

A woman from Bula, Camarines Sur holds up her birth certificate which was damaged during the floods. During times of disaster, national identification documents such as these are vital as they are needed to access various government services and benefits. (Photo Credit. Oxfam Pilipinas)

GENDER AND INCLUSION ALERT NO. 1:

Philippines Tropical Cyclones Trami, Kong-Rey, Yinxing, and Toraji

13 November 2024

A joint undertaking by:

Gender in Humanitarian Action Community of Practice (GIHA COP) Accountability to Affected People (AAP) and Inclusion Working Group Philippines Inter-Agency PSEA Network

Purpose

This inter-agency Gender Alert outlines the primary issues impacting women, men, girls, boys, and non-binary individuals in all their diverse and intersecting identities following TC Trami/STS Kristine) and the succeeding typhoons (TC Kong-rey/STY Leon, TC Yinxing/TY Marce, and TC Toraji/TY Nika). It aims to guide humanitarian responders in implementing effective interventions and actions that support both immediate response and long-term recovery efforts.

Situation

In less than a month, the Philippines has been struck by five typhoons, namely the following:

- **Tropical Cyclone Trami (Kristine)** which made landfall on 22 October, bringing intense rains, floods, and landslides in all 17 regions, but heavily affecting Regions 2, 4-A, and 5.
- Tropical Cyclone Kong-rey (Leon) which made landfall on 27 October, which brought more rains to already affected areas, and severely affecting Batanes. According to the latest DSWD DROMIC report, a total of 2,558,769 families or 9,994,142 persons have been affected in all 17 regions as a result of TCs Trami and Kong-rey.
- Tropical Cyclone Yinxing (Marce), a third typhoon, made landfall on 7
 November at Cagayan Valley, bringing strong winds, storm surge
 inundation and torrential rainfall. Impacts were also felt at Ilocos Region and
 Cordillera Administrative Region. The latest DSWD DROMIC reported a total
 of 115,648 families or 492,793 persons affected in Regions 1, 2, and CAR.
- **Tropical Cyclone Toraji (Nika)**, made landfall on 12 November, bringing additional strong winds and heavy rains and affecting 45,647 families or 172,343 persons in Regions 1, 2, 3, 5, and CAR.

On 13 November, **TC Usagi (Ofel)** has entered the Philippine Area of Responsibility (PAR). TC Usagi's typhoon track will continue to affect Northern Luzon, particularly Regions 1, 2, 3 4-A, 5, CAR.

A sixth weather system is also currently forming outside of PAR and will be named TS Man-Yi (Pepito) when it enters PAR on 14 November.

As of writing, no age-, sex-, and disability disaggregated data on the affected populations have been shared officially, and no cumulative information on affected populations from TC Trami to the current typhoon, TC Usagi (Ofel). However, we can assume that 50% of those displaced are women, 30 percent are below 18 years old, and 2 percent are people with disabilities, based on PSA 2020 Census Data.



A total of 256 cities and municipalities in the country have declared a State of Calamity status. Local capacities are stretched due to compounding impacts of consecutive typhoons. Access issues to many areas continue to be likely due to flooded and damaged roads, significantly delaying the arrival of critical assistance and services, access to markets and essential government services, and safe evacuation. The already vulnerable women, men, girls and boys of diverse and intersecting identities face continued food insecurity, lack of access to essential life-saving items particularly safe drinking water and sanitation facilities, hygiene and dignity kits, kitchen sets, medical supplies, temporary learning spaces, as well as critical services such as health, GBV and protection services. Priority areas to monitor are Regions I, II, III, 4-A, 5 and CAR, which have been on the path of the previous four typhoons and the current and next one.



Children wading in floodwaters in Milaor, Camarines Sur. (Photo Credit: Caritas Philippines)

Priorities towards Leaving No One Behind

Gender-responsive, disability- and socially-inclusive response



After experiencing flooding higher than the second story of a house, a mother in Brgy. Sta Cruz dried the school supplies she had managed to save in the aftermath of Kristine. (Photo Credit. Maria Clarisse Liberato/Humanity & Inclusion)

Overall, a gender and social inclusion analysis covering all priority sectors is recommended as possible. This should ideally cover population demographics (particularly sex-, age- and disability disaggregated information), decision-making structures and prevailing gender roles in households and communities, protection needs and risks, and gendered needs, capacities and aspirations. A **draft sectoral guide questions** has been drafted by the GIHA COP for cash-based interventions, food security, livelihoods, shelter, WASH and early recovery. Other available gender analysis tools may be found on the **GIHA COP Tools Repository**.

Guidance on how to integrate Protection from Sexual Exploitation and Abuse (PSEA) in the sectors/clusters' response plans can be found in the <u>PSEA</u>

<u>Checklist for Emergency Response – A Quick Guide for Humanitarian</u>

<u>Organizations and Anticipatory Action Activities.</u>

To ensure gender-responsive, disability- and socially inclusive response interventions to communities affected by the typhoons, the following are recommended for each priority sector/thematic area:

HIGHLIGHT:

This Gender Alert covers total eight priority thematic areas such as 1. GBV and Protection; 2. Camp Coordination and Camp Management (CCCM); 3. Food Security and Livelihoods; 4. Water, Sanitation and Hygiene (WASH); 5. Health; 6. Shelter; 7. Nutrition; and 8. Education.

1. GBV and Protection

- Overcrowding in evacuation centers raises protection concerns particularly for women, children, and vulnerable groups. Most evacuation centers lack essential accessibility features, such as ramps, non-skid flooring, and accessible restrooms. This lack of accessibility contributes to overcrowding, as there have been cases where rooms on the second floor remain unused because they are not accessible to older persons and persons with disabilities. RDANA reports also indicate inaccessibility as a factor why families with members with disabilities tend to not stay in ECs.
- Informal camps have also been set up (on/beside highways/roads) and families on these camps may not necessarily receive any support and are at increased risk of GBV, human trafficking, and other safety/security risks.
- Presence of VAW desks observed in some areas; however, this is inconsistent.
- Potential prolonged displacement due to slow receding of flood waters present increased protection risks for women, children and vulnerable groups.
- Theft/looting in some areas have been reported in some areas, particularly those that have not received or received limited assistance, placing vulnerable groups at risk.
- Inadequate GBV Support Mechanisms: While basic GBV services exist (e.g., medico-legal assessments), there is a lack of comprehensive GBV prevention, case management, and psychosocial support. This gap is exacerbated by the lack of Women-Friendly Spaces (WFS). WFS should also take into consideration GBV as experienced by members of the LGBTIQ+community and women and girls with disabilities who are more likely to experience GBV in crisis situations.
- There is no indication if complaints and feedback mechanisms are in place in affected areas to allow displaced populations to raise their issues and concerns.
- SEA risks are high when humanitarian responders and organizations delivering assistance directly to affected populations are not assessed, or monitored, and have limited or lack PSEA capacity such as effective handling of SEA incidents when they occur.

1. GBV and Protection

- Recommendations for **Protection**:
 - Establishment of women- and child-friendly spaces within ECs.
 - Prioritize the dissemination of key messages and information on existing GBV and protection services for both EC-based and home-based evacuees. Communicate information on protection, and about complaint and feedback mechanisms, in multiple and accessible formats. Take steps to include people with disabilities and older persons, especially women and girls, who are isolated in their homes or who rely on support persons for communication.
 - Provide necessary augmentation support for GBV and protection service providers including mental health and psychosocial support.
 - Provide support to affected persons who have lost/damaged civil documentation will be important, especially for continued access to essential services.
 - Support the provision and replenishment of dignity kits particularly for the most vulnerable IDPs in inaccessible areas and those in informal camps, evacuation centers and home-based settings.
 - Immediate access to clothing and footwear is critical for affected children, adults, and older persons.
 - Ensure that WASH facilities are more accessible to persons with disabilities, women, and older persons.
 - Conduct multi-sectoral needs assessment to determine the protection needs and risks for identification of interventions in consultation with the affected populations.
 - Conduct basic PSEA orientation to humanitarian organizations, service providers, and community leaders.
 - Post GBV, VAWC, and Safeguarding Reporting and Referral Pathways: Ensure that clear, visible information on reporting and referral pathways for GBV, VAWC, and safeguarding cases is posted in all evacuation centers and other key areas. This will provide survivors with immediate access to assistance and ensure that the community is informed about where and how to report incidents



2. Camp Coordination and Camp Management (CCCM)

- In the operational evacuation centers, there is limited camp management structures and capacities (particularly in Camarines Sur) because of lack of human resources. As a result, IDP registration and information management is inconsistent and challenging.
- IDP engagement in site/camp site management committees is limited.
- Few ECs have operational child-friendly and women and child-friendly spaces, breastfeeding areas, and worship areas.
- Informal camps (e.g. on/beside highways/roads) also in need of emergency support.
- There is a significant absence of disability-disaggregated data for many evacuation centers. Furthermore, evacuees with disabilities are not provided with assistive devices or targeted support for specific needs, leaving them dependent on family members.

Recommendations for CCCM:

- Support information management of relevant data relating to the most vulnerable populations, especially pregnant and lactating women, persons with chronic illnesses and older persons, to ensure tailored responses/interventions for their needs, especially GBV and protection services.
- Support evacuees in ECs and informal camps with critical WASH services and facilities such as water trucking, drinking water refilling services and waste collection to avoid risks of evacuees contracting WASH-related diseases.
- Ensure that camp infrastructures (latrines, water, etc.) are inclusive and accessible.
- Support evacuees in ECs with emergency livelihoods, including cash for work, for EC clean up, repair and rehabilitation.



When the floodwaters came rushing in, 67-year-old Paz Barela evacuated along with her husband (who had suffered a stroke 7 years ago) and her son's family using a boat. With their house partially damaged, her husband had to stay behind in her sibling's home while she and the rest of the family have to sleep on the floor since most of their household items were swept away. (Photo Credit. Maria Cristina Rabulan/Coastal CORE)

3. Food Security and Livelihoods

- Widespread damage to agriculture, which serves as the main livelihood source of many affected communities.
- Support for food (i.e. hot meals and family food packs) distributed but challenged by access to areas still flooded/with damaged roads. Some agencies/NGOs have received reports of families in inaccessible areas eating junk food and drinking flood water, placing the most vulnerable, including pregnant women, lactating mothers, older persons and children at risk of water-borne diseases.
- Long-term consequences to livelihoods, especially agricultural ones, expected with the continuous threat of typhoons during this season. This places many women at higher risk of unsafe work or relocation, heightening trafficking risks.
- Recommendations for **Food Security and Livelihoods**:
 - Support the provision of emergency cash and livelihoods for families with agriculture and fishing as main sources of income. Ensure that such support includes provisions for women and other family members that support the livelihoods but not registered formally (i.e. women supporting their husbands in farming/fishing activities).
 - Ensure livelihood-related facilities and programs are designed and adapted to be inclusive of and accessible to everyone, including persons with disabilities

4. Water, Sanitation and Hygiene (WASH)

- Water supply access in barangays affected by landslides in Batangas and Camarines Sur increase health risks.
- High risk of water-borne diseases due to lack of safe water access (particularly drinking water), water quality issues, open defecation and lack of access to sanitation facilities place the most vulnerable persons (i.e. pregnant and lactating women, persons with chronic illnesses, older persons, children, persons with disabilities) at risk.
- Accumulating solid waste increases the risk of vector-borne diseases particularly in areas where debris clearing and cleanup have not yet been undertaken. With the strain in local health services, there may be challenges in accessing services should IDPs/evacuees contract vector-borne diseases.



• Recommendations for WASH:

- Ensure prioritization and reach of most vulnerable groups such as persons with disabilities, older persons, and pregnant and lactating women in distribution of drinking water, water kits and water treatment products, water filtration and water trucking. IEC materials used for proper drinking water storage and use of water treatment should ensure that messages are easily understood.
- Support the repair of damaged toilets and construction of sanitation facilities, ensuring accessibility for persons with disabilities, older persons, and pregnant and lactating women. There is also a need to ensure considerations for menstrual hygiene management (i.e. trash bins for sanitary napkins), privacy and security (i.e. appropriate lighting, locks).
- Provide cisgender women and girls, as well as other menstruating individuals, with menstrual hygiene management kits to manage their menstrual periods safely and develop healthy habits.
- Develop hygiene promotion messages in multiple accessible formats (oral, print, sign language, easy-to-read/plain language, etc.). Ensure that hygiene promotion activities are inclusive and accessible to all.
- Ensure hygiene items are distributed in a safe and accessible way. Select a nearby distribution site that older people and those with disabilities can access easily. For instance, add ramps, handrails, and guide ropes at water points.
- Provide delivery services for people with disabilities who cannot reach the distribution site.

5. Health

- Flooding, transportation difficulties, and damaged infrastructure were highlighted as major barriers to accessing health services. Affected persons in inaccessible areas may not be able to access essential health services for some time, making near-term pregnant women, lactating women, persons with chronic illnesses, persons with disabilities and older persons vulnerable.
- Many areas reported damaged or submerged health supplies such as vaccines and medicines, including SRH supplies such as family planning commodities, clean delivery kits, and RH kits. This severely limits access to essential reproductive health services.
- Common illnesses observed in evacuees include cough, colds, skin issues, high blood pressure, and diarrhea. Communities in areas where flood water has not subsided yet are at high risk for water-borne and water-related diseases, placing women, children, persons with chronic illnesses, older persons, and persons with disabilities at risk for contracting illnesses.



- There is a noticeable gap in healthcare providers trained on the Minimum Initial Service Package (MISP) in emergency settings, with no training reported in most areas.
- Psychological first-aid (PFA) and support is needed for both home-based and evacuation center-based evacuees, as well as caring for the carers for responders and service providers (i.e. Human Resources for Health).
 Particular focus should be provided to members of families taking on care responsibilities especially as care work tends to increase with disasters.

• Recommendations for Health:

- Provide face masks as part of distribution kits to support prevention of acute respiratory infections which have been observed to be increasing in ECs
- Mobilize functional HIV facilities and PLHIV community members to ensure unhampered access to antiretroviral therapy for affected PLHIVs
- Support information management of relevant health data relating to the most vulnerable populations, especially pregnant and lactating women, persons with chronic illnesses, persons with disabilities and older persons, to ensure tailored responses/interventions for their needs.
- Support capacity building on MHPSS (i.e. psychological first aid) and MISP in emergency settings for health care workers including PSEA prevention and response.
- Make health facilities, including temporary ones, fully accessible for persons with disabilities, considering entrances, restrooms, movement within buildings, and signage. Ensure all health service information and user feedback are available in accessible formats.

6. Shelter

- Some houses continue to be submerged due to floods that haven't subsided, complicating access and rebuilding efforts. Many houses have also been totally and partially damaged.
- · Recommendations for Shelter:
 - Ensure that structural assessments involve consultations with the most vulnerable groups to incorporate any specific needs and considerations in any distributions of tents, tarpaulins, shelter repair kits, and interventions on transitional/temporary shelter.
 - Identify the best distribution modalities for shelter kits and NFI kits.
 Options include accessible distribution sites, door-to-door delivery, a buddy system with other beneficiaries, sponsored transport, priority lines, etc.

7. Nutrition

- While the government has reported adequate supplies of nutrition supplies and commodities, capacity gaps have been observed on the use of NiE tools and consolidated reporting.
- Recommendations for **Nutrition**:
 - Support information management of relevant nutrition data relating to the most vulnerable populations, especially pregnant and lactating women, persons with chronic illnesses, persons with disabilities and older persons, to ensure tailored responses/interventions for their needs.
 - Providing nutritional support to vulnerable groups, such as pregnant women, lactating mothers, the elderly, persons with disabilities and children, is crucial. Equally important is ensuring access to fresh food items like meat, poultry, bread, and fruits.
 - Ensure that distribution points and nutrition services and other facilities meet the 'Reach, Enter, Circulate and Use' criteria of accessibility.
 - Amplify IYCF key messages in emergencies, especially on the importance of continued breastfeeding and monitoring of Milk Code Violations.
 - Support to and mobilization of breastfeeding support groups.

8. Education

- Damages to school facilities due to flooding have been reported in some areas, including damage to teaching materials and school supplies. A number of schools are still being used as evacuation centers.
- Recommendations for Education:
 - Setting up of child-friendly and inclusive spaces in the schools to support children's non-formal education and alternative learning activities.
 - With the help of OPDs, develop response strategies that remove specific barriers to education faced by children with disabilities.
 - With latrines and freshwater equipment were destroyed, support in building proper WASH in School facilities, including hand washing stations, to ensure a safe and hygienic environment.
 - Establish a referral mechanism for providing children with disabilities, and their families, with specific forms of assistance. This can include cash support, prosthetic devices, protection services, etc.

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