputs for affected fishing communities including fingerlings, feeds, and fishing gears.
- In areas where the supply of foods and non-food items is a challenge, organize local agri-food supply through mobile markets, which could augment DA's Kadiwa markets.
- Conduct of capacity building activities covering intercropping and climate resilient coconut-based farming systems, early warning systems for agriculture and fishery-based livelihoods, nutrition improvement and value-adding enterprises.
- As of 19 January , the FSAC member organizations have reached about 176,819 affected families in the HNP areas.
- Based on latest assessment of areas outside CARAGA, 24,000 – 30,000 families are most vulnerable and in need of immediate assistance in in Southern Leyte and Bohol.



Protection, including Child Protection and Gender-Based Violence

GENERAL PROTECTION

Caraga Region

The estimated total affected population in Caraga Region due to Super Typhoon Rai (locally known as Odette) has increased as of January 15, 2022 from the previously reported 163,000 families. DSWD reported a total of 383,783 families or 1,511,096 individuals affected in 1,082 barangays in 67 municipalities and 6 Cities in Caraga Region. The increase is attributed to the slight improvement in the communication network in severely affected provinces in the region which enables the transmittal of reports from the field. As to the movement of the IDPs and other affected population, most of them have gone home already and rebuild their houses using salvaged material and debris. While many are still staying in the evacuation centers such as schools, most of these IDPs are those families whose houses were totally damaged and no other option but to stay in the evacuation center.

Humanitarian support continues to be high, particularly in coastal and island communities which continue to face challenges on access to lifelines. Additionally, challenging logistics arrangement continues to hamper the speedy delivery of services in the island communities resulting in some IDPs receiving minimal support.

In Southern Leyte, there is limited information from the local government units on the protection situation. Protection cluster has not been activated at the provincial level by the Government.

Key immediate needs include:

GENERAL PROTECTION

- Cross cutting protection issues - urgent needs are food, WASH, shelter, health and protection services, including MHPSS support.
- Provision of shelter repair kits and installation of alternative temporary shelters/privacy partitions in evacuation centers is an immediate need to ensure privacy, safety, and dignity in the evacuation centers and enable safe return to help decongest camps
- Expand the reach of protection monitoring and rapid protection assessment to assess the physical safety and security of the displaced population.
- Tension among the displaced people, affected populations and local government has been observed in some municipalities in Siargao Island due to unequal distribution of support. Support institutions should ensure assistance is based on needs without discrimination, and every effort met to ensure provisions and donations meet the total number of families in need.
- Housing Land and Property (HLP)-related issues have emerged. This includes proper consultation involving IDPs is needed. There is lack of information on the relocation and government plans. In Southern Leyte, issues on whether families that live within the 40m no-build zones will be allowed to go back or not.
- Strengthen the collection of general protection information from the affected local government units.

- In some areas, including Southern Leyte, there is a lack of messaging system for health concerns and GBV issues (when, where, and who to report to)
- Psychological First Aid for children in the evacuation centers is a gap.

NATIONAL CHILD PROTECTION WORKING GROUP AND REGIONAL CHILD PROTECTION WORKING GROUP

Child Protection field assessments reflects children living in the Evacuation Centers (ECs) and children with the disabilities are particularly vulnerable. Protection field assessments underscore the urgent need for mental health and psychosocial support for Caraga, Southern Leyte, but also other affected areas. Children and their families experience psychosocial distress, compounded by the parents/caregivers struggle to meet basic needs. The field assessments also highlight the increased risk of children and adolescents for all forms of abuse and exploitation including vulnerabilities to physical injury. Several factors increase the risks and vulnerabilities of children in ECs and those who are staying in partially damaged houses: (1) Children are often left without adult supervision, increasing the risks to abuse and exploitation as children are found begging on the streets, playing everywhere, while their caregivers are busy repairing their houses and looking for livelihood; (2) overcrowding and lack of electricity in ECs and in their residents; and (3) limited WASH areas and women and child-friendly spaces increases risks to sexual abuse. (4) access to basic services such as health, nutrition, and education. Specifically, children in affected tourist destinations have increased risks in trafficking and sexual exploitation and abuse. Clearing of typhoon debris from damaged houses and facilities, fallen trees, posing risk for danger and injuries especially among children.

There are anecdotal reports that children have been entering private premises and allegedly taking possessions of items therein. However, there have been no official reports. This underscores the need for coordination with the Philippine National Police and Local Social Welfare and Development Officers to implement and be cognizant of the procedures under the Juvenile Justice Welfare Act, particularly that detention should be a matter of last resort and that it is imperative to apply the restorative justice mechanisms provided for by law.

The assessments also note that local child protection systems and partners are overstretched due to the response to the typhoon which restricts the provision of case management and monitoring of children in need of support. Reporting mechanisms also have limited functionality.

Key immediate needs include:

National Child Protection Working Group and Regional Child Protection Working Group

- Strengthen the coordination among the local government and child protection partners at the affected areas
- Child friendly spaces must be set up while observing strict compliance with COVID-19 Infection Prevention and Control protocols
- Social workers and camp managers trained in Child Protection in Emergencies, GBViE and PSEA.
- Provision of community-based mental health and psychosocial support (MHPSS) for children, adolescents, and their families and referrals for case management and specialized services
- Continuous monitoring and reporting of unaccompanied and separated children including child protection concerns.

- Service mapping of available child protection and GBV core services including reporting and referral pathway for CP and GBV needs to be prioritized affected communities to ensure access to life-saving information and prevents potential child protection and GBV risks (including SEA).
- Partner with other sectors, including Education, GBV, and others, to provide a more holistic response that better meets the interconnected needs of children.

Gender-based Violence

More than a month after Typhoon Odette, there is not adequate access to life-saving health services for GBV survivors and at-risk women and girls, including gaps in psychosocial support interventions to women, girls and other at-risk groups (i.e. elderly, People with Disabilities). More work is required to monitor and ensure GBV risks mitigation measures are routinely implemented across all sectors of humanitarian response, including in displacement sites. Static, fixed location GBV protection and response services for women and children in severely affected communities are limited or not in place in some locations. Key reasons why the services do not exist or are limited are because the services were not in place prior to ST Rai; the shortage of human resources/service providers; safety/infrastructure issues. Where remote service provision entry points exist, such as hotlines services the prolonged power and communication outages limit the ability of GBV survivors to report and access immediate life-saving services. While reporting of GBV cases in an emergency is not an accurate indicator of need or incidence,¹⁴ service providers report that survivors are continually seeking to access services, including at PNP - WCPCs.

Some population groups are at higher risk of experiencing GBV. Displaced women who are widowed, separated, disabled or illiterate are particularly vulnerable and are often without support systems or networks. Many displaced women are left with few real options which puts them at heightened risk for GBV and human trafficking. IDPs and affected family members, many of which are adolescents, have been seen begging on the streets, including on the national highway. This exposes them to the risk of road accidents, GBV and other forms of human trafficking. Previous humanitarian experiences proved that traffickers often use post-disaster situations like this to recruit and exploit vulnerable individuals¹⁵. The risks faced by adolescent girls in this emergency are of particular concern. Adolescents and youth are mostly on the streets as their houses are damaged. At night, there are young people who loiter in establishments which offer free phone battery charging services. This poses risks to adolescent girls and boys, many of whom expressed the need for money to buy food, shelter, clothing and mobile load. The inability of adolescents and young IDPs to access basic needs put them at a greater risk as previous crises show that they are likely to resort to “survival sex” or are being forced to marry to meet basic survival needs when households are forced to poverty due to loss of shelter and source of livelihood.

The factors exposing people to increased GBV risks are shifting as patterns of displacement and response evolve. The majority of the affected population, particularly in the CARAGA region have gradually returned to their homes in the coastal areas and in the remote islands to build make-shift houses in the absence of sturdy housing materials. While this may reduce some types of GBV risks associated with emergency group shelter and separation of family structures and social networks, other GBV risk factors are expected to

¹⁴ Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on recommendations outlined in the IASC GBV Guidelines, regardless of the presence or absence of concrete ‘evidence.’ [IASC GBV Guidelines 2015](#)

¹⁵ For information on trafficking risks in the Philippines, see <https://www.state.gov/reports/2021-trafficking-in-persons-report/philippines/>

increase. Reaching these dispersed individuals with services may be more costly and challenging, which will require flexible programming and humanitarian response.

Caraga

A protection needs assessment was conducted in Dinagat and Siargao Islands (Report as of 15 January 2022), revealing risks and needs especially of women and children amidst the changing situations across sectors.

- Families who have gone home also share resources or food with their relatives who are also affected by the typhoon—this might trigger conflict between and among the sharers and owners of the house where they are temporarily sheltering; hence, GBV risk remains high in this situation.
- For families that have returned to their homes, local or community GBV and child protection mechanisms such as VAW desks, LCAT-VAWC, L/BCPC should be reactivated.
- However, due to challenges on connectivity and communication lines, suggestions on conducting public service announcements and rekorida will be considered on SRH and GBV issues.
- Proper consultations with IDPs, including marginalized and at-risk groups on safe and dignified return and/or relocation is highly recommended. Displaced women who are widowed, separated, disabled and illiterate may be particularly vulnerable and are often without support systems or networks.
- Potential increase in GBV was reported by the Philippine National Police Regional Women and Children Protection Desk CARAGA. From December 18 to January 7, there were 29 cases reported, but the PNP believes that this is underreported especially in areas where Barangay VAWC desks were affected.

Key immediate needs are:

- Emergency hiring of Human Resources for Health and GBV Services for integrated life-saving health and protection services and provision of personnel protective equipment given rising cases of COVID-19
- Capacity Building of Service Providers and volunteer Women’s Friendly Space Facilitators on Survivor-centered Approach to Addressing Gender-based Violence; and on provision of mental health and psychosocial support services to affected communities
- Repair of infrastructure and provision of equipment to enable health and protection facilities such as Women and Children Protection Units in hospitals to provide comprehensive SRH and GBV services
- Reactivation of Local Protection Mechanisms and update and dissemination of referral pathways



Education

The impact of Typhoon Odette on the education of children already deeply affected by the COVID-19 pandemic is enormous. Caraga and Region VIII are mostly affected but the education needs are persisted across all eight regions affected by crisis. Affected learners in these regions are roughly 2 million, and affected personnel remain large: in Caraga alone 5,562 of 7,106 (DepEd, 21 January 2022).

4,171 classrooms are used as evacuation centers (DepEd, 21 January 2022) in Regions VII, VIII and Caraga, up from initial estimates of 3,935 classrooms in the first assessment. 5,149 classrooms have been totally damaged in all the regions affected. Reports also show that there are 9,797 partially damaged classrooms. DepEd will be using PhP 35 million to support clean up and minor repairs. School rehabilitation and reconstruction will require PHP17.771 billion (US \$347 million), according to the DepEd.

More than 18.3 million learning materials (DepEd, 21 January 2022) have been damaged. Teaching, learning materials and student kits for children to continue learning both at home and in schools will cost an estimated PhP 576.56 million (equivalent to US\$11.2 million). This does not yet include cost of damaged computer sets in elementary (PhP 6.9 billion) and high schools (PhP 18.7 billion). There is a similar situation for early learners, Child Development Centers and Child Development Workers, although data has yet to be consolidated. Increasing COVID-19 cases further exacerbate the situation, leading to academic breaks and suspensions.

There are 30,802 affected DepEd personnel in 11 regions including Caraga and region VIII with basic needs (food, water, medicine, power source, construction materials). Aside from the need to support teachers, learners and their families in rebuilding their home, providing basic needs (water, hygiene and shelter), the need for mental health and psychosocial support looms large, even with trained DepEd personnel, such that volunteers are pooled for the purpose.

Caraga 's Regional Disaster Response Committee – Education Cluster has been organizing their assessments and tracking of assistance via an online [drive](#). The cluster also specifically created [learning hubs](#) in the region utilizing central elementary schools to assist in printing and distributing copies of learning modules, and conduct classes as needed. Requests for needed equipment such as printers, papers, gadgets (e.g. tablets), teaching-learning materials remain, and responses have been trickling in from all the regions. Temporary Learning Spaces remain a very important assistance not just for the 15 schools in Caraga that are participating in the safe-reopening pilot, but now also for these learning hubs, especially with totally damaged classrooms. Damages to early learning centers are not accounted for in the situation reports.

To support teachers and Child Development Workers towards learning continuity at this time, partners are planning Education in Emergency trainings using as reference the DepEd's 2021-released resource kit. Ongoing discussions towards supporting marginalized learners such as indigenous learners, learners with disabilities are expected to materialize in concrete support for these children.

Key immediate needs include:

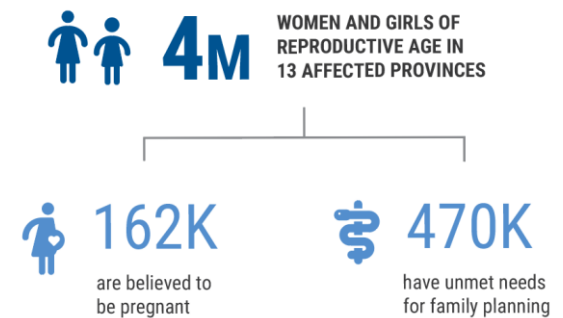
- Provide leadership, support, and technical guidance for the Education Cluster information management and coordination.
- Support equitable access to learning for children and adolescents by supporting formal and informal education programmes.
- Engage in the capacity building of the education personnel on the essentials of Education in Emergency, COVID-19 Infection Prevention and Control measures.
- Provide essential education supplies to the students and education personnel
- Establish of temporary learning spaces are essential for schools that are piloting face-to-face classes and serving as learning hubs.
- Support the government in upgrading and rehabilitating the damaged schools with the focus on the most marginalized, remote areas.
- Support the education staff to establish and adhere to COVID-19 protocols.
- Enforce preventive measures are taken to make learning environments safe and free from sexual harassment, abuse and violence as well as healthy and free from disease outbreaks - with the focus on WASH in schools.
- Make Mental Health and Psychosocial support for students, teachers and other education personnel is available in learning spaces and schools.



Health, Sexual Reproductive Health and Mental Health and Psychosocial Services

In Typhoon Odette affected areas, access and provision of health services continues to be challenging. There is a need for the augmentation of human resources for health to deliver services to communities with no access to functioning health facilities or have difficulty accessing these due to reasons including damaged roads, lack of transportation, etc. In addition, local health workers have themselves been affected by the Typhoon and are unable to provide services as usual. There are increasing COVID-19 cases in all the regions affected due to omicron variant, with some key cities under Alert Level 3. Implementation of minimum public health standards is a concern due to increased mobility, lack of masks and limited capacity of health facilities.

Pregnant and breastfeeding women



From Humanitarian Snapshot of 13 Jan. 2022.

Health facilities in CARAGA and Southern Leyte continue to operate at limited capacity due to damages and lack of power and need for augmentation of personnel and medical equipment. In CARAGA, total damaged health facilities include 13 hospitals, 26 rural health units, and 30 barangay health stations. In Southern Leyte, the hardest hit areas include the municipalities of San Ricardo, Pintuyan, San Francisco, Limasawa, and Liloan, and health facilities are badly damaged. All seven public hospitals are partially damaged, 18 out of 21 rural health units are partially damaged, and among 27 barangay health stations assessed, three are completely damaged and 21 partially damaged. Although generator sets were provided in Siargao Islands Medical Center (SIMC), other functional RHUs and temporary health facilities in the islands, as well as health facilities in PDI, continuous supply of fuel is still a lot of work to ensure that service delivery will not be hampered. There were at least 30 medical teams from different DOH regions, uniformed personnel, Davao LGU, MSF and private organizations deployed in Surigao city, Siargao Islands and PDI since 20 December 2020. Nonetheless, there is need for additional MHPSS teams to be deployed in the existing evacuation centers and communities. The medical teams continued to report needs for augmentation of drugs and medicines such as antibiotics, tetanus toxoid vaccines and WASH commodities such as water disinfectant tablets as water supply remains a challenge.

In CARAGA, areas are in need of the augmentation of medicine and medical supplies, including antiretroviral therapy (ARV). In Southern Leyte, these are generally available but inadequate to provide for the full needs of communities. Immunization rates of children are low in Southern Leyte (FIC accomplishment of 40% for January to October 2021), making them vulnerable to vaccine preventable diseases. Cold chain equipment remains intact in the provincial hospital, district hospitals, and in 19 RHUs, but power supply remains a problem creating a concern for maintaining the cold chain for vaccines for both routine immunization and COVID-19.

In communities and in evacuation centers, minimum public health standards are not followed due to lack of space, lack of personal protective equipment, and inadequate compliance with standard infection prevention and control interventions.

As of 23 January 2022, the DOH-Health Emergency Management Bureau (HEMB) has recorded a total of 5,486 consultations made in CHD VI, VII, VIII, and CARAGA. The leading causes were Respiratory Tract Infection (1,880 or 34.27%), Wounds (770 or 14.04%), and Diarrhea (753 or 13.73%). As this shows, the most common health conditions currently are upper respiratory infections which need proper assessment and management as these may turn out to be cases of COVID-19. Cases of diarrhoea continue to be high in CARAGA, and there is need for both human resources and medical supplies to manage cases. By the end of December, DOH surveillance unit reported a cumulative number of 329 cases of diarrhoea in Siargao Island, with 38% of cases being children under 5. In Dinagat Island province, 205 cases were reported. Three child deaths have been attributed to dehydration from diarrhoea, one child death to leptospirosis, and one to injuries. In Southern Leyte, the top 3 cases are injury, wounds, and acute respiratory infection. Most deaths have been due to injuries during the typhoon; among these was on adolescent. One adult death was attributed to dengue.

Capacities for disease surveillance need to be strengthened in CARAGA and Southern Leyte to monitor any trends cases of COVID-19, diarrhoea, measles, etc.¹⁶ 98 People living with HIV, including infant, adolescents, and women in CARAGA have received their supply of ARVs in November 2021, but have reported concerns of missing their regular medical appointments and refill of ARVs due to difficulty in assessing damage roads, proximity in the treatment hubs, lack of money, and fear of disclosing HIV-sero status.

There are reports of adolescent population being heavily affected by the typhoon, which has limited their access to essential services and information. The issue of mental health is also becoming largely evident from the field reports.

Key immediate needs include:

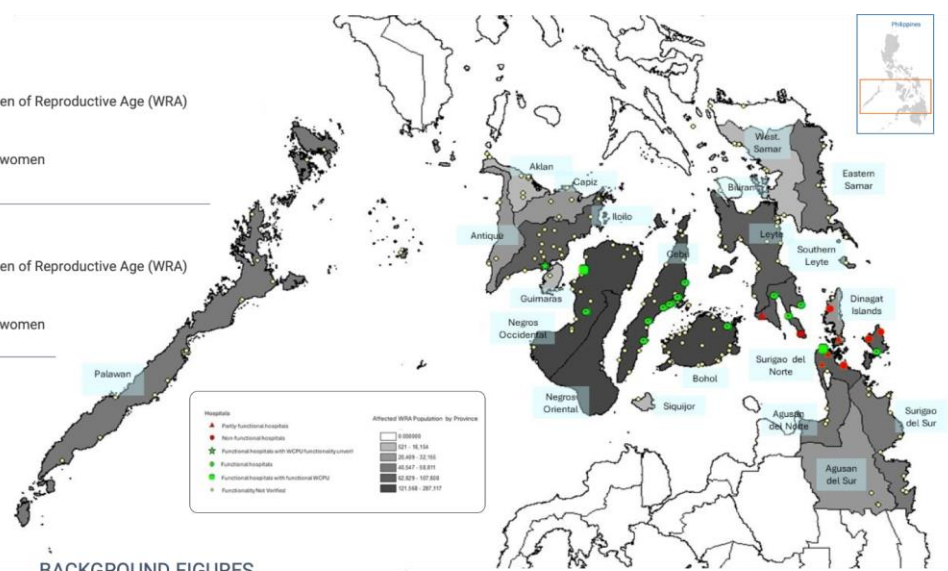
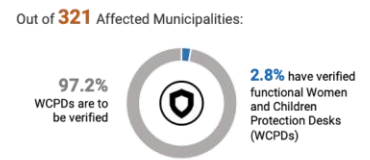
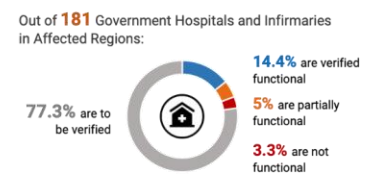
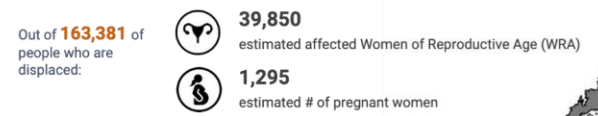
- Support the provision of safe, equitable, quality lifesaving and high impact for maternal and neonatal health to women, adolescent girls and newborns. Support the provision of safely and equitably access quality life-saving and high-impact child health services for children and adolescents. In this context, there is an urgent need to deploy mobile health teams to provide services to the communities as a temporary measure until the health facilities are functional.
- Continue to strengthen of health systems and services with the focus on primary health services with the provision of the essential supplies, medical material and drugs. The focus will need to be the supply medicine and medical equipment to address common conditions (e.g., diarrhea, respiratory tract infections, injuries, skin infections, etc.) and HIV/AIDS management . Closely monitor and augment ARV supplies to encourage multi-month dispensing.
- Strengthen disease surveillance in CARAGA and Southern Leyte, which requires recruitment and deployment of the surveillance officers and supervisors in the field, temporary support to the operational costs for the surveillance and capacity building.
- Re-establishment of COVID-19 quarantine/isolation facility or areas with appropriate food supply to ensure that cases will complete their quarantine/isolation days and provision of additional COVID-19 Rapid Antigen Test kits for early isolation of cases

¹⁶ UNICEF multi-cluster assessment in Southern Leyte December 29 to January 7].

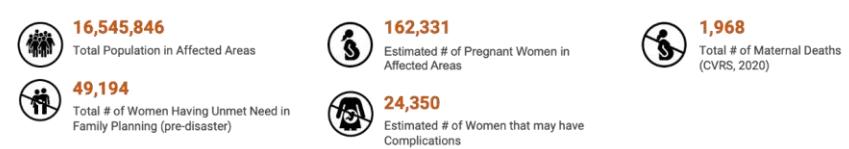
- Ensure vaccination of children in areas with low coverage through supporting the two affected regions, concerned provinces and LGUs with supply chain management including storage, distribution and end-user monitoring, support to augmentation of HR for vaccination teams, and support to the operational costs. Augment equipment to ensure cold chain for vaccines for routine immunization and COVID-19.
- At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve preventive and curative health care practices
- Continuous support of MHPSS teams especially in communities where no team has been deployed yet
- Promote and support to the mental health and psychosocial support to adolescents; strengthen capacity of health emergency response teams and child protection workers on basic psychosocial first aid, while integrating adolescent-sensitive psychosocial needs assessment tool in the surveillance for centralized monitoring and evidence-generation.
- Work with At-risk and affected communities with the focus on the Evaluation Centers and displacement cites to have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve preventive and curative health care practices with the focus on COVID-19.

Sexual Reproductive Health (SRH) and Mental Health and Pyschosocial Services

SUMMARY FIGURES



BACKGROUND FIGURES



More than a month after ST Rai hit the Philippines, the government together with its partners, continue to respond to the devastation, while at the same time, gradually moving the affected communities to early recovery. Coordinating bodies for Sexual and Reproductive Health in both regional and provincial offices are being set up, life-saving kits and emergency maternity tent facilities to selected Local Government Units are being deployed, and yet much of the facilities remain to be assessed and repaired. Service delivery mechanisms are being set up to provide health services, including SRH, as local health systems are slowly returning to their operations, amid another surge of COVID-19.

Region VIII (Southern Leyte)

Of the four inter-local health zones in the province (Sogod, Pacific, Panaoan and M3PL), two of the hospitals, the Sogod District Hospital (DH) for Comprehensive Emergency Obstetric and Neonatal Care (CEMONC), and Pintuyan DH (level 1 hospital) need support in terms of repair, equipping and re-supply of medicines and commodities. Human Resources for Health, medicines, and supplies to support the surge of COVID-19 cases are urgently needed in both hospitals. The Salvacion Oppus Yniguez Memorial Provincial Hospital, previously providing CEMONC services, only provides normal spontaneous delivery due to damages sustained by its operating rooms. A temporary birthing facility was set up, awaiting the repair of structural damages and replacement of destroyed equipment/soiled supplies in the hospitals. For basic care, licenses of all rural health units to facilitate birth deliveries have expired and renewal will take a lengthy process. While private facilities are providing birth delivery services, the cost for each normal delivery is quite significant at USD 200 to USD 300.

Affected adolescent and young IDPs are in dire need of food, water, and personal hygiene items. The inability of adolescents and young IDPs to access basic needs put them at a greater risk as previous crises show that they are likely to resort to “survival sex” or are being forced to marry to meet basic survival needs when households are forced to poverty due to loss of shelter and source of livelihood. Vulnerabilities expose adolescents and young IDPs to higher risk of negative health outcomes, even as they go through adulthood. Water has been a main issue in the evacuation camps and their barangays (villages), hence girls are experiencing challenges when they have their monthly period. Menstrual hygiene materials are inadequate and there are cases of young girls having no basic knowledge on what to do or what can happen when they experience menstruation for the first time. There is no access to adolescent and youth friendly sexual and reproductive health (SRH) services or spaces where adolescents can safely share their concerns or needs. Health care providers are not capacitated in handling adolescent-related issues and concerns on SRH and there are limited CSOs and INGOs providing ASRH information in emergencies in the affected areas.

CARAGA (Dinagat and Siargao)

Health facilities are partly damaged and are operating at limited capacity in Dinagat province. These include the Dinagat District Hospital, Albor District Hospital, and Loreto District Hospital. None of these hospitals, registered as infirmaries, are equipped to handle surgical and complicated obstetric cases. Hence, patients are referred to the Caraga Regional Hospital in Surigao City. The Rural Health Unit (RHU) in Dinagat, including its birthing clinic, had incurred major damages. Six RHUs with birthing clinics were partly damaged including their records/data on pregnancy tracking, but are still functional. While some of the birthing clinics do not have a License to Operate (LTO), they still provide BEmONC deliveries. In Siargao island, three RHUs with birthing facilities are functional. Six other RHUs sustained major roof damage and refer deliveries either to the Siargao Island Medical Center or to the Caraga Regional Hospital in Surigao City for complicated

cases. Dinagat's Provincial Care and Containment Center, the only temporary treatment and monitoring facility for confirmed cases of COVID-19 in the province, was completely destroyed.

Emergency Drugs and Medicines (e.g Antibiotics, Mefenamic, Oxytocin, etc.) used in birthing facilities are either running low or out-of-stock and equipment (e.g. perilight, delivery table, recovery room/patient beds, filter cards, doppler, autoclave, NBS weighing scale, BP App, stethoscope, etc.) were all destroyed. Generators are needed as health facilities do not have electricity.

Adolescents and young people were observed to be exposed to added vulnerabilities/risks such as gender-based violence (GBV) and early pregnancies. Adolescents and youth are mostly on the streets as their houses are damaged. At night, there are young people who loiter in establishments which offer free phone battery charging services. This poses risks to adolescent girls and boys, many of whom expressed the need for money to buy food, shelter, clothing and mobile load. Some adolescent and young boys have been employed by the Dinagat Provincial Government as laborers, assisting in the relief distribution. All of them have discontinued schooling as all the schools are damaged and there is no internet connectivity for those who are on online learning modality.

Key immediate needs are:

- Emergency hiring of Human Resources for Health and GBV Services for integrated life-saving health and protection services as well as immediate provision of personnel protective equipment given rising cases of COVID-19
- Repair of infrastructure and provision of SRH equipment and medicines to enable health facilities to provide comprehensive SRH and health-related GBV services. While awaiting the repair/reconstruction of health facilities, lifesaving services must continue. These include the provision of Maternal Health Tent Facility, Women's Health on Wheels (which are mobile health and GBV clinics), E-bikes, and sea ambulances. In addition to SRH equipment and medicines, provision of maternity packs, SRH kits and SRH including family planning commodities.
- Implement an integrated SRH and GBV Surveillance System to track the evolving needs for the continuity of SRH and GBV services for pregnant women
- Provision of Youth Grants / Cash for Work and mental health and psychosocial support services for adolescents at risk for pregnancy, Gender-based violence, STI/HIV



Water, Sanitation and Hygiene

Since Super Typhoon Odette ravaged the Visayas and Mindanao in December 2021, affected children and their families continue to bear the impact of the disaster. The affected families are at high risk for preventable WASH-related diseases given significant water, sanitation and hygiene related needs.

The Level II and III water systems in the six most affected regions affected by the Typhoon are not functioning due to sustained infrastructure damage or limited power as per reports from HEARS DoH and [LWUA](#). As a result, many households still use open springs, possibly contaminated hand pumps, for drinking and domestic use. Government counterparts and partners have improved water quality monitoring and treatment. However, actions taken need to be scaled up immediately and extended to other geographical location; Palawan, Bohol and Cebu. etc to prevent the spread of water-borne disease. In Caraga, reports of diarrhea are on the rise. In Region VIII a dengue outbreak has been reported, requiring immediate vector control measures.

The families in the evacuation centers and those living in the managed houses urgently need sanitation facilities (latrines and handwashing facilities. In the absence of adequate sanitation facilities, open-air defecation is widely practiced. The hygiene practices are sub-standard given the limited water supply, soap, and information.

The health risks are compounded by the recent COVID-19 surge in the country. The affected communities are challenged to implement social distancing and other COVID-19 preventable measures. Some families are still living in the evacuation centers or moved to live with their extended families that are also affected by the Typhoon.

Families lost their household items, including hygiene materials and utensils. The WASH infrastructure in the health care facilities, hospitals, COVID-19 treatment centers, schools, early childhood development centers have been damaged in all the affected regions and needs to be immediately rehabilitated and upgraded to allow quality service delivery.

Key immediate needs include:

- Investments in rehabilitation, upgrade the water systems to ensure that Typhoon affected populations have safe and equitable access to, and use a sufficient quantity and quality of water to meet their drinking and domestic needs.
- Investments in rehabilitation, building new sanitation facilities to ensure that safe access to, and use appropriate sanitation facilities; and excreta is safely managed.
- Hygiene information, hygiene items and/or cash is made available to the vulnerable families.
- Investments in rehabilitation and upgrades of WASH facilities in health care facilities (hospitals, primary health care centers and COVID-19 centers), learning environments and other essential government institutions.
- Capacity building of WASH government officials and WASH partners to be equipped to assess, prevent and address risks and hazards at service delivery and user level.
- Community engagement for behaviour and social change with the focus on infection prevention and control.



Nutrition

Super Typhoon Rai severely compromised the communities' access to nutrition services, nutritious and diversified diets heightening the risk of malnutrition among children under 5 years of age. Prior to the Typhoon, malnutrition was high with stunting reported at 36.4% in Caraga region and 41.7% in Region VIII, wasting at 8.1 in Caraga and at 8.4% in Region VIII¹⁷. A reported 53% of households in Caraga and 49% in Region VIII could not afford a nutritious diet prior to the Typhoon¹⁸, and only 10 percent of children 6-23 months are consuming the Minimum Acceptable Diet¹⁹. Nearly a quarter (23% of pregnant women) are "Nutritionally at Risk" and 10 % of lactating women are "Chronic Energy Deficient", which is more pronounced among the teen-aged mothers.

Assessments reveal that the affected provinces and municipalities in CARAGA and Southern Leyte do not have an organized Nutrition Cluster coordination mechanism. There is a lack of data due to challenges in collection, consolidation, and transmission from the barangay all the way to the provincial level. This is partly due to limited human resource, access to health facility and internet connectivity.

Destructions to health facilities have caused loss and damage to anthropometric equipment including weighing scales, height boards and other critical job aids needed to screen children and deliver nutrition services. Infant and Young Child Feeding (IYCF) facilities and supplies (breastfeeding area, counseling cards and other IEC materials) were destroyed. There are limited life-saving nutrition supplies, such as the ready-to-use therapeutic food (RUTF), F-75 and F-100 therapeutic milk, Rehydration Solution for Malnutrition (ReSoMal), Vitamin A, Iron and Folic Acid (IFA), and micronutrient powders (MNPs) among others. Depleted life-saving nutrition commodities will affect the coverage and quality of nutrition interventions.

Children displaced by Typhoon Rai and those still living in evacuation centers are at risk of malnutrition due to insufficient supply of nutritious food and safe water. Frontline health workers, including Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHW), are also affected by the Typhoon, limiting human resource capacity to deliver nutrition and health services. There is an urgent need for trained human resources to conduct active screening and surveillance for common illnesses and acute malnutrition, deliver life-saving services, and monitor and report response interventions in all the affected regions.

Affected families reported that they received relief food assistance, but this is limited to rice, instant noodles, and canned fish/meat. Though local markets are now operational, there is a notable increase in the prices of fresh food such as fish, meat, vegetables, and fruits. For many households assessed, their livelihoods primarily farming, and fishing were destroyed by the typhoon limiting access to income and nutritious foods. These factors will lead to further deterioration of the nutrition situation, and increased levels of malnutrition in the coming days in action is not taken.

Key immediate needs include:

- Provide leadership, support, and technical guidance for the Nutrition Cluster information management and coordination.
- To prevent stunting, wasting, micronutrient deficiencies and overweight in children under five years, essential nutrition supplies and services need to be distributed to the affected population.

¹⁷ National Nutrition Survey 2015 (DOST-FNRI)

¹⁸ Fill the Nutrient Gap, 2018 (WFP, UNICEF, DOST-FNRI)

¹⁹ Expanded National Nutrition Survey 2018 (DOST-FNRI)

- All children under five years suffering from wasting and other forms of life-threatening acute malnutrition in affected areas need to benefit from facility- and community-based services that provide effective treatment. Essential supplies such as RUTF, MNPs, vitamin A, and IFA supplements need to be prioritized. In addition, delivery, distribution, and warehousing of the specialized food commodities will need to be established/expanded.
- To treat children under five years with complicated severe acute malnutrition, services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood will need to be prioritized. Live-saving nutrition supplies F-75, F-100 therapeutic milks, and ReSoMal will need to be provided including delivery, distribution and adequate storing prioritized.
- Replacement of anthropometric equipment, nutrition job aids, including maternal nutrition, infant and young child feeding counselling tools to ensure continued delivery of essential nutrition services.
- Establish and support nutrition information systems, including nutrition assessments to provide timely and quality data and evidence are essential to identify and treat children suffering from malnutrition.
- Prioritize programmes for pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – to have access to a package of interventions that includes iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support through balanced energy protein supplementation for pregnant women.
- Support and promote breastfeeding practices through IYCF support groups and establishment of milk banks, Monitor donation of breastmilk substitutes in compliance to the Philippine Milk Code. Provide nutritious and diversified complementary foods for infants and young children 6-23 to prevent deterioration of nutritional status.
- Deliver evidence-based interventions with a workforce supported in their knowledge, skills, and capacity building in nutrition. As required, make human resource available both at the community level and Evacuation centers.
- Provide multi-purpose cash transfer to facilitate access to a more diverse fresh food intake.

Early Recovery and Livelihoods

Authorities have commenced the post disaster needs assessment (PDNA), with assessments in some provinces completed. Some local governments, such as Dinagat province, have started recovery planning; 200 hectares of land are identified for resilient settlement for displaced people currently living in danger zones. The cluster has deployed recovery experts to support overall coordination and planning, as well as debris management expert to Palawan to respond to urgent requests. Additional assessments have to be conducted in Dinagat and Siargao islands to determine specific needs and responses from LGUs.

Partners reported the rising costs of materials in Caraga, particularly in Dinagat Islands and Siargao with added costs of transport. Limited connectivity and power continue to affect communications and response. Access to island barangays remains particularly limited. IDPs, particularly from the coastal areas, are raising concerns on the government's no build zone in the 20-40 easement from the shoreline.

Cluster members reported a number of activities, including the delivery of 20 sat phones to DICT, the deployment of teams to conduct assessments and capacity building activities on DRRM and on mangrove recovery, as well as to support planning for recovery and resilience and in construction of climate resilient housing. Partners conducted a shelter assessment with the National Housing Authority and Department of Housing and with the Philippine Coconut Authority on management of debris from coconut.

Partners issued a preliminary assessment on labor and employment indicating that almost 2.2 million workers are estimated to have been directly impacted by the Typhoon across 10 regions. The Typhoon directly affected around one-fifth of all workers in each of the three most impacted regions: Western Visayas (21 per cent), Eastern Visayas (19.3 per cent) and Central Visayas (18.8 per cent). The devastation risks exacerbating pre-existing labour market challenges for various vulnerable groups.

The Private Sector cluster focuses recovery work in Cebu, Siargao, Dinagat Islands and Bohol with emphasis on livelihoods support, particularly to affected MSMEs, agriculture / fishery, WASH / public infrastructures.

Key immediate needs include:

- Almost all fishing boats and gears in Dinagat and Siargao were destroyed, leaving fishing communities with no livelihood and food source.
- Felled coconut trees and other debris still strewn in Dinagat islands and Siargao, posing risks to population; delaying farmers' return to their land with risks to food supply.
- Sources of livelihood by micro and small enterprises almost wiped out, slowing economic recovery.
- Almost 100% of houses in Dinagat islands were destroyed, people still living in makeshift shelters, exposing them to the elements and posing security risks. With 1.3 million houses damaged, support to transitional and climate resilient housing is a priority for recovery and resilience.
- Many local governments are not functioning to full capacity to support their constituents; offices damaged by Typhoon, and poor telecommunications.
- Limited support to Southern Leyte, data generation is manual making coordination and consolidation difficult for humanitarian and development agencies.
- Many infrastructure facilities are damaged and repairs have not started – water systems, evacuation centers, health centers, women's livelihood centers, public schools, farmers' field school, among others.



Logistics

Since the impact of the Typhoon, logistics networks have slowly become operational in many of the affected areas following debris clearance efforts and the reestablishment of commercial sea and road transport operations. However, the impact on key ports in southern Leyte which serve as part of the main transport route from the north of the country to the affected areas in the south is facing congestion and delaying the movement of relief items. These ports, some of which were already in need of repair prior to the Typhoon were significantly damaged during Odette and as a result there have been reports of delays in the loading and sailing of the vessels, many of which are transporting relief items. Government reports that all efforts are being made to repair broken ports to make them fully operational again. Additionally, humanitarian cargo is given priority at loading resulting in free movement of relief goods. The Government has recommended that commercial, humanitarian, and private travel use alternative routes to relive some of the backlog and pressure on the normal port infrastructure.

Initially transport of relief items from Surigao to Siargao and Dinagat Islands had been affected by the limited availability of commercial cargo vessels operating which were under pressure due to the increased volume of humanitarian goods that need to be transported. Much of the backlog of cargo that had been accumulating in Surigao City has now been moved to the affected islands. There have been reports of trucks and passenger vehicles getting stuck on the islands and waiting several days to cross back to Surigao City. Partners are encouraged to check the schedule of ferry operators and book passage in advance.

Frequent and heavy rains in region are also affecting resumption of both sea and land transport operations in the affected areas to ensure the delivery of relief items.

Key immediate needs include:

- Ongoing monitoring and information sharing on the status of the ports from Manila to the Visayas and Mindanao Regions.
- Ongoing monitoring of challenging weather and potential or resulting impact on logistics networks.
- Trucks transporting humanitarian relief supplies to continue receive priority access to seaports.
- Transport companies are operational and moving to the affected regions.

Emergency Telecommunications

The Emergency Telecommunications Cluster (ETC) led nationally by the Government of the Philippines' Department of Information and Communications Technology (DICT) and supported by WFP, as the lead UN agency for emergency telecommunications in the Philippines, has been responding to Typhoon Rai (Odette) by providing critical connectivity services across seven common operational locations in the affected areas, namely Surigao City, Butuan City, Cebu Island, Siargao Island, Dinagat Island, Socorro Island, and most recently Bohol Island. The Internet service points have been open to local responders and affected populations.

According to the latest National Disaster Risk Reduction and Management Council (NDRRMC) sitrep, services have been restored in 180 out of 247 municipalities that lost connectivity due to the typhoon. 309 out of 379 municipalities that experienced power outages or interruptions have now restored power.

Progress on the recovery of public telecommunications infrastructure has slowed as network operators tackle more difficult repairs to restore connectivity in the remaining affected areas. Damage to backhaul infrastructure is causing services on many of the islands to be unreliable. While connectivity services are gradually being restored across the affected area, many locations remain without voice and data connectivity, especially in Bohol Island, Dinagat Island, Siargao Island, and Socorro Island.

With the increased presence of humanitarian organisations on the ground, significant humanitarian needs were identified on Bohol Island in addition to the eastern islands that were initially prioritized, which include Siargao Island, Dinagat Island, and Socorro Island. In addition, humanitarian organisations are setting up operations temporarily in Ormoc City in Leyte and Butuan City in Mindanao in anticipation of the establishment of humanitarian hubs in Maasin City and Surigao City respectively. A site has been selected for the hub in Surigao City and is undergoing renovations, while the site has not yet been selected for the hub in Maasin City. A humanitarian presence is likely to be established on Bohol Island.

The ETC is planning to deliver shared services for humanitarians in both hubs (Maasin City and Surigao City) and on Bohol Island. ETC will also continue ensuring service provision as long as needed across Bohol Island, Dinagat Island, Siargao Island, and Socorro Island.

Key immediate needs include:

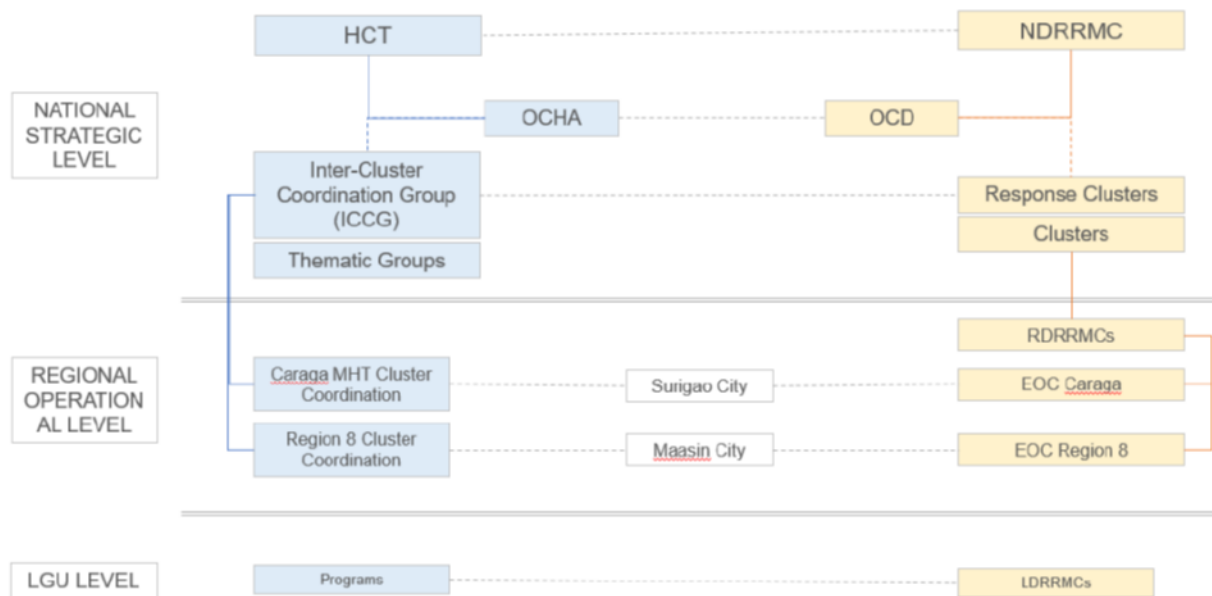
- While electricity and connectivity services are gradually being restored across the affected area, many locations remain without power or voice and data connectivity, especially in the eastern islands. Affected populations and responders will still need access to internet until national services are fully restored. ETC is required to continue supporting data connectivity services established in the seven locations across Surigao City, Butuan City, Cebu Island, Siargao Island, Dinagat Island, Socorro Island, and most recently Bohol Island.
- With the increased presence of humanitarians and identified humanitarian hubs, the ETC is planning to provide shared services to humanitarians in both hubs (Maasin City and Surigao City) and on Bohol Island.

Coordination

As of 21 January, 70 organizations and 145 partners responded with life-saving activities and protection services across 11 affected regions. This is compared to about 50 organizations reporting activities on 22 December, representing the UN system, Red Cross and Red Crescent Movement, the private sector and national and international NGOs under the HCT-umbrella supporting the Government-led efforts. Partners reported over 5,160 activities across 11 humanitarian clusters in 11 affected regions, including 31 provinces and 177 municipalities. While most activities focus on Caraga and Region VIII, there is an increasing number of activities reported in Region IV-B, VI and VII.

Considering the growing humanitarian needs, logistics constraints, access limitations, adverse health and socio-economic impacts of the COVID-19 pandemic, and existing vulnerabilities such as protracted internal displacement, the response calls for significant coordination services so that a diverse set of actors can effectively contribute to a collective response in support to government relief efforts.

Over the past month, humanitarian coordination hubs have been established in the two most affected regions, including in Butuan City for Caraga region – with the team moving forward to Surigao City – and in Ormoc City in Region VIII – with the team moving forward to Maasin City once logistics constraints permit. These teams work closely with regional, provincial and local authorities and are often integrated through government-led clusters. With the growing amount of HCT activities, the size and location of these and additional hubs will need to be adjusted commensurate to the needs on the ground.



Key immediate needs include:

- Strengthen strategic coordination through the humanitarian mechanism of the Government, HCT and clusters at the national and local levels.
- Support high-level engagement, advocacy and communications by the Humanitarian Coordinator and OCHA with national and local institutions and international community.
- Facilitate assessments, strategic planning, resource mobilization and monitoring. In the process, strengthen needs-based strategic planning, prioritization, localization, cash coordination, civil-military coordination, accountability to affected people, gender mainstreaming, integration of resilience and environmental issues in humanitarian programming, monitoring and accountability.
- Provide information management services to the government and humanitarian community to inform coordination, decision-making and advocacy.
- Advocate for principled humanitarian action and protection of affected people, ensured through concrete and accessible prevention and response measures to SEA and GBV.
- Mobilize inter-agency support for thematic areas such as Environment, Gender, Accountability to Affected People (AAP)/ Community Engagement, Cash, Civil Military Coordination (CmCoord) and Prevention of Sexual Exploitation and Abuse (PSEA).

HNP FUNDING

\$107.2M

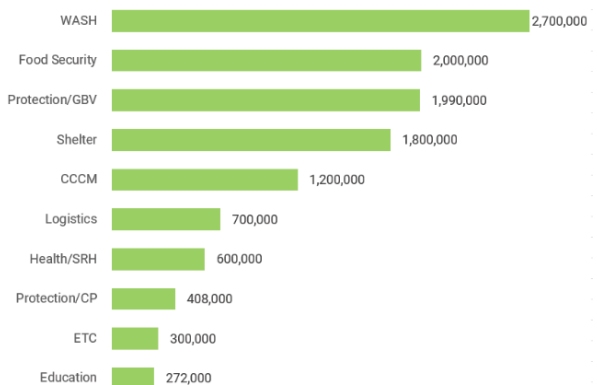
TOTAL FUNDING REQUESTED (US\$)



TOP 10 DONOR CONTRIBUTIONS



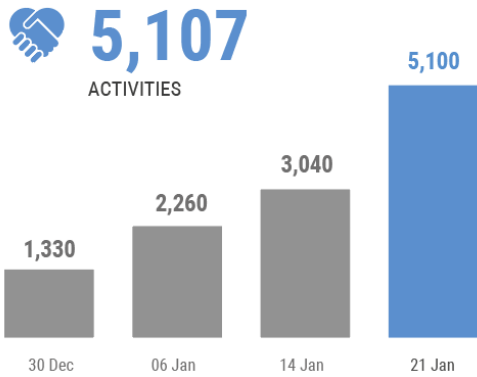
CERF ALLOCATION BY CLUSTER



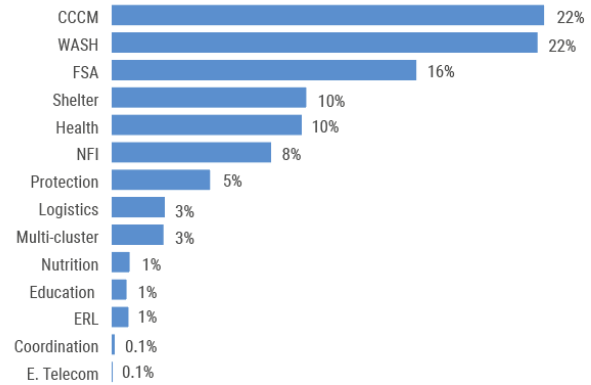
	Required (\$US)	% funded
CAMP COORDINATION AND CAMP MANAGEMENT	\$7.0M	27.1%
EDUCATION	\$1.3M	20.9%
EMERGENCY SHELTER	\$15.0M	71.0%
EMERGENCY TELECOMMUNICATIONS	\$1.0M	40.0%
FOOD SECURITY & AGRICULTURE	\$34.0M	13.4%
HEALTH	\$11.4M	19.9%
NUTRITION	\$3.1M	
LOGISTICS	\$4.0M	49.6%
PROTECTION	\$8.7M	30.8%
WATER, SANITATION, AND HYGIENE	\$15.6M	47.8%
EARLY RECOVERY	\$5.0M	12.5%
COORDINATION	\$1.2M	33.3%

WHO-WHAT-WHERE (3W)

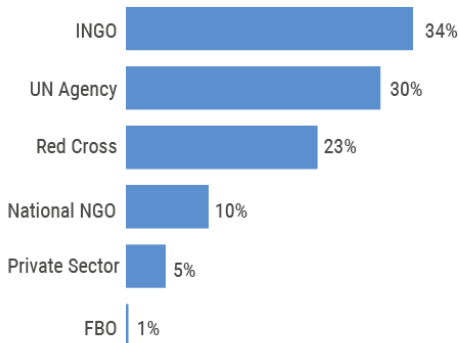
RESPONSE ACTIVITIES BY WEEK



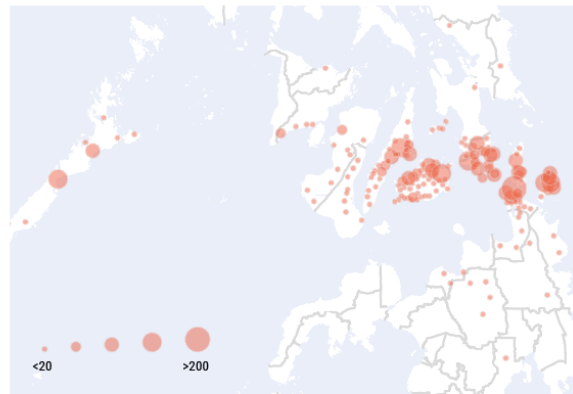
ACTIVITIES BY CLUSTER



ACTIVITIES BY TYPE OF ORGANIZATIONS



ACTIVITIES BY MUNICIPALITY



ACTIVITIES BY TYPE, CLUSTER, AND REGION

