REVISED HUMANITARIAN NEEDS AND PRIORITIES

TROPICAL CYCLONES AND FLOODS

PHILIPPINES

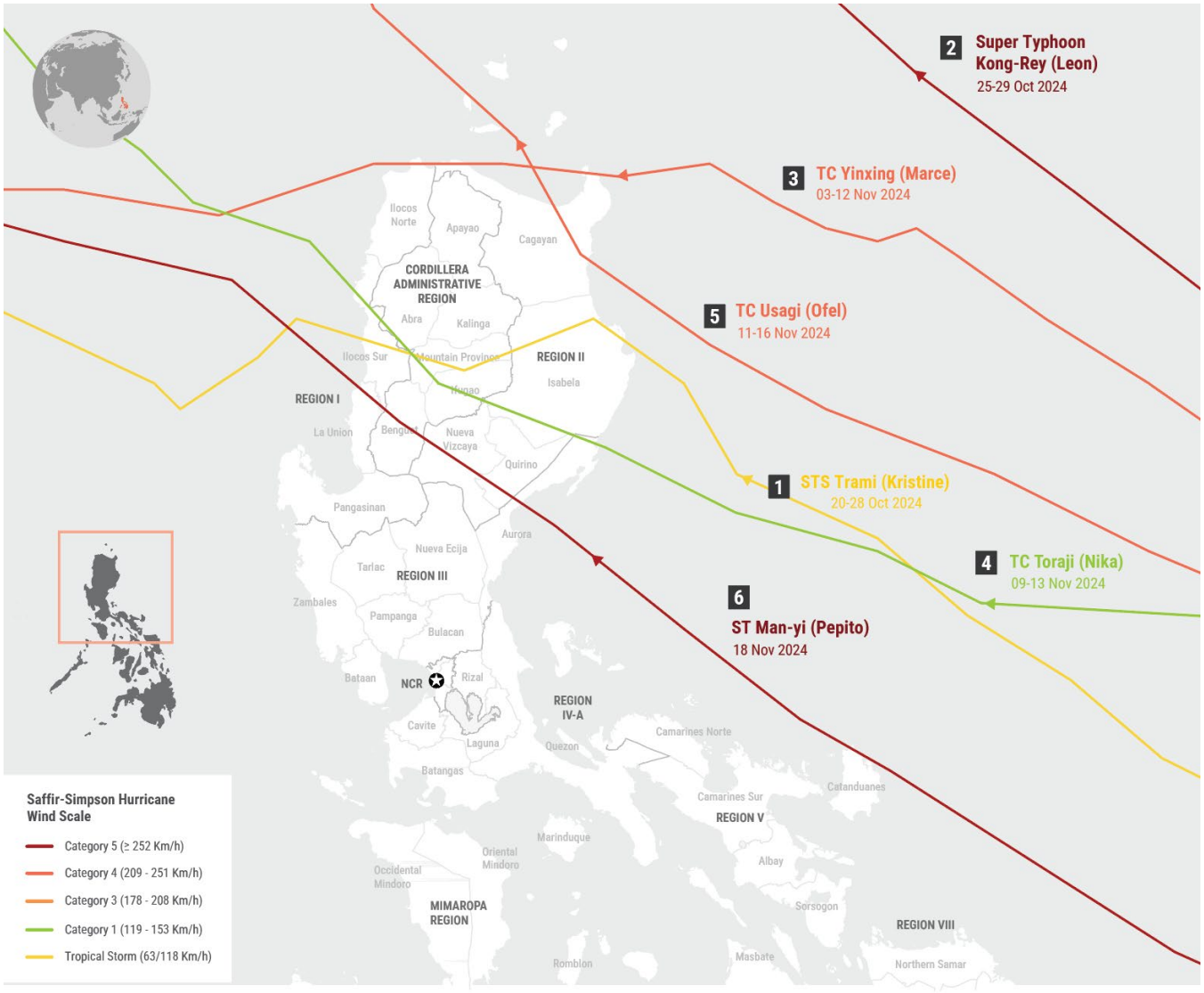
NOVEMBER 2024-APRIL 2025

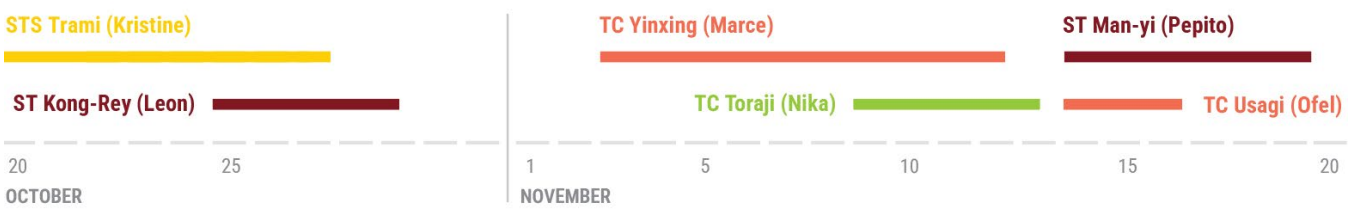
ISSUED
05 DEC 2024

Photo: H. Orosca/WFP; Catanduanes

At a Glance

FINANCIAL REQUIREMENTS (US$)	PEOPLE IN NEED	PEOPLE TARGETED
$42.4M	2.6M	535K





	$42.4M FUNDING REQ. (US$)	2.6M PEOPLE IN NEED	535K PEOPLE TARGETED
CCCM	3.3M	765K	84K
Education	2.9M	560K	106K
Emergency Shelter	12.0M	1,300K	222K
Emerg. Telecom.	0.1M		
Food Sec. & Agri.	13.0M	1,799K	510K
Health	0.5M	1,500K	421K
Nutrition	0.2M	32K	16K
Logistics	0.5M		
Protection	0.6M	719K	58K
WASH	4.9M	555K	165K
MPCA	4.4M	536K	208K
PSEA	21K		

Situation Overview

This Humanitarian Needs and Priorities (HNP) plan was first launched on 12 November, covering the impacts of tropical cyclones Trami (Kristine), Kong-rey (Leon) and Yinxing (Marce). Now at its second iteration, the HNP covers the cumulative impacts of the six typhoons that traversed across the country from October to November. The HNP will be implemented from November 2024 to April 2025.

Overview of the crisis

The Philippines is facing an exceptionally challenging tropical cyclone (TC) season, with successive cyclones reaching unprecedented locations and scales. Local authorities, who were impacted themselves, are overwhelmed as they simultaneously respond to the crisis and coordinate rescue efforts for affected families.

Since the last week of October and in barely five weeks, six consecutive cyclones have affected over 13 million people across the country. At the peak of displacement, over 2.9 million individuals were reported to have left their homes for temporary refuge in evacuation centres, informal settlements and hosted by relatives and friends. Cumulatively, number of casualties are 174 reported deaths, 148 injured and 25 missing. The minimal casualties are attributed to pre-emptive evacuations and preparedness work led by the Government of the Philippines (GoP).

On 22 October, TC Trami, local name Kristine, brought heavy rains across the Philippines, resulting in widespread flooding and landslides. In the early hours of 24 October, TC Kristine made landfall in Divilacan, Isabela, as a Severe Tropical Storm (STS) with maximum sustained winds of 95 km/h. Severe Tropical Storm Kristine brought torrential rains that caused widespread flooding and landslides in several parts of the country, particularly in Region 2, 4A and 5.

As STS Kristine exited the Philippine Area of Responsibility (PAR) on 25 October, TC Kong-rey, local name Leon, entered PAR on 27 October. Tropical cyclone Leon intensified into a super typhoon and its track came close to the Batanes Group of Islands in Luzon on 30 October. Super Typhoon (STY) Leon impacted several provinces that had already been affected by STS Krisitine, particularly Batanes, which is still recovering from the effects of TC Krathon, local name Julian, in September 2024.

On 7 November, Typhoon (TY) Yinxing, local name Marce, made landfall in extreme northern Luzon as the third cyclone within three weeks, prompting Tropical Cyclone Warning Signal #4, indicating 'very intense typhoon' conditions across the northern portion of mainland Cagayan including the Babuyan Islands, the northeastern portion of Apayao and the northern portion of Ilocos Norte. While TY Marce was battering the northern part of the Philippines as another tropical cyclone, TC Toraji, local name Nika, was forming and impacting the eastern seaboard. It then made a landfall in Dilasag, Aurora on 11 November. Immediately after, on 14 November, TC Usagi, local name Ofel, made a landfall in Cagayan as a super typhoon. By 16 November, another super typhoon, Man-yi, local name Pepito, made a landfall in Panganiban, Catanduanes. It made a second landfall in Dipaculao, Aurora on 17 November. In the days leading up to landfall of STY Pepito, the National Disaster Risk Reduction and Management Council (NDRRMC) and local government units (LGUs) proactively urged coastal and vulnerable populations to evacuate to safer areas. More than 1.5 million people were pre-emptively evacuated.

This the first time that the Philippines experienced multiple typhoons simultaneously active in the Western Pacific basin since records began in 1951. Climate change has inevitably contributed to these more intensified and frequent typhoons. The "La Niña-like" conditions in the Pacific Ocean also played a significant role in the behaviour of the recent cyclones. The La Niña alert remains in effect until the 1st quarter of 2025.

Humanitarian Impact

Six typhoons after, and as access to previously inaccessible communities improved, more assessments were rolled out. Following STY Pepito, massive assessment missions were deployed to different locations along the typhoon path, most specially in regions 2, 3 and 5.

Humanitarian needs continue to unfold, and relief efforts are required. The extensive destruction of homes has forced hundreds of thousands of people into evacuation centres (ECs), makeshift temporary shelters or elsewhere. Since STS Kristine, over 2.9 million have been displaced and due to back-to-back nature of the typhoons following the same track, communities have been affected multiple times. Based on the NDRRMC situation report on the last three tropical cyclones, more than 21,000 individuals remain displaced across five regions. This is on top of those people still displaced since STS Kristine. Many of the displaced families are residing outside ECs in informal shelters exposed to the elements. A significant number of displaced families lack essential non-food items (NFIs) such as sleeping mats, hygiene kits and cooking sets and supplies. Dignity kits, privacy partitions and protection monitoring are urgently needed to ensure the safety and dignity of vulnerable groups. Displaced families, as well as those who have returned, have limited access to safe drinking water, and most of the sanitation facilities they have need urgent repairs or restoration.

The shelter situation is particularly challenging as the need for materials to repair or rebuild damaged homes continues to grow, especially in remote and isolated areas. A total of 201,000 homes have been damaged, including 24,000 destroyed in severely affected provinces, leaving thousands without adequate shelter or forced to live in makeshift structures. Without shelter support, the affected families are likely to be exposed to protracted displacement and unsafe conditions.

One of the hardest hit sectors is agriculture, with more than 168,000 farmers and fisherfolks affected by the six tropical cyclones. The estimated cost of damage to agriculture has reached over US$125 million (or PHP 7 billion). The storm caused severe damage across thousands of hectares of farmland, especially in rice and

corn fields. An estimated 111,000 farmers and fisherfolk have seen their livelihoods impacted, creating severe food shortages and disrupting local livelihoods and economies. Additionally, high flood water levels and the damages caused will likely delay replanting efforts, worsening the food insecurity for vulnerable groups, particularly those in remote communities. For coastal barangays, affected fisherfolks will continue to have unstable incomes with unfavourable sea conditions that could last until the end of the typhoon season in 2025. While emergency food distributions have commenced, economic access to food remains limited for many households as local markets struggle to restock supplies or have increased their prices.

Floodwaters have either submerged or damaged numerous water facilities, leading to a scarcity of clean drinking water and heightening health risks such as waterborne diseases. Critical gaps in Water, Sanitation and Hygiene (WASH) remain and include damage to water systems and refilling stations has left many communities without access to clean water, increasing the risk of disease outbreaks. Immediate needs include hygiene kits, water containers and portable sanitation facilities. Some communities, especially in Camarines Sur, continue to face challenges in maintaining safe sanitation and have resorted to open defecation practices, while water trucking and filtration systems are urgently required to meet the needs of those still displaced.

The health infrastructure in affected regions is overwhelmed, with facilities substantially damaged and critical medical supplies in short supply. Common ailments such as respiratory infections and diarrhoea are rising, partly due to limited access to clean water and safe sanitation. Disrupted health services, and reports of increased cases medical cases highlight the urgent need for medical supplies and rehabilitation of health infrastructure. Mental health is also a pressing concern, as children and adults alike face the psychological toll of displacement and trauma. Expanded health support is crucial to address both physical and mental health needs, alongside disease surveillance to prevent outbreaks.

The widespread disruption in the food systems, livelihood, and basic health and social services heightens the risk of young children and pregnant and breastfeeding women of sliding into acute malnutrition if not recognized early and managed appropriately. Community and facility nutrition services need to be reestablished and reinforced to protect breastfeeding and ensure early identification and management of acute malnutrition among these vulnerable groups.

The storms have caused severe disruptions in education, affecting 20.9 million students and 884,000 teachers across hundreds of schools. Over 1,300 schools have served as ECs and many educational institutions have been damaged or destroyed; it is estimated that about 5,240 classrooms have been either totally or partially damaged. The damage to school infrastructure including WASH facilities and loss of learning and teaching materials impede the resumption of classes as well. As families struggle to cope with the impacts of the multiple typhoons, parents have lesser means to send their children to school and will likely result to lost education and low cohort rate. Immediate priorities include repairing classrooms, restocking school supplies and providing temporary learning spaces to support children in resuming their studies and regaining a sense of normalcy. Psychosocial support is also essential to address the emotional impacts on children.

The consecutive impacts to families by the typhoons and multiple displacements have exposed individuals to heightened protection risks, particularly for women, children, persons living with disabilities (PWD), and communities with diverse sexual orientation, gender identity, gender expression, and sex characteristics. (SOGIESEC). Reports indicate that gender-based violence (GBV), including sexual harassment and exploitation, is a significant concern in overcrowded shelters. Dignity kits, privacy partitions, gender sensitive infrastructure and protection monitoring are urgently needed to ensure the safety and dignity of vulnerable

groups. Furthermore, child-friendly spaces (CFS) are necessary to provide a secure environment for young people affected by the disaster.

Significant resource constraints resulted from the successive storms that have exhausted prepositioned supplies, overstretched responders, and exposed gaps in resettlement planning. This necessitates additional funding and strategic resource deployment. This unique crisis highlights the urgency of a comprehensive, coordinated humanitarian response to meet immediate needs and pave the way for long-term recovery across affected regions in the Philippines.

Government Response

The Government of the Philippines, through the NDRRMC chaired by the Secretary of National Defense, and with the Office of Civil Defense (OCD) as NDRRMC's operating arm, is leading the response to augment capacities of regional and local authorities. On 23 October, through the OCD, the government requested the humanitarian community to support through in-country resources to augment the response.

Photo: WFP/E. Perias

In partnership with the Association of Southeast Asian Nations (ASEAN), military air assets from Brunei, Malaysia and Singapore were deployed to deliver humanitarian relief in areas where roads were impassable in the aftermath of STS Kristine. The government continues to utilize its own air assets as part of the ongoing response efforts for faster delivery of relief items.

As of 3 December, the government has disbursed more than $31.4 million (or PHP 1.8 billion) worth of assistance to affected families. Local authorities are working closely with partners on the ground to support relief operations and to clear and restore damaged lifeline services such as road sections, electricity and telecommunications. The Department of Social Welfare and Development (DSWD) continues to support relief and recovery efforts through the provision of in-kind items such as family food packs and financial assistance for early recovery.

To coordinate relief efforts along with the humanitarian community, the national government activated the Inter-Agency Coordinating Cell (IACC). Humanitarian cluster lead agencies and OCHA were regular participants in the IACC. Operating under the OCD, the IACC likewise facilitated the delivery of essential services among government agencies. Services included the issuance of early warnings and strategic planning and prepositioning of critical goods and services for timely delivery. On 5 November, the IACC was

reconvened in preparation for the impact of TY Marce. As of 21 November, the overall management was shifted from the IACC to the national response clusters lead by the DSWD to address emerging humanitarian needs and facilitate early recovery efforts.

Complementing Government Efforts

On 12 November, the HCT launched the HNP to complement and support the government's response to the typhoon-affected areas, specifically in Regions 2, 4A and 5. At the time of launch, the HNP targeted 210,000 individuals with a financial requirement of $32.9 million. Financial contributions and/or pledges were received from member states such as the United States, United Kingdom, Republic of Korea (RoK), Canada, European Commission's ECHO and Australia.

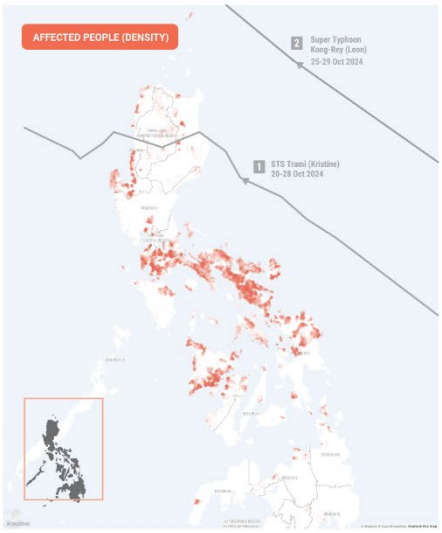
On 11 November, the Emergency Relief Coordinator (ERC) approved a US$3.5 million allocation under the Central Emergency Response Fund (CERF) Rapid Response (RR) window to cover priority sectors like WASH, NFIs, emergency shelter, food, protection services for GBV and sexual reproductive health (SRH) and camp coordination and camp management (CCCM). This allocation will prioritize 79,000 individuals in the provinces of Albay and Camarines Sur.

On 24 November, another round of RR allocation was approved by the CERF, totalling to $7 million to cover the cumulative impact of the series of typhoons that hit the Philippines. This particular allocation will focus interventions in the provinces of Isabela and Cagayan (Region 2), Aurora (Region 3) and Catanduanes (Region 5), targeting approximately 100,000 individuals. Interventions include cash-based food assistance, support to alternative livelihoods and resumption of agri-based activities, provision of shelter repair kits, multi-purpose cash assistance (MPCA), CCCM, provision of dignity kits and SRH support as well as MHPSS and psychosocial first aid (PFA) services.

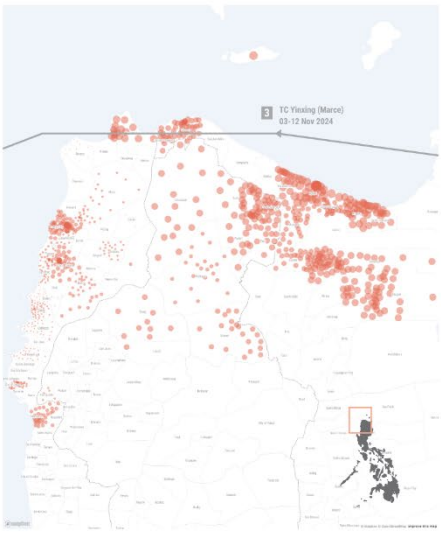
The updated HNP, at its second iteration, covers the cumulative impact of the six typhoons. This prioritizes key sectors based on actual assessments and aligned with Government's priorities to optimize complementation and synergy.

TROPICAL CYCLONES	PEOPLE AFFECTED	PEOPLE DISPLACED	DAMAGED HOUSES	DESTROYED HOUSES
1 SEVERE TROPICAL STORM TRAMI (KRISTINE) 2 SUPER TYPHOON KONG-REY (LEON)	9.6M	617K	191K	17K
3 TYPHOON YINXING (MARCE)	387.5K	260	28K	1K
4 SEVERE TROPICAL STORM TORAJI (NIKA) 5 TYPHOON USAGI (OFEL) 6 SUPER TYPHOON MAN-YI (PEPITO)	4.3M	124K	62K	17K

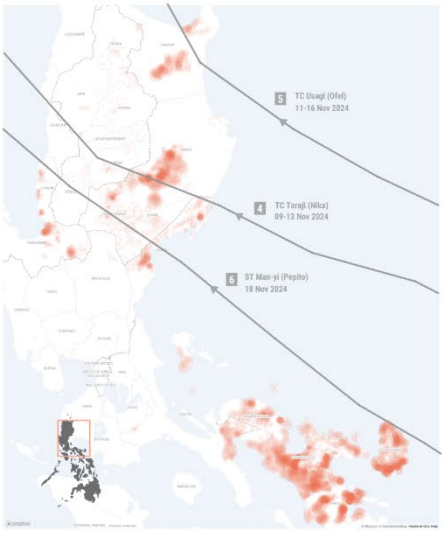
1 SEVERE TROPICAL STORM TRAMI (KRISTINE)
2 SUPER TYPHOON KONG-REY (LEON)



3 TROPICAL CYCLONE YINXING (MARCE)



4 TROPICAL CYCLONE TORAJI (NIKA)
5 TC USAGI (OFEL)
6 TC MAN-YI (PEPITO)



Source: NDRRMC as of 27 November 2024

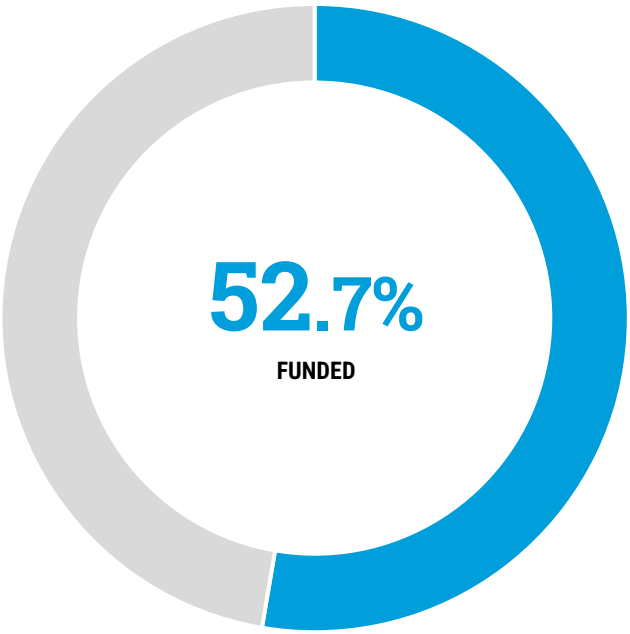
Funding

$42.4M

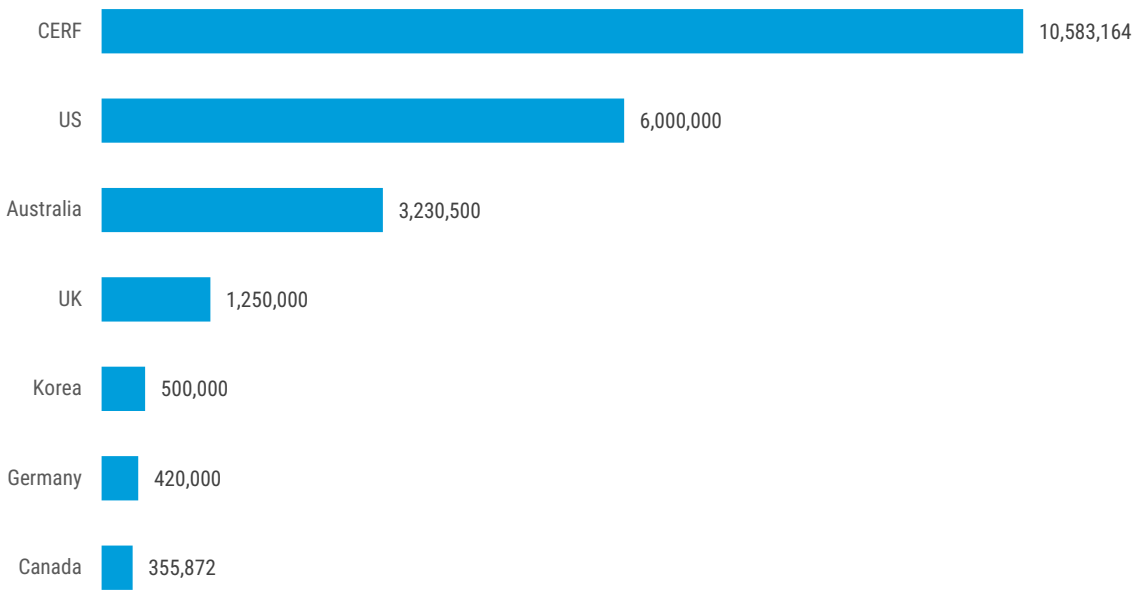
FUNDING REQ. (US$)

$22.3M

FUNDING RECEIVED (US$)



Donor Contributions



As of 05 Dec 2024

Main Humanitarian Needs

WASH interventions include hygiene kits, potable water and treatment and repair of water systems and sanitation facilities.

Emergency shelter interventions include the provision of emergency shelter items and shelter repair kits to households with damaged homes, as well as critical **NFIs,** including sleeping kits, cooking/kitchen kits, and cleaning kits.

Protection support, especially for dignity kits and GBV services, is required to support women and adolescent girls.

Camp coordination and camp management, including population movement and needs tracking for Internally Displaced Persons (IDPs) and other affected populations in evacuation centres, collective sites and communities, to help augment information gaps expressed by partners, to inform agile and timely assistance.

Food security and emergency/alternative livelihoods. Community consultations show families require additional food assistance especially for those who have lost their livelihoods. Livelihood assistance will be crucial to help those displaced regain their primary means of income lost due to the tropical cyclones.

There is an urgent need to **restore schools** used as ECs and to provide replacement learning and teaching kits lost to the floods. These resources are essential to help students resume their education and regain a sense of normalcy.

Destroyed **health infrastructures,** including damaged medicines, supplies and equipment, are limiting the already stretched capacity of the health sector. Ensure access to maternal and reproductive health services which have been severely impacted. Water-borne diseases are on the rise as well as chronic illnesses as people are exposed to stressful environments and traumatic experiences.

Community and facility **nutrition services** need to be reestablished and reinforced to protect breastfeeding and ensure early identification and management of acute malnutrition among young children and pregnant and breastfeeding women.

Response Strategy

Strategic Objectives

In supporting the government-led response to the six tropical cyclones, the country-based humanitarian partners under the Humanitarian Country Team (HCT), will focus on lifesaving and time-critical needs of people, especially vulnerable groups living in the worst affected provinces of Batanes, Cagayan and Isabela (Region 2), Aurora (Region 3), Batangas (Region 4A), Camarines Sur, Albay, Catanduanes and Camarines Norte (Region 5).

The plan aims to achieve the following strategic objectives:

SO 1: Provide timely humanitarian assistance to the most vulnerable people in need, including those in hard-to-reach areas.

SO 2: Restart livelihoods and access to critical services to promote resilience of the most affected communities; and facilitate pathways for durable solutions.

SO 3: Ensure the protection of women, men, boys and girls in all their diverse and intersecting identities from immediate risks, including but not limited to violence, exploitation and abuse.

Response Coordination

The HNP is developed under the leadership of the HCT, through the Inter-Cluster Coordination Group (ICCG), to complement the ongoing efforts of the Government. Implementation will be reported and monitored through the relevant clusters to the ICCG and ultimately back to the HCT. The 3Ws (what, where, who) was rolled out on 4 November to determine response implementation, operational presence and inform further prioritized programming.

Scope of the Plan

The revised HNP will be implemented within six months, from November 2024 to April 2025. Out of the 17 regions reported to have experienced the impact of the six tropical cyclones, the humanitarian community will focus on four regions: 2, 3, 4A and 5. The nine most affected provinces will be prioritized under the HNP, these are: Batanes, Cagayan and Isabela (Region 2), Aurora (Region 3), Batangas (Region 4A), and Albay, Camarines Sur, Catanduanes and Camarines Norte (Region 5).

The response will prioritize groups based on agreed vulnerability criteria, including gender, age and disability. Categories of the population identified as most vulnerable include children, pregnant and lactating women (PLW), PWDs, women-headed households, farmers, fisherfolks, informal income earners, transgender and other gender-diverse groups.

Needs Assessments

The situation analysis in this response plan is based on various assessments and reports. Primarily, the impact figures are based on government reports from the NDRRMC and DSWD. Following STS Kristine, UN agencies as well as international and national non-government organizations (I/NGOs), the Red Cross Society, faith-based organizations and foundations rolled out rapid needs assessments. There were about 30 agencies that conducted 34 assessments across the affected areas. By 31 October, OCHA produced the consolidated assessment report to have a common basis for situation analysis. The report covered information on 17 out of 18 regions in the country that were affected by STS Kristine.

After the six tropical cyclones, OCHA updated the consolidated assessment report. As of 30 November, through the ICCG, the updated consolidated assessment report was published. A hybrid approach to assess the situation and acquire an overview of the priority needs and gaps across the affected areas was rolled out after STY Pepito exited the PAR. The HCT rapid assessment form and debriefing forms were used for data collection. Where possible, this approach included a combination of key informant interviews (KII), focus group discussions (FGD) and direct observations by humanitarian partners on the ground, as well as the collection of secondary data through satellite imagery, and available government reports. About 120 additional assessments were rolled out by UN agencies, INNGOs and local CSOs in the most severely impacted provinces.

Accountability to Affected People (AAP)

Accountability to Affected Populations (AAP) and Inclusion are intertwined principles crucial for an effective, transparent, and equitable humanitarian response. By prioritizing these principles in the process of engaging the affected communities, humanitarian organizations can move beyond providing aid to empowering communities to take the lead, actively participate, and shape their recovery and resiliency building.

The AAP principles put the affected communities at the centre of the response, ensuring that their voices are heard, their needs are understood, and their priorities are addressed. Inclusion focuses on ensuring that all members of the affected population, regardless of their sex, age, and diversity, have equal access to assistance and are actively involved in decision-making processes. By integrating these principles into the core of the multiple cyclones-related assessments, plans, and response, the humanitarian organizations and relevant groups and responders doing the work with the affected communities can deliver aid efficiently and reach the most vulnerable and marginalized groups.

Photo: RCO/S. Gajete

Given the available information on the needs, priorities, and gaps in the response, mainstreaming the AAP and Inclusion become even more critical. Certain communities are disproportionately affected due to pre-existing vulnerabilities or geographical isolation. Thus, a response guided by AAP and Inclusion would prioritize reaching these communities and tailoring assistance to their specific needs, including reasonable accommodation. The AAP Working Group will support through sharing guidance and relevant resources on the following: a) accessible communication channels for PWDs, b) gender-sensitive aid distribution, c) active involvement of marginalized or often underrepresented sectoral groups in the planning and implementation of recovery programs; d) key messages including on rights and entitlements of affected populations; e) rapid assessment tools. Taking on the results from the Washington Group of Questions that organizations used, the AAP Working Group will support the documentation and analysis of trends of types of feedback received from affected persons, disaggregated by sex, age, and disability. Sessions will be facilitated to share common feedback received from different vulnerable groups, which could inform reflections and future planning.

The AAP Working Group will support the establishment of information-sharing and feedback mechanisms with affected communities to help humanitarian organizations identify unmet needs, address concerns, and provide transparency in selection criteria for cash or in-kind assistance. This approach ensures that aid is distributed impartially and equitably, regardless of political affiliation, especially as the upcoming election period approaches.

As outlined in the agreed HCT Minimum Operations Protocol for tropical cyclones and as an output of the ERC Flagship Initiative, a community-driven early recovery plan can be developed one to two months after the disaster. This plan will be based on robust community consultations which will incorporate community perspectives on needs and capacities to support the ongoing development of an early recovery action plan.

Protection from Sexual Exploitation and Abuse (PSEA)

Operating in high-risk environments such as disaster-affected areas, having direct interaction with displaced populations, particularly women, children, PWDs, sexual and gender minorities, and other vulnerable groups, and with the prevalence of GBV in the country, the risks of the IDPs to SEA and harassment are exacerbated. Sexual exploitation, abuse and harassment (SEAH) remains unreported due to many factors including the disruption and breakdown of protection services and structures, fear of retaliation and stigmatization, and the lack of trust in the reporting and referral systems.

In times of emergency, many humanitarian organizations including volunteers and other local partners (e.g., faith-based organizations, cooperatives, foundations, associations, people's organizations, and professional organizations) deployed in affected areas may not be aware and capacitated to prevent and respond to SEAH when it occurs. To build, strengthen, and sustain PSEA capacities among local government offices and local civil society organizations (CSOs), dedicated PSEA response interventions shall be made at the provincial level.

Though some clusters have included PSEA in their response plans, there is a need to implement inter-agency interventions for a cluster-wide and harmonized approach to PSEA. Thus, key PSEA priority response activities are being proposed for the revised HNP and inclusion in resource mobilization.

The HCT, through its Philippines PSEA Network, is proactively engaging in this response to prevent SEA perpetrated by aid workers at all costs. This will be done in close collaboration with all clusters particularly Protection including Child Protection Working Group (CPWG) and GBV sub-cluster (GBVSC), AAP WG, Gender in Humanitarian Action (GiHA) and CCCM to complement sectoral response activities. The key activities that will be rolled out are:

- Conduct capacity-building activities and training for all local humanitarian organizations/entities and actors, particularly local government workers, local CSOs, community leaders and volunteers, and private sector.
- Development of localized PSEA communication materials containing harmonized PSEA key messages and SEA reporting channels.
- Conduct field visits to assess needs and monitor SEA risks for appropriate actions of the ICCG. Complementing the priority geographical locations of the HNP, the afore-mentioned activities will target the provinces of Cagayan, Isabela, Albay, Camarines Sur, Camarines Norte and Catanduanes.

Key partners will be involved in the roll out such as the National PSEA Network Members in collaboration with Protection Cluster including CPWG and GBVSC, CCCM, AAP WG, GiHA, and LGUs and local CSOs.

Photo: WFP/E. Perias

Gender in Humanitarian Action (GIHA)

The HCT aligns with the updated Inter- Agency Standing Committee (IASC) Gender Policy introduced in January 2024, which champions a people-centred, feminist, and intersectional approach to equality and inclusion in humanitarian efforts. The revised policy also emphasizes the importance of understanding and addressing the diverse experiences of individuals affected by humanitarian crises and advocates for humanitarian action that is more just, coherent, safe, accessible, effective, and accountable, with the goal of saving more lives while laying the groundwork for lasting peace and sustainable development.

With this, clusters will gather and use sex, age, and disability-disaggregated data (SADDD) in assessments to ensure that interventions planned are able to carefully consider the specific needs of women, men girls, boys, and non-binary persons of diverse and intersecting identities. Sectors are also encouraged to do a rapid gender analysis (RGA) covering population demographics, decision-making structures and prevailing gender roles in households and communities, protection needs and risks, and gendered needs, capacities and aspirations. This gender analysis will be the basis for tailored interventions for the most vulnerable persons and ensure that humanitarian action is appropriate, efficient and effective.

Clusters are also encouraged to designate gender focal points (GFP) and collaborate with the GIHA WG, AAP and PSEA, as well as GBV sub-cluster to ensure the following:

- Programs are developed using the IASC Gender with Age Marker (GAM).
- Frontline staff receive brief training on minimum standards related to gender, AAP and inclusion, and PSEA factored into programme budgets.
- Referral mechanisms for cases of GBV are in place to frontline agencies for GBV response.
- Provide adequate and flexible funding for local and national women-led organizations (WLOs), women-rights organizations (WROs), and organizations led by or representing adolescent girls, youth, and SOGIESC communities.
- Joint monitoring results, including use of gender-responsive indicators, conduct of gender audits are to be undertaken with clusters.

Mechanisms to protect and address GBV cases encountered among displaced populations due to conflict and disasters, such as but not limited to women-and-children-friendly spaces (WFS/CFS), should be established and functional. Likewise, personnel who will be assigned to handle GBV cases should receive adequate training. Coordination with LGU mechanisms to address GBV should be done to ensure a holistic response.

Regular monitoring activities must include gender audits to assess whether the needs of the most vulnerable populations are addressed. Ideally, these monitoring efforts should be conducted collaboratively by agencies and organizations working in the same areas to avoid overburdening communities. By systematically integrating gender considerations into all aspects of the humanitarian response, the approach ensures that interventions not only address immediate needs but also lay the groundwork for a more equitable and long recovery.

Private Sector Engagement

The Philippine Disaster Resilience Foundation (PDRF), the national network of the OCHA – United Nations Development Programme (UNDP) Connecting Business initiative (CBi), mobilized the private sector in response to the impact of six tropical cyclones, providing widespread relief and support across affected regions. In collaboration with its members and partners, PDRF has mobilized in-kind donations valued at $736,075, benefiting 64,930 families. The in-kind contributions included food packs and hot meals, water, hygiene kits, and fuel.

PDRF hosted two virtual Network briefings with its members and partner companies to provide early warnings, assess the impact of the tropical cyclones, and plan response and recovery efforts. During these briefings, participants discussed immediate needs, identified gaps in affected areas, and collaboratively developed targeted resource mobilization plans, exemplifying the private sector's unified commitment to disaster preparedness and response.

Key contributions included:

- **Food Assistance:** Jollibee Group Foundation and McDonald's Kindness Kitchen provided meals to IDPs and responders, addressing immediate nutritional needs.
- **Health:** Generika, through PDRF and WHO will be providing water purification tablets and doxycycline to the Bicol Region through to prevent waterborne diseases.

- **Food and NFIs:** Partners such as the Ayala Foundation, Alagang Kapatid Foundation, and other MVP Group Foundations distributed relief items to affected areas in CALABARZON, the Bicol Region, Central Luzon, and Cagayan Valley.
- **WASH:** Manila Water Foundation and Coca-Cola Foundation provided safe drinking water to affected communities.
- **Telecommunications:** Member companies like Globe Telecom and Smart Communications restored telecommunications in the Bicol Region and provided free load credits, calls, texts, data, and charging stations in evacuation centers to ensure connectivity for evacuees and responders.
- **Logistics:** UPS-Delbros, Metro Pacific Tollways, and DHL supported logistics by transporting food packs, hygiene kits, and drinking water, to the Bicol Region and Cagayan Valley.

These efforts were made possible through collaboration with the League of Corporate Foundations (LCF) and other partners, underscoring the power of public-private partnerships in delivering effective disaster response.

The PDRF network is also preparing its recovery efforts, targeting support for livelihoods, particularly in the agriculture and fisheries sectors. Planned interventions include the distribution of fishing equipment to support immediate recovery, along with training programs on climate-resilient farming and sustainable fishing practices. Additionally, PDRF is working closely with local government agencies to support re-establishing market linkages, ensuring long-term economic recovery and resilience for farmers and fisherfolk impacted by the tropical cyclones.

Cash and Vouchers Assistance (CVA)

The Cash Working Group (CWG) has met bi-weekly since STS Kristine to coordinate cash-based relief, including multi-purpose cash assistance (MPCA), multi-sector cash assistance (MSCA), and support the coordination of sectoral cash assistance. The CWG continues to engage with the DSWD and has issued guidance on MPCA transfer values to ensure an effective cash response. This guidance aims to complement the cash relief being implemented and planned by the DSWD.

Cash partners have indicated on-going need to support the most vulnerable flood-affected households with MPCA and MSCA, which now includes Regions 2 and 3 following STY Pepito. In the Philippines, MPCA has been widely utilized in larger-scale disaster responses as it empowers disaster-affected families, offering flexibility in addressing immediate needs like food, shelter, health, WASH, and protection, and the dignity of choice for affected people to prioritize needs as they define them. The MPCA also supports local economies and fosters social cohesion within communities. Multi-sector assistance is similarly a common modality in the Philippines which enables disaster-affected families to meet multiple needs, typically two to three sectors within the minimum expenditure basket (MEB) and often as a top-up in addition to in-kind assistance.

In total, CWG partners will target 207,540 people or 41,508 families with MPCA and MSCA. The CWG has recommended a transfer value for MPCA covering 50 per cent of the MEB, which includes the essential basic needs for a household of five for 30 days. However, the CWG will recommend that partners align with the government's Emergency Cash Transfer (ECT) program if this is activated in response to the successive tropical cyclones, which provides cash transfers set at 75 per cent of the regional daily minimum wage which will total around 40 per cent of the MEB. Following CWG-led coordination with the DSWD, cash partners will coordinate their responses with regional DSWD offices and LGUs to ensure the most vulnerable disaster-affected households are prioritized for assistance.

- MPCA, 50 per cent of the MEB adjusted to regional poverty thresholds.
- Multi-sector cash assistance, covering two or more sectors of the MEB.

Cash-implementing partners include AAH, CRS, FAO, HI, IOM, Oxfam Pilipinas, Save the Children, UNICEF, UNHCR, WFP, World Vision International. They will target the entire province of Catanduanes and specific locations in the Provinces of Albay (municipalities of Guinobatan, Libon, Oas and Polangui), Camarines Sur (municipalities of Bato, Buhi, Bula, Cabusao, Calabanga, Gainza, Garchitorena, Magarao. Milaor, Minalabac, Nabua, Naga, Pili, Presentacion (Parubcan), Ragay, San Fernando, Siruma, Tinambac, Bombon and Canaman), Batangas (municipalities of Talisay, Lemery, Agoncillo, and Cagayan (municipalities of Camalaniugan, Baggao, Buguey, Enrile, Gattaran, Lal-lo Solana, Sta. Teresita and Tuguegarao City).

EARLY RECOVERY(ER) AND RECOVERY

Under UNDP's leadership, an Early Recovery Strategy (see annex) is being developed in collaboration with the ICCG clusters. The strategy intends to complement the humanitarian interventions under the HNP to ensure bridging the gains towards medium-to-long term development. It serves as a guide in programming, and engaging with national and local governments, including communities for long-term resilience building. Specifically, the following steps will be done through the ER cluster:

- Develop an advocacy paper highlighting the needs and gaps in early recovery to be shared with the government and partners.
- Explore opportunities to collaborate with the OCD on advocacy efforts and align with their plans.
- Develop a matrix outlining agency initiatives, gaps, target areas, and potential costs.
- Investigate the feasibility of resilient housing bonds as a potential funding mechanism.

Sector Plans

Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
765K	84K	3.3M

Lead and Co-lead agencies

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

HCT Lead: International Organization for Migration (IOM)

Sector Overview

As of 30 November, the DSWD DROMIC[1] Report covering STS Kristine and STY Leon indicated a total of 47,316 families or 212,107 persons are still displaced in Regions 1, 2, 3, 4A (CALABARZON[2]), 4B (MIMAROPA[3]), 5, 6, 7, 8, 9, 10, 12 and in the National Capital Region (NCR). Majority of the displaced, or around 89 per cent, are outside of ECs. Out of the total remaining IDPs, majority of them or approximately 38,092 families (73,665 individuals) are displaced in Region 4A, particularly Batangas and Laguna municipalities.

Additionally, the DSWD DROMIC reports that for TY Nika, STY Ofel and STY Pepito, there are 3,553 families or 11,884 persons still displaced in Regions 2, 3, 4A, 5, 8 and the Cordillera Autonomous Region (CAR). As such, while the majority of affected and IDPs from this last typhoon were able to decamp and return to their places of origin relatively quickly, displacement remains protracted in several areas where impacts were severe, particularly as a result of STS Kristine. Families are primarily displaced in community settings – staying with family and friends, with smaller numbers staying in ECs or informal collective sites. Upon return, many are returning to totally or partially damaged homes.

While CCCM support has so far been provided rapidly and effectively, in support of DSWD, particularly in Region 5, including strengthening of CCCM governance, structures and capacities, coordination of assistance, and site improvements, there remains continued need for CCCM support in ECs, collective sites and communities including in other regions facing protracted displacement such as Region 4A, including on coordination and monitoring of assistance, information management, facilitation of community participation, and continued maintenance/rehabilitation of site infrastructure.

Identified priority needs of the displaced families in and outside ECs include continued needs for WASH, health, shelter and protection assistance. Significant Mental Health and Psychosocial Support Services (MHPSS). For those in protracted displacement in ECs and collective sites, there is the need for continuous support in terms of site care and maintenance and continued provision of essential food and NFIs. Durable

[1] Disaster Response Operations Management, Information and Communication
[2] Cavite, Laguna, Batangas, Rizal and Quezon Provinces
[3] Mindoro, Marinduque, Romblon, and Palawan

solutions need to be facilitated to address the families' protracted displacement. Similarly for IDPs hosted by family and friends, there are significant needs in terms of repair and rehabilitation of community infrastructures – many of which have already been damaged.

The fluid nature of the displacement and mobility of affected populations and the protracted nature of the displacement highlight the need for regularly updated, granular data on needs and intent to return of the IDPs to inform continued planning efforts and targeting of assistance by Government and humanitarian partners.

Priority Response Activities

- Support provision of CCCM services, including coordination and monitoring of assistance, registration and information management, overall governance and facilitation of community participation, and site care and maintenance, with particular focus on areas of protracted displacement.
- Profiling of the mobility, intentions and needs of affected populations in ECs, collective sites and communities through the Displacement Tracking Matrix (DTM), including information on their places of origin and return/relocation prospects for early decampment in coordination with national and local authorities and the Shelter Cluster.
- Care and maintenance of ECs hosting displaced populations – particularly on a protracted basis, including through supporting the clean-up, repair and rehabilitation of facilities in ECs, setting up of privacy partitions in covered ECs, setting up of lighting facilities, and setting up or rehabilitating women and child-friendly spaces, including breastfeeding areas.
- Clean-up, repair and rehabilitation of community infrastructures in communities hosting significant numbers of displaced populations.
- Provision of WASH support at ECs, in coordination with the WASH Cluster, in collective sites and temporary settlements, including water tanks, trucking and refilling services, and repair of WASH facilities.
- Dignified decampment and planned relocations as necessary, in close coordination with the Shelter Cluster, ensuring availability of appropriate shelter options and assistance upon return/relocation.
- Appropriate emergency shelter assistance including emergency shelter kits for those in informal collective sites and outside of ECs who are exposed to the elements.
- Continued provision of essential food and NFIs (including household NFIs) in ECs, collective sites and temporary shelters as necessary.
- Strengthen protection mechanisms in ECs, collective sites and temporary shelters, in coordination with the Protection Cluster, CPWG and GBVSC sub cluster. This will include setting up or strengthening of complaints and feedback mechanism, referral pathways/systems, and dissemination of CP and PSEA risk communication and community engagement materials.
- Technical and material assistance, including provision of CCCM kits, to Provincial Disaster Risk Reduction and Management Offices (PDRRMOs) and LGUs to support continued capacity strengthening on CCCM.

Target Areas

Provinces of Batanes, Batangas, Cagayan, Albay, Camarines Sur and Catanduanes

Partner Organizations

IOM, UNICEF, WFP, UNHCR, UNFPA, FAO, IFRC, CRS, AAH, CARE, Red Cross, World Vision, Oxfam, Caritas

Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
560K	106K	2.9M

Lead and Co-lead agencies

Government Lead: Department of Education (DepEd), ECCD Council

HCT Lead: United Nations International Children's Emergency Fund (UNICEF) and Save the Children Philippines

Sector impact and key needs

Based on the Department of Education's (DepEd) consolidated report dated 18 November 2024, there are 42,099 K-12 schools across 196 school divisions in 16 regions that experienced class disruptions due to the consecutive storms, affecting 20.9 million learners and 884,000 school personnel. The DepEd reported a number of schools had major damages mostly in regions 1, 2, 4A, 5 and the CAR with 337 toilets and 223 handwashing facilities that need to be fixed. The loss of classrooms is a major obstacle for learning continuity, showcasing the needs for the provision of temporary learning spaces (TLS), support in classroom cleanup, and reconstruction of damaged schools.

As of 26 November 2024, Schools Divisions of Albay, Aurora, Batangas, Cagayan, Camarines Sur, Catanduanes, and Isabela, reported that disruptions due to class suspensions have affected at least 1,449,911 learners and 40,272 teachers. The damage to educational infrastructure has been significant with 925 basic education classrooms destroyed and 2,614 partially damaged. It was reported that 39 schools were impacted by landslides and 594 schools experienced heavy flooding.

The impact of the typhoon extends to teaching and learning materials (e.g. textbooks, office/teaching supplies, manipulative toys, visual aids), school equipment (e.g. school furniture, laptops/computers, laboratory equipment, technical vocational equipment), and essential school records (e.g. grades of learners that have not yet been encoded to official sites, property documents). Despite efforts to safeguard equipment, many printed teaching and learning resources were damaged due to inadequate storage solutions. This has exacerbated the shortage of essential educational materials, hampering the delivery of lessons in the early stages of the academic year.

Furthermore, ongoing electricity and communication outages complicate recovery efforts. Without basic utilities, such as electricity, schools cannot resume regular learning activities, and any efforts to facilitate distance learning through online platforms or printed materials will remain limited. The shift to modular distance learning is being planned as the immediate response to the destruction of school infrastructure. Without the necessary equipment for producing and distributing educational materials, the continuity of learning is at risk.

Unfortunately, the tropical cyclones disrupted early childhood education as well. Significant structural damages were reported across various Child Development Centers (CDCs). Local governments emphasized the need for support to restore these facilities, to allow children to regain a sense of normalcy and continue early learning in safe environments.

Children and staff have experienced significant psychological distress after the series of typhoons. Many children, still traumatized, expressed a deep fear of heavy rain and thunder, indicating lasting psychological impacts. School officials emphasized the urgent need for psychological first aid (PFA) to help both students and staff cope with the emotional toll of the disaster. The fear, anxiety and trauma caused by the storms could hinder children's readiness to engage in learning activities, making it crucial to address these emotional needs to restore normalcy and stability in the affected community.

The compounded effects of these typhoons have made recovery efforts more challenging, with the government's reserved funds for emergency response dwindling due to the massive damages incurred, emphasizing the urgent need for coordinated action to restore a safe and conducive learning environment. The extensive damage to infrastructure and the displacement of learners and teachers alike have highlighted the vulnerability of the education system to disasters. Supporting class resumption, the soonest possible time is crucial to ensure that learners are provided with a sense of security, stability, and routine to contribute to their mental health and well-being, stay on track with the curriculum and have access to other essential services and resources through the school community.

Priority response activities

- **Temporary Learning Spaces** to be used as adaptable spaces to facilitate lessons.
- **Back-to-School Kits for students** including basic supplies like notebooks, pencils, and bags to support them to return to their learning routines
- **Teacher's kit**, Schools in a Box, recreation kits, ECCD kits (for a class)
- Manipulative toys and storybooks (for a class)
- **Clean-up/Repair equipment**, i.e., water sprayer, shovels, etc.
- **School equipment**, i.e., printers, laptops, TV (for a class)
- **Temporary WASH facilities**, i.e., portable toilets, handwashing areas, garbage disposal/ management set-ups through the WASH Cluster
- **Psychosocial first aid (PFA)** and **Psycho-Social Support (PSS)** programs for students, teachers, and non-teaching personnel for emotional support and to help ease the transition back to regular schooling

Target Areas

Cagayan Province: Amulung, Baggao, Gattaran
Aurora Province: Dipaculao
Batangas Province: Agoncillo, Lemery, Talisay
Albay Province: Libon
Camarines Sur Province: Baao, Balatan, Bato, Bula, Camaligan, Canaman, Gainza, Magarao, Milaor, Minalabac, Nabua, San Fernando
Catanduanes Province: Bagamanoc, Caramoran, Gigmoto, Pandan, Panganiban, Viga

Partner Organizations

International Institute of Rural Reconstruction (IIRR), PDRF, Philippine Red Cross, SEAMEO Innotech, SEEDS Asia, Unilab Foundation, World Vision International, ACCORD, Plan International Pilipinas, ChildFund, Fundlife, Globe, CODE – NGO, Food for the Hungry, Lokal Lab, ABS-CBN Foundation, Inc., Habitat for Humanity, OXFAM Pilipinas, Center for Disaster Preparedness, ABC+ implemented by Research Triangle Institute International

Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.8M	510K	13M

Lead and Co-lead agencies

Government Lead: Department of Social Welfare and Development (DSWD) and Department of Agriculture (DA)

HCT Lead: World Food Programme (WFP) and Food and Agriculture Organization of UN (FAO)

Sector impact and key needs

Based on the rapid damage assessment and needs analysis undertaken by WFP, FAO, and other FSAC members, disaster-affected areas in the Bicol, Cagayan Valley, and Central Luzon regions face a dire food security situation. Food and water remain the top priority needs for the affected population. These needs are especially critical for families in ECs and communities that were severely impacted by successive typhoons, areas isolated due to damaged roads, destroyed bridges, and disrupted communication systems, as well as in locations where traditional water sources, such as springs and deep wells were destroyed.

As per NDRRMC report of 28 November, a total of 1,170,889 families (4,315,784 persons) were affected. Of the affected families, 687,218 families are in need of assistance. As for response, the government has provided 496,900 family food packs in Regions 1, 2, 3, 4B, 5, 8 and CAR, amounting to $6.5 million (PHP 355 million). The NDRRMC reports a huge gap in the provision of food assistance; only 21 per cent of the families in need of assistance were covered in the ongoing distribution of government assistance due to various challenges.

Furthermore, part of the gaps is the lack of assistance on livelihoods, especially those that are agriculture and fishery based. As per the WFP assessment, it may take some time for the main livelihood of the affected population to recover. The main sources of income (i.e., farming, fishing, transport services, tourism-related services, etc.) of people were impacted and damaged by the successive typhoons. The first five typhoons have disrupted the most important stages of rice and corn cropping in the country such as the harvest season in October- November and planting season starting November. On the other hand, STY Pepito extended the negative impacts of the shocks to the cultivation of perennial crops and tourism.

Priority response activities

- Provide food and water, especially to affected people in communities in need and in the ECs.
- Provide sectoral and multi-purpose cash transfers to cover immediate food needs and support the restoration of the livelihoods of affected households, such as jumpstarting rice production activities such as land preparation, clearing of irrigation canals, toppled abaca plants to enhance generation and growth of suckers and corms and twisted leaves of coconut trees to avoid bud rot.
- Distribute rice seeds (certified rice seeds of early maturing/flood tolerant varieties); other production inputs such as fertilizers, garden/farming tools, assorted vegetables, drying nets,

seed storage drums; kits for backyard poultry/livestock production (native/free range chicken, mallard ducks, piglets, goat.

- Undertake capacity-building activities for season-long farmer field school (FFS) on climate-resilient agriculture and climate-resilient farming technologies.
- Provide technical support on income-generating activities and undertake network building to financial institutions such as microfinance institutions, banks and cooperatives with lending services.

Target Areas

Cagayan Province: Abulug, Aparri, Ballesteros, Buguey, Claveria, Gonzaga, Pamplona, Sta. Ana, Sanchez Mira, Sta Praxedes, Sta Teresita, Calayan, Solana, Piat, Sto. Nino, Gattaran, Sta. Ana, Baggao and Lal-lo
Isabela Province: Quezon, Tumauini, Santiago, Jones, Echague, Cordon, Benito Soliven, San Mariano, Angadanan, Alicia
Aurora Province: Baler, Casiguran, Dilasag, Dinalungan, Dingalan, Dipaculao, Maria Aurora and San Luis
Batangas Province : Lemery and Talisay, Agoncillo and Laurel
Albay Province: Guinobatan, Libon, Oas, Daraga and Polangui
Camarines Sur Province: Bato, Buhi, Cabusao, Calabanga, Garchitorena, Magarao, Milaor, Minalabac, Pili (Capital), Presentacion (Parubcan), Ragay, San Fernando, Siruma, Tinambac, Gainza, Bombon, Canaman, Baao, Bula, Libmanan, Sipocot and Pili
Catanduanes Province: Baras, Gigmoto, Pandan, San Andres, San Miguel, Virac, Bagamanoc, Caramoran, Panganiban and Viga

Partner Organizations

AAH, ACTED, ADRA, CARE Philippines, Community and Family Services International (CFSI), CRS, Kasagana Ka Cooperative (K-COOP), FAO, Fundlife, International Committee of the Red Cross (ICRC), IHDC-BBMC, IOM, Islamic Relief Worldwide-Philippines, Oxfam Pilipinas, People In Need (PIN), PLAN International Pilipinas, Pilipinas Shell Foundation, Inc. Save the Children, UN Habitat, UNDP, UNICEF, WFP, World Vision (WV)

Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.5M	421K	478K

Lead and Co-lead agencies

Government Lead: Department of Health (DOH)

HCT Lead: World Health Organization (WHO)

SRH Working Group Lead: United Nations Population Fund (UNFPA)

Sector impact and key needs

Health service delivery (HSD) has been affected due to the onslaught of the typhoon season which has rendered the primary health facilities unable to function due to loss of infrastructure and resources including medication, equipment, and workforce. Rapid needs assessments (RNAs) have revealed the extent of the incapacitation to which the community was unable to keep up with maintenance medications due to unavailability and lack of access to replenishment points, and impact to routine health services including immunization of children. Population movements in temporary ECs and exposure to flood waters have heightened risks for communicable disease such as respiratory infections, acute gastroenteritis, including cases of skin infection, wound, and injuries. Coordination with local counterparts highlighted that to augment the HSD gap, there were deployments of Department of Health (DOH) personnel from government-affiliated hospitals, however, resources remain thin.

Based on various deployments by WHO (28 October to 3 November), UNICEF (5-7 November and 20-22 November) and UNFPA (29-31 October), the teams collected significant information on the situation, needs and gaps. Observations include possible exacerbation and secondary complications of non-communicable diseases (NCDs) within the affected population. If left unchecked, this may result in indirect or 'excess' mortality. It is noteworthy, emergencies increase the risk of NCD-related complications, such as heart attacks and strokes, which may be up to two to three times more than in normal pre-emergency circumstances. Further, according to baseline assessments hypertension, a major risk factor for cardiovascular diseases, is a major public health burden in Albay and Camarines Sur and is estimated to be at 20.9 per cent prevalence; while diabetes prevalence is at 8 per cent based on recent health surveys. Community-level human resources for health (HRH) have expressed their continuous grief and have yet to keep up with being overwhelmed by the health needs of the community. This group is in need of MHPSS as much as the people they serve. The HRH has yet to have a rotational schedule that would allow them to meet their personal needs and sufficient rest. It was highlighted that augmentation support to health facilities with cold-chain equipment and immunization supplies are urgent especially in the Provinces of Camarines Sur, Cagayan, Isabela, Aurora and Batanes. The damages to these immunization supplies and interruption of cold-chain functionality will severely impact ongoing challenges to low immunization coverage for the affected regions with fully immunized children (FIC) only at 36 per cent for Region 1, 31 per cent for Region 2 and 24 per cent for Region 5, reported at midyear covering January to June 2024. Essential medicines and supplies for maternal, newborn and child health services (MNCHS) need to be augmented

following upsurge of cases and medical consultations with population movement in ECs and exposure to flood waters posing higher risks for communicable diseases. Medical facilities reported critical shortages in essential supplies, further exacerbated by the loss of SRH-specific commodities and infrastructure. The situation has placed vulnerable groups, such as adolescents, PLWs, women of reproductive age (WRA) and the elderly, in challenging conditions, underscoring the urgent need for immediate, targeted SRH interventions to ensure service continuum. Access to essential SRH services that were severely compromised need to be urgently restored.

Priority response activities

- Provision of life-saving commodities for people living with chronic conditions focusing on hypertension, diabetes, and chronic respiratory diseases to prevent exacerbations and excess mortality, through the deployment of NCD kits in emergencies.
- Provision of Caring for Carers activity for community level HRH as MHPSS activity to address the anxieties resulting from the floods and landslides brought about by the typhoon season
- Immediate reinstatement of cold chain equipment functionality to affected health facilities and provision of immunization supplies (i.e. vaccine carriers, syringes, vaccines, emergency power supply)
- Provision of inter-agency emergency health kits with essential medicines and supplies for maternal newborn and child health services in support upsurge of medical consultations
- Provision of Reproductive Health (RH) Kits, SRH equipment, medicines and commodities to enable health facilities to provide SRH services, and individual kits with SRH information to women and girls to prevent excessive maternal and newborn mortality and morbidity.
- Community-based health promotion for SRH services.
- Provision of cash assistance to pregnant women in their last trimester to access SRH services.

Target Areas

Isabela Province: Sto. Tomas, Benito Soliven, Angadanan, Cabatuan, Cordon, San Isidro
Cagayan Province: Enrile, Gonzaga, Sta. Ana, Alcala, Amulung, Lallo, Tuguegarao
Aurora Province: Dipaculao, Dinaduangan
Camarines Sur Province: Baao, Bato, Bula, Gainza, Milaor, Minalabac, Nabua, Canaman, Camaligan, Naga
Albay Province: Libon

Partner Organizations

ADRA, Caritas, PRC, Relief International

Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
32K	16K	200K

Lead and Co-lead agencies

Government Lead: National Nutrition Council (NNC)

HCT Lead: United Nations International Children's Emergency Fund (UNICEF)

Sector impact and key needs

The series of typhoons and the effect of STY Pepito disrupted nutrition related services and practices. Cumulatively, more than 200,000 children under 5 years old and 80,000 pregnant and lactating women (PLW) were displaced inside and outside ECs[4]. These typhoons affected several regions at varying intensities with the following areas anticipated to be impacted in terms of nutritional outcomes: (1) Bicol Region – Provinces of Camarines Sur and Catanduanes; (2) Region 3 – Province of Aurora, and (3) Region 2 - Province of Isabela. While the situation on the ground varies, a common nutrition cluster specific concern across affected areas is the lack of real-time nutrition data and information coming from these areas requiring deployment of UNICEF personnel for initial assessment.

The Expanded National Nutrition Survey of 2018, 2019, and 2021 reveal specific sector related vulnerabilities in the typhoon affected areas that will predictably be exacerbated. Stunting among children under 5 years of age are at 32.6 per cent in Bicol, 19.7 per cent in Central Luzon and 27.8 per cent in Cagayan in 2018,2019 and 2021, respectively. On the other hand, wasting was reported at 5.5 per cent, 5.9 per cent, and 7 per cent, in these respective regions, all at medium public health significance.

While initial reports pointed to adequate nutrition supplies and commodities within the government with gaps in coordination and information management capacity, on the ground assessments and ocular inspection unpacked further the needs within the affected regions, especially in the most badly hit provinces of Camarines Sur, Aurora, and Isabela.

Camarines Sur was the most badly hit province by STS Kristine. Initial assessments conducted through ocular visits in the rural health units (RHUs) revealed that the nutrition commodities, specifically, iron-folic acid (IFA), micronutrient powder (MNP), and food products intended for children, 6–23 months, participating in the dietary supplementation program (Tutok Kainan) were submerged and damaged in the flood. Anthropometric tools such as height boards and weighing scales were also damaged. While partial replenishments of nutrition commodities were made by the national government, there is still a need to augment existing supplies like IFA, MNP, Rehydration Solution for Malnutrition (ReSoMal) and breastfeeding kits. Nutrition services were also interrupted at the time of the assessments, with some personnel also affected and not reporting regularly,

For Catanduanes, while the direct effect of the STY Pepito was not as severe as anticipated, the livelihood of some 16,000 abaca and coconut farmers was badly hit that can exacerbate nutritional vulnerabilities of children in these households. Nutrition commodities in the hard hit LGUs of Caramoran, Pandan, Bagamanoc,

4 Whereas the figures in the last HNP were actual counts from limited subnational data, these updated figures are based on the latest revised HNP 6TCs estimates. The number of children and PLWs are proportions of the total PiN using 8 per cent and 3 per cent factor, respectively.

Gigmoto, Panganiban, Viga are enough at present, but not for completing the whole treatment. Most nutrition clusters were not activated because of capacity gaps at the municipal level e.g. Municipal Nutrition Access Officers (MNAOs) are newly designated and not capacitated on Nutrition in Emergences (NiE). While nutrition services at the RHUs were ongoing at the time of the assessments, those in coastal and low-lying barangays had some interruptions because they are hard to reach.

In Aurora, the most severely hit barangay is Dinadiawan in the municipality of Dipaculao where the STY Pepito made landfall. While most nutrition interventions (PIMAM, Micronutrient Supplementation, IYCF) were ongoing at the level of the RHUs, the same were not available in ECs unless there were outreach activities. Assessments in ECs revealed gaps in IYCF (not clearly identified IYCF/breastfeeding area in the facilities, no IYCF support group are being deployed in the ECs, and lack of IEC materials) and micronutrient supplementation (Vit. A (100K IU), MNPs, IFA (all kinds). Zinc drops are commonly not available) in LGUs visited, and there was lack of functional anthropometric tools. All nutrition clusters in the municipalities assessed were not activated 24-72 hours after STY Pepito, no reports being submitted to the province (Nutrition Initial Needs Assessment, 4Ws etc.).

In Isabela, while assessments did not highlight nutrition needs, the pre-disaster data in this province coupled with the effects of the typhoon merit some consideration in terms of response. The 2023 Operation Timbang Plus (OPT+)[5] plus data shows the top three municipalities with the highest wasting prevalence are Cordon, San Isidro, and Reina Mercedes with 8.55 per cent, 8.46 per cent, and 7.66 per cent, respectively.

Despite the activation of Nutrition Clusters at the provincial level, Nutrition Clusters at the municipal level were not activated, even though trained personnel in Nutrition in Emergencies were available. Cluster coordination, information management, and response were fragmented, especially during the first week, as many personnel were also impacted by the disaster. Most ECs were unable to conduct the Nutrition Initial Needs Assessment, and nutrition data was gathered only through the quad-cluster assessment team deployed by CHD-Region 5. Additionally, recording and reporting tools for nutrition were destroyed by the flood, leaving no copies of previous assessments for children under five and PLW.

Priority response activities

- Support the establishment effective Nutrition Cluster coordination and information management at the national and subnational levels, including capacity building
- Collection, consolidation, analysis, and reporting of timely and quality data and evidence to identify and treat children suffering from malnutrition
- Provision of life-saving nutrition commodities such as F-75, F-100 therapeutic milks, and ReSoMal will need to be provided including delivery, distribution and adequate storing prioritized.
- Provision of other essential supplies such as ready-to-use therapeutic food (RUTF), Multiple Micronutrient Powders (MNPs), vitamin A, and IFA (iron folic acid) supplements need to be prioritized. In addition, delivery, distribution, and warehousing of the specialized food commodities will need to be established/expanded.
- Reestablishment of nutrition services, especially the minimum service package:
    - the early detection and treatment of severe and moderate wasting
    - Infant and young child feeding

[5] A nutrition program in the Philippines that annually measures the weight and height of children under five years old to identify malnutrition. It is vital resource that local government units can use towards increased efficiency at tracking its nutrition situation as well as assessment of its local nutrition action plans and other nutrition-in-development programs.

    - Micronutrient supplementation for pregnant women and young children
    - Dietary supplementation for nutritionally at-risk pregnant women
- Replacement of damaged anthropometric equipment, nutrition job aids, including maternal nutrition, infant and young child feeding counselling tools to ensure continued delivery of essential nutrition services.
- Promotion of breastfeeding practices through Infant and Young Child Feeding (IYCF) support groups and establishment of milk banks; Monitoring donation of breastmilk substitutes in compliance to the Philippine Milk Code.
- Provision of nutritious and diversified complementary foods for infants and young children 6-23 to prevent deterioration of nutritional status.

Target Areas[6]

Aurora Province: Dipaculao, Dinalungan and San Luis
Isabela Province: Cordon, San Isidro and Reina Mercedes
Camarines Sur Province : Bula, Camaligan, Goa, Pili and Sagnay
Catanduanes Province: Baras, Bato, Pandan and Panganiban

Partner Organizations

WHO, WFP, Save the Children; Plan International; AAH; World Vision; Child Fund; International Care Ministries; Kalusugan ng Mag-Ina, Arugaan, and Relief International.[7]

[6] Criteria: (1) Non-Philippine Multisectoral Nutrition Project (PMNP), (2) Affected areas of the 6 tropical cyclones, (3) Existing nutritional vulnerabilities pre-disaster such as high wasting and stunting rates)
[7] This are in addition to the national government agencies (NGAs) that are members of the Nutrition cluster like the DOH and DSWD.

Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
719K	58K	584K

Lead and Co-lead agencies

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

HCT Leads

Protection: United Nations High Commissioner for Refugees (UNHCR)

Child Protection Working Group: United Nations International Children's Fund (UNICEF)

GBV Sub-Cluster: United Nations Population Fund (UNFPA)

Sector impact and key needs

Based on the rapid needs assessment and protection monitoring conducted as of 29 November 2024, and the DROMIC report, ECs in the hard-hit areas in Camarines Sur have already been decamped, but there have been reports from the local government units that some IDPs are still staying with their relatives or in makeshift shelters built from salvaged materials. Some families interviewed reported that they are currently staying in structures that used to be a pig pen or in community jail to stay protected against heat and rain. In the following areas, however, the IDPs are still staying in ECs: Region 2 (Cagayan), Region 4A (Batangas), and Region 5 (Albay and Catanduanes).

Key protection concerns monitored are related to access to (a) livelihood assistance; (b) basic needs such as WASH facilities, and NFI kits [hygiene kits, dignity kits, sleeping kits]; (c) cash assistance; (d) issuance of lost and damaged documentation; (e) permanent shelter, including shelter-repair kits, and (f) education supplies such as bags, notebooks, school uniforms, and other school items.

Overcrowding in ECs also raises protection and health concerns particularly for women, children, and vulnerable groups. Lack of partitions and walling in covered courts used as ECs result in exposure to external elements such as rain and strong winds and to GBV due to lack of privacy. Internally displaced persons (IDPs) have been moving between ECs, increasing stress and anxiety. Some families were forced to return to their damaged house due to decampment of ECs. Additionally, WASH facilities need to be more accessible to PWDs, women, and older persons.

The affected populations and IDPs are also in need of psychosocial support. Looting has been reported in some municipalities. There is very limited information on PWDs and older persons, and how they are affected. There are cases where persons with disabilities have lost their assistive devices, such as wheelchair and eyeglasses due to flooding. Information on lactating or pregnant mothers and other persons in vulnerable situations is limited since municipal offices were also affected by the flooding and most of the records are unsalvageable or still wet.

As the foregoing protection issues are cross-cutting, inter-cluster coordination for a multi-sectoral response is critical to address the protection needs of the IDPs, including the affected populations and host communities.

Meanwhile, the LGUs affected by the STS Kristine are already at the recovery/rehabilitation stage, which may entail the support of the Early Recovery Cluster.

Priority response activities

- Provision of technical assistance on protection coordination (including an integrated interagency GBV coordination mechanism), information management and protection mainstreaming
- Training/Orientation on mainstreaming protection with the right-holders (right-based approach).
- Cash-based interventions such as MPCA, cash for protection, cash for dignity items and menstrual hygiene items for IDPs, refugees, asylum seekers and host communities, including those whose homes were totally and partially damaged, pregnant and lactating women, transgender women, women with disabilities and other vulnerable women and girls.
- Protection monitoring, including organizing of local monitors/volunteers on monitoring, reporting and referral.
- Provision of psychosocial support to affected populations and IDPs.
- Setting up of feedback and accountability mechanisms
- Raise awareness on IDP rights through community-based approaches and radio program to ensure wider coverage.
- Protection advocacy related to proper resettlement plans with inclusion of protection principles, particularly avoiding further harm or “do no harm” principle, meaningful access, participation and empowerment of the affected populations, accountability and IDPs in the implementation of rehabilitation and development plans.
- Facilitate pathways to durable solutions.
- Training/Orientation on Housing, Land and Property (HLP)
- Raise awareness on PSEA.
- Build and support local protection committees with gender-balanced representation, ensuring the inclusion of women, PWDs, elderly individuals, and marginalized groups.
- Establish safe and inclusive community spaces to reduce stigma and enable support for individuals with diverse SOGIESC.

Sub-cluster and Inter-Cluster Coordination

- Localization of the sub-cluster at the Barangay LGU (BLGU) level
- Establishment / strengthening of updated functional GBV referral mechanisms
- Setting up of and operationalization of women-friendly spaces - Cash for work for WFS facilitators and volunteers.
- Establishment of alternative income generation activities for women through skills training and start-up kits in WFS - Community Cash Grant.
- Community mobilization and engagement on GBV prevention and mitigation.
- Underscoring the need to mainstream protection in all sectors/intervention:
    - Livelihoods: emergency livelihood assistance (*cash for work and voucher*)
    - Emergency shelters and NFI: provide emergency shelters materials and NFIs including but not limited to sleeping kits, hygiene kits, and dignity kits)

Target Areas

Cagayan Province: Camalaniugan, Gattaran, Baggao, Enrile, Solana, Tuguegarao City, Lal-lo, Sta. Teresita, Buguey, Pamplona, and Abulug

Batangas Province: Agoncillo, Talisay, Lemery, Balete and Laurel
Albay Province: Daraga, Oas, Polangui and Libon
Camarines Sur Province: Bato, Calabanga, Bula, Buhi, Milaor, Minalabac, Gainza, Canaman, Camaligan and Naga City

Partner Organizations

ACCORD, Caritas Germany, Caritas Philippines, Oxfam Philippines, CARE, ACTED, CFSI, ECOWEB, Humanity and Inclusion, IOM

CHILD PROTECTION WORKING GROUP

The series of typhoons and their impacts have been deeply distressing, especially for children, who face intense fear, anxiety, and emotional distress. As per DSWD DROMIC report of 2 December 2024, there are currently 43,821people remaining in ECs in Region 2, while 605,875 individuals remain in ECs in Region 5. Meanwhile, 47,721individuals are displaced outside the ECs in Region 2, and another 622,364 individuals remain displaced outside ECs for Region 5.

Loss of homes, belongings including important documents, and displacement can cause lasting psychological scars, including depression, and anxiety. Initial assessments have prioritized MHPSS for the general population, with a focus on children and their caregivers, and frontline emergency workers. Psychosocial support, including psychological first aid and art therapy, has been provided in ECs, though in majority of ECs no child-friendly spaces exist due to limited spaces. As of 2 December, no protection cases have been reported by Philippine National Police (PNP) Provincial Regional Offices (PRO), and security measures, including patrols, Women and Child Protection Desk (WCPD) personnel, Violence against Women and Children (VAWC) desks, and community protection groups, remain active in ECs.

As the floodwaters recede and families decamp and begin rebuilding, communities remain on heightened alert for a potential surge in child protection concerns. The long-term effects of the disaster, compounded by strained resources and disrupted support systems, increase the risk of abuse, neglect, and exploitation, particularly for vulnerable children. Local Social Welfare and Development Offices are closely monitoring the situation.

Priority Response:

- Establish and/or strengthen protection and referral pathways with mandated local structures such as Barangay Council for the Protection of Children (BCPC) and VAWC desks.
    - Enhance community-level systems to address protection concerns, including violence against children (VAC) and family separation prevention and response. Helplines activated/sensitized to provide CP/GBV/MHPSS services. This includes support to cluster coordination.
- Coordination and facilitation of MHPSS sessions for at least 2,000 children, adolescents and youth; and their caregivers.
    - MHPSS for Caregivers: Provide PFA to emergency frontline workers
    - Capacity building on MHPSS for emergency frontline workers including equipping DSWD staff with skills to provide PFA while establishing a referral system for children and caregivers in need of mental health services.

- Protection risk communication, abuse prevention and awareness. Awareness raising activities on Child Protection reporting mechanisms and prevention of VAC and GBV including PSEA (CP/GBV awareness included here since, based on Typhoon Rai/Odette response, partners combine these topics in their awareness raising sessions at the community level).

Target Areas

Batangas Province: Agoncillo, Talisay and Laurel
Albay Province: Daraga, Oas, Polangui and Libon
Camarines Sur Province: Baao, Bombon, Bula, Camaligan, Gainza, and Milaor
Catanduanes Province: Gigmoto, Pandan and Caramoan

Partner Organizations

DSWD, DOH, AAH, ADRA, Caritas, PRC, Plan, HI, CFSI, Save the Children, ChildFund, PCMN, NPCPWG members, Miriam College

GENDER-BASED VIOLENCE SUB-CLUSTER

Over two weeks have passed since STY Pepito which compounded the devastating impact of STS Kristine. However, up to now access to lifesaving health services for GBV survivors and at-risk women and girls remains insufficient. There are significant gaps in psychosocial support for women, girls, and other vulnerable groups, such as the elderly and PWD. Continued efforts are needed to monitor and ensure the consistent implementation of GBV risk mitigation measures across all sectors of the humanitarian response, including within displacement sites.

The devastating impact of STY Pepito in Bicol has created a critical need for comprehensive GBV interventions. The widespread destruction of homes and infrastructure has forced many families into overcrowded evacuation centers where conditions are ripe for GBV. The lack of safe spaces, coupled with limited access to essential services like healthcare and psychosocial support, leaves women and girls particularly vulnerable to various forms of violence, including intimate partner violence, sexual violence, and exploitation.

This dire situation is further compounded by the absence of crucial resources, the lack of dignity items, and designated safe spaces severely hinders the capacity of the community to provide adequate support and protection for GBV survivors and those at risk of GBV. More importantly, human resources are also limited and frontliners are themselves affected by STS Kristine and STY Pepito. Government partners have expressed the need for staff augmentation to support service delivery, with the emphasis that responding to GBV is lifesaving. The gap in resources not only compromises the immediate safety and well-being of survivors, but also undermines long-term recovery and resilience efforts. It is crucial to address these urgent needs by prioritizing the provision of essential supplies, establishing safe spaces, and strengthening community based GBV prevention and response mechanisms.

Priority response

- Support provincial GBVSC and interagency coordination mechanisms to coordinate GBV lifesaving responses and leverage resources from various stakeholders.
- Support the development/updating of the GBV referral pathway and strengthen existing GBV referral mechanisms, and disseminate referral information, to ensure access of GBV survivors to lifesaving multisectoral services.
- Conduct community engagement for prevention, mitigation, and response to SGBV.
- Support capacity development for health response to GBV such as clinical management of rape (CMR), Intimate Partner Violence training.
- Ensure the functionality of WFS.
- Provision of cash for dignity items to 3,680 people who identify as women and are at risk of GBV.
- Provision of cash to 1,000 adolescent girls to uphold their dignity.

Target Areas

Provinces of Camarines Sur and Albay

Catanduanes Province: Baras, Gigmoto, Bagamanoc, Panganiban, Pandan, Viga, Caramoran

Partner Organizations:

DSWD, DOH, AAH, ADRA, Caritas Philippines, PRC

Shelter

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.3M	222K	11.9M

Lead and Co-lead agencies

Government Lead: Department of Human Settlements and Urban Development (DHSUD)

HCT Lead: International Federation of Red Cross and Red Crescent Societies (IFRC)

Sector impact and key needs

The consecutive impact of six tropical cyclones successively hitting the communities previously impacted by STS Kristine within a three-week period has dramatically increased the vulnerability of affected families and severely limited their capacity and ability to recover and rebuild, resulting in an exponential increase of 260 per cent in the number of identified families in need of humanitarian shelter assistance.

Based on the latest DROMIC Reports[8], out of 323,520 houses damaged, there are 30,288 houses destroyed and no longer liveable / destroyed while some 293,232 houses need urgent repairs. In this updated report, the provinces of Cagayan, Camarines Sur and Catanduanes are found to be severely impacted and with the highest reported number of damaged houses which is 123,273, cumulatively.

Due to the increasing frequency and intensity of the Typhoons, the government's funding and resources for humanitarian response, particularly on Shelter Assistance has been depleted. As of 14 November, the government resources can only assist approximately 4 per cent of the total number of families with damaged houses, leaving a gap of approximately 96 per cent.

Without access to shelter assistance, which is urgently required, and to resume normal domestic functions, families were left with no option but to return their damaged houses by either building makeshift shelters adjacent to their structurally compromised house, or worryingly, forced to shelter inside. This is unfortunately the case in the province of Albay, where around 500 families have no option but to continue living inside their damaged homes within the landslide prone areas.

In support of the government's request for humanitarian shelter assistance, the shelter cluster partners have already provided shelter relief assistance to disaster affected communities. Around 16,750 families have received emergency shelter kits, and 21,000 families have received essential household items, in particular cleaning kits, kitchen sets and sleeping kits to facilitate the movement of families back into their houses and the decampment of ECs and displacement sites.

Many of the affected families are still unable to inhabit or return to their house and continue to seek safety from standing flood waters or destroyed houses. Some families need substantial cleaning, debris removal, and repair of their shelters and household effects while for others safety concerns are still unresolved such as risk of future flooding, landslides, declaration of no build zones, etc. Relief and recovery assistance is likewise required to support families achieve an adequate level of safe and dignified shelter through

[8] DSWD DROMIC Reports 24, 33 and 60 on November 23 and 29, 2024 for the six typhoons, namely: Kristine, Leon, Marci, Nika, Ofel and Pepito.

emergency shelter solutions and house repairs where possible, and to support families to resume their normal domestic functions wherever they are.

As flood waters continue to recede and more areas become accessible for assessments, it is expected that more of the houses that had remained flooded for the last three to four weeks will need walling and framing materials to replace the waterlogged building components.

It is anticipated that families inside ECs and spontaneous displacement sites, and families living in hazard-prone areas and no build zones will likely face prolonged displacement. The Shelter Cluster will continue to work collaboratively with the CCCM cluster in identifying appropriate sheltering solutions for these families, while supporting those households willing and able to return to their communities, where safe to do so.

Priority response

The priority needs of affected households are diverse and depend on their current situation e.g. households staying in makeshift shelters, being hosted by families or friends, living in their damaged houses, etc. The aim is to support the different streams of need while promoting safe and early return by moving directly to durable shelter solutions, where possible, through the following streams of assistance:

- **Improvement of home/shelter/enclosure.** Immediate distribution of emergency shelter kits or shelter repair kits and roofing, framing and walling materials or cash-voucher equivalent, accompanied with technical assistance on building back better to families with damaged and destroyed houses including host families. Promote safe early return by moving directly to durable house repairs where possible.
- **Provision of safe home/shelter/enclosure.** Provision of temporary shelter, distribution of construction of materials and labor support accompanied with technical assistance on building back better to families or cash-voucher equivalent for temporary shelters where there is an availability of land or relocation sites in safe/build zones. Support alternative temporary shelter options such as rental subsidy and hosting when land or relocation site is not available.
- **Provision on essential household items.** Support immediate resumption of domestic life by distributing essential household items or cash-voucher equivalent for cleaning kits, cooking utensils or kitchen kits, sleeping kits, family kits to families with damaged and destroyed houses including host families.
- **Settlement improvement.** Dissemination of IEC materials on Building Back Safer (BBS), HLP, beneficiary feedback grievance and complaints hotlines GBV and PSEA hotlines and referral pathways and disaster preparedness. Alignment with and support for the roll-out of the Philippine Post Disaster Shelter Recovery Framework Policy.
- **Promotion of safe early return by moving directly to durable house repairs, where possible.**

In providing the response, the cluster will consider the following:

- Vulnerable groups including PWD, and older people will be consulted to assess the accessibility of shelter assistance to ensure that any shelter assistance provided is tailored to their specific needs.
- Specific costs to provide reasonable accommodation such as, but not limited to transportation, for PWD, labour support, revision of the design to incorporate their specific needs to ensure access to shelter assistance and equitable participation to the response processes.
- Mainstreaming of environmental issues into the shelter response as guided by the Philippine Environmental Country Profile for Shelter and Settlement Response. This may include an environment review within the first few months.
- Efforts to understand the extent to which affected housing sites are in dangerous areas such as flood/landslide, lahar flow prone zones. This will inform the development of appropriate IEC materials and disaster-risk reduction (DDR) activities for this response and future responses.
- Pro-active coordination with other clusters and working groups, cross-cutting issues, monitoring and collaborative action to address issues. (e.g. Cash Working Group – the impact of cash on demand for local resources, Early Recovery – the impact of harvest damaging the vegetation like palm trees for housing repair or construction materials, WASH – the impact of flood on latrines and water supplies, Protection – housing, land and property (HLP), GBV, counter-trafficking and other protection issues.
- Protracted displacement of families inside ECs and spontaneous displacement sites, families living in hazard-prone areas and no build zones. The shelter cluster will prioritize the provision of temporary shelter assistance, such as construction of transitional shelters and rental and hosting support subsidies. The cluster will work collaboratively with the CCCM cluster in identifying other durable sheltering solutions, while supporting those households willing and able to return to their communities, where safe to do so.

Target Areas

Region 2: Provinces of Batanes, Cagayan, Isabela, Nueva Vizcaya
Region 3: Province of Aurora
Region 4A: Provinces of Batangas, Laguna, Quezon
Region 5: Provinces of Albay, Camarines Sur, Camarines Norte, Catanduanes and Sorsogon

Specific target municipalities will be based on the results of the shelter severity classification analysis.

Partner Organizations

IFRC, PRC, IOM, CRS, Habitat for Humanity Philippines, Habitat for Humanity International, Save the Children, Build Change, ShelterBox Operations Philippines, ACCORD, HI, Caritas Philippines, Caritas Germany, Caritas, Caritas Libmanan, Ramon Aboitiz Foundation, Inc. (RAFI), The Church of Jesus Christ of Latter-day Saints Humanitarian Services, Plan International, CARE Philippines, ADRA

Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
555K	165K	4.9M

Lead and Co-lead agencies

Government Lead: Department of Health (DOH)

HCT Lead: United Nations Children's Fund (UNICEF)

Sector impact and key needs

Following six successive storms that tracked consistently north-westward across the country, significant disruptions to WASH services occurred in several regions. These storms brought storm surges, heavy rainfall, widespread flooding, and landslides, severely damaging critical WASH facilities in communities, schools, child development centres (CDCs) and primary health care facilities. The combined impact has stretched the already limited government resources and overwhelmed local capacities.

In the aftermath of STS Kristine, a total of 841 schools reported inoperable toilets (1,682 total), broken water pipes, and contaminated water supply. Additionally, 970 handwashing stations became unusable, while uncollected debris impeded hygiene and safety efforts. In Albay, Camarines Sur and Batangas, 256 schools reported damages to 386 toilets and 149 handwashing facilities, while subsequent storms damaged an additional 175 schools affecting 336 toilets and 227 handwashing facilities. Data on the overall situation in CDCs and primary health care facilities remain incomplete, they are presumed to face similar conditions.

Flooding heavily contaminated water sources, rendered refilling stations non-functional, and damaged water distribution systems in many municipalities, making safe drinking water a critical need. In the municipalities of Milaor and Bula in Camarines Sur, residents rely on costly and unsustainable water trucking from nearby towns due to limited operational refilling stations. Efforts to ensure safe drinking water are challenged by the limited availability of water testing kits and filtration devices, resulting in a dependence on costly external resources, straining local government budgets. In the province of Catanduanes, water services in Virac, Pandan, and Gigmoto, are partially restored but remain unreliable due to quality and supply issues worsened by power outages. In Tuguegarao City, Cagayan, several downstream barangays remain flooded, leaving basic WASH supplies severely depleted.

Gaps in sanitation and solid waste management pose a major health risk. Flooding extensively damaged toilets and septic tank systems, causing widespread open defecation in areas like Bula, Baao, and Minalabac. Municipalities face limited access to portable toilets and delays in desludging septic tanks, worsening sanitation conditions. Storm surges in the coastal towns of Catanduanes and Camarines Norte, damaged homes and sanitation facilities adding to destruction of over 30,000 houses nationwide (NDRRMC, 29 Nov 2024). While many of the IDPs have decamped and ECs have closed, families whose homes remain flooded have set-up make-shift shelters where compromised hygiene conditions heighten public health risk.

Receding floodwaters revealed huge piles of debris, rotting waste, and stagnant water creating ideal breeding grounds for disease vectors. Uncollected mud and garbage block streets in urban areas delaying

the resumption of trade, jobs, education and health services. Debris removal is hindered by a lack of heavy equipment, designated disposal sites, and essential resources such as personnel and fuel.

While some handwashing facilities exist in ECs, IDPs lack essential supplies like soap. Poor hygiene conditions have led to increasing cases of respiratory tract infections, waterborne diseases, and skin infections. Overcrowding, lack of privacy, and poor sanitation have further contributed to psychological distress, particularly affecting vulnerable groups like women and children. Though some hygiene kits, aquatabs, and purification tablets have been distributed, they remain insufficient to meet the high demand.

Persistent flooding and debris have isolated several barangays, delaying WASH interventions. Some areas, like parts of Milaor and Bula, are accessible only by boat while landslides in Aurora Province cut-off entire communities of Dipaculao and Dinalungan. Nearly 8,400 houses were damaged, with some sanitation facilities rendered unusable. Many ECs lack separate facilities for men and women, and the limited hygiene kits distributed by the LGU exacerbates the situation. Meanwhile, provinces such as Quirino, Isabela, and Nueva Vizcaya face similar challenges but lack adequate external support. Debris clearing and effective solid waste management is needed to avoid the risk of vector-borne diseases, particularly for PLWs, chronically ill, PWDs, children and older persons who may be at highest risk. Additionally, safety, security and GBV risks may increase for women, girls, nonbinary and persons of diverse and intersecting identities if there are no safe sanitation facilities.

Pre-existing vulnerabilities in areas with low WASH coverage have further heightened risks. For example, prior to the storms, Camarines Sur had household coverage of just 51.7 per cent for basic water and 43.12 per cent for basic sanitation according to the Field Health Service Information System (FHSIS) of the DOH in 2023. These conditions, combined with widespread flooding, and disrupted sanitation services, increase the likelihood of waterborne diseases such as diarrhea.

With government resources stretched thin, local governments are focusing on immediate priorities, such as rescue operations, medical care, and urgent food needs. This leaves limited capacity to address long-term recovery efforts, including restoring water and sanitation services. Without adequate support, vulnerable communities face prolonged exposure to unsanitary conditions, further jeopardizing public health and delaying the path to recovery.

Priority response activities

- Distribution of hygiene kits, menstrual hygiene products and water kits (water containers with household water purification products) to 41,000 most affected families
- Drinking water supply through water trucking, ensuring safe and accessible water points deployment of water filtration units, or water refilling stations as well as treatment and repair of 30 water systems, including water quality monitoring
- Hygiene promotion activities including distribution of information, education and communication (IEC) materials focusing on key messages on keeping a safe water chain, handwashing, toilet use, solid waste management and vector control.
- Setting up emergency sanitation facilities such temporary latrines, portable toilet, container-based toilets
- Provision of sanitation repair kit for 7,000 households and community cleaning kits and personal protective equipment (PPEs) in 27 municipalities

- Support emergency desludging of toilet facilities for 5,000 households, health centres, CDCs or schools
- Support environmental clean-up through cash for work and solid waste management.
- Installation / repair of handwashing facilities in 1,000 ECs/schools/CDCs/HHs
- Provision of water bottles and hygiene kits for 28,000 learners in 100 schools and 100 CDCs in coordination with DepEd and Education Cluster
- Repair of WASH facilities in 100 schools, 100 CDCs and 100 primary health care facilities affected by flooding
- Support disease surveillance and local capacity development on WASH in Emergencies in 40 most affected municipalities
- Support sub-national WASH Cluster Coordination and information management to complement the government emergency operations structure.

Target Areas

- **Region 2:** Provinces of Cagayan, Isabela, Quirino and Nueva Vizcaya
- **Region 3:** Provinces of Aurora
- **Region 4A**: Province of Batangas
- **Region 5:** Provinces of Albay, Camarines Sur, Camarines Norte and Catanduanes

Partner Organizations

AAH, ACCORD, ACTED, ADRA, Americares Philippines, CARE Philippines, CRS, OXFAM Pilipinas, Plan International Philippines, Relief International, Save the Children, World Vision Philippines, ACCESS-SPC, Caritas-Libmanan and Caceres, Coalition for Bicol Development (CBD), Good Neighbours International Philippines (GNIP), HI, IOM, PRC, Social Action Center - Diocese of Legazpi, Start Ready Cagayan Consortium

Logistics

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
N/A	N/A	500K

Lead and Co-lead agencies

Government Lead: Office of Civil Defense (OCD)

HCT Lead: World Food Programme (WFP)

Sector impact and key needs

The affected regions are experiencing severe disruptions in transportation networks, including damaged roads and bridges. In several areas, floods and landslides have blocked access to critical infrastructure, delaying timely delivery of relief items. Although, logistics operations have resumed in major hubs, access by land, sea, or air in some remote areas remains challenging. This requires alternative solutions such as the use of helicopters, boats, and larger vehicles for delivering essential goods.

The WFP has been providing logistics support for the Government's response to the multiple typhoons, assisting the DSWD in reaching people in need with lifesaving food aid in affected regions. As of 2 December, WFP has mobilized 199 trucks to deliver 317,800family food packs and essential NFIs from DSWD and OCD.

Additionally, WFP has supported the installation of mobile storage units (MSUs) in Albay, Batanes, Camarines Sur, and Catanduanes, each capable of storing up to 500 MT of relief items or equivalent to 22,500 family food packs to serve 112,500 people. Another MSU was recently deployed to Legazpi, Albay, with WFP's assistance, and the organization stands ready to provide further logistics and technical support to DSWD and OCD.

Priority response activities

- Augment transport capacity for relief items of Government Agencies, namely the DSWD to the affected areas through coordination with the OCD.
- Provision of technical assistance and equipment to Line Government Agencies (LGAs) and LGUs (i.e. mobile storage units, prefab office, generator set, etc.)

Target Areas

Region 1: Provinces of Ilocos Norte, Ilocos Sur, Pangasinan and La Union
Region 2: Provinces of Cagayan and Isabela
Region 4A: Provinces of Batangas and Quezon
Region 5: Provinces of Albay, Camarines Sur, Camarines Norte and Catanduanes

Inter-cluster collaboration

Emergency Telecommunications, Logistics (as needed for the transportation of equipment)

Emergency Telecommunications

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
N/A	N/A	50K

Lead and Co-lead agencies

Government Lead: Department of Information and Communications Technology (DICT)

HCT Lead: World Food Programme (WFP)

Sector impact and key needs

Tropical Cyclones Kristine, Leon and Pepito have severely impacted multiple regions in the Philippines, particularly Region 5 (Bicol), Region 2 (Cagayan) and areas in Central Luzon disrupting essential communication channels. The resulting communication gaps and inconsistent signal coverage have hindered coordination among affected populations, government agencies, and humanitarian responders. In response, the national Emergency Telecommunications Cluster (ETC) mobilized resources to bolster connectivity. This included supporting the deployment of Government Emergency Communications Service – Mobile Operations Vehicle for Emergencies (GECS-MOVE) vehicles to support ongoing relief efforts in Regions 2 and 5.

The Government has requested to deploy additional communication equipment in key LGU operation centers and ECs with corresponding training on their installation. As telecommunications capacity in Region 5 remains limited, the cluster will provide support to strengthen the technical expertise of local responders and improve their emergency response capabilities. Given that it is still the typhoon season until early 2025, it is crucial to keep additional connectivity assets on standby for potential deployment to other provinces, depending on the impact of the typhoon.

Priority response activities

- Procurement, installation and subscription of telecommunications equipment.
- Capacity strengthening for government responders to install and maintain equipment.
- Mobilization of technical personnel(s) to support deployment of connectivity assets.

Target Areas

Region 1: Provinces of Ilocos Norte, Ilocos Sur, Pangasinan and La Union
Region 2: Provinces of Cagayan and Isabela
Region 3: Province of Aurora
Region 4A: Provinces of Batangas and Quezon
Region 5: Provinces of Albay, Camarines Sur, Camarines Norte and Catanduanes

Inter-cluster collaboration

Emergency Telecommunications, Logistics (as needed, for the transportation of equipment)

Four Ways to Support the HNP

Donating through the Humanitarian Needs and Priorities

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. Public and private sector donors are invited to contribute cash directly to aid organizations participating in the Humanitarian Needs and Priorities framework. To get the latest updates and donate directly to organizations participating in the response, please visit:

https://response.reliefweb.int/philippines

Contributing through the Central Emergency Fund

The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website at: https://unocha.org/cerf/donate

For Private Sector contributions

The UN Secretary-General encourages the private sector to align response efforts with the United Nations in order to ensure coherent priorities and to minimize gaps and duplication. If you wish to make an in-kind contribution of goods or services, please email: OCHAPrivateSector@un.org

Registering and recognizing your contributions

We thank you in advance for your generosity in responding to this urgent request for support. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity to show the total amount of funding and to expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at: https://fts.unocha.org

ANNEX

Early Recovery and Recovery Strategy

Tropical Cyclones Kristine, Leon and Pepito have impacted multiple regions in the Philippines but, severely impacted Region 5 (Bicol Region), Region 2 (Cagayan Valley) and areas in Central Luzon disrupting essential communication channels. The resulting communication gaps and inconsistent signal coverage have hindered coordination among affected populations, government agencies, and humanitarian responders

Purpose:

This document supplements the HNP. This covers the early recovery and recovery needs of the affected populations, which could serve as guide in programming, and engagement with national and local governments, including communities towards long term resilience building.

In addition, this document supports the following two objectives of the HNP:

SO 2: Restart livelihoods and access to critical services to promote resilience of the most affected communities; and facilitate pathways for durable solutions.

SO 3: Ensure the protection of women, men, boys and girls in all their diverse and intersecting identities from immediate risks, including but not limited to violence, exploitation and abuse.

The structure follows the different clusters of the HCT, albeit with focus on supporting critical recovery needs, and transformation towards resilience.


Photo: IOM/ F.Borja

Livelihood Recovery and Resilience

In all regions, the agriculture sector was most impacted, affecting major rice, corn and abaca producing areas. Similarly, assets of people engaged in informal economy were destroyed. Immediate recovery effort seems insufficient, as the focus has been on immediate response. In order to prevent medium to long term economic shocks, it is important to focus on supporting recovery of farmers, fisherfolks and people engaged in the informal sector.

Some agencies and government, local governments have issued cash transfers and ‘ayuda’ to some affected population, however, such support varies across regions and sectors. In addition, while farmers engage in restoration activities for long term gestation crops, addressing food security gap will be important.

Priority activities:

- Address the long-term livelihood needs of farmers, considering the two-to-three year recovery period for these crops like coconut and abaca in Catanduanes. These could include farm clearing and debris management potentially through cash for work schemes and establishment of nurseries.
- Capacity building and asset transfers/cash grants to informal workers/micro business owners to restore livelihoods; strengthen product development and links to value chain.
- Support alternative livelihoods for affected communities, particularly in fishing communities.
- Explore cash for work programs in various sectors, including shelter and agriculture.
- Promote and learn from community cash grants and micro-grants as a means of empowering communities to manage their own recovery.

Partner organizations: UNDP, FAO, IOM

Resilient Water, Sanitation and Hygiene Systems

In the regions affected by multiple cyclones, the consecutive impacts have intensified existing vulnerabilities and increased the risks faced by communities, particularly in areas with already insufficient access to water supply and sanitation services. As a result, any progress and investments made in the WASH sector before the cyclones were lost, potentially delaying recovery efforts.

The lack of resources to expedite dewatering of flooded communities and debris clearing is hindering the delivery of services and support needed for affected communities to return to normalcy. The scale of the damage, combined with the loss of critical assets such as trucks, cleaning equipment, and insufficient personnel, are exacerbating the challenge of providing timely and effective assistance.

Rebuilding damaged sanitation facilities will require coordinated support from both the government and other stakeholders to prevent and mitigate the risk of water-borne disease outbreaks, particularly from open defecation. Additionally, the recovery process would be greatly accelerated by a functioning market and the integration of cash and voucher assistance into core shelter packages, which should also include labor and technical support for households. Effective sludge management should be part of this package to ensure the safe disposal and treatment of waste, further preventing health risks.

Recovery will also require rebuilding the water supply systems to ensure that water services are available, safe, and adequate for households, learning, and health care facilities. This will involve strengthening water governance by reinforcing the Local Drinking Water Quality Monitoring Committee and implementing Water Safety Plans, increasing public investment, providing human resources support, and establishing robust water quality monitoring systems to ensure sustainable and safe water access for all.

To ensure the resilience of WASH systems, the Local Climate Change Action Plan (LCCAP) should be revisited to include WASH in the LGUs Priority Program Areas (PPAs). This should be done while simultaneously updating their Climate and Disaster Risk Assessment (CDRA) to better integrate WASH considerations into local climate adaptation and disaster response strategies.

The lessons learned from Typhoon Rai/Odette (2021) and Typhoon Haiyan/Yolanda (2013) should be revisited to assess how the WASH sector and basic services were able to recover from past emergencies. These experiences should serve as critical evidence to guide early recovery and rehabilitation efforts, fostering climate-resilient programming. This includes integrating innovative solutions through science and technology, utilizing data and evidence for informed decision-making, youth participation and mobilization, and strengthening governance structures to ensure more effective responses in future emergencies.

Recovery and Resilience Activities:

- Support to LGU to implement and manage debris and solid waste management, including dewatering of flooded communities and service facilities.
- Repair and rehabilitate damaged water and sanitation infrastructure in communities, schools, health facilities, and public institutions.
- Provision of technical support to LGUs on Water Quality Monitoring
- Provision of technical support for the implementation of the Philippine Approach for Sustainable Sanitation (PhATSS) integrating innovative approaches to resilient water supply and sanitation solutions. Use the opportunity to model and test solutions on climate resilient WASH
- Provide support to vulnerable and at-risk population groups through cash and voucher activities for water supply and sanitation services. This should also include support for the core shelter program within the shelter cluster to ensure a comprehensive recovery approach.
- Strengthen WASH governance through climate-resilient programming by ensuring the integration and articulation of the sector in the CDRA, supporting its inclusion as a priority in the LCCAP, DRRM-H Plan, PPA, and Annual Investment Plans (AIPs) of LGUs.

Partner organizations: UNICEF, UNDP

Education

The recent typhoons have heavily impacted the provision of education services in a number of regions, where significant damages to infrastructure and learning materials have caused class disruptions that further exacerbate existing learning gaps. It is crucial to support learning continuity by reopening schools and Child Development Centers (CDCs) since these provide safe havens for children to return to normalcy where they can access basic needs and key services, interact with their teachers and friends, and where they can be children once again.

The Department of Education has ready provisions for disaster preparedness through the Disaster Preparedness and Response Program (DPRP) Fund and the capacity to respond through the Quick Response Fund (QRF). However, the extent of damages to school infrastructure, learning materials, school furniture, and equipment has severely depleted the allocated funds. Local governments have likewise requested support in restoring CDC operations. A number of organizations have been supporting priority areas but have been constrained by limited resources that hinder wide-scale support.

Resuming education in schools and CDCs (i.e., building back better) is as urgent as providing food and shelter. Timely provision of relevant and disaster-resilient learning materials is necessary to support learning continuity. In addition, ensuring provisions for water, sanitation, and hygiene in schools and CDCs is integral to creating safe and conducive learning environments, while offering mental health and psychosocial support is essential for affected learners and teachers as well as education officials.

Recovery and Resilience Activities:

- Advocate for the inclusion of education in funding proposals and opportunities for disaster preparedness, response and recovery.

- Strengthen the capacity and readiness of DepEd school divisions and schools to shift to alternative learning delivery modes, including prepositioning of appropriate and disaster-resilient education supplies and learning materials to ensure timely response.
- Strengthen cluster coordination and linkages at the national and sub-national levels among the education sector, the local governments, and partners, specifically in line with contingency planning, harmonized and timely response, and systematic recovery mechanisms
- In coordination with the Protection sector, enhance local capacity on the provision of PFA and MHPSS, tailoring interventions for learners and school personnel.
- Advocate for and provide technical assistance in relation to climate- smart and resilient school infrastructure, including WASH facilities.
- Advocate for the establishment of ECs at the local level that are separate from schools.

Partner organizations: UNICEF

Logistics and Infrastructure

Several critical infrastructures were damaged and will impact full recovery and restoration of economic and social services to communities. Some of these are within the ambit of the national government, but some are LGU facilities. The HCT can support the LGUs to ensure integrated recovery planning and execution to align all efforts and informed by proper assessments.

In addition, since the government did not declare a state of national emergency, the NDRRM Fund (NDRRMF) may not be accessed, beyond the fact that the NDRRMF has very little available funds at this time.

Priority activities should include support to integrated recovery planning and brokering access to funding to implement priority activities.

Partner organizations: UNDP, WFP, IOM

Shelter

Some of the earlier initiatives have paid off in terms of saving lives such as having safe rooms, which enabled some households to seek safety, and avoid going to ECs. However, the magnitude of damages to shelters was extensive, particularly in the provinces of Aurora, Cagayan, Catanduanes, and Camarines Sur.

The situation magnified the acute issue of settlements in hazard prone areas, with some areas designated as “no build zones”. While these have been mapped earlier, and local governments are aware of the situation, the absence of suitable resettlement areas, the challenges of transferring entire communities to new safe zones, and the high cost of building resilient housing have resulted in a cycle of extensive destruction of dwellings following strong typhoons.

Priority activities:

- Support LGUs to develop their local shelter plans, included in the Comprehensive Land Use Plan (CLUP) and adaptation plans.

- Technical assistance in mapping of available lands based on data sets from the Department of Environment and Natural Resources (DENR), Land Registration Authority (LRA), LGUs, and engage in land banking and development in areas exposed to low risk.
- Access and analyze Department of Science and Technology (DOST) data sets to map and delineate areas with high risk, and support in developing appropriate zoning ordinances, formulate building standards and development permits.
- Support LGUs in engaging with the private sector, National Housing Authority (NHA) and appropriate bodies to develop resettlement areas and resilient housing for priority households.
- Develop advocacy notes for long term recovery, and in formulating innovative finance mechanisms to fill the funding gap to provide resilient housing and settlements for most affected communities. These should be supported by appropriate WASH facilities and incorporate relevant lessons from recoveries from other major events.

Partner organizations: UNDP, IOM, UNICEF

Health

The DOH has the capacity to respond through the Quick Response Fund (QRF) and the Health Facilities Enhancement Program (HFEP), but the extent of damage has highlighted some gaps in recovery and strengthening health systems resilience. Health facilities were damaged, medical equipment and patient lists were also destroyed, drugs and medicines has depleted due to upsurge of medical consultations and the massive displacement has made provision of health services challenging, including heightened risks for infectious diseases following population exposure to contaminated flood waters and congestion in ECs. The main objective is to ensure health systems delivery is rebuilt.

Priority Activities:

- Assess and rebuild damaged health facilities, including impact to routine services supported by proper assessment of health quad cluster concerns on Medical/Public Health, WASH, Nutrition and MHPSS.
- Organize system wide support to tap augmentation from provinces not seriously affected to be deployed to most affected areas to relieve pressure on health workers.
- Provision of continued MHPSS for health care workers and affected families.
- Augmentation support to replenish medicine and supplies for the management and treatment of communicable and non-communicable diseases.
- Assess and quickly restore cold-chain functionality for the immunization program. Support routine and catch-up immunization services to prevent secondary outbreak of vaccine-preventable diseases, particularly in ECs, provide logistical support such as replacement of damaged vaccine supplies, and ensure uninterrupted power supply for cold-chain systems.
- Support resilience of health facilities through assessments, provision of renewable energy sources, and other means

Partner organizations: WHO, UNDP, UNICEF

Nutrition

The series of tropical cyclones from STS Kristine to ST Pepito that caused widespread disruption in the food systems, livelihood, WASH, basic health and social services heightens the risk of young children and pregnant and breastfeeding women of sliding into acute malnutrition if not recognized early and managed appropriately. Systems gaps in terms of information management and reporting were also highlighted during the response phase.

Priorities for Early Recovery*:*

- Reinforce nutrition surveillance and especially for children under 5 years and pregnant and breastfeeding women, including mass screening in hardly hit communities.
- Continuity of delivery of essential nutrition services in communities
  - Early detection and treatment of severe and moderate wasting
  - IYCF
  - Micronutrient supplementation for pregnant women and young children
  - Dietary supplementation for nutritionally at-risk pregnant women
- Replace damaged anthropometric equipment and continue to augment livesaving nutrition commodities including RUTF, F-75, F-100, ReSoMAl and micronutrient supplements.
- Build capacity of nutrition cluster members at the national and subnational levels in coordination and information management
- Conduct cluster after action review (AAR), including representatives from affected areas and carry lessons and recommendations moving forward.

Partner organizations: UNICEF

Protection, Human Rights and PSEA

The crosscutting groups will ensure that protection measures, respect for human rights and SEA prevention and response are mainstreamed in all aspects of work and strategies. Based on the protection monitoring as of 29 November 2024, the LGUs affected by STS Kristine are already at the recovery/rehabilitation stage. Among the general protection issues that entail support on recovery are as follows:

- **Access to livelihoods:** Farmers and fishermen with damaged crops and fish traps have no/limited income. Provision of support from development actors and partners would be essential to enable them to go back to normalcy.
- **Access to shelter:** No resettlement areas have been identified yet by some of the LGUs as there are no available lands suitable for relocation. Moreover, LGUs do not have the resources to purchase land for resettlement purposes.

Private and development actors may provide support to LGUs, subject to existing laws, rules and regulations, in providing modalities (i.e., donations, loans) to lease and acquire lands for relocation of the IDPs and affected populations.

Meanwhile, the Protection Cluster will ensure that protection principles are implemented prior and during relocation of IDPs.

Though some clusters identified community-awareness on PSEA in their emergency response plans, it is critical to inject interventions that would build and strengthen capacities of LGUs and local humanitarian organizations in addressing all forms of sexual misconduct including the provision of assistance and services to victims/survivors of SEA.

Priority Activities:

- Setting up of feedback and accountability mechanisms, including for possible SEA cases perpetrated by humanitarian workers.
- Coordination with MHPSS sub-cluster in the Health cluster for referral of concerns on MHPSS, including care for caregivers and frontline workers.
- Conduct basic and comprehensive capacity-building activities and training for all local humanitarian organizations/entities and actors, particularly local government workers, local CSOs, community leaders and volunteers, and private sector to enhance their policies on safeguarding and protection.
- Development and dissemination of localized PSEA communication materials containing harmonized PSEA key messages and SEA reporting channels. This also includes continuous awareness-raising campaign especially for vulnerable groups.
- Conduct coordination meetings and field visits to assess needs using multi-sectoral needs assessment tool with PSEA and AAP questions and monitor SEA risks for appropriate actions of the local government offices, local CSOs, and other local structures.
- Conduct local consultation workshops to develop long-term Local PSEA Strategy Plans that would review existing sexual misconduct policies and provide concrete steps to address gaps and implementation challenges. This will in turn improve the overall protection systems.

Partner organizations: UNHCR, UNICEF, UNFPA, IOM PSEA Network

The Philippines Humanitarian Country Team (HCT), under the leadership of the Resident Coordination/ Humanitarian Coordinator (RC/HC), 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 of ensuring that inter-agency humanitarian action alleviates human suffering and protects the lives, livelihoods and dignity of people in need. The HCT members include the Humanitarian Coordinator – Chair, FAO, IOM, OCHA, UNDP, UNFPA, UN-HABITAT, UNHCR, UNICEF, WFP, WHO, Save the Children (co-lead for Education Cluster), CFSI (PINGON convener), CARE (PINGON co-convener), ACTED, Action Against Hunger, CRS, Disaster Risk Reduction Network Philippines, Caritas Philippines, and CODE NGO. 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.

HUMANITARIAN NEEDS AND PRIORITIES

TROPICAL CYCLONES AND FLOODS

PHILIPPINES