

# TYPHOON ODETTE RESPONSE Six months on



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## Situation Report #9

UNFPA Philippines produced this report in collaboration with its key humanitarian partners. This report covers the period June 1-30 2022



## Our Reach At A Glance

It has been six months since Super Typhoon Odette/Rai made its landfall in the Philippines and wreaked havoc in most parts of the Visayas and in the north-east side of Mindanao, affecting 11 of the 16 million inhabitants and damaging over 2.1 million houses.

In April, Tropical Storm Megi (locally called Agaton) hit the Eastern Visayas region, exacerbating the effects of Typhoon Rai - where there were still over 12,000 displaced people present - and wreaking more damage across Leyte, Southern Leyte, Surigao del Norte, and Dinagat Islands. Flooding and landslides resulted in 2 million newly affected people and an additional 258,000 displaced.

The majority of the response intervention has concluded as CERF funding ended on June 30, 2022. The call for early recovery assistance is high to support the return to economic, health, education, and livelihood stability of the population, especially those that continue to be internally displaced. Although most of them have returned, the Humanitarian Country Team emphasized that development should be integrated into response and early recovery efforts to provide sustainable and long-term solutions for affected communities, including education, economic, and livelihood support.

UNFPA through its collaboration with the government and local implementing partners continues its commitment to support and provide life-saving services to respond to the needs of the most vulnerable women and girls.

To date, we reached a total of **215,135** through the provision of essential, gender-responsive services.

### Sexual and Reproductive Health



- Completed **repairs for 17 rural health units (RHU)**, barangay health centers (BHC), and hospitals, including a Child and Youth Crisis Center.
- Four Emergency Maternity Tent Facilities (EMTF)** have been established in locations where preexisting birthing facilities were damaged and deemed inoperable. These facilities serve as temporary sites for the provision of all reproductive health services including birth and a point of contact for those seeking support for GBV.
- Women's Health on Wheels** was procured and is deployed for mobile health services in Southern Leyte. Initial rapid deployment of supplies included **13 reproductive health kits**, each containing supplies for a 3-month period of time and geared towards either community, primary care, or referral level services.
- Women's Health on Water** (sea ambulance) was also deployed in the Province of Dinagat Islands to support the transportation of pregnant and lactating women seeking much-needed SRH services, such as antenatal care, delivery care, postnatal care, immunization, sexually transmitted infections/HIV, GBV and MHPSS.



- A total of **2,907 maternity kits** with basic supplies for neonates were distributed to newly delivered mothers and their infants.
- **153 Reproductive Health Medical Missions** which reach women and girls with SRH services and community-level information sessions on topics such as safe motherhood, family planning, psychological first aid, adolescent SRH, and GBV referral pathways and support.
- **2350** distributions of “**cash for health**” assistance were also given to women and adolescent girls attending antenatal and postpartum care in Southern Leyte and Caraga region.

### Gender-based Violence



- Established **10 Women Friendly Spaces (WFS)**, of which across three provinces. For each WFS, there have been 20 local facilitators trained to provide services and first-line psychological first aid at the community level.
- **19,976 women and girls reached** with GBV and referral pathway info through WFS sessions.
- **234 distributions of cash for protection** assistance were provided for WFS facilitators which helps support women and their families and inject the local economy with additional cash flow.
- A total of **14,125 dignity kits, solar lamps, and radios** have been provided to women and youth.
- Delivered **6 prefabricated modular units for WCPU** to ensure multidisciplinary teams are back to full capacity with multidisciplinary services for survivors, Training has been provided to the regional-level government staff for GBV principles and mental health and psychosocial support (MHPSS) to ensure the integration of mental health

## Funding

The largest source of funding for the response to date was through the Central Emergency Relief Funds (CERF) which provided UNFPA with \$2,579,014 which allowed for integrated response activities in ten specific municipalities in Caraga and Southern Leyte.

The Australian DFAT provided AUD 500,000 with more flexible allowances for activities in nine additional municipalities.

UNFPA Emergency Funding has allowed an additional \$500,000 which has largely supported the need for human resources and increased the capacity to implement humanitarian interventions.

An additional \$1 million from USAID is in the pipeline to address continuing needs of women and girls, until December 2022.







## Looking forward

Building on the gains in the last six months of the response, UNFPA will ensure that there is continued access to quality life-saving sexual and reproductive health (SRH) and gender-based violence prevention services in typhoon-affected areas. From July to December 2020, UNFPA aims to achieve the following:

UNFPA will further strengthen the coordination mechanisms activated post-disaster. Coordination among GBV actors is crucial in ensuring efficient and effective GBV prevention and response interventions while health service coordination between the levels of care enables service providers to exchange information as necessary and address patients' needs.

Strengthen the capacities of Barangay Health Workers (BHW) to reach women and girls with essential and lifesaving reproductive health information and referral, to identify high-risk community members, and to educate and counsel to raise awareness and autonomy of vulnerable populations.

Initiate response to costly transportation through a voucher system within the island and isolated mountainous communities for maternity care, prioritizing adolescent, disabled, and high-risk women and girls;

Strengthen the ability of multidisciplinary teams (police, healthcare workers, case managers, legal providers) to offer quality, confidential, and survivor-centered care to those seeking support for GBV.

### Funding Contributions from:



United Nations  
**CERF** | Central  
Emergency  
Response  
Fund

### Implementing Partners



CATW-AP



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