

TYPHOON ODETTE (RAI) EMERGENCY RESPONSE SNAPSHOT

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UNITED NATIONS POPULATION FUND

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SITUATION AT A GLANCE

On December 16th, 2021 Super Typhoon Rai (locally called Odette) slammed into the Philippines with sustained maximum winds of 195 and gusts of up to 260 km/hr. A total of nine landfalls left significant devastation with the most severely impacted areas being the coastal communities of Surigao del Norte, Dinagat Island, Southern Leyte, Bohol, and Cebu.



People in Affected Areas:

16 Million



Total Women of Reproductive Age:

4,136,672



Total Pregnant Women:

265,200



Total women with anticipated pregnancy-related complications:

39,780



Total People in Need:

2.4 Million

UNFPA Philippine Response

Two months after landfall and alongside government agencies and humanitarian partners, UNFPA has responded to the needs of these communities ensuring the protection of women and girls, increased access to sexual and reproductive health, and integration of mental health and psychosocial support (MHPSS) into programming on the ground. Increased training and sensitization has been extended to facilitators of these services to ensure quality provision of care to the most vulnerable. Immediate distribution of commodities was undertaken to allow unhindered continuity of medical care, including for prenatal, delivery and postnatal care and clinical management of rape. Under UNFPA, coordination mechanisms for the gender-based violence (GBV) sub-cluster and sexual and reproductive health (SRH) working group were activated, allowing more effective collaboration amongst response partners and the coordinated collection of essential data for each area of responsibility. UNFPA has sought direct feedback both from the government and those most affected to ensure that the response has been appropriate and swift.

Sexual Reproductive Health (SRH)

- Deployed mobile Women's Health on Wheels (WHOW) vehicle in Southern Leyte. Two babies delivered, with on-going reproductive health consultations including prenatal care, postnatal care, family planning, and health information sessions.
- Four Emergency Medical Tent Facilities (EMTF) established offering sexual and reproductive health care to communities with disrupted services; to date thirty-six babies have been delivered.
- Distribution of reproductive health kits, including: 9 clean delivery kits for 1800 safe births, 9 provider kits to enable 45 community midwives / nurses with bags, flashlights and raingear, 12 kits to provide essential medications and supplies for primary care birthing units, each covering a population of 30,000 for 3 months, 4 kits to provide acute care supplies to referral-level hospitals for obstetric complications, each covering a population of 150,000 for 3 months.
- Cash for health available for 2350 pregnant or postpartum women to contribute to essential baby supplies, transportation, and maternity needs.
- Facility repairs completed to one Provincial Hospital delivery and operating room
- Maternity packs for 1100 women distributed containing maternity and newborn hygiene supplies
- Distribution of family planning to facilities, including 5000 packs of oral contraception covering more than 3000 women for three months, and 10,000 condoms covering 277 men for 3 months
- 2500 Hygiene Kits provided to pregnant and lactating mothers

Gender-Based Violence

- Reactivated GBV sub-cluster coordination mechanisms both at the regional and provincial levels in Caraga and Southern Leyte.
- Developed life-saving messages on GBV and protection from sexual exploitation and abuse (PSEA) alongside government and trafficking and child protection partners.
- Set-up data collection tool to capture information from GBV and Child Protection actors at regional and national levels
- 100 internally displaced women and adolescent girls (from provinces of Surigao del Norte and Southern Leyte) were trained together with Municipality government actors and police officers on Women Friendly Space (WFS) management and survivor-centered approach to gender-based violence,
- 2 WFSs established in Southern Leyte for women and girls, 8 additional WFSs pending

Gender-Based Violence (Continuation)

- 1000 at-risk women, including women with disabilities, adolescent mothers and GBV survivors were provided with psychological first aid (PFA) and supported with cash assistance for protection risk mitigation and support to rebuild their lives in Surigao del Norte.
- 700 women and girls, men and boys reached with Psychological First Aid and GBV risk mitigation activities.
- 3,200 dignity kits containing hygiene supplies, disposal menstrual pads, protection items distributed to women and girls in affected areas
- Three computer sets handed over to Philippine National Police-Women and Children Protection Desks (PNP-WCPD) for the recording and filing of GBV-related cases in court.
- Continuous protection monitoring and support to referral of GBV survivors to multi-sectoral services immediate life-saving interventions
- 540 solar radios distributed for Province of Dinagat Island.
- Facilitated the establishment of one-stop center in Southern Leyte which provided integrated and specialized healthcare services to GBV survivors.



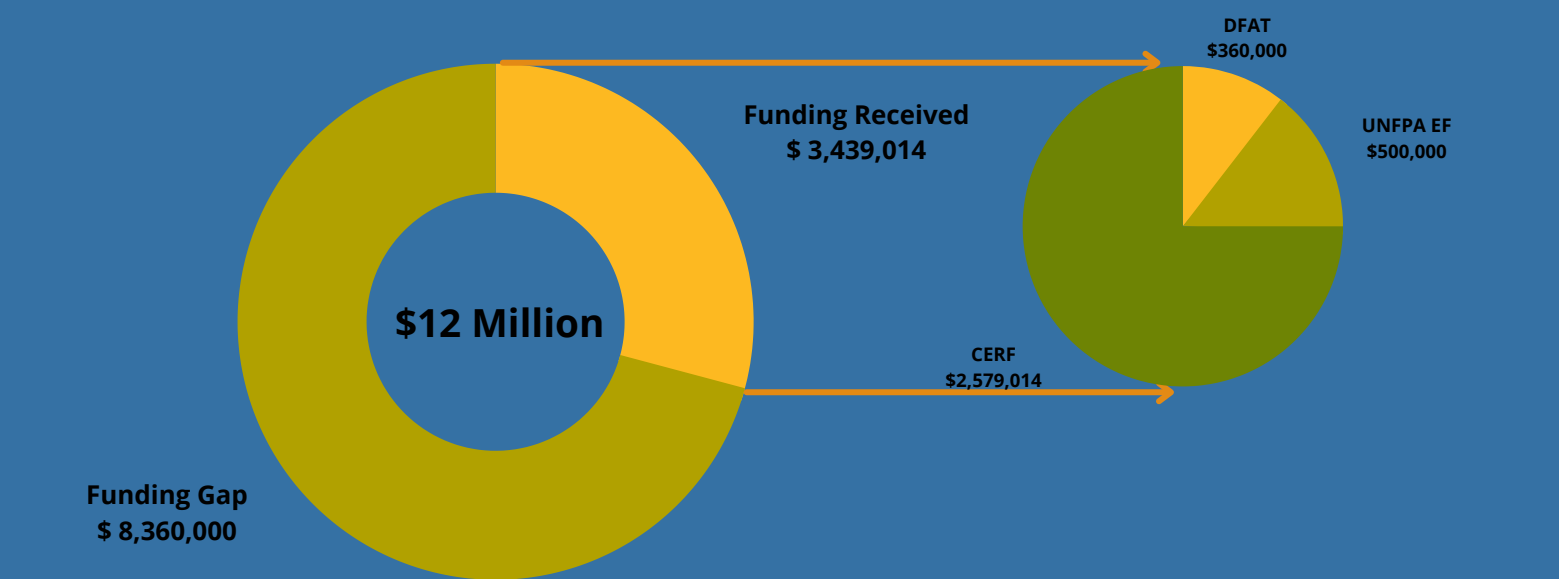
The Gaps and Challenges

Unfortunately, the extent of the damage to affected areas and the unmet needs of the population has outweighed the ability of UNFPA to fully respond with the emergency funds received to date. Much more is needed to cover both the humanitarian response and early recovery and to ensure that no one is left behind.

- 17 million homes were damaged, of which 415,000 were completely destroyed leaving women and girls living in make-shift shanty towns, evacuation centers, or doubled up with relatives. In addition, power has not been fully reestablished in all affected communities, and supply chains for food and consumables have not been returned to normal. These scenarios increase the risk of gender-based violence and exploitation.
- Women and adolescent girls and boys are reporting that they continue to feel stress from the loss of livelihood, shelter and essential services - including education, and require more extensive psychosocial support.
- The number of adolescent pregnancies increased during COVID-19, and again after the super typhoon placing girls at higher risk of physical complications and their families under pressure of increased financial burden.
- Birthing units and rural health units were destroyed, and in many parts of the country, remain inoperable today. Women and girls who require reproductive health services, including safe delivery, are required to travel much further for care. This adds undue strain on the human resource and supplies at the provincial and regional level hospitals.
- As operational sites are fewer and further away, women and girls needing referrals for GBV services, reproductive health - including obstetric emergencies, and support for MHPSS must pay for transportation. With livelihoods affected, some simply cannot access the services that they require. Those living on island communities or barangay are further impacted as the costs for boat travel can be prohibitive.

Left Photo: Jolina, 23, was eight months pregnant when Typhoon Odette (Rai) slammed Siargao Island. Siargao Island Medical Center is 50 km away from here home.

Funding Requirements: 12 Million USD



- Funds Required for SRH - 6,000,000 USD
- Funds Required for GBV - 6,000,000 USD

UNFPA Strategy

UNFPA intends to use a multi-pronged strategy to address the on-going immediate and acute needs of the affected population, and to ensure sustainability throughout early recovery and beyond. Integration of protection, health and mental health services including prevention of sexual exploitation and abuse (PSEA) will have the highest impact to the greatest number of people, and so a continued integrative approach will be implemented. Capacity building of national staff posted in the affected areas will ensure trained providers and facilitators to provide long-lasting and quality services to women and girls. While transportation issues will be addressed, a focused support to local facilities will ensure increased access at the community level to essential services. Livelihoods will be a priority for early recovery to empower typhoon-affected women, decrease financial burden on the family, and to mitigate the risks of abuse and exploitation. UNFPA plans to:

- Invest in reproductive health education, emergency stabilization, and referral for reproductive health in WFSs. Ensure capacity building for psychosocial first aid, GBV education, and referral at health care facilities and birthing units. Include education for PSEA and provide information on referral systems, reporting, and care for the survivor.
- Establish maternity waiting homes for high risk women and girls from island and isolated communities prior to delivery so that they are in close proximity of a referral hospital with the capacity for safe delivery (surgical, blood transfusion, management of eclampsia, prematurity etc.).
- Continue with distribution of commodities to government facilities who are currently experiencing stock out of family planning, basic and emergency medications and supplies for delivery. Prioritize birthing facilities that have been rehabilitated by UNFPA to ensure fully operational services.
- Establish adolescent friendly spaces to address the need for MHPSS, GBV education / mitigation or referral, and prevention of early pregnancy through reproductive health education and referral for family planning. Include and sensitize adolescent boys in reproductive health and GBV prevention education.
- Provide a life-saving sea ambulance for emergency care from island communities to the regional hospital to mitigate the high out of pocket costs / inability to pay.
- Initiate response to costly transportation through a voucher system within island and isolated mountainous communities.
- Provide livelihood activities within the WFS, including menstrual pad, diaper and mask production, basket making, or agriculture, based on the interest of the participants.
- Continue with coordination efforts under the GBV sub-cluster and SRH working group, ensure timely and accurate data collection and efficient partner programming and use of resources.
- Ensure continued UNFPA field monitoring and evaluation to confirm high quality services are being offered and to verify responsible use of funds.



Highlight Stories

Happy mothers with their babies, some of the many who delivered safely in emergency maternity tents close to home and under the dedicated care of skilled birth attendants. These mothers also appreciate the maternity kit provided by UNFPA and partners.



'I am glad to know the various forms of abuse like economic, verbal and emotional abuse which I learned during the training', expressed by Jackie, one of the 80 women who attended the UNFPA 3-day facilitator training for Women Friendly Spaces. Despite her home being destroyed, she chose to be an agent of raising awareness of GBV, women's rights, and GBV referral pathways and to facilitate access of survivors to life-saving services.

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