ANNEXES
### Assessment Teams

| TEAM 1 | | TEAM 2 | | TEAM 3 |
|---|---|---|---|
| **Name** | **Organization** | **Name** | **Organization** | **Name** | **Organization** |
| Robendo Alpos (TL) | Hagonoy LGU | Letecia Versoza (TL) | LGU Matanao | Edgardo Tilud (TL) | LGU Matanao |
| Estelita Manapat (TL) | Hagonoy LGU | Meriam Ali (TL) | MOSEP | Abie Ayao (TL) | OXFAM |
| Erlinda Bahinting (TL) | Padada LGU | Dhatz Ampilan | MMI | Mojahid U. Adam | Save the Children |
| Michelle Jean Armilla (TL) | Kiblawan LGU | Kim Ian Tiu | UNFPA | Mostemin A. Abas | COM |
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| Rolando Uy | WFP | Sapia Taulani | OCHA | Rechel Domasig | IOM |
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| Mario Temblor Catubay, Jr. | CFSI | | | Fe Lagura | ACCORD |
| Rabia Mustapha | PLAN | | | Aileen M. Villaroza | ACCORD |
| Mahid Rachman | PLAN | | | Jamilah P. Mustapha | PDDRN |
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| Ramil Maquilan | OCHA | | | | |
| Melindi Malang | OCHA | | | | |
Municipal debriefing forms and summary
Davao del Sur

1. Hagonoy

### Main observations about the humanitarian situation

<table>
<thead>
<tr>
<th>Demographic Data:</th>
<th>Recommendations</th>
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| As of December 21, 2019 a total of 8,162 families affected, with 21,550 individuals (source: MDRRMO). A total of 9,276 families are staying in the evacuation centers. During the joint needs assessment, a total of five (5) evacuation centers were visited. Barangay Balutakay, Aplaya and Guihing were affected by the earthquake occurred last October 16, and the number of affected families increased, situation was exacerbated due to the Dec 15 earthquake (Source: BLGU). Most of the areas are accessible by road and vehicle, telecommunications are working. | • Distribution of plastic sheeting, insulator and light construction materials for the repair of damaged houses  
• Access to portable toilets that are segregated and gender sensitive, unclogging of toilets, provision of hygiene kits/dignity kits  
• Alternative Source of Income /Livelihood activities in the form cash for work.  
• Provision of Psychosocial Support for women and children particularly in this holiday season where they don't have access to safe learning environment and child friendly activities. PSS is also needed for first responders/service providers in the Barangay and Municipal level, provision of adequate working space and facilities, sleeping kits.  
• Dignity/women kits for pregnant and lactating mothers  
• Camp Coordination and Camp Management (CCCM) with trained Camp Managers  
• Flash lights/solar lights |
| Barangay Balutakay, Aplaya and Guihing were affected by the earthquake occurred last October 16, and the number of affected families increased, situation was exacerbated due to the Dec 15 earthquake (Source: BLGU). Most of the areas are accessible by road and vehicle, telecommunications are working. | |
| The following structures are considered unsafe to occupy: Municipal Offices, Barangay Hall of Kibuaya of Sacub, Barangay Health station and Day Care Center of Sacub (LGU) | |
| Relief assistance: Food packs are well distributed for families affected by the earthquake since 16 October 2019, and hygiene kits with soap, toothpaste, toothbrush in Barangay Balutakay, Guihing and Aplaya were also received by the IDPs (Source: BLGU) | |
| LGUs including DSWD have started distributing food packs this week to families displaced and affected by the 6.9 earthquake on 15 December in Barangay Sacub, Aplaya, Guihing and Balutakay. Other affected families in Barangay Kibuaya are still waiting for the relief distribution. (BLGU) | |
| Private individuals and companies like BXI company and Guardians Brotherhood provided medicines, mosquito nets, bottled water for the families that are earlier affected by the earthquake last Oct 16 in barangay Balutakay (Source: BLGU) Other needs of newly affected families are yet to be addressed including access to water (Balutakay), toilets / latrines (Balutakay, Guihing – Baka Park), hygiene kits and tents / tarpaulin are still insufficient to cover the affected families. | |
| Shelter: 4, 954 houses partially damaged, 1, 954 totally damaged houses (source: MDRRMO). LGUs expressed the need for shelter assistance particularly tents, plastic sheeting, repair and light construction materials. (Source: Barangay and Municipal) BLGU expressed the need to identify relocation sites for purok 5-A of Barangay Sacub, Purok 7 and 8 for Barangay Balutakay and Purok 02 for Barangay Aplaya because it is no longer safe for rebuilding their houses. 80 families staying in Baka Park – Guihing was advised by the land owner to vacate the area by 24 December 2019. On going discussion between LGU and land owner to discuss possible extension and alternative areas where they can temporarily be relocated. | |
| Parents expressed that the evacuation center in Aplaya is not quite safe particularly during aftershocks because of the presence of coconut and fruit trees within the camp. | |
| Food Security and Livelihood: Majority of the affected families in the evacuation centers in Barangay Balutakay, Guihing and Aplaya came from nearby coastal areas and fishing is their main source of living (Source: BLGU). Other household’s livelihood activities are laborers (farm and construction), vendors, casual workers. To date, they still rely on relief goods because their livelihood is disrupted due to |
damaged establishments. Fishing activities was also difficult due to big waves (Source: Men participated in the FGD)

Market is functional (open and commodities are available) but affected families don’t have money to buy commodities because their livelihood activities are disrupted (Source: BLGU)

Farming (60%) is the main source of livelihood in Barangay Sacub and agricultural products include rice, sugar cane, banana and coconut trees. (Source: BLGU). Majority of the farmers harvested their rice farm this November which provide sufficient food household stocks after the earthquake but it was already exhausted this December. (Source: Women participated in the FGD)

There are CFW activities facilitated by DOLE in Sacub, Aplaya, Guihing and Balutakay but only few families benefited from it.

**Protection:**
IDPs setting up makeshift tents in open spaces that are privately owned are encountering problem with the owners. In one evacuation site, in Baka Park, IDPs were given five (5) days or until 24 December by the owner to vacate the premises. This concern already reached the local officials and Provincial Disaster Risk Reduction and Management Officer. The rising number of IDPs setting up informal makeshift tents not “recognized” by the local government causes problem amongst residents while placing IDPs to risk of not accessing humanitarian assistance compared to those identified/recognized by the local government.

**Gender-based Violence**
The GBV risks is high inside the evacuation sites set up in the barangays. No partition inside the tents, including makeshift tents set up the IDP themselves. Each tent is being shared by five (5) to eight (8) IDP families, no proper lightings in the camps, electricity in near houses are “on and off”, IDPs in the camps are using flashlights or lighter with built-in flash lights during night time when they need to pee or go to latrines nearby communities. Due to absence of bathing cubicles, women and children are bathing in open spaces.

Women participated in the FGD shared that they are confident to raise issues including CP-GBV concerns with identified Barangay official/Focal Person. In Barangay Balutakay, there are issues of quarrel between and among couples staying in the evacuation center but these were discussed and being resolved at the barangay level. There’s an existing VAW Desk but the officer-in-charge was on leave and she was not interviewed during the assessment. In lieu of her absence, the Barangay Tanod and secretary constantly monitor issues within the EC. (Source: BLGU)

Vulnerable groups (like identified female-headed households, persons with disability, elderly) are accessing relief goods and services. (Source: BLGU)

**Child Protection**
There are no reported cases of separated, unaccompanied and orphan children that needs urgent concern. In Barangay Sacub, estimated four (4) children (boys) were reported separated from their parents but they were immediately reunited with the closest relatives. Family separation is due to economic activities where parents are working abroad or parents got separated. (Source: BLGU). Children show signs of distress, including nightmares, change of food patterns-losing of appetite but parents said they were able to manage it. However, due to holiday season they don’t have means to play in safe environment and no access to group-child friendly psychosocial activities (Source: Women in the FGD).

**WASH:**
Families staying in the evacuation center in Sacub, Baka Park-Guhihing and Balutakay have no or insufficient access to potable water. They don’t have access to sanitation facilities like latrines. Families in the EC of Barangay Balutakay are using one latrine but it was already clogged (Source: BLGU), others practice open pit/defecation. In barangay Sacub, there’s no designated washing facilities, women and men are bathing in open space.
There was an expressed concern on garbage disposal. Families are expected to segregate their garbage which will be collected monthly. However, it was not collected because it was not properly segregated despite the ordinance provided to do so (Source: BLGU)

**Health and Nutrition:**
There are few cases of Diarrhea for both adults and children. Increasing cases of cough and colds because the tents and makeshift houses are hot during day time and weather is cold at night time. 5 Barangay Health Stations / Centers are still operational in Guihing, Aplaya, Balutakay, Sacub, Kibuaya but limited medicines, there are Barangay Nurse on duty but no medical doctors. Immunization, pre and post-natal and other regular activities continued.

Generally, no reported provision of formula milk for infants, lactating mothers are exclusively feeding their infants with their milk. Some of the affected families in Guihing received powdered milk but it was intended for adult consumption. However, there’s a risk that it could be used as a supplementary milk for infants (Source: BLGU). In the KII, there are young mothers with age 16 to 17 years old in the evacuation centers.

**Education:**
Parents expressed uncertainty in sending their children back to school this January because of the aftershocks and reported damages in the school building (Source: Women participated in the FGD – Sacub, Guihing, Balutakay).

There are observed damages in the classrooms of the following schools:
- National Highschool in Aplaya
- National High school and elementary in Guihing
- Elementary school in Sacub
- Elementary school in Kibuaya

There’s a need to set up temporary learning spaces and provision of educational materials – back to school kits to the affected children.

### 2. Kiblawan

#### Main observations about the humanitarian situation

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<tr>
<th><strong>Demographic Data:</strong></th>
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<tbody>
<tr>
<td>Municipality of Kiblawan has a population of 12,037 families, of which, 6,345 families or 19,615 individuals are affected based on latest information released by the Municipal Disaster Risk Reduction and Management Office (MDRRMO) on 20 December 2019. 2,687 families are temporarily sheltering in 31 evacuation centers identified by the local government units.</td>
<td>- Inclusion of IP communities in the priority areas; local government to continue identifying evacuation center where IDPs are safe and away from the hazardous locations.</td>
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**Relief assistance:** IP communities received food packs, plastic sheets, medicines from the Local Government Unit/DSWD and RHU; Some IDPs sheltering near the town center or poblacion received assistance from the LGU/MDRRMO/DSWD, but the priorities are those houses are totally damaged.

**Shelter:** As of 21 December, 3,619 partially damaged, 523 partially damaged based on MDRRMO report. IDPs expressed insufficient provision of plastic sheets and no partition between 5-9 families sharing in one tent. The houses of families sheltering the evacuations were partially if not totally damaged.

**Food Security and Livelihood:** IDPs source of living is mostly working in farm of in land not owned by them or commonly known as “hornal”. Some of the IDPs’ source of livelihood activities are laborers, vendors and casual workers. Thus, livelihood is hampered due to damaged
establishments in the area. Access to food is mostly rely on relief goods from the local government, while those living in the hinterlands have access to vegetables from their gardens.

**Protection:**

IDPs in the hinterlands of Kiblawan are temporarily sheltering in makeshift tents located in hazardous areas that are prone to landslides and near the areas with tension cracks. These IDPs were told by the barangay officials to move to Crossing Tacub due to heightened risk of landslides in their community. (Source: LGU/MDRRMO)

On documentation, the IDPs mentioned that most of the population especially the children have birth certificates. But they also said that many persons 40 and above have no birth certificates. Mothers interviewed are aware that birth certificate is one of the requirements required by the school and when availing services from the government needing civil documents.

IP in the hinterlands or hard-to-reach areas are at risk of limited access to humanitarian assistance due to its remoteness and areas vulnerable to landslides.

**Gender-based Violence**

GBV risk is high as seen in makeshift tents in the identified evacuation center where five (5) to nine (9) families from indigenous community are sharing, do not have partition, no proper lightings, and no latrines and bathing cubicle—IDPs practice open defecation or go back to their place of origin that is two (2) kilometres away from the evacuation center, particularly in Barangay Tacub. Similar to other displacement sites of communities mixed with IPs and non-IPs, there is no WASH facilities available inside the evacuation centers, except for toilets in their houses.

Due to lack of water supply, women and girls are the ones getting water from their place of origin, two (2) kilometres away from the evacuation center, in which they have to walk 30 minutes (one-way) in IP communities. Lack of lighting, latrines and bathing cubicles in the evacuation centers also place women and girls to GBV risks. During night time, IDPs use flash lights/lighter with built-in flash light when they go their houses to use toilets.

No reported cases of VAW/GBV during the emergency, but IDP women shared that there were VAW incidents happened before the emergency but women/survivors report them directly to the barangay chairperson or IP mandatory representative in the area and usually settled at the local levels. The IDPs also mentioned that they have VAW Desk and VAW Desk Officer in their barangay.

**Child Protection**

Children are susceptible to falling on slopes as they play around the evacuation center. The makeshift tents do not have flooring, IDPs use plastic sheets on the ground where children are directly sleeping. Children show signs of distress, including nightmares, change of food patterns-losing of appetite but parents said they were able to manage it.

**WASH:** In Barangay Tacub, Kiblawan, water source is two kilometres away from the evacuation center where the IDPs get their water for drinking and washing. No adequate water container and water storage. No latrines and bathing cubicles, IDPs practice open defecation. Though IDPs discouraged open defecation near the site, still they are at risk to airborne and waterborne diseases.

**Health and Nutrition:** In one evacuation center in Barangay Sto. Nino, one (1) year and five-month old child was referred by the Assessment Team to the MDRRMO due to high fever. Mothers complained about common colds, fever, and stomach aches of children below five years old.

Pregnant and lactating women complained about sufficient nutrition and enough food intake in order to produce enough milk for their infants. There are young mothers with age between 15 to 17 years old also seen in some evacuation centers.
**Education:** Classes of children is regular prior to 15 December earthquake. Elementary schools building were partially damaged and some school equipment like the four (4) units of computer are damaged in Barangay Tacub. In other locations, schools are partially damaged while other are totally damaged that requires rehabilitation. Due to this, parents are hesitant to send their children to school in the coming week after the vacation.

### Matanao

#### Main observations about the humanitarian situation

**DEMOGRAPHICS**

23 Barangays of San Miguel, Poblacion, Tamlagon, Lower Marber, Kamansili, Sinawilan, Cabligan, Bankal, Tuwak, Saub, Mangga, Dongan picong, Cabasagan, Kauswagan, Buas, Langaan, Buri, La Suerte, Asinan, Asbang, Bagumbayan, Kapok, Savoy, Tibongbong, Colonsabak are all affected and have evacuation centres while others are in home-based setting. Some assessed areas have disaggregated data however, majority of the areas visited lack SADD information.

Municipal data have lesser figures than barangay data as the Municipal Social Welfare Office (MSWDO) is still conducting validation of IDP sites. Families are setting up makeshift tents in the evacuation centres adding to the current numbers of IDPs staying at the sites; while others are in groups of families setting up tents and these has not been declared official evacuation centres pending validation from the MSWDO.

**RELIEF ASSISTANCE**

Twenty-three barangays assessed received relief assistance from the government specifically DSWD, LGU, private groups and individual donors, however mostly recognized ECs received limited assistance and unrecognized ECs have reported not receiving assistance.

Families reported receiving food, water, jerricans, non-food items such as blankets, slippers. They received assistance from government agencies (DSWD), LGU, private groups and individual donors.

**SHELTER**

In Tamlagon, it is estimated that 80 per cent of houses are partially damaged and 20 per cent are totally damaged.

20 totally damaged houses in San Miguel; 203 partially damaged houses in San Miguel. Majority in hinterland barangays sustained partial and total damages to houses causing families to stay in evacuation sites.

Most immediate needs are tents, shelter grade tarpaulins, mosquito nets, solar lamps.

Not all families received tents and tarpaulins to cover makeshift needs of the families. Some had to borrow some plastic sheeting while those who can still afford, they buy own plastic sheeting in addition to the ones received from DSWD.

**FOOD SECURITY**

Families in official ECs received more food packs compared to unrecognized ECs. Currently people shared that they are coping to family food needs but would be needing diversified food. Also, observed is the deficiency of food packs provided to the families particularly with big family sizes.

Barangay Tamlagon is requesting for food packs.

Market is still functional, but structures are affected and sustained damages leaving some vendors selling outside their stalls at their makeshift tents. Still other vendors closed shop. Prices of

### Recommendations

- Fast track validation on IDP sites by MSWDO to ensure all ECs are recognized and IDPs receive assistance.
- Continued and more frequent food assistance; water supply.
- Provision of shelter grade tarpaulins to be used for makeshift tents should individual tents are not available.
- Provision of cash assistance to provide families opportunity to buy needs based on their family needs such as diversified food, hygiene supplies, and other basic needs of the family.
- Construction of sanitation facilities in evacuation centres.
- Provision of basic medicines
- Conduct of MHPSS activities
- Conduct of Nutritional Screening
- Timely information dissemination of the general situation of the disaster and the displacement.
- Urgent establishment of birthing facilities at the Municipal level.
commodities at the market have increased and prevented some IDPs from buying more goods. Some vendors closed shop that limited variety of food, fish and vegetables sold at the market. IDPs observed that there is depletion of rice stocks.

Given the displacement, ability to buy food has been affected with some people struggling to buy basic needs of the families.

WATER SUPPLY
IDPs received some amount of potable water in gallons where being used for drinking purposes. Most families rely on existing water piped system from their house for domestic use. In some areas, water supply is not working with damaged water system. Some can still drink from their water supply but there are times where water may be turbid and salty.

SANITATION
Open defecation in some evacuation centres with the lack of latrines at the sites. Lack of latrine and bathing facilities which resorted IDPs to use latrines of their damaged houses. They also take baths just outside their houses and go back to the ECs after use.

However, IDPs fear of using the sanitation facilities in their houses, they are left with no option but to use the facilities. Frequent shaking add fear to the people in using toilets.

In Tamlangon EC, 14 toilets will be provided and constructed by LGU; 7 for Men and 7 for Women. In Malipayon Park, Barangay Poblacion public toilet is damaged.

HEALTH
Lack of medicine in Barangay Health Stations however there are midwives, barangay health workers according to IDPs. People
People are starting to have respiratory infections especially in ECs. Main reported diseases are cough, fever, flu. One apparent TB patient reported un-availability of TB drugs.

1 diarrhoea is reported in Lower Marber.

Barangay Health Station is partially damaged, but health post is set up in the barangays covering health needs of the affected communities. IDPs have limited health access during weekends.

Partially damaged birth clinic in all assessed barangays
Children and adult persons with specific needs need psychosocial support.

NUTRITION
Tamlangon – 10 moderate malnourished children were mentioned according to BHW and BNS; however, per Barangay Health Worker (BHW), they are enrolled to a feeding program at the Day Care Center.

6 MAM in Bangkal, 1 in Asbang according to the Barangay LGU; one MAM in Purok Mahayahay, Poblacion.

MNP (Micro-nutrient powder) is not given.

Lack of anthropometric tools available to be utilized for nutritional screening. Needs capacity training for midwives in nutrition screening.

PROTECTION
The lack of access to WASH facilities inside ECs are becoming one of the protection issues given that people may be staying longer in various sites. Women girls and boys face challenges in accessing latrines particularly at night resulting to open defecation, urinating just outside tents.

Far distance of water sources (usually at their homes) is a burden to IDPs particularly women and children who fetch water to the EC.

Lack of camp managers, protection mechanism in place in ECs.

For people using toilets in their respective houses may cause them harm especially to children given the frequent tremors happening daily.

More than one family is living in one makeshift tents without partitions. This may pose protection risks to women and girls living with other families, relatives or neighbours.

Individual and family privacy is evident across all sites. Although no reported GBV, and other related cases occurred, this may become a serious concern as families stay longer in crowded ECs.

Families reported that they still have with them civil documents intact.

Possible relocation of families in areas identified as high risk must be considered early on.

Access to timely and relevant information on general situation of the disaster including government plans is needed to keep people informed of the situation and eventually support their decision-making.

In barangay Donganpicong, land ownership is under process for certificate of ancestral domain titles.

Limited access in Barnangay Colonsabak due to landslide; but can be accessed from Columbio, Sultan Kudarat which is another province and is farther ahead.

Majority of the areas are accessible, however there are number of barangays not accessible due to some damages along the road before entering bridges. Some bridges sustained damages.

There is access constraint in Barangay Katipunan, the bridge is passable by light vehicles only.

Clarity on possible relocation sites for families from Barangay Asinan.

**HOUSING**

Houses are either partially or totally damaged. People are terrified in staying inside houses.

Some families set up makeshift tents near houses while others in evacuation centres.

Issue on the setting up of sanitation facilities in unrecognized ECs

Barangay Chairman of Cabligan, plans to request for the establishment of evacuation centre as part of preparedness should similar displacement occurs in the future.

Needs tents, shelter grade tarpaulins for makeshift tents in various locations, also shelter kits and cash assistance.

**EDUCATION**

No classes yet as it is still Christmas break however in January 2020, classes resume. There needs to ensure TLSs are available to hold regular classes.

Schools sustained damages with school buildings either partially or totally damaged; some schools will provide a temporary space for learning and some are not given or constructing TLS.
In Sinawilan, makeshift classrooms are to be constructed in preparation for the incoming classes in January next year.

In San Miguel, 8 classrooms are partially damaged.

Urgent needs are safe spaces to hold classes, repair of damaged buildings, educational and teaching materials and water and sanitation facilities.

**COMMUNITY ENGAGEMENT**

Limited access to information. They expressed the need for timely and relevant information about the general situation of the displacement, nature of the disaster and more information about the earthquake, government plans and among others.

Source of information is social media (Facebook) and some are on news from TV. However, majority of IDPs rely and trust information received from the government and local officials.

The need for relevant government authorities to answer and further explain questions and inquiries from the affected communities.

**TELECOMMUNICATION**

Globe/Smart telecommunications are working including internet access. However, there are times when both mobile and internet access are intermittent particularly during ground shakings. No signal in Colonsabak.

**EARLY RECOVERY AND LIVELIHOOD**

Majority are farmers, laborers paid on a daily basis.

Immediate needs are cash for work and or any cash assistance to provide family needs while in displacement.

Majority of the areas are accessible, however there are number of barangays not accessible due to some damages along the road before entering bridges. Some bridges sustained damages.

There is access constraint in Barangay Katipunan, the bridge is passable by light vehicles only.

**GENERAL SITUATION**

Because of the continuous earthquake, the situation will get worse. Prolonged displacement poses health and protection risks to people staying in various evacuation centres and those in home-based setting.

Shelter grade tarpaulins are needed to cover the need on makeshift tents as IDPs become more expose to direct heat during the day and cold at night.

Lack of food diversification as most families rely on food packs.

People need general information of the situation to facilitate family decision-making in terms of planning where to stay, what to do and how to cope with the situation.

While people are newly displaced, they could still afford some of their basic needs and still are in good health, this may change in the coming days as they are exposed to weather conditions of extreme heat and cold inside tents.

People particularly children are becoming more vulnerable to stress and anxieties with frequent experiences of tremors. Number of children are showing behaviours of shouting, running around and crying during earthquakes. Parents are concerned of the mental health of the children.
Livelihood assistance is clearly needed as sources of living of the IDPs mostly farmers and construction workers have been affected. Cash assistance would be useful to provide the immediate needs of the families while unable to work or find a new job.

4. Padada

Main observations about the humanitarian situation

Demographic Data:
Padada has a total of 7,421 households in 17 Barangays. There is no sex and age disaggregated data on population. Most of the sources of livelihood are farming, fishing and casual labours.

Relief assistance: To date, generally, food is not a major concern. There is regular (everyday) distribution of relief goods from the Government (From Regional, Province and Municipal) and other private groups, but this may become issue as to adequacy and sustainability when IDPs need to stay in the evacuation center for a longer period.

Shelter: 4,286 houses partially damaged, 1,075 totally damaged (initial report of MSWD Padada). Families with damaged houses set up make shift tents outside their houses. BLGU expressed need for tents and tarpaulins as well as repair and construction materials. Some households prefer light construction materials (wood, amakan).

There is only one evacuation center which is located in Brgy Quirino with 117 families from the same Barangay. This evacuation center started last October 16 with 32 families and significantly increased with the earthquake last December 15.

Food Security and Livelihood: Affected populations are regularly receiving food aid from the government, private sectors and other organizations. They have access to both food aid and their own production such as banana, camote and vegetables from back yard gardening. households’ livelihood activities are laborers, vendors and casual workers in the Poblacion area. Thus, livelihood is hampered due to damaged establishments in the area. Access to food is mostly relying on relief goods.

For agricultural barangays, Predominantly farmers and rice as main crop. Aside from rice, they are practicing integrated farming such as coconut, banana, sweet potato and vegetables. However, one of the concerns raised by the head of the Irrigators association is the damaged irrigation canal that provides water to 220 hectares of rice area in barangay Upper Malinao. This might affect their 2nd cropping period this month until March 2020.

Some of the structures in the market have been damaged but it is now operating. Commodities are available. Market is physically accessible however people are afraid to buy food in the market due to aftershocks. The vendors observed the reduced number of buyers consequently reduced their opportunity to earn. The reported increase price of commodities in the market is related to peak season from October to December.

Families have access to food aid and their own production. Predominantly fishers (commercial/catch fishing and culture). Thus, livelihood activities are back to normal. Fishers have physical access to market to sell their catch (Digos, Davao City and Kidapawan).

Protection: Prolonged displacements and uncertainties as to when they can go back to their places of origin plagued the communities affected. Lack of access to correct information as to their status, plans and programmes.

There is no available disaggregated data on women and children and other at-risk groups.

Gender-based Violence

<table>
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<tbody>
<tr>
<td>• Distribution of tents, tarpaulins (trapal) and light construction materials for the repair of damaged houses. Distribution of plastic sheeting, insulator and light construction materials for the repair of damaged houses</td>
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<tr>
<td>• Provision of Psychosocial Support and Psychological First Aid especially for children and front liners</td>
</tr>
<tr>
<td>• Repair of water pipes and other sources of water.</td>
</tr>
<tr>
<td>• Distribution of hygiene kits/dignity kits since there has been no distribution.</td>
</tr>
<tr>
<td>• Alternative Source of Income /Livelihood activities especially for laborers and casual workers.</td>
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</tbody>
</table>
Although no report on incidents of VAW or gender-based violence (GBV) since communities were displaced, makeshift tents set up by the IDPs do not have partition, where five (5) to eight (8) families are sharing in one tent, a situation that exposes women and girls to GBV risks.

Distress manifests among the IDPs especially women and their children that need regular psychosocial interventions.

Child Protection
To date, there is no documented cases of separated, unaccompanied, orphaned children and other child protection cases. Civil Documentation is not an issue since some barangays have regular free birth registration both for children and adult. Manifestation of anxiety and shocks especially among children were reported. According to MSWDO there is limited groups coming in to provide free play activities for children.

WASH: Water is a major concern. Some of the water pipes connecting to the Nawasa water source are damaged.

In a coastal Barangay (Brgy. Punta Piape) the main source of water, a solar-powered water system was damaged by the quake. Families are accessing sea water and from a deep well which is approximately 500 meters away.

There is water trucking from Municipal Fire Department for bathing and domestic purposes but is insufficient. People buy from refilling station for drinking water. Households have access to latrines and no signs of open defecation. Families in the evacuation center expressed need of hygiene and dignity kits.

AFP is currently constructing 3 latrines and 3 bathing cubicles to cater to 171 families in the evacuation center.

Health and Nutrition: Most of the Health centers are partially damaged. In the evacuation center, there are few cases of Diarrhea both in adult and children and increasing cases of minor respiratory infections such as cough and colds but there are available medicines.

There is no provision of formula milk for infants and most of mothers are exclusively breastfeeding. Health centers are partially damaged but are operational. Immunization, pre and post-natal and other regular activities continued.

Baron –Yee a tertiary hospital has been closed due to some structural damage. Patients are now attended outside the hospital.

Education: Some schools have not been conducting classes inside the rooms since the October 16 quake. Municipal Engineering reported damages in school buildings and classrooms.

• Two 3-storey building of Padada National HighSchool
• Total of 13 classrooms were damaged in different primary schools.
This debriefing form is used by field assessment teams (or individuals) to quickly synthesize and communicate initial findings and observations. The focus is on ‘top line’ information in order to detect priority humanitarian concerns and geographic areas. The completed form should include summaries of main observations, key findings (severity of conditions, priorities, assistance required, etc.) and recommendations for actions, if any. A separate form should be used for each location/area, and filled out as soon as possible after data collection.

### Background information

**Assessment location data**

<table>
<thead>
<tr>
<th>Region</th>
<th>Davao Del Sur</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
<td>Davao Del Sur</td>
</tr>
<tr>
<td>Municipality / City</td>
<td>Hagonoy</td>
</tr>
<tr>
<td>Barangay</td>
<td>Areas covered during joint assessment are: Balutakay, Aplaya, Guihing, Sacub and Kibuaya</td>
</tr>
<tr>
<td>Overall, there are 21 Barangay affected by the earthquake</td>
<td></td>
</tr>
<tr>
<td>Type of settlement</td>
<td>Joint Needs Assessment in 4 Evacuation sites, ocular visit in homebased IDPs in 5 Barangays</td>
</tr>
<tr>
<td>Date of submission</td>
<td>20-21 December 2019</td>
</tr>
<tr>
<td>Name and Agency</td>
<td>Plan International, Action Against Hunger</td>
</tr>
<tr>
<td>Contact details</td>
<td>Rabia Mustapha 09359472437 / <a href="mailto:rabia.mustapha@plan-international.org">rabia.mustapha@plan-international.org</a></td>
</tr>
<tr>
<td>Mahid Rachman, Plan International 09550427406 / <a href="mailto:mahid.rachman@plan-international.org">mahid.rachman@plan-international.org</a></td>
<td></td>
</tr>
<tr>
<td>Joayra Gem Balagtas, Action Against Hunger, 09090023918, <a href="mailto:pamplonajoayragem@gmail.com">pamplonajoayragem@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>

### Humanitarian needs

**Number of people in need (if known)**

| Number of people requiring assistance | 8,162 families affected, with 21,550 individuals (MDRMMO, as of Dec 21) |
| - | 9,276 families are staying in the evacuation center (source, MDRRMO) |
| Number of people affected | 8,162 families affected, with 21,550 individuals (MDRMMO, as of Dec 21) |

**Severity (Select on overall severity observation on area assessed) Major**

Minor Problem - Few people are facing shortages  
Major Problem - Shortages affecting most people, but not yet life-threatening  
Severe Problem - As a result of shortages, some people will die soon  
Catastrophic problem - As a result of shortages many people have already died

### Main observations about the humanitarian situation

[e.g. status of people living in affected areas (based on humanitarian standards), elaboration on priority needs by sector/cluster, highlight any vulnerable population, cross-cutting issues, response by other actors, coverage and gaps, operating conditions (such as security, logistics, market conditions, infrastructure conditions, government regulations and requirements for operations, possible course of events that could occur based on informed assumptions)]. Please include the source of information wherever possible.

**Demographic Data:**

As of December 21, 2019 a total of 8,162 families affected, with 21,550 individuals (source: MDRRMO). A total of 9,276 families are staying in the evacuation centers. During the joint needs assessment, a total of five (5) evacuation centers were visited.

Barangay Balutakay, Aplaya and Guihing were affected by the earthquake occurred last October 16, and the number of affected families increased, situation was exacerbated due to the Dec 15 earthquake (Source: BLGU). Most of the areas are accessible by road and vehicle, telecommunications are working.
The following structures are considered unsafe to occupy: Municipal Offices, Barangay Hall of Kibuaya of Sacub, Barangay Health station and Day Care Center of Sacub (LGU)

Relief assistance:

Food packs are well distributed for families affected by the earthquake since 16 October 2019, and hygiene kits with soap, toothpaste, toothbrush in Barangay Balutakay, Guihing and Aplaya were also received by the IDPs (Source: BLGU)

LGUs including DSWD have started distributing food packs this week to families displaced and affected by the 6.9 earthquake on 15 December in Barangay Sacub, Aplaya, Guihing and Balutakay. Other affected families in Barangay Kibuaya are still waiting for the relief distribution. (BLGU)

Private individuals and companies like BXI company and Guardians Brotherhood provided medicines, mosquito nets, bottled water for the families that are earlier affected by the earthquake last Oct 16 in barangay Balutakay (Source: BLGU)

Other needs of newly affected families are yet to be addressed including access to water (Balutakay), toilets / latrines (Balutakay, Guihing – Baka Park), hygiene kits and tents / tarpaulin are still insufficient to cover the affected families.

Shelter:

4, 954 houses partially damaged, 1, 954 totally damaged houses (source: MDRRMO). LGUs expressed the need for shelter assistance particularly tents, plastic sheeting, repair and light construction materials. (Source: Barangay and Municipal)

BLGU expressed the need to identify relocation sites for purok 5-A of Barangay Sacub, Purok 7 and 8 for Barangay Balutakay and Purok 02 for Barangay Aplaya because it is no longer safe for rebuilding their houses.

80 families staying in Baka Park – Guihing was advised by the land owner to vacate the area by 24 December 2019. On going discussion between LGU and land owner to discuss possible extension and alternative areas where they can temporarily be relocated.

Parents expressed that the evacuation center in Aplaya is not quite safe particularly during aftershocks because of the presence of coconut and fruit trees within the camp.

Food Security and Livelihood:

Majority of the affected families in the evacuation centers in Barangay Balutakay, Guihing and Aplaya came from nearby coastal areas and fishing is their main source of living (Source: BLGU). Other household’s livelihood activities are laborers (farm and construction), vendors, casual workers. To date, they still rely on relief goods because their livelihood is disrupted due to damaged establishments. Fishing activities was also difficult due to big waves (Source: Men participated in the FGD)

Market is functional (open and commodities are available) but affected families don’t have money to buy commodities because their livelihood activities are disrupted (Source: BLGU)

Farming (60%) is the main source of livelihood in Barangay Sacub and agricultural products include rice, sugar cane, banana and coconut trees. (Source: BLGU). Majority of the farmers harvested their rice farm this November which provide sufficient food household stocks after the earthquake but it was already exhausted this December. (Source: Women participated in the FGD)

There are CFW activities facilitated by DOLE in Sacub, Aplaya, Guihing and Balutakay but only few families benefited from it.

Protection:

IDPs setting up makeshift tents in open spaces that are privately owned are encountering problem with the owners. In one evacuation site, in Baka Park, IDPs were given five (5) days or until 24 December by the owner to vacate the premises. This concern already reached the local officials and Provincial Disaster Risk Reduction and Management Officer. The rising number of IDPs setting up informal makeshift tents not “recognized” by the local government causes problem amongst residents while placing IDPs to risk of not accessing humanitarian assistance compared to those identified/recognized by the local government.

Gender-based Violence

The GBV risks is high inside the evacuation sites set up in the barangays. No partition inside the tents, including makeshift tents set up the IDP themselves. Each tent is being shared by five (5) to eight (8) IDP families, no proper lightings in the camps, electricity in near houses are “on and off”, IDPs in the camps are using flashlights or lighter with built-in flash lights during night time when they need to pee or go to latrines nearby communities. Due to absence of bathing cubicles, women and children are bathing in open spaces.

Women participated in the FGD shared that they are confident to raise issues including CP-GBV concerns with identified Barangay official/Focal Person. In Barangay Balutakay, there are issues of quarrel between and among couples staying in the evacuation center but these were discussed and being resolved at the barangay level. There’s an existing VAW Desk but the officer-in charge was on leave and she was not interviewed during the assessment. In lieu of her absence, the Barangay Tanod and secretary constantly monitor issues within the EC. (Source: BLGU)

Vulnerable groups (like identified female-headed households, persons with disability, elderly) are accessing relief goods and services. (Source: BLGU)
Child Protection

There are no reported cases of separated, unaccompanied and orphan children that needs urgent concern. In Barangay Sacub, estimated four (4) children (boys) were reported separated from their parents but they were immediately reunited with the closest relatives. Family separation is due to economic activities where parents are working abroad or parents got separated. (Source: BLGU).

Children show signs of distress, including nightmares, change of food patterns-losing of appetite but parents said they were able to manage it. However, due to holiday season they don’t have means to play in safe environment and no access to group-child friendly psychosocial activities (Source: Women in the FGD).

WASH:

Families staying in the evacuation center in Sacub, Baka Park-Guihing and Balutakay have no or insufficient access to potable water. They don’t have access to sanitation facilities like latrines. Families in the EC of Barangay Balutakay are using one latrine but it was already clogged (Source: BLGU), others practice open pit/defecation. In barangay Sacub, there’s no designated washing facilities, women and men are bathing in open space.

There was an expressed concern on garbage disposal. Families are expected to segregate their garbage which will be collected Monthly. However, it was not collected because it was not properly segregated despite the ordinance provided to do so (Source: BLGU)

Health and Nutrition:

There are few cases of Diarrhea for both adult and children. Increasing cases of cough and colds because the tents and makeshift houses are hot during day time and weather is cold at night time.

5 Barangay Health Stations / Centers are still operational in Guihing, Aplaya, Balutakay, Sacub, Kibuaya but limited medicines, there are Barangay Nurse on duty but no medical doctors. Immunization, pre and post-natal and other regular activities continued.

Generally, no reported provision of formula milk for infants, lactating mothers are exclusively feeding their infants with their milk. Some of the affected families in Guihing received powdered milk but it was intended for adult consumption. However, there’s a risk that it could be used as a supplementary milk for infants (Source: BLGU). In the Kil, there are young mothers with age 16 to 17 years old in the evacuation centers.

Education:

Parents expressed uncertainty in sending their children back to school this January because of the aftershocks and reported damages in the school building (Source: Women participated in the FGD – Sacub, Guihing, Balutakay).

There are observed damages in the classrooms of the following schools:

- National Highschool in Aplaya
- National High school and elementary in Guihing
- Elementary school in Sacub
- Elementary school in Kibuaya

There’s a need to set up temporary learning spaces and provision of educational materials – back to school kits to the affected children.

Priority humanitarian needs

<table>
<thead>
<tr>
<th>Top 3 sectors/clusters requiring priority assistance</th>
<th>1st</th>
<th>Shelter and Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>WaSH</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>Food security and livelihood</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 3 priority assistance required on identified sector/cluster</th>
<th>1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plastic sheeting, light construction materials for repair of houses, tents with insulator due to weather condition; partition for DSWD tents/make shift tents.</td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td>Portalets, unclogging of toilets, sanitation facilities including hygiene kits and hygiene promotion</td>
</tr>
<tr>
<td>3rd</td>
<td>Continuous distribution of food packs, alternative source of income specifically cash for work scheme</td>
</tr>
</tbody>
</table>

Recommendations

[Priority needs and proposed responses (short-term lifesaving and early recovery)]

1. Distribution of plastic sheeting, insulator and light construction materials for the repair of damaged houses
2. Access to portable toilets that are segregated and gender sensitive, unclogging of toilets, provision of hygiene kits/dignity kits
3. Alternative Source of Income /Livelihood activities in the form cash for work.
4. Provision of Psychosocial Support for women and children particularly in this holiday season where they don’t have access to safe learning environment and child friendly activities. PSS is also needed for first responders/service providers in the Barangay and Municipal level, provision of adequate working space and facilities, sleeping kits.
5. Dignity/women kits for pregnant and lactating mothers
6. Camp Coordination and Camp Management (CCCM) with trained Camp Managers
7. Flash lights/solar lights

*Please send this completed form to OCHA*
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### Background information

<table>
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<tr>
<th>Assessment location data</th>
<th>Humanitarian needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region</strong></td>
<td>Region XI</td>
</tr>
<tr>
<td><strong>Province</strong></td>
<td>Davao Del Sur</td>
</tr>
<tr>
<td><strong>Municipality / City</strong></td>
<td>Kiblawan</td>
</tr>
<tr>
<td><strong>Barangay</strong></td>
<td>Tacub; Sto. Nino; Bulol-Salo; Bagong Negros</td>
</tr>
<tr>
<td><strong>Total No. of Barangay</strong></td>
<td>30</td>
</tr>
<tr>
<td><strong>Indigenous People</strong></td>
<td>Tagakaolo; B’laan; Bagobo; Tagabawa; Mandaya; Kagan</td>
</tr>
<tr>
<td><strong>Type of settlement</strong></td>
<td>Evacuation Center and makeshift tents</td>
</tr>
<tr>
<td><strong>Date of submission</strong></td>
<td>20-21 December 2019</td>
</tr>
<tr>
<td><strong>Name and Agency</strong></td>
<td>UNFPA, OCHA, UNHCR, Unyphil Women, MMI</td>
</tr>
</tbody>
</table>
| **Contact details** | Sittie Rajabia S. Monato
UNFPA
monato@unfpa.org |
| | Noraida Abo
Unyphil Women
unyphilwomen@gmail.com |
| | Elson Monato
UNHCR
monatoe@unhcr.org |

### Main observations about the humanitarian situation

[e.g. status of people living in affected areas (based on humanitarian standards), elaboration on priority needs by sector/cluster, highlight any vulnerable population, cross-cutting issues, response by other actors, coverage and gaps, operating conditions (such as security, logistics, market conditions, infrastructure conditions, government regulations and requirements for operations, possible course of events that could occur based on informed assumptions)]. Please include the source of information wherever possible.

#### Demographic Data:

Municipality of Kiblawan has a population of 12,037 families, of which, 6,345 families or 19,615 individuals are affected based on latest information released by the Municipal Disaster Risk Reduction and Management Office (MDRRMO) on 20 December 2019. 2,687 families are temporarily sheltering in 31 evacuation centers identified by the local government units.

#### Relief assistance:

IP communities received food packs, plastic sheets, medicines from the Local Government Unit/DSWD and RHU; Some IDPs sheltering near the town center or poblacion received assistance from the LGU/MDRRMO/DSWD, but the priorities are those houses are totally damaged.

#### Shelter:

As of 21 December, 3,619 partially damaged, 523 partially damaged based on MDRRMO report. IDPs expressed insufficient provision of plastic sheets and no partition between 5-9 families sharing in one tent. The houses of families sheltering the evacuations were partially if not totally damaged.

#### Food Security and Livelihood:

IDPs source of living is mostly working in farm of in land not owned by them or commonly known as “hornal”. Some of the IDPs' source of livelihood activities are laborers, vendors and casual workers. Thus, livelihood is hampered due to damaged establishments in
the area. Access to food is mostly rely on relief goods from the local government, while those living in the hinterlands have access to vegetables from their gardens.

Protection:

IDPs in the hinterlands of Kiblawan are temporarily sheltering in makeshift tents located in hazardous areas that are prone to landslides and near the areas with tension cracks. These IDPs were told by the barangay officials to move to Crossing Tacub due to heightened risk of landslides in their community. (Source: LGU/MDRRMO)

On documentation, the IDPs mentioned that most of the population especially the children have birth certificates. But they also said that many persons 40 and above have no birth certificates. Mothers interviewed are aware that birth certificate is one of the requirements required by the school and when availing services from the government needing civil documents.

IP in the hinterlands or hard-to-reach areas are at risk of limited access to humanitarian assistance due to its remoteness and areas vulnerable to landslides.

Gender-based Violence

GBV risk is high as seen in makeshift tents in the identified evacuation center where five (5) to nine (9) families from indigenous community are sharing, do not have partition, no proper lightings, and no latrines and bathing cubicle—IDPs practice open defecation or go back to their place of origin that is two (2) kilometres away from the evacuation center, particularly in Barangay Tacub. Similar to other displacement sites of communities mixed with IPs and non-IPs, there is no WASH facilities available inside the evacuation centers, except for toilets in their houses.

Due to lack of water supply, women and girls are the ones getting water from their place of origin, two (2) kilometres away from the evacuation center, in which they have to walk 30 minutes (one-way) in IP communities. Lack of lighting, latrines and bathing cubicles in the evacuation centers also place women and girls to GBV risks. During night time, IDPs use flash lights/lighter with built-in flash light when they go their houses to use toilets.

No reported cases of VAW/GBV during the emergency, but IDP women shared that there were VAW incidents happened before the emergency but women/survivors report them directly to the barangay chairperson or IP mandatory representative in the area and usually settled at the local levels. The IDPs also mentioned that they have VAW Desk and VAW Desk Officer in their barangay.

Child Protection

Children are susceptible to falling on slopes as they play around the evacuation center. The makeshift tents do not have flooring, IDPs use plastic sheets on the ground where children are directly sleeping. Children show signs of distress, including nightmares, change of food patterns-losing of appetite but parents said they were able to manage it.

WASH: In Barangay Tacub, Kiblawan, water source is two kilometres away from the evacuation center where the IDPs get their water for drinking and washing. No adequate water container and water storage. No latrines and bathing cubicles, IDPs practice open defecation. Though IDPs discouraged open defecation near the site, still they are at risk to airborne and waterborne diseases.

Health and Nutrition: In one evacuation center in Barangay Sto. Nino, one (1) year and five-month old child was referred by the Assessment Team to the MDRRMO due to high fever. Mothers complained about common colds, fever, and stomach aches of children below five years old.

Pregnant and lactating women complained about sufficient nutrition and enough food intake in order to produce enough milk for their infants. There are young mothers with age between 15 to 17 years old also seen in some evacuation centers.

Education: Classes of children is regular prior to 15 December earthquake. Elementary schools building were partially damaged and some school equipment like the four (4) units of computer are damaged in Barangay Tacub. In other locations, schools are partially damaged while other are totally damaged that requires rehabilitation. Due to this, parents are hesitant to send their children to school in the coming week after the vacation.

Priority humanitarian needs

<table>
<thead>
<tr>
<th>Top 3 sectors/clusters requiring priority assistance</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>Food and Non-Food items/Core Relief Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>WASH facilities</td>
</tr>
<tr>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Protection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 3 priority assistance required on identified sector/cluster</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plastic sheets</td>
</tr>
<tr>
<td></td>
<td>Mats</td>
</tr>
<tr>
<td></td>
<td>Blanket</td>
</tr>
<tr>
<td></td>
<td>hygiene kits</td>
</tr>
<tr>
<td></td>
<td>solar lights/flash lights</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrines</td>
<td></td>
</tr>
<tr>
<td>Bathing cubicles</td>
<td></td>
</tr>
<tr>
<td>Water containers/jerry cans</td>
<td></td>
</tr>
<tr>
<td>Hygiene promotion</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>3&lt;sup&gt;rd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate and continued food assistance</td>
<td></td>
</tr>
<tr>
<td>CCCM</td>
<td></td>
</tr>
</tbody>
</table>
Recommendations

[Priority needs and proposed responses (short-term lifesaving and early recovery)]

1. Inclusion of IP communities in the priority areas; local government to continue identifying evacuation center where IDPs are safe and away from the hazardous locations.
2. Regular dissemination of correct information on their status, plans, schedule of rations, and identify distribution points in consultation with the IDPs.
3. Setting up of Camp Coordination and Camp Management with trained Camp Managers.
4. Provision of PSS to women and children, (age-appropriate) and service providers (i.e. first responders), including setting up Women-Friendly Spaces.
5. Registration of affected/displaced families should include disaggregated data (age, gender, and diversity mainstreaming approach).
6. Distribution of hygiene kits/dignity kits since there has been no distribution.
7. Access to portable toilets that are segregated and gender sensitive, unclogging of toilets, provision of hygiene kits/dignity kits.

Please send this completed form to OCHA ()
Philippines: Davao del Sur 6.9 Earthquake
Debriefing form

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</tr>
<tr>
<td><strong>Municipality / City</strong></td>
<td>Matanao</td>
</tr>
<tr>
<td><strong>Barangay</strong></td>
<td>23 Barangays - San Miguel, Poblacion, Tamlangon, Lower Marber, Kamansili, Sinawilan, Cabligan, Bangkal, Tuwak, Saub, Mangga, Dongan picong, Cabasagan, Kauswagan, Buas, Langaan, Buri, La Suerte, Asinan, Asbang, Bagumbayan, Kapok, Savoy, Tibongbong, Colonsabak,</td>
</tr>
<tr>
<td><strong>Type of settlement</strong></td>
<td>Evacuation Centres (recognized and unrecognized) and Home-based</td>
</tr>
<tr>
<td><strong>Date of submission</strong></td>
<td>21 December 2019</td>
</tr>
<tr>
<td><strong>Name and Agency</strong></td>
<td>MOSEP, MMI, HOM, UNFPA, OCHA, OXFAM, Save the Children, COM, IDEALS, ACTED, AAH, IOM, ACCORD, PDDRN</td>
</tr>
<tr>
<td><strong>Contact details</strong></td>
<td>MHT Team Leaders: Meriam Ali (MOSEP) 09554432897 / Abie Ayao (OXFAM) 09052867668</td>
</tr>
<tr>
<td></td>
<td>Matanao LGU Team Leaders: Leticia Versoza</td>
</tr>
</tbody>
</table>

**Number of people in need (if known)**

<table>
<thead>
<tr>
<th><strong>Number of people requiring assistance</strong></th>
<th><strong># of families for:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barangay San Miguel 254</td>
<td>Barangay San Miguel 1,270</td>
</tr>
<tr>
<td>Barangay Tamlangon 270</td>
<td>Barangay Tamlangon 1,350</td>
</tr>
<tr>
<td>Barangay Lower Marber 449</td>
<td>Barangay Lower Marber 1,558</td>
</tr>
<tr>
<td>Barangay Kamansili (evac 2) 70</td>
<td>Barangay Kamansili 350</td>
</tr>
<tr>
<td>Barangay Sinawilan 1,212</td>
<td>Barangay Sinawilan 4,711</td>
</tr>
<tr>
<td>Barangay Cabligan 530</td>
<td>Barangay Cabligan 1,400</td>
</tr>
<tr>
<td>Barangay Bangkal 248</td>
<td>Barangay Bangkal 1,240</td>
</tr>
<tr>
<td>Barangay Tuwak 588</td>
<td>Barangay Tuwak 2,940</td>
</tr>
</tbody>
</table>

**# of Individuals (estimates):**

| Barangay San Miguel 1,270 |
| Barangay Tamlangon 1,350 |
| Barangay Lower Marber 1,558 |
| Barangay Kamansili 350 |
| Barangay Sinawilan 4,711 |
| Barangay Cabligan 1,400 |
| Barangay Bangkal 1,240 |
| Barangay Tuwak 2,940 |
Main observations about the humanitarian situation

1. DEMOGRAPHICS
   - 23 Barangays of San Miguel, Poblacion, Tamlangon, Lower Marber, Kamansili, Sinawilan, Cabligan, Bangkal, Tuwak, Saub, Mangga, Dongan pincong, Cabasagan, Kauswagan, Buas, Langaan, Buri, La Suerte, Asinan, Asbang, Bagumbayan, Kapok, Savoy, Tibongbong, Colonsabak are all affected and have evacuation centres while others are in home-based setting. Some assessed areas have disaggregated data however, majority of the areas visited lack SADD information.
   - Municipal data have lesser figures than barangay data as the Municipal Social Welfare Office (MSWDO) is still conducting validation of IDP sites. Families are setting up makeshift tents in the evacuation centres adding to the current numbers of IDPs staying at the sites; while others are in groups of families setting up tents and these has not been declared official evacuation centres pending validation from the MSWDO.

2. RELIEF ASSISTANCE
   - Twenty-three barangays assessed received relief assistance from the government specifically DSWD, LGU, private groups and individual donors, however mostly recognized ECs received limited assistance and unrecognized ECs have reported not receiving assistance.
   - Families reported receiving food, water, jerricans, non-food items such as blankets, slippers. They received assistance from government agencies (DSWD), LGU, private groups and individual donors.

3. SHELTER
   - In Tamlangon, it is estimated that 80 per cent of houses are partially damaged and 20 per cent are totally damaged.
   - 20 totally damaged houses in San Miguel; 203 partially damaged houses in San Miguel. Majority in hinterland barangays sustained partial and total damages to houses causing families to stay in evacuation sites.
   - Most immediate needs are tents, shelter grade tarpaulins, mosquito nets, solar lamps.
   - Not all families received tents and tarpaulins to cover makeshift needs of the families. Some had to borrow some plastic sheeting while those who can still afford, they buy own plastic sheeting in addition to the ones received from DSWD.

4. FOOD SECURITY
   - Families in official ECs received more food packs compared to unrecognized ECs. Currently people shared that they are coping to family food needs but would be needing diversified food. Also, observed is the deficiency of food packs provided to the families particularly with big family sizes.
   - Barangay Tamlangon is requesting for food packs.
   - Market is still functional, but structures are affected and sustained damages leaving some vendors selling outside their stalls at their makeshift tents. Still other vendors closed shop. Prices of commodities at the market have increased and prevented some IDPs from buying more goods. Some vendors closed shop that limited variety of food, fish and vegetables sold at the market. IDPs observed that there is depletion of rice stocks.
   - Given the displacement, ability to buy food has been affected with some people struggling to buy basic needs of the families.

5. WATER SUPPLY
- IDPs received some amount of potable water in gallons where being used for drinking purposes.
- Most families rely on existing water piped system from their house for domestic use. In some areas, water supply is not working with damaged water system.
- Some can still drink from their water supply but there are times where water may be turbid and salty.

6. SANITATION
- Open defecation in some evacuation centres with the lack of latrines at the sites. Lack of latrine and bathing facilities which resorted IDPs to use latrines of their damaged houses. They also take baths just outside their houses and go back to the ECs after use.
- However, IDPs fear of using the sanitation facilities in their houses, they are left with no option but to use the facilities. Frequent shaking add fear to the people in using toilets.
- In Tamlangon EC, 14 toilets will be provided and constructed by LGU; 7 for Men and 7 for Women. In Malipayon Park, Barangay Poblacion public toilet is damaged.

7. HEALTH
- Lack of medicine in Barangay Health Stations however there are midwives, barangay health workers according to IDPs. People
- People are starting to have respiratory infections especially in ECs. Main reported diseases are cough, fever, flu. One apparent TB patient reported un-availability of TB drugs.
- 1 diarrhoea is reported in Lower Marber.
- Barangay Health Station is partially damaged, but health post is set up in the barangays covering health needs of the affected communities. IDPs have limited health access during weekends.
- Partially damaged birth clinic in all assessed barangays
- Children and adult persons with specific needs need psychosocial support.

8. NUTRITION
- Tamlangon – 10 moderate malnourished children were mentioned according to BHW and BNS; however, per Barangay Health Worker (BHW), they are enrolled to a feeding program at the Day Care Center.
- 6 MAM in Bangkal, 1 in Asbang according to the Barangay LGU; one MAM in Purok Mahayahay, Poblacion.
- MNP (Micro-nutrient powder) is not given.
- Lack of anthropometric tools available to be utilized for nutritional screening. Needs capacity training for midwives in nutrition screening.

9. PROTECTION
- The lack of access to WASH facilities inside ECs are becoming one of the protection issues given that people may be staying longer in various sites. Women girls and boys face challenges in accessing latrines particularly at night resulting to open defecation, urinating just outside tents.
- Far distance of water sources (usually at their homes) is a burden to IDPs particularly women and children who fetch water to the EC.
- Lack of camp managers, protection mechanism in place in ECs.
- For people using toilets in their respective houses may cause them harm especially to children given the frequent tremors happening daily.
- More than one family is living in one makeshift tents without partitions. This may pose protection risks to women and girls living with other families, relatives or neighbours.
- Individual and family privacy is evident across all sites. Although no reported GBV, and other related cases occurred, this may become a serious concern as families stay longer in crowded ECs.
- Families reported that they still have with them civil documents intact.
- Possible relocation of families in areas identified as high risk must be considered early on.
- Access to timely and relevant information on general situation of the disaster including government plans is needed to keep people informed of the situation and eventually support their decision-making.
- In barangay Donganpicong, land ownership is under process for certificate of ancestral domain titles.
- Limited access in Barangay Colonsabak due to landslide; but can be accessed from Columbio,Sultan Kudarat which is another province and is farther ahead.
- Majority of the areas are accessible, however there are number of barangays not accessible due to some damages along the road before entering bridges. Some bridges sustained damages.
- There is access constraint in Barangay Katipunan, the bridge is passable by light vehicles only
- Clarity on possible relocation sites for families from Barangay Asinan.

10. HOUSING
- Houses are either partially or totally damaged. People are terrified in staying inside houses. Some families set up makeshift tents near houses while others in evacuation centres.
- Issue on the setting up of sanitation facilities in unrecognized ECs
- Barangay Chairman of Cabligan, plans to request for the establishment of evacuation centre as part of preparedness should similar displacement occurs in the future.
- Needs tents, shelter grade tarpaulins for makeshift tents in various locations, also shelter kits and cash assistance.

11. EDUCATION
- No classes yet as it is still Christmas break however in January 2020, classes resume. There needs to ensure TLSs are available to hold regular classes.
- Schools sustained damages with school buildings either partially or totally damaged; some schools will provide a temporary space for learning and some are not given or constructing TLS.
- In Sinawilan, makeshift classrooms are to be constructed in preparation for the incoming classes in January next year.
- In San Miguel, 8 classrooms are partially damaged.
- Urgent needs are safe spaces to hold classes, repair of damaged buildings, educational and teaching materials and water and sanitation facilities.

12. COMMUNITY ENGAGEMENT
- Limited access to information. They expressed the need for timely and relevant information about the general situation of the displacement, nature of the disaster and more information about the earthquake, government plans and among others.
- Source of information is social media (Facebook) and some are on news from TV. However, majority of IDPs rely and trust information received from the government and local officials.
- The need for relevant government authorities to answer and further explain questions and inquiries from the affected communities.

13. TELECOMMUNICATION
- Globe/Smart telecommunication are working including internet access. However, there are times when both mobile and internet access are intermittent particularly during ground shakings. No signal in Colonsabak.

14. EARLY RECOVERY AND LIVELIHOOD
- Majority are farmers, laborers paid on a daily basis.
- Immediate needs are cash for work and or any cash assistance to provide family needs while in displacement.
- Majority of the areas are accessible, however there are number of barangays not accessible due to some damages along the road before entering bridges. Some bridges sustained damages.
- There is access constraint in Barangay Katipunan, the bridge is passable by light vehicles only.

GENERAL SITUATION

- Because of the continuous earthquake, the situation will get worse. Prolonged displacement poses health and protection risks to people staying in various evacuation centres and those in home-based setting.
- Shelter grade tarpaulins are needed to cover the need on makeshift tents as IDPs become more expose to direct heat during the day and cold at night.
- Lack of food diversification as most families rely on food packs.
- People need general information of the situation to facilitate family decision-making in terms of planning where to stay, what to do and how to cope with the situation.
- While people are newly displaced, they could still afford some of their basic needs and still are in good health, this may change in the coming days as they are exposed to weather conditions of extreme heat and cold inside tents.
- People particularly children are becoming more vulnerable to stress and anxieties with frequent experiences of tremors. Number of children are showing behaviours of shouting, running around and crying during earthquakes. Parents are concerned of the mental health of the children.
- Livelihood assistance is clearly needed as sources of living of the IDPs mostly farmers and construction workers have been affected. Cash assistance would be useful to provide the immediate needs of the families while unable to work or find a new job.

Priority humanitarian needs

<table>
<thead>
<tr>
<th>Top 3 sectors/clusters requiring priority assistance</th>
<th>1st</th>
<th>Food Security</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>Shelter and WASH</td>
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<tr>
<td></td>
<td>3rd</td>
<td>Livelihood</td>
</tr>
<tr>
<td></td>
<td>4th</td>
<td>Health including MHPSS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 3 priority assistance required on identified sector/cluster</th>
<th>1st</th>
<th>Food packs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>Tents, tarpaulins, shelter kits, mosquito nets, water, sanitation facilities</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>Cash for work, cash assistance</td>
</tr>
<tr>
<td></td>
<td>4th</td>
<td>Medical consultations, Medicines, Psychosocial interventions</td>
</tr>
</tbody>
</table>

Recommendations

[Priority needs and proposed responses (short-term lifesaving and early recovery)]

- Fast track validation on IDP sites by MSWDO to ensure all ECs are recognized and IDPs receive assistance.
- Continued and more frequent food assistance; water supply.
- Provision of shelter grade tarpaulins to be used for makeshift tents should individual tents are not available.
- Provision of cash assistance to provide families opportunity to buy needs based on their family needs such as diversified food, hygiene supplies, and other basic needs of the family.
- Construction of sanitation facilities in evacuation centres.
- Provision of basic medicines
- Conduct of MHPSS activities
- Conduct of Nutritional Screening
- Timely information dissemination of the general situation of the disaster and the displacement.
- Urgent establishment of birthing facilities at the Municipal level.

Please send this completed form to OCHA ()
This debriefing form is used by field assessment teams (or individuals) to quickly synthesize and communicate initial findings and observations. The focus is on 'top line' information in order to detect priority humanitarian concerns and geographic areas. The completed form should include summaries of main observations, key findings (severity of conditions, priorities, assistance required, etc.) and recommendations for actions, if any. A separate form should be used for each location/area, and filled out as soon as possible after data collection.

### Background information

**Region**

Provinces: Davao Del Sur

**Province**

Municipalities/Cities: Padada

**Barangay**

Assessment Sites: Upper Malinao, Quirino, Punta Piape

| Total No. of Barangay | 17 |

**Type of settlement**

[e.g. rural, urban, evacuation centres, etc.]

**Date of submission**

December 21, 2019

**Name and Agency**

Unicef, WFP, CFSI, Uniphyl Women

**Contact details**

Sitti Vilma M. Quin, Unicef, 09190021693/squin@unicef.org

Fahima Abdul Aziz, WFP, 09274772751/Fahima.abdulaziz@wfp.org

### Number of people in need (if known)

| Number of people requiring assistance | 7,462 families; 37,310 individuals |
| Number of people affected | 7,462 families; 37,310 individuals |

**Severity (Select on overall severity observation on area assessed)**

- [Minor]
- [Major]
- [Severe]
- [Catastrophic]

**Minor Problem** - Few people are facing shortages

**Major Problem** - Shortages affecting most people, but not yet life-threatening

**Severe Problem** - As a result of shortages, some people will die soon

**Catastrophic problem** - As a result of shortages many people have already died

### Main observations about the humanitarian situation

[e.g. status of people living in affected areas (based on humanitarian standards), elaboration on priority needs by sector/cluster, highlight any vulnerable population, cross-cutting issues, response by other actors, coverage and gaps, operating conditions (such as security, logistics, market conditions, infrastructure conditions, government regulations and requirements for operations, possible course of events that could occur based on informed assumptions). Please include the source of information wherever possible.

### Demographic Data:

Padada has a total of 7,421 households in 17 Barangays. There is no sex and age disaggregated data on population. Most of the sources of livelihood are farming, fishing and casual labours.

**Relief assistance:** To date, generally, food is not a major concern. There is regular (everyday) distribution of relief goods from the Government (From Regional, Province and Municipal) and other private groups, but this may become issue as to adequacy and sustainability when IDPs need to stay in the evacuation center for a longer period.

**Shelter-** 4,286 houses partially damaged, 1075 totally damaged (initial report of MSWD Padada). Families with damaged houses set up make shift tents outside their houses. BLGU expressed need for tents and tarpaulins as well as repair and construction materials. Some households prefer light construction materials (wood,amakan).

There is only one evacuation center which is located in Brgy Quirino with 117 families from the same Barangay. This evacuation center started last October 16 with 32 families and significantly increased with the earthquake last December 15.

**Food Security and Livelihood:** Affected populations are regularly receiving food aid from the government, private sectors and other organizations. They have access to both food aid and their own production such as banana, camote and vegetables from back yard gardening. households’ livelihood activities are laborers, vendors and casual workers in the Poblacion area. Thus, livelihood is hampered due to damaged establishments in the area. Access to food is mostly relying on relief goods.
For agricultural barangays, Predominantly farmers and rice as main crop. Aside from rice, they are practicing integrated farming such as coconut, banana, sweet potato and vegetables. However, one of the concerns raised by the head of the Irrigators association is the damaged irrigation canal that provides water to 220 hectares of rice area in barangay Upper Malinao. This might affect their 2nd cropping period this month until March 2020.

Some of the structures in the market have been damaged but it is now operating. Commodities are available. Market is physically accessible however people are afraid to buy food in the market due to aftershocks. The vendors observed the reduced number of buyers consequently reduced their opportunity to earn. The reported increase price of commodities in the market is related to peak season from October to December.

Families have access to food aid and their own production. Predominantly fishers (commercial/catch fishing and culture). Thus, livelihood activities are back to normal. Fishers have physical access to market to sell their catch (Digos, Davao City and Kidapawan).

**Protection:** Prolonged displacements and uncertainties as to when they can go back to their places of origin plagued the communities affected. Lack of access to correct information as to their status, plans and programmes.

There is no available disaggregated data on women and children and other at-risk groups.

**Gender-based Violence**

Although no report on incidents of VAW or gender-based violence (GBV) since communities were displaced, makeshift tents set up by the IDPs do not have partition, where five (5) to eight (8) families are sharing in one tent, a situation that exposes women and girls to GBV risks.

Distress manifests among the IDPs especially women and their children that need regular psychosocial interventions.

**Child Protection**

To date, there is no documented cases of separated, unaccompanied, orphaned children and other child protection cases. Civil Documentation is not an issue since some barangays have regular free birth registration both for children and adult. Manifestation of anxiety and shocks especially among children were reported. According to MSWDO there is limited groups coming in to provide free play activities for children.

**WASH:** Water is a major concern. Some of the water pipes connecting to the Nawasa water source are damaged.

In a coastal Barangay (Brgy. Punta Piape) the main source of water, a solar-powered water system was damaged by the quake. Families are accessing sea water and from a deep well which is approximately 500 meters away.

There is water trucking from Municipal Fire Department for bathing and domestic purposes but is insufficient. People buy from refilling station for drinking water. Households have access to latrines and no signs of open defecation. Families in the evacuation center expressed need of hygiene and dignity kits.

AFP is currently constructing 3 latrines and 3 bathing cubicles to cater to 171 families in the evacuation center.

**Health and Nutrition:** Most of the Health centers are partially damaged. In the evacuation center, there are few cases of Diarrhea both in adult and children and increasing cases of minor respiratory infections such as cough and colds but there are available medicines.

There is no provision of formula milk for infants and most of mothers are exclusively breastfeeding. Health centers are partially damaged but are operational. Immunization, pre and post-natal and other regular activities continued.

Baron –Yee a tertiary hospital has been closed due to some structural damage. Patients are now attended outside the hospital.

**Education:** Some schools have not been conducting classes inside the rooms since the October 16 quake. Municipal Engineering reported damages in school buildings and classrooms.

- Two 3-storey building of Padada National HighSchool
- Total of 13 classrooms were damaged in different primary schools.

### Priority humanitarian needs

<table>
<thead>
<tr>
<th>Top 3 sectors/clusters requiring priority assistance</th>
<th>1st</th>
<th>Shelter</th>
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<tbody>
<tr>
<td>2nd</td>
<td>WaSH</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>Food Security and Livelihood</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 3 priority assistance required on identified sector/cluster</th>
<th>1st</th>
<th>Tents; Tarpaulins (trapal); Repair and Construction Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>Water; Hygiene Kits</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>Alternative Source of income (since most of them are laborers/casual workers)</td>
<td></td>
</tr>
</tbody>
</table>

### Recommendations
[Priority needs and proposed responses (short-term lifesaving and early recovery)]

1. Distribution of tents, tarpaulins (trapal) and light construction materials for the repair of damaged houses. Distribution of plastic sheeting, insulator and light construction materials for the repair of damaged houses
2. Provision of Psychosocial Support and Psychological First Aid especially for children and front liners
3. Repair of water pipes and other sources of water.
4. Distribution of hygiene kits/dignity kits since there has been no distribution.
5. Alternative Source of Income /Livelihood activities especially for laborers and casual workers.

Please send this completed form to OCHA ()
Cluster summary
PHILIPPINES: DAVAO DEL SUR 6.9 EARTHQUAKE
ASSESSMENT REPORT

CLUSTER/SECTOR: CAMP COORDINATION AND CAMP MANAGEMENT

Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

On December 15, a M6.9 earthquake hit Davao del Sur, affecting 53,798 families and 242,840 individuals (DSWD Dromic Report #6).

A total of 31,746 families or 120,054 individuals were affected in four MHT-assessed municipalities, Padada, Hagonoy, Kiblawan, and Matanao. 11,995 IDP families were reported to be staying in host families, unrecognized and recognized evacuation centers across three municipalities while data from Matanao is not available. While most LGUs have data on families and individuals, disaggregated data on women, children, and other at-risk groups were not available.

Families are setting up makeshift tents in the evacuation centres adding to the current numbers of IDPs staying at the site; while others are in groups of families setting up tents and these has not been declared recognized evacuation centres pending validation from the MSWDO. More than one family is living in one makeshift tents without partitions. This may pose protection risks to women and girls living with other families, relatives or neighbours. In Barangay Aplaya, Hagonoy, IDPs feel unsafe inside ECs particularly during aftershocks because there are coconut and fruit trees within the camp.

There is a lack of camp managers present in assessed recognized sites and unrecognized sites. It is evident that families in recognized ECs received more relief assistance compared to unrecognized ECs. Individual and family privacy is evident across all sites. Although no reported GBV, and other related cases occurred, this may become a serious concern as families stay longer in crowded ECs.

Key findings on existing ECs found that partitions and tents are insufficient to the IDPs. Five to nine families share one tent. Lack of access to appropriate wash facilities in ECs were also observed, resulting to open pit/defecation and bathing in open space of IDPs.

Based on current situation and number of affected families residing in the recognized and unrecognized ECs, CCCM is a priority considering its cross-cluster support function. Key recommendations include:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

KEY FIGURES

| Affected Families: | 53,983 |
| Affected Individuals: | 243,765 |
| Families Inside ECs (Davao del Sur): | 7,260 (34,484 individuals) |
| Families Outside ECs (Davao del Sur): | 8,047 (36,001 individuals) |
| Number of existing Evacuation Centers: | Not available during assessment |

1 DSWD DROMIC Report #6
SITUATION OVERVIEW

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

A total of 31,746 families or 120,054 individuals were affected in four assessed municipalities, Padada, Hagonoy, Kiblawan, and Matanao. 11, 995 IDP families were reported to be staying in host families, unrecognized and recognized evacuation centers across three municipalities while data from Matanao is not available. While most LGUs have data on families and individuals, disaggregated data on women, children, and other at-risk groups were not available.

Majority of affected families in evacuation centers are farmers, fisherfolks, laborers, vendors, and casual workers. IP groups are also reported in evacuation centers. Relief assistance such as food packs, plastic sheets, medicines, water, jerricans, non-food items such as blankets and slippers were provided for by LGUs, DSWD, humanitarian actors, private groups, and individual donors.

While people are newly displaced, they could still afford some of their basic needs and still are in good health, this may change in the coming days as they are exposed to weather conditions of extreme heat and cold inside tents. People particularly children are becoming more vulnerable to stress and anxieties with frequent experiences of tremors. Number of children are showing behaviours of shouting, running around and crying during earthquakes. Parents are concerned of the mental health of the children.

Because of the continuous earthquake and subsequent aftershocks, situation will get worse. Prolonged displacement poses health and protection risks to people staying in various evacuation centres and those in home-based setting.

KEY FINDINGS

General findings of assessed areas

Specific findings in each province/municipality (if possible)

As of this writing, total number of unrecognized and recognized evacuation centers were still unavailable because LGUs are still conducting validation of IDP sites. For Kiblawan, 31 ECs cater to 2687 families. There is only one evacuation center in Padada which started due to the October earthquake. IDPs staying in the EC have grown significantly from 32 to 117 because of the M6.9 earthquake last December 15. LGUs of Matanao and Hagonoy are still verifying the number of ECs in their respective areas.

Families are setting up makeshift tents in the evacuation centres adding to the current numbers of IDPs staying at the sites; while others are in groups of families setting up tents and these has not been declared official evacuation centres pending validation from the MSWDO. More than one family is living in one makeshift tent without partitions. This may pose protection risks to women and girls living with other families, relatives or neighbours. In Barangay Aplaya, Hagonoy, IDPs feel unsafe inside ECs particularly during aftershocks because there are coconut and fruit trees within the camp.

There is a lack of camp managers present in assessed recognized sites and unrecognized sites. It is evident that families in recognized ECs received more relief assistance compared to unrecognized ECs. Individual and family privacy is evident across all sites. Although no reported GBV, and other related cases occurred, this may become a serious concern as families stay longer in crowded ECs.

The GBV risks is high inside the evacuation sites set up in the barangays. No partition inside the tents, including makeshift tents set up the IDP themselves. Each tent is being shared by five (5) to eight (8) IDP families, no proper lightings in the camps, electricity in near houses are “on and off”, IDPs in the camps are using flashlights or lighter with built-in flash lights during night time when they need to pee or go to latrines nearby communities. Due to absence of bathing cubicles, women and children are bathing in open spaces. IDPs practice open defecation or go back to their place of origin that is two (2) kilometres away from the evacuation center, particularly in Barangay Tacub, Matanao. Similar to other displacement sites of communities mixed with IPs and non-IPs, there is no WASH facilities available inside the evacuation centers, except for toilets in their houses.

Children are susceptible to falling on slopes as they play around the evacuation center. The makeshift tents do not have flooring. IDPs use plastic sheets on the ground where children are directly sleeping. Children show signs of distress, including nightmares, change of food patterns-losing of appetite but parents said they were able to manage it.

Families staying in the evacuation center in Sacub, Baka Park-Guihing and Balutakay have no or insufficient access to potable water. They don’t have access to sanitation facilities like latrines. Families in the EC of Barangay Balutakay are using one latrine but it was already clogged (Source: BLGU), others practice open pit/defecation. In barangay Sacub, there’s no designated washing facilities, women and men are bathing in open space. In Padada, AFP 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 ECs are becoming one of the protection issues given that people may be staying longer in various sites. Women girls and boys face challenges in accessing latrines particularly at night resulting to open defecation, urinating just outside tents. Far distance of water sources (usually at their homes) is a burden to IDPs particularly women and children who fetch water to the EC.

There are few cases of Diarrhea both in adult and children and increasing cases of minor respiratory infections such as cough and colds but there are available medicines. In one evacuation center in Barangay Sto. Nino, one (1) year and five-month old child was referred by the Assessment Team to the MDRRMO due to high fever. Mothers complained about common colds, fever, and stomach aches of children below five years old. Pregnant and lactating women complained about sufficient nutrition and enough food intake in order to produce enough milk for their infants. There are young mothers with age between 15 to 17 years old also seen in some evacuation centers.
Prolonged displacements and uncertainties as to when they can go back to their places of origin plagued the communities affected. Lack of access to correct information as to their status, plans and programmes.

**KEY RECOMMENDATIONS**

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

Based on number of affected families residing in the recognized and unrecognized ECs, CCCM is a priority considering its cross-cluster support function.

1. 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.
2. 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.
3. 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.
4. 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.

**CHALLENGES**

Identify challenges that can include access issues, information gap, coordination etc.

1. Some assessed areas have disaggregated data however, majority of the areas visited lack SADD information. Municipal data have lesser figures than barangay data as the Municipal Social Welfare Office (MSWDO) is still conducting validation of IDP sites.
2. There are still unrecognized sites which will hamper the delivery of basic services to affected population.

*Please send this completed form to OCHA*
PHILIPPINES: DAVAO DEL SUR 6.9 EARTHQUAKE
ASSESSMENT REPORT

CLUSTER/SECTOR: EDUCATION

Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

DepED Davao del Sur is still on the process of validating the extend of damages due to the M6.9 earthquake last Dec. 15. Accordingly, it is expected to have more than 350 and 126 totally damaged and partially damaged classrooms respectively in the four municipalities such as Padada, Kiblawan, Hagonoy and Matanao. Aside from the damaged classrooms, there are also a significant number of damaged equipment such as furniture, computers and learning materials. During the conduct of assessment, parents have expressed their hesitation to send their children to schools due to fear of aftershocks and possible strong earthquakes that may happen anytime while their children are in schools. Teachers are also hesitant to hold their classes inside classrooms.

DepED Davao del Sur SDO has expressed concerns on the schools which are being used as evacuation site. This is a challenge to the school administrations on setting up Temporary Learning Spaces (TLS) since there is no more enough space inside school vicinity. Further, some WASH facilities, particularly toilets, inside the schools are damaged since the number of evacuees using the toilets is more that the design capacity.

The 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 used as evacuation sites.

One of the challenges for education sector is that it is not considered as part of the emergency response. It is being viewed as part of the rehabilitation phase. Hence, DepED Davao del Sur SDO is not included in the response structure of the provincial government where they supposed to raise issues and concerns on education sector.

KEY FIGURES

See attached copy of RADaR

SITUATION OVERVIEW

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

Before the M6.9 earthquake happened, the municipalities of Padada, Kiblawan, Hagonoy and Matanao have already been affected by the series of earthquakes last October 2019. Significant number of classrooms have been totally or partially damaged.

Although the DepED is yet to release a validated Rapid Assessment for Damaged Report (RADaR), it is obvious during the assessment that the number of damaged classrooms is significant. According to the parents of school children who were interviewed during the assessment, damages on the classrooms after the series of earthquakes last October 2019 have been worsened after the latest earthquake. Those partially damaged classrooms are now considered as totally damaged.

KEY FINDINGS

- DepEd Division of Davao del Sur is still on the process of validating the Rapid Assessment of Damage Report (RADaR) for the M6.9 earthquake
- Based on the latest RADaR released on Nov. 15, there are already 350 totally damaged classrooms and 126 partially damaged classrooms in the four (4) municipalities. The damages are due to the series of earthquakes in last October 2019. Hence, it is expected that the number of damages have increased after the M6.9 earthquake on Dec. 15. (please refer to the attached RADaR)
- Aside from the damaged classrooms, there are also a significant number of damaged equipment such as furnitures, computers and learning materials.
- Parents are hesitant to send their children to schools due to fear of aftershocks and possible strong earthquakes that may happen anytime. Teachers are also hesitant to hold their classes inside classrooms.
- Most of the schools are being used as evacuation site. This is a challenge to the school administrators on setting up Temporary Learning Spaces (TLS) since there is no more enough space inside school vicinity.
- Some WASH facilities, particularly toilets, inside the schools are damaged since the number of evacuees using the toilets is more that the design capacity.

KEY 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 attached 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.

CHALLENGES

- Schools are one of the sectors heavily affected by the calamity. Aside from a significant number of damaged classrooms, schools also serve as evacuation sites. However, DepED Davao Del Sur SDO is not included in the response structure of the Provincial Government. Hence, they are not part of coordination meetings wherein they can express their concerns on education sector.
- Education sector is not considered as part of the response. The provincial government considers it as part of rehabilitation phase.
- No agreement between LGUs and DepED if who is going to pay for the damages to schools facilities (ex. tables and chairs being used by IDPs) and electric bills during the stay of IDPs in schools. Schools’ MOOE will not be able to cover those expenses.

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PHILIPPINES: DAVAO DEL SUR 6.9 EARTHQUAKE
ASSESSMENT REPORT

CLUSTER/SECTOR: FOOD SECURITY, LIVELIHOODS, AND AGRICULTURE

Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

Across all assessed areas, food security is one of the major concerns. IDPs mainly rely on food aid from government and organizations, which is comprised of rice, canned food, and noodles. Hence, food consumption and diet diversity is generally low. While some are able to complement food aid with own backyard produce, supplies are expected to last only until December. Moreover, IDPs in informal and unregistered evacuation centers receive little to no food aid. Market is functional; however, prices have increased and residents do not have stable source of income for buying food from own sources.

It is therefore recommended to conduct thorough assessment of affected areas, including registration of unrecognized evacuation centers, and continue providing food aid. Multi-purpose cash and cash for work activities are recommended to enable families to buy basic necessities and contribute to diet diversity. Moreover, re-establishment of livelihood activities or accessing alternative livelihoods is also recommended.

KEY FIGURES

<table>
<thead>
<tr>
<th>Earthquake-affected population in need of access to food and recovery of livelihoods</th>
<th>Matanao 41,579</th>
</tr>
</thead>
<tbody>
<tr>
<td>Padada 37,310</td>
<td></td>
</tr>
<tr>
<td>Kiblawan 19,615</td>
<td></td>
</tr>
<tr>
<td>Hagonoy 21,550</td>
<td></td>
</tr>
</tbody>
</table>

SITUATION OVERVIEW

Prior to the earthquake, the main livelihoods of the residents is farming rice. Some are working in farms owned by others, or commonly known as “hornal”. They also practice integrated farming of coconut, banana, sweet potato, and vegetables. Others engage in sugar cane planting. In Padada, the irrigation canal which provides water to 220 hectares of rice farm in one barangay is damaged. This could affect the rice farmers’ 2nd cropping cycle which may result in food gap in the area until the end of first quarter of 2020.

In municipal centers / población areas, livelihood activities include manual labor and vending. Livelihood is hampered due to damaged establishments in the area. In coastal areas of Hagonoy, fishing is the main source of livelihoods. Fishing is also hampered due to the monsoon season.

KEY FINDINGS

Across the four municipalities covered by the assessment, uneven humanitarian support has been provided to earthquake-stricken population. Those living in unofficial evacuation centers are less supported compared to those living in official ECs. However, in all areas even for those receiving food aid, diet diversity and food consumption is generally on the low end as IDPs mainly rely on food packs that contain the usual rice, canned goods, and noodles. Families with bigger size do not receive adequate food aid. Food relief are also expected to be short-term and will decline in a couple of weeks. Some areas such as Barangay Kibuaya, Hagonoy have yet to receive relief aid.

Market is functional but some structures are affected and sustained damages leaving some vendors selling in makeshift stalls. Some vendors closed shop. In effect, varieties and availability of fresh goods such as meat, fish, and vegetables declined, shooting up the prices of commodities. This, alongside disrupted livelihood activities, prevented IDPs from buying additional food on top of what they receive from aid. In addition, some IDPs are afraid to but from in the market due to aftershocks. In Padada and Hagonoy, some IDPs are able to complement food aid with own produce from their November harvest such as banana, camote, and vegetable from backyard gardening. However, these will be exhausted by December.
KEY RECOMMENDATIONS

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

- Conduct of more thorough assessments to include unrecognized ECs and IP communities in areas covered by relief assistance
- Multi-purpose cash assistance to IDPs to help them avail of basic needs, diversify food, as well as kick-start livelihoods
- Cash for work for re-establishing livelihoods
- Alternative livelihoods
- Continued food support until first quarter of 2020 while livelihoods are recovered and fill in the food gap

CHALLENGES

Identify challenges that can include access issues, information gap, coordination etc.

- Gaps on information on IDPS, evacuation centers, and food security needs

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PHILIPPINES: DAVAO DEL SUR 6.9 EARTHQUAKE
ASSESSMENT REPORT

CLUSTER/SECTOR: HEALTH/REPRODUCTIVE HEALTH/MHPSS

Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

Health systems in Matanao, Padada, Hagonoy, and Kiblawan are functional and operational. While health facilities have been heavily affected including hospitals, operations are continuing in makeshift tents. The referral government facility, Davao del Sur Provincial Hospital, in Digos City was heavily damaged. Hospital operations are conducted in tents outside the hospital. There is a need to provide additional tents in the referral health facility to accommodate patients and reduce the risk of disease transmission. The Department of Health has provided tents as temporary health facilities and birthing centers. Support in terms of additional doctor and health equipment and medicines are necessary to respond to general health and specific health needs (sexual and reproductive health and mental health). Limited medicines including vitamins to ill IDPs and vulnerable groups (children, pregnant and lactating women, and elderly) may contribute to worsened health conditions. Commonly reported diseases are respiratory tract infections and gastro-intestinal diseases. Reproductive and maternal health is also an assessed need given the teenage mothers which have been seen in ECs in Hagonoy and Kiblawan.

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.

It is recommended that regular provision of general and specific (maternal/sexual and reproductive, paediatric, etc.) health services and health education be conducted in evacuation centers and address identified cross-cutting issues on WASH and SHELTER including the prompt validation of evacuation centers.

KEY FIGURES

<table>
<thead>
<tr>
<th>Number of Families Affected</th>
<th>36,446</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Individuals Affected</td>
<td>108,717</td>
</tr>
</tbody>
</table>

SITUATION OVERVIEW

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

The municipalities assessed in Davao del Sur are Matanao, Hagonoy, Padada, and Kiblawan. Prior to the 15 December 2019 6.8-magnitude earthquake, the Rural Health Units (RHUs) and health centers have 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 health needs of IDPs. Provision of health services need to be brought to the evacuation centers.

KEY FINDINGS

General findings of assessed areas

- RHUs and hospitals are operational in makeshift tents.
- Commonly reported diseases are respiratory tract infections and gastro-intestinal diseases.
- IDPs reported need for mosquito nets.
- Limited supply of medicines and vitamins for vulnerable groups (pregnant and lactating women, children, and elderly adult).
- Mothers are practicing exclusive breastfeeding.
- Hygiene kits are needed in the assessed municipalities especially to pregnant and lactating women.

Specific findings in each province/municipality (if possible)

- Davao del Sur Provincial Hospital is heavily damaged but has set up tents to continue operations; patients situated in tents outside the facility.
- Lone hospital in Matanao was totally damaged. Matanao has operational ambulance used for referring patients to nearby health facilities.
- Hospital in Padada was heavily damaged. Patients are accommodated outside in tents outside the hospitals.
- Teenage mothers were reported in Hagonoy and Kiblawan.
- Powdered milk were distributed in Guihing, Hagonoy however for adult consumption.
KEY RECOMMENDATIONS

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

- 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 for 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).

CHALLENGES

Identify challenges that can include access issues, information gap, coordination etc.

- Fast track validation of evacuation centers to facilitate equal distribution of relief items/services including health services.

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Overall summary

[Maximum of 500 words]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

Around ___% of infants aged 6 months and below were reported to be exclusively breastfed. According to interviewed officials, good Infant and Young Child Feeding (IYCF) and breastfeeding practices are heavily promoted by health and nutrition community workers resulting to relatively high awareness of mothers and caregivers on the importance and benefits of breastmilk and the risks of infant formula and breastmilk substitutes, especially during times of emergencies. Fortunately, there were no reports of infant formula donations in any of the surveyed areas. Widespread or uncontrolled donations of breastmilk substitutes especially during emergencies pose a great risk to the health of infants and young children. Despite the promotion of IYCF, there are not enough women friendly spaces nor are there IYCF groups that can provide support and counselling in the evacuation centers for lactating women to sustain breastfeeding. In addition, management of acute malnutrition should commence immediately to be able to monitor the nutritional status of children under-five years, and to prevent further deterioration of their nutritional status.

Key figures

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

SITUATION OVERVIEW

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

Results of the National Nutrition Survey show that the province of Davao del Sur has high pre-crisis chronic and acute malnutrition rates when compared to the Regional and National levels. In the same survey, wasting rates (more than 10%), double that of the 2018 Wasting Prevalence at the national level (see table 1). In contrast, the Provincial OPT results in 2019 show that 10.1% of children under 5 years are stunted while 2.9% were wasted and 2.8% were overweight/obese. Although coverage of OPT was reported to be at 83%, differences in data collection approaches (survey vs administrative data) and capacities of data collectors/surveyors can explain the differences in malnutrition prevalences.

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Stunting Prevalence (%)</th>
<th>Wasting Prevalence (%)</th>
<th>Overweight Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NNS¹,²</td>
<td>NNS¹,²</td>
<td>NNS¹,²</td>
</tr>
<tr>
<td>National</td>
<td>30.3</td>
<td>5.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Davao Region</td>
<td>40.2</td>
<td>6.3</td>
<td>8.2</td>
</tr>
<tr>
<td>Davao del Sur Province</td>
<td>37.5</td>
<td>14.4</td>
<td>-</td>
</tr>
</tbody>
</table>

Key nutrition program coverage and outcome indicators such as rate of exclusive breastfeeding, rate of introduction of solid food at 6-8 months, vitamin A coverage, and iron supplementation coverage, are important pre-crisis measures for

¹ 2018 E-NNS (DOST-FNRI)
² 2015 NNS (DOST-FNRI); 2018 Provincial data for Davao del Sur and Davao Region are not available hence 2015 data was used.
nutrition. The 2018 Field Health Service Information System (FHSIS) nutrition data coming from Davao Region show how the province of Davao del Sur performed based on these key indicators (see Table 2 below).

Table 2: Pre-crisis Nutrition Data in Region V (FHSIS, 2018)

<table>
<thead>
<tr>
<th>Selected Indicators</th>
<th>Davao del Sur</th>
<th>Davao Region</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants exclusively breastfed until 6th month (%)</td>
<td>62.6</td>
<td>56.6</td>
<td>51.7</td>
</tr>
<tr>
<td>Infants 6-8 mos. received Solid Food (%)</td>
<td>98.6</td>
<td>94.1</td>
<td>95.3</td>
</tr>
<tr>
<td>Infants 6-11 Given Vitamin A (%)</td>
<td>93.8</td>
<td>89.0</td>
<td>96.4</td>
</tr>
<tr>
<td>Children 12-59 Given Vitamin A (%)</td>
<td>96.3</td>
<td>71.1</td>
<td>49.7</td>
</tr>
<tr>
<td>Infants 6-11 given Iron (%)</td>
<td>28.6</td>
<td>26.5</td>
<td>21.7</td>
</tr>
<tr>
<td>Children 12-59 given Iron (%)</td>
<td>0</td>
<td>0</td>
<td>3.8</td>
</tr>
</tbody>
</table>

It was also reported by key informants that key determinants of malnutrition such as water sanitation and hygiene and food security already had issues even before the emergency.

The provincial nutrition team completed Nutrition Initial Needs Assessment of 3 evacuation centers and 3 municipalities. Results of NINA assessments are currently being consolidated by the provinces in all assessment findings.

**KEY FINDINGS**

Aggravating factors were also identified such as: 1) reduced income of households because their main sources of livelihood (farming, construction) have been damaged by the earthquake, 2) reduced intake of quality and diverse types of food (and increase in intake of processed and unhealthy food) secondary to food insecurity, 3) limited access to safe water and poor hygiene practices that may cause water-borne illnesses and other infections, 4) limited access to and coverage of health care and nutrition services, and 5) difficulties to promote, protect and support optimal IYCF practices. All these, if not acted upon, will cause the deterioration of the nutritional status of infants, young children and mothers.

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.
Matanao

- Not all ECs have clearly identified Infant and Young Child Feeding (IYCF) spaces (2/6); or community kitchens (3/6)
- Only 1 EC (Asinan) had IYCF support groups deployed.
- No donations of breastmilk substitutes/infant formula
- Micronutrient Supplies: Vitamin A and Oral Rehydration Salts (5/6), micronutrient powder and iron-folic acid tablets (1/6), Zinc drops (4/6)
- Anthropometric Supplies: MUAC tapes (4/6), weight scale (5/6), height board (4/6)
- Commodities for Management of Acute Malnutrition: RUSF (1/6), RUTF (0), Therapeutic Milk (0), ReSoMal (0), High Energy Biscuits (0), LNS (1/6)
- No diarrhea reported
- Markets (1/6) – however, prices have increased making it more difficult for people to access food
- Food – assistance given by DSWD and private donors (4/6), however, food supplies are slowly depleting
- Safe drinking water – water trucking services being delivered by NGOs and private donors (3/6)
Padada

Most of the Health centers are partially damaged. In the evacuation center, there are few cases of Diarrhea both in adult and children and increasing cases of minor respiratory infections such as cough and colds but there are available medicines.

There is no provision of formula milk for infants and most of mothers are exclusively breastfeeding. Health centers are partially damaged but are operational. Immunization, pre and post-natal and other regular activities continued.

Baron –Yee a tertiary hospital has been closed due to some structural damage. Patients are now attended outside the hospital.

Hagonoy

There are few cases of Diarrhea for both adult and children. Increasing cases of cough and colds because the tents and makeshift houses are hot during day time and weather is cold at night time.

5 Barangay Health Stations / Centers are still operational in Guihing, Aplaya, Balutakay, Sacub, Kibuaya but limited medicines, there are Barangay Nurse on duty but no medical doctors. Immunization, pre and post-natal and other regular activities continued.

Generally, no reported provision of formula milk for infants, lactating mothers are exclusively feeding their infants with their milk. Some of the affected families in Guihing received powdered milk but it was intended for adult consumption. However, there’s a risk that it could be used as a supplementary milk for infants (Source: BLGU). In the KII, there are young mothers with age 16 to 17 years old in the evacuation centers.

Kiblawan

In one evacuation center in Barangay Sto. Nino, one (1) year and five-month old child was referred by the Assessment Team to the MDRRMO due to high fever. Mothers complained about common colds, fever, and stomach aches of children below five years old.
Pregnant and lactating women complained about sufficient nutrition and enough food intake in order to produce enough milk for their infants. There are young mothers with age between 15 to 17 years old also seen in some evacuation centers.

Matanao

KEY RECOMMENDATIONS

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

1. 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
2. Support the conduct of regular nutrition-specific assessments to monitor the nutritional status of vulnerable groups over the next 3-6 months.
3. Support LGUs as they restart and strengthen implementation and improve coverage of both preventive and therapeutic nutrition interventions:
   a. Provision of skilled breastfeeding (BF) and IYCF-E support to pregnant and lactating mothers/caregivers of girls and boys 0-23 months on breastfeeding, communication, counselling, and mentoring supervision by peer support groups, barangay nutrition scholars and health workers and promotion and support for appropriate complementary feeding (CF) to prevent both undernutrition and overweight/obesity
   b. Continue advocacy on non-acceptance of milk code donations and do vigilant monitoring and reporting of Milk Code Violations, if any
   c. Prevention, identification, and appropriate management of moderate and severe acute malnutrition among girls and boys 0-59 months, pregnant and lactating women through the establishment of community-based programs
   d. Prevention and control of micronutrient deficiencies (Vitamin A, anemia, iodine, and other micronutrient deficiencies) through communication, counselling and the distribution of micronutrient supplements and fortified nutritional products to vulnerable populations (boys and girls 6-59 months, PLW, elderly, pregnant teens and adolescent mothers) integrated into ongoing/future health and nutrition activities
   e. Closely monitor growth and nutritional status of affected population, specifically infants and young children, pregnant and lactating women.
   f. Continue capacity building activities for LGUs relevant to improving complementary feeding programs as well as monitoring of food security and nutrition data that will help them plan of time even before a disaster happens.
4. Working with the following key clusters will help prevent the deterioration of nutritional status of affected population and vulnerable groups in the first month of response.
   a. Food Security and Livelihood Cluster to support general distribution of standard food packs to affected families; explore mechanisms for livelihood and cash assistance (cash-for-work and food-for-work) and ways to support purchase and distribution of fresh produce to diversify diets, targeting families with infants, young children, and pregnant and lactating women. In areas where fishing is the main source of livelihood, there is a need to look at the immediate needs of this sector as no data were available during the assessment and focal persons were inaccessible during the visit.
   b. WASH Cluster to support LGUs in ensuring the availability of safe drinking water, regular testing and quality monitoring, access to sanitation and hygiene facilities, support to strengthen hygienic practices, and regular collection of segregated solid waste
   c. Health Cluster to ensure prevention and control of communicable and non-communicable diseases.

CHALLENGES

Identify challenges that can include access issues, information gap, coordination etc.
1. Limited data for nutrition – completeness and quality of available data limits effective analysis and use for evidence-based planning
2. Coordination of response activities is challenged by distance and geographic characteristics of the four provinces. This is further hampered by intermittent and weak network signals and power disruptions
3. Some island municipalities and barangays are difficult to access via air and sea. LGU officials find it difficult to monitor and provide technical support such areas

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PHILIPPINES: DAVAO DEL SUR 6.9 EARTHQUAKE
ASSESSMENT REPORT

CLUSTER/SECTOR: PROTECTION

Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

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. There are also risks related to Child Protection and Gender-Based-Violence (GBV) monitored in all assessed areas. Protection situation of vulnerable sectors like pregnant women, children, senior citizens/elderly and persons with disabilities and other persons with specific needs may worsen if displacement is prolonged and gaps remain unaddressed, hence, a sector specific intervention must be considered in the response and ensure that all sectors are well-assisted.

The IDPs and affected families started to become anxious about their situation and they need accurate and timely information as to government programs and services, status of the disaster, and any related information concerning them. The government needs to establish clear information and feedback mechanism, and provide avenue 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 Peoples. Damaged roads, bridges, hazards caused by landslides and tension cracks hampered the delivery of assistance. There are also pre-emptive evacuation in some of these areas and families were advised to go to safer places within their barangays because of the abovementioned hazards. There is a need to fast track the LGU planned 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.

KEY FIGURES


SITUATION OVERVIEW

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

Most of the affected communities of the recent 6.9 earthquake were also affected by previous earthquake in October. Some of them have been staying in the evacuation center around two months already. The provincial Governor expressed that they can no longer encourage people to go back to their homes because of uncertainties and frequent aftershocks, while most of the houses have been damaged by the 6.9 earthquake. The prolonged displacement also worries the provincial government as it may result to a more problematic situation.

The provincial government of Davao Del Sur, local government units of affected municipalities have established their Emergency Operation Centers to immediately address the pressing needs of the IDPs and affected families. Also, support coming from different national and regional line agencies, Civil Society Organizations and Non-government organizations are evidently present. However, the challenge right now in this particular humanitarian situation is how
to sustain humanitarian response that may possibly become protracted. The Provincial Disaster Risk Reduction and Management Council Officer estimates that the IDPs will stay in the displacement sites up to six months.

KEY FINDINGS

Specific findings in each province/municipality (if possible)

Civil documentation- Families reported that they still have with them civil documents intact. They narrated that they don’t have any issues regarding civil documentation. Most of them have birth and marriage certificates, identification cards, and 4Ps IDs, adding that most of the population especially the children have birth certificates. But they also said that many persons 40 and above have no birth certificates. Mothers interviewed are aware that birth certificate is one of the requirements required by the school and when availing services from the government needing civil documents.

IDP registration: Age, Gender and Diversity Mainstreaming (AGDM) - There is no age and gender disaggregated data of IDPs and the lack of sector specific intervention particularly on PWDs, elderly, pregnant and lactating mothers, and persons with reduced or non-mobility.

Inadequate shelter assistance- IDPs experience discomfort and health issues, particularly the children, elderly and Persons with Specific needs (PWSN). Many IDPs compelled to sleep inside their shanties and tents without adequate mats and blankets. Also, the tarps provided to them are not enough to cover and keep them safe from heat and rain.

Lack of privacy- More than one family is living in one makeshift tents without partitions. This may pose protection risks to women and girls living with other families, relatives or neighbours. Although no reported GBV, and other related cases occurred, this may become a serious concern as families stay longer in crowded ECs.

Risk of Force eviction/housing, land and property issues (HLP) - IDPs setting up makeshift tents in open spaces that are privately owned are encountering problem with the land owners. In one evacuation site, in Baka Park, Hagonoy, IDPs were given five (5) days or until 24 December by the owner to vacate the premises. This concern already reached the local officials and Provincial Disaster Risk Reduction and Management Officer. The rising number of IDPs setting up informal makeshift tents not “recognized” by the local government causes problem amongst residents while placing IDPs to risk of not accessing humanitarian assistance compared to those identified/recognized by the local government.

Access to livelihood and source of income affected- Common to all assessed areas, some IDPs and affected families are having difficulty from continuing their livelihood activities. For example in Kiblawan (Barangay Bagong-Negros and Sto. Nino, majority are farm workers or they rely mainly on “Hornal” and paid on a daily basis as their main source of income. The demand for “hornalista” or farm laborers as of now have decrease because most land owners opted to suspend their farming activities. This has resulted to the decrease of income of farmers who rely on “hornal”. Also, many farmers are afraid to go back to their farms due to frequent aftershocks, these situation affects their livelihood and income hence affecting also their purchasing power to buy their daily needs.

Access to Food- While most areas are receiving sustained and a variety of food assistance like fresh meat, vegetables and fish, affected families in remote and geographically isolated areas are receiving less compared to those in close proximity to distribution sites who have greater access to government and humanitarian interventions. In some assessed areas, affected families have reported inadequacy and “poor” quality of food items (canned goods and noodles).

Pregnant and lactating women complained about sufficient nutrition and enough food intake in order to produce enough milk for their infants. There are young mothers with age between 15 to 17 years old also seen in some evacuation centers.

GBV risk of women and girls due to lack of WASH facilities- many IDPs in evacuation sites visited are having difficulties in accessing WASH programs. The lack of lighting, latrines and bathing cubicles in the evacuation sites also place women and girls to GBV risks. The lack of access to WASH facilities inside ECs are becoming one of the protection issues given
that people may be staying longer in various sites. In some areas assessed, women, girls and boys face challenges in accessing latrines particularly at night resulting to open defecation, and urinating just outside their tents.

**Access to potable water** - The local government units are providing regular water tankering to barangays and evacuation sites without water source. However, many IDPs are not able to avail because of lack or not enough water container/storage.

**Health** - The inadequate shelter assistance exposing IDPs to heat and cold, lack of accessible toilets and latrines resulting to open defecation of IDPs, and limited access to potable and safe drinking water poses health risks to IDPs. Increasing cases of cough and colds and few diarrhea especially to children are monitored in the assessed sites.

Generally, no reported provision of formula milk for infants, lactating mothers are exclusively feeding their infants with their milk. Some of the affected families in Guihing, Hagonoy received powdered milk but it was intended for adult consumption. *However, there’s a risk that it could be used as a supplementary milk for infants.*

**Access to information** - the affected population started to become anxious about their situation. They are now starting to ask questions about the disaster situation, including government plans, programs and services. Many of them are also receiving false information about the earthquake and scenarios causing fear, anxiety and discomfort.

**Access constraints** - Majority of the areas are accessible, however 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, (i.e. hard-to-reach barangays in Kiblawan) were advise to evacuate their habitual residence 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.

**Child Protection** - c/o UNICEF

**GBV: C/o UNFPA**

**KEY RECOMMENDATIONS**

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

1. Sustained and adequate provision of humanitarian assistance, particularly food and non-food items, is imperative.
2. Ensure that sector specific assistance and intervention is observed. Based on the assessment result, Persons with Specific Needs particularly, infant, elderly, persons with disability especially those with reduced mobility are not receiving adequate assistance specific to their situation and needs.
3. Distribution of additional plastic sheets to ensure IDP temporary shelters are well-covered.
4. Accessible WASH facilities; Access to portable toilets that are segregated and gender sensitive, unclogging of toilets, provision of hygiene kits/dignity kits
5. Set-up a mechanism on identifying temporary evacuation sites for the IDPs and ensure consultation among land owners, IDPs and LGUs about the usage of land specifically to privately-owned lands temporarily occupied by the IDPs.
6. Provide alternative Source of Income /Livelihood activities in the form cash for work.
7. Inclusion of IP communities in the priority areas; local government to continue identifying evacuation centers where IDPs are safe and away from the hazardous locations.
8. Regular dissemination of correct information. Timely and relevant information on general situation of the disaster including government plans is needed to keep people informed of the situation and eventually support their decision-making.
9. Establish and maintain emergency health facilities in the evacuation centers with dedicated health personnel to ensure health conditions of the IDPs and affected families are monitored and addressed.

10. Establish and maintain accessible and well-understood feedback and complaint mechanisms within the camps.

11. Setting up of Camp Coordination and Camp Management with trained Camp Manager and ensure meaningful participation of the IDPs in the management of the camp.

12. Provision of Psychosocial Support Sessions (PSS) to women and children, (age-appropriate) and service providers (i.e. first responders), including setting up Women-Friendly Spaces and Child-Friendly Spaces.

13. Registration of affected/displaced families should include disaggregated data (age, gender, and diversity mainstreaming approach)


CHALLENGES

Identify challenges that can include access issues, information gap, coordination etc.


2. Sector specific intervention is a gap that needs to be addressed. In the assessed areas, provision of sector specific assistance to persons with specific needs (PWSN) like pregnant and lactating mothers, women and girls, infants, persons with disabilities and with reduced mobility are very minimal to non-existing.

3. Damaged roads, bridges and hazards caused by landslides and tension cracks especially in remote villages may hamper timely delivery of assistance. Affected families in these location may become isolated and receive minimal to no assistance.

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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 including gender-based violence, the impact of emergency to children may increase the risks for protection issues including physical and environmental dangers. Most children manifested anxiety including signs of distress, nightmares, and change of food patterns resulted to losing of appetite. There were groups who 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 Child Friendly Spaces or safe spaces. Availability of sex and age disaggregated data on children and adolescents make it more challenging to inform the appropriate child protection related interventions. In order to address child protection risks identified during the assessment it is recommended to ensure collection and analysis of sex and age disaggregated data on children and adolescents; provision of community-based psychosocial support services; protection and referral systems are in place; and integration of Child Protection responses to all other sectors.

**KEY FIGURES**

**SITUATION OVERVIEW**

General discussion of pre and post disaster situation of specific sector/cluster of areas assessment

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. While there were no reported child protection cases related to this current emergency, children are even more vulnerable to all forms of abuse, exploitation, neglect violence including physical and environmental dangers. Thus, child protection prevention and response measures should be undertaken.

**KEY FINDINGS**

Risk and Critical Child Protection Risks:

- **Sex and age disaggregated data on children and vulnerable groups.** Most barangays and municipalities assessed do not have sex and age disaggregated data on children and other vulnerable groups such as persons with disabilities (PWDs), female/child headed household, and indigenous peoples affected to inform the planning and implementation of child protection related interventions.

- **Most affected children and their families have psychosocial needs related to the emergency.** Manifestation of anxiety and shocks including signs of distress, nightmares, and change of food patterns resulted to losing of appetite especially among children were reported. There were groups who have provided free play activities for children but there’s 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.

- **Increase risk of children and communities in quake-affected areas to physical and environmental dangers** due to reported damages of houses, learning facilities and other structures in the community that may injure, impair and kill children. Some children are susceptible to fall in slopes, landslide and falling debris.

- **Some protection cases reported.** For most areas, there were no documented child protection or GBV cases related to this emergency. However, some areas had pre-emergency reported cases on family separation1. The additional stress brought about by this crisis could increase the risks for protection issues and abuse cases. Direct observation also indicated protection risks in overcrowded evacuation centers, with no electricity, limited water supply, and very little privacy for evacuees. Emergencies increase the risk of gender-based violence (GBV) as protection mechanisms (law and order, community/family networks) are weakened.

- **WASH and Child Protection.** For most areas assessed, WASH facilities such as latrines and water sources are inaccessible by women and children especially during night time which may increase potential risks for physical danger, abuses and gender-based violence.

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1 Municipality of Hagonoy, Davao Del Sur reported 4 cases of separated children (all boys) due economic activities where parents are working abroad.
KEY RECOMMENDATIONS

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

- **Ensure collection and analysis of sex and age disaggregated data**, to serve as reference in emergency response efforts.
  - LGUs to ensure collection of sex and age disaggregated data on children and adolescent.
  - Support to Child Protection emergency cluster coordination and Information management capacities of LGUs to show coverage of interventions and current gaps for decision making.
  - Immediately convene the Child Protection Working Group to ensure quality and effective Child Protection interventions in affected communities.

- **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 Child Friendly Spaces or Safe Spaces 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 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).

- **Protection mechanisms and referral systems.**
  - 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 capacity building to partners and service providers.

- **Integration of Child Protection Responses to all other sectors.** Ensure a multi-sectoral programming to fully prevent risks, response to children's protection needs and promote children's rights and well-being including but not limited to:
  - Work closely with Education Cluster to ensure that affected children in school environments are provided with PSS and ensure their safety and protection through proper assessment of damaged school facilities and provision of TLS, if necessary, as soon as classes resume.
  - Work closely and advocate with WASH Cluster to ensure that all children have access to appropriate water, sanitation and hygiene services through provision of accessible, gender-disaggregated, well-lit and inclusive (children with disability) WASH facilities to prevent risks of physical and sexual violence and exploitation.

CHALLENGES

Identify challenges that can include access issues, information gap, coordination etc.

- No sex and age disaggregated data on children and in affected communities is a major challenge.
- Recurring of earthquakes resulting to increase anxiety and stress among children and their families resulting to fear of performing their normal and daily routines, such as bathing, sleeping, etc.
- Vulnerable households, including single parent households, persons with disabilities, children and adolescents at a greater risk to abuse, exploitation and gender-based violence as negative coping mechanisms due to the disruption of livelihood of families and weakened protection mechanisms in the affected communities.
- Access of children and adolescents to WASH facilities (latrines and water sources) due to distance may posed greater risks to physical danger, abuses and gender-based violence.

*Please send this completed form to OCHA*
**Overall summary**

**[MAXIMUM OF 500 WORDS]:** Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

**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. Moreover, 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 de Sur, women and girls, boys and other at-risk groups are exposed to GBV risks in evacuation sites. The evacuation sites, including makeshift tents do not have partition, no proper lighting, 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 chose to go back to their homes, in which they need to walk around 20 minutes to get drinking water and use latrines. During night time, they use flash lights when they need to use latrines.

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 the evacuation centers for two months now, thus, exposing women and girls, boys and other at-risk groups to GBV. The provincial government also expressed that they have difficulties in encouraging people to go back to their homes because of the frequent aftershocks and most of their houses have been damaged by the recent 6.9 earthquake.

A GBV case has been monitored which happened sometime in November in one displacement site in the province where IDPs affected by the first earthquake in October are staying. The survivor was referred to the hospital for medical support and later handed over to the Municipal Social Welfare and Development Office (MSWDO). Limited capacity on handling cases of GBV and clarity on referral system for GBV survivors’ access to life-saving interventions are seen as challenge. Although women said on cases of Violence Against Women (VAW) they report directly to the barangay officials or designated VAW Desk officers and Indigenous People Mandatory Representative in the case of IP communities, but these cases are usually settled at the local levels.

GBV risk mitigations in the evacuation sites must be incorporated in the overall priorities of the local government and service providers in providing humanitarian assistance to affected communities sheltering in evacuation sites and home-based, putting into consideration the need of IP communities in hard-to-reach areas i.e. some barangays in Kiblawan and Matanao.

Reactivation of VAW Desks, Local Council Against Trafficking and Violence Against Women and Children (LCAT-VAWC) and other local protection mechanisms that should look into protection of women and girls, boys, and other at-risk or marginalized sectors and GBV survivors’ access to life-saving intervention that requires multi-sectoral response should be a priority.

**KEY FIGURES**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Families or Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiblawan</td>
<td>6,345 families or 19,615 individuals</td>
</tr>
<tr>
<td>Padada</td>
<td>7,462 families; 37,310 individuals</td>
</tr>
<tr>
<td>Hagonoy</td>
<td>8,162 families affected, with 21,550 individuals (MDRMMO, as of Dec 21)</td>
</tr>
</tbody>
</table>

**SITUATION OVERVIEW**

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

Majority of the affected communities by the recent 6.9 earthquake were also affected by the October earthquake. The prolonged stay of these IDPs in the evacuation sites places women and girls, boys and other at-risk groups to gender-based violence. Although prior to emergency, protection mechanisms particularly VAW Desk is functioning according to the IDPs, but VAW cases are mostly settled at the local level. These protection mechanisms, including Women and Children Protection Unit (WCPU) in the hospital should be reactivated and functional to ensure multi-sectoral response to GBV.
Absence of GBV risk mitigations in the evacuation sites may lead to a more problematic situation affecting the overall protection of the IDPs. Setting up GBV risk mitigations and response must be one of the priorities of the local government in providing humanitarian interventions.

**KEY FINDINGS**

**General findings of assessed areas**

**Lack of WASH Facilities in Evacuation Sites.** The lack of WASH facilities in the evacuation sites, including makeshift tents set up by the IDPs themselves exposes women and girls, boys and other at-risk groups to high GBV risks. Women and girls, including elderly use latrines in nearby houses in host communities while other IDPs, including children practice open defecation. In Barangay Tacub, Kiblawan, women and their children chose to go back to their homes, in which they need to walk around 20 minutes to get drinking water and use latrines. During night time, they use flash lights when they need to use latrines in nearby houses.

**No Partition in Evacuation Sites vis a vis lack of privacy.** GBV risk is high as seen in evacuation sites, including makeshift tents in the identified evacuation center where five (5) to nine (9) families are sharing. This poses GBV risk to women and girls, boys and other at-risk groups sharing tents with their families, relatives and neighbours. Although there is no GBV case reported in the recent displacement, this issue on lack of privacy may become a serious concern as families stay longer in crowded ECs.

**Camp Coordination and Camp Management (CCCM).** There is no protection mechanism in place in the evacuation sites except for the barangay officials and personnel looking into number of IDPs for food assistance. Absence of trained Camp Managers that should look into the needs, including overall protection of the IDPs may result to a more problematic situation especially when IDPs need to stay longer in the evacuation sites.

**Need for an Activated Local Protection Mechanisms and Clarity on Referral System for GBV survivors.** According to the IDPs interviewed in the KII and FGD, local protection mechanisms such as VAW Desk and presence of IP Mandatory Representative are existing prior to current emergency, however, some focal persons are now playing other roles aside from the fact that they are also affected by the disaster. Although there is no report of GBV cases in the evacuation sites in the recent displacement, the prolonged stay in the evacuation sites exposes women and girls, boys and other at-risk groups to GBV. An active protection and referral mechanism is part of the GBV risk mitigation that can be set up in the evacuation sites.

**Psychosocial Support to Women and Children and Service Providers/First Responders.** Manifestation of being distressed are seen among women and children sheltering in the evacuation sites. Women said they do not want to be away from their children especially the small ones during night time. Also, they do not have proper sleep especially when they hear strong sound during night time. Psychosocial First Aid (PFA) sessions led by DSWD with Philippine Association of Social Workers, Inc. (PASWI-Mindanao) were given to some IDPs affected by the October 2019 earthquake but these were temporarily stopped due to recent 6.9 earthquake. The psychosocial well-being of the First Responders from the local government should also be looked into as they have been providing support since day one when earthquake hit the province in October.

**Lack of Sex, Age, Disaggregated Data.** There is no disaggregated data on women/girls, men/boys, elderly and marginalized sectors. This could help the government and humanitarian actors to prioritise needs of specific sectors among the affected population. There is also a need to look into the data on pregnant, lactating women, and elderly.

**KEY RECOMMENDATIONS**

**Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns**

- Provision of WASH facilities particularly semi-permanent latrines, bathing cubicles that are segregated and gender sensitive with proper lightnings and safety locks as GBV risks mitigation. Access to regular water supply to lessen the risk for women and girls in fetching water from nearby houses and communities.
- Provision of plastic sheets that can be used as partition while the local government cannot provide yet one tent per family and proper lighting inside makeshift tents and evacuation sites.
- Establishment of CCCM in every evacuation site and training of Camp Managers that includes Gender-based Violence in Emergencies to into the protection needs of the IDPs. Setting up of CCCM should include committee on VAW/GBV where Focal can either be the VAW Desk Officer or representative from the IDPs that can also be capacitated.
- 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.
- Provision of Psychosocial Support to women and children and Service Providers/First Responders
- Provision of flashlight/solar lamps, women/dignity kits for pregnant and lactating women in the evacuation centers.
- Local government/MSWDO to ensure collection of Sex, Age, Disaggregated Data

**CHALLENGES**

Identify challenges that can include access issues, information gap, coordination etc.
Access to hard-to-reach areas where Indigenous Communities are dwelling is one of the challenges in getting the clear information as to the needs of the IDPs in the hinterlands and determine appropriate interventions, especially for women and girls, boys and other at-risk groups. There is a danger that these IP communities maybe left behind due to issue of accessibility.

The Reactivation of local protection mechanisms such as LCAT-VAWC, VAW Desk, and operationalization of Women and Children Protection Unit at the provincial hospital is important to ensure GBV survivors’ access to multi-sectoral response.

For humanitarian actors to integrate Gender-based Violence in emergencies as part of the protection across the humanitarian interventions. Taking into consideration GBV risk mitigations and response are integrated in the humanitarian response of all sectors.

*Please send this completed form to OCHA*
PHILIPPINES: DAVAO DEL SUR 6.9 EARTHQUAKE ASSESSMENT REPORT

CLUSTER/SECTOR: SHELTER

Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

The Davao Del Sur Earthquake affected the municipalities of Matanao, Kiblawan, Hagonoy, and Padada to varying degrees. In the affected municipalities, between 36% - 49% of shelters are comprised of light construction materials.\(^1\) Housing typologies vary from traditional lightweight structures to semi-light weight structures comprised of wood framing, hollow block walling and 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\(^2\). There are almost 50,000 people that are displaced, and the majority have 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 concern 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 9 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 infrastructure damaged left families isolated for 7 days and in Barangay Katipunan where the access bridge has suffered damage.

There is no indication of self-recovery yet due to damage, as well as trauma and fear of further earthquakes, with many households choosing to utilise tarpaulins, plastic sheeting, tents and other lightweight, makeshift materials to mitigate the impact of this earthquake and any subsequent earthquake. After provision of immediate emergency shelter material, it is recommended to provide orientations on safe construction practices, in line with Build Back Safer (BBS) and building codes, and earthquake preparedness training to support any material assistance for self-recovery. This can be achieved by providing ‘software’ recovery shelter assistance options such as: (roving teams providing) advice and awareness raising using Philippine Shelter Cluster BBS messages; mass sensitisation using demonstrations of safer techniques on construction elements; on the job trainings for local builders and carpenters; preventative reinforcement and retrofitting of shelters/houses; etc. In areas where it is deemed unsafe or high risk to return and construct shelters, appropriate transitional site options may need to be considered.

Most vulnerable groups identified for immediate support:

1. Displaced, vulnerable households (such as single-headed households, 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 that are displaced from high-risk areas
4. Trauma and fear of further earthquakes has impacted

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\(^1\) Source: Shelter and Water Supply (PSA 2015 CPH)

\(^2\) Source: DROMIC Report #5, as of DEC 20 2019.
**Table 1. Number of Affected Families / Persons**

<table>
<thead>
<tr>
<th>REGION / PROVINCE / MUNICIPALITY</th>
<th>NUMBER OF AFFECTED</th>
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<tbody>
<tr>
<td></td>
<td>Barangays</td>
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<tr>
<td>GRAND TOTAL</td>
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<tr>
<td>REGION XI</td>
<td>166</td>
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<tr>
<td>Davao del Sur</td>
<td>166</td>
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<tr>
<td>Bansalan</td>
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<tr>
<td>City of Digos (capital)</td>
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<td>Hagonoy</td>
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<td>Kiblawan</td>
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<tr>
<td>Santa Cruz</td>
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<td>Sulop</td>
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**Table 4. Number of Damaged Houses**

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<th>NO. OF DAMAGED HOUSES</th>
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</thead>
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<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
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</tr>
<tr>
<td>REGION XI</td>
<td>25,279</td>
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<tr>
<td>Davao del Sur</td>
<td>25,279</td>
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<tr>
<td>City of Digos (capital)</td>
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<td>Hagonoy</td>
<td>5,760</td>
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<td>Magsaysay</td>
<td>10,348</td>
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<td>Malalag</td>
<td>491</td>
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<td>Matanao</td>
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<td>Padada</td>
<td>3,311</td>
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<tr>
<td>Sulop</td>
<td>300</td>
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**SITUATION OVERVIEW**

General discussion of pre and post disaster situation of specific sector/cluster of areas assessed

Due to their livelihoods, many of the affected population are from farming communities and live in interior barangays. Housing typologies vary from lightweight structures in rural areas to single storey concrete masonry houses with metal roofing in peri-urban areas. A lack of reinforced materials and foundations make houses susceptible to earthquake.

Displaced families come from houses which are totally/partially damaged, as well as from houses which residents feel are at risk of collapse during a future earthquake. Families are in need of emergency shelter support, in the form of shelter grade tarpaulins and tents, to mitigate exposure to the elements as well as to help address protection concerns.

Markets don’t seem to be heavily affected by the earthquake and materials are currently available in stores across the majority of affected areas. However, a number of barangays have suffered damage to their transportation infrastructure (such as bridges and roads). This has impacted access to both relief items, as well as the wider market.
KEY FINDINGS

MATANAO

Damage

- In Tamlangon, it is estimated that 80 per cent of houses are partially damaged and 20 per cent are totally damaged.
- 20 totally damaged houses in San Miguel; 203 partially damaged houses in San Miguel. Majority in hinterland barangays sustained partial and total damages to houses causing families to stay in evacuation sites.

Needs

- Most immediate needs are for tents, shelter grade tarpaulins, mosquito nets, solar lamps.
- A minority of families have requested shelter kits and cash assistance. Lack of interest largely due to trauma and fear.
- DSWD has provided material but not all families have received sufficient tents and tarpaulins to cover needs of the families.
- Some families have had to borrow plastic sheeting while others buy their own in addition to the ones received from DSWD.
- People are terrified in staying inside houses. Some families have set up makeshift tents near their houses.

HAGONOY

Damage

- 4954 houses partially damaged, 1954 totally damaged houses (local source: MDRRMO).

Needs

- LGUs expressed the need for shelter assistance particularly tents, plastic sheeting, repair and light construction materials.
- BLGU expressed the need to identify relocation sites for purok 5-A of Barangay Sacub, Purok 7 and 8 for Barangay Balutakay and Purok 02 for Barangay Aplaya because it is no longer safe for rebuilding their houses.
- 80 families staying in Baka Park, Guihing were advised by the land owner to vacate the area by 24 December 2019. On-going discussion between LGU and land owner to discuss extension areas where they can temporarily be relocated.
- Parents expressed that the evacuation center in Aplaya is not safe for children due to presence of trees within the camp, underscoring the trauma and fear of subsequent earthquakes.

KIBLAWAN

Damage

- As of 21 December, 3,619 partially damaged, 523 partially damaged based on MDRRMO report.

Needs

- IDPs expressed insufficient provision of plastic sheets and no partition between 5-9 families sharing in one tent.
- High protection concerns as makeshift tents in the identified evacuation center are hosting five (5) to nine (9) families from the indigenous community without partitions and adequate lighting.

PADADA

Damage

- 4,286 houses partially damaged, 1075 totally damaged (initial report of MSWD Padada).
- Families with damaged houses have set up make shift tents directly outside their houses.

Needs

- BLGU expressed need for tents and tarpaulins as well as repair and construction materials. Some households prefer light construction materials for any future recovery (wood, amakan).
- There is one evacuation center, located in Brgy Quirino, with 117 families. This evacuation center opened in October with 32 families. Additional emergency shelter support needed to address capacity issues.
KEY RECOMMENDATIONS

Key immediate needs of assessed areas and list of recommendations including cross-cutting issues and inter-cluster concerns

Short term/ emergency shelter assistance options recommended:

1. **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.
2. **Build Back Safer (BBS) messaging and Earthquake Preparedness trainings** for households, barangay captains, municipalities, community volunteers regarding repair/reinforcement of timber frame houses and lightweight roofs using the Philippine Shelter Cluster key messages. This will improve technical capacity and support wider MHPSS for trauma and fears over further earthquakes.

Medium term / shelter recovery assistance options recommended:

1. **Mines and Geosciences Bureau (MGB) clearance and LGU Building Code compliance** for potential areas for reconstruction and construction.
2. **Shelter market assessment** on local availability of high quality CGI, min. thickness 0.475 mm (28 gauge) suitable for high wind and typhoon prone areas; hardwood and coco lumber (in case of cash interventions).
3. **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.
4. **‘On-the-job’ training for local builders and carpenters** on BBS techniques for safer construction and repair.
5. **Preventative reinforcement and retrofitting of shelters/houses in cleared areas**;
6. **Community-based and participatory methodologies for sensitisation on BBS techniques on construction elements, community action planning and implementation of community-led mitigation measures at shelter and settlement level; on the job trainings for local builders and carpenters.**

CHALLENGES

Identify challenges that can include access issues, information gap, coordination etc.

1. **Accessibility issues reported. Some roads and bridges are not passable/accessible.**
2. **Risk of further earthquakes and continuing aftershocks poses a significant challenge.**
3. **Significant need for MHPSS with BBS and earthquake preparedness training to support shelter interventions.**

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Overall summary

[MAXIMUM OF 500 WORDS]: Highlights of the overall findings, key immediate needs of assessed areas, recommendations and challenges

The earthquake, and even the continuing aftershocks, is currently impacting on the 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 will require ability to purchase (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, particularly in the latter case, resulting to 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 continuing aftershocks and persisting fear of another major earthquake.

SITUATION OVERVIEW

The earthquake and the following series of aftershocks have seemingly damaged water connections, i.e., pipes, such that distribution capacity of water districts for Level III water systems are now reportedly significantly reduced. Technical assessments however would still have to be conducted to determine the extent of such damage. In the meantime, affected households are generally relying on their traditional, alternative sources which are mostly Level I water systems, e.g., handpumps, that are susceptible to contamination and few to start with. In the town centers, those who can afford are buying water from water refilling stations. In the hinterlands and coastal areas, people are said to be collecting water from surface water sources, e.g., rivers, 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.

With aftershocks continuing people have been afraid to stay in their own houses which, in most cases, have sustained considerable damages from the earthquake. A significant number have chosen to stay in LGU-designated evacuation centres that have very limited WASH facilities: no nearby water sources, oftentimes with only a few toilets, sometimes not even functional (clogged), etc. Majority have set up makeshift shelters outside their homes while still being able to access their WASH facilities, albeit in fear, with the continuing aftershocks. Still, others have grouped themselves to establish informal/makeshift evacuation camps that have no WASH facilities at all and in fact, still not being recognised as “official” evacuation centres which limits provision of services by concerned LGUs and municipal agencies. At the moment there are initial but still very minimal efforts to construct temporary latrines only in formal/official evacuation centers.

In the municipalities assessed, market operations have been slowed down by the earthquake, not to mention that prices have gone up, most likely affecting the ability of affected households to purchase basic hygiene items.

KEY FINDINGS

WATER

- Many of the water systems in the assessed areas were damaged by the earthquake. As a result, affected population now have insufficient access to water mainly for drinking. In some areas where potion of piped water systems is still functional, affected population only used it so household and domestic use – the quality of the water might have been affected by the earthquake. Still, some get water for drinking from the affected water facilities where the water becomes turbid and/or taste salty at times.

- In Matanao, 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 population staying in evacuation camps do not have enough containers for storing drinking and domestic water especially as in most cases, evacuees still have to go back to their places of origins many kilometres away to fetch water from their usual sources.

SANITATION

• Open defecation is practiced in most evacuation camps with the lack of latrines especially at night. While IDPs in some camps resorted to using their toilets in their damaged housed due to the lack of latrine and bathing facilities in the camp sites. They also take baths just outside their houses and go back to the evacuation centres after. This is despite the fear of using the sanitation facilities in their houses (fear of the house collapsing).
• Due to lack of bathing facilities in some camps, both men and women are bathing in the open which could bring forth a number of protection issues.
• It is assumed that with totally damaged houses, sanitation facilities have also collapsed. Numbers, however, would still have to be validated.

IDPs expressed need for hygiene items.

CURRENT RESPONSE FOR WASH

• Though some LGUs construction sanitation facilities, the quantity is not enough. AFP is constructing sanitation facilities in camps in Padada.

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 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 using as alternatives, e.g., handpumps.
• Intensified hygiene promotion, including on household water treatment, collection, and safe storage.

CHALLENGES

In general, data validation is still ongoing, and this is somehow slowing down the establishment of an overall picture of the disaster situation.

Capacity of LGUs and local water districts to access extent of damage to water systems.

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