

SUPER TYPHOON GONI (ROLLY) AND TYPHOON VAMCO (ULYSSES) HUMANITARIAN NEEDS AND PRIORITIES PHILIPPINES

NOV 2020 -
APRIL 2021
ISSUED 26 NOV 2020



Photo: UNOCHA/Martin San Diego

The [Humanitarian Needs and Priorities document](#) was launched on 9 November 2020 to address immediate and early recovery needs of the areas hardest hit by Super Typhoon Goni. It was subsequently revised and released on 26 November as this Super Typhoon Goni and Typhoon Vamco Humanitarian Needs and Priorities document, incorporating the needs of the people who were severely affected by Typhoon Vamco.

Key Figures

\$52.6M FUNDING REQUESTED (\$US)

28.1M PEOPLE IN SEVERELY AFFECTED AREAS

	Typhoon Goni	Typhoon Vamco	Total
PEOPLE IN NEED OF ASSISTANCE	845K	60K	905K
PEOPLE TARGETED FOR ASSISTANCE	260K	18.1K	278.1K

Strategic Objectives

In supporting the government-led response to Typhoons Goni and Vamco, 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, Catanduanes and Cagayan. In line with government's invitation to coordinate collective efforts of country-based humanitarian partners to provide assistance, the HCT will, from November 2020 to April 2021:



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



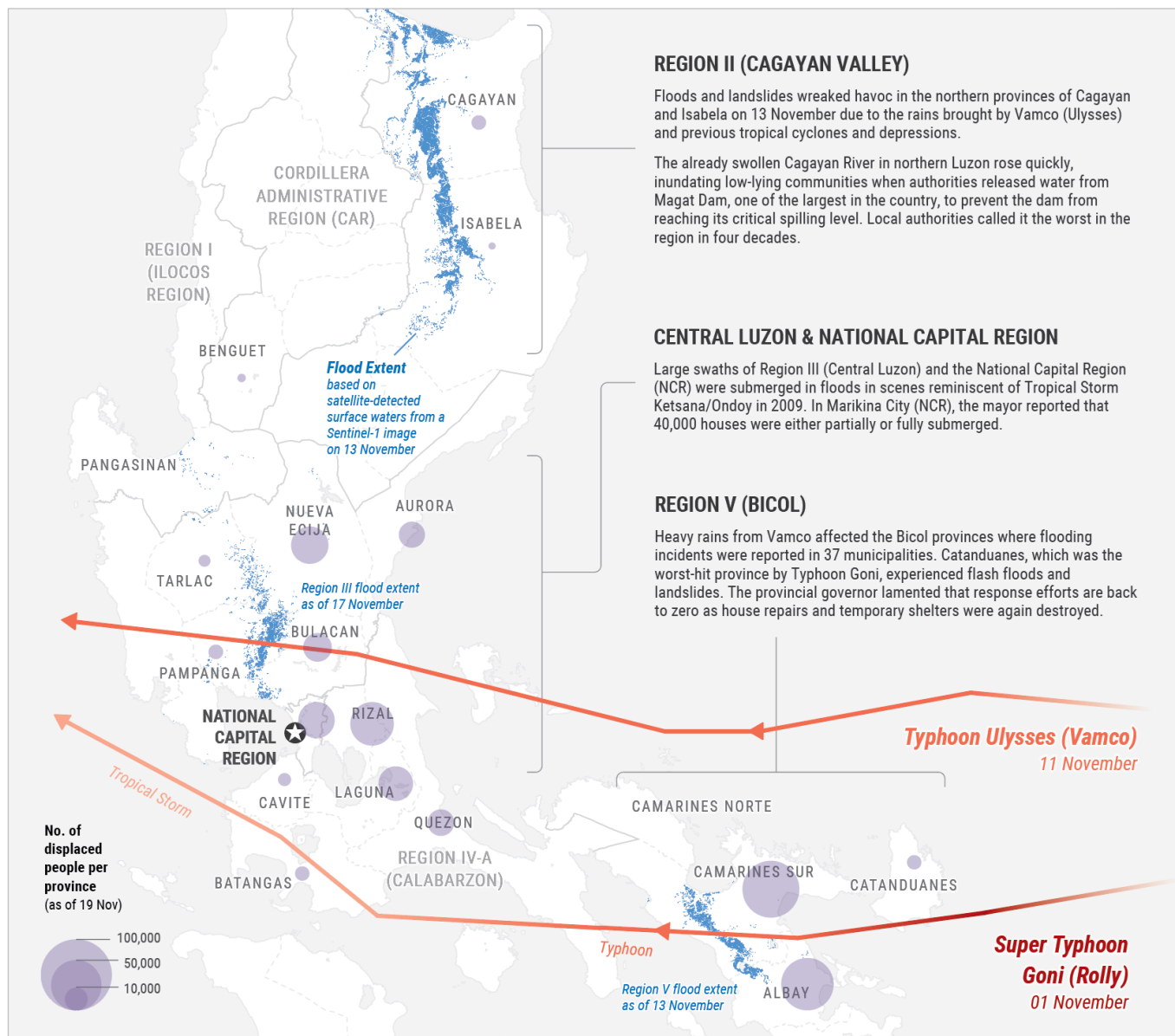
Restore livelihoods and access to critical services to promote the rapid recovery of the most affected communities;



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 Luzon. The typhoon, locally known as Rolly, left extensive destruction and damage in its path, killing at least 25 people, injuring 399 and affecting 2 million people in 8 of the country's 17 regions, as reported by the National Disaster Risk Reduction and Management Council (NDRRMC) and Department of Social Welfare and Development (DSWD). The typhoon left an estimated 845,000 people in need of assistance and protection.

Typhoon Goni was quickly followed by Tropical Storms Atsani (Siony) and Etau (Tonyo) that struck Luzon and

Visayas from 5 to 8 November. Furthermore, Category-4 Typhoon Vamco (Ulysses) swept through central Luzon on 11 and 12 November, flooding tens of thousands of homes in Manila's low-lying suburbs while causing floods and landslides in the country's northern, agricultural provinces of Cagayan and Isabela. The national capital has not seen such devastating flooding since Tropical Storm Ketsana (Ondoy) of 2009 and Cagayan Valley has not experienced such ferocious deluge in four decades. As of 25 November, Typhoon Vamco has killed 73 people, injured 82 and affected 4.2 million people in almost the same 8 regions battered by Typhoon Goni. On 19 November, President Rodrigo Roa Duterte placed the entire Luzon under a

state of calamity to facilitate swift relief and rehabilitation efforts in typhoon and flood-hit communities.

About 367,000 houses have been damaged or destroyed with two thirds of the destruction caused by Typhoon Goni, according to the DSWD report of 25 November. Most families which evacuated in early November have returned to their homes and are repairing their damaged houses. However, about 33,300 people remain displaced of which one third is staying in 181 evacuation centres and the rest with families or friends. They need immediate emergency shelter assistance and further shelter recovery support. Typhoon Vamco has displaced



another 183,100 people who are taking shelter in 467 evacuation centres and with families or friends, though this figure is expected to decrease in the coming weeks as flooding recedes.

In addition to homes, typhoons have caused significant damage to health facilities, schools and essential services. According to government reports, 350 health facilities, 3,400 schools and 44 government facilities have been damaged. In the Typhoon Goni affected areas, electricity posts and mobile phone towers have been toppled and it may take months to restore essential lifelines.

Of particular concern is the damage to 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 water. 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.

Typhoon Vamco flooded many Barangay Health Stations, destroying medicines, supplies and records. Immunizations and other basic health services must be re-started immediately to prevent communicable disease outbreaks.

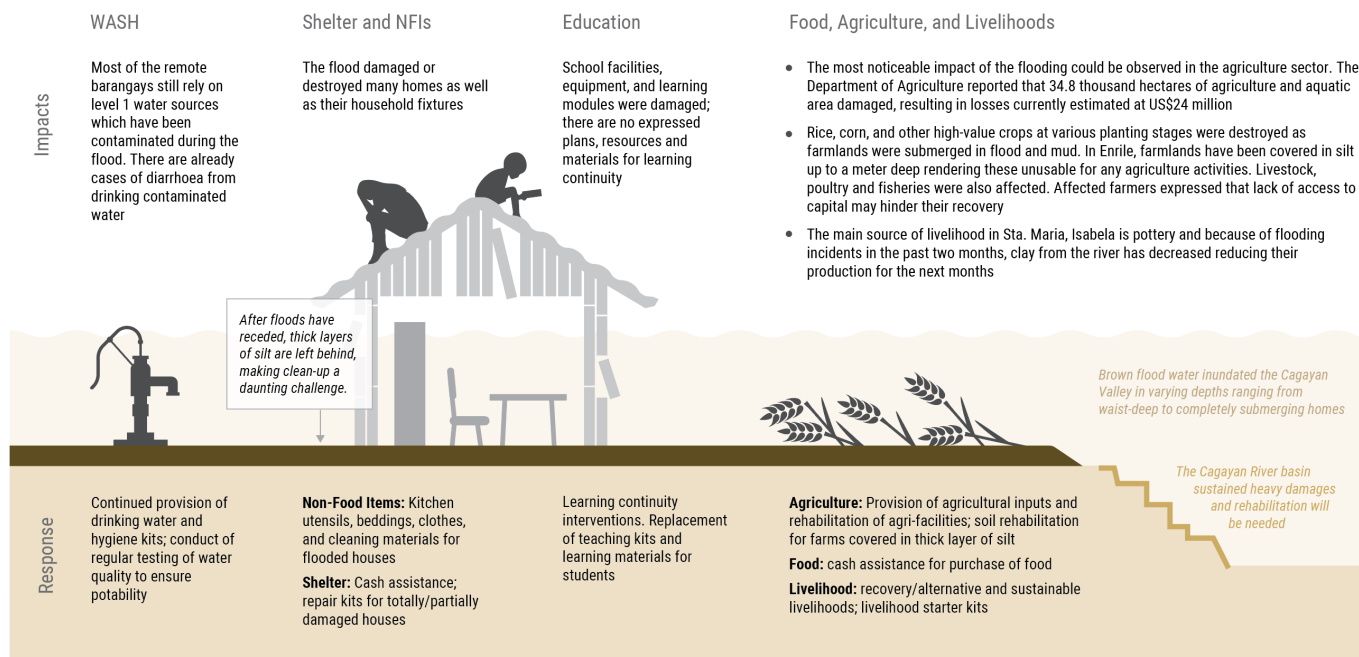
Livelihoods have been lost, particularly of those who depend on farming or fishing to make a living. NDRRMC reports that 181,200 ha of agricultural land have been affected across eight regions with Php9.4 billion (US\$194 million) worth of damage. Quezon, Catanduanes, Camarines Sur and Albay provinces were severely hit, accounting for half of the overall damage to agriculture. In Cagayan, rice, corn and other high value crops at various planting stages were destroyed when farmlands were submerged in flood and mud. In Enrile municipality along the Cagayan River that stretches 500 km, the longest river in the Philippines, farmlands have been covered in metre-deep silt rendering these unusable for any agriculture activities. Livestock, poultry and fisheries were also affected. With their production, productive

capacities and incomes disrupted, farmers and fishers need food and agricultural and fishery assets to re-establish their livelihoods and avoid further deterioration in food insecurity and malnutrition.

Humanitarian needs are most acute in Catanduanes and Albay in the Bicol Region and Cagayan in the Cagayan Valley Region, as indicated by multi-sectoral and sectoral needs assessments led by the authorities with the support of HCT members. Bicol bore the brunt of Typhoon Goni's powerful winds (maximum 225 km/h) while Cagayan Valley suffered cumulative heavy rains from Typhoon Vamco and preceding tropical cyclones that filled dams and overflowed rivers.

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 in Bicol.

Cagayan Valley region assessment findings (Cagayan and Isabela provinces)



In Cagayan Valley, the authorities have identified the greatest gaps in restoring livelihoods through the provision of agricultural inputs and cash-for-work opportunities as well as ensuring access to safe water and hygiene kits.

Apart from these immediate relief and early recovery needs, the humanitarian response will be shaped by multifaceted challenges that the Philippines is facing. First of all, the country has one of the highest levels of COVID-19 transmission in the Asia Pacific region. More than 422,900 cases have been confirmed of which 27,700 are active, and 8,215 have died as of 25 November, reports the Department of Health (DOH). Although relatively less affected, Albay reports 1,049 confirmed and 88 active cases, Catanduanes has 139 confirmed and 8 active cases, and Cagayan has 1,073 confirmed and 207 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. Recovery in the second half of 2020 will be slow, which will be followed by a predicted stronger growth at 6.5 per cent for 2021, subject to downside risks such as the resurgence or escalation of the pandemic.

Such conditions will increase existing vulnerabilities. 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 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 Storms Atsani and Etau affected Luzon and Visayas immediately after, from 5 to 8 November.

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 typhoons, 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 pre-emptively evacuated over 504,800 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.

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 3 November, the Secretary of Foreign Affairs invited the [Resident Coordinator/Humanitarian Coordinator](#) and his team to coordinate collective effort of country-based humanitarian partners to support people in the most affected areas. Following a request of the Albay Public Safety and Emergency Management Office (APSEMO), HCT

members, with NGOs, civil society organizations (CSOs) and church groups, assessed needs in 13 municipalities in Albay between 3-5 November. HCT members also supported the NDRRMC with its rapid damage assessment and needs analysis for Catanduanes from 5 to 9 November and for Cagayan from 19 to 21 November. 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, food security and agriculture, protection, emergency shelter, logistics, emergency telecommunications, camp coordination and camp management, nutrition, education and information management.

The HCT released the [Humanitarian Needs and Priorities](#) (HNP) document

on 9 November to meet the immediate and early recovery needs of 260,000 people affected by Typhoon Goni, calling for \$45.5 million. This coordinated plan has received \$10.3 million from Australia, Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), Germany and USAID. As of 16 November, over 820 response activities have been completed (including needs assessments and distribution of relief), 70 are underway and 220 are planned across 23 provinces in 7 regions, according to the [3W \(Who, What, Where\) interactive dashboard](#) that summarizes response activities of humanitarian responders. The response strategy outlined in this revised Humanitarian Needs and Priorities document will enable HCT and partners to address additional urgent needs arising from subsequent tropical cyclones.



Tuguegarao City, Cagayan, 19 November 2020: OCD regional director sending off the teams participating in the rapid needs assessment. Five staff from OCHA, WHO, Relief International, and ACCORD/CARE are embedded with government-led teams that have been deployed to the most-affected areas of Cagayan and Isabela. Photo: OCHA/T. Arao

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








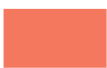























 **\$52.6M**

TOTAL FUNDING REQUESTED (US\$)

\$11.6M FUNDING RECEIVED

\$41M UNMET

22%

	TARGET POPULATION	FUNDING REQUESTED (\$US)
 Emergency Shelter	 68K	 \$10.2 M
 Food Sec & Agri.	 256K	 \$10.0 M
 Health	 96K	 \$9.8 M
 Early Recovery	 25K	 \$7.0 M
 WASH	 278K	 \$6.8 M
 Protection	 171K	 \$4.1 M <i>GBV, CP, and PSEA included in Protection</i>
 CCCM	 93K	 \$2.0 M
 Nutrition	 46K	 \$1.8 M
 Logistics		 \$0.4 M
 Education	 45K	 \$0.4 M
 Coordination		 \$0.2 M

CONTACT DETAILS:

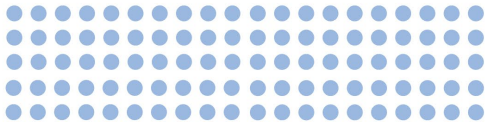
Mr. Mark Bidder
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Response Strategy

28.1M

PEOPLE AFFECTED



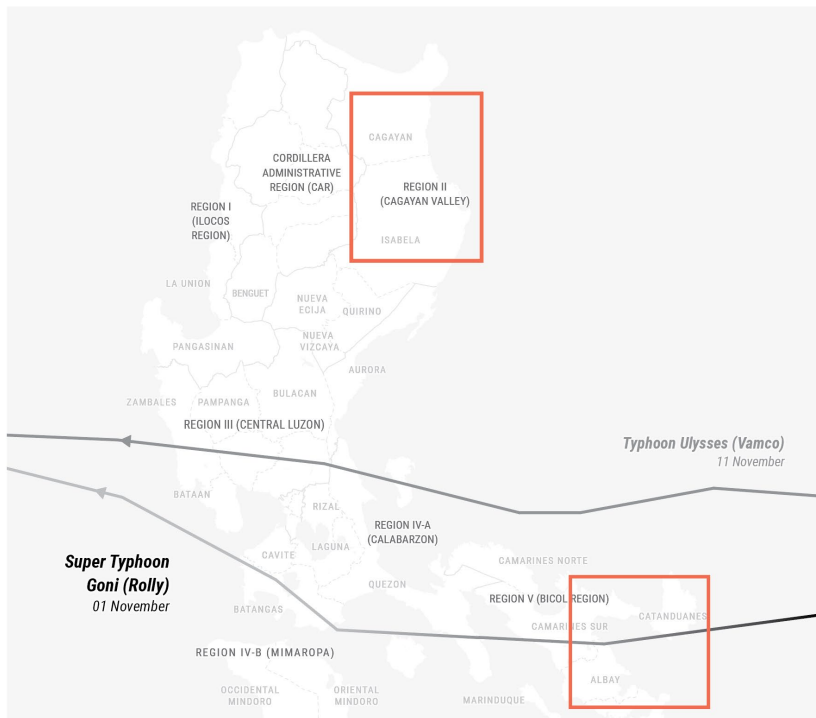
905k

PEOPLE IN NEED OF ASSISTANCE



278.1k

PEOPLE TARGETED FOR ASSISTANCE



This revised plan aims to meet the priority needs of 278,100 typhoon-affected people living with poverty prior to the disaster and now requiring urgent humanitarian assistance. Following a review of overall needs, 18,100 people who were severely affected by Typhoon Vamco in Cagayan were added to the original target of 260,000 people in Albay and Catanduanes. 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 136,900 are women and girls, 121,400 are children and youth under 18 years old, and 24,200 are over 60 years old.

The plan has been developed based on assessment findings and estimates of people in need. The cluster operational delivery plans are based on common planning assumptions, which have been reviewed and now reflect the impact of Typhoon Vamco as well as additional assessments undertaken since the original HNP was released on 9 November. Although the typhoons have caused humanitarian needs in a wide

region and humanitarian partners are responding in at least 23 provinces, including Camarines Sur, organizations participating in this plan have jointly prioritized scaling up life-saving and protection responses in all 11 municipalities in Catanduanes and hardest-hit municipalities in Albay (8 municipalities) and now, Cagayan (3 municipalities). Considering needs, gaps and capacity, 8 of the 11 clusters - including Food Security and Agriculture, Early Recovery and Health - will expand their operations to respond in Cagayan.

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 revision](#) on 13 November (the [initial launch](#) was on 2 November) to support the Philippine Red Cross to meet the immediate and early recovery needs of 100,000 people in Albay, Catanduanes and Camarines Sur for two years, calling for CHF8.5 million (\$9.3 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.

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.

Assessments led by local authorities and 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 22 prioritized municipalities in Albay, Catanduanes and Cagayan 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.

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.

Prior to the typhoon, humanitarian access in the Philippines had been reduced by the pandemic. The Resident Coordinator/Humanitarian Coordinator,

WHO and OCHA have been advocating with the government for safe, timely and unhindered humanitarian access, while ensuring compliance with required protocols. The Department of the Interior and Local Government (DILG) on 16 November directed the Provincial Government of Cagayan to lift its strict COVID health protocols to allow relief, search and rescue teams, and media outlets with immediate access to areas affected by Typhoon Vamco. Nevertheless, the authorities may need to put in place 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.

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 2020 – March 2021), which outlines health activities and multi-sectoral humanitarian assistance to address urgent secondary impact of the pandemic. The plan supports government-led efforts and calls for \$122 million.

*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*



Tuguegarao City, Cagayan, 23 November 2020: RC/HC Gustavo Gonzalez speaks with affected people living in a flooded barangay. It will take another month for the water to fully subside. Photo: OCHA/J. Addawe



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.

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.

Monitoring framework

The monitoring framework will comprise of two components:

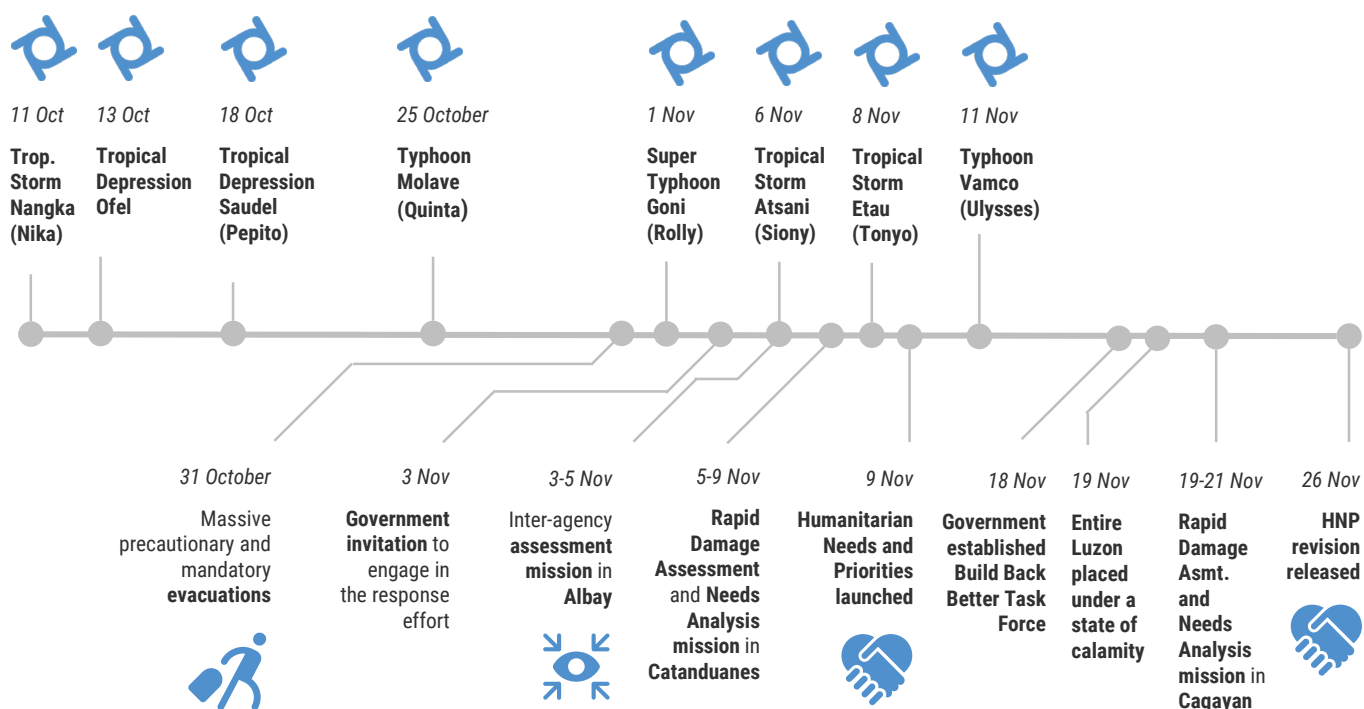
- A situation and needs monitoring to capture the evolving situation

including key facts and figures, as well as new information on priority needs, overall access, security and operational constraints.

- A response monitoring component to capture the achievements of the collective response.

In addition, OCHA will work with clusters to provide regular reporting on partner activities, such as [3W](#), and on funding received.

Timeline of key events



Response by Sector

Camp Coordination and Camp Management



LEAD AND CO-LEAD AGENCIES

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

TARGET AREAS

Region V: 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 April 2021)

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

Government Lead:
 Albay – APSEMO, Dr. Cedric Daep
 Cagayan – POPE, Mr. Vince Lucas
 HCT Lead: UNDP, Ms. Floradema C Eleazar
 (floradema.eleazar@undp.org);
 UNDP, Mr. Napoleon R Manegdeg
 (napoleon.manegdeg@undp.org)

TARGET AREAS

Region V: Albay and
 Catanduanes (San
 Miguel and Virac)

Region II: Cagayan

PEOPLE TARGETED

25k

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

FUNDING REQ. (US\$)

\$7M

Objectives

- Support sub-national governments, in partnership with OCD, in conducting post-disaster needs assessment (PDNA), utilizing 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 programs for the most vulnerable.
- Support nature-based solutions and activities to address intensifying flooding events in different river towns of Cagayan province.

Sector Overview (needs and response)

In Albay province, settlements around Mount Mayon bore the brunt of rampaging upstream flood waters with lahar deposits and armor rocks from previous Mayon eruptions. Homes and sources of livelihood 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 on 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 have 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 NFIs; 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 localized PDNA at the sub-national level (provinces-cities-municipalities) should begin immediately. The PDNA-informed Recovery Plan provides the national authorities with a 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 capacity support for all of the above.

Expected evolution of situation and needs

(until April 2021)

Typhoon-affected population must brace for La Niña, which is projected to last until March 2021. It is critical to provide safer temporary shelters for 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.

The flooding events in Cagayan province are not an isolated case and not caused by just one hazard (man-made or natural). The interconnected watershed system it shared with the provinces of Quirino, Nueva Vizcaya, Isabela, Ifugao, Kalinga, and Apayao must come up with unified solutions as they are all stewards of the Sierra Madre mountain range.

A family affected by the floods in Santa Maria, Isabela. Photo: FAO/G. Mortel



Priority Response

- Coordinate with the OCD Rehabilitation and Recovery Management Service, OCD Region V and provincial LGUs of Albay and Catanduanes in planning for a localized damage needs assessment which will inform recovery frameworks and build long-term resilience. 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.
- 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.
- Conduct of preliminary assessment to identify priority solutions to persistent flooding incidence in the province of Cagayan. Possible to facilitate cooperation among provinces within the Sierra Madre mountain range and come up with nature-based solutions and interventions to address present challenges and reduce risk from future disasters.

Partner agencies

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

Inter-Cluster Collaboration

Shelter, Private Sector, Food Security and Agriculture

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

Government Lead: Department of Education, Ms. Ronilda Co (ronilda.co@deped.gov.ph)
 HCT Co-Lead: UNICEF, Mr. Carl Moog (cmoog@unicef.org);
 Save the Children, Ms. Sierra Paraan (Sierra.Paraan@savethechildren.org)

TARGET AREAS

Region V: Eight Albay municipalities and Catanduanes
 Region II: Three municipalities in Cagayan

LEARNERS TARGETED

44.5K

Pre-school: 8,000
 Elementary: 15,600
 High School: 11,125
 Others: 9,800

FUNDING REQ. (US\$)

\$350K

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 Typhoons Goni and Vamco further exacerbated the already challenging situation of the education sector in the affected areas, specifically among learners in Bicol and Cagayan regions.

The onslaught of the typhoons forced the government to suspend classes in many areas which disrupted the learning of over 11 million K-12 learners. Estimated cost for response and recovery needs for both typhoons would require an estimated Pph48 billion (\$960 million) for reconstruction and/or repairs of schools, replacement of non-infrastructure items, and other non-infrastructure needs. Moreover, there are initial reports indicating similar damages in early childhood development centres.

Currently, DepEd's remaining emergency fund is only at Pph48 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 educational kits for teachers and learners, including basic hygiene supplies as well as printer inks and bond papers for reprinting of the damaged learning modules.

Expected evolution of situation and needs

(until April 2021)

Despite currently employing distance learning modalities throughout the country, most of the affected areas suspended classes until the end of November. 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 600 public schools are still used as evacuation centres, serving over 20,000 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 DILG. These schools must also be prepared for the possible resumption of face-to-face classes beginning in the first quarter of 2021.

Priority Response

- Support to clean up and minor repair of 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

Risk Communication and Community Engagement - awareness raising and information dissemination on health and hygiene protocols, available services and how these can be accessed (through accessible inclusive IEC materials, orientation and information desks in evacuation centres)

Emergency Shelter



LEAD AND CO-LEAD AGENCIES

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

TARGET AREAS

Typhoon Goni: Region V -
Albay and Catanduanes
Typhoon Vamco: Region II -
Three Municipalities in
Cagayan (Alcala, Amulung
and Enrile)

PEOPLE TARGETED

67.5K

Typhoon Goni: 6K destroyed houses (30K people);
6K damaged houses (30K people)
Typhoon Vamco: 1,500 most vulnerable families

FUNDING REQ. (US\$)

\$10.15M

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)

Two strong typhoons hit the Philippines in November 2020, causing strong winds, heavy rains, and widespread flooding resulting in extensive damage to agriculture, houses, and infrastructure. While the current HNP prioritizes certain areas, there are still affected families in need of immediate humanitarian shelter outside these areas.

The impact of Typhoon Goni resulted in damage to 189,217 houses where 40,080 were destroyed and 149,211 were partially damaged. Most of these 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. While in Typhoon Vamco, 65,914 houses were damaged with 6,091 destroyed and 59,823 partially damaged. The impact to shelter is not as significant as in Typhoon Goni, but household items, materials and NFIs have also been lost or badly damaged due to severe flooding.

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 April)

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

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

HCT Lead: FAO, Mr. Alberto C. Aduna
(alberto.aduna@fao.org);
WFP, Mr. Martin Parreno
(martin.parreno@wfp.org)

TARGET AREAS

Vulnerable agricultural and fishing
communities, food insecure, and hard-to-
reach affected households in Region V
(Albay and Catanduanes), Region II
(Cagayan) and other people in
communities that are hardest hit by
Typhoons Goni and Vamco

PEOPLE TARGETED

256k
including 14,000
farmer/fisher households
(70,000 persons)

FUNDING REQ. (US\$)

\$10M

Objectives

- To meet life-saving food needs of the most vulnerable and underserved affected population, living in hard-to-reach areas.
- 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, fisherfolk, and other families to restart their agricultural, fisheries, and other types of livelihood activities.

Sector Overview (needs and response)

Typhoons Goni and Vamco wrought massive damage to agriculture and fisheries in the affected areas in Southern, and Central and Northern Luzon, destroying high value crops such as rice and corn, agricultural equipment, boats, fishing gear, and other livelihood assets and resources. Specifically, Super Typhoon Goni destroyed large areas planted to perennial and long-gestation coconut and abaca in Catanduanes. The combined effects of both typhoons and the ongoing La Niña are expected to severely negatively impact families dependent on farming and fishing as their primary or secondary source of livelihood. Their production, productive capacities and incomes will undoubtedly be disrupted. Affected smallholder farmers and fisherfolk's food security and nutrition will also suffer as the typhoons also damaged backyard gardens and fishponds, which contribute to families' daily nutritional intake, promote crop diversification, serve as alternative sources of cash and, in some cases, articulate the role of women and children in household food production and security.

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

Expected evolution of situation and needs

(until April 2021)

The food security needs of the affected population will remain volatile given the impact of the typhoon to sources of food and the disruption of livelihood sources, coupled with the socioeconomic effects of the ongoing COVID-19 pandemic. The effects of secondary hazards, like lahar flow, flooding, will further aggravate the 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 harvests will have serious impacts on farmers' livelihoods, further exacerbating food insecurity and malnutrition of the affected population.

The nutrition of the affected families will also be impacted negatively due to insufficient supply of low cost, diverse and nutritious food which is highly correlated with childhood chronic malnutrition (stunting). The 2018 Fill the Nutrient Gap 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 multi-purpose cash transfers to cover immediate food needs, support the livelihoods of affected households, and allow affected people to restart agricultural, fisheries, and other livelihood activities.
- Provide appropriate and timely agricultural and fisheries assistance, including seeds (rice and corn seeds for immediate planting for the December/January planting season), fertilizers, and assorted vegetable seeds, livestock/poultry and inputs for affected fisherfolk including boats, fingerlings, feeds, and fishing gears.
- Conduct of assessments and capacity building activities covering Early Warning, Early Action (EWEA) also known as Forecast Based Financing (FBF) or anticipatory action relating to disaster mitigation strategies.

Partner agencies

FAO, WFP, World Vision, ADRA, Save the Children, IHDC-BBMC

Inter-Cluster Collaboration

Early Recovery, Health (MHPSS, Nutrition, WASH, and Health), Shelter, Protection, Gender, 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, Dr. Joseph Michael Singh (jsingh@unfpa.org); UNICEF, Dr. Mark Benjamin Quiazon (mquiazon@unicef.org); WHO, Dr. Gerardo P Medina (medinag@who.int)	Region V: Catanduanes; 8 of the hardest-hit municipalities in Albay (Guinobatan, Libon, Malilipot, Malinao, Polangui, Tabaco City, Tiwi, Oas) Region II: Cagayan (Alcala, Amulung and Enrile)	96k including 10,862 children under 5 years old, 24,000 women of reproductive age/girls and young adults, 3,500 adolescents	\$9.8M

Objectives

- Ensure access to essential primary and secondary health care
- Detect, prevent and control communicable disease outbreaks
- Ensure continuity of life-saving sexual and reproductive health (SRH) services and mental health and psychosocial support (MHPSS)
- Strengthen COVID-19 prevention and response capacities
- Ensure accountability and protect the population from sexual exploitation and abuse by health responders and related personnel
- Ensure a coordinated response

Sector Overview (needs and response)

Typhoon Goni affected 6 regions, 25 provinces, 42 cities and 323 municipalities. Hardest hit were the provinces of Albay and Catanduanes in Bicol Region. Partial reports show 26,312 families (91,479 persons) were affected in 15 municipalities and 3 cities in Albay. It can be assumed that the whole population of Catanduanes (260,964) 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, MHPSS, SRH services, disease surveillance and outbreak control, immunization, 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 to ensure the health, dignity and well-being of pregnant and lactating women, women of reproductive age, elderly, adolescents/young people.

Typhoon Vamco affected 8 regions, 33 provinces, 58 cities, and 479 municipalities. Among the most affected by the massive flooding in Cagayan and Isabela provinces were the municipalities of Alcala, Amulung and Enrile in Cagayan province. Many Barangay Health Stations were flooded, destroying medicines and supplies and records. Basic health services like immunization were affected and need to be restarted, together with ensuring cold chain integrity. Health promotion and advocacy need to be strengthened, especially on communicable disease prevention and control like food and waterborne diseases, and prevention of transmission of COVID-19. Women in reproductive age, adolescents will need protection and SRH services amidst insecure health systems.

Expected evolution of situation and needs

(until April 2021)

Recovery of local health systems, facilities and services with happen first at or near the more urbanized parts of the province or municipality. The more interior barangays will continue to need support for essential health services.

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. 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.

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
- Provision of emergency health kits for 140,000 persons for 6 months
- Risk communication and community engagement for messaging on disease prevention

Mental health and psychosocial support

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

Priority Response (continued)

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 (EMTFs) 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 PPEs
- Support the procurement and/or distribution of Family Planning (FP) commodities from the national and/or regional DOH to rural health facilities
- Conduct FP 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 SRH 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
- 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
- Provide hygiene kits for adolescents
- Provide information sessions on adolescent, sexual and reproductive health including mental health and psychosocial support services and contraceptives counselling to prevent unwanted pregnancies
- Ensure access and availability of condoms and lubricants in evacuation centres or through access points to prevent/manage sexually transmitted infections

Detect, prevent and control communicable disease outbreaks

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

Strengthen COVID-19 prevention and response capacities

- Contact tracing
- Risk communication
- Surveillance
- Health care pathways
- Incident management
- Vulnerable populations

Ensure a coordinated response

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

Partner agencies

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

Inter-Cluster Collaboration

Logistics, WASH, Nutrition, CCCM, GBV

Flooded streets in Tuguegarao City, Cagayan. Photo: PDRF/M. Correa



Logistics



LEAD AND CO-LEAD AGENCIES

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

TARGET AREAS

Focus on Region V, Albay and Catanduanes, with possible support to other affected areas
Region II: Cagayan Valley and Isabela

FUNDING REQ. (US\$)

\$400K

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 60 truckloads of cargo to Albay and Catanduanes on behalf of DSWD and OCD. Cargo has included over 50,000 Family Food Packs, shelter items, and hygiene kits. Furthermore, WFP has transported 5 truckloads of relief items to Tuguegarao and Isabela.

Response equipment has also been allocated from WFP’s pre-positioned stocks. The equipment (Mobile Storage Units (MSU, tents), prefab office, and a generator) is currently in use as a government-run Logistics Hub in Catanduanes. Furthermore, a generator was delivered to OCD in Catanduanes to support a mobile water filtration system to provide drinking water. It is also anticipated that WFP will hand over 4 boats and motors to the OCD for use throughout the country.

Temporary warehouse capacity is needed on the ground in locations affected by both Typhoon Goni and Vamco to store relief items. It is also foreseen that generators will be needed as power suppliers are unreliable. At this point WFP has nearly exhausted its stocks of logistics response equipment and thus is looking at buying additional supplies of MSUs, generators, and boats.

WFP has currently run out of resources to provide transport support to the Government and thus we have been forced to reject requests from the Government asking for support.

Expected evolution of situation and needs

(until April 2021)

While logistics support is usually of limited duration and occurs at the beginning of a response, due to the lack of resources of the Government, it is expected that transport support will be needed for 3 to 6 months in order to meet the needs of the affected population. WFP has also received multiple requests for logistics equipment, especially MSUs. As our stocks are running low we anticipate the need to purchase additional items.

Priority Response

- Provision of truck transport support to the Government to move essential response items.
- Provision of response equipment such as MSUs 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

Region V: 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 ^{1,2}	OPT ³	NNS ^{1,2}	OPT	NNS ^{1,2}	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 April 2021)

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>Region V: Catanduanes and eight Albay municipalities identified as severely affected</p>	<p>141k</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>\$4.03M</p> <p>NCPWG: \$376,000 GBV sub-cluster: \$3.65M</p>

Objectives

- Supportive of HCT response objective 1, 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 39.8 per cent poverty incidence[2], it demonstrated advanced levels of functionality for its Local Council for the Protection of Children (LCPC)[3]. 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[4]. 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[5]. Children are more likely to engage in hazardous work as reported by an affected municipality[6]. 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[7]. 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[8]. Within the Typhoon Goni-affected areas, there is an anticipated 16,700 number of cases of sexual violence who will seek care[9].

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[10].

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.

Similarly, the impact of the massive flooding in the Cagayan Valley caused by Typhoon Vamco is massive. With particular focus on three municipalities in Cagayan Province, it is important to ensure that protection services remain intact particularly for GBV prevention and protection services. Food and economic insecurity may rise due to the massive impact on agriculture, and by evidence, sexual and gender-based violence may be on the rise.

Expected evolution of situation and needs (until Apr 2021)

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)	Region V: 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 April 2021)

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

[2] Philippine Statistics Authority Poverty Incidence (2015)

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

[4] 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; Buhi, CamSur; Balatan, CamSur; Bato, CamSur; San Andres, Catanduanes; Virac, Catanduanes; Matnog, Sorsogon.

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

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

[7] 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.

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

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

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

Water, Sanitation, and Hygiene



LEAD AND CO-LEAD AGENCIES	TARGET AREAS	PEOPLE TARGETED	FUNDING REQ. (US\$)
<p>Government Lead: DOH, Engineer Lito Riego de Dios (litoriego@yahoo.com)</p> <p>HCT Lead: UNICEF, Ms. Louise Maule (lmaule@unicef.org); UNICEF, Mr. Paul G. Del Rosario, (pdelrosario@unicef.org)</p>	<p>Region V: Municipalities of Guinobatan, Libon, Malilipot, Malinao, Polangui, Tiwi, Oas and the City of Tabaco in Albay; Catanduanes</p> <p>Region II: Municipalities of Amulung, Alcala and Enrile in Cagayan</p>	<p>278.1K</p> <p>women, men, girls and boys representing the population of poor households in the target areas which includes the estimated number of people displaced, i.e., those staying inside and outside evacuation centres</p>	<p>\$6.82M</p>

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 strong twin-typhoons, Goni and Vamco;
- 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 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. Within just over a week, Typhoon Vamco, though relatively weaker, not only worsened further the situation in the two provinces but also brought forth severe flooding in Cagayan Province north of the country, something that has not been seen in almost a decade. With the twin-typhoons, 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 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. In Albay and Catanduanes, 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. Fortunately in Cagayan, flood waters subsided after a few days of good weather, and people were able to leave evacuation centres.

In many of the communities in coastal municipalities in Catanduanes and Albay, overflowing of septic tanks has also being reported. In addition, the superstructure of many household toilets have been completely destroyed.

Concerned government agencies, e.g., DOH, DSWD, the Philippine Red Cross, and respective LGUs, as well as the private sector, have started extending WASH assistance to the typhoon survivors. However, with the magnitude of the disaster in the three 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 April 2021)

With significant numbers of people in Catanduanes and Albay 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 sexual exploitation and abuse, will also have to be strengthened. In general, as implementation of WASH response programming in Catanduanes, Albay and Cagayan 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, full 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 twin-typhoons, the people of Catanduanes, Albay and Cagayan 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 + 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 in Catanduanes and Albay

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 in Catanduanes and Albay
- 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 in Catanduanes and Albay
- 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 in Catanduanes and Albay
- 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 fecal sludge management system, latter in Catanduanes Province

- Support to solid waste management, including management of infectious waste related to COVID-19 in Catanduanes and Albay

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 Catanduanes, Albay and Cagayan 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); Amicares; 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; Philippine Red Cross (PRC); Relief International (RI) partnering with Simon of Cyrene; Samaritan's Purse; Save the Children; UNICEF; World Vision

Inter-Cluster Collaboration

- Emergency Shelter Cluster - specifically to coordinate distribution of latrine repair kits;
- CCCM Cluster - to coordinate WASH interventions in evacuation centres and transition/relocation sites;
- Health Cluster - to coordinate 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\$)
<p>Government Lead: Undersecretary Ricardo B. Jalad (ocda.ocd@gmail.com)</p> <p>HCT Lead: OCHA, Mr. Mark Bidder (bidder@un.org); OCHA, Ms. Manja Vidic (vidic@un.org)</p>	<p>Region V: Albay and Catanduanes</p> <p>Region II: Cagayan</p>	HCT and partners including CSOs, NGOs, INGOs, private sector, government counterparts at the national and local levels	<h2>\$200K</h2>

Objectives

Support the government to coordinate an effective and principled emergency response to Typhoons Goni and Vamco 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. Typhoon Vamco that followed further expanded needs. 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.

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 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 April 2021)

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, Catanduanes and Cagayan are three 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 protection and gender-responsive analysis provides a comprehensive picture of overall needs, including early recovery, supporting 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

HCT Lead: Mr. Butch Meily (rsmeily@hotmail.com)
PDRF Operations: Mr. Erwin Paulo Tolentino (eptolentino@pdrf.org.ph)

PDRF Network Coordination: Ms. Philine Neille Cruz (pacruz@pdrf.org.ph); Ms. Bernadette Nikka Villanueva (bcvillanueva@pdrf.org.ph)

TARGET AREAS

Region V:
Catanduanes

Region II:
Cagayan

PEOPLE TARGETED

240k

individuals affected in Cagayan and Catanduanes including MSMEs, farmers, and fisherfolks

FUNDING REQ. (US\$)

\$590k

FNFI: \$100,000
Logistics: \$200,000
Water: \$40,000
Early Recovery: \$250,000

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) Emergency Operations Center offers to be the private sector coordinator for the response and early recovery activities for Typhoon Goni and Typhoon Vamco, which may include convening function, provision of 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:

Response

1. Food and Non-Food Items (FNFI): Provide ready-to-eat hot meals, hygiene kits adjusted for COVID-19, cleaning/disinfection kits, shelter repair kits for partially and totally damaged households.
2. Logistics: Provide logistical support in transporting food and NFIs, shelter, and other relief items.
3. Water: Provide drinking water and water filtration systems for affected communities.

Early Recovery

1. Business Recovery of micro, small and medium enterprises (MSME) through SIKAP[11]
2. Livelihood Support – Food Security and Agriculture

Sector Overview (needs and response)

Due to the extent of the damage in Cagayan and Catanduanes, constant logistical support must be provided for immediate humanitarian relief which include food and NFIs such as hygiene kits, food packs, and shelter materials. Water treatment systems are also vital in areas affected and recovering from muddy floods and flash floods.

As the influx of response efforts come in, Cagayan needs to strengthen COVID-19 health protocols. Hygiene kits with masks and alcohol can help prevent the spread of the disease. Health care workers and front liners should also be supported with an additional supply of PPEs as they deal with more people outside of the region.

With the Government's call to immediately transition to early recovery, PDRF's Rapid Economic Appraisal highlights immediate needs and priorities to jumpstart economic activity in target areas. Livelihood interventions need to start as early as 2021 with a focus

on Food Security and Agriculture. Capacity-building activities like business resilience are necessary as their exposure has not changed due to their location. Setting up and deployment of a Business Recovery Online Hub to facilitate government and private sector support for affected MSMEs.

Expected evolution of situation and needs

(until April 2021)

The whole-of-society conduct of a PDNA is also recommended to identify cross-cutting sectors where the private sector can assist in economic recovery. As co-convenor of the MSME Resilience Core Group (RCG)[12], PDRF offers technical support in laying the foundation of MSME resilience. PDRF aims to provide capacity-building for 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. Capacity-building and re-tooling of MSMEs and building local competitiveness is also an essential factor for sustainability.

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.

Priority Response

Response

1. 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.
2. Logistics: Provide logistical support in transporting food and non-food, shelter, and other relief items.
3. Water: Provide drinking water and water filtration systems for affected communities.

Early Recovery

1. Business Recovery of MSME through SIKAP
2. Livelihood Support – Food Security and Agriculture

[11] Synergizing Recovery Initiatives, Knowledge, and Adaptation Practices for MSMEs - is a unified online business recovery hub that will help MSMEs bounce forward to the "next normal." SIKAP is a one-stop recovery hub made possible through collaboration with the Connecting Business initiative, UNDP, and OCHA.

[12] Composed of OCD, DTI, and PDRF.

Partner agencies

FNFI: DSWD

Logistics: OCD, Philippine Navy

Water: OCD, local government agencies of Catanduanes and Cagayan

For all sectors: PDRF Network

Early Recovery: Connecting Business initiative, UNDP, OCHA

MSME Recovery: DTI, Resilience Core Group (RCG)

Inter-Cluster Collaboration

Response: Logistics, Emergency Shelter, Health, Nutrition, WASH

Early Recovery: Food Security and Agriculture, Early Recovery through SIKAP (UNDP, OCHA)

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) AND TYPHOON VAMCO (ULYSSES) HUMANITARIAN NEEDS AND PRIORITIES PHILIPPINES

ISSUED 26 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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