

# SUPER TYPHOON GONI (ROLLY) HUMANITARIAN NEEDS AND PRIORITIES PHILIPPINES

NOV 2020-  
APRIL 2021  
ISSUED 9 NOV 2020



Photo: UNOCHA/Martin San Diego

## Key Figures

**24M** PEOPLE IN SEVERELY AFFECTED AREAS

**845k** PEOPLE IN NEED OF ASSISTANCE

**260k** PEOPLE TARGETED FOR ASSISTANCE

**\$45.5M** FUNDING REQUESTED (\$US)

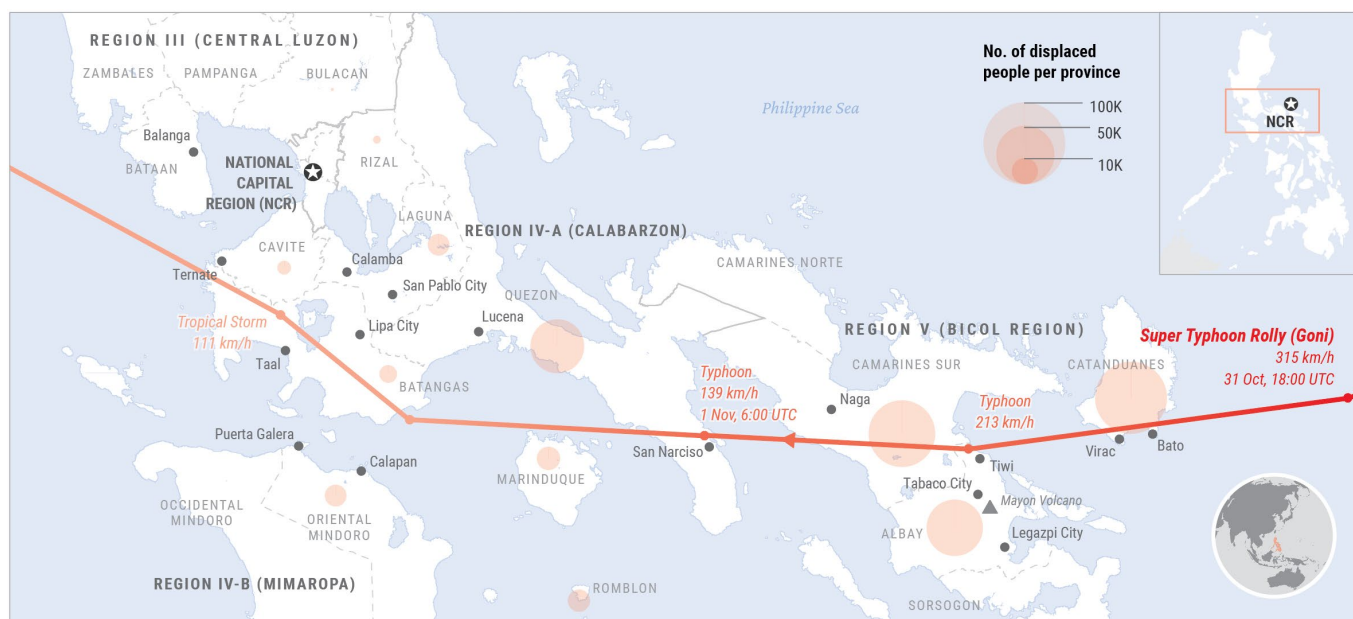
## Strategic Objectives

In supporting the government-led response to Typhoon Goni, the country-based humanitarian partners under the Humanitarian Country Team (HCT) umbrella will focus on life-saving and time-critical recovery needs of people, especially women and girls, living in the hardest-hit provinces, Albay and Catanduanes. In line with government's invitation to engage in a collective effort to provide assistance, the HCT will, from November 2020 to April 2021:

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

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

## Situation Overview



On 1 November 2020, Super Typhoon Goni, the world's most powerful tropical cyclone this year thus far, brought torrential rains, violent winds, mudslides and storm surges to the Philippines' largest island of Luzon. The typhoon, locally known as Rolly, left extensive destruction and damage in its path, killing at least 24 people, injuring 399 and displacing 130,266 people as of 9 November, according to the National Disaster Risk Reduction and Management Council

(NDRRMC) and Department of Social Welfare and Development (DSWD). The typhoon has affected 1.9 million people in 8 of the country's 17 regions, leaving an estimated 845,000 people in need of assistance.

Typhoon Goni made four landfalls in southern Luzon, with the Bicol Region bearing the brunt of its impact. Bato municipality in the eastern island province of Catanduanes was first hit with maximum winds of 225 km/h. The

Philippine Red Cross reports that 80 to 90 per cent of the houses have been damaged in the provincial capital Virac. Communication and power lines were cut off, isolating 11 towns.

The typhoon then made landfall near Tiwi town in Albay province, where flooded rivers overflowed and coastal towns and low-lying areas were inundated. Volcanic mudflows from the active Mount Mayon buried at least 300 houses in Guinobatan municipality.



The typhoon progressively weakened as it hit Quezon and Batangas provinces south of Metro Manila before heading out to the West Philippine Sea as a tropical storm.

Of the 32 affected provinces, government reports indicate significant damage in Albay, Catanduanes, Camarines Sur and Quezon. Several local authorities have declared a state of calamity to access emergency funds and reprogram other funds for disaster response.

Food assistance, cash or work for food, shelter repair kits, hygiene kits, repair of water, sanitation and hygiene (WASH) facilities, restoration of power and communication facilities, and psychosocial support and protection are the most-needed assistance, according to initial assessments. A combination of support is needed to address interrelated needs.

**More than 137,000 houses have been damaged or destroyed** with more than 60 per cent of the destruction recorded in Albay and Catanduanes, according to the DSWD report of 9 November. The typhoon was so strong that it not only destroyed houses made of light materials but also those that were built with concrete. Most families who evacuated as a pre-emptive measure have returned to their homes and have started to repair their damaged houses. Families who are unable to repair their damaged or destroyed houses remain in evacuation centres or with families or friends, and need immediate emergency shelter assistance and further shelter recovery support.

**Typhoon Goni caused significant damages to health facilities, schools and essential services.** Damage to infrastructure reached Pph11.3 billion (US\$234 million). According to government reports, 67 health facilities have been damaged, including

government's main COVID-19 laboratory based in Bicol and testing was suspended. The typhoon also damaged over a thousand schools, not sparing those that housed evacuees. With electricity posts and mobile phone towers toppled, it may take months to restore essential lifelines.

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

**Livelihoods have been lost, particularly of those who depend on farming or fishing to make a living.** NDRRMC reports that 95,000 ha of agricultural land were affected across eight regions with Php3 billion (\$61 million) worth of damage to rice, corn, high value crops and abaca. Catanduanes and Albay were the hardest hit, accounting for more than half of the overall damage to agriculture.

**Typhoon Goni struck as the Philippines faced multifaceted challenges.** The country has one of the highest levels of COVID-19 transmission in the Asia Pacific region. More than 396,400 cases have been confirmed of which 27,200 are active, and 7,539 have died as of 8 November, according to the Department of Health (DOH). Although relatively less affected, Albay reports 980 confirmed and 65 active cases, while Catanduanes has 132 confirmed and 8 active cases.

**In addition to the serious public health consequences, the pandemic and the measures to contain it have triggered the Philippine economy to contract by 7.3 per cent** in 2020, according to the Asian Development Bank report of September. Jobs were lost and remittances from workers overseas dropped sharply when widespread and stringent lockdown measures were in place. The World Bank suggests that years of steady decline in poverty will suffer a setback.

**Vulnerabilities are increasing.** Prior to the typhoon, the proportion of families experiencing hunger in the Philippines was seriously deteriorating from 8.8 per cent in December 2019 to a record-high 23.8 per cent (estimated 2.6 million households) by September, according to the Social Weather System survey. The prevalence of wasting in Albay and Catanduanes was above 10 per cent, which is double the 2018 national prevalence, according to government reports. The nutrition status will further deteriorate in an emergency context.

**When Typhoon Goni hit, Bicol Region was still recovering from the impact of preceding tropical cyclones,** including Typhoons Kammuri (Tisoy) and Phanfone (Ursula) that struck a year ago. Four weather systems preceded Typhoon Goni in October and stretched local coping capacities. Typhoon Molave, that hit the week before Typhoon Goni, left 29 dead or missing, injured 39, affected 775,500 people and damaged 52,600 houses. Tropical Storm Atsani (Siony) affected northern Luzon immediately after, from 5 to 6 November.

**Economic recovery is fragile.** The Asian Development Bank forecasts a slow recovery in the second half of 2020 and a stronger growth at 6.5 per cent for 2021, which is subject to downside risks such as the resurgence or escalation of the pandemic. Economic recovery for the Philippines, which will influence the recovery from the typhoon, will also depend on developments in world trade and the global economy.

*A boy and his grandmother inspect their house damaged by Typhoon Goni (Rolly) in Barangay (village) Sabang, San Jose, Camarines Sur province, Philippines. Photo: UNICEF/Ruel Saldico*



## SITUATION OVERVIEW (continued)

### Government-led response

**Humanitarian partners in the country – the United Nations (UN), non-governmental organizations (NGOs), the Red Cross and Red Crescent Movement and the private sector - are supporting national and local authorities with the response to the typhoon**, building on established partnership agreements and relationships strengthened over years of collaboration.

**The Government of the Philippines made significant efforts to protect people and infrastructure**, leveraging the investment made since Typhoon Haiyan (Yolanda) of 2013 in improved early warning and reinforcing the important leadership role played by local officials. As Typhoon Goni approached, the local authorities preemptively evacuated 480,000 people, effectively saving many lives. At least 1,000 COVID-19 patients under quarantine in mega-treatment facilities around Metro Manila were transferred to hospitals and hotels. The Department of Agriculture reported that early

warning and action saved around 242,000 ha of rice lands, equivalent to 1 million metric tons of rice.

**The national and local authorities rapidly mounted search, rescue, emergency relief and road clearing operations** as soon as the weather conditions improved. They quickly established emergency telecommunications and began assessing needs. While the full extent of the typhoon's impact is not yet known, assessments undertaken within the first week of disaster onset confirm widespread devastation in areas of the first and second landfall.

**The Government invited humanitarian partners based in the country to respond.** Noting the fight against COVID-19 pandemic and the secondary socio-economic impact to mitigate, on 2 November, the Secretary of Foreign Affairs invited the Resident Coordinator/Humanitarian Coordinator and his team to engage in the collective effort to support people in the most affected areas. Following a request of the Albay Public Safety and Emergency

Management Office, HCT members, with NGOs, civil society organizations (CSOs) and church groups, have assessed needs in 13 municipalities in Albay between 3-5 November. HCT members are also supporting the NDRRMC with its rapid damage assessment and needs analysis for Catanduanes from 5 to 9 November. Preliminary findings of these missions and other assessments inform this response plan.

**In addition to assessments, humanitarian partners are supporting the authorities with immediate relief, first aid, search and rescue, psychosocial support, WASH, camp coordination and camp management, nutrition, education, logistics and information management.** Upon request, some 500 modular tents have been donated to DSWD, 300 shelter-grade tarpaulins and protective equipment to the Albay provincial authorities, and 1,000 non-food item (NFI) kits each to Catanduanes and Albay provincial authorities.

*Virac City, Catanduanes, 7 November 2020: The joint NDRRMC-HCT assessment team reports preliminary findings to the provincial authorities.*

*Photo: Joint NDRRMC-HCT RDANA Team*



# Funding



**\$45.5M**

**TOTAL FUNDING  
REQUESTED (US\$)**

		TARGET POPULATION	FUNDING REQUESTED (\$US)
	Emerg. Shelter	60K	10.0 M
	Health	78K	8.0 M
	Food Sec. & Agri.	222K	7.6 M
	WASH	260K	6.3 M
	Early Recovery	25K	5.0 M
	Protection	171K	3.9 M <i>GBV, CP, and PSEA included in Protection Cluster</i>
	CCCM	93K	2.0 M
	Nutrition	46K	1.8 M
	Logistics		.3 M
	Education	42K	.3 M
	Coordination		.2 M

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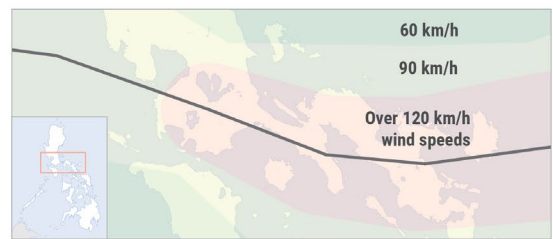
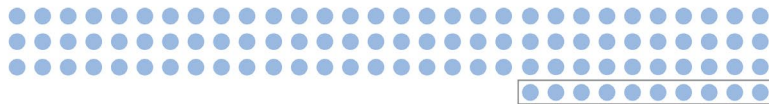
**Ms. Manja Vidic**  
Deputy Head of Office  
[vidic@un.org](mailto:vidic@un.org)

# Response Strategy

**24M**

**PEOPLE AFFECTED**

*Estimated number of people living within the typhoon track with widespread, severe, catastrophic wind damage*

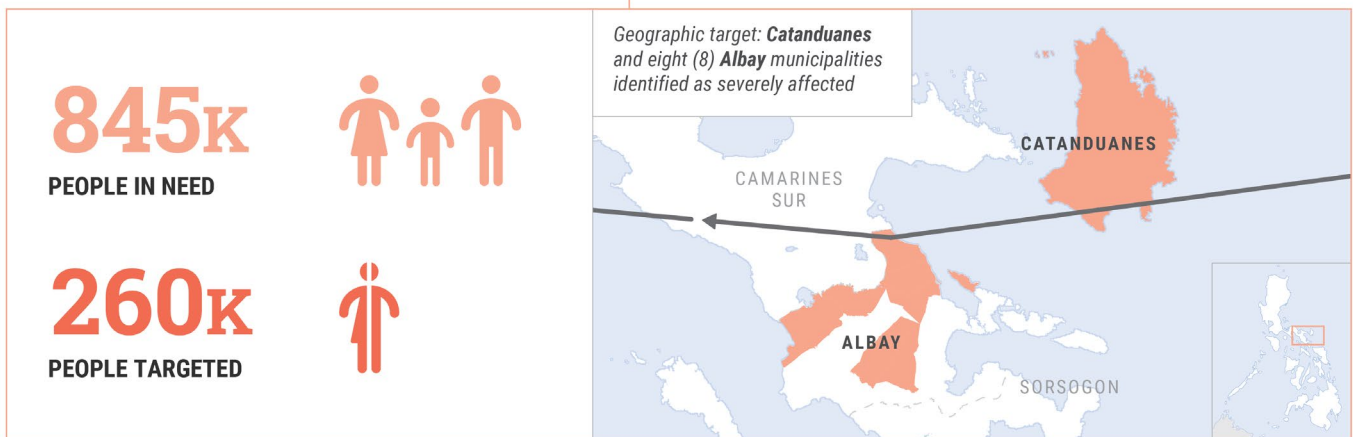


**2.4M**

**VULNERABLE POOR POPULATION**



**SEVERELY AFFECTED AREAS**



This plan aims to meet the priority needs of 260,000 typhoon-affected people living with poverty prior to the disaster and now requiring urgent humanitarian assistance. Poverty incidence of the Philippine Statistics Authority and DSWD’s National Household Targeting System for Poverty Reduction were referenced to identify the poorest of the poor. Of those targeted for assistance, some 128,000 are women and girls, 114,500 are children and youth under 18 years old, and 22,600 are over 60 years old. Humanitarian partners under the HCT umbrella are scaling up life-saving and protection responses in all 11 municipalities in Catanduanes and 8 hardest-hit municipalities in Albay.

The plan has been developed based on preliminary assessment findings and

early estimates of people in need to enable humanitarian partners to kick-start immediate life-saving and protection activities. The cluster operational delivery plans are based on common planning assumptions, which will be reviewed as more complete information about the typhoon’s impact becomes available.

## Coordination

The humanitarian response in the Philippines is led and coordinated by the Government through the NDRRMC and related emergency response mechanisms. The HCT - composed of UN agencies, international NGOs, international and national NGO consortiums, Red Cross and Red Crescent Movement, donor representatives and the private sector -

supports these government-led structures.

The Humanitarian Coordinator and the HCT are responsible for the implementation of the activities outlined in this plan. The HCT is supported at the operational level by the Inter-Cluster Coordination Group (ICCG) comprising the coordinators of 14 humanitarian clusters and sub-clusters, representatives of OCHA, Philippine Red Cross, international and national NGO networks, private sector, and those leading thematic working groups. The HCT cluster leads support the government cluster leads in coordinating the assistance provided by the humanitarian community.

Following established practice, humanitarian partners consult authorities at all levels – regional, provincial, municipal and barangay (village) – for detailed response planning, implementation and evaluation.

IFRC issued an emergency appeal on 2 November to support the Philippine Red Cross to provide relief to and address early recovery needs of 80,000 people in four targeted provinces for 12 months, calling for CHF3.5 million (\$3.8 million). IFRC, Philippine Red Cross and members of the HCT coordinate with each other and there are no duplications between the IFRC emergency appeal and this plan.

### Protection at the centre of humanitarian assistance

The compounding effects of the COVID-19 pandemic, climatic shocks and pre-existing vulnerabilities will heighten protection risks, particularly among those displaced. Children, women and

girls (including pregnant and lactating women and adolescent girls), women and child-headed households, people with disabilities, older people, LGBTIQ persons and indigenous peoples, among others, are likely to face specific risks and needs due to their isolation, discrimination and exposure to sexual and gender-based violence (GBV) in crisis context.

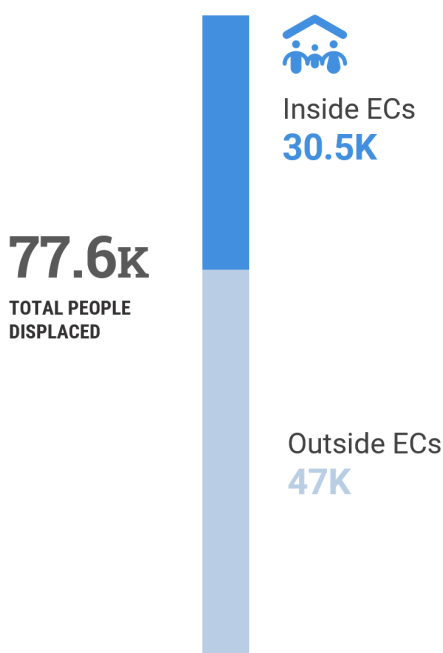
As such, protection for these groups, including protection from sexual exploitation and abuse (PSEA), will be integrated across cluster operational delivery plans. In addition to the members of the HCT Protection Cluster, experts in the Gender in Humanitarian Action Community of Practice and the Protection from Sexual Exploitation and Abuse Task Force under the ICCG advise humanitarian partners on reaching out to vulnerable groups through local networks and actors, and adapting the content and mechanisms to deliver appropriate assistance.

Early reports indicate a lack of information about the situation of marginalized groups, hampering informed decision-making. Humanitarian partners will systematically gather and analyse such information to promote an inclusive and tailored response.

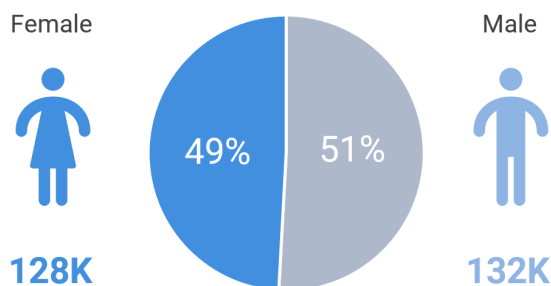
The national-level Community of Practice on Community Engagement will assist the local authorities to manage active feedback mechanisms and community engagement. This will help ensure communication on quality and adequacy of aid, and address concerns and complaints. Humanitarian partners will consult marginalized and socially excluded groups on the planning, implementation and evaluation of relief efforts through this mechanism. However, prolonged disruption in power and telecommunications services in the affected areas will constrain these activities.

**260K** PEOPLE TARGETED

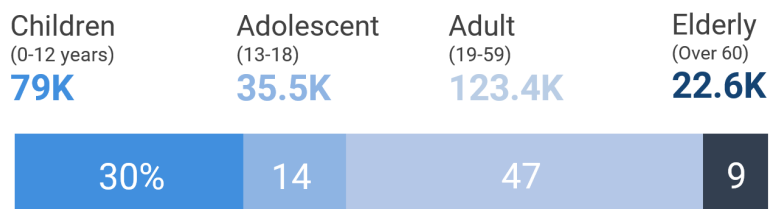
### Displacement situation



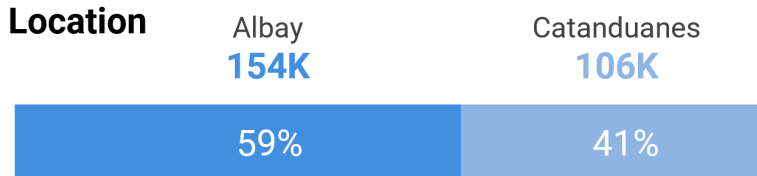
### Sex



### Age (estimate based on population distribution)



### Location





## Integrated cash and voucher assistance

The 2019 [study](#) of the Pre-Crisis Information Mapping and Consultation for a large-scale typhoon scenario undertaken by the Community of Practice on Community Engagement found that disaster-affected and at-risk communities in the Philippines have a general preference for cash aid, particularly beyond the first week of disaster onset. Amidst the COVID-19 pandemic, the government also recommends cash assistance, when conditions are met, to avoid physical contact.

Initial assessments led by the Albay Public Safety and Emergency Management Office, supported by HCT partners, reveal that people need cash and voucher assistance to buy food, basic items and materials to repair their homes. Local markets, grocery stores, banks and other establishments largely continue their operations although prices of basic commodities are rising and supplies are low on stock in some locations. Conditions are suitable for multi-purpose cash transfers, commodity vouchers, and cash for work schemes to engage the affected people in relief and early recovery while

supporting the local economy. The Cash Working Group under the ICCG has the experience and expertise to design and implement effective cash transfer programmes in line with government protocols.

## Humanitarian-Development Nexus

Humanitarian partners under this plan commit to strengthening capacities of the affected people, local authorities and local responders such as NGOs, CSOs and private businesses by designing and implementing assistance that engages and empowers them. Capacity- and resilience-building will help mitigate cyclical climate-induced humanitarian impacts and enhance sustainability.

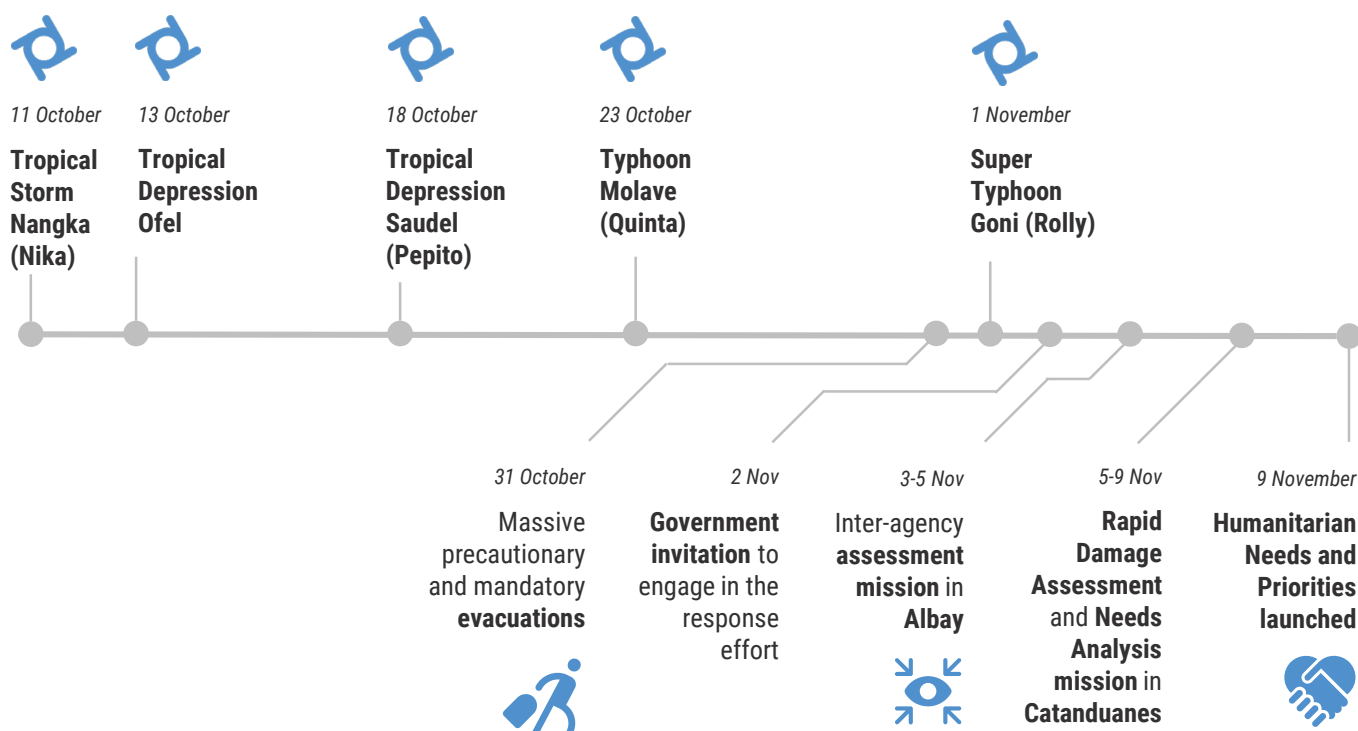
In planning the response, humanitarian partners will consider existing development programmes and work with relevant actors to identify complementarity and interdependence of programmes in achieving a common objective. Good practices will be gathered to support the advocacy for the government and development actors to urgently prioritize medium and longer-term resilience activities within existing development programmes.

The Humanitarian Coordinator, who assumes the overall responsibility for and coordination of the developmental activities of the UN as the Resident Coordinator, is in regular contact with the leadership of the Asian Development Bank and the World Bank to ensure coherence of preparedness, response, recovery and development efforts. High-level consultations are underway to explore opportunities to collaborate in response planning and programming, and recalibrate financing.

## Capacity

Under this plan, more than 80 organizations based in the country – including 12 UN agencies, 48 INGOs, 6 national NGOs, several networks of local organizations and the private sector – will implement activities in 19 prioritized municipalities in Albay and Catanduanes in support of government response. Several organizations have presence or had staff and local partners in these areas at disaster onset, enabling them to assist with evacuations and immediately take part in government-led assessments and response.

## Timeline of key events



## COVID-19 pandemic

In May 2020, the government issued Interim Protocols for Humanitarian Assistance during Community Quarantine in the aftermath of Typhoon Vongfong (Ambo), which was the first tropical cyclone to strike the Philippines this year and the first during the COVID-19 pandemic. The HCT responded to this typhoon, improvising ways to safeguard safety, quality and timeliness of humanitarian response during an outbreak. The ICCG has captured the lessons from this experience in a series of [operational guidelines](#) that now guide the response to Typhoon Goni. The guidelines cover a range of activities such as rapid needs assessments and sectoral and cash voucher assistance.

Despite these efforts, the authorities may need to put in place a more stringent community quarantine and other containment measures that restrict movement of the affected people, responders and supplies should the outbreak mark a significant escalation. This plan seeks to balance between ensuring the continuity and scale-up of humanitarian aid delivery and protecting affected people from exposure to the virus or the reduction or suspension of humanitarian aid.

Prior to the typhoon, humanitarian access in the Philippines had been

reduced by the pandemic. The Humanitarian Coordinator, WHO and OCHA have been advocating with the government for safe, timely and unhindered humanitarian access, while ensuring compliance with required protocols.

Avoidance of mass gathering, physical distancing and disease prevention may raise humanitarian delivery costs and limit efficiency gains. This plan focuses on life-saving and time-critical recovery needs, which is an investment to reduce the scale and complexity of the compounding challenges and avoid a more costly response in the future. The HCT has developed a separate [Humanitarian Response Plan](#) for the COVID-19 response (March – December 2020), which outlines health activities and multi-sectoral humanitarian assistance to address urgent secondary impact of the pandemic. The plan supports the government-led efforts and calls for \$122 million.

### Operational constraints

Power outage is widespread in the heavily affected areas and restoration may take months. Communities and responders rely on generators for temporary power. Loss of power hampers speed of delivery of assistance and raises the costs for energy needs. Where possible,

humanitarian partners may explore innovative ways to incorporate renewable energy technologies in response operations.

Assessments underway report that relief cargo has already begun to arrive by air and land as of 7 November. Debris clearing continues and some villages remain isolated. Communication networks are being re-established although there are still gaps in some locations.

The Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA) forecasts that three to seven tropical cyclones may affect the country from November 2020 to April 2021. La Niña conditions will persist throughout this period bringing above normal rainfalls. Additional heavy rains, flooding and landslides may not only prolong current displacements and force others from their homes but will also interrupt the delivery of humanitarian assistance.

*Metro Manila: Evacuees arrive in Baseco Evacuation Center as Super Typhoon Goni made landfall in the Philippines on 1 November. The typhoon is the strongest to hit the Philippines in 2020 as the country grapples with the COVID-19 pandemic.*  
Photo: UNICEF/Piojo



# Response by Sector

## Camp Coordination and Camp Management



### LEAD AND CO-LEAD AGENCIES

HCT Lead: IOM, Mr. Conrad Navidad (cnavidad@iom.int)

### TARGET AREAS

Albay (Guinobatan, Libon, Malilipot, Malinao, Oas, Polangui, City of Tabaco, Tiwi) and Cataduanes (Bagamanoc, Baras, Bato, Caramoran, Gigmoto, Pandan, Panganiban (Payo), San Andres (Calolbon), San Miguel, Viga, Virac (Capital))

### PEOPLE TARGETED

**92.7K**  
(23,200 households)

### FUNDING REQ. (US\$)

**\$2M**

### Objectives

The overall objective of the Camp Coordination and Camp Management (CCCM) Cluster is to provide a coordinated and timely cross-cutting response to the immediate humanitarian needs in displacement sites, including government managed evacuation centres and informal collective centres in affected areas in the provinces of Albay and Catanduanes. This includes improving site conditions, providing technical support and capacity-building, and working to enhance service quality and accountability in displacement sites, and advocating for key health protocols and improvements especially in light of COVID-19.

### Sector Overview (needs and response)

According to the Disaster Response Operations Monitoring and Information Center (DROMIC) data of 6 November, there are some 20,800 families (83,000 persons) staying in 783 evacuation centres in Region V; with an additional 8,600 displaced families (31,000 persons) located in informal collective centres and home-based sites across the region. Gaps remain in the collection and availability of data on population vulnerabilities and displacement to inform rapid response and decision-making. Additionally, the COVID-19 pandemic presents significant challenges to camp management both in government-managed evacuation centres, and spontaneous settlements. Sites across the region report lack of electricity and inadequate water, sanitation and hygiene facilities.

Key interventions under CCCM will include the deployment of the Displacement Tracking Matrix (DTM) to inform decision-making by government and humanitarian agencies. Necessary site planning, care and maintenance following global CCCM standards on COVID-19 will be conducted, which includes the provision of modular tents for proper social distancing under COVID conditions. CCCM will also ensure improved access to adequate life-saving services and protection assistance through improved coordination and capacity-building of camp managers and IDP leaders.

### Expected evolution of situation and needs (until December 2020)

In evacuation centres in the COVID-19 context, overcrowding and the lack of provisions for social distancing and proper health protocols greatly increase risks to the health and well-being of displaced persons. Also some local government units (LGUs) have advised populations to reside in stronger local housing (shared housing) rather than evacuation centres, leading to families residing

in damaged shelter. Movement trends point to households leaving evacuation centres to return to their land or to reside with kin, where often IDPs resort to building makeshift shelters while awaiting more durable solutions. This trend is expected to increase in the coming weeks as recovery efforts increase.

### Priority Response

- Assessment of 871 evacuation sites and home-based sites through DTM (including enumerations, basic equipment, communications, transportation).
- Provision of modular tents for physical distancing under COVID-19 conditions and safer living conditions in displacement sites.
- Care and maintenance of evacuation centres (including drainage, desludging, repair of latrines, bathing cubicles, cooking counters, multipurpose halls and other communal facilities) in 60 most affected municipalities.
- CCCM technical assistance for evacuation centres (including leaders training, psychosocial support sessions, community engagement, consultation activities) for local Disaster Risk Reduction and Management Council members and IDP leaders.
- Distribution of site management kits (including foldable table, chairs, information board, stationery).
- Evacuation planning support for LGUs of 60 most affected municipalities.
- CCCM training to LGU and DSWD Camp Managers on COVID-19 Guidelines.
- Provision of personal protective equipment to front line teams and displaced populations in evacuation centres (face masks, shields, etc.).

### Partner agencies

UNFPA, Philippine Red Cross, ACTED, IFRC, CRS, Caritas, Save the Children, DSWD, DEPED, Provincial DRRMO

### Inter-Cluster Collaboration

Shelter, Protection, WASH, Health

# Early Recovery



## LEAD AND CO-LEAD AGENCIES

HCT Lead: UNDP, Ms. Floradema C Eleazar  
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UNDP, Mr. Napoleon R Manegdeg  
(napoleon.manegdeg@undp.org)

## TARGET AREAS

Albay and Catanduanes

## PEOPLE TARGETED

# 25K

Direct Beneficiaries: 25,000 people; Indirect Beneficiaries: 250,000 people

## FUNDING REQ. (US\$)

# \$5M

## Objectives

Support sub-national governments, in partnership with the Office of Civil Defense (OCD), in conducting post-disaster needs assessment (PDNA), utilising available digital technologies (e.g., satellite imagery, IT-enabled PDNA) for faster loss and damage estimation.

Support sub-national governments to formulate and submit for funding their recovery and rehabilitation plans to achieve long-term resilience.

Provide emergency cash assistance to the most affected vulnerable population via cash-for-work schemes for community-level debris clearing and repair of damaged community infrastructure.

Support accelerated economic recovery through the implementation of livelihood activities and resilient housing and infrastructure programmes for the most vulnerable.

## Sector Overview (needs and response)

In Albay Province, settlements around Mount Mayon bore the brunt of rampaging upstream flood waters with lahar deposits and armour rocks from previous Mayon eruptions. Homes and sources of livelihoods were destroyed in its wake. Coastal communities facing Lagonoy Gulf were flattened and low-lying areas like Polangui were inundated. The typhoon brought massive destruction to all the towns in the geographically isolated island province of Catanduanes. Lifeline utilities, community assets, and critical facilities, such as potable water sources, distribution pipes and electric posts, were destroyed in most areas of Albay and Catanduanes.

Initial assessment reports reveal that families have been left with no homes, work, and businesses. The typhoon has worsened the socio-economic conditions of the people who had already been adversely affected by the pandemic since March. High priority humanitarian needs are shelter to temporarily house those whose houses have been totally damaged; shelter repair kits, food and non-food items; emergency cash and employment.

The local governments have indicated their strategy to shift to recovery mode as early as 6 November. Preparations for the conduct of PDNA at the sub-national level (provinces-cities-municipalities) should begin immediately. The PDNA-informed Recovery Plan provides the national authorities with the recovery framework and financing requirements. It will be implemented by sectoral government agencies. Assistance in laying the foundations for long-term resilience for the most impacted households is essential. The authorities have requested for capacity support to all of the above.

## Expected evolution of situation and needs

(until December 2020)

Typhoon-affected population must brace for La Niña, which is projected to last until March 2021. It is critical to provide safer temporary shelters to the displaced population to lessen their vulnerability to incoming typhoons. With the pandemic still ongoing, there will be new and additional protocols/standards to be followed.

Parallel activities like community-level debris clearing and shelter repair/construction should be undertaken in coordination with the LGU social welfare and development office. Repair or reconstruction of ICT infrastructure and electric lines should be prioritized to minimize the disruption in social sectors like education.

In consultation with the Department of Agriculture-Philippine Coconut Authority, a rapid assessment of coconut trees should be undertaken to dispose of unproductive and felled coconuts and convert them to coco lumber for use as shelter materials.

With the changed landscape of the slopes surrounding Mount Mayon up to the coastlines, government science agencies and LGUs should update its hazard and risk maps for future disasters. Corollary to this is the identification of new and safer resettlement areas, including support to owner-based reconstruction of resilient housing.

## Priority Response

- Conduct Rapid Damage Needs Assessment (RDNA).
- Coordinate with the OCD Rehabilitation and Recovery Management Service, OCD Region V and provincial LGUs of Albay and Catanduanes in planning for a PDNA. Mobilize resources for this activity.
- Implement cash-for-work debris clearing activities, and livelihood support for displaced small farmers and small enterprises.
- Support the Philippine Crop Insurance Corporation (PCIC) to expand crop insurance coverage to include parametric insurance for small rice farmers.
- Facilitate coordination with different lifeline utility providers, e.g. ICT, electric cooperatives, and water districts on the resumption of services or provision of temporary solutions like deployment of generator sets to local health facilities, evacuation centres and other community facilities.
- Assist provincial and local government offices in drafting proposals for assistance and recovery plans.
- Provide technical advice on possible areas to build temporary shelters. Propose climate and disaster-sensitive designs for permanent shelters (increase the capacity to withstand higher wind velocities and prioritise COVID-19 health guidelines).

- Support to government science agencies and LGUs in updating hazard and risk maps for future disasters. Identify new and safer resettlement areas. Undertake resettlement planning, including estate planning, with the technical leadership of the Department of Housing and political guidance of the LGUs.
- Implement innovative solutions for resilient shelter material from lahar deposits and armor rocks. Support homeowner-led reconstruction and construction in selected areas.

## Partner agencies

OCD, provincial government offices, local government offices, PCIC, DOST, DHSUD, other national agencies

## Inter-Cluster Collaboration

Shelter, Private Sector

*Catanduanes, 6 November 2020: Eight-year-old twins Lyka and Jenika are helping in the family's copra business - dried coconut meat used to make oils. Their father lamented that the price of coconut oil has steadily declined since the pandemic, and the destruction to their coconut trees further strains their income. Photo: Joint NDRRMC-HCT RDANA Assessment Team*



# Education



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	LEARNERS TARGETED	FUNDING REQ. (US\$)
<p>Government Lead: Department of Education, Ms. Ronilda Co (ronilda.co@deped.gov.ph)</p> <p>HCT Co-Lead: UNICEF, Mr. Carl Moog (cmoog@unicef.org); Save the Children, Ms. Sierra Paraan (Sierra.Paraan@savethechildren.org)</p>	<p>Eight Albay municipalities and Catanduanes</p>	<p><b>41.6K</b></p> <p>Pre-school: 7,500 Elementary: 14,560 High School: 10,400 Others: 9,100</p>	<p><b>\$300K</b></p>

## Objectives

Lessen the disruption of learning among learners and ensure immediate learning continuity through distance learning modalities.

Provide immediate psychosocial support interventions for affected learners, parents, and teaching and non-teaching personnel.

Ensure that the Education Cluster, under the leadership of the Department of Education (DepEd), has enough capacity both at national and sub-national levels, to coordinate education response activities.

## Sector Overview (needs and response)

While schools remain closed and distance education is being employed throughout the country as a measure to curb the spread of COVID-19, the recent Typhoon Goni further exacerbated the already challenging situation of the education sector in the affected areas, specifically among learners in the Bicol Region.

The onslaught of the typhoon forced the DepEd Divisions of Catanduanes and Legazpi to suspend classes, thereby disrupting the learning continuity of about 120,000 K-12 learners. Over a thousand schools have already reported damages which would require an estimated Php3.6 billion (\$74 million) for reconstruction and/or repairs. Moreover, there are initial reports indicating similar damages in early childhood development centers.

Currently, DepEd's remaining emergency fund is only at Php48 million (\$993,000) and they have explicitly expressed need from the Cluster to at least support them in clean-up, minor school repairs, and providing teachers' and learner's kits with hygiene supplies, including printer inks and bond papers for reprinting of the damaged learning modules.

## Expected evolution of situation and needs

(until December 2020)

If the damaged printed self-learning modules would not be immediately replaced and/or reprinting of learning materials would get delayed, especially due to damaged computers and printers in affected schools, learners who do not have other means to avail of other modalities for distance learning could get further behind. It is expected that the reprinting of learning materials would be challenging because many schools are still being occupied as evacuation centres. As of date, at least 598 public schools are still

used as evacuation centres, serving over 15,000 families. Though classes are now temporarily conducted remotely through distance learning modalities, Republic Act 10821 sets a maximum of 15 days for the use of public schools as evacuation centres. Should the use of schools as evacuation centres be predicted to exceed, the affected LGU shall seek written approval from DepEd and the Department of the Interior and Local Government. These schools must also be prepared for the possible resumption of face-to-face classes beginning in the first quarter of 2021.

## Priority Response

- Clean up and repair damaged schools, early childhood development centers, and other non-infrastructure items destroyed by the typhoon.
- Replace and/or assist the reprinting of damaged printed self-learning modules.
- Assist in the distribution of modules and other learning materials for the learners.
- Provide teachers' and learners' kits, including early childhood care and development (ECCD) kits (play and learning materials) that are suitable for distance learning.
- Provide mental health and psychosocial support services, including referral systems, to affected learners, parents, and teaching and non-teaching personnel, while observing social distancing

## Partner agencies

Accord, Center for Disaster Preparedness, Cultural Center of the Philippines, PDRF, Philippine Red Cross, Plan International, SEAMEO INNOTECH, Smart Communications, Unilab Foundation, World Vision

## Inter-Cluster Collaboration

WASH - provision of hygiene and dignity kits, including masks and face shields, to learners and school personnel

Child Protection - provision of psychological first aid, mental health and psychosocial support, and development/enhancement of referral pathways in LGUs

# Emergency Shelter



## LEAD AND CO-LEAD AGENCIES

HCT Lead: IFRC, Mr. Mark Mauro  
Victorio  
(coord1.phil@sheltercluster.org)

## TARGET AREAS

Albay and Catanduanes

## PEOPLE TARGETED

# 60k

6K destroyed houses (30K people);  
6K damaged houses (30K people)

## FUNDING REQ. (US\$)

# \$10M

## Objectives

To support the most vulnerable people and communities achieve safe, adequate and dignified shelter.

**Emergency shelter assistance:** To support vulnerable people and communities through the provision of emergency shelter materials (or cash equivalent) such as shelter kits, tarpaulins, and emergency NFIs.

**Support to early recovery:** To support vulnerable affected households to build back safer through the provision of tools and materials (or their cash equivalent) and training.

**Technical assistance:** Support safer construction standards at all stages of the response through the provision of technical assistance and appropriate education, information and communication materials.

## Sector Overview (needs and response)

There are 16,900 destroyed houses and 79,300 partially damaged houses based on the initial reports. Most damaged or destroyed houses are those made of light materials and extremely vulnerable to the stress of high winds and heavy rain. Other household items and NFIs have also been lost or badly damaged due to the typhoon.

Most families who moved to evacuation centres, as a pre-emptive measure, have returned to their homes and have started to repair their damaged houses using salvaged materials with limited or no financial assistance or technical guidance.

Those who wish to return but are not able to repair their damaged or destroyed houses are currently staying in the evacuation centres or with families or friends, and therefore in need of immediate emergency shelter assistance and further shelter recovery support.

Based on the initial assessment, the most in need of immediate assistance are those who have lost their homes and are currently displaced, especially those vulnerable families who may not be able to afford to repair or rebuild their houses, such as small labour or renter farmers, single-headed/female-headed households, the elderly, people with disabilities and indigenous people.

## Expected evolution of situation and needs

(until December 2020)

As more information comes in, the estimated needs and target population will likely increase. While the initial number of displaced will be high, it is expected that families will progressively return to their homes over the next two months, with most affected people trying to restart their lives and livelihoods. Markets will also progressively recover, making cash assistance more feasible as the situation evolves.

Shelter assistance will support the coping mechanisms of the affected population, providing a range of assistance that best suits the different situations of the affected families. Shelter assistance will aim to discourage long-term displacement situations and facilitate support wherever families decide to settle, with an aim to support a safe return home wherever possible.

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

## Priority Response

### Short term Emergency Shelter Assistance (ESA):

- Distribution of Emergency Shelter Kit or Shelter Repair Kit to families with heavily damaged and destroyed houses
- Cash assistance to displaced families (rental support, hosted and hosting families support)
- Transitional shelter and Housing Land and Property (HLP) assistance to displaced families unable to return and targeted by the government for relocation
- Development and dissemination of IEC materials on HLP, building back safer and disaster preparedness
- Promote safe early return by moving directly to permanent repairs where possible

### Medium term Shelter Recovery Assistance (SRA):

- Shelter Market Assessment
- Conditional cash assistance (labour, tools, materials and fixings)
- Distribution of appropriate construction materials (corrugated galvanized iron sheets and structural quality timber)
- Technical assistance to those rebuilding their heavily damaged and destroyed houses
- Training of local carpenters on build back safer techniques for safer construction and repair (Training of Trainers)
- Mobilization of community focal points for cascading and monitoring build back safer, disaster preparedness and disaster risk reduction

## Partner agencies

Shelter Cluster partners including PINGON members, national NGOs, faith-based organizations and the private sector

## Inter-Cluster Collaboration

CCCM, WASH, Health

# Food Security and Agriculture



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	PEOPLE TARGETED	FUNDING REQ. (US\$)
HCT Lead: FAO, Mr. Alberto C. Aduna (alberto.aduna@fao.org); WFP, Mr. Martin Parreno (martin.parreno@wfp.org)	Vulnerable agricultural and fishing communities, food insecure, and hard-to-reach affected households in Region V (Albay and Catanduanes) and other people in communities that are hardest hit by Typhoon Goni	<b>221.5K</b> including 14,000 farmer/fisher households (70,000 persons)	<b>\$7.6M</b>

## Objectives

To meet life-saving food needs of the affected population, living in the most vulnerable and hard to reach households.

To restore the lost agriculture and fisheries resources through the provision of agriculture and fisheries inputs.

To provide multi-purpose cash transfer to meet immediate food needs and allow farmers and fisherfolk to restart their agricultural and fisheries activities.

## Sector Overview (needs and response)

Super Typhoon Goni exacerbated the negative effects of the COVID-19 to the food security and economy of the said communities requiring critical food and nutrition support at the onset of disaster. A continuing life-saving support is needed to address food security and nutritional needs of the population by providing immediate food and restoring or establishing their livelihoods, especially of the agricultural sector.

Majority were dependent on farming or fishing as major sources of food and livelihood. The Department of Agriculture reported a damage of Php2.95 billion (\$61 million) to agri-fisheries with 126,000 metric tons of volume loss, affecting 32,000 farmers and fishers and over 66,000 ha of agricultural land.

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

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

## Expected evolution of situation and needs

(until December 2020)

Food security and nutritional needs of the affected population will remain volatile given the impact of the typhoon to sources of food and the disruption of livelihood sources. The area has already been hit by previous typhoons and is at risk for the effects of La Niña. Secondary hazards, like lahar flow and flooding, will further aggravate poor food production in the affected areas.

The disruption to agricultural production will negatively impact the availability of food over the coming months while the loss of the September and October harvest will have serious impacts on farmers and fishers livelihoods, further exacerbating food insecurity and malnutrition of the affected population.

The nutrition of the affected families will also be negatively affected due to insufficient supply of low cost, diverse and nutritious food which is highly correlated with childhood chronic malnutrition (stunting). The 2018 Fill the Nutrient Gap Survey showed that almost 20 per cent of households in the region cannot afford a nutritious diet due to economic and physical inaccessibility and correlated with 40 per cent stunting (very high). Apart from children, pregnant and lactating women, and the elderly are also at high risk for malnutrition.

## Priority Response

- Provide appropriate and timely agricultural and fisheries assistance, including seeds (rice and corn seeds for immediate planting for the November/December/January planting season), fertilizers, and assorted vegetable seeds, livestock/poultry and inputs for affected fisherfolk including fingerlings, feeds, and fishing gears.
- Provide multi-purpose cash transfers to cover immediate food needs, support the livelihoods of affected households whose houses have been destroyed, and allow affected people to restart agricultural and fisheries activities.
- Support the damaged backyard livestock/poultry raising and vegetable gardens.

## Partner agencies

FAO, WFP, UNICEF, World Vision, ADRA

## Inter-Cluster Collaboration

Early Recovery, Health and MHPSS, Nutrition, WASH, Shelter, Protection, Risk Communication and Community Engagement, Education



# Health (including SRH and MHPSS)



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	PEOPLE TARGETED	FUNDING REQ. (US\$)
HCT Lead: UNFPA, Mr. John Ryan Buenaventura (buenaventura@unfpa.org); UNICEF, Dr. Mark Benjamin Quiazon (mquiazon@unicef.org)	Albay (Guinobatan, Libon, Malilipot, Malinao, Polangui, Tabaco City, Tiwi, Oas) and Catanduanes	<b>78K</b>  Including 9,700 children under 5 years old; 19,500 women of reproductive age/girls and young adults	<b>\$8M</b>

## Objectives

Ensure access to essential primary and secondary health care.

Detect, prevent and control communicable disease outbreaks.

Ensure accountability and protect the population from sexual exploitation and abuse by health responders and related personnel.

Ensure a coordinated response.

Strengthen COVID-19 prevention and response capacities.

## Sector Overview (needs and response)

Partial reports show 26,300 families (91,500 persons) were affected in 15 municipalities and 3 cities in Albay. It can be assumed that the whole population of Catanduanes (261,000) were severely affected. Aside from the basic needs of food, water, shelter, the affected populations will need critical essential health services (medical/surgical outpatient and inpatient services, mental health and psychosocial support (MHPSS), sexual and reproductive health services, disease surveillance and outbreak control, immunization, and health advocacy). Affected populations and all responders will need to observe minimum health standards in the context of COVID-19. Children under 5 years old in evacuation centres may need measles vaccination and other health measures to prevent communicable disease outbreaks. Critical services are important to ensure the health, dignity and well-being of pregnant and lactating women, women of reproductive age, elderly, adolescents and young people.

## Expected evolution of situation and needs

(until December 2020)

Recovery of local health systems, facilities and essential services at the province, municipality and barangay levels will continue to need support.

The occurrence of communicable disease will continue to be a threat as water and sanitation systems will take time to recover and for as long as people are in evacuation centres. An integrated delivery of health services which also addresses WASH concerns, nutrition and immunization need to be in place. A strong disease surveillance system will be needed, as well as the ability to respond to outbreaks.

Ensuring adherence to minimum health standards to prevent transmission of COVID-19 will continue to be a challenge and will need sustained efforts from responders and beneficiaries alike.

2,500 women and girls will give birth in still insecure health systems and poorly functional maternal health services. 400 will need comprehensive care.

## Priority Response

### Ensure access to essential primary and secondary health care

Outpatient and inpatient medical/surgical care

- Deploy emergency medical teams.
- Establish temporary health facilities.
- Augment resources of functional health facilities.
- Provide minor repairs to health facilities.
- Support referrals to higher level health facilities.
- Provide emergency health kits for 80,000 persons for 6 months.
- Risk communication and community engagement for messaging on disease prevention.

Mental health and psychosocial support

- Provide psychological first aid.
- Augment resources (psychotropic drugs) in health facilities for initial management of cases.
- Strengthen and support the mental health referral system.

Sexual and reproductive health

- Support activation and functionality of the Reproductive Health Coordination Team in the provincial and regional levels.
- Provide dignity kits to vulnerable pregnant women, lactating mothers and women with disabilities.
- Provide maternity packs to vulnerable pregnant women and girls.
- Set up temporary Emergency Maternity Tent Facilities modified for COVID-19 to support local health teams in providing quality, safe and clean deliveries.
- Equip local health facilities providing basic emergency obstetric and newborn care (BEmONC) and comprehensive emergency obstetric and newborn care (CEmONC) with critical supplies such as clean delivery kits, reproductive health kits and personal protective equipment.
- Support the procurement and/or distribution of family planning commodities from the national and/or regional DOH to rural health facilities.
- Conduct family planning outreach missions to provide commodities to interested women and girls.
- Support the delivery of psychological first aid and psychosocial support services to women, men and young people.
- Strengthen capacities on and referral pathways for sexual and reproductive health with MHPSS during early recovery.
- Provide cash for health for pregnant women to improve access to antenatal, intrapartum and postpartum care including safe delivery in health facilities.

## Priority Response (continued)

- Provide cash for health for women and girls with severe psychosocial issues.
- Engage community health volunteers through cash for health to support community-based health education, pregnancy tracking, maternal health, and family planning counselling.
- Promote meaningful participation of adolescents and young people through capacity strengthening on leadership and governance, adolescent sexual and reproductive health in emergencies (ASRHiE) and cash for work program, contributing to improvements in their health, protection, psychosocial well-being and life skills.

### Detect, prevent and control communicable disease outbreaks

- Establish and strengthen emergency disease surveillance and outbreak control.
- Provide measles-rubella vaccines to children under 5 years old.
- Ensure adherence to minimum health standards in the context of COVID-19.

### Ensure a coordinated response

- Regular intra- and inter cluster meetings with government counterparts.
- Collaboration with government counterparts at national and local levels.

### Strengthen COVID-19 prevention and response capacities

- Contact tracing, risk communication, surveillance, health care pathways, incident management, vulnerable populations.

## Partner agencies

WHO, UNICEF, UNFPA, DOH, DSWD, World Vision, FPOP, PMHA, Y-PEER

## Inter-Cluster Collaboration

Logistics, WASH, Nutrition, CCCM, GBV



Virac City, Catanduanes, 4 November 2020: Doctors from the Doctors to the Barrios program run by the Department of Health arrive at damaged health facilities.

Photo: Joint NDRRMC-HCT RDANA Assessment Team

# Logistics



## LEAD AND CO-LEAD AGENCIES

HCT Lead: WFP, Mr. Kevin Howley (kevin.howley@wfp.org)

## TARGET AREAS

Focus on Albay and Catanduanes, with possible support to other affected areas

## FUNDING REQ. (US\$)

**\$300K**

### Objectives

To fill gaps in the Government’s logistics response by providing transport support and strategic response equipment.

### Sector Overview (needs and response)

The Government of the Philippines needs truck transport support to move their immediate response items, such as Family Food Packs and Family Kits, from their strategic stocks to the affected areas.

To date WFP has delivered 14 trucks loads of cargo to Albay and Catanduanes on behalf of DSWD and OCD. Cargo has included over 20,000 Family Food Packs, shelter items, and hygiene kits.

Additionally, five more trucks are on their way with Family Food Packs, and response equipment. The equipment (Mobile Storage Units (tents), prefab office, and a generator) will be used to set up a government-run Logistics Hub in Catanduanes. Furthermore, a generator will be delivered to OCD in Catanduanes to support a mobile water filtration system to provide drinking water.

Temporary warehouse capacity is needed on the ground to store relief items. It is also foreseen that generators will be needed as power suppliers are unreliable.

### Expected evolution of situation and needs (until Dec 2020)

Logistics support to the Government should be of limited duration. Once operations are set up and functioning, request from the Government for logistics support should decrease.

### Priority Response

- Provision of truck transport support to the Government to move essential response items.
- Provision of response equipment such as Mobile Storage Units and generators to meet gaps in the logistics response.

### Partner agencies

NDRRMC, OCD, DSWD, the humanitarian community, Cluster members, local and international NGOs

### Inter-Cluster Collaboration

As a service cluster the Logistics Cluster will potentially work with all other clusters.



*Catanduanes, 6 November 2020: Typhoon Goni tore off roofs and destroyed structures.*

*Photo: Joint NDRRMC-HCT RDANA Assessment Team*

# Nutrition



## LEAD AND CO-LEAD AGENCIES

Government Lead: National Nutrition Council

HCT Lead: UNICEF, Ms. Alice Nkoroi, (ankoroi@unicef.org); UNICEF, Mr. Ian Curt Sarmiento (isarmiento@unicef.org)

## TARGET AREAS

Albay (7 Municipalities and 1 City); Camalig, Guinobatan, Libon Malilipot, Malinao, Polangui, City of tabaco and Tiwi

Catanduanes (8 Municipalities): Bagamanoc, Baras, Bato, Caramoran, Gigmoto, Pandan, San Andres (Calolbon), San Miguel

## PEOPLE TARGETED

# 46k

including 28,700 children 0-59 months and 16,900 pregnant and lactating women

## FUNDING REQ. (US\$)

# \$1.8M

## Objectives

Emergency-affected people meet their immediate nutrition needs and avoid nutritional deterioration through improved access to life-saving and preventive nutrition interventions over six months

## Sector Overview (needs and response)

The effects of Typhoon Goni in the provinces of Albay and Camarines will exacerbate an already fragile pre-crisis chronic malnutrition (stunting) situation. The prevalence of wasting in the two provinces is above 10 per cent which is double the 2018 national prevalence[1]. (see table 1). The nutrition situation is projected to further deteriorate due to the dysfunctional food markets, upsurge of water borne diseases such as diarrhea as portable water becomes scarce.

Table 1: Pre-crisis nutritional data for provinces of Region V

Area	Stunting Prevalence (%)		Wasting Prevalence (%)		Overweight Prevalence (%)	
	NNS <sup>1,2</sup>	OPT <sup>3</sup>	NNS <sup>1,2</sup>	OPT	NNS <sup>1,2</sup>	OPT
National	30.3	-	5.6	-	4.0	-
Albay Province	37.5	14.4	10.5	4.6	-	4.4
Catanduanes Province	68.0	22.5	11.2	4.8	-	3.2

**Nutrition surveillance/situation monitoring:** The nutritional status of affected populations – vulnerable groups (including children with disabilities, adolescents in general, the pregnant teens and adolescent mothers and indigenous people) should be closely monitored through nutrition screening.

**Reinstate essential nutrition services** in the context of COVID-19. This includes protecting breastfeeding; promoting adequate infant and young child feeding in emergencies (IYCF-E); simplified approaches to treatment and prevention of acute malnutrition; supplementary feeding for pregnant and lactating women; and ensuring mother and baby friendly spaces. Coordinate with the Food Security and Agriculture Cluster to ensure food relief packs including complementary foods are diversified with fresh and nutritious food.

**Pre-position adequate nutrition commodities.** Ensure availability and replenishment of key nutrition supplies for all nutrition integrated services.

**Support nutrition and Social protection** working closely with other sectors to program nutrition sensitive cash for work and food for work intervention for the most vulnerable households.

## Expected evolution of situation and needs

(until December 2020)

The effects of COVID-19 are already gearing down the efficiency and quality of the delivery of essential nutrition services. Lancet early estimates indicate that indirect effects of the COVID-19 could

lead to a reduced coverage of essential services by 30 per cent and the prevalence of severe and moderate wasting in children under 5 years of age could be 14.3 per cent. Impacts on the nutritional status of the affected population, particularly the most vulnerable, will be felt quickly in the succeeding weeks or months as food supplies decline, market prices increase, and disrupted livelihoods deplete household savings and limit income. Increased water borne diseases such as diarrhea are likely to predispose young children to malnutrition. Compounded with the pre-crisis levels of malnutrition, varying quarantine restrictions due to COVID-19, childhood wasting will increase if immediate measures to ensure adequate supply of safe drinking water, adequate and appropriate healthy and nutritious food (especially for young children and pregnant and lactating women), nutrition services are not in place. The impacts of Typhoon Goni will further exacerbate the pre-existing challenges to deliver life-saving nutrition interventions to the vulnerable populations and the risk of death for the already severely malnourished may be imminent.

## Priority Response

- Ensure a predictable, timely, coordinated and effective nutrition response to the emergency-affected population.
- Protect, promote, and support optimal IYCF practices in emergencies for breastfed and non-breastfed girls and boys aged between 0-23 and pregnant/lactating women.
- Ensure access to programmes that treat and prevent acute malnutrition among vulnerable populations (boys and girls between 0-59 months, pregnant and lactating women).
- Ensure access to programs that prevent and control micronutrient deficiencies (Anaemia, Vitamin A and other micronutrient deficiencies) among vulnerable populations (children aged between 6-59 months and pregnant and lactating women).
- Ensure timely and relevant data, reports are communicated to partner agencies and government counterpart and clusters.

## Partner agencies

UNICEF, WFP, FAO, WHO, Samaritans Purse, Save the Children, International Care Ministries, World Vision, Plan International, KMI, ACF

## Inter-Cluster Collaboration

Food Security and Agriculture, Health and MHPSS, WASH, Protection, Gender, Environment, Early Recovery, Logistics and Telecommunications

[1] 2015 National Nutrition Survey

# Protection: Child Protection (NCPWG) and Gender-based Violence (GBV) sub-cluster



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	PEOPLE TARGETED	FUNDING REQ. (US\$)
<p>National Child Protection Working Group - HCT Lead: UNICEF, Ms. Rodeliza Barrientos-Casado (rbarrientos@unicef.org); UNICEF, Ms. Faye Balanon (fabalanon@unicef.org)</p> <p>GBV sub-cluster - HCT Lead: UNFPA, Ms. Aimee Santos (msantos@unfpa.org); UNFPA, Ms. Jocelyn Bellin (bellin@unfpa.org); UNFPA, Mr. John Ryan Buenaventura (buenaventura@unfpa.org)</p>	<p>Catanduanes and eight (8) Albay municipalities identified as severely affected</p>	<p><b>141k</b></p> <p>including 60,000 children and caregivers, 3,700 pregnant women, 30,000 women of reproductive age, 29,800 adolescents, 7,400 elderly, 7,700 poor individuals with disability</p>	<p><b>\$3.77M</b></p> <p>NCPWG: \$120,000 GBV sub-cluster: \$3.65M</p>

## Objectives

- Supportive of HCT response objective 1,[3] the National Child Protection Working Group (NCPWG) will complement government response to child protection concerns in the context of Typhoon Goni response while implementing COVID-19 response through:
  - Psychosocial support to affected children and families. Child protection programmes are needed to reduce the risk that short-term distress, may lead to longer term mental health issues, and children who need more specialized interventions are referred for support. Given the COVID infectious disease context, these psychosocial support initiatives, including setting up of child friendly spaces, would be observing safety protocols prescribed by the Health Cluster.
  - Scale up advocacy, communications and awareness raising activities around prevention and response to abuse, exploitation, violence and neglect. Child Protection/GBV programmes are needed to roll-out prevention strategies, and to connect survivors with confidential and survivor-centred assistance e.g. health, psychosocial services.
  - Cluster coordination and technical assistance to government partners for the prioritization and integration of child protection principles in Typhoon Goni response, while mindful of COVID protocols.
- Assure centrality and integration of protection and GBV risk mitigation in damage and needs assessments, sectoral assessments, and response interventions.
- Provide life-saving protection supplies, equipment, and direct assistance to affected women of reproductive age (WRAs), including enhanced dignity kits, solar radios, women-friendly-space tents, cash voucher assistance, and GBV IEC materials.
- Ensure resumption and availability of GBV prevention and response services, including updating of referral pathways, coordinating with the Local Committee on Anti-Trafficking and Anti-Violence Against Women and Children (LCAT-VAWC) or GBV Working Group, and providing psychosocial support services for women and girls survivors of GBV.

## Sector Overview

### Child Protection:

While Bicol Region has 38.8 per cent poverty incidence,[4] it demonstrated advanced levels of functionality for its Local Council for the Protection of Children (LCPC).[5] Pre-emptive evacuation has facilitated household unity and prevented family separation. For most municipalities, there were no reported missing individuals, or any reported case of separated and/or unaccompanied children following the typhoon. However, secondary separation risks remain as children are left with relatives while parents repair shelters.

Main concerns include food insecurity and lack of livelihood opportunities following the typhoon, which increases protection risks and vulnerability to negative coping strategies such as neglect, child marriage and child labour. Coastal barangays reported that their identification and civil documents have been damaged or destroyed by the typhoon. Anxiety was observed in some children. There are no coordinated efforts on MHPSS for affected communities, or for service providers who were also affected by this emergency. While there is no documented child abuse or GBV cases related to this emergency, some areas had abuses cases pre-emergency.[6] The additional stress brought about by this crisis could increase the risks for protection issues and abuse cases.

Direct observation by rapid assessment teams also indicated protection risks in overcrowded evacuation centres, with no electricity, limited water supply, and very little privacy for evacuees. "Home-based evacuees" or families staying with relatives face increased risks of child sexual abuse as multiple families are cramped into a room. Emergencies increase the risk of GBV as protection mechanisms (law and order, community/family networks) are weakened.[7] Children are more likely to engage in hazardous work as reported by an affected municipality.[8] Moreover, these child protection concerns need to be examined in COVID pandemic context.

### GBV:

Before the disaster, 40.1 per cent of ever married women 15-49 years old in Region V have experienced physical or sexual or emotional violence.[9] In 2018, the 229 women in especially difficult circumstances served by the DSWD in Region V was a 94 per cent increase from 2017. About 56.8 per cent of the cases were psychologically disturbed women.[10] Within the Typhoon Goni-affected areas, there is an anticipated 16,700 number of cases of sexual violence who will seek care.[11]

Women and Children Protection Units (WCPUs) are hospital-based facilities that can implement, at a minimum, clinical management of rape or a multi-disciplinary response to GBV. Within Region V, six WCPUs had been established in Camarines Sur and Albay. As of 5 November, only two were assessed and reported as functional. There are no established WCPUs in Catanduanes.[12]

The wide devastation in the wake of Typhoon Goni requires immediate support to coordinate all efforts for the prevention and response to GBV. It is also important to provide immediate logistical support for the prompt resumption of GBV protection services. With the social determinants affecting health in Region V, there is a need to provide social protection measures.

## Expected evolution of situation and needs (until Dec 2020)

Protection is a cross-cutting priority among all sectors but often not visible at the onset of an emergency, thus, often not prioritized in humanitarian response. Vulnerable households, including single parent households, persons with disabilities, children, particularly adolescent boys and girls, at a greater risk to abuse, GBV, exploitation, trafficking, labour, early marriage, and unwanted pregnancies. Mitigating, preventing and responding to sexual and GBV against children are life-saving interventions that require a multisectoral response.

While COVID pandemic safeguard protocols are in effect, the NCPWG will primarily rely on online modalities for coordination and risk communication and community engagement. This has limitations of reaching geographically isolated areas with weak mobile or internet connection. While traditional platforms will likewise be explored, this would be limited to areas reached by radio broadcast. Wherever possible, the NCPWG will explore, in consultation with government and civil society organizations, the possibility of doing community-based child protection initiatives.

At the disaster onset, GBV coordination among protection actors will need to support the consolidation of data from secondary review of literature and remote needs assessments with local stakeholders and constituents to gain a fuller picture of vulnerable women and girls' key immediate needs, especially within the most damaged geographic areas.

Initial GBV interventions must focus on resuming or establishing GBV services and updating established referral pathways, contacts of GBV service providers. Pre-positioning and distributing life-saving protection information and commodities will also ensure the dignity, safety and protection of the most at-risk populations - pregnant and lactating women, people with disabilities, IDPs, young mothers.

The government's capacity to respond may be affected by other large-scale emergencies that may affect the country. Additional resources need to be mobilised to respond to this typhoon emergency while still doing COVID response, and any additional large-scale emergencies that may occur later this year.

## Priority Response

### Provide psychosocial support to affected children and families

- Disseminate life-saving information through different online and offline platforms on parenting skills for parents and care givers; prevention of all forms of violence against children, including GBV, sexual exploitation and abuse; and prevention of family separation.
- Strengthen family and caregiving environments to facilitate access to MHPSS services, case management for children in need of care and protection, and access to child-centered, integrated medical, psychological, and legal services for children and women survivors of violence.
- Phone and online based helplines to provide basic MHPSS; facilitate prevention of violence against children and gender-based violence, referral to specialized services for families and children in need of care and protection.
- Medical, psychological, and legal services to children and women survivors through one-stop Child Protection Units, in targeted locations.
- Community based psychosocial support services for affected children and communities, once the enhanced community quarantine is lifted.

**Extend cluster coordination and technical assistance** to government partners for the prioritization and integration of child protection principles in Typhoon Goni response, while mindful of COVID protocols.

### GBV

- Service mapping and updating of GBV referral pathway.
- Ensure and integrate GBV component across cluster strategies, including CCCM, WASH, food distribution, cash-for-work programmes.

- Distribute enhanced dignity kits, solar radios, women-friendly-space tents with GBV IEC materials, and collapsible water container with treatment facility.
- Distribute portable power generator, solar-powered perimeter lampposts to critical women service and protection facilities.
- Implement cash voucher assistance to individuals most at risk – pregnant and lactating women, people with disabilities, IDPs and young mothers.
- Establish women-friendly spaces.
- Map availability of services for inclusion in the GBV referral pathway.
- Coordinate with the SRH Sub-Cluster to strengthen the capacity of health facilities on clinical management of rape survivors.
- Support mobilization of social workers from other DSWD regional offices or LGUs, academic institutions, NGOs, and/or the private sector as surge capacity to serve as multi-disciplinary teams to provide psychosocial support, GBV case management and referral services.
- Deploy GBV watch groups for patrolling and monitoring GBV cases.
- Coordinate with and support the PSEA Task Force in popularizing prevention messages, protocols, and reporting mechanisms.

## Partner agencies

**NCPWG:** Council for the Welfare of Children (CWC), government cluster chair], DSWD, Philippine National Police – Women and Children Protection Center (PNP WCPC), DepEd, Juvenile Justice Welfare Council, Commission on Human Rights (CHR), and all 17 Regional Sub-Committees on the Welfare of Children (RSCWCs) with their expanded function to include CPWG coordination, Philippine Red Cross, Save the Children, World Vision, Plan International, Child Protection Network, Community and Family Services International, Philippine Children's Ministries Network

**GBV sub-cluster:** DOH, DSWD, Oxfam, PLAN Intl, PDRF, Save the Children, CPN, PKKK, Samaritan's Purse, IOM, UNICEF, UN Women

## Inter-Cluster Collaboration

**NCPWG:** Education (for referral pathway); Health (for referral pathway); Nutrition (for referral pathway); Risk Communication and Community Engagement (for promotion of life-saving information); WASH (for hygiene promotion and disinfection of protection facilities)

**GBV sub-cluster:** Health and SRH, CCCM, Food Security and Agriculture, WASH, Education, Risk Communication and Community Engagement, PSEA

*Siblings go around Barangay (village) Sabang, San Jose, in Camarines Sur province, Philippines, to find items that they can salvage in the aftermath of typhoon Rolly (Goni). Photo: UNICEF/Ruel Saldico*



# Protection: Sexual Exploitation and Abuse (Cross Cutting)



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	PEOPLE TARGETED	FUNDING REQ. (US\$)
HCT Lead: UNRCO, Ms. Matsinkou Tenefosso Sydoine Claire (smatsinkou@unicef.org); UNICEF, Ms. Rodeliza Barrientos (rbarrientos@unicef.org)	Albay and Catanduanes	30K	\$100K

## Objectives

Engage with the affected communities to strengthen feedback and accountability mechanisms and PSEA.

Establish mechanisms to ensure appropriate and timely response including reporting and referral mechanisms, victim assistance and investigation to allegations of sexual exploitation and abuse (SEA).

Put in place systems to mitigate risk of SEA by humanitarian aid workers including staff and community awareness.

## Sector Overview (needs and response)

Risks of SEA by aid workers are on the rise even though no allegation has been received.

Super Typhoon Goni has increased vulnerabilities of the population to different forms of abuse including SEA where the livelihood activities of many have been destroyed and children are now being involved in livelihood activities. Many families are home-based with relatives as they await humanitarian aid. There is widespread loss of power and the populations might remain in the dark for a relatively long period.

Some first responders, mainly government agencies, including LGUs and the Philippine Red Cross are already on the ground providing emergency aid to the affected population. Other humanitarian organisations are carrying out assessments in view of providing appropriate response to the population. It is projected that the number of humanitarian agencies and staff on the ground will continue to increase, including new hires.

The locality does not have recent referral pathways for handling GBV, child protection or SEA cases.

Some GBV services (which could equally serve as services for survivors of SEA) are not functional. While GBV Sub-Cluster re-establishes services, SEA survivors might have to receive services out of their locality.

Community-based complaint mechanisms have not been assessed. They need to be identified and strengthened to take into account the current situation.

## Expected evolution of situation and needs

(until Dec 2020)

The number of humanitarian workers on the ground is expected to rise continually through December 2020.

## Priority Response

### Engagement with local communities

- Carry out community awareness on SEA including the identification and training of volunteers.

### Prevention.

- Orient humanitarian personnel on SEA.
- Carry out advocacy with humanitarian agencies and share standards to use human resource practices that favour PSEA in hiring personnel to respond to the typhoon, including noting PSEA in contracts and continuing background check even after the personnel takes up functions.

### Response

- Provide quality services to victims and survivors of SEA in collaboration with other clusters (especially Health, GBV and Child Protection, Early Recovery).
- Orient PSEA, GBV and Child Protection staff on intake and referral of SEA allegations with the use of pre-adopted referral pathways.
- Submit allegations of SEA in a timely manner for appropriate investigation.

### Coordination

- Support the HCT in overseeing the implementation of PSEA strategy.

## Partner agencies

UNICEF, UNHCR, CRS

## Inter-Cluster Collaboration

GBV, NCPWG - Ensure that their service providers are oriented on identification and handling of PSEA cases and the use of PSEA referral pathways

[3] "In supporting the government-led response to Typhoon Goni, the country-based humanitarian partners under the HCT umbrella will focus on the life-saving and time-critical recovery needs of the people, especially women and girls, living in the hardest-hit provinces, Albay and Catanduanes. In line with government's invitation to engage in a collective effort to provide assistance, the HCT will, from November 2020 to April 2021: 1. Save lives and livelihoods by providing immediate, integrated humanitarian assistance and protection to those in the most urgent need;

[4] NDRRMC Poverty incidence (2015)

[5] Based on the 2018 Child Friendly Local Governance Audit

[6] Bato, Catanduanes reported 4 rape cases of children, and 1 trafficking case (2019); Oas, Albay reported 1 GBV case (2019); Libon, Albay municipal health officer reported that there are 15 sexual abuse cases; San Miguel, Catanduanes had one pre-existing case of GBV reported for 2019. No protection issues as per reports (MSWDO and BLGU): Nabua, CamSur; Buhí, CamSur; Balatan, CamSur; Bato, CamSur; San Andres, Catanduanes; Virac, Catanduanes; Matnog, Sorsogon.

[7] Debriefing Form Typhoon Rolly Libon and Guinobatan, Albay (Date of Submission: November 4, 2020)

[8] Debriefing Form Typhoon Rolly Libon, Albay (Date of Submission: November 4, 2020)

[9] Philippine Statistics Authority (PSA) and ICF. 2018. Philippines National Demographic and Health Survey 2017: Key Indicators. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

[10] Philippine Statistics Authority (PSA) Regional Statistical Service Office V. 2019. 2019 Regional Social and Economic Trends Bicol Region. Bicol, Philippines: PSA.

[11] Based on estimates run on MISP calculator, Nov 2, 2020.

[12] Based on an interview with Child Protection Network, CSO organizing and capacitating WCPU (Nov 4, 2020).

# Water, Sanitation, and Hygiene



## LEAD AND CO-LEAD AGENCIES

Government Lead: DOH, Engineer Lito Riego de Dios (litoriego@yahoo.com)

HCT Lead: UNICEF, Ms. Louise Maule (lmaule@unicef.org); UNICEF, Mr. Paul G. Del Rosario, (pdelrosario@unicef.org)

## TARGET AREAS

Albay (Municipalities of Guinobatan, Libon, Malilipot, Malinao, Polangui, Tiwi, Oas and the City of Tabaco) and Catanduanes

## PEOPLE TARGETED

**260k**

## FUNDING REQ. (US\$)

**\$6.3M**

## Objectives

The coordinated response of WASH Cluster partners aims to ensure that:

- sufficient and safe water is immediately provided and accessible to affected poor women, men, girls and boys who may have less capacity to cope with the impact of the super typhoon;
- basic sanitation facilities are made available to affected poor women, men, girls and boys while ensuring protection of most especially women and girls, and that key health and hygiene messages in emergency and pandemic situations are well promoted; and
- there is sufficient capacity of WASH clusters at the regional and provincial levels to coordinate WASH response and early recovery activities that abide by minimum standards, including on protection, gender, accountability to the affected population, and PSEA by humanitarian WASH personnel.

## Sector Overview

Packing winds of more than 200 km/h when it first made landfall in Catanduanes and Albay provinces, Super Typhoon Goni brought about massive flooding, landslides, storm surges, even lahar flows from the Mayon Volcano that destroyed hundreds of houses, including WASH facilities, especially of the poor population whose amenities have been limited and sub-standard to begin with. Water systems have been either seriously damaged, e.g., distribution systems broken, or destroyed. Power outages, projected to continue for weeks, even months, have halted or seriously slowed down operations of water districts. Thus at the moment, across the affected areas, typhoon survivors are subsisting mainly on Level I water sources (springs, hand pumps), many of which are reported to have been contaminated by flood and sea waters, or dependent on the few water refilling stations that have managed to still operate after the disaster. Other public structures were also not spared, including health care facilities / community COVID-19 quarantine facilities and their WASH amenities that have been local governments' first line of defence against the prevailing COVID-19 pandemic.

At the height of the typhoon, thousands of people trooped to evacuation centres, mostly schools that are currently unused because of COVID-19. As usual, WASH facilities in these centres are limited and below acceptable standards, e.g., toilets are not sex-disaggregated, and in particular by COVID-19 health standards, e.g., without physical distancing. Those whose houses were completely destroyed will have to stay in these evacuation centres or with relatives for longer, with some due to be relocated to

transitional sites where WASH facilities and services are still to be established.

In many of the communities in coastal municipalities, overflowing of septic tanks has also been reported. In addition, the superstructure of many household toilets has been destroyed making them temporarily unusable. Reports indicate that some households are sharing toilets with their neighbours, while others are resorting to open defecation.

Concerned government agencies, e.g., DOH, DSWD, the Philippine Red Cross, and respective LGUs have started extending WASH assistance to the typhoon survivors. However, with the magnitude of the disaster in the two provinces, additional external support is immediately needed to avert the spread of WASH-related diseases, as well as to reduce the risks of COVID-19 transmission.

## Expected evolution of situation and needs

(until Dec 2020)

With significant numbers of people expected to be staying in evacuation centres for a longer period of time, some awaiting relocation, not only access to WASH facilities and services will have to be maintained, but protection measures, especially for women and girls, including prevention of SEA, will also have to be strengthened. In general, as implementation of WASH response programming in Albay and Catanduanes provinces proceeds, keen attention to cross-cutting issues, including protection, gender, accountability to affected population, and PSEA, will have to be reinforced.

An exhaustive assessment on the extent of damages to water systems is still being undertaken but already it is being projected that for some communities, resumption of operation of these systems will take some time. There is a serious concern that continued access to poor quality water, coupled with inadequate access to sanitation and hygiene facilities and materials, will lead to further spread of diarrhoeal and other WASH-related diseases.

With the onslaught of the super typhoon, the people of Albay and Catanduanes provinces are now facing the double-burden of enduring the impact of a natural disaster and a health and socioeconomic emergency from the COVID-19 pandemic. This will significantly limit their economic abilities to access and support recovery of critical WASH services they require. In addition, the capacity of the LGUs to respond is constrained, as most have already spent available contingency funds on COVID-19 response activities during the year.



## Priority Response

### Water

- Distribution of water kits (jerry can and disinfection material) with clear usage instructions.
- Setting up of water treatment units and distribution systems (tanks, bladders) in critical communities, i.e., with almost no access to safe water and where ground water is saline, through concerned government agencies, CSOs and the private sector.
- Extending technical assistance to local governments and local water districts to assess extent of damage and repair requirements of damaged water systems (Level II, Level III), including provision of minimal material support, e.g., pipes, water treatment supplies, small equipment, e.g., generators, as may be necessary to immediately restore vital water supply systems, and extend as needed to planned transition/relocation sites.
- Provision of support for disinfection and small-scale repairs of existing water sources/systems (Level I), including water quality monitoring, i.e., distribution of water testing materials and training.
- Installation of Level I water sources in planned transition/relocation sites.

### Sanitation

- Construction of sex-disaggregated temporary toilets or setting up of portalets/mobile toilets in critical evacuation centres, and semi-permanent communal facilities in critical communities, including organising WASH committees and provision of supplies for daily operations and maintenance.
- Installation of more sex-segregated bathing facilities and communal handwashing stations following minimum standards (child-friendly, with consideration to people with disabilities, incorporating menstrual hygiene management, ensuring protection of especially women and girls, etc.), also considering COVID-19 prevention and control, in evacuation centres and critical communities
- Distribution of latrine repair/construction materials in the most affected communities, side-by-side with shelter repair initiatives of the Shelter Cluster, while employing cash transfer modalities when applicable.
- Repair and rehabilitation of damaged communal and institutional sanitation facilities (latrines, hand washing facilities) in the critical communities, particularly in health care facilities (health centres, COVID-19 quarantine and isolation centres), possibly also through cash transfer or cash-for-work modalities.
- Desludging of over-flowing household septic tanks, latrines set up in evacuation centres and communities, septic tanks of

institutional sanitation facilities; and setting up of emergency faecal sludge management system (latter in Catanduanes Province only)

- Support to solid waste management.

### Hygiene

- Distribution of expanded hygiene and dignity kits, ensuring availability of sufficient menstrual hygiene management supplies, and inclusion of materials for COVID-19 prevention and control, e.g., hand sanitizer, cleaning and disinfection supplies.
- Conduct of community engagement for hygiene promotion in critical evacuation centres and affected communities, also focusing on COVID-19 infection, prevention and control, and including training of volunteers to also cover PSEA, and supported by distribution of existing IEC materials.

### Coordination

- Extending technical assistance to DOH Center for Health Development Region V, and the provincial LGUs of Albay and Catanduanes on WASH Cluster coordination, response and early recovery planning, including accessing available funds.

## Partner agencies

Action Against Hunger (AAH); Adventist Development and Relief Agency (ADRA); Americares; A Single Drop for Safe Water (ASDSW) partnering with the Humanitarian Response Consortium (HRC); CARE Philippines partnering with Tarabang para sa Bicol (TABi) and ACCORD; Catholic Relief Services (CRS) partnering with the Caritas network; DOH; International Medical Corp (IMC); Oxfam Philippines partnering with Coalition for Bicol Development (CBD) and Coastal Core Group; Plan International; PRC; Relief International (RI) partnering with Simon of Cyrene; Samaritan's Purse; Save the Children; UNICEF; World Vision

## Inter-Cluster Collaboration

Emergency Shelter - distribution of latrine repair kits

CCCM - WASH interventions in evacuation centres and transition/relocation sites

Health - COVID-19 prevention and control measures, including management of hazardous waste, e.g., disposal face masks, and action on WASH in health care facilities



*Polangui, Albay, 3 November 2020: A girl fetching water near a destroyed resettlement site.*

*Photo: Albay Joint Rapid Assessment Team*

# Coordination



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	PEOPLE TARGETED	FUNDING REQ. (US\$)
HCT Lead: OCHA, Mr. Mark Bidder (bidder@un.org); OCHA, Ms. Manja Vidic (vidic@un.org)	Albay and Catanduanes	HCT and partners including CSOs, NGOs, INGOs, private sector, government counterparts at the national and local levels	\$200K

## Objectives

Support the government to coordinate an effective and principled emergency response to Typhoon Goni to save lives and protect people and their livelihoods.

## Sector Overview (needs and response)

Typhoon Goni created significant humanitarian needs among people who were already suffering from the devastation caused by successive tropical cyclones and adverse socio-economic impacts due to the COVID-19 pandemic. The urgency, scale and complexity of the needs prompted the Foreign Affairs Secretary on 2 November to formally invite the Humanitarian Coordinator to engage in the government effort to assist the people in the most affected areas.

Members of the HCT have been actively supporting the government-led response. Inter-sectoral and inter-agency coordination as well as understanding of humanitarian needs, response and operational constraints will enable a focused response that complements government effort. The Humanitarian Coordinator's role to strengthen humanitarian engagement with the authorities will be critical.

The primary coordination mechanisms to respond to the impact of natural disasters in the Philippines are: HCT; ICCG including the thematic/technical groups such as the Community of Practice on Community Engagement, Gender in Humanitarian Action, PSEA Task Force, Information Management Working Group and Cash Working Group; Philippine International NGO Network and coordination platforms established by the government at the national and local levels, including those that were established for COVID-19 response. The HCT will leverage these mechanisms to ensure that a coordinated effort quickly fills critical gaps in the relief and early recovery underway.

OCHA will also put in place a reporting and monitoring mechanism to keep track of response implementation and regularly share this information with the government.

## Expected evolution of situation and needs

(until December 2020)

The Philippines is vulnerable to tropical cyclones and associated hazards. The negative effects of tropical cyclones will be aggravated in the coming months due to the 2020-2021 La Niña episode. Albay and Catanduanes are two of the provinces that are prone to tropical cyclones given their geographic location on the east coast of the country. PAGASA rainfall forecast for November 2020 to April 2021 suggests that most parts of the country will likely receive near to above normal rainfall and three to seven tropical cyclones during this period, most making landfall.

Effective coordination will ensure that sectoral needs and gender-responsive analysis provides a comprehensive picture of overall needs, helping diverse set of actors to achieve a common understanding of the humanitarian context and participate in a collective response. Coordination will improve prioritization and reduce duplication, ensuring that assistance and protection reach the people who need it most.

## Priority Response

- Strengthen humanitarian coordination.
- Facilitate assessments, strategic planning and monitoring.
- Provide information management services to the government and humanitarian community to inform coordination, decision-making and advocacy.
- Put in place a reporting and monitoring mechanism to ensure implementation activities are on track.
- Support high-level engagement, advocacy and communications by the Humanitarian Coordinator with national and local institutions and international community.
- Support resource mobilization for life-saving and early recovery needs and the ability to sustain them.
- Advocate for the needs of the most vulnerable and at-risk groups as well as an effective and coherent response to the protection needs of affected populations, including PSEA and SGBV.
- Gather lessons to ensure timely and effective humanitarian response to unfolding and future humanitarian emergencies.

## Partner agencies

Members of the HCT, ICCG, and thematic working groups under the ICCG

# Private Sector



## LEAD AND CO-LEAD AGENCIES

Finance, FNFI, SAR/Medical, Telco: PDRF, Mr. Erwin Paulo Tolentino (epvtolentino@pdrf.org.ph); PDRF, Ms. Bernadette Nikka Villanueva (bcvillanueva@pdrf.org.ph)

Logistics, PFE, Water: PDRF, Mr. Erwin Paulo Tolentino (epvtolentino@pdrf.org.ph); PDRF, Ms. Philine Neille Cruz (pacruz@pdrf.org.ph)

## TARGET AREAS

Albay and Catanduanes

## PEOPLE TARGETED

120k

## FUNDING REQ. (US\$)

\$680k

Finance: \$200,000  
FNFI: \$100,000  
Logistics: \$200,000  
PFE: \$80,000  
SAR/Medical: \$60,000  
Water: \$40,000

## Objectives

### Finance:

The overall objective is to offer critical support in immediate disaster response and assess the typhoon's economic impact that will contribute to the transition and development of the community's early recovery.

The Philippine Disaster Resilience Foundation (PDRF), its Emergency Operations Center, offers to be the private sector coordinator for the response activities for Typhoon Goni, which includes technical support, resource augmentation, and capacity-building to support local and national governments, the UN, and CSOs. Following COVID-19 protocols, the following are the key areas where the private are engaged:

1. Finance: Provide ease of access to finance services in evacuation centres, community centres, and other affected areas and increase access to digital platforms.
2. Food and Non-Food Items (FNFI): Provide ready-to-eat hot meals, hygiene kits adjusted for COVID-19, cleaning/disinfection kits for evacuation centres, shelter repair kits for partially and totally damaged households.
3. Logistics: Provide logistical support in transporting food and non-food, shelter, and other relief items.
4. Power, Fuel, and Energy (PFE): Provide generator sets for emergency power supply, support the deployment of linemen to repair damaged powerlines, and provide electrification with the use of solar lamps and emergency lights to the affected communities.
5. Search and Rescue/Medical (SAR/Medical): Provide MHPSS in affected areas.
6. Telecommunications (Telco): Provide free call booths and free charging stations to the affected communities.
7. Water: Provide drinking water and water filtration systems for affected communities.

## Sector Overview (needs and response)

Due to the extent of the damages to infrastructure, micro, small and medium enterprises (MSMEs), and connectivity, affected individuals who rely on remittances from family members will have limited access to financial services. Specific to MSMEs, there is a need to identify businesses' categories and their specific needs that institutions can provide support (banks loans, aid grants,

private sector support).

With the impact of the pandemic and strict protocols of physical distancing, support on mental and physical health are supported through the PDRF FNFI Cluster.

The geographical challenges, COVID-19, and La Niña - aid, in general, is expected to be disrupted or delayed. Due to the extent of the damages in Catanduanes, constant logistical support must be provided for immediate humanitarian relief in barangays near the coast and rivers. Logistical support will enable the delivery of hot meals (community kitchen on wheels), shelter materials, Mobile Treatment Plants, drinking water, generator sets, and fuel. Inter-cluster coordination between PFE and Telco clusters will also be needed.

## Expected evolution of situation and needs

(until December 2020)

With the Government's call to immediately transition to early recovery, PDRF conducted a Rapid Economic Appraisal to assess the impact of Typhoon Goni on the business sector, specifically to the MSMEs. The whole-of-society conduct of a PDNA is also recommended to identify cross-cutting sectors where the private sector can assist in early economic recovery. With the work of PDRF in the Bicol Region as convener of the MSME Resilience Core Group, PDRF offers technical support in laying the foundation of MSME resilience. PDRF aim to provide capacity-building to the MSMEs to be engaged in response preparedness so that these sectors can be tapped in coordination and resource mobilization on the ground.

Jumpstarting economic activity will require innovation and increased digital payment channels. Capacity-building and re-tooling of MSMEs will be needed or enhanced.

The affected population's needs will shift from the immediate (food and hygiene packs) to shelter repair kits as the economy slowly comes back, and they return to their houses.

Anticipating the effects of La Niña, the response and early recovery is expected to be prolonged, and the region will still need logistics support, emergency power, telecommunication support to be available.

As people move away from evacuation centres, it will be necessary to provide ongoing MHPSS to communities affected, significantly to mothers and children already affected by disrupted education due to COVID-19.

## Priority Response

### Finance:

- Set up remittance centres in evacuation centres and community centres in different barangays and municipalities.
- Assist micro remittance centres in barangays to resume their operations.
- Assist MSMEs in the region through the MSME Resilience Core Group.

### Food and Non-Food Items:

- Provide hot meals, hygiene and cleaning/disinfection kits, and shelter repair kits.

### Logistics:

- Provide logistical support in the delivery of hot meals to evacuation centres and other affected communities, shelter materials to camps or temporary shelter centres, generator sets and lamps to evacuation centres and areas with no electricity, and provisions for drinking water like water filtration systems or mobile treatment plant(s).

### Power, Fuel and Energy:

- Provide gensets, solar lamps and emergency lights.
- Deploy linemen

### Search and Rescue/Medical:

- Deploy trained MHPSS teams to service displaced individuals, injured, and those who suffered loss of family members, livelihood and homes.

### Telecommunications:

- Arrange free call booths and free charging stations.

### Water:

- Provide drinking water and mobile treatment plant.

## Partner agencies

Finance: DTI; FNFI: DSWD; Logistics: OCD, Philippine Navy; PFE: Department of Energy, OCD; SAR/Medical: Center for Disaster Preparedness, Ateneo De Naga university; Telco: DICT, RETT; Water: OCD, local government agencies of Catanduanes and Albay; For all sectors: PDRF Network

## Inter-Cluster Collaboration

Finance: Telco (e-cash transfer platforms), PFE (generator sets); FNFI, PFE: Logistics (land transportation for equipment and volunteers); Logistics: Food/Nutrition (delivery of hot meals), Shelter (delivery of shelter materials), WASH (delivery of drinking water, mobile treatment plant), PFE (delivery of gensets, and lamps), Telco (logistical support for free call and charging booths); Telco: Logistics (land transportation for equipment and volunteers), PFE (Gensets for booths); Water: Logistics (Provision of transport for water and equipment)

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



Photo: UNOCHA/Martin San Diego

# SUPER TYPHOON GONI (ROLLY) HUMANITARIAN NEEDS AND PRIORITIES PHILIPPINES

ISSUED 9 NOV 2020

*The Philippines Humanitarian Country Team (HCT), under the leadership of the Humanitarian Coordinator, ensures that humanitarian action by its members is well coordinated, principled, timely, effective and efficient. The HCT acts in support of and in coordination with national and local authorities with the objective to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, livelihoods and dignity of people in need. The HCT members include Humanitarian Coordinator – Chair, FAO, IOM, OCHA, UNDP, UNFPA, UN-HABITAT, UNHCR, UNICEF, WFP, WHO, Save the Children (co-lead for Education Cluster), Action Against Hunger, ACTED, ADRA (PINGON co-convener), CARE, Oxfam (PINGON convener), Disaster Risk Reduction Network Philippines, Philippine Partnership for Emergency Response and Resilience, UN Civil Society Assembly. Observers include UN Resident Coordinator Office, UNDSS, International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies, Philippine Red Cross, Embassy of Australia, ECHO, Embassy of Japan, Spain/AECID, USAID and PDRF.*

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