

## SUMMARY FIGURES

Out of **2,233,893** of people affected based on DROMIC Reports:



**537,309**  
estimated affected Women of Reproductive Age (WRA)



**17,606**  
estimated # of pregnant women

Out of **655,256** of people who are displaced:



**159,566**  
estimated # of WRA who are displaced



**5,000**  
estimated # of pregnant women who are displaced



## BACKGROUND FIGURES



**16,545,846**  
total population in affected areas



**162,331 | 24,350**  
estimated # of Pregnant Women in Affected Areas and Estimated # that may have complications



**4,057,439**  
total no. of Women of Reproductive Age in affected areas



**479,281**  
women having unmet need in family planning (pre-disaster)



**295**  
hospitals or infirmaries that experienced category IV+ typhoon

## SITUATION OVERVIEW AND HIGHLIGHTS

### I. Current Situation

On 16 December 2021, Super Typhoon Rai (local name Odette) made its first landfall in Surigao Province before traversing several provinces in Visayas and Mindanao, with maximum sustained winds of 195 km/h and gustiness of 260 km/h in westward direction. By 18 December, after leaving the Philippine Area of Responsibility with a total of nine landfalls, ST Rai left significant devastation in Regions V, VI, VII, VIII, IX, X, XI, XII, and Caraga, as well as the province of Palawan. Based on initial data, communities in Surigao del Norte, Dinagat Island, Southern Leyte, Bohol and Cebu were the most severely affected. On 21 December, President Rodrigo Duterte declared a state of calamity in Region IV-B (MIMAROPA), Region VI (Western Visayas), Region VII (Central Visayas), Region VIII (Eastern Visayas), Region X (Northern Mindanao) and Region XIII (Caraga). Super Typhoon Rai is the strongest storm to hit Mindanao in 10 years and the 3rd ever strongest recorded storm in the Northern Hemisphere.

According to NDRRMC, ST Rai destroyed various facilities, flood control projects, roads, bridges, and other infrastructures which amounted to PHP 225,170,000. It also affected various agricultural products worth PHP 118,284,774. At least 54,783 houses were either totally or partially destroyed, while 5,391.77 hectares of crops, and many livestock and poultry areas were completely wiped out in the affected regions. While restoration efforts are ongoing, most areas are still experiencing power outages, limited access to water, and intermittent interruptions in cellular communications. Some local government units remain isolated and impenetrable due to destroyed thoroughfares and connecting bridges which makes conduct of humanitarian and relief operations a huge challenge.

## HUMANITARIAN NEEDS

Based on initial assessment data sourced by UNFPA from its partners, affected provinces, including Dinagat Islands, Surigao del Norte (including Siargao Island), and Surigao City have very limited pre-disaster capacity on maternal health and are experiencing significant disruption of sexual and reproductive health services. It is estimated that 69,377 women of reproductive age (inclusive of pregnant and lactating women, girls, women with unmet need for family planning) are in evacuation centers. According to the Department of Health, a total of 128 health facilities, including hospitals and rural health units, were hit by Category 4 wind gusts.

Initial assessment reports indicate that protection mechanisms and services in the typhoon-affected sites have either been compromised, or are limited in capacity even before the disaster. At least 31 Women and Child Protection Units (WCPU) have been affected to date, while local committees on anti-trafficking and violence against women (LCAT-VAW) are either absent/inactive or lacking capacity. Data from the National Demographic and Health Survey in 2017 showed a prevalence of ever-married women age 15-49 who had ever experienced physical, sexual, or emotional violence committed by any husband/partner of 38% in Caraga, 13% in Region VI, 19% in Region VII, 25% in Region VIII, and 4% in ARMM. In the context of this super typhoon, the risk of exposure to gender based violence, particularly for women and girls and marginalized populations, will further increase.

Taking into account the data above, UNFPA indicative priority areas include CARAGA, Central Visayas, Western Visayas, Provinces of Negros Occidental and Palawan. The priority areas based on the extent of damage and the number of people affected are the following areas: Regions VII and CARAGA, and the Provinces. The current situation in these priority areas are as follows:

Indicators	CARAGA	Central Visayas	Leyte & S. Leyte	N. Occidental	Palawan
Total Population	2,596,709	7,396,898	2,388,518	3,059,136	1,104,585
Women of Reproductive Age	616,657	1,854,763	566,692	747,232	272,095
Adolescent Girls (10 to 19)	267,274	728,668	245,576	297,467	121,151
# of Pregnant Women*	23,295	88,418	18,586	19,158	12,874
# of Pregnant Women with Complications*	3,494	13,263	2,788	2,874	1,931
Estimated with Unmet Need*	76,465	239,264	59,503	69,493	34,556
Prevalence of IPV within last 12 months**	49%	37%	40%	29%	26%

\* Estimated figures from UNFPA MISP Calculator

\*\* Regional prevalence from the 2017 National Demographic and Health Survey

## II. Current Situation in Indicative Priority Areas

The table below presents the estimates of WRA and pregnant women among the affected and displaced population, as well as those who are temporarily sheltered in evacuation centers.

Region	Affected Population	AFFECTED POPULATION		Total Displaced	TOTAL DISPLACED		Displaced in ECs	INEC	
		Estimated WRA	Estimated Pregnant Women		Estimated WRA from Total Displaced	Estimated Pregnant from Total Displaced		Estimated WRA in EC	Estimated Pregnant in EC
MIMAROPA	22,225	5,475	230	11,275	2,777	131	11,223	2,765	131
Western Visayas	723,436	177,021	5,202	352,233	86,069	2,307	193,590	47,492	1,272
Central Visayas	134,143	33,783	1,627	53,335	13,576	659	53,202	13,543	657
Eastern Visayas	907,887	213,632	6,754	23,358	5,514	159	23,358	5,514	159
CARAGA	446,202	106,620	3,793	215,055	51,630	1,744	159,401	38,333	1,276
<b>TOTAL</b>	<b>2,233,893</b>	<b>536,531</b>	<b>17,606</b>	<b>655,256</b>	<b>159,566</b>	<b>5,000</b>	<b>440,774</b>	<b>107,647</b>	<b>3,495</b>
%		24.02%	0.79%		24.35%	0.76%		24.42%	69.90%

\* Affected population counts are consolidated from DSWD DROMIC reports. WRA population is estimated using regional proportion of WRA as DROMIC data is not age and sex disaggregated

### III. Reports on status of service delivery networks for the 3 zeroes (health facilities)

Sexual and Reproductive Health	<p>Caraga Region, Southern Leyte, Leyte</p> <ul style="list-style-type: none"> <li>• Dinagat Islands, Surigao del Norte, Surigao City and Siargao have very limited pre-disaster capacity on maternal health and are experiencing significant disruption of sexual and reproductive health services.</li> <li>• Maternal health and family planning services are continuously provided by the hospital, but still need immediate support.</li> <li>• In-patient OB cases as of 21 December 2021 is at 74. OB ward has only 33 beds capacity. This is about 225% occupancy. Referrals from Dinagat and Siargao are accommodated in Caraga Regional Hospital (CRH). EMTF is not appropriate for CRH; some instruments used have rust, additional NSD, D&amp;C, DR and OR beds needed.</li> <li>• Blood bank facility and vaccination area were damaged by the typhoon. Blood bank is temporarily placed along the hospital corridor and is operational.</li> <li>• FP services are provided to postpartum women: main FP methods are PPIUD and PSI. FP commodities are provided by the Surigao City Health Office and Surigao Provincial Health Office. It is projected that FP supplies will run on stock out.</li> <li>• Private hospitals are open.</li> <li>• Majority of the IDPs are home-based. No data yet from Surigao del Norte. Data is only from Surigao City. IDPs are temporarily sheltered at schools. About 7-8 families (20-30 pax) are housed in 1 room.</li> </ul>
Gender-Based Violence	<ul style="list-style-type: none"> <li>• GBV risks continue to increase as women and girls remain in cramped displacement sites without electricity, water, latrines and partitions inside the evacuation centers.</li> <li>• Protection mechanisms are disrupted, rendering women and girls more vulnerable to GBV.</li> <li>• At least 31 pre-existing multi-sectoral GBV service delivery points, namely Women and Child Protection Units (WCPU) have been affected.</li> <li>• Local coordination committees on anti-trafficking and violence against women (LCAT-VAW) are either absent/inactive or lacking capacity.</li> </ul>

### IV. Assessment results in Field Missions

### Surigao City

1. About 80-90% of houses are damaged.
2. Local businesses have opened; food products are continuously delivered to the city.
3. Private hospitals are open.
4. Majority of the IDPs are home-based.

### Caraga Regional Hospital (CRH)

1. CRH is a level 2 hospital, with a 150 bed capacity. No private practice in the hospital. All cases are in no balance billing.

2. Maternal health and family planning services are continuously provided by the hospital but need immediate support:

- Census of in-patient OB cases as of 21 December 2021 is at 74. OB ward has only 33 beds capacity. This is about 225% occupancy. Referrals from Dinagat and Siargao are accommodated in CRH. EMTF is not appropriate for CRH, UNFPA is requested to augment hospital beds.
- Replacement of equipment and instruments used for deliveries (some instruments used have rust, additional NSD, D&C, DR and OR beds needed)
- Blood bank facility and vaccination area were damaged by the typhoon. Blood bank is temporarily placed along the hospital corridor and is operational.
- Adolescent pregnancies are catered. Youngest cases recorded last year: 12 and 13 years old. Both were acceptors of PFP.
- FP services are provided to postpartum women: main FP methods are PPIUD and PSI. FP commodities are provided by the Surigao City Health Office and Surigao Provincial Health Office. It is projected that FP supplies will stock out. (We coordinated this concern to DOH Caraga).

3. OPD is used as a temporary area to examine survivors. Need immediate support on the following:

- Dedicated private space for GBV survivors. Prefab WCPU is appropriate for CRH as the hospital is in the process of upgrading to 500 bed capacity.
- Only one OB is trained to provide Clinical Management of Rape/ Intimate Partner Violence support to GBV survivors. None of the social workers are trained on GBV case management.
- Need to connect/establish GBV referral pathway to CRH from provinces

4. CRH has an HIV/AIDS Core Team Clinic as part of public health services offered.

### Provincial DOH Office - Surigao del Norte

1. UNFPA checked in at the health cluster.
2. No RH Subcluster. UNFPA advocated establishing an RH subcluster for the province and was positively welcomed. UNFPA made an orientation on the roles of the RH subcluster.
3. No data yet from Surigao del Norte. Data is only from Surigao City. IDPs are temporarily sheltered at schools. About 7-8 families (20-30 pax) are housed in 1 room.

## I. NATIONAL GOVERNMENT

The NDRRMC through its response cluster lead, Department of Social Welfare and Development (DSWS), mobilized all national government agencies who are members of the response clusters as follows:

- Food and Non Food (DSWD)
- Camp Coordination and Camp Management (DSWD)
- Internally Displaced Persons Protection (DSWD)
- Health (Department of Health)
- Logistics (Office of the Civil Defense)
- Emergency Telecommunications (Department of Information and Communications Technology)
- Education (Department of Education)
- Management of the Dead and Missing (Department of Interior and Local Government)
- Law and Order (Philippine National Police)
- Search, Rescue and Retrieval (Armed Forces of Philippines)

Continuous joint assessments and monitoring are being conducted by the national government in close coordination with the local and regional government units, as well as with key development partners.

On 19 December, Honorable Delfin Lorenzana, Chairperson of NDRRMC and Secretary of National Defense, has officially concurred to international assistance by the United Nations Office for Humanitarian Affairs, through the Humanitarian Country Team (HCT) and its partners.

## II. UN AGENCIES

The UN supports the rapid assessment for the heavily impacted regions, and is continuously deploying programme supplies. The Humanitarian Country Team has initiated the Humanitarian Needs and Priorities for ST Rai, including for SRH and GBV.

The UN in the Philippines will also be launching an appeal to CERF Rapid Response.

## III. OTHER KEY STAKEHOLDERS

International organizations and foreign governments have committed aid to the Philippines' response to TY Rai. These include the Humanitarian Aid Department of the European Union (1.7 million EUR), USAID (200,000 USD), Irish Aid (250,000 EUR), United Kingdom (750,000 GBP), and the Governments of New Zealand (500,000 NZ USD), Singapore, Hungary, and France.

## THE ROLE OF UNFPA

UNFPA Philippines takes the lead, with the government counterparts, on ensuring that SRHR and GBV humanitarian activities are prioritized for Super Typhoon Rai.

Pre-impact of Super Typhoon Rai, the CO activated its Cluster Operational Delivery Plans for Sexual and Reproductive Health and Gender-based Violence. Three key actions were done: convene cluster meetings with members, conduct pre-impact capacity needs assessment, and prepare cluster members for a joint RNA and sector specific assessment.

Post impact, the CO connected with the members of the SRH and GBV sub-clusters to know the presence and initial data from the ground. ST Rai caused catastrophic impact with the

communication and electricity in four regions, making it very difficult to communicate and know the real situation on the ground. UNFPA ensures the government, particularly the Department of Health and Department of Social Welfare and Development Office, of its readiness to support the national response.

The CO also supported the development of the first Consolidated Assessment for Super Typhoon Rai wherein the SRH and GBV needs of women and girls are well integrated. This is followed with the co-development of the Humanitarian Needs and Priorities (HNP) including SRH and GBV Sub-cluster for TY Rai, which will be finalized by 24 Dec 2021. Total requested resources is twelve (12) million USD, six (6) million each for SRH and GBV.

The CO, with support from its Bilateral Prepositioning Initiative with DFAT-Australia, is providing one (1) Emergency Maternity Tent Facility along with one (1) Reproductive Health Kits 6A, three (3) Reproductive Health Kit 2A, and three (3) Reproductive Health Kit 2B; 1,000 dignity kits; 400 maternity packs; 540 solar radios; and one (1) women friendly spaces tent set and kits to the Province of Dinagat Islands. DFAT commits to allow all supplies through the prepositioning initiative to be distributed to respond to this emergency, and signals the possibility of topping up additional resources in support for the SRH and GBV components of the HNP.

Moving forward, the CO is working closely with both national and local governments to ensure that the SRHR and GBV response needs of women and girls are not ignored. UNFPA will also advocate for the inclusion of SRH and GBV response in the upcoming CERF Rapid Response. Moreover, UNFPA will take the lead and initiative that even in the cluster plans of other UN agencies, centrality on protection for the marginalized, including women and girls, people with disabilities and indigenous people are well integrated.

Upcoming activities: Field mission on 22 December 2021 to check in at City and Province EOC in Butuan City for Caraga region, Mission in Southern Leyte and Leyte, and Courtesy visits to CHO, PHO, and Evacuation Centers.

## OTHER ISSUES

The severely affected areas are non-focus areas of the 8th Country Programme but majority are previous implementation sites. Previous partnerships are still active. The catastrophic damage of the ST Rai has a severe impact on the development gains of the Philippines - and may need to review resource allocation for 2022. In fact, the Philippine Government officially requested for international assistance - citing the reality that the country still faces COVID-19 response and the emerging threat of the Omicron variant, which has already been confirmed in the country, further spreading

## SECURITY

UNDSS Philippines has released security operating guidelines to support UN Programme activities in response to the tropical cyclone. The affected areas in Visayas and Mindanao are considered medium-risks as per the UNDSS security category. However, there have been some reported activities of the National People's Army in Surigao in the last six (6) months.

Most severely affected provinces have yet to restore access to electricity, water, and telecommunications. The roads are still covered with debris, electric lines, and trees. Primarily, the safety and security concern of staff is of utmost priority. As of 22 December 2021, all UNFPA Philippines staff and their families have been confirmed to be well and safe.

Risk for COVID-19 is low, but all staff are advised to remain vigilant for the possible increase of cases due to the COVID-19 virus strain - Omicron.

## UNFPA ACTIONS REQUIRED BY THE REGIONAL OFFICE/ HEADQUARTERS

The CO is working closely with APRO to ensure that immediate pre-impact and early response actions are done. Following the assessment and gravity of emergency, below are the requested actions from Region/HQ:

- For the Region to support the CO in (1) mobilizing additional human resource (i.e. surge) either through field mission or virtual support, (2) developing resource mobilization strategies related to the humanitarian needs and priorities in SRHR and GBV, (3) providing technical assistance in humanitarian related documents required by the Humanitarian Country Team.
- For the HQ to support the CO in (1) providing initial response fund under the Emergency Fund to ensure that coordination and lifesaving interventions for SRHR and GBV can immediately commence, (2) linking the CO on interested donors to support the protection and life-saving response, (3) supporting the non-traditional resource mobilization the CO initiated for the Super Typhoon Rai, and (4) mobilizing additional human resource (i.e. surge) either through field mission or virtual support.

## SOURCES

1. DSWD DROMIC Report #15 on Typhoon "ODETTE" as of 22 December 2021, 6AM
2. Philippine News Agency, December 20, 2021
3. AHA Centre Situation Update No. 1 – Typhoon Rai in the Philippines - Wednesday, 22 December 2021, 11:00 hrs (UTC+7)
4. OCHA FLASH UPDATE No.3 Philippines: Typhoon Rai/Odette As of 20 December 2021, 8 p.m. local time