



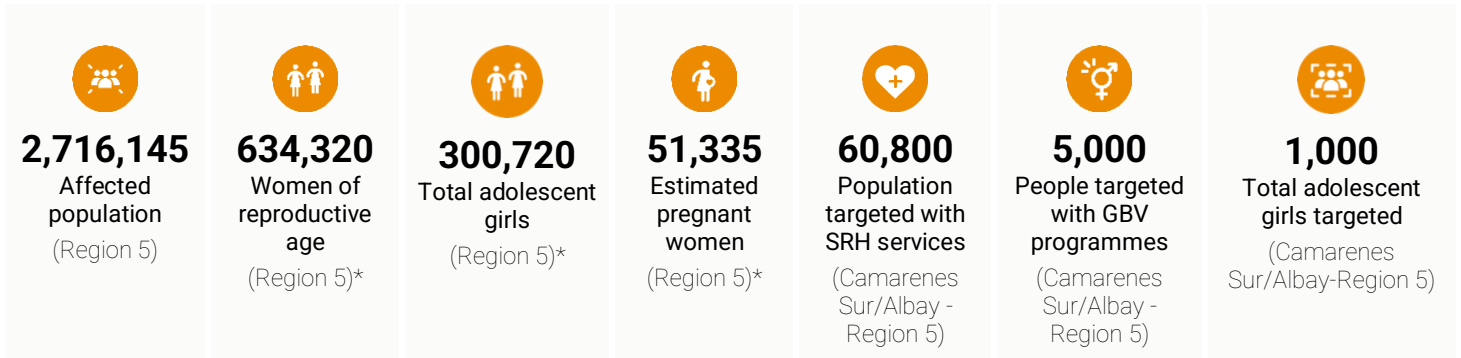
Situation Report #1

Overlapping Tropical Cyclones: From Trami (Kristine) to Man-yi (Pepito)

Courtesy of ADRA Philippines

Country:	Philippines
Emergency type:	Climate disaster
Start Date of Crisis:	Oct 24, 2024
Date Issued:	Dec 5, 2024
Covering Period:	Oct 24, 2024 to Dec 2, 2024
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Key Figures for Region 5



*The estimated numbers of women of reproductive age and pregnant women were calculated using the MISP calculator.

Highlights

- The Philippines experienced a particularly devastating typhoon season in 2024, with multiple powerful storms successively making landfall between September to November 2024, including Severe Tropical Storm Trami (Kristine) and Super Typhoon Man-Yi (Pepito), wreaking havoc across the country. The cumulative impact of these typhoons, along with several others earlier in the season, has overwhelmed already fragile systems, leaving millions of Filipinos vulnerable and struggling to recover,
- Tropical Storm Trami (local name: Kristine) made landfall on October 24, triggering widespread flooding and landslides that displaced nearly a million people with almost 8.8 million people affected, particularly in Region 5 (Bicol).
- This was followed by Typhoon Kong-Rey (Leon), Typhoon Yinxing (Marce), Super Typhoon Usagi (Ofel) and then Super Typhoon Man-Yi (Pepito) which made landfall in Catanduanes, Region 5, on November 17, 2024, resulting in catastrophic damage, including landslides, severe flooding, and storm surges.
- According to [OCHA](#), as of 27 November 2024:
 - Over 214,167 individuals remain displaced across six regions.
 - 174 fatalities and 148 injuries have been reported.
 - 255,466 homes have been damaged.
- UNFPA focuses its response on life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) response interventions, in collaboration with the Department of Health and Department of Social Welfare and Development through:
 - Providing Inter-Agency Reproductive Health (IARH) kits, dignity kits, and adolescent kits in coordination with the Department of Health and Implementing Partners (IPs).
 - Strengthening SRH and GBV Sub-Cluster Coordination.
 - Conducting community-based information sessions on SRH services availability and GBV prevention and mitigation measures.
 - Set up and operationalize temporary Women Friendly Spaces in 2 municipalities in Catanduanes.



Situation Overview

Severe Tropical Storm (STS) Trami (local name: Kristine) made landfall in the province of Isabela, Northern Luzon, on 24 October 2024, triggering flash floods in Regions 5 (Bicol) and IV-A, and a massive landslide in Talisay, Batangas. STS Trami exited the Philippine Area of Responsibility (PAR) on 25 October, after causing widespread flooding, landslides, and significant disruptions to essential services.

SRH Services Impact

- **Disrupted health care facilities:** Multiple health facilities in flood-affected areas, such as Naga City and several municipalities in Camarines Sur and in Isabela (Region 5), have significantly reduced capacity due to flooding and damaged infrastructure. Hospitals in Naga City and Rural Health Units in Camarines Sur and Albay have reported

equipment damage, making it challenging to provide urgent care to patients. In Catanduanes, there are damages to health facilities due to super typhoon Pepito.

- **Maternal and child health:** Pregnant and lactating women are among the most vulnerable due to disrupted health care services and lack of access to maternal health facilities. The need for RH equipment, medicines, maternal health services, and safe drinking water remains critical.
- **Essential health services:** In the Bicol region, health services are currently disrupted. Local health service providers in Camarines Sur such as Bato, Bula, and Nabua birthing facilities, have been temporarily closed due to the severe flooding that damaged critical equipment, medicines, family planning commodities, and emergency transport vehicles. Without these, the local health authorities are unable to deliver necessary care, affecting patients across the region who rely on these facilities for medical treatment and care.

GBV Concerns

- **Overcrowded evacuation centers:** Over 9,764 evacuation centers are housing more than 941,847 displaced individuals, according to the [DROMIC](#) report, which poses significant GBV risks. Many of the facilities are overcrowded, lack adequate lighting, privacy, and gender-segregated sanitation facilities, exposing women and girls to GBV risks.
- **Displacements:** Massive flooding has forced families – including women and children – out of their homes to evacuation centers which do not have adequate facilities for privacy and sanitation. Lack of lighting due to power outages also poses risks for women and children, especially at night. Restoration of power can take some time, especially for houses that were damaged by flood waters. Several houses have been totally and partially damaged by flood waters.
- **Psychosocial support:** is needed to address the mental health impacts of the disaster, as many evacuees, particularly in Naga City, are showing signs of distress and trauma. The establishment of safe spaces for women and children and the deployment of GBV response teams should be prioritized.

UNFPA Response

UNFPA is working in collaboration with the Department of Health, the National Disaster Risk Reduction Council (NDRRMC), and its implementing partner (IP) ADRA to respond to the SRH and GBV needs and gaps amongst ongoing humanitarian efforts. UNFPA is also working in collaboration with and as part of the Health Cluster and Protection Cluster and has been approached by the Camp Coordination and Camp Management (CCCM) Cluster for the provision of technical support.

- UNFPA is supporting SRH and GBV service delivery in coordination with government and national partners.
- UNFPA funded their IP, ADRA, to conduct a rapid assessment using an integrated SRH-GBV-focused tool. Commencement of the assessment was delayed, as access to most of the affected areas was restricted. Key findings of the assessment are as follows:
 - **Lack of SRH Task Team activation:** Many areas, particularly Libon, Bula, and Gainza (Region 5), lack an activated SRH Task Team or Sub Working Group, which is a significant gap in coordinating SRH response.
 - **Severe shortages of SRH supplies:** Most areas reported damaged or submerged SRH supplies, particularly family planning commodities, clean delivery kits, and RH kits. This severely limits access to essential reproductive health services.
 - **Limited MISP training:** There is a noticeable gap in health care providers trained on the Minimum Initial Service Package (MISP) for reproductive health in emergency settings, with no training reported in most areas.
 - **Barriers to SRH services:** Flooding, transportation difficulties, and damaged infrastructure were highlighted as major barriers to accessing SRH services, particularly in Gainza and Bula.

- **Inadequate GBV support mechanisms:** While basic GBV services exist (e.g., medico-legal assessments), there is a lack of comprehensive GBV prevention, case management, and psychosocial support. This gap is exacerbated by the lack of Women-Friendly Spaces (WFS).
- UNFPA has also used assessment reports from its SRH-GBV-focused rapid assessment in conjunction with the ECHO-funded Consortium assessment - ACCESS (Assisting the Most Vulnerable Communities and Schools Affected by Complex Emergencies) to execute its timely humanitarian response.
- The response involved channeling the following support through both government and implementing partners to ensure effective response and last-mile assurance:

Sexual and Reproductive Health

UNFPA supported the immediate restoration of critical maternal health services in the two most affected areas, Bula and Nabua, Camarines Sur (Region 5):

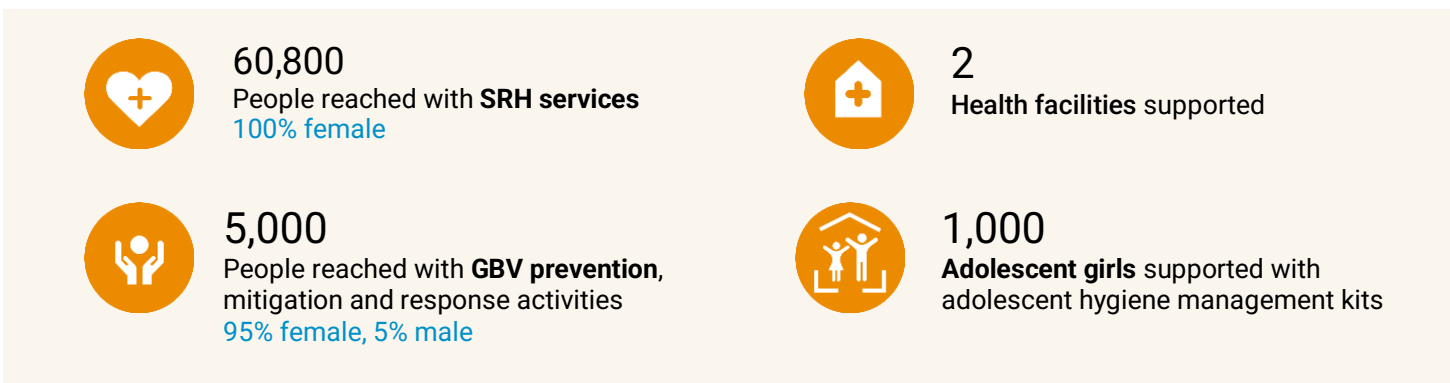
- Two RH Kit 2A (Clean Delivery Kit for Individuals) were distributed to individuals for safe delivery where facilities are inaccessible.
- Two RH Kit 2B (Clean Delivery Kit for Birth Attendants) were distributed to birth attendants to support safe delivery in strategically targeted birthing facilities close to evacuation centers.
- Two RH Kit 6A (Clinical Delivery Assistance Kit) were handed over to health facilities providing Basic Emergency Obstetric and Neonatal Care (BEmONC) to support emergency care in facilities around the catchment areas of the most affected locations.
- Two RH Kit 6B (Clinical Delivery Assistance Kit - Drugs and Disposable Equipment to complement Kit 6B) were also provided.


Gender-Based Violence


UNFPA supported the distribution of prepositioned kits to mitigate risks of GBV.

- Distributed 2,000 prepositioned dignity kits to affected women and girls.
- Distributed 1,000 hygiene management kits for adolescent girls.

Results Snapshots



	2,000	Non-food items (dignity kits) distributed to individuals
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	8	Reproductive health kits provided to service delivery points to meet the SRH needs of a population of 60,000 people.
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Coordination Mechanisms

- UNFPA’s response is coordinated with national and local authorities, and IPs under the cluster approach to ensure effective data collection and resource distribution.
- The Office of Civil Defense (OCD) requested in-country relief resources, including RH kits and dignity kits.
- The UN Resident Coordinator is actively involved in resource mobilization and coordinating the Humanitarian Country Team’s (HCT) efforts.



Gender-Based Violence:

- UNFPA is actively working with the Protection Cluster to ensure GBV supplies and interventions are delivered efficiently to the affected areas.
- UNFPA, as the co-lead of the GBV sub-cluster, is working through the protection cluster to provide technical support on GBV to the CCCM cluster.



Sexual and Reproductive Health:

- UNFPA is actively working with the Health Cluster to channel SRH support through government systems.
- UNFPA, as part of the Logistics Cluster, is working in collaboration to facilitate the swift delivery of essential SRH commodities to affected areas.
- The DOH’s Health Emergency Management Bureau (HEMB) is conducting a Rapid Health Risk Assessment to consolidate ongoing health response efforts.
- A presentation of UNFPA’s available support to the crisis was made to the health cluster, chaired by DOH-HEMB on the 26th of October 2024.

External Communications

Regular updates and recent developments are shared through press releases, stories, and other content published on our website and social media channels.

- Emergency Response (Loading of Supplies) Post - [Facebook](#) | [Instagram](#) | [X \(formerly Twitter\)](#)
- Emergency Response (Assessment and Distribution) Post - [Facebook](#) | [Instagram](#) | [X \(formerly Twitter\)](#)
- Supertyphoon Pepito (Man-yi) Alert Post - [Facebook](#) | [Instagram](#) | [X \(formerly Twitter\)](#)

Funding Status

- UNFPA requires US\$3 million to respond to the SRH and GBV needs of affected women and girls in Region 5.
- To date, this requirement is 43% funded with US\$1,314,740, leaving a gap of US\$1,749,940 (57%).
- UNFPA mobilized its partnership with the Australian Government in the Philippines through its prepositioned stock to rapidly deploy initial life-saving support to the affected vulnerable women and girls, costing AU\$257,000 (est. US\$169,740).
- In addition, UNFPA received \$1,075,000 million from the Central Emergency Response Fund (CERF) to address the critical GBV and SRH needs of the affected population in Bicol.
- UNFPA Philippines also reprogrammed US\$70,000 from its own core funds to support the response.

Consolidated Funding Landscape

