

Province of Davao del Sur and Mindanao Humanitarian Team

Davao del Sur 6.9 Earthquake Joint Rapid Assessment of Impact and Needs

23 December 2019



Photo credit: OCHA/J. Marcos



MHT

Mindanao Humanitarian Team

DAVAO DEL SUR 6.9 EARTHQUAKE

374,000
AFFECTED POPULATION

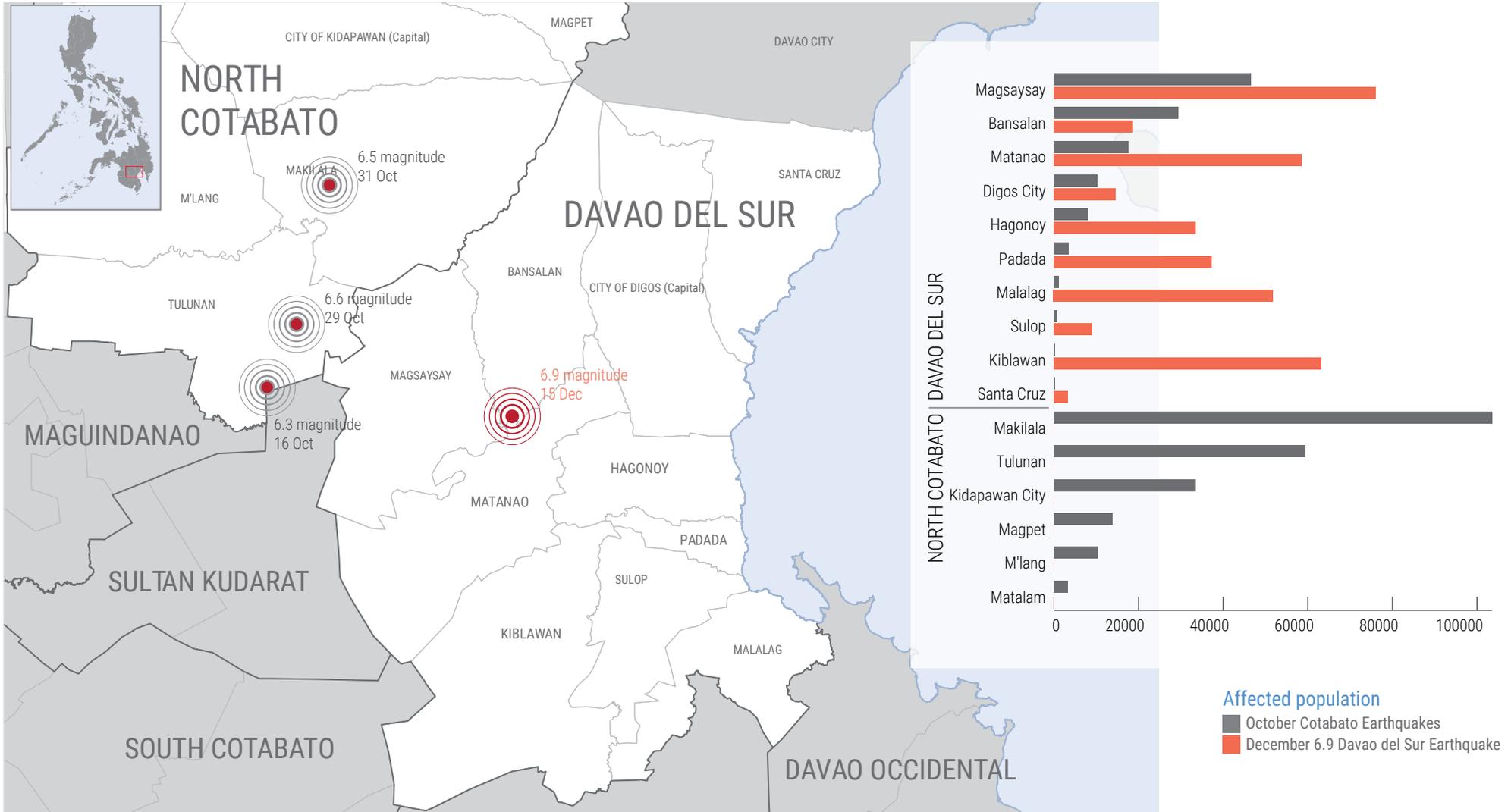
130,900
PEOPLE INSIDE and OUTSIDE
EVACUATION CENTRES

26,000
DAMAGED HOUSES

4,500
Destroyed

21,500
Partially Damaged

36,700 Inside Evacuation Centres
94,200 Outside Evacuation Centres



Affected population
■ October Cotabato Earthquakes
■ December 6.9 Davao del Sur Earthquake

EXECUTIVE SUMMARY

The Rapid Assessment of Impact and Needs (RAIN) is a joint undertaking by the Local Government Unit (LGU) of Davao del Sur and the Mindanao Humanitarian Team (MHT), led by the Provincial Governor through the Provincial Social Welfare and Development Office (PSWDO) and Provincial Disaster Risk Reduction and Management Office (PDRRMO). Consolidated by OCHA on behalf of the PSWDO/PDRRMO and the MHT, the analysis provides a shared understanding of the most pressing needs of vulnerable people and communities, living in the areas most affected by the recent earthquake. The assessment represents a consolidated evidence base and helps inform the local government in strategic response planning.

CRISIS OVERVIEW

On 15 December, a 6.9-magnitude earthquake shook the province of Davao del Sur and vicinity. The epicentre of the earthquake was located 9 kilometres northwest of Matanao, Davao del Sur at a depth of 3 kilometres. The municipalities of Matanao and Magsaysay in Davao del Sur recorded the strongest intensity, with surrounding municipalities experiencing destructive shaking. According to the Pacific Disaster Center (PDC), an estimated 4.4 million people or 830,000 households live in towns that sustained strong tremors.

Some of the affected communities were already burdened by the October earthquakes. The latest earthquake is the fourth quake above magnitude 6 in the last two months to hit this part of Mindanao, all within a radius of 12km: 6.3-magnitude on 16 October; 6.6 on 29 October; 6.5 on 31 October and the most recent 6.9 on 15 December. OCHA analysis indicates there are some 838,000 people living in the area worst affected by all four earthquakes.

The 15 December earthquake has compounded previous displacement as well as damage to homes, schools and

infrastructure from the October earthquakes. Many of those displaced by the most recent event currently camp in makeshift tents in open spaces near their homes or in evacuation centres, usually open areas near their barangay (village) hall or church, adding to displaced communities who lost their homes and have been staying in tents and evacuation centres since October. The physiological trauma of the affected population is aggravated by continuous aftershocks.

As of 22 December, more than 1,000 aftershocks have been recorded in parts of Davao del Sur. The Philippine Institute of Volcanology and Seismology (PHILVOCS) stated the December earthquake may have been caused by the move of the Tangbunan Fault running along Davao del Sur and is not directly related to the October earthquakes, attributed to the movements in the Cotabato fault system. PHILVOCS expects more tremors as the Tangbunan fault continues to move.

SCALE AND MAGNITUDE OF THE HUMANITARIAN IMPACT

According to the National Disaster Risk Reduction and Management Council (NDRRMC), almost 374,000 people/81,600 families are affected in 203 barangays in Region XI and XII. As of 23 December, 36,700 people/7,800 families are taking shelter in 57 evacuation centres, while 94,200 people/21,600 families are staying in home-based settings. In total, 13 were killed and over 200 people injured by collapsing structures, falling debris, cardiac arrest, and other earthquake-related traumas.

Strong ground shaking led to additional and newly damaged and destroyed houses and compromised vital infrastructures, including roads, schools, and hospitals, causing the interruption of basic services to health, clean water, hygiene and sanitation, and education of learners. According to the NDRRMC, more than 26,000 houses were damaged, of which more than 4,500 were totally destroyed.

Some 25 health facilities and 14 bridges have been reported as damaged. Numbers are expected to rise as local authorities continue to assess damage and validate the number of those affected. Over 300 schools have been damaged, according to the Department of Education (DepEd), affecting more than 188,000 enrolled students. An estimated PhP1,9 billion (US\$37 million) will be needed for the reconstruction and rehabilitation of damaged schools. As of 22 December, the Government has provided about PhP13 million (US\$256,000) worth of assistance to the affected families.

MOST AFFECTED MUNICIPALITIES

According to the Department of Social Welfare and Development (DSWD) latest figures, the municipalities of Magsaysay, Matanao, Hagonoy and Padada were among the hardest hit by the December earthquake with a total of over 205,000 affected people. Magsaysay was already strongly affected by the October earthquakes which initially displaced about 40,000 people in the municipality of which 1,700 people were still seeking shelter outside their homes, when the latest earthquake struck. Within less than 24 hours after the earthquake, the towns of Padada and Hagonoy in Davao del Sur declared state of calamity due to sustained damage and to be able to tap in the local calamity funds.

KEY FINDINGS AND OBSERVATIONS

The Rapid Assessment of Impact and Needs (RAIN) was conducted in the four most affected municipalities in Davao del Sur, Matanao, Padada, Hagonoy and Kiblawan.

Observations confirmed the specificity of the situation and compounding vulnerabilities due to a series of earthquakes that occurred only two months apart. Some families displaced in evacuation camps were previously affected by the October earthquakes, but started returning home as soon as they felt more secure, in spite of minor or partial damages on their houses. Other families preferred to stay in make shift tents near their homes

fearing aftershocks. However, the 15 December earthquake caused significant damage to their already vulnerable housing structures that caused further displacement. People are also fearful of strong aftershocks and choose to stay in open spaces, such as vacant lots and parks. The primary concern of affected families is to rebuild their damaged houses and gather financial resources to carry out the repair and reconstruction. As in the Cotabato earthquakes, some families from high-risk areas will need to be permanently relocated, which needs to be addressed early on by the authorities to prevent extended displacement in evacuation camps

Assessments confirmed there is yet no indication of self-recovery, primarily due to damage, as well as trauma and fear of further earthquakes. Many households choose to utilise tarpaulins, plastic sheeting, tents and other lightweight, makeshift materials to mitigate the impact of the earthquake and any subsequent earthquake. After the October earthquakes, some families took loans to rebuild their home, only to be damaged again in the aftermath of the latest event. In the Philippines, buildings and homes are generally not insured, meaning that affected people need to rebuild their homes by depleting their savings.

The provincial authorities identified priority support for temporary shelter material, water, sanitation and hygiene, health and food. Assessments of damage on houses are still being conducted. In barangay Tamlangon, Matanao, for example, it is estimated that 80 per cent of houses are partially damaged while 20 per cent are totally damaged.

Shelter and camp management services seem to be priority needs in all affected municipalities. In Padada, authorities expressed need for tents and tarpaulins as well as repair and construction materials. Some affected people prefer light construction materials for any future recovery, such as wood and amakan. Many displaced people are staying in spontaneous camps and there is a need for authorities to formally recognize informal camps to ensure equal access to relief assistance and basic services provided by the LGUs, DSWD

and other humanitarian responders. Observations showed there is not enough camps and most are not adequately managed. Set up of camp management structures is critical to minimize chaos during relief distributions, maximize use of available resources, facilitate community engagement, and ensure IDP participation and representation in site governance.

Water and sanitation are among the most urgent needs. For example, families staying in the evacuation center in Sacub, Baka Park-Guihing and Balutakay have no or insufficient access to potable water. They do not have access to sanitation facilities like latrines. Families in the EC of Barangay Balutakay are using one latrine which is already clogged, while others practice open pit defecation. In barangay Sacub, there is no designated washing facilities, requiring women and men to bath in open space. In Padada, the army is currently constructing 3 latrines and 3 bathing cubicles to cater to 171 families in the evacuation center. The lack of access to WASH facilities inside evacuation camps is also becoming one of the protection issues given that people may be staying longer in some sites. Women, girls and boys face challenges in accessing latrines particularly at night, often resulting in open defecation. Long distance to water sources is a burden to internally displaced persons (IDPs), particularly women and children who need to carry water to the evacuation camps.

With the damage of health facilities like Davao del Sur Provincial Hospital and the Gregorio Matas District Hospital in Kiblawan, affected populations have limited access to critical lifesaving health services, including primary and secondary medical/surgical care, reproductive health services, immunization, mental health and psychosocial support, and disease surveillance. The prolonged displacement is a concern as it affects the mental health of the IDPs.

The limited capacities of health facilities, including health personnel, expose women and adolescent girls to unplanned pregnancy, unsafe abortion, and maternal complications and death. Comprehensive reproductive health services must be integrated into primary health

care services as soon as possible. Also critical is the prevention and management of sexual and gender-based violence, including clinical care for survivors.

In most municipalities, food is generally not reported as an urgent need. In Barangay Sacub, Aplaya, Guihing and Balutakay, LGUs including DSWD have started distributing food packs this week to displaced families. In Hagonoy, food packs are generally well distributed for families affected by the earthquake since 16 October 2019, and hygiene kits with soap, toothpaste, toothbrush, were also received by the IDPs. Food distribution seems to be an issue in more remote barangays. For example, affected families in Barangay Kibuaya are still waiting for the relief distribution and food is one of their key immediate needs.

In Padada, food is seemingly not a major concern. There is regular distribution of relief goods from the Government, from Regional, Provincial and Municipal level, and other private groups, but this may become an issue as IDPs will likely remain in the evacuation center for a longer period.

Two hospitals in Davao del Sur, the provincial hospital in Digos City and the district hospital in Kiblawan have been damaged. Patients have been sheltered in tents, including alternative birthing facility. There has been a decline of patients accessing services in their hospitals. Major operations have been referred to private hospitals or tertiary hospitals in Davao City.

Assessment teams identified the following most vulnerable groups that require immediate assistance:

1. Displaced, vulnerable households (such as single-headed households, people with disabilities (PWDs), elderly) utilising plastic sheeting or that lack sufficient, quality tarpaulins or tents
2. The low-income households that do not have sufficient resources to meet immediate shelter needs

3. Indigenous Populations (IP) that are displaced from high-risk areas
4. Population with trauma and fear of further earthquakes.

ACCESS CHALLENGES IN HARD-TO-REACH BARANGAYS

While majority of the areas are accessible, there are number of barangays not accessible due to damage bridges, landslides and tension cracks resulting in the delay of service delivery and humanitarian assistance to affected population. Affected families in these location, for example hard-to-reach barangays in Kiblawan, were advised to evacuate their home and move to safer places within their barangays. Most of them have a limited access to assistance and are at-risk- to be left behind due to their remoteness and inaccessibility.

COORDINATION

Since the series of earthquakes in October, Davao del Sur Province has activated and followed the Incident Command System (ICS) in managing the disaster. In early November, the Emergency Operation Center (EOC) has been established in the provincial capital, providing oversight and management to affected communities. The provincial EOC covers operation control, planning, logistics and finance and administrative concern of emergency. EOC has been activated to coordinate continuing humanitarian response for displaced communities in each affected municipality. The EOC Manager represented by the Provincial Disaster Risk Reduction and Management Officer (PDRRMO) reports directly to the Provincial Governor, the overall Responsible Official (RO) in the province in providing leadership and management of disaster.

The Response Cluster led by the Provincial Social Welfare and Development Office (PSWDO) is coordinating the sectoral response in relation to humanitarian support to the affected communities, Using ICS in the province, the PDRRMC headed by the Provincial Governor, and represented by Department Heads of the province, is a

province level policy coordination platform.

The four assessed municipalities each has an EOC, which acted as the port of call for the MHT in the assessment. The EOCs led by the Municipal DRMMO, supported the joint assessment and have identified leads for the MHT; mainly representatives from MDRRMO or MSWDO. The MHTs point of contact in the province is through the EOC

CROSS-CUTTING ISSUES

COMPOUNDING NEEDS

Most of the affected communities of the recent 6.9 earthquake were also affected by the previous earthquake in October. Some of them have been staying in evacuation centres for two months now, thus, exposing women and girls, boys and other at-risk groups to gender-based violence (GBV). The provincial government also noted the difficulties in encouraging people to go back to their homes because many houses have been damaged by the recent earthquake or are still experiencing frequent aftershocks .

In Padada, there is only one evacuation center, which was set up in the aftermath of the October earthquake. IDPs staying in the EC have grown significantly, from 32 to 117, due to the recent quake.

Prolonged displacements and uncertainties as to when people could go back to their places of origin overwhelm affected communities. There is general lack of correct information as to their status, plans and programmes and affected people are becoming anxious about their situation. Several reported of receiving false information about the earthquake, which is causing fear, anxiety and discomfort.

Schools too have been affected in the December earthquake. Schools in municipalities of Padada, Kiblawan, Hagonoy and Matanao have already been damaged by a series of earthquakes

in October 2019. Significant number of classrooms have now been totally or partially damaged.

Although the DepED is yet to release a validated rapid assessment report, the assessments indicate that the number of damaged classrooms is significant. According to the parents of school children who were interviewed during the assessment, damages in the classrooms have become worse after the last earthquake and those partially damaged classrooms are now considered as totally damaged.

PROTECTION AS A LIFE-SAVING INTERVENTION

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

Assessments confirmed that none of the municipalities has readily available disaggregated data on women/girls, men/boys, elderly and marginalized sectors. Having this more granular breakdown of population data, could help the government and humanitarian actors prioritise needs of specific sectors among the affected population. There is also a need to look into the data on pregnant, lactating women, indigenous people and female/child headed households.

Most affected children and their families exhibit psychosocial needs related to the emergency, such as anxiety and shocks including signs of distress, nightmares, and change of food patterns resulting in loss of appetite. While there are groups who provided free play activities for children, there are no coordinated efforts.

Some barangays considered as “hard-to-reach areas” are dominantly

populated by the Indigenous People (IP). Damaged roads, bridges, hazards caused by landslides and tension cracks hamper delivery of assistance to them. Pre-emptive evacuation was carried out in some of these areas and families were advised to move to safer places within their barangays. Ways to reach these areas need to be identified and provide necessary assistance to affected families who otherwise-risk to be left behind or neglected due to their inaccessibility.

Provision of psychosocial support (PSS) to affected population, particularly during the holiday period will be critical also as many areas don't have access to safe learning environment and child friendly activities. PSS is also needed for first responders and service providers at the barangay and municipal level, as well as sleeping kits and provision of adequate working space and facilities

CASH INTERVENTIONS TO HELP COPE WITH THE IMPACT OF CRISIS

Initial assessments indicate that markets were seemingly unaffected by the earthquake and goods are generally available in stores across the majority of affected areas. However, as a number of barangays have suffered damage to bridges and roads, this will have a knock on effect on access for relief items as well as the wider market. Due to damaged houses, some vendors are selling outside their stalls in makeshift tents, while other closed their shop. Assessments also report of spike in prices of commodities, further decreasing the purchasing power of affected communities, whose livelihood activities have also been disrupted.

Cash-for-work interventions are encouraged, such as camp set up, care and maintenance work. Livelihood assistance is needed as sources of living of the IDPs, mostly farmers and construction workers, have been affected.

ASSESSMENT METHODOLOGY

The Provincial Government of Davao del Sur accepted the offer of the Mindanao Humanitarian Team (MHT) to conduct a province-led joint assessment of the earthquake affected areas of Davao del Sur. Through the MHT's focal contact, the Provincial Social Welfare Development Officer (PSWDO) recommended four affected municipalities to be covered by three teams; Team 1 covered the municipalities of Padada, Hagonoy and Kiblawan, Team 2 covered Matanao municipality, while Team 3 covered the far-flung 18 Indigenous Peoples (IP) barangays of Matanao.

This assessment was conducted jointly with the provincial government, with LGU representatives embedded in the three teams. Given the ongoing response by the province, the PSWDO recommended that the province team leads come from municipal levels; mainly from the Municipal Disaster Risk Reduction and Management Office (MDRRMO) and the Municipal Social and Development Office (MSWDO).

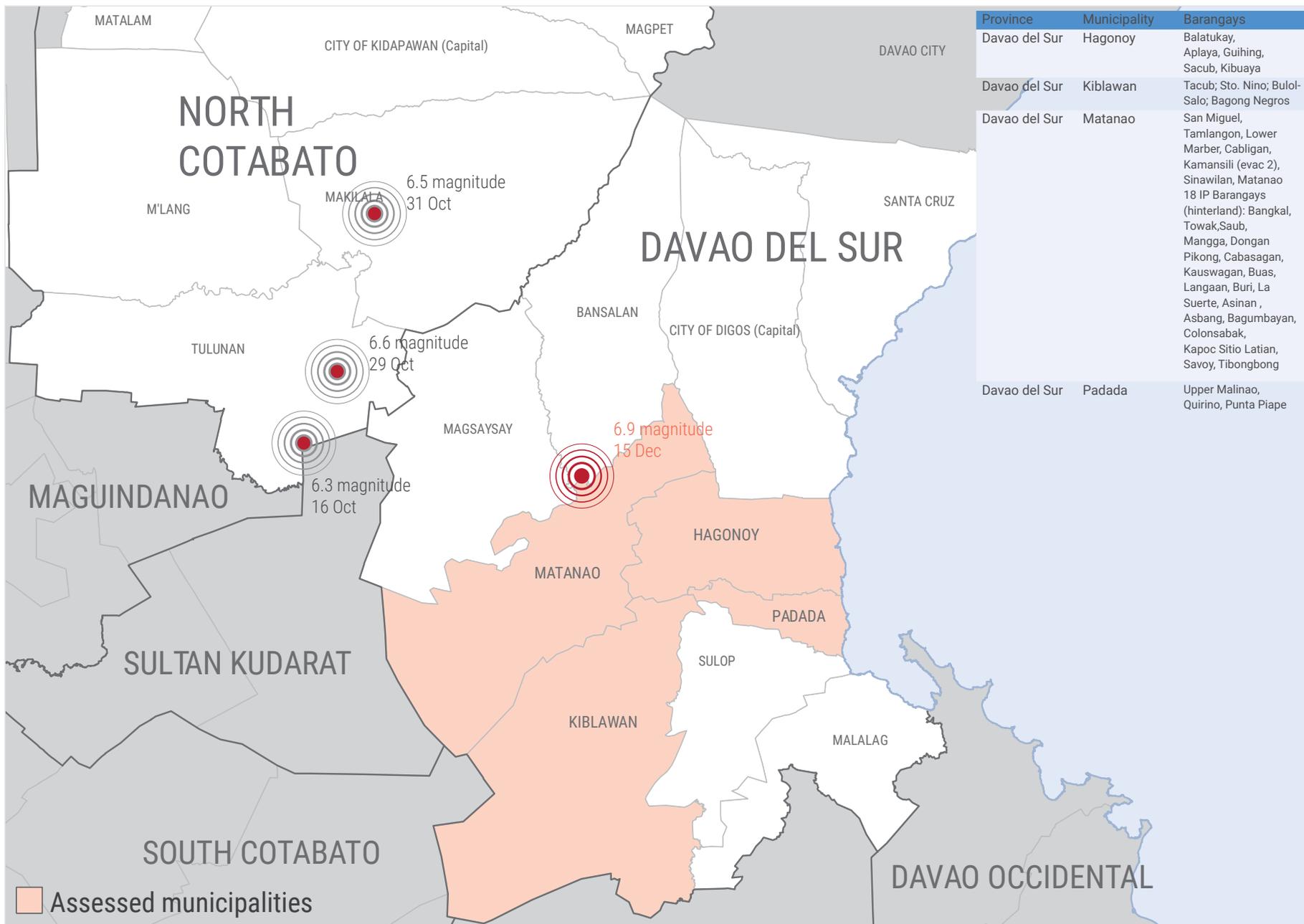
On 20-21 December, 19 MHT member organizations, with 29 members from both the United Nations agencies and International and National Non-Government Organizations (NGOs) participated at a two-day assessment in the aftermath of the 6.9 earthquake. An MHT Lead was identified to support the Government lead and helped at the overall consolidation of assessment findings in each team. The MHT assessment teams comprised of member organizations from various sectors, covering camp coordination and management, shelter, water sanitation and hygiene, education, health including reproductive health and mental psychological social services, nutrition, protection including child protection and gender-based violence and food security and agriculture. The assessment teams coordinated with the municipal Emergency Operations Center (EOC), and through the municipal mayor and other designated officials. The Government lead in each team gave guidance on priority areas, mainly those with evacuation centers, with ongoing informal and

spontaneous settlements, affected communities in hard to reach areas, and the most affected barangays.

A 72 –hour assessment tool, developed by the Philippines Humanitarian Country Team (HCT), was used by the teams. Using the tool as a guide, focus group discussions were carried out with vulnerable groups, women, children, elderly and people with disability. Other methods to collect information were key informant interviews with local officials and informal, community leaders, direct observation of affected communities, including the damage on community infrastructure, schools and houses. The teams also considered municipal and barangay level reports and documents, integrated in the assessment report and corroborated with findings of assessment teams. All these findings were recorded on the Debrief form, representing a snapshot of the situation and an agreement on key findings. The PSWDO tent office in Digos City served as the assessment hub for the teams. After field assessments, the teams met to debrief the Provincial Disaster Risk Reduction and Management Officer (PDRRMO) and the Regional Director (RD) of the Office of Civil Defense (OCD) XI.

Subsequently, four municipal debrief forms were shared with the MHT assessment cluster leads to consolidate all sector specific information across four municipalities. The sector information provides an overview of the key needs and gaps in each of the assessed municipality. The inputs to sectoral gaps factored in other assessment reports conducted separately ahead of this joint assessment. The draft assessment report was shared with the Provincial Governor and his department heads, as well as with the Regional Director of Office of Civil Defense (OCD) XI and national OCD.

Assessed Areas



Province	Municipality	Barangays
Davao del Sur	Hagonoy	Balatukay, Aplaya, Guihing, Sacub, Kibuaya
Davao del Sur	Kiblawan	Tacub; Sto. Nino; Bulol-Salo; Bagong Negros
Davao del Sur	Matanao	San Miguel, Tamlangon, Lower Marber, Cabligan, Kamansili (evac 2), Sinawilan, Matanao 18 IP Barangays (hinterland): Bangkal, Towak, Saub, Mangga, Dongan Pikong, Cabasagan, Kauswagan, Buas, Langaan, Buri, La Suerte, Asinan, Asbang, Bagumbayan, Colonsabak, Kapoc Sitio Latian, Savoy, Tibongbong
Davao del Sur	Padada	Upper Malinao, Quirino, Punta Piape

SECTOR SUMMARY



Camp Coordination and Camp Management

130,000

Displaced population

Families are currently setting up makeshift shelters in evacuation centres, adding to the current numbers of IDPs already staying at the sites. Some areas where families are setting up shelters have not yet declared official evacuation centres and are awaiting approval by the MSWDO.

Many makeshift shelters are not portioned between families, which creates protection risks, in particular for women and girls living with other families, relatives or neighbours. In the barangay Aplaya and Hagonoy, IDPs feel unsafe inside ECs particularly because of coconut and fruit trees within the camp, which could break during aftershocks.

Camp managers are lacking in formal and informal IDP sites. Families in recognized ECs have received more relief assistance compared to IDPs in unrecognized evacuation camps. A lack of individual and family privacy is apparent across all sites. The risk for GBV is a concern and could increase the longer families stay in overcrowded evacuation camps.

Key findings on existing evacuation camps are that partitions and tents are insufficient. Five to nine families share one tent. Lack of access to appropriate WASH facilities in evacuation camps were also observed, resulting in open pit/defecation and bathing in open spaces.

Based on the current situation and the number of affected families residing in recognized and unrecognized evacuation camps, CCCM is

a priority considering its cross-cluster support function.

Recommendations:

- Advocate for the 'recognition' of unrecognized camps to ensure equal access to relief assistance and basic services by the LGUs, DSWD and other national government agencies, humanitarian actors, private and individual donors.
- Establish camp management structures to minimize chaos on relief distributions, maximize use of available resources, facilitate community engagement, and ensure IDP participation and representation in site governance.
- Identify and capacitate camp managers (LGU representatives, barangay) to facilitate camp activities. Skilled camp managers knowledgeable of minimum SPHERE and national standards is essential for CCCM. Camp managers will facilitate the set-up of functional camp management structures.
- Prioritize site planning to ensure basic, safe, and dignified services are made available to IDPs such as private partitions/tents for families, WASH facilities (latrines, bathing facilities), child-friendly spaces, women-friendly spaces; health facilities, information desks, cooking counters, multi-purpose halls.
- Ensure IDP participation through Cash for Work schemes on camp set up/care/maintenance work. Livelihood assistance is clearly needed as sources of living of the IDPs mostly farmers and construction workers have been affected.



EDUCATION

426

Damaged Classrooms

DepEd Davao del Sur is still in the process of validating the extend of damages caused by the December earthquake. Accordingly, it is expected to have more than the reported 350 and 126 totally damaged and partially damaged classrooms respectively in the four municipalities of Padada, Kiblawan, Hagonoy and Matanao. Aside from damaged classrooms, equipment such as furniture, computers and learning materials have also been damaged. During the assessment, parents have expressed hesitation to send their children back to school because they fear additional earthquakes. Teachers are also hesitant to hold classes inside classrooms.

DepEd Davao del Sur SDO has expressed concerns that schools are being used as evacuation sites. It is challenging for school administrations to set up Temporary Learning Spaces (TLS) because of lacking space inside the school's premises. Further, some WASH facilities, particularly toilets, inside the schools are not operational anymore because they were designed for such a high number of people.

Identified urgent needs are decampment of schools, provision of TLS, provision of PSS/PFA for parents and teachers, provision of teaching kits and other learning materials and repair of damaged WASH facilities in schools that are used as evacuation sites.

One of the challenges for the education sector is that it is not considered part of the emergency response, but of the rehabilitation phase. Hence, DepEd Davao del Sur SDO is not included in the response structure of the provincial government and cannot effectively raise issues and concerns on education.

Recommendations:

- To push the local governments to decamp those schools being used as evacuation site. This is to provide safe space for the setting up of TLS for children.
- Provision of TLS to the schools with most number of totally damaged classrooms and has no capacity to immediately recover. (Refer to the RADaR for the schools with most number of totally damaged classrooms)
- Provision of Psychological Support (PSS)/Psychological First Aid (PFA) for parents and teachers. This is to help them support and protect children and restore a sense of normalcy.
- Provision of teaching kits and other learning materials
- Repair/rehabilitation of WASH facilities in schools being used as evacuation site.
- Provincial government should include DepED in the response structure.



Photo Credit: OCHA



FOOD SECURITY AND AGRICULTURE

Across all assessed areas, food security is of major concern. IDPs mainly rely on food aid from the Government, and humanitarian and private organizations. While the situation is not life-threatening because the Government has the capacity to meet to the food needs of the affected populations, dietary diversity is poor to borderline and consists of cereals/rice, some source of protein, condiments and oil. Some IDPs are able to tap into their own food reserves, which is expected to last until the end of December. Affected families who settled in make shift and unregistered evacuations centres have limited access to food aid.

Livelihood activities are laborers, vendors, casual workers, farmers and fishers. Many businesses facilities and stores are damaged, which is affecting people's livelihood activities.

Some farmers have access to their livelihood activities while fishers have limited fishing activities due rough sea conditions. There are no reported damages to the infrastructure related to agriculture or fishing, except the irrigation canal in barangay Upper Malinao in Padada which risks to affect the farmers second rice harvest. The market is functional, but some structures are affected and sustained in which forced some vendors to set up makeshift stalls. According to the vendors, the number of customers has reduced. Price of commodities in some areas have increased and limiting resources to buy food.

Recommendations:

- Considering the food security situation, it is recommended to continue the general food distribution.

- Consider livelihood support to address the basic needs of the affected populations.
- Conduct an in-depth analysis to determine the impact of the disaster on the overall food security of the population.



Photo Credit: WFP/F. Abdulaziz



HEALTH including REPRODUCTIVE HEALTH

25

Damaged health facilities

Health systems in Matanao, Padada, Hagonoy, and Kiblawan are functional and operational. Because health facilities including hospitals, have been heavily affected, operations are continuing in makeshift tents. Support in the form of additional doctors, health equipment and medicines is necessary to respond to health needs. Commonly reported diseases are respiratory tract infections and gastro-intestinal diseases. It is recommended to provide access to health services and health education in evacuation centres and address identified cross-cutting issues on WASH and SHELTER including the prompt validation of evacuation centres.

The limited capacities of health facilities, including health personnel, expose women and adolescent girls to unplanned pregnancy, maternal complications and death. Women need access to a full range of sexual and reproductive health services and information, including family planning services to prevent sexually transmitted diseases and unintended pregnancy, post abortion care for those who experience an unwanted pregnancy, prenatal, delivery and postnatal care for those who carry a pregnancy to term. Comprehensive reproductive health services must be integrated into primary health care services as soon as possible. Also critical is the prevention and management of sexual and gender-based violence, including clinical care for survivors.

Prior to the December earthquake, the Rural Health Units (RHUs) and health centres had already been affected by the October earthquake. Overall health systems are functional and operational but need support in terms of additional doctor and health equipment and medicines to cater to the needs of IDPs. Provision of health services need to be brought to the evacuation centres.

The hospital in Matanao was totally damaged by the earthquake. Matanao uses an ambulance to refer patients to nearby health facilities. The hospital in Padada was also heavily damaged and patients are accommodated in tents outside the hospital. Teenage mothers were reported in Hagonoy and Kiblawan.

The referral government facility, Davao del Sur Provincial Hospital, and the Gregorio Matas District Hospital in Kiblawan are badly damaged but it still continues to operate with services provided to patients in tents outside the facility.

Recommendations:

- Affected populations should have access to critical life-saving health services, including primary and secondary medical/surgical care, reproductive health services, immunization, mental health and psychosocial support, and disease surveillance.
- Conduct community/EC-based medical out-reach missions including health education [focusing on health promotion and disease prevention, sexual and reproductive health], mental health and psychosocial support to IDPs particularly to vulnerable groups (children, pregnant and lactating women, and elderly adult) and persons with special needs.
- Provision of dignity kits and maternity packs to pregnant and lactating women
- Address issues on WASH (access to and availability of safe water, toilet facilities, hygiene kits) and SHELTER (increased crowding in tents).
- Provide food packs and livelihood opportunities (e.g. cash for work).



15,000

Children needing nutrition intervention

7,800 pregnant and lactating women and 15,000 children under five years require both preventive and therapeutic nutrition interventions.

The impacts of the earthquake on the nutritional status of the affected population, particularly the most vulnerable, will be felt in the succeeding weeks or months as food supplies further decline, market prices increase, and disrupted livelihoods deplete household savings and limit income. Compounded with the pre-crisis levels of malnutrition, childhood wasting, overweight/obesity and stunting may increase if immediate measures to ensure adequate supply of safe drinking water, adequate and appropriate healthy and nutritious food (especially for young children and pregnant and lactating women) are not in place.

The nutritional status of affected populations, particularly the vulnerable groups (including children with disabilities, adolescents in general, the pregnant teens and adolescent mothers, and indigenous peoples) should be closely monitored and both preventive and therapeutic nutrition interventions be set in place as early as possible. Diets of young children, pregnant and lactating women also need to be diversified with fresh produce and nutritious food. Parent and caregivers need to be supported and counselled on optimal infant and young child feeding practices. Stocks of key nutrition supplies such as multiple micronutrient powders and RUTF/RUSF need to be replenished to support established program interventions. Nutrition-sensitive Cash-for-work and Food-for-work interventions need to be explored to support vulnerable families.

There are no reports that formula milk for infants is provided and lactating mothers are exclusively feeding their infants with breast milk. Some of the affected families in Guihing received powdered milk which was produced for adult consumption. There is a risk that

the powdered milk could be used as a supplementary milk for infants (Source: BLGU).

Recommendations

- Support regional and local nutrition clusters in effectively coordinating and monitoring of both nutrition-specific and nutrition-sensitive interventions using the 6 standard Information management tools
- Support the conduct of regular nutrition-specific assessments to monitor the nutritional status of vulnerable groups over the next 3-6 months.
- Support LGUs as they restart and strengthen implementation and improve coverage of both preventive and therapeutic nutrition interventions
- Working with the key clusters- Food Security and Livelihood, WASH, and Health Cluster - will help prevent the deterioration of nutritional status of affected population and vulnerable groups in the first month of response.





PROTECTION including CHILD PROTECTION and GENDER BASED VIOLENCE

Common to all sites visited, significant protection issues related to Food and Non-food items, Water Sanitation and Hygiene, Livelihood and Shelter are notably prevalent. Risks related to Child Protection and Gender-Based-Violence (GBV) have also been identified in all assessed areas. The Protection situation of vulnerable groups such as pregnant women, children, senior citizens/elderly and people with disabilities and specific needs may worsen if displacement is prolonged and gaps remain unaddressed. Therefore, a protection must be considered and integrated in the response and it must be ensured that all sectors are well-assisted.

IDPs and affected families are anxious about their situation and need accurate and timely information on government programs and services, status of the disaster, and any related information concerning them. The government needs to establish clear information and feedback mechanisms, and provide avenues for the IDPs and affected families to raise their concerns.

There are barangays which are considered “hard-to-reach areas” and dominantly populated by Indigenous People. Damaged roads, bridges, hazards caused by landslides and tension cracks hamper the delivery of assistance. Pre-emptive evacuations have been conducted in some of these areas and families were advised to go to safer places within their barangays. There is a need to fast track the LGU’s plans for repair and re-routing of roads to reach these areas and provide necessary assistance to affected families who are at-risk to be left behind or neglected due to their inaccessibility.

Gender-based violence

During emergencies, women and girls are increasingly vulnerable

to gender-based violence as a result of the pre-existing gender inequality, breakdown of community networks and structures, and lack of protection mechanisms. Overcrowding, lack of privacy, limited food and clean water supply, and lack of toilets/washing facilities in evacuation centers increase the risks and vulnerability of women, girls and other vulnerable groups to gender-based violence and sexual exploitation and abuse. Stress related to conflict may be a trigger for intimate partner violence or exacerbate ongoing violence within intimate relationships or families. Women and girls may be left to take on the responsibilities of generating income for families and the ensuing economic vulnerability can increase the risk of exposure to sexual exploitation and trafficking. In addition, traffickers view post-disaster situations as opportunities to recruit and exploit vulnerable individuals who lost their loved ones, shelter and livelihoods and are desperate to survive and provide for their families.

In Davao del Sur, the evacuation sites, including makeshift tents, do not have partition, no proper lightings, and no WASH facilities such as latrines and bathing cubicles. In most cases, women opt to go back to their houses or nearby houses in host communities to use WASH facilities. In one IP community, women and their children choose to go back to their homes, for which they need to walk around 20 minutes to get drinking water and use latrines. During night time, they use flash lights to use latrines.

Limited capacity on handling cases of GBV and lack of clarity on the referral system for GBV survivors’ and access to life-saving interventions are significant challenges.

Although women stated that cases of Violence Against Women (VAW) are reported directly to the barangay officials or designated VAW Desk officers or Indigenous People Mandatory Representative in the case of IP communities. However, such cases are usually settled at the local level.

GBV risk mitigations at the evacuation sites must be incorporated in the overall priorities of the local government and service providers

providing humanitarian assistance to affected communities in evacuation sites and home-based, under consideration of the needs of IP communities in hard-to-reach areas (i.e. some barangays in Kiblawan and Matanao).

Child Protection

After disasters and other emergency situations, children are even more vulnerable to all forms of abuse, exploitation, neglect and violence. They are in the most disadvantaged position, especially when separated from their parents, family and caregivers. While there were no documented cases of abuse, the impact of emergency

to children may increase the risks for protection issues, including physical and environmental dangers. Most children showed signs of anxiety including signs of distress, nightmares, and changes in eating patterns and loss of appetite. Some groups have provided free play activities for children, but there are no coordinated efforts and structured psychosocial support services provided to children and their families or for service providers who were also affected by this emergency including access to safe spaces.

Davao Del Sur has been affected by several earthquakes since October 2019. The Regional Child Protection Working Group in Region XI has been activated and have responded to these



earthquakes to address immediate child protection risks identified during the assessment. There were no reported child protection cases related to this current emergency, but risks for children are elevated in times of emergencies. Thus, child protection prevention and response measures should be undertaken. In barangay Sacub in the municipality of Hagonoy, estimated four children (boys) were reported separated from their parents but they were immediately reunited with the closest relatives. In IDP sites in Kiblawan, children are susceptible to falling on slopes as they play around the evacuation center. The makeshift tents do not have flooring and IDPs use plastic sheets on the ground where children are directly sleeping. In Matanao, women, girls and boys face challenges in accessing latrines particularly at night which resulted in open defecation near/ outside their tents.

Key recommendations:

- Ensure collection and analysis of sex and age disaggregated data, to serve as reference in emergency response efforts.
 - Psychosocial support.
 - Setting-up of coordinated MHPSS initiatives at community level for children and their families including opportunities for safe play, recreation and non-formal education through establishment of Women and Child Friendly Spaces or Safe Spaces for women and girls in affected communities.
 - Provide technical assistance (if necessary) to LGUs in their psychosocial support interventions in line with MHPSS guidelines, child protection minimum standards and the National Guidelines on CFS and WFS implementation during emergencies.
 - Consider psychosocial support initiatives such as provision of Psychological First Aid (PFA) for MSWDOs, Police, MDRRMOs, health workers and volunteers who have been likewise affected by the emergency.
 - Tailor safety messaging and risk reduction interventions for the children and caregivers who are most at-risk as well as safe home environments in family-strengthening activities when providing
- psychosocial sessions and/or Psychological First Aid (PFA).
- Reactivation of Local protection mechanisms and clear referral system, including Local Council Against Trafficking and Violence Against Women and Children (LCAT-VAWC), Women and Children Protection Desk (WCPD) by the PNP, and operationalization of Women and Children Protection Unit (WCPU) in the Provincial Hospital where GBV survivors can access life-saving interventions with multi-sectoral response.
 - Provide technical support to PNP Women and Children's Protection Desk (WCPD), local councils for the protection of children (LCPCs) and local committees on anti-trafficking and violence against women and children (LCAT-VAWCs) to link them with community-based child protection networks in affected areas.
 - Establishment/Review of existing (if any) reporting and referral pathway to prevent and respond to potential violence against children including GBV as well as provision of appropriate and gender-sensitive case management interventions.
 - Incorporate orientation on codes of conducts and protection from sexual exploitation and abuse (PSEA) policies in all CP and GBV capacity building to partners and service providers.
 - GBV risk mitigations and response at the evacuation sites, including makeshift tents must be incorporated in the overall priorities of the local government and service providers providing humanitarian assistance to affected communities in evacuation sites and home-based, under consideration of the needs of IP communities in hard-to-reach areas (i.e. somebarangays in Kiblawan and Matanao).
 - Integration of Child Protection Responses to all other sectors, such as Education and WASH. Ensure a multi-sectoral programming to fully prevent risks, response to children's protection needs and promote children's rights and well-being.



SHELTER

4,500

Destroyed houses

The Davao Del Sur Earthquake affected the municipalities of Matanao, Kiblawan, Hagonoy, and Padada to varying degrees. In the affected municipalities, between 36 and 49 per cent of shelter is comprised of light construction materials. Housing typologies vary from traditional lightweight structures to semi-light weight structures comprised of wood framing, hollow block walling and corrugated galvanised iron (CGI) roofing. The use of lightweight materials, combined with construction in high risk areas, leave many houses susceptible to earthquakes.

Across the affected municipalities, there are a reported 20,452 partially damaged houses and 4,437 totally damaged houses. There are almost 50,000 people that are displaced, and the majority has no immediate intention on returning to their previous dwellings. There is a wide distrust in the structural integrity of buildings in the area; many families expressed concerns of having to utilise previously constructed latrines or gyms. As such, most displaced families are utilising open areas, sometimes adjacent to their previous shelters, with tarpaulins and plastic sheeting, to create covered living spaces. The lack of materials has left many households exposed to the elements and there is a lack of privacy, with the rapid assessment indicating up to nine families sharing any given living space. Families across the 4 assessed municipalities have indicated a preference for emergency shelter support, in the form of tents and shelter grade tarpaulins, to meet their immediate shelter needs. A few households have indicated a preference for cash and shelter repair kits for repairs during the recovery phase. Provision of materials has been lacking in some locations due access issues, such as in barangay Colonsoboc where damaged infrastructure left families isolated for seven days and in barangay Katipunan where the access bridge has suffered damage

Recommendations

Short term/ emergency shelter assistance options recommended:

- In-kind transfer of Shelter Grade Tarpaulins and Tents to meet the immediate shelter needs. Shelter technical assistance should be provided to ensure proper fixing of materials to protect from elements as well to address some protection concerns.
- Build Back Safer (BBS) messaging and Earthquake Preparedness trainings for households, barangay captains, municipalities, community volunteers regarding repair/reinforcement

Medium term / shelter recovery assistance options recommended:

- Mines and Geosciences Bureau (MGB) clearance and LGU Building Code compliance for potential areas for reconstruction and construction.
- Shelter market assessment on local availability of high quality CGI
- Mixed modality assistance consisting of distribution of conditional cash + in kind distribution of CGI sheets + technical assistance component for those willing to rebuild their destroyed houses in safe and secure sites, cleared by relevant authorities.
- 'On-the-job' training opportunities for local builders and carpenters on BBS techniques for safer construction and repair.
- Preventative reinforcement and retrofitting of shelters/houses in cleared areas;
- Community-based and participatory methodologies for sensitisation on BBS.



WASH

The December earthquake and the recurring aftershocks are impacting people's access to WASH facilities and services. Water systems have been damaged and people are now resorting to alternative water sources that are largely unsafe (Level I water systems, surface water sources) or require ability to purchasing power (water from refilling station). A significant number of people have been displaced and are now staying in official/formal and unofficial/informal/makeshift evacuation camps that either have very limited WASH facilities or none at all. Where not WASH facilities are available it has resulted in open defecation and serious protection concerns. With the earthquake also affecting people's livelihoods, their ability to purchase even the basic hygiene items are now curtailed. The WASH situation needs to be closely monitored given that displacement may be prolonged with recurring aftershocks and persisting fear of another major earthquake.

The earthquake and the following series of aftershocks have seemingly damaged water connections, such as water pipes. The distribution capacity of water districts for Level III water systems is now significantly reduced. However, more detailed technical assessments have to be conducted to determine the extent of the damage. In the meantime, affected households are generally relying on traditional, alternative sources which are mostly Level I water systems, e.g., handpumps, that are few and susceptible to contamination. In the town centers, people who can afford it are buying water from water refilling stations. In the hinterlands and coastal areas, people reportedly collect water from surface water sources, such as rivers and the sea. In limited cases, bottled water is being distributed, mostly by the private sector, and water trucking is partially being carried out by concerned LGUs.

For example, in Matanao, the affected population received bottled water for drinking. In Padada, water trucking is done, but only for

domestic use. Still water for domestic use is insufficient. In many camps, water for drinking is insufficient. Affected populations staying in evacuation camps do not have enough containers for storing drinking and domestic water and evacuees have to go back to their places of origins, sometimes many kilometers away, to fetch water from their usual sources.

Key recommendations:

- Establish WASH response coordination mechanism and information management at the provincial and municipal levels.
- Repair/rehabilitation of damaged community water systems, beginning with technical assessments to determine extent of damage.
- Particularly in large evacuation camps, consider temporary water trucking/rationing for immediate response.
- Construction of temporary latrines and bathing facilities cubicles that are segregated and gender sensitive with proper lightings and safety locks as GBV risks mitigation in the evacuation camps.
- Provision of water and hygiene supplies (water kits, hygiene kits) supported by hygiene promotion sessions, prioritizing those in both formal/recognized and informal/makeshift/unrecognized evacuation camps.
- Testing of water sources that people are now utilizing as alternatives, e.g., handpumps.
- Intensified hygiene promotion, including on household water treatment, collection, and safe storage.

Organizations:

A Single Drop for Safe Water (ASDSW)/Humanitarian Response Consortium (HRC); Agency for Technical Cooperation and Development (ACTED); Action Against Hunger (AAH) ACCORD, CFSI, COM, HOM, IDEALS, IOM; MMI, MOSEP, Oxfam, PDDRN, Plan, Save the Children; UNFPA; UNICEF; UNHCR, UNYPHIL-WOMEN, WFP, OCHA

Provincial Government of Davao del Sur