

CAVITE IN THE FACE OF THE DIG ONE STORIES OF ACHIEVEMENTS AND LESSONS

PROJECT VIPER



VULNERABILITY AND IMPACT REDUCTION TO EARTHQUAKE

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SPECIAL THANKS:

UN OCHA Philippines for providing technical support in the Pre-Crises Mapping Survey

Sky-Eye Project with Mr. Matthew Cua and his team—for the Aerial View and Photos of Brgys. Inchican, Carmen, and Puting Kahoy in Silang, Cavite.

Adventist Community Services (ACS)—of Silang and General Mariano Alvarez, for conducting the Pre-Crises Mapping and Survey

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MESSAGE FROM THE GOVERNOR

n our mission to achieve a peaceful and progressive society, it is vital that we adopt appropriate strategies to strengthen our capabilities in times of calamities. We recognize the role of effective disaster risk reduction and management in securing a safer and resilient province, and this is why we in the Provincial Government are grateful to be a part of Project Vulnerability and Impact Reduction on Earthquake (Project VIPER).

The realization of this project is a welcome development in our shared goal of ensuring the safety and security of each of our constituents. I am positive that this undertaking will further drive us to enhance our capacity to respond and operationalize a contingency plan for any catastrophe that may come our way.

On behalf of our fellow Caviteños, I wish Project VIPER great success. Together, let us remain committed in fostering a culture of resilience through collective efforts towards disaster preparedness and immediate response operations.





Mabuhay!



MESSAGE FROM THE VICE GOVERNOR





Greetings!

ongratulations to the Adventist Development and Relief Agency (ADRA), the Humanitarian Leadership Academy (HLA) Philippines, and the Provincial Government – Cavite Office of Public Safety / Provincial Disaster Risk Reduction and Management Office, for spearheading the Project VIPER (Vulnerability and Impact Reduction on Earthquake).

This Project VIPER is an effective preparation of the community on earthquake. When disaster strikes such as an earthquake, every minute is critical. We really need to disseminate information and proper contingency measures to the public.

I would like to express my high recognition to your relentless campaign and partnership with the provincial government in strengthening the disaster resilience of the communities in the province. Keep up the good work. Keep on striving. Remember, your efforts are critical to the sustainable development of the Cavite communities. Let us continue our teamwork and cooperation for the success of our endeavor and undertaking.

I salute all of you for this undertaking. Rest assured, I am always with you in the pursuit of your mission.

Tandaan natin, sa Nagkakaisang Cavite, Walang Imposible.



MESSAGE FROM THE PDDRMO-COPS HEAD

The earnest initiative and support of our fellow parties in the Consortium - the Adventist Development and Relief Agency (ADRA) Philippines and Humanitarian Leadership Academy (HLA) Philippines - facilitated the birth of Project VIPER, a landmark partnership that proves the strong cooperation of government and civil society organizations with the shared goal of supporting the Provincial Government of Cavite in preparing for the event of Magnitude 7.2 earthquake or "The Big One".

We thank all the City and Municipal DRRM Officers of Cavite, the Provincial DRRM Council, the Office of Civil Defense CALABARZON, ADRA, HLA, and partner agencies and offices who helped in realizing the objectives of VIPER. This project is a multi-sectoral endeavor and it will not be achieved without their invaluable contributions. It is a product of dedicated partnerships and collaborative efforts, and is certainly not the last step but a bridge to continuously strengthen the preparedness of our province.

We hope for all of us to continue to work together and harness the spirit of collaboration for a safer and resilient Cavite.



d. PDRRMO-COPS



MESSAGE FROM THE COUNTRY DIRECTOR

Province of Cavite to prepare for and respond to the 'Big One' earthquake in order to lessen the impact of disasters to the lives and properties of Caviteños. In doing so we have been able to demonstrate that close collaboration between government and civil society can lead to communities that are better prepared and more resilient. ADRA is grateful for the close working relationship with the Humanitarian Leadership Academy (HLA) and the Provincial Government of Cavite – Cavite





TOM PIGNON Country Director ADRA Philippines

Office of Public Safety to help realise the objectives of Project VIPER. We are also grateful to ADRA Czech and ADRA International for their support and financial contributions that made this project possible.

We are proud to have played our part in bringing together the 23 municipalities and cities of Cavite to create the contingency plan, together with the support of the Provincial Government of Cavite and the Office for Civil Defence Region IV A. This has all been in conjunction with NDRRMC's plan to harmonise contingency plans of all affected areas and test interoperability during emergency situations.

The reality of this plan is that it will save lives. It will allow us to coordinate better: before the earthquake happens and it will certainly enable us to respond more effectively. If we can respond more effectively, if we can collaborate effectively, then we can save lives. So what we have been able to achieve is a plan that will save lives.

We have come a long way since we first came together in June 2017 and recognised the need for greater collaboration to build a disaster prepared and resilient province. The contingency plan is a solid step in the right direction but I encourage all partners to continue to exercise and operationalize the plan to ensure it's effectiveness.

As the Adventist Development & Relief Agency, our purpose is in serving humanity so all may live as God intended. We are proud to have worked on this project with our partners so that Caviteños will have a greater opportunity to live life as God intended through being better prepared and more resilient to future disasters that may come.



MESSAGE FROM THE HLA DIRECTOR

e are happy to present this publication that documents our experiences under the Vulnerability and Impact Reduction for Earthquake in Cavite (VIPER) Project. VIPER was a project that the Humanitarian Leadership Academy – Philippines (HLA-Philippines) is very pleased to have been part of – working in partnership and collaboration with ADRA-Philippines and the Provincial Government of Cavite.

This publication captures the processes, successes and challenges of developing a contingency plan for the Province of Cavite as part of strengthening the province's preparedness for the "Big One." This is intended as a knowledge product that will hopefully guide, encourage and inspire other Local Government Units (LGUs) in their own initiatives to review and update their existing plans or develop their own contingency plan for the first time.

Due credit goes to ADRA – Philippines for taking the lead in developing this publication!





LISTS OF ABBREVIATIONS

ACS	Adventist Community Services
ADRA	Adventist Development and Relief Agency
CADRREMO	Cavite Associations of Disaster Risk Reduction and Management Officers
CALABARZON	Cavite, Laguna, Batangas, Rizal, and Quezon
CARSIGMA	Carmona, Silang and General Mariano Alvarez
CBCP	Catholic Bishop Conference of the Philippines
СССМ	Camp Coordination and Camp Management
СР	Contingency Plan
CSO	Civil Society Organizations
DAP	Development Academy of the Philippines
F/NFI	Food and Non- Food Item
GMMA	Greater Metro Manila Area
HLA	Humanitarian Leadership Academy
HNCP	Harmonized National Contingency Plan
IC	Incident Command
ICS	Incident Command System
IMT	Incident Management Team
INGOs	International Non-Governmental Organizations
LAO	Law and Order
LGU	Local Government Unit
MDM	Management of the Dead and Missing
MMDA	Metro Manila Development Authority
MMDRRC	Metro Manila Disaster Risk Reduction and Management Council
МҮР	Metro Yakal Plus
MMEIRS	Metro Manila Earthquake Impact Reduction Study
NASSA	National Secretariat for Social Action
NCR	National Capital Region
NDRRMC	National Disaster Risk Reduction and Management Council
OCD	Office of Civil Defense
ОСНО	One Cavite Humanitarian Organization
PDRRMO	Provincial Disaster Risk Reduction and Management Office
PEIS	PHIVOLCS Earthquake Intensity Scale
PGC	Provincial Government of Cavite
PG COPS	Provincial Government Cavite Office of Public Safety
PHILSSA	Partnership of Philippine Support Services Inc.
PHIVOLCS	Philippine Institute of Volcanology and Seismology
РМТ	Project Management Team
PINGON	Philippine International Non-Governmental Organization's Network
RAP	Risk Assessment Project
RDANA	Rapid Damage Assessment and Needs Analysis
RDRRMC	Regional Disaster Risk Reduction and Management Council
SP	Sangguniang Panlalawigan
SRR	Search Rescue and Retrieval
SWDO	Social Welfare Department Office
IoR	Terms of Reference
UN OCHA	United Nations Office of Coordination and Humanitarian Action
VIPER	Vulnerability Impact Reduction for Earthquake
WVF	West Valley Fault

INTRODUCTION

CAVITE IN THE FACE OF "THE BIG ONE" The Threat of the West Valley Fault to Cavite Province

avite is the historical capital of the Philippines. Located south of Metro Manila, within the archipelago's biggest island cluster called Luzon, the Province is the birthplace of Philippine Independence, which was declared in the town of Kawit in 1898 at the balcony of first Philippine President Emilio Aguinaldo after more than three centuries of Spanish occupation.

The Province's land area, however, measures significantly smaller than its historic standing. At 1,426 sq. km., Cavite is the second smallest of the five provinces that make up Region IV-A, commonly known as "Calabarzon," a portmanteau of the member territories, namely, Cavite, Laguna, Batangas, Rizal, and Quezon.

Despite its size, Cavite was named in 2017 as the most populous province in the country with 3.68 million people.

One reason for the high population density is the Province's proximity to Metro Manila, the country's economic and administrative center. Cavite is a top residential option for people working in the metro who seek to escape its worsening congestion problems. Another factor is the Province's rich employment opportunities. Several municipalities of Cavite are part of the Greater Manila Area (GMAA), or the highly urbanized zone within the immediate vicinity of Metro Manila. In 1990, Cavite welcomed industrial companies to set up business in its premises, creating employment opportunities that, among others, led to the growth of the Province's population.

More people may be a sign of a strong economy, of good things for the present and the future. But in Cavite's situation, the big population means more potential victims for a looming disaster called "The Big One."

The Province sits on the West Valley Fault (WVF), a stretch of the Valley Fault System (VFS) that is an active fault along the GMAA. The WVF runs approximately 100 km. long and transects portions of Quezon City, Marikina, Pasig City, Makati City, Taguig City and Muntinlupa City in Metro Manila, as well as the provinces of Bulacan, Rizal, Laguna, and Cavite.

Whenever the fault moves, it causes a massive earthquake that can go as strong as magnitude 7.2, which can be categorized as Intensity VIII, or utterly destructive, under the Philippine Earthquake Intensity Scale (PEIS) of the Philippine Institute of Volcanology and Seismology (PHIVOLCS).

The WVF moves every 400 years or so, with the last recorded instance happening in 1658. That means the next WVF movement, along with the earthquake that puts several areas in the GMAA at risk, is, as experts put it, "long overdue."

The WVF directly transects Cavite's municipalities of Carmona, Silang and General Mariano Alvarez. Those three areas, known as "Carisigma" face the greatest risk from the impending disaster. Meanwhile, the rest of Province is seen to be affected as well.

According to estimates—derived from the initial findings of the Metro Manila Earthquake Impact Reduction Study, or MMEIRS, with the updated results from the GMMA Risk Assessment Project, or RAP, as well as recent risk estimates by PHIVOLCS— "The Big One" will leave the populous province of Cavite with a death toll of 4,128 fatalities, with 1,961 people suffering from very serious injuries.

That's more than six thousand lives that will forever be changed. Six thousand, not counting the people whose lives will be also affected by the disaster, such as parents losing children, husbands losing wives, and so on.

But something can be done. Something can always be done. Let us be reminded that the best courses of action are those done in advance, especially in facing an unstoppable disaster like "The Big One." Let us be reminded that the key, as always, is preparation.

PROJECT VIPER PARTNERS

- Adventist Community Services, Cavite
- Adventist University of the Philippines (AUP)
- Alfonso Municipal Disaster Risk Reduction and Management Office
- Amadeo Municipal Disaster Risk Reduction and Management Office
- Bacoor City Disaster Risk Reduction and Management Office
- Cavite Association of Disaster Risk Reduction and Management Office
- Cavite City Disaster Risk Reduction and Management Office
- Cavite Deaf Society
- Carmona Municipal Disaster Risk Reduction and Management Office
- Dasmariñas City Disaster Risk Reduction and Management Office
- Diocesan Social Action Centers of Cavite
- General Emilio Aquinaldo Municipal Disaster Risk Reduction and Management Office
- General Mariano Alvarez Disaster Risk Reduction and Management Office
- General Trias City Disaster Risk Reduction and Management Office
- Imus City Disaster Risk Reduction and Management Office
- Indang Municipal Disaster Risk Reduction and Management Office

- International Institute for Rural Reconstruction (IIRR)
- Kawit Municipal Disaster Risk Reduction and Management Office
- Magallanes Municipal Disaster Risk Reduction and Management Office
- Maragondon Municipal Disaster Risk Reduction and Management Office
- Mendez Municipal Disaster Risk Reduction and Management Office
- Naic Municipal Disaster Risk Reduction and Management Office
- Noveleta Municipal Disaster Risk Reduction and Management Office
- Office of the Civil Defense (OCD) Region IVA
- Rosario Municipal Disaster Risk Reduction and Management Office
- Silang Municipal Disaster Risk Reduction and Management Council
- Tagaytay City Disaster Risk Reduction and Management Office
- Tanza Municipal Disaster Risk Reduction and management Office
- Ternate Municipal Disaster Risk Reduction and Management Office
- Trece Martirez City Disaster Risk Reduction and Management Office
- United Nations Office for the Coordination of Humanitarian Affairs Philippines (UN OCHA)

COMING TOGETHER

THE IMPETUS & PRINCIPLES OF A CAVITE-FOCUSED CONTINGENCY PLAN

The Impetus

n April 4, 2017, a 5.5 magnitude earthquake hit the coast of Batangas. According to the PHIVOLCS Earthquake Intensity Scale, that strength measures at intensity level VI, which is categorized as "very strong." The incident, however, proved to be only the first of many.

More earthquakes followed four days later. PHIVOLCS recorded the strongest one in the afternoon with a surface wave magnitude of 6.0. Several months after, on August 11, an even stronger earthquake struck shortly after lunch with a surface wave magnitude of 6.3.

The series of earthquakes in Batangas was felt in the neighboring province of Cavite. In response, different local organizations came together and discussed with much urgency the current level of preparedness of the Province on the impending earthquake that has been keeping everyone on their toes for years. They addressed "The Big One."

The Humanitarian Leadership Academy in the Philippines, the Adventist Development and Relief Agency (ADRA), and the provincial government of Cavite, through the Provincial Disaster Risk Reduction Management (PDRRM) Office under the Office of Public Safety (PG-COPS), began to advance the Big One preparedness agenda in the Province. The talks led to the gathering of Cavite's 23 Local Government Units (LGUs), various Civic Society Organizations (CSOs), and private sector groups. On June 6, 2017, a colloquium was born.

Part of the colloquium's strategy was inviting experts and persons in authority related to geological hazards to get stakeholders onboard with the Big One preparedness agenda. Department of Science and Technology Undersecretary Renato Solidum was invited to share the government's latest information the projected 7.2 magnitude on earthquake, such as its potential impact to Calabarzon and to the province of Cavite. Meanwhile, Mr. Mon Santiago of the Metro Manila Development Authority (MMDA) was asked to share to LGUs and CSOs the government's existing Big One preparedness measures, particularly Metro Manila's Big One contingency plan called "Oplan Metro Yakal Plus."







Top: Renato Solidum, Undersecretary for PhilVocs; middle: Ramon Santiago, MMDA Chairman

The colloquium generated a consensus among the LGUs and CSOs: Cavite needs to be prepared for the Big One.

Key elements of the plan include the crafting of a "Province-Wide Contingency Plan;" improving the coordination among and between LGUs, CSOs and the private sector; and finally, lobbying the inclusion of the province of Cavite to existing contingency plans, such as Oplan Metro Yakal Plus.

More than 167 participants from 23 cities and municipalities in Cavite attended the June 6, 2017 colloquium. There were 25 participants from the PDRRM and 20 from Non-Government Organizations (NGOs) and CSOs in the Province.

All things considered, the one-day colloquium was a success. However, everyone involved agreed that it would take more than one day to carry out the agenda. With this, ADRA approached HLA and PG-COPS on the possibility of formalizing the partnership, and implement a project that will support the realization of the identified needs during the colloquium. Again, these are: a) Crafting a Provincial-Wide Contingency Plan, b) Strengthening LGU and CSO coordination, and c) Including Cavite in existing contingency plans for the Big One.

Through the generosity of ADRA Czech Republic, an initial funding was secured by ADRA Philippines to begin the brainstorming of the project focused on Cavite's Big One preparedness. This led to the development of the "Vulnerability and Impact Reduction to Earthquake Project," or PROJECT VIPER, a contingency plan that is Cavite-focused, locally led, and anchored on public-private partnership. It was agreed upon that the project would be implemented through a consortium modality composed of ADRA, HLA, and PG-COPS, whereby co-investment in terms of technical, human resource, and financial support was also given by PG-COPS and HLA.

The Principles

The partnership was forged out of three basic principles: Moral Obligation, Collaboration, and Mutual Respect.

Moral Obligation

According to Republic Act 10121, the Local Government Unit is mandated to lead in preparing for, responding to, and recovering from the effects of any disaster. This means the Office of Public Safety (PG-COPS) is in charge of the following: a) Supporting its LGUS, specifically in the area of disaster and risk management, b) Directing coordination before, during, and after disaster events, and c) Keeping CSOs and the private sector in the loop for most, if not all, the initiatives related to disaster preparedness. Therefore, PG-COPS has an imposing role in governing the necessary preparations for the 7.2 magnitude earthquake, as well as other calamities in the Province.

The ADRA and HLA are International Non-Government Organizations (INGOs) working on disaster risk reduction and humanitarian response. Both are members of the Philippine International NGO Network, or PINGON, a group of INGOs with more than 50 affiliates. The two INGOs have development and humanitarian response projects across the Philippines, and both recognize that a Disaster Risk Reduction intervention in Cavite is imperative. Being entities identified with the Caviteños, ADRA and HLA prioritize Project VIPER as part of its moral obligation. In fact, preparing for a 7.2 magnitude earthquake was not part of HLA's core program for 2017, and had no allocated funding for such project. However, seeing the endeavor as its moral obligation, the HLA leadership sourced funding as counterpart.

This level of altruism was observed in the partnership as well.

The PG-COPS, ADRA, and HLA never imposed authority, nor reneged and bypassed any processes to pursue individual interests. Rather, the consortium upheld the virtues of respect, transparency, and flexibility.

Collaboration

The project revolved around the principle of collaboration, not only among the consortium members (ADRA, HLA, and PG-COPS), but to the stakeholders inside and outside of Cavite as well. It is worth noting that both ADRA and HLA maximized its network of organizations in the national CSOs, international NGOs and United Nations, while PG-COPS worked closely with the Office of Civil Defense Region IV-A.

ADRA and HLA also utilized various platforms from the INGO community. For one, they pushed for the inclusion



MOA Signing - Consortium

of Cavite in the disaster preparedness agendas of various INGOs in the Philippines, including one initiative of the United Nations Office of Coordination and Humanitarian Action related to pre-crisis mapping. The two organizations also involved PG-COPS and the Cavite Association of DRRM Officers (CADRREMO) in various capacities. One of which was to build initiatives that could contribute to disaster preparedness. Two examples of such measures are the Humanitarian Governance Training Course of the Development Academy of the Philippines, as well as one of the flagship programs of HLA Philippines's called Business Continuity Planning.

What's more, there was a mutual recognition on the need to improve humanitarian coordination among and between LGUs and CSOs in the event of the 7.2 magnitude earthquake hitting Cavite and the rest of the areas traversed by the West Valley Fault.

Mutual Respect

One of the main reasons behind the success of the partnership was something that the members of the consortium have always had for each other, and that is mutual respect. ADRA and HLA recognized that PG-COPS and the CADRREMO are the lead when it comes to DRRM— a role that has been fully respected by all parties throughout the project. Among other things, the full recognition of positions guided the CSOs in ensuring the smooth and harmonized flow of actions related to Big One preparedness. All so-called "external" initiatives introduced by ADRA and HLA, such as pre-crisis mapping and the proposed Humanitarian Coordination between LGUs and CSOs, went through a consultative process and was given a sign-off by PG-COPS.

Another asset of the partnership was the receptiveness of the PG-COPS. The administration and the staff kept an open ear to any suggestions from ADRA and HLA that can contribute to the improvement Cavite's earthquake preparedness.

Harmony was likewise promoted throughout the partnership. With a project this big, which requires many different steps and involves many different people, delays were inevitable. However, consortium members maintained a long view and exercised flexibility and understanding on all fronts to ensure the project's success.

Information needs



By time



Accountability Mechanism

By Barangay



By time



Preferred communication channels

By Barangay







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AID PRIORITIE WATER OVERALL 72 Hours 1 Week 1 Month	SAND PREFERE	pipe NCES - Baran 28% borehole 9% mm stream/river 16% borehole 38%	vell gay PUTINC 25% Pipe 92% Diff borehole 14% Cip pipe 38%	borehole 5 KAHOY 25% vell 6% 6% 14% 14% vell 36%	17% 17% stream/r 1% 1% 1% stream/r well 8% stream/riv stream/riv 21%
AID PRIORITIE WATER OVERALL 72 Hours 1 Week 1 Month	SAND PREFERE	pipe NCES - Baran 28% borehole 9% stream/river 16% borehole 38% 1	well 25% 25% pipe 92% 14% 14% pipe 38% 2%	borehole 5 KAHOY 25% 11 6% 1 9ipe 14% 1 4% 1 36% 0 0 0 0 0 0 0 0	storage 17% a a stream/r 1% well 8% a fm stream/riv 21% a fm a fm
AID PRIORITIE WATER OVERALL 72 Hours 1 Week 1 Month	S AND PREFERE 55% storage 85% 69% 69% 69% 41% 41%	pipe NCES - Baran 28% Jar borehole 9% min stream/river 16% borehole 38% Jar borehole	well 25% 25% 25% pipe 92% 14% 50% 50% 50% 50% 50% 50% 50% 50	borehole 5 KAHOY 25% 1 well 6% 1 14% 1 well 36% 2 3 5 6 6 6 6 6 6 6 6	storagy 17% stream/r 1% stream/riv 21% stream/riv 21% stream/riv
ALD PRIORITIE WATER OVERALL 72 Hours 1 Week 1 Month 3-6 Months	tream/river S AND PREFERE 55% storage storage 69% 41% torage 41% 49%	pipe NCES - Baran 28% borehole 9% stream/river 16% 16% borehole borehole 46%	well 25% 25% pipe 92% 14% 14% 25% 92% 92% 14% 25% 25% 26% 26% 26% 26% 26% 26% 26% 26	borehole SKAHOY 25% U U U U U U U U U U U U U	storagy 17% implimination stream/riv 21% stream/riv 21% stream/riv 22%
AID PRIORITIE WATER OVERALL 72 Hours 1 Week 1 Month 3-6 Months	SAND PREFERE	pipe NCES - Baran 28% United States borehole 38% United States borehole 46%	well gay PUTINC 25% Uppe 92% United States 14% Uppe 38% Well 38% Uppe	borehole S KAHOY 25% 11 6% 0% 0% 14% 14% 14% 14% 14% 0% 0% 0% 0% 0%	storage 17% min stream/riv 21% stream/riv stream/riv 22%

Pre-crisis Co	mmunity Perce
AID PRIORITIES	AND PREFERENC
SHELTER	
OVERALL	35%
	K
	bamboo i
72 Hours	58%
	4 ***
	tarpaulin
1 Week	42%

	tarpaulin
1 Month	45%
	↓
	bamboo
3-6 Months	59%
	iron sheet
AID PRIORITIES	AND PREFERENCE
SHELTER	
OVERALL	35%
	4
	bamboo ii
72 Hours	31%
	4 *
	tarpaulin
1 Week	42%

		NCES - Barar		N	
HEITER			igay internet		
OVERALL	1 35%	34%	25%	15%	
		(###B)	444	*	
			ليت ا	<u></u>	
24.11	bamboo	iron sheet	tarpaulin	nipa hut	
/2 Hours	58%	26%	11%	5%	
	***		Æ		
	tarpaulin	nipa hut	bamboo	iron sheet	
1 Week	42%	42%	12%	12%	
	646		(FFFA	ж	
	L L			. <u></u>	
	tarpaulin	bamboo	iron sheet	nipa hut	
1 Month	45%	45%	17%	10%	
		Æ		*	
	hamboo	iron sheet	nina hut	tarpaulin	
3-6 Months	59%	34%	9%	6%	
	<i>6</i> 7333	4	*	444	
		1	10000		
	iron sheet	bamboo	nipa hut	tarpaulin	
		bamboo	nipa hut	tarpaulin	
	AND PREFERE	bamboo NCES - Barar	nipa hut	tarpaulin	
HELTER	AND PREFERE	bamboo NCES - Barar	nipa hut Igay CARMEN	tarpaulin	
AID PRIORITIES HELTER DVERALL	AND PREFERE	bamboo NCES - Barar 34%	nipa hut gay CARMEN	tarpaulin 15%	
ID PRIORITIES HELTER DVERALL	AND PREFERE	bamboo NCES - Barar 34%	nipa hut Igay CARMEN 25%	tarpaulin	
ID PRIORITIES HELTER DVERALL	AND PREFERE	bamboo NCES - Barar 34% iron sheet	nipa hut gay CARMEN 25% tarpaulin	tarpaulin 15% nipa hut	
AID PRIORITIES HELTER DVERALL 72 Hours	AND PREFERE	bamboo NCES - Barar 34% iron sheet 31%	nipa hut agay CARMEN 25% tarpaulin 23%	tarpaulin 15% nipa hut 15%	
AID PRIORITIES HELTER DVERALL 72 Hours	AND PREFERE	bamboo NCES - Barar 34% iron sheet 31%	nipa hut Igay CARMEN 25% Earpaulin 23%	tarpaulin 15% nipa hut 15%	
AID PRIORITIES HELTER DVERALL 72 Hours	AND PREFERE	bamboo NCES - Barar 34% iron sheet 31%	nipa hut Iggay CARMEN 25% Earpaulin 23% Earpaulin	tarpaulin 15% nipa hut 15%	
ID PRIORITIES HELTER JVERALL 72 Hours	AND PREFERE	bamboo NCES - Barar 34% iron sheet 31% ing shet 22%	nipa hut nipa hut 25% 25% tarpaulin 23% bamboo 24%	tarpaulin 15% nipa hut 15% iron sheet 16%	
ND PRIORITIES HELTER DVERALL 72 Hours	AND PREFERE	bamboo NCES - Barar 34% iron sheet 31% nipa hut 32%	nipa hut agay CARMEN 25% 25% tarpaulin 23% bamboo 24% X	tarpaulin 15% mipa hut 15% iron sheet 16%	
AID PRIORITIES HELTER OVERALL 72 Hours 1 Week	SAND PREFERE	Antipaction and a second secon	anipa hut orgay CARMEN 25% 25% tarpaulin 23% bamboo 26% 26%	tarpaulin 15% nipa hut 15% ion sheet 16%	
AID PRIORITIES HELTER OVERALL 72 Hours 1 Week	iron sheet G AND PREFERE 35% bamboo 33% tarpaulin 42% bamboo	bamboo NCES - Barar 34% iron sheet 31% nipa hut 32% iron sheet	nipa hut igay CARMEN 25% tarpaulin 23% tarpaulin 23% bamboo 26% nipa hut	tarpaulin 15% inpa hut 15% inon sheet 16% tarpaulin	
ID PRIORITIES	iron sheet 5 AND PREFERE 35% bamboo 13% control 42% bamboo 50%	bamboo NCES - Barar 34% iron sheet 31% nipa hut 32% iron sheet 45%	nipa hut nipa hut 25% 25% 25% 25% 25% 25% 25% 25%	tarpaulin 15% inpa hut 15% ion sheet 16% ion sheet 16% ion sheet 10%	
ID PRIORITIES HELTER DVERALL 72 Hours 1 Week	S AND PREFERE	bamboo NCES - Barar 34% iron sheet 31% iron sheet 32% iron sheet 45%	nipa hut 103 105 105 105 105 105 105 105 105	tarpaulin 15% nipa hut 15% iron sheet 16% tarpaulin 10%	
ID PRIORITIES HELTER DVERALL 72 Hours 1 Week	S AND PREFERE	bamboo NCES - Barar 34% iron sheet 31% nipa hut 32% iron sheet 12% iron sheet 45%	nipa hut nipa hut 25% 25% 23% tarpaulin 23% 500 24% 24% 24% 24% 24% 24%	tarpaulin 15% nipa hut 15% ion sheet 16% tarpaulin 10%	
ID PRIORITIES HELTER JVERALL 72 Hours 1 Week 1 Month	S AND PREFERE 35% bamboo 31% bamboo 13% bamboo tarpaulin 42% bamboo 50% 50% 50% 50% 50% 50% 50% 50%	bamboo NCES - Barar 34% iron sheet 33% iron sheet 33% iron sheet 45% 45% uson sheet 45%	nipa hut nipa hut 25% 25% 23% tarpaulin 23% 26% 26% 26% nipa hut nipa hut	tarpaulin 15% mpa hut 15% ion sheet 16% ion sheet 16% ion sheet 10% ion sheet 10% ion sheet 10%	
ID PRIORITIES HELTER 72 Hours 1 Week 1 Month 3-6 Months	S AND PREFERE	bamboo NCES - Barar 34% iron sheet 33% iron sheet 45% bamboo 45%	nipa hat nipa hat 25% 25% 23% barboo 23% barboo 23% barboo 23% barboo 23% barboo 10%	tarpaulin 15% nipa hut 15% iron sheet 16% tarpaulin 10% tarpaulin 10%	
ID PRIORITIES HELTER JVERALL 72 Hours 1 Week 1 Month 3-6 Months	S AND PREFERE	bamboo NCES - Barar J4% iron sheet 31% iron sheet 32% iron sheet 45% 45% 45%	impa hat inga y CARMEN 25% impa hat 23% impa hat 10% impa hat 10% impa hat 10% impa hat	tarpaulin 15% inpa hut 15% inn sheet 16% izrpaulin 10% itrapaulin 10% itrapaulin	

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	5 AND PREFEREN	CES - Baranga	ay PUTING K	AHOY	
OVERALL	38%	35%	27%	10%	
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	44444		Ľ.	<u>. 10000</u> .	
72 Hours	iron sheet	bamboo	tarpaulin	nipa hut	
	67%	1626%	11%	25%	
	t de la companya de la compa	<u>. 1111</u>	K.	<i>[</i>]]]	
	tarpaulin	nipa hut	bamboo	iron sheet	
1 Week	45%	41%	13%	13%	
		5	<u>₩</u>		
	tarpaulin	bamboo	iron sheet	nipa hut	
1 Month	52%	40%	11%	17%	
		K		*** •	
	iron sheet	bamboo	nipa hut	tarpaulin	
3-6 Months	69%	39%	5%	5%	
	ATTA		*	444	
	http://		ALL DA	P _	
	iron sheet	bamboo CES - Baranga	nipa hut	tarpaulin	
AID PRIORITIES	iron sheet	bamboo CES - Baranga	nipa hut	tarpaulin	
AID PRIORITIES HEALTH OVERALL	S AND PREFEREN	bamboo CES - Baranga	nipa hut ay INCHICAN 43%	tarpaulin 19%	15%
AID PRIORITIES HEALTH OVERALL	5 AND PREFEREN	CES - Baranga	ay INCHICAN 43%	tarpaulin 19%	15%
AID PRIORITIES HEALTH OVERALL	5 AND PREFEREN 73%	Les - Barange CES - Barange 61% CES - Barange 61% Medical supplies	A3% A3% A3% A3% A3% A3% A3%	tarpaulin 19%	15%
AID PRIORITIES HEALTH OVERALL 72 Hours	Takent iron sheet	CES - Baranga 61% imedical supplies 67%	A3% A3% A3% A3% A3% A3% A3% A3% A3% A3%	tarpaulin 19% H hospital 17%	15% birthing facility 8%
AID PRIORITIES HEALTH OVERALL 72 Hours	Taskeet	61% medical supplies 67%	A3% A3% A3% A3% A3% A3% A3% A3% A3% A3%	tarpaulin 19% Hospital 17%	15% birthing facility 8%
AID PRIORITIES HEALTH OVERALL 72 Hours	73% AND PREFEREN 73% And PREFEREN 83% 83% 100 100 100 100 100 100 100 10	CES - Baranga 61% 01% 07% 67%	All and a second	tarpaulin 19% H hospital 17% Dirthing facility	15% inthing facility 8% H hospital
AID PRIORITIES HEALTH OVERALL 72 Hours 1 Week	iron sheet 5 AND PREFEREN 73% R health facility 83% @ medical supplies 76%	Lamboo CES - Barang: 61% endical supplies 67% fr health facility 59%	All and a second	tarpaulin 19% H hospital 17% C birthing facility 12%	15% bitthing facility 8% hospital 0%
AID PRIORITIES HEALTH OVERALL 72 Hours	73% 73% 73% 10% 10% 10% 10% 10% 10% 10% 10	CES - Barange 61% endedia supplies 67% fr health facility 59%	All	tarpaulin 19% 19% 17% 20% birthing facility 12%	15% inthing facility 8% hospital 0% inthing facility 0%
AID PRIORITIES HEALTH OVERALL 72 Hours 1 Week	iron sheet 5 AND PREFEREN 73% H health facility medical supplies 76% 76% A health facility health facility	Lamboo CES - Barangi 61% CES - Barangi 61% CES - Barangi 61% CES - Barangi 67% CES - Barangi 67% CES - Barangi 61% CES - CES - Barangi 61% CES - CES -	All	tarpaulin 19% 19% 17% birthing facility 12% hospital	15% birthing facility 8% H hospital 0% birthing facility
AID PRIORITIES HEALTH OVERALL 72 Hours 1 Week 1 Month	And preference 73% 73% 183% 183% 183% 193%	Lamboo CES - Barangi 61% 67% H h health facility 59% 59% 61%	All	tarpaulin 19% H hospital 17% birthing facility 12% H hospital 17%	15% birthing facility hospital 0% birthing facility 11%
AID PRIORITIES HEALTH OVERALL 72 Hours 1 Week 1 Month	5 AND PREFEREN 5 AND PREFEREN 73% And And And And And And And And And And	CES - Barange 61% 61% 61% 67% 67% 67% 67% 67% 67% 61% 61% 61% 61% 61% 61% 61% 61	ambulance 29% ambulance 29% ambulance	Larpaulin 19% Haspital 17% Lorphing facility 12% Haspital 12% Haspital	15% birthing facility hospital 0% birthing facility 11%
ALD PRIORITIES HEALTH OVERALL 72 Hours 1 Week 1 Month	iron sheet 5 AND PREFEREN 73% Amage of the second secon	CES - Barange CES - Barange 61% 67% Arabiti facility 59% 61% 61% 61% 61% 61% 61% 61% 61	ambulance 29% 29% 29% 29% 29% 29% 29% 29% 29% 29%	terpaulin 19% H hospital 17% birthing facility 12% H hospital 17% hospital	15% isinthing facility birthing facility hospital 0% isinthing facility birthing facility histophical facility birthing facility birthing facility
ALD PRIORITIES HEALTH OVERALL 72 Hours 1 Week 1 Month 3-6 Months	73% 1 73% 1 1 70%	CES - Barangi CES - Barangi 61% 67% 67% 67% 67% 67% 61% 59% eilas 61% 61% 60%	ambulance 23% ambulance 23% ambulance 23% ambulance 33% ambulance 55%	Larpaulin 19% Haspital 12% Larking facility 12% Haspital 17% Haspital 17% 12% 17% 12% 12% 12% 12% 12% 12% 12% 12	15% inthing facility birthing facility birthing facility birthing facility 11% inthing facility birthing facility
ALD PRIORITIESS HEALTH OVERALL 72 Hours 1 Week 1 Month 3-6 Months	iron sheet 5 AND PREFEREN 73% And PREFEREN 83% Basis medical supplies 76% And And And And And And And And And And	CES - Barange CES - Barange 61% 67% 67% 67% 67% 67% 67% 67% 67% 67% 67	ambulance 29% ambulance 29% ambulance 33% ambulance 33%	Larpaulin 19% H hospital 17% birthing facility 12% H hospital 17% H hospital 35% H	15% inthing facility birthing facility birthing facility 11% birthing facility 11% birthing facility 11%

	S AND PREFEREN	CES - Baranga	ay CARMEN		
HEALTH					
OVERALL	59%	55%	31%	31%	8%
	Ĥ	6		н	<u>e</u>
	health facility	medical supplies	ambulance	hospital	birthing facility
72 Hours	56%	33%	22%	22%	0%
	6		Ĥ	н	e 🔒
	medical supplies	ambulance	health facility	hospital	birthing facility
1 Week	56%	50%	19%	19%	0%
	Ĥ	6		н	<u>e</u>
	health facility	medical supplies	ambulance	hospital	birthing facility
1 Month	82%	64%	27%	18%	9%
	Ĥ	6	н		<u>e</u>
	health facility	medical supplies	hospital	ambulance	birthing facility
3-6 Months	69%	54%	54%	54%	23%
	Ĥ		6	н	<u>e</u>
AID PRIORITIE:	health facility	ambulance CES - Baranga	medical supplies ay PUTING K	hospital AHOY	birthing facility
AID PRIORITIE: HEALTH OVERALL	health facility S AND PREFEREN 81%	ambulance CES - Baranga 70%	medical supplies ay PUTING K 35%	hospital AHOY 23%	birthing facility
AID PRIORITIE: HEALTH OVERALL	S AND PREFERENT	ambulance CES - Baranga 70%	ay PUTING K	hospital AHOY 23%	birthing facility
AID PRIORITIE: HEALTH OVERALL	81% health facility	ambulance CES - Baranga 70% •• medical supplies	ay PUTING K	hospital AHOY 23% H hospital	21%
AID PRIORITIE: HEALTH OVERALL 72 Hours	81% 81% health facility 73%	ambulance CES - Baranga 70% medical supplies 67%	ay PUTING K 35% ambulance 40%	hospital AHOY 23% H hospital 10%	21% 21% birthing facility 7%
AID PRIORITIES HEALTH OVERALL 72 Hours	81% 81% 81% 81% 61% 10% 10% 10% 10% 10% 10% 10% 1	ambulance CES - Baranga 70% To medical supplies 67%	ay PUTING K 35% ambulance 40%	hospital AHOY 23% H hospital 10%	21% 21% birthing facility 7%
AID PRIORITIES HEALTH OVERALL 72 Hours	health facility S AND PREFERENT 81% Presith facility 73% 100 100 100 100 100 100 100 10	ambulance CES - Barange 70% To medical supplies 67% Applies 67% health facility	anteulance	hospital AHOY 23% H hospital 10% ign birthing facility	21% 21% birthing facility 7% H hospital
AID PRIORITIE: HEALTH OVERALL 72 Hours 1 Week	health facility S AND PREFEREN	ambulance CES - Barangs 70% To% medical supplies 67% Anti- health facility 72%	ay PUTING K 35% ambulance 40% ambulance 25%	hospital AHOY 23% H hospital 10% inthing facility 22%	21% 21% birthing facility 7% H 9%
ALD PRIORITIE: HEALTH OVERALL 72 Hours 1 Week	And PREFERENCE 81% And PREFERENCE 81% And And And And And And And And And And	ambulance CES - Baranga 70% ************************************	ay PUTING K 35% ambulance 40% ambulance 25%	hospital AHOY 23% H hospital 10% C birthing facility 22%	21% 21% birthing facility 7% H on spital 9%
AID PRIORITIE: HEALTH OVERALL 72 Hours 1 Week	heath facility S AND PREFERENC 81% Heath facility redical supplies redical supplies 75% Heath facility	ambulance CES - Barange 70% amedical supplies 67% 67% health facility 72% amedical supplies medical supplies	medical supplies ay PUTING K 35% ambulance 40% ambulance 25% ambulance	hospital AHOY 23% H hospital 10% C C birthing facility 22% H hospital	birthing facility 21% 21% birthing facility 7% hospital 9% composite 9% birthing facility
AID PRIORITIE: HEALTH OVERALL 72 Hours 1 Week 1 Month	And PREFERENCE S AND PREFERENCE 11% Although Antipulation 17% 17% 17% 184%	ambulance CES - Barange 70% medical supplies 67% Health facility 72% medical supplies 75%	medical supplies ay PUTING K 35% ambulance 40% ambulance 25% ambulance 25% ambulance 25%	hospital AHOY 23% H hospital 10% Èirthing facility 22% H hospital 25%	21% 21% birthing facility 7% hospital 9% birthing facility 25%
AID PRIORITIE: HEALTH OVERALL 72 Hours 1 Week 1 Month	S AND PREFERENCE 81% Although Antipulation 10% 10% 10% 10% 10% 10% 10% 10%	ambulance CES - Barange 70% 67% Antical supplies 67% 72% medical supplies 75% 67% 67% 67% 67% 67% 67% 67% 67	ambulance 25% ambulance 25% ambulance 25% ambulance 25%	hospital AHOY 23% H hospital 10% Car birthing facility 22% H hospital 25%	21% 21% birthing facility 7% hospital 9% birthing facility 25%
ALD PRIORITIE: HEALTH OVERALL 72 Hours 1 Week 1 Month	And the set of the set	ambulance CES - Barange 70% ambulance 70% ambulance 67% 67% Ambulance 67% 67% ambulance 67% 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 67% ambulance 72% ambulance 72% ambulance 72% ambulance 72% ambulance 72% ambulance 72% ambulance 72% ambulance 72% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance 75% ambulance ambulan	medical supplies any PUTING K 35% ambulance 25% ambulance 25% ambulance 25% ambulance 25% ambulance	hospital AHOY 23% Hospital 10% 22% birthing facility 22% H hospital 25% H hospital 25% H hospital	birthing facility 21% 21% 21% birthing facility 7% birthing facility 2% 2% 2% 2% birthing facility birthing facility 2% 2% 2% 2% 2% 2% 2% 2% 2% 2%
ALD PRIORITIE: HEALTH OVERALL 72 Hours 1 Week 1 Month 3-6 Months	And PREFERENCE S AND PREFERENCE All% Al	ambulance CES - Barange 70% 67% 67% 67% 72% 72% 72% 75% 75% 75% 62%	medical supplies any PUTING K 35% ambulance 40% ambulance 29% ambulance 43%	hospital AHOY 23% H hospital 10% 22% Dirthing facility 22% H hospital 25% H hospital 30%	21% 21% 21% 21% 21% 2% 2% 2% 25% 25% 25% 25% 25% 25% 25% 2
ALD PRIORITIE: HEALTH OVERALL 72 Hours 1 Week 1 Month 3-6 Months	And PREFERENCE S AND PREFERENCE All% Al	ambulance CES - Barangu TO% amedical supplies 67% Amedical supplies 72% medical supplies 75% assumption 25% assumption 67% assump	medical supplies ay PUTING K 35% ambulance 40% ambulance 29% ambulance 43%	hospital AHOY 23% H hospital 10% 22% H hospital 25% H hospital 30% H	birthing facility 21% 21% birthing facility 7% birthing facility 25% birthing facility 25% Compared facility Compared facility

AID PRIORITIES AND PREFERENCES - Barangay INCHICAN PROTECTION OVERALL 68% 66% 32% 14%							
OVERALL	68%	66%	32%	14%			
	safety & security	protection	medical				
72 Hours	patrol 80%	mechanism 60%	psycho social 20%	20%			
	-	\$	₩				
	safety & security	protection mechanism	medical, psycho social	safe space			
1 Week	80%	80%	10%	10%			
	safety & security	protection	medical,	safe space			
1 Month	75%	50%	25%	13%			
	protection	safety & security	medical.				
3-6 Months	mechanism 62%	ípatrol í 62%	psycho social 48%	14%			
	protection	safety & security patrol	medical, psycho social	safe space			
	AND PREFEREN	CES - Barang	ay CARMEN				
AID PRIORITIES	AND PREFEREN	CES - Barang	ay CARMEN	21%			
AID PRIORITIES PROTECTION OVERALL	68%	CES - Barang	ay CARMEN	21%			
AID PRIORITIES PROTECTION OVERALL 72 Hours	68%	32%	26%	21% safety & security patrol			
AID PRIORITIES PROTECTION OVERALL 72 Hours	68%	CES - Barang	26% 26% safe space 20% concernent	21% safety & security patrol 0%			
AID PRIORITIES PROTECTION OVERALL 72 Hours 1 Week	68%	CES - Barang 32% medical, psycho social 40% safety & security patrol 29%	26% 26% safe space 20% safe space 20% 14%	21% safety & security patrol 0% medical psycho social 14%			
AID PRIORITIES PROTECTION OVERALL 72 Hours 1 Week	68% Protection protection protection protection protection protection	CES - Barang 32% medical, psycho social 40% safety & security parto 29% safe space	ay CARMEN 26% safe space 20% safe space 14% safety & security patrol	21% safety & country patrol 0% medical psycho social 14%			
AID PRIORITIES PROTECTION OVERALL 72 Hours 1 Week 1 Month	6 AND PREFEREN	CES - Barang 32% psycho social 40% safety & scurity patrol 29% safe space 33%	26% 26% safe space 20% safe space 20% safety & security patrol	21% safety & security 0% 0% 14% 14% implication psycho social 11%			
AID PRIORITIES PROTECTION OVERALL 72 Hours 1 Week 1 Month	6 AND PREFEREN 68% Implementation 00% Implementation 71% Implementation 07% Implementation 07% Implementation 07% Implementation 07% Implementation 07% Implementation	CES - Barang 32% medical pycho social 40% safety & security patrol 29% safety social 29% safety social 33% safety social 29% safety social 33% safety social 33% safety social 29% safety social 33% safety social safety social sa	ay CARMEN 26% safe space 20% Safe space 14% safe space 14% safety & scurrity patrol 22% Safe space	21% safety & currity patrol 0% medical, psycho social 14% 11% 11% safety & social			

	mmunity Pero	eption Sur	vey		(// 11
	S AND PREFEREN	NCES - Barang	ay PUTING I	KAHOY	
OVERALL	. 76%	69%	43%	28%	
OTLIGAL	protection	safety & security	medical.		
72 Hours	mechanism	patrol .	psycho social	sate space	
12 110013	protection	safety & security	medical,	safe space	
1 Week	70%	57%	17%	17%	
	protection	safety & security	medical,	safe space	
1 Month	84%	70%	49%	16%	
	protection	safety & security	medical,	safe space	
3-6 Months	70%	73%	57%	48%	
	protection mechanism	safety & security patrol	medical, psycho social	safe space	
AID PRIORITIES	S AND PREFEREN	ICES - Barang	ay INCHICA	N	
AID PRIORITIES	S AND PREFEREN	ICES - Barang	ay INCHICA	N	0.00/
AID PRIORITIES NUTRITION OVERALL		NCES - Barang	55%	N 45%	39%
AID PRIORITIES NUTRITION OVERALL	5 AND PREFEREN	S8%	ay INCHICA	45%	39%
AID PRIORITIES NUTRITION OVERALL 72 Hours	5 AND PREFEREN	S8%	ay INCHICA 55% Mobile clinic 33%	A5%	39% safe space for infants 0%
AID PRIORITIES NUTRITION OVERALL 72 Hours	5 AND PREFEREN	SB%	55% 55% mobile clinic 33%	N 45% breastfeeding area 33%	39% safe space for infants 0%
AID PRIORITIES NUTRITION OVERALL 72 Hours	61% 61% 61% 61% 67% 67% 67% 67% health center	S8%	55% 55% mobile clinic 33% medicine	N 45% breastfeeding area 33% mobile clinic	39% safe space tor infants 0% treastfeedi
AID PRIORITIES NUTRITION OVERALL 72 Hours 1 Week	5 AND PREFEREN	SB% Fr health center 67% safe space for inflants 57%	ay INCHICA 55% Constraints mobile clinic 33% Constraints medicine 43%	N 45% breastfeeding area 33% mobile clinic 43%	39% safe space for infants 0% breastfeedi breastfeedi area 29%
AID PRIORITIES NUTRITION OVERALL 72 Hours 1 Week	5 AND PREFEREN	JCES - Barang 58% H health center 67% or page page space por infants 57%	ay INCHICA 55% mobile clinic 33% medicine 43% The first second sec	N 45% breastfeeding 33% mobile clinic 43%	39% safe space for infants 0% breastfeedi area 29%
AID PRIORITIES NUTRITION OVERALL 72 Hours 1 Week	5 AND PREFEREN	JCES - Barang 58% $\widehat{\mathbf{m}}^n$ health center 67% safe space for infants 57% 57% mobile clinic	ay INCHICAL 55% mobile clinic 33% medicine 43% Hi health center	N 45% breastfeeding area 33% mobile clinic 43% breastfeeding	39% safe space for infants 0% breastfeedin 29% safe space safe space
AID PRIORITIES NUTRITION OVERALL 72 Hours 1 Week 1 Month	5 AND PREFEREN 61% 61% medicine 67% ft health center 86% medicine 1 50%	JCES - Barang 58% The alth center 67% alfe space parts and the although space parts and the although the a	ay INCHICAI 55% mobile clinic 33% medicine 43% A3% health center 50%	N 45% breastfeeding area 33% mobile clinic 43% breastfeeding area area 38%	39%
AID PRIORITIES NUTRITION OVERALL 72 Hours 1 Week 1 Month	S AND PREFEREN 61% 61% 67% 67% 67% 67% 67% 67% 67% 67	JCES - Barang 58% HT health center 67% 67% 67% 57% 57% 50% 50% TT	ay INCHICAI	N 45% breastfeeding 33% Constraints 43% breastfeeding area area S%	39% safe space for infants 0% fin breastfeedil area 29% safe space safe space safe space 25% to right space 25%
AID PRIORITIES NUTRITION OVERALL 72 Hours 1 Week 1 Month	S AND PREFEREN 61% 61% 67% 67% 67% health center 86% redicine 50% redicine	JCES - Barang 58% Ar health center 67% alle space for infants 57% mobile clinic 57% mobile clinic for health center	ay INCHICAI 55% Construction mobile clinic 33% Construction medicine 43% Health center 50% breastificeding area	N 45% breastfeeding area 33% mobile clinic 43% breastfeeding area 38% mobile clinic	39% safe space for infants 0% tor infants breastfeedil area 29% safe space 25% safe space 25%
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NUTRITION					
OVERALL	53%	50%	47%	47%	23%
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	medicine	health center	breastfeeding	safe space	mobile clini
72 Hours	40%	40%	20%	20%	0%
	Ω Γ	*			CA
	health center	safe space	medicine	breastfeeding	mobile clinic
1 Week	50%	50%	33%	33%	0%
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	•	TIT breastfeeding	HI	safe space	-
1 Month	medicine	area	health center	for infants	mobile clini
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3-6 Months	75%	63%	63%	63%	50%
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re-crisis Co	ommunity P	ercep	tion Surve	y		
AID PRIORITIE	S AND PREFE	RENCES	- Barangay I	NCHICAN		
CASH				LIVELIHOC	D	
OVERALL	74%	67%	53%	54%	44%	33%
	=		<u> </u>	-		
	🧖 🖉	ransportatio	n 📕	new source	alternative	food/cash
72 Hours	1 50%	50%	5.0%	100%	0%	0%
		50%			-	
	S (1997)			alternative	new source	food/cash
1 Week	food	are/others	water	livelihood	of income	for work
I WEEK	80%	80%	80%	100%	50%	0%
				Ö	-	
	food	fare/others	water	alternative livelihood	new source of income	food/cash for work
1 Month	80%	70%	50%	50%	33%	17%
		- A	1 i	-		
	transportati fare/others	on food	water	new source of income	alternative	food/cash for work
3-6 Months	77%	62%	50%	58%	46%	42%
	=		<u> </u>	-		
	<u> 2</u>	transporta	tion	new source	food/cash	alternative
	tood	lare/outlet	water	orincome	tor work	livelinood
ID PRIORITIE	S AND PREFE	RENCES	- Barangay C	ARMEN		
ASH				LIVELIHOU	4200	2007
OVERALL	85%	62%	31%	67%	42%	39%
		1			Ö	
	food	water	transportation fare/others	new source of income	alternative livelihood	food/cash for work
72 Hours	50%	50%	0%	100%	50%	0%
				E E	-	
	food	water	transportation fare/others	alternative	new source of income	food/cash for work
1 Week	80%	80%	0%	57%	43%	0%
				-		
	food	water	transportation fare/others	new source	alternative	food/cash
Month	100%	57%	29%	ot income 60%	40%	tor work 40%
	-					
	1		transportation		alternative	food/cash
2.6 Months	food	water	fare/others	of income	livelihood	for work
3-0 Months	88%	58%	50%	/1%	57%	43%
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AID PRIORITIE CASH	S AND PREFER	RENCES -	Barangay P	LIVELIHOC	HOY D	
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	food	water	ransportation	alternative	new source	food/cas
72 Hours	83%	50%	0%	50%	50%	0%
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	<u> </u>		ransportation	alternative	new source	food/cas
1 Week	1 82%	82%	27% :	70%	70%	10%
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1 Month	83%	65%	65%	ot income 62%	tivelihood 57%	tor wor 38%
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			transportation	new source	alternative	food/ca
3-6 Months	I food	water	fare/others	of income	livelihood	for wo
o months	89%	63%	61%	00 /s	62%	33%
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	tood	fare/others	water	livelihood	of income	for work
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PROPERTIES OVERALL	65%	58%	54%	50%	19%	12
OVERALL	65%	58%	54%	50%	19%	12°
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	S AND PREFER	ENCES - B	arangay C	ARMEN		
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72 Hours	sari-sari store	documents	appliances	first aid kit	nanuy items	tarm land/an
	50%	50%	50%	0%	0%	0%
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	documents	first aid kit	appliances	handy items	sari-sari store	farm land/ar
1 Week	75%	25%	25%	0%	0%	0%
	(IIII)	- Ph	Ē	•	T	
	sari-sari store	documents	appliances	first aid kit	handy items	farm land/area
1 Month	50%	50%	33%	33%	17%	0%
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		documente	annliances	first aid kit	handy items	farm land/are
3-6 Months	60%	40%	40%	40%	40%	30%
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		sari-sari store	appliances	handy items	farm land/area	first aid kit
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Pre-crisis	s Communit	y Percep	tion Surve	у				
AID PRIOR	D PRIORITIES AND PREFERENCES - SANITATION							
	Barangay I	NCHICAN	Barangay CA	ARMEN	Barangay PUTI	NG KAHO		
OVERALL	81%	70%	84%	53%	86%	74%		
		-		-				
	sanitary facilities	hygiene kits	sanitary facilities	hygiene kits	sanitary facilities	hygiene kits		
72 Hours	100%	40%	67%	33%	80%	53%		
		-				-		
	sanitary facilities	hygiene kits	hygiene kits sa	nitary facilities	sanitary facilities	hygiene kits		
1 Week	80%	80%	78%	44%	84%	50%		
		-		-		-		
	sanitary facilities	hygiene kits	sanitary facilities	hygiene kits	sanitary facilities	hygiene kits		
1 Month	82%	64%	90%	40%	88%	79%		
	-			٠.		-		
	hygiene kits sa	initary facilities	sanitary facilities	hygiene kits	sanitary facilities	hygiene kits		
3-6 Months	88%	65%	100%	70%	91%	87%		
		-		-	ی			
	conitory facilities	Involope Lite	canitary facilities	humiene kite	hygiene kits, sar	itary facilities		

RESULT I

CONTINGENCY PLAN FOR THE 7.2 MAGNITUDE EARTHQUAKE

By Geraldina "Levy" M. Gutierrez



The West Valley Fault Line in Cavite courses through Laguna.

The fault line starts in San Jose, General Mariano Alvarez, which is just a stone's throw away from Stonecrest in San Pedro and Juana Complex 3 in Biñan. There's another fault line along the old Carmona PNR station, near San Vicente River, that runs south to Barangay San Jose, GMA. The fault hits through highly populated infrastructures: the public market in San Jose Road, an Iglesia ni Cristo chapel, an Evangelical Fellowship Church, the San Jose Manggawan Catholic Church, the Maranatha Community of Praise and Ministry, and MMIM GMA Chapter. A separate fault line coming from Juana 3 Complex in Biñan reaches the Mormon Church complex.

In this image, the Manila Southwoods Golf and Country Club may appear to be spared from the fault line, but that does not guarantee safety from a destructive earthquake. Also in the image is a small fault line along San Lazaro Drive between Governor's Drive and Carmona River in Mabuhay, Carmona, Cavite.



Several fault lines were discovered downhill of the Canyon Grand Residence at San Lazaro Drive, and outside Carmona Estates in Lantic. The fault lines course along the Carmona River southwards to the boundary between Silang, Cavite and Biñan, Laguna, where the DLSU-Laguna Science and Technology Complex is located.





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14°16'03.5"N 121°03'19.7"E

Google

The West Valley Fault Line in Cavite starts at the northern part of South Forbes Golf City and crosses San Miguel Wedgewoods, passing through St. Scholastica's College, South Forbes City College, the southern portion of South Boulevard Commercial area, Standford Suites, and Miami Villas in Inchican, Silang, Cavite. The fault then crosses the Sta. Rosa-Tagaytay Road at Santo Domingo, Sta. Rosa, Laguna.

A new fault line was recorded in Casile, Cabuyao, between Adventist University of the Philippines and Canlubang Golf and Country Club. It passes through the western side of the Golf Club and reaches Mabato in Calamba.

(Source: West Valley Fault Systems Atlas: Released by Philippine Volcanology and Seismology or PHIVOLCS) Background: (taken from the Contingency Plan Guidebook released by NDRRMC)

The Philippines, situated along the Pacific Ring of Fire and the Typhoon Belt, is prone to natural calamities. Typhoons, earthquakes, volcanic eruptions, and tsunamis threaten the lives of the people.

Given the country's disaster risk profile, Republic Act (RA) 10121, otherwise known as the "Philippine Disaster Risk Reduction and Management Act of 2010," was enacted on May 27, 2010. Prior to its enactment, government actions relative to disaster management had been largely concentrated on the response phase. Hence, most of the resources were devoted to the needs of the affected population in the aftermath of a disaster. RA 10121 paved the way for the institutionalization of a proactive "disaster risk reduction and management" approach, or DRRM, defined under the law as the "systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster."

As provided for in RA 10121, one of the DRRM mechanisms that can be adapted to PROJECT VIPER is "Contingency Planning." The strategy entails the formation of preparedness measures and the arrangement of response priorities before disaster strikes. Contingency planning works well with the other DRRM tools in ensuring the growth of safe, adaptive, and disaster-resilient communities toward sustainable development.

Aerial Map 3 barangays in Silang Traversed by WVF. Top: Barangay Inchican; middle: CBrBr; bottom: Puting Kahoy

DEVELOPING A CONTINGENCY Plan for cavite

A. Planning Process

- The crafting of Cavite's Contingency Plan (CP) for geological hazards, particularly the Big One, started with a series of consultations with the Office of Civil Defense (OCD). The OCD Region IV-A guided the consortium members throughout this initial step, particularly on the following measures:
 - Identification of actors, decision makers, and technical experts who would formulate the CP
 - Preparation of materials, including Cavite's hazard/risk maps; disaggregated data on socioeconomic profile and on resources/ assets; population composition and characteristics; relevant local, national and international policies/ standard operating procedures on Disaster Risk Reduction (DRR)
 - Orientation and technical briefing on the contents, process and format of the CP, as well as postactivities following the plan's completion
- 2. Participatory consultation meetings with members of the Provincial Disaster Risk Reduction and Management Office (PDRRMO). These meetings focused on

the identification of cluster leads, preparation of data & inventory of resources, environmental scanning, and administrative preparation.

Members of the PDRRMO, who would oversee the creation of the CP, were familiarized on the CP formulation process, particularly on sensitization activities, environmental scanning, awareness campaigns, risk assessment and administrative preparations, resource management, coordination and communication mechanisms, and operational response procedures.

3. Participatory meetings and consultations with DRRMOs of Cavite's 23 cities and municipalities with regards to the information and data needed for the Contingency Plan.

Local DRRMOs in Cavite familiarized participants on data and information gathering. The materials vital for the CP formulation include updated hazard maps of each city & municipality; segregated data on socio-economic profile, population composition and characteristics; disaggregated data of resources/assets; relevant local, national & international policies on DRR.

4. Confirmation of actors in the Contingency Plan formulation

Actors who would be involved in the CP formulation were identified. from individuals to offices to agencies. The list included members of the Provincial Disaster Risk Reduction and Management Council and local committee representatives. Also part of the list were officers from the different agencies of the Cavite Association of Disaster Risk Reduction and Management Officers (CADRREMO), including Planning Development, Budget, Social Welfare and Development, Health, Engineering, Administrator, Local Government Operations, Legal, Public Information, and finally, Public Safety and Security. Involved as well were representatives of national government agencies at the local level, CSOs and sector groups involved in DRRM, and private sector managers or individuals who are willing to commit resources, services or any other form of assistance during the activation of the contingency plan. Relevant technical experts responsible for information on risk assessments and assist formulation of the scenarios and other plan contents were also confirmed as actors.

5. Sending of invitations to all identified participants.

When all the key details have been confirmed and intended participants identified, the provincial DRRMO of Cavite sent them an invitation letter. These participants were requested to bring relevant data pertinent to the formulation of the Contingency Plan.

B. Development Process:

The Contingency Plan of Cavite has four (4) major contents:

- Part 1: Background (Introduction, Hazard Overview of the Province, The Big One in Cavite, Scenario Overview)
- Part 2: Assumptions, Goal, and Objectives
- Part 3: Coordination, Command and Control
- Part 4: Activation and Deactivation, Non-Activation

Photos: Orientation of the Cavite Contingency Plan Formulation on April 12, 2018

Part 1: Background

Introduction: A rundown of the profile of Cavite, from the overall socio-economic, physical, and political elements to the administrative context of the locality/agency that shall serve as the operational environment for the CP

Hazard Overview of the Province: Contains the description of the dangers that threaten Cavite

The Big One in Cavite: A description based on the assessment of the Big One relative to Cavite. Includes root causes, early warning signs, triggering factors, as well as existing mitigating measures in the Province

Scenario Overview: Discusses the worst possible impact of the 7.2 magnitude earthquake, including the projected damages to life, properties and infrastructures, as well as projected effect on the surviving population. Also contains the Province's current capabilities and resources for disaster response.

Part 2: Assumptions, Goals, and Objectives

Response planning based on the projected scenario was established. This would help the Province become better equipped to handle the disaster. The PDRRMC also determined the goals and objectives of the CP, naming one (1) main goal and four (4) objectives.

Part 3: Coordination, Command and Control

Coordination: The PDDRRMC provided the necessary details to clusters, which are groups of agencies that work together toward the achievement of common objectives within a particular area of concern in emergency response. Clusters will facilitate coordination at the strategic level in response to a disaster.

The Contingency Plan applied the cluster approach, as it is one of the most internationally recognized and officially adopted systems of the NDRRMC with regards to humanitarian assistance and disaster response. The Cavite PDRRMC agreed to the following identified response clusters in the event of a magnitude 7.2 Earthquake:

- 1. Search, Rescue and Retrieval (SRR)
- 2. Camp Coordination and Camp Management (CCCM)
- 3. Food and Non-Food items (F/NFI)
- 4. Protection
- 5. Logistics
- 6. Emergency Telecommunications
- 7. Engineering and Public Works
- 8. Law and Order (LAO)
- 9. Management of the Dead and Missing Persons (MDM)
- 10. Education
- 11. Health

Command and Control: It was determined who has the command and control capacity during an

emergency situation: the Emergency Operations Center (EOC) of the Cavite Provincial Disaster Risk Reduction and Management Office (PDRRMO). The EOC will serve as the main communication link for all responding units. The EOC is also responsible for receiving calls and monitoring the security and order of the situation on the ground.

Part 4: Activation, Deactivation and Non-Activation Process

Activation and Deactivation

Cavite's Contingency Plan for the Big One shall be activated based on the findings of PDRRMC's Rapid Damage Assessment and Needs Analysis (RDANA). Upon activation, it will be rolled out by the EOC.

The governor shall then convene all the clusters to assess the situation. Afterwards, he shall officially activate the Incident Command System and delegate authority to the Incident Command (IC) from the PDRRMC. The IC will proceed to organize the Incident Management Team and implement tactical activities based on the strategic decisions of the clusters.

Once the situation improves and the heightened alert gets lifted, the contingency plan shall be deactivated. The recommendation for deactivation shall emanate from the IC, and then be sent to the governor through the EOC. Meanwhile, operations shall continue until the EOC declares white alert status. This is when the operation will be officially terminated. If, however, the situation fails to improve over an extended period of time, the governor shall mobilize and deploy the Incident Management Team and carry on with the operations until conditions normalize.

Photos: Contingency Plan Formulation Workshop on May 22-25, 2018

Non-Activation

If the RDANA and the PDRRMC decide against the activation of the contingency plan, the EOC will remain on blue alert status and continue operations until the situation normalizes.

Write shop (refinement of Contingency Plan document): Selected technical people from the different clusters consolidated, reviewed and refined the contents of the CP that was deliberated during the formulation process. They transformed the contents into a working CP document.

Simulation of the Contingency Plan of Cavite: To test the coherence of the CP, a Table Top Exercise was organized for the Cavite Disaster Risk Reduction and Management Council (DRRMC). The goal was to ensure the interoperability of the response clusters, Emergency Operations Center, and the Incident Management Team of the Cavite DRRMC in response to worst-case scenarios. The exercise actors were members of the Provincial Disaster Risk Reduction and Management Council and response cluster leads. The objectives of the Table Top exercise were to test and evaluate the draft Contingency Plan, as well as to detect and address gaps and inconsistencies. The scope of the simulation was applied to the member agencies of the Cavite Disaster Risk Reduction and Management Council.

The Table Top Exercise consisted of the following:

Part 1: Alert and Warning Part 2: Activation Part 3: Emergency Phase Part 4: Termination

Each part began with a summary of the scenarios. After the scenario update, series of injects in the form of questions were administered by designated players through facilitated discussions. Evaluations were then made in between the scenarios and injects that focused on the coherence of the participants' responses with the Contingency Plan.

Below: Delegates of the Contingency Plan Formulation Workshop

Planning Process:

The Provincial Disaster Risk Reduction and Management Office facilitated the planning process. All personnel who would be involved in the emergency planning and response activities were identified as simulation participants, namely members of the Provincial Disaster Risk Reductions Council of Cavite; officers of the Cavite Association of Disaster Risk Reduction and Management Offices (CADRREMO); and local stakeholders, including NGOs, academicians, and community-based volunteer groups. They were trained on facilitation skills and technical knowledge to address their respective disaster area, as well as relevant management procedures and information on the contingency plan in general.

Development of the Exercise:

Steps to design and develop the material for the simulation were outlined. The OCD Region IV-A technical lead created a master scenario, including references and injects based on the key actions and processes. Key presentations were also developed for the exercise, while the venue was arranged and equipment prepared.

Implementation of the Exercise:

The lead facilitator from the OCD introduced the objectives of the simulation and what hazards are to be simulated. He emphasized not to resist the scenario and only respond to the tasks.

Participants were given starting points via emergency cell broadcast coming from NDRRMC. They were advised to begin by evaluating the situation. Next, the participants were observed on how they respond to injects delivered by the facilitator. The objective was to have the participants extract information from references, analyze the materials, and then make decisions and execute key response activities accordingly.

Review of Simulation:

The lessons from the simulation were identified, analyzed, and generalized, while follow-up actions were set in order to ensure that the lessons from the facilitated learning experience are going to incorporated to the plans.

KEY SUCCESSES, CHALLENGES AND LESSONS FROM DEVELOPING THE CONTINGENCY PLAN OF CAVITE:

- Good planning and preparation are the keys in crafting a good Contingency Plan.
- The entire process is not easy. The drivers of the project wanted a participatory process, wherein all key stakeholders will be consulted in formulating the plan, one where all relevant actors would be involved not only in the actual planning, but in the preparation as well. In the end, it was identified that preparatory work is more tedious than the actual formulation.
- Prep work makes the dream work. Gathering sufficient information during the preparatory work was one of the most important parts of the plan, and also one of the most challenging. Data and information is key in developing a realistic contingency plan, and the lack thereof can set back the entire process. However, getting enough information from various sources, from local government units to departments and agencies and the like, entailed tedious processes, strict protocols and required a lot of time.
- Commitment from authorities/local officials is crucial. Securing support from authorities, specifically the DRMM chairman and members of the Provincial Council, was a must for the preparation of the Contingency Plan. Their backing smoothened all necessary preparations for the CP, from

logistics to budget to administrative support. The involvement of decision makers, such as heads of the department and agencies, helped in ensuring accountability and ownership.

- Clusters should be prepared. There should be a cluster orientation session ahead of time to make the actual planning easier. Different clusters must be familiarized with the Contingency Plan templates. There are templates, information and data that can be prepared in advance, including resource inventory of their respective agencies, institutional mandates and capacities, among others.
- Participation of the local DRRMOs of the cities and municipalities in the Province is important. The involvement of the local DRRMOs in the preparation and actual planning was necessary and beneficial, as they provided useful input in developing the Contingency Plan. Their exposure to the process also allowed them to learn pointers that they can to their local disaster risk reduction management offices.
- Partnerships, partnerships, partnerships. The involvement of the Office of the Civil Defense Region IV-A (OCD) and the Provincial Government of Cavite Office of Public Safety (PG-COPS) in the CP formulation were crucial.

On the one hand, the OCD provided technical assistance and overwhelming support for the planning from the preparatory phase to the actual formulation process. They also helped in the writeshop of the final document and the testing of the Contingency Plan. On the other hand, the PG-COPS secured the approval of local executives on the proposal to conduct the CP, organized consultation meetings and orientation sessions with different agencies and departments to get them to commit to the formulation of the plan, and took on the grueling logistical and administrative preparations throughout the process, up to the post-Contingency Plan activities.

RESULT II

COORDINATION MECHANISM

By Mark Cervantes

A pothing about a 7.2 magnitude earthquake is normal—not its occurrence, not its scope of destruction, and certainly not the relief efforts that should follow. A disaster of that scale is a different monster altogether, and responding to such hazard would require a much, much higher level of coordinated action among stakeholders than what is applied during more common calamities, such as storm surges and landslides.

There is a need to strengthen the coordination between Local Government Units (LGUs), Civil Society Organizations (CSOs), and the private sector to ensure effective and efficient delivery of life-saving interventions. Moreover, since the disaster could garner global attention, a surge of humanitarian assistance from different international organizations is to be expected, and this, too, should be factored in the coordination mechanism of the Province.

With this, PROJECT VIPER included the need to improve humanitarian coordination between the LGUs and the CSOs in the event of the Big One. A coordination model was crafted for the proper and orderly facilitation of the assistance from the international community. Here are the takeaways of the consortium from that model, including successes, challenges, and lessons.

SUCCESSES:

Improved coordination through the consultative and participatory process

There was a successful role mapping between the various CSOs, NGOs, and private sector in the province of Cavite, including the profiling of CSOs/private sectors working on disaster preparedness and response.

Several consultative processes under the project enhanced coordination mechanisms. One example is the consultation with the CODE-NGO, Philippine INGO Network (PINGON), Philippine Support Service Agencies Inc. (PHILSSA), National Secretariat for the Social Action (CBCP-NASSA), and Office of the Civil Defense National (OCD) with regards to their coordination models. The consultation allowed stakeholders from Cavite, primarily the Provincial DRRM office, Cavite Association of DRRM Officers (CADRREMO), the academe and faith-based organizations to understand their participation.

Through the consultation workshop, the stakeholders from Cavite were able to discuss and decide what model may work for the Province. The stakeholders agreed to adapt and localize the coordination mechanism under the Harmonized Contingency Plan for the 7.2 magnitude earthquake that the NDRRMC developed.

• Roles defined and respected

The consortium initially drafted a proposed Coordination Model based from the Harmonized CP. It was called the "One Cavite Humanitarian Coordination Model," or OCHO.

To secure a unanimous approval on the proposed coordination model, the consortium organized a separate consultation workshop specifically to present the OCHO model to the stakeholders. Among the points of emphasis was that LGUs should take the lead in the entire coordination process. Meanwhile, CSOs, private sectors, and faith-based organizations would field in support. Another highlight of the model was the "wave system," wherein LGUs and CSOs would attend to the impacted municipalities in accordance with the Incident Command System (ICS), as defined by the Office of the Civil Defense. Thus, command and control will be spearheaded by the LGUs, while CSOs will follow its lead.

However, despite the LGUs' recognition of the proposed coordination flow as defined in OCHO, it was not adapted during the actual CP formulation. Instead, an alternative coordination flow was proposed by the Local DRRM Officers, which still follows command and control as defined by the Incident Command System.

FEATURES OF INCIDENT COMMAND SYSTEM (ICS)

The Provincial Incident Management Team (IMT) that will carry out the tactical operations of the clusters is as follows:

Area command shall be used in managing the earthquake incident. All the operational teams identified in the clusters shall work under the supervision of the Operations Section Chief.

Each Area Command shall have its own Incident Management Team and the Incident Commander shall directly report to the Provincial Incident Management Team.

AREA COMMAND 1: Cavite City, Kawit, Noveleta and Rosario.

AREA COMMAND 2: Cities of Bacoor, Imus and Dasmarinas.

AREA COMMAND 3: Carmona, Silang, and General Mariano Alvarez.

AREA COMMAND 4: Amadeo, City of General Trias, Tanza, and Trece Martires City.

AREA COMMAND 5: Tagaytay City, Alfonso, General Emilio Aguinaldo, Indang, Magallanes, Maragondon, Mendez, Naic and Ternate.

This coordination model ultimately became part of the Contingency Plan of the Province. Moreover, eleven (11) response clusters were formed through the provincial-level Cluster Implementation Plan, composed of designated agencies as Lead please members coming from various departments plus CSOs.

Reliance is Resilience: The birth of Cavite CSO Network

Inspired by the existing networks on disaster preparedness and humanitarian response, such as the Philippine International NGO Network, or PINGON, the stakeholders suggested to form a lose network of Cavite CSOs to effectively execute humanitarian coordination. The idea came from the existing silo in the Province in terms of disaster preparedness and humanitarian action. Representatives from the Provincial DRRM Office-Cavite Office of Public Safety (PG-

CAVITE CSO NETWORK TERMS OF REFERENCE

I. BACKGROUND:

In a joint study with the Metropolitan Manila Development Authority (MMDA) and the Japan International Cooperation Agency (JICA), Phivolcs looked at 18 earthquake scenarios. The three organizations selected three scenarios for detailed damage analysis: a 7.2-magnitude earthquake from the West Valley Fault, an offshore 7.9-magnitude earthquake from the Manila Trench and a 6.5-magnitude earthquake hitting Manila Bay. That of the West Valley Fault, a 100-kilometer fault that runs through six cities in Metro Manila and nearby provinces, is considered the worst-case scenario. This is "The Big One." The 7.2 magnitude earthquake will also traverse along Cavite and will directly affect the towns of Carmona, General Mariano Alvarez and Silang. It is also anticipated that the entire province will feel the earthquake and will also have an impact to several towns near the coastline, due to a tsunami.

In order for the Province of Cavite to be better prepared, series of consultation workshop between Local Government Units and Civil Society Organizations was held wherein one of the discussions revolves around strengthening coordination mechanism on preparedness to response.

On March 12, 2018, LGUs and CSO representatives gathered in Silang, Cavite wherein the proposed One Cavite Humanitarian Coordination model was presented by the consortium composed of the Adventist Development and Relief Agency (ADRA), Humanitarian Leadership Academy (HLA) and the Provincial DRRM Office-Cavite Office of Public Safety (PDRRMO-COPS).

Its necessary that in order for the coordination mechanism to progress and succeed, a loose network of CSO will be organized to put system and order in terms of coordinating to and among different CSOs in the province.

II. PURPOSE OF THE NETWORK

The network is a coordinating body composed of local CSOs (NGO, academe, faith based groups) and private sector currently present in the Province of Cavite with interventions providing difference services to the community.

Though it is encouraged that individual members of the network should have service or work related to disaster preparedness and response, humanitarian actions, other organizations who has work other than mentioned above, but is willing to support in strengthening disaster preparedness of the Province is most welcome.

The network is formed to function as an informal venue for:

- Act as the main coordinating body for CSOs on matters related to disaster preparedness and humanitarian response;
- Exchange of relevant information between its members, and between of the network and other bodies at the provincial, regional and national levels involved in disaster preparedness and humanitarian response;
- Possible collaboration of activities, including complementation of resources (i.e. human resources, expertise, technologies, material

and financial resources), amongst its members particularly during the impact of the 7.2 magnitude earthquake, but not limited to;

 Sharing of opportunities, as well as resources, to continuously build collective capacity in disaster preparedness and humanitarian response of members;

III. NETWORK LEADERSHIP

For the inception of this lose network, the core-members of the network will designate a Network Lead and co-lead who will provide over-all leadership to the network for a minimum period of one year.

Designated Network Lead is entrusted to:

- Represent members of the network to major coordinating bodies on the preparedness for the 7.2 magnitude earthquake, such as the Provincial DRRM Council, Cavite Association of DRRM Officers, Office of the Civil Defense-Region 4A, and other networks at the national level if necessary, purposely to propose and input specific agenda of the network and gather feedback during the said coordination meetings.
- Call and chair the regular meetings of the network—including setting the agenda for these meetings, however, in consultation with the members of the network; and providing necessary secretariat support for holding these meetings.
- Call for additional meetings when deemed necessary by network, which may include response to other crisis other than the 7.2 magnitude earthquake;
- Maintain a database on basic information of the members to include contact details, geographic focus, and general programmes and services.

- Set-up and maintain an e-network for the group through social-media, e-group, and other accessible means;
- In the absence of the Network lead, the Colead will function what ever applies among the defined roles of the Lead.

IV. NETWORK MEMBERSHIP (PROPOSED CORE GROUP)

Membership in the network is not exclusive and is open to any interested CSOs and private sectors implementing programmes in the Province of Cavite.

A formal letter of intent from the Head of the organization will be submitted to the network lead, to include brief profile of the organization (structure, members of the board, source of funding and programmes)

Currently, the following organizations will act as core-group of the network;

- 1. Adventist Development and Relief Agency (ADRA)
- 2. International Institute of Rural Reconstruction (IIRR)
- 3. Humanitarian Leadership Academy (HLA)
- 4. Diocese Social Action Center-Imus (DSAC-IMUS)
- 5. Inter-faith
- 6. Adventist Community Services (ACS)
- 7. KMTRC/SGG
- 8. Federation of the Deaf Cavite Province, Inc
- 9. OFW Org
- 10. Adventist International Institute of Advance Studies (AIIAS)
- 11. Adventist University of the Philippines

COPS) believe that a network can organize the efforts of the CSOs, the same way that the Cavite Association of DRRM Officers, or CADRREMO help the LGUs. The consortium then drafted a Terms of Reference (ToR) guideline and was shared to the CSOs for review and approval.

CHALLENGES and LESSONS

• Getting Local Government Units (LGUs) and Civil Society Organizations (CSOs) onboard

Although the proposed coordination model highlights the LGUs' role as lead and CSOs as support, the consultation processes were still heavily focused on the CSOs. The CSOs easily supported and adapted the proposed coordination model. However, the project fell short in convincing most, if not all, of the LGUs to follow. The mix-up resulted in the proposal of an alternative coordination model during the development of the CP. Ultimately, the LGUs, who were mandated to lead in DRR and response, had the final word in terms of processes and protocols.

Another issue was the representatives of CSOs during the consultative processes. Instead of fielding heads of the organization to the consultative processes, which would have secured immediate buy-in and approval, a number of CSOs sent people who were not authorized to take such actions. This required repetition of approach and strategy explanations, ultimately prolonging the process.

• Lack of directory and database of CSOs

There was no robust overall/global database of the existing CSOs in the Province, specifically those operating in the 23 LGUs. The consortium was forced to rely on the database of accredited CSOs. The lack of information resulted to low turnout of CSOs participating in the consultative workshops organized by the consortium. Without a directory and database, it will be difficult to keep track of the CSOs' performance on disaster preparedness and humanitarian action.

• Accreditation status of CSOs to their respective LGUs

Not all CSOs identified to participate in the coordination are duly accredited in their respective LGUs. This requirement is crucial for the legal representation of CSOs in the Local DRRM Council, as mandated by Republic Act 10121. Regardless of the capacity of the CSO to disaster preparedness and humanitarian actions, if it lacks the necessary accreditation, then it will have difficulties in extending support during a crisis situation. What is more telling is that not all CSOs prioritize accreditation. Some even view the idea as an after-thought.

• CSO with DRRM-CCA focus are not familiar with ICS

Some, if not all, of the CSOs tapped for the coordination mechanism were not equipped with the proper training on, or even familiar

with, the Incident Command System or ICS, which is the standard command and control system followed by all LGUs and local DRRM Offices. One of the problems that may rise from this gap during the actual response is coordination between LGUs and CSOs with regards to service delivery for both food and non-food items.

MANNING AND STRUCTURE: The EOC shall be operated by the following personnel according to the organizational structure:

AREA COMMAND 2 INCIDENT MANAGEMENT TEAM

Left: Consultation of Cavite Civil Society Organizations on February 12, 2018

Top 2: Consultation on December 15, 2017 Bottom 2: Consultation on February 12, 2018

AREA COMMAND 5 INCIDENT MANAGEMENT TEAM

INTEROPERABILITY

RESULT III

ADVOCACY LINKAGES TO METRO YAKAL PLUS

By Mary Ann Llanza

Preventive measures over reactive scrambles. Collaboration over isolation. These are what constitute an effective risk reduction approach toward an earthquake projected to be so destructive that it's commonly referred to as "The Big One."

Oplan Metro Yakal Plus, or Metro Manila's contingency plan on the projected 7.2 magnitude earthquake from the movement of the West Valley Fault, is a step in the right direction toward disaster preparedness. However, it's limited to just that: a contingency plan of Metro Manila. The Big One requires a wider preparation effort that reaches all the areas that would be affected, and that includes the neighboring provinces of the nation's capital. One of which is Cavite.

Thus, Project VIPER aimed to integrate the Cavite Contingency Plan with Oplan Metro Yakal Plus, which is to be carried out by the Metro Manila Development Authority (MMDA), national government agencies and the other stakeholders operating in the National Capital Region.

"When the earthquake happens, the assumption is that only about 30% of government resources in Metro Manila will be available," said Mon Santiago, then MMDA chair, during the 2017 colloquium. "We will really have to rely not only on the community effort but also from the outside, neighboring provinces."

Shifting Priorities

As PROJECT VIPER was working on Cavite's contingency plan, a massive development changed the project's focus.

The national government recognized the potential effect of the Big One to the surrounding provinces of Metro Manila. It stated in a report that as "Oplan Metro Yakal Plus accounts for the response within the affected areas in Metro Manila ONLY," there is no elaborate reference for the risk estimates in the two regions surrounding Metro Manila, which are Central Luzon and Calabarzon.

The report called for something to be done, and in February 2018, it finally happened. The National Disaster Risk Reduction Management Council (NDRRMC) approved the "Harmonized National Contingency Plan for the 7.2 Magnitude Earthquake."

We will really have to rely not only on the community effort but also from the outside, neighboring provinces.

The development shifted Project VIPER's focus of Result Three from pushing for Cavite's Contingency Plan to be included in Oplan Metro Yakal Plus, to ensuring that the province's CP is ready to be included in the Harmonized National CP.

The Harmonized National Contingency Plan directs "all national government agencies of the NDRRMC, Metro Manila DRRMS, Regional DRRMCs (RDRRMCS) in Central Luzon and CALABARZON, all designated assisting regional DRRMCs, including the lead and member agencies of the response clusters, personnel, and Incident Management Team (IMT) members to adhere to the following points, among others:

1. All assisting RDRRMCs shall formulate their implementation plans as annexes to the harmonized national contingency plan. The said implementation plans shall include the operational details of their response clusters, accessibility, and functionality of the EOC, as well as the composition of the IMTs. The OCD, through the Capacity-Building and Training Service, shall consolidate all implementation plans of the assisting RDRRMCs for further review and integration by the NDRRMC Technical Working Group.

2. All assisting RDRRMCs shall complete their respective inventory of resources that will specifically be committed for augmentation to the NDRRMC, MMDRRMC and RDRRMCs of Central Luzon and CALABARZON...

Procedures and processes, particularly for nearby provinces and regions, are subjected under the Harmonized National Contingency Plan. Details related to the operationalization of the harmonized plan involving Calabarzon have yet to be cleared. At the moment, national and regional agencies are focused on developing a regional mechanism, as provinces are still crafting their CPs.

Finalizing the regional CP is dependent on the completion of the provincial CPs. The Office of Civil Defense (OCD) Region IV-A will collate the provincial CPs to develop the regional CP, which would be included in the Harmonized National Contingency Plan.

There are still activities needed to ensure that each CP is robust and government-compliant. The provincial government of Cavite held a tabletop simulation on July 24, 2018, which is a crucial step to test the CP. Budget allocation will be done as the province revisit their Annual Investment Plan during the third quarter of the year. Upon completion, the CP will be presented to the Sangguniang Panlalawigan (SP) for approval.

Harmonized National Contingency Plan for the 7.2 Magnitude Earthquake

National Disaster Risk Reduction and Management Council

As of January 2018

HARMONIZED NATIONAL CONTINGENCY PLAN FOR THE 7.2 MAGNITUDE EARTHQUAKE

The total population of the CALABARZON is 14,414,774 as of 01 August 2015, the largest population in the country surpassing the NCR. Breakdown is as follows based on the 2015 Census by the PSA:

Provinces and Highly Urbanized City in	Population (in thousands)	
CALABARZON	2,694	
Batangas	3,678	
Cavite	3,035	
Laguna	1,857	
Quezon (excluding Lucena City)	266	
Lucena City	2,884	

Rizal Table 3: Population of Provinces and Highly Urbanized City in CALABARZON

The region consists of two (2) of the ten (10) major lakes in the Philippines: Laguna de Bay, the largest freshwater lake in the Philippines with an area of 90,000 hectares, and the Taal Lake in Batangas, with an area of 23,400 hectares. Laguna de Bay supports the agriculture industry, recreation, and ecosystem services. The Hydroelectric Power Station located in Laguna also produces 600 megawatts of electricity.

The region experiences all four (4) types of climate: Type I or two pronounced seasons, dry from November to April and wet during the rest of the year; Type II has no dry season with very pronounced rainfall from November to April and wet during the rest of the year, Type III has seasons that are not very pronounced, relatively dry from November to April and wet during the rest of the year; and Type IV where rainfall is more or less evenly distributed throughout the year.

B. Hazard Identification

The Philippines, situated along the Pacific Ring of Fire and the Typhoon Belt, is prone to natural hazards such as typhoons, earthquake, fire, storm surge, and volcanic eruptions. Human-induced hazards such as crimes, terrorism, and bombing also threaten the lives of the communities.

Given such disaster risk profile of the country, several major disasters have occurred in various parts of the country, including Metro Manila, Central Luzon and CALABARZON. The occurrence of disasters can be attributed to some of the common hazards frequently existing in the region. The identification of hazards was based on consultations and discussions with representatives from the Metro Manila, Central Luzon, and CALABARZON:

Page 3

HARMONIZED NATIONAL CONTINGENCY PLAN FOR THE

7.2 MAGNITUDE EARTHQUAKE

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REGION	
Metro Manila	
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	Vehicul
Central Luzon	Forth
	Earinquake
	Flood
	Typhoan
	Volcania en la
	Terrorist att
CALADA	
CALABARZON	Farthquake
	Fire
l F	Flood
Г	Vphoon
	Olcanic eruption
L	andslides
- T	errorist attacko
Table 4: List . 5 a	ehicular accidente
List of Common	Hazards in Metro Marin
	CALABARZON

C. Hazard to Plan for: Earthquake

For this contingency plan, the hazard to plan for is earthquake. Recently, series of earthquake incidents transpired in the country. On 04 April 2017, a 5.5 magnitude earthquake was felt in 19 areas of Metro Manila and other parts of Luzon, which was followed by 13 aftershocks according to the Philippine Institute of Volcanology and Seismology (PHIVOLCS). On 08 April 2017, four (4) strong earthquakes occurred in Mabini, Batangas with the first tremor of magnitude 5.6, second tremor occurred two minutes after with a magnitude of 6. It was then followed by another earthquake, also with a magnitude of 6, then another with a magnitude of 4.7.

The table below displays the analysis of earthquake as a natural hazard, based on consultations and discussions with technical experts from PHIVOLCS and various representatives from the member agencies of the National Disaster Risk Reduction

Page 4

HARMONIZED NATIONAL CONTINGENCY PLAN FOR THE 7.2 MAGNITUDE EARTHQUAKE

v is the table of estimated number of fatalities and very serious injuries across

100 (0) 1-9				
		EATAL ITIES	VERY SERIOUS INJURIES	
LOCATION		TATALITILE 04 744	17,782	
o Manila		34,714	1 137	
Jiviania	Dulacan	2,848	1,107	
ral Luzon	Bulacan	187	50	
	Pampanga	107	1 640	
ADADZON	Rizal	3,266	1.061	
ADANZON	Cavito	4,128	1,901	
	Cavile	3 004	1,462	
	Laguna	3,094	24 232	
		10 23/	21,201	

ble 7: Estimates on Fatalities and Very Serious Injuries in Metro Manila, Central Luzon and CALABARZON

ording to the estimates, 34,714 fatalities and 17, 782 very serious injuries are ected in Metro Manila. In Bulacan, 2,848 fatalities and 1,137 very serious injuries expected. In Pampanga, estimates account to 187 fatalities and 50 very serious ries. In Rizal, there are 3,266 fatalities and 1,640 very serious injuries anticipated. Cavite, 4,128 fatalities are expected and 1,961 very serious injuries. In Laguna, 94 fatalities and 1,462 very serious injuries are expected. These estimates were ived from the initial findings of the MMEIRS with the updated results from the sater Metro Manila Area (GMMA) Risk Assessment Project (RAP) as well as ent risk estimates by PHIVOLCS.

ecifically, in preparation for the 7.2 magnitude earthquake hitting Metro Manila, Metro Manila Disaster Risk Reduction and Management Council (MMDRRMC) veloped its contingency plan known as the Oplan Metro Yakal Plus in 2015. cording to the Oplan Metro Yakal Plus, only 30% of manpower and equipment of etro Manila can be mobilized for response. Further, only 1,682,458 people or 58% the total displaced population can be accommodated in the identified open spaces hin Metro Manila. The remaining 1,198,979 people or 42% of the displaced pulation will be outside of the identified evacuation camps. Out of the 13,751 dividuals with life-threatening injuries, only 8,628 may be accommodated in ospitals in NCR. The rest must be transported to hospitals in other regions.

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HARMONIZED NATIONAL CONTINGENCY PLAN FOR THE 7.2 MAGNITUDE EARTHQUAKE

earthquake the occurred was in 1658, meaning that the anticipated movement of the WVF is "long overdue."

Below is the table of scenarios that can possibly occur should there be movement in the WVF

		WORDE SCENARIO	WORST SCENARIO
SITUATIONS	BAD SCENARIO	WORSE SCENARIO	The WVE moved with a
Description	The WVF moved with a magnitude of 5 and intensity scale of below 5.	The WVF moved with a magnitude of 6 and intensity scale of 5 to 7.	magnitude of 7 and intensity scale of 8 and above.
Impacts on	Fatalities: Around 5,000 Very serious injuries:	Fatalities: Around 10,000 Very serious injuries: Around 10,000	Fatalities: Around 50,000 Very serious injuries: Around 24,000
Impact on infrastructure, facilities and environment	50% of residential houses made of light materials are	80% of residential houses made of light materials are damaged	100% of residential houses made of light materials are damaged
	25% of buildings are	50% of buildings are severely damaged	80% of buildings are severely damaged
	Agriculture, fisheries, and business establishments are damaged	Agriculture, fisheries, and business establishments ar severely damaged	Agriculture, fisheries, and e business establishments are severely damaged
	All roads and bridges	50% of roads and bridges are not passable	80% of roads and bridges are not passable
	Power and communication facilities remain operational	50% of power, energy and communication facilities an no longer operational	80% of power, energy and e communication facilities are no longer operational
	Few electric posts have	Several electric posts have toppled down	 Several electric posts have toppled down
	Few large trees are	Several large trees are uprooted	Several large trees are uprooted
	No outbreak of hazmat	Outbreaks of fire and hazmat incidents occurred some areas in Metro Man	Outbreaks of fire and hazmat d inincidents occurred in most illa. areas in Metro Manila.
Response Capabilities	Local capacities are still functional in Metro Manila Central Luzon, and CALABARZON	30% of manpower and equipment of Metro Mani Central Luzon and CALABARZON can still b mobilized for response.	Even the response groups in Metro Manila, Central Luzon, Ia, and CALABARZON are victims. They have NO capac to respond within their respective areas for the first week of operations.
Table 6	Indicators of Bad, Worse a	and Worst Scenarios for t	he Earthquake due to
, 6,510 0.	the Mo	vement of the vvvr	

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to see these attachments.

Cavite Contingency Plan for Geological Hazards - Draft

One Cavite Humanitarian Coordination (OCHO) Model

OCHO Consultation Meeting

National Harmonized Contingency Plan for Earthquake