

PHILIPPINES: NEW APPROACH TO EMERGENCY RESPONSE FAILS WOMEN AND GIRLS

In November 2013, a massive typhoon struck the Philippines, killing thousands and forcing hundreds of thousands from their homes. The response to Typhoon Haiyan in the Philippines is the largest to a sudden-onset natural disaster since the 2010 Haiti earthquake and the Pakistan floods. Typhoon Haiyan is also the first large-scale natural disaster to strike since the Inter-Agency Standing Committee (IASC) Transformative Agenda (TA) was adopted, and the first Level 3 (L3) emergency declaration in such a context.

Unfortunately, the TA's debut demonstrated myriad problems. The TA was created to make humanitarian responses more effective and accountable. In the Philippines, however, the TA's tools became onerous and unhelpful, rather than leading to better results. Implementing the TA became an end in itself, compromising humanitarians' ability to provide lifesaving services in a timely manner. One area where this failure was particularly pronounced was gender-based violence (GBV) prevention and response, which provides a clear case study of the TA protocols' shortcomings.

Learning from these weaknesses, an urgent review and revision of the TA processes is required to ensure that when L3 crises strike, humanitarian efforts will be accountable to the affected population and, in particular, to women and girls, who require special protections from the onset of an emergency.

BACKGROUND

The TA was designed to advance the way humanitarian actors coordinate to meet the needs of people affected by disasters and conflict. Its procedures aim to redefine the ways that international humanitarian actors engage with each other and with national and local authorities, with the

goal of achieving more efficient, predictable, and transparent outcomes.

In particular, the TA and its humanitarian program cycle focus on the need to 1) be prepared before an emergency strikes; 2) develop a sound information base to inform planning; 3) set objectives early and ensure that they drive

POLICY RECOMMENDATIONS

- ❑ The Inter-Agency Standing Committee Working Group must undertake a strategic review and revision of the Transformative Agenda (TA) tools – particularly the Multi-Cluster Initial Rapid Assessment (MIRA) and Strategic Response Plan (SRP) – to make them more efficient, and to ensure the systematic use of sex- and age-disaggregated data (SADD), meaningful inclusion of gender-based violence (GBV) considerations as a lifesaving priority, and robust participation by local civil society actors.
- ❑ The GBV Area of Responsibility (GBV AoR) should create a list of GBV-related questions that can be quickly adapted to fit local contexts and feed into the MIRA.
- ❑ In Level 3 emergencies, the GBV AoR's lead agencies, UNFPA and UNICEF, must ensure the deployment of full-time, dedicated information management specialists at national and sub-national levels to contribute to assessment and monitoring mechanisms.
- ❑ The Emergency Relief Coordinator should hold the Resident Coordinator/Humanitarian Coordinator to account for GBV mainstreaming across all clusters and across all phases of the humanitarian program cycle.
- ❑ UN Country Teams in disaster-prone countries must develop strong risk profiling with robust inclusion of GBV vulnerability, including the collection and analysis of secondary data sources.

the humanitarian response; 4) locate decision-making in the field, as close as possible to affected communities; and 5) monitor the impact of humanitarian programming.¹

More than three months after Typhoon Haiyan hit the Philippines and the L3 response was declared, an Operational Peer Review (OPR) praised the overall effectiveness of the response, saying that it was carried out in accordance with the L3-mandated timeline and used the TA tools effectively. Yet many humanitarians feel that the TA has significantly increased the use of coordination mechanisms and bureaucratic processes at the expense of operations. It is unclear whether the L3 designation led directly to higher-quality humanitarian programming that was effective or accountable to the affected population. In fact, in some cases, the TA processes actually compromised humanitarians' ability to work directly on lifesaving programming.

In February 2014, a Refugees International team conducted an assessment mission to the Philippines to assess the response to women and girls as a case study of an L3 rollout. This approach was taken because of RI's strategic prioritization of women and girls' protection in humanitarian emergencies. RI found that the humanitarian response in the Philippines failed to fully incorporate gender and GBV dimensions into the early phases of the response, which affected each cluster's ability to effectively assist its target population. The L3 designation was not helpful in this regard and may have had made matters worse.

GBV occurs in each and every conflict and natural disaster. Emergencies rupture the social fabric of community support systems, leaving women and girls at risk of violence and exploitation. As a result, IASC-endorsed guidelines tell humanitarians to assume that GBV is occurring in every emergency, and therefore to act swiftly to provide lifesaving assistance to GBV survivors at the onset of all emergencies.

Despite this, many international humanitarian actors arrived in the Philippines believing that gender issues would not need to be a major component of the Typhoon Haiyan response. They pointed to sources like the 2013 Global Gender Gap Report, which ranked the Philippines fifth globally in performance on gender equality indicators, outperforming the United States. Yet despite this ranking, GBV was a major concern in the Philippines even before the disaster, with physical violence, sexual violence, and incest affecting many women and girls. The 2008 national Demographic Health Survey estimated that one in five Filipino women between the ages of 15 and 49 experienced physical violence – 14.4 percent at the hands of their

¹ Programme Cycle Steering Group of the Inter-Agency Standing Committee (IASC). Reference Module for the Implementation of The Humanitarian Programme Cycle. December 2013.

husband. Samar and Leyte, two of the most heavily affected islands, had the highest rates of human trafficking nationwide before the disaster.

It is clear that the humanitarian emergency following Typhoon Haiyan has increased vulnerabilities to these forms of GBV, primarily through the loss of homes, families, and livelihoods. In the areas where GBV services are active, survivors are seeking support after experiencing domestic violence, sexual violence, or trafficking in typhoon-affected areas. One humanitarian in a typhoon-affected area told RI about a women's shelter where four to five new GBV survivors arrive every single day.

Despite the strong need for GBV programming and coordination following Typhoon Haiyan, GBV actors in the Philippines had to battle within the TA architecture for inclusion, and they found that its tools inhibited their ability to effectively provide support to women and girls.

PREPAREDNESS

The first element of the humanitarian program cycle is preparedness, which includes actions that enable a response to begin faster and to make decisions on the basis of reliable information. Understanding and reducing the vulnerabilities in advance of a disaster is directly relevant to GBV prevention and response.

Humanitarians know from experience that women and girls are often vulnerable even before an emergency, and GBV (or the fear of it) is a reality for many. During and after a natural disaster, the breakdown of social services and systems exacerbates these vulnerabilities, increasing the risk of GBV. This is because the individuals most affected by a disaster generally have limited access to services prior to the disaster, and because the disaster's psychological and emotional impact can lead to increased violence due to loss of family, home, and livelihood.

Unfortunately, the work carried out by United Nations agencies prior to Typhoon Haiyan did not reflect these assumptions. This highlights the need for stronger GBV-specific preparedness efforts. Such efforts must include linkages between disaster risk reduction (DRR) and GBV, so that GBV actors are able to respond to natural disasters more quickly and efficiently.

The GBV Area of Responsibility (GBV AoR) is in the process of developing an Emergency Preparedness and Response Toolkit that will offer guidance along these lines. In the aftermath of Typhoon Haiyan, this will be a welcome advance in linking GBV and DRR efforts. In addition, relevant members of local UN Country Teams in disaster-prone countries – including the UN Children's Fund

(UNICEF), the UN Population Fund (UNFPA), UN Women, and the UN Development Programme (UNDP) – should develop strong risk profiling with robust inclusion of women and girls’ vulnerability and protection needs, including the analysis of secondary data sources. This should include indicators and triggers that can be monitored using early warning mechanisms, along with information on the particular groups and populations that are especially vulnerable to GBV and in need of services and support. Risk profiling of this kind would enable GBV actors to respond to new disasters faster and with a greater understanding of how and where to direct their efforts.

NEEDS ASSESSMENT AND ANALYSIS

Gathering sufficient information about a sudden-onset disaster’s impact, scale, and severity in order to identify humanitarian priorities in the immediate aftermath is a challenge. In the past, each cluster or agency has tended to gather this information independently, which sometimes results in an incomplete picture of humanitarian needs.

The Multi-cluster Initial Rapid Assessment (MIRA), developed by the IASC Needs Assessment Task Force, seeks to address this problem, and to lay the foundations for a stronger, more rapid, and better-coordinated assessment culture during crises.² The MIRA is designed to identify strategic humanitarian priorities during the first weeks of an L3 emergency and inform the strategic response plan, resource mobilization, and monitoring.

Despite the good intentions of its creators, a multi-sectoral tool such as the MIRA will never be able to fully satisfy the diverse information needs of all clusters. One humanitarian in the Philippines explained to RI that the MIRA “demand[s] specific, detailed, in-depth, and immediate information [under an] impossible timeline...to inform strategic decision about the size, duration, and focus of the overall humanitarian response.”

In the Typhoon Haiyan response, two MIRAs were carried out. The first (MIRA I), released on November 26, 2013, was seen as “unhelpful” by humanitarians across numerous clusters that RI interviewed, both in Manila and in the field hubs. They claimed that MIRA I failed to present detailed information that could inform cluster-specific programming, and that it was not premised upon or informed by a secondary source review. The second (MIRA II) was a household survey, designed to provide more in-depth information, and was generally regarded as significantly more helpful in informing strategic priorities and key concerns in typhoon-affected areas. Unfortunately,

² Inter-Agency Standing Committee (IASC). Multi-Cluster (Sector) Initial Rapid Needs Assessment Manual. March 2012.

MIRA II was not released until December 20, 2013, and several humanitarians told RI that this was too late, as most organizations had already begun implementing their programs.

Gender and protection actors whom RI spoke to in the Philippines called MIRA I “a huge missed opportunity” and “a large, clumsy tool that cannot produce nuanced protection data.” Protection specialists also criticized MIRA I for being completely gender-blind, lacking sex- and age-disaggregated data (SADD), and failing to capture critical protection concerns. The design of the questionnaire, the method by which it was conducted, and the pool of respondents it consulted all contributed to these problems.

First, the sole GBV-related question included in the final MIRA I asked, “Is there a presence or risk of Sex or Gender Based Violence?” This question clearly would not be understood by most interviewees or yield useful information for humanitarians.³ GBV specialists in Manila provided feedback on the questionnaire multiple times, but their suggestions were not heeded.

Second, the MIRA I enumerators were never trained on GBV or protection. This is understandable, given the tight timeframe of the MIRA process, but it led to untrained enumerators asking culturally sensitive questions. It is therefore unsurprising that protection issues did not strongly emerge in the assessment.

Third, MIRA I surveyed *barangay* (village) captains, of which the vast majority are men. Furthermore, the MIRA I form lacked a space to identify whether an interviewee was male or female – a simple addition which would have been hugely helpful for all humanitarian actors. Women and men often answer the same question differently because they have access to different information based on their respective roles in the community. In addition, male leaders generally lack awareness of the specific protection concerns faced by women and girls. Including both male and female informants in future MIRAs would increase the utility of the data collected.

These gaps are significant because the MIRA is a key tool for articulating humanitarian priorities to international humanitarian officials and donors. Leaving out protection and GBV concerns has wide-ranging and severe implications for the future prioritization and funding of these clusters in the response.

Therefore, the MIRA requires urgent revision to ensure that these same failures are not repeated. For example, the UN Office for the Coordination of Humanitarian Affairs

³ Multi-Cluster/Sector Initial Rapid Assessment. Philippines Typhoon Haiyan. November 2013. https://philippines.humanitarianresponse.info/system/files/documents/files/20131129_MIRA_Report_-_Philippines_Haiyan_FINAL_1.pdf

(OCHA) must ensure SADD are systematically used in all its assessment tools and not reduced to program-specific data requests. Achieving this level of detail may require revisions to the community-level assessment method, including the use of focus group discussions and direct engagement with the affected population (including vulnerable groups, such as adolescent girls, elderly, and disabled). The MIRA must also include questions that will inform gender-based determinants of vulnerability, including women and girls' mobility, their views on self-perceived security, and access to information and resources – much of which can be compiled from secondary source reviews as an element of DRR. In addition, the GBV AoR should create a list of MIRA assessment questions that can be quickly adapted to feed into this process. Better addressing GBV in the MIRA is a lifesaving priority for women and girls and will impact the effectiveness and responsiveness of all cluster initiatives.

STRATEGIC PLANNING

Building on the MIRA assessment, the next step in the humanitarian program cycle is the Strategic Response Plan (SRP), designed to define and set priorities, confirm the overall objectives of the humanitarian response, and include detailed funding requirements.⁴

One senior humanitarian official in the Philippines told RI that the SRP was an “agonizingly unhelpful process.” In general, humanitarians whom RI spoke to complained that the SRP process was product-driven and not based on needs identified through the MIRA or other assessments. Indeed, the SRP was released in advance of both MIRA II and the Philippine government's Reconstruction Assistance for Yolanda (RAY) plan, raising the ire of some government officials and undermining a key goal of the SRP: to complement government-led response efforts.

The predominant critique of the SRP in the Typhoon Haiyan response was the “heaviness” of the process. Humanitarians across all clusters told RI that the SRP is not well adapted for a sudden-onset natural disaster – particularly of the size and scale of Typhoon Haiyan – which requires quick, agile planning mechanisms that do not compromise humanitarians' ability to implement lifesaving efforts in the field. Numerous humanitarian staff had to abandon field-based positions in order to work on the SRP in Manila, far from affected populations. This included the Deputy Humanitarian Coordinator, who, rather than spending time in the field at the response hubs, ended up getting stuck in Manila working on the SRP. Indeed, the OPR notes that “Consideration should be given to both

4 Programme Cycle Steering Group of the Inter-Agency Standing Committee (IASC). Reference Module for the Implementation of The Humanitarian Programme Cycle. December 2013.

reducing the global process requirements and also ensuring adequate numbers of staff reach the field to support operations.”⁵

The SRP process had significant implications for the protection cluster and its component sub-clusters. For these groups, it is extremely difficult (if not impossible) to rapidly identify protection needs, which are often slower to emerge and less “visible” than in service delivery-driven clusters like food security and shelter. Moreover, tools like the MIRA, which identify needs based on broad sampling across vast geographic areas, may not pick up on geographic or demographic pockets of vulnerability. Given the highly qualitative nature of their work, protection actors felt that meeting the SRP's demand for quantitative information about needs and priorities for the overall response was like trying to fit a square peg into a round hole.

To avoid these challenges in future L3 crises, the IASC Working Group must revise the SRP tool with special consideration to streamlining the bureaucratic process and increasing the flexibility of the tool. In addition, the IASC Working Group must modify the SRP templates so that the protection cluster and its sub-clusters can feed more qualitative information into this multi-sectoral framework. The SRP was developed to increase the effectiveness and accountability of the overall humanitarian response, so it is essential that the uptake of this tool does not come at the expense of any cluster's work.

FIELD DEPLOYMENTS AND DECISION-MAKING

The TA calls for locating “decision-making in the field, as close as possible to the affected population. While international support is often essential, notably in large-scale emergencies, it is vital to work with and listen to national and local authorities.”⁶

Contrary to this ideal, the response to Typhoon Haiyan suffered from a failure to deeply engage with national civil society actors. Although national civil society organizations in the Philippines have significant capacity, very few attend or are meaningfully included in coordination meetings, saying that they feel excluded and unwelcome. Likewise, the Philippine NGOs and civil society actors that RI met with said they were not informed or consulted regarding the SRP process. These groups missed key funding opportunities as a result, even though they were among the first to deploy to typhoon-affected areas and provide lifesaving aid. In the Philippine context, where civil society is perceived as vibrant and capable, the exclusion of local

5 Operational Peer View. Internal Report: Response to Typhoon Haiyan in the Philippines. 3 February 2014.

6 Programme Cycle Steering Group of the Inter-Agency Standing Committee (IASC). Reference Module for the Implementation of The Humanitarian Programme Cycle. December 2013.

actors from the response is particularly disappointing. It will be essential for the IASC to look at this specific challenge and identify ways to improve local actors' meaningful inclusion in and endorsement of all decision-making processes.

An enormous number of international staff were deployed during the Typhoon Haiyan response, including numerous personnel from the GBV AoR. Unfortunately, the way in which they were used reflects the challenges of the TA, particularly for small and under-resourced clusters. As explained above, the onerous TA processes kept talented staff tied to Manila and unable to work on implementation in the field hubs. For GBV, this led to an unfortunate tradeoff between ensuring that GBV was robustly included in these documents (and therefore highlighted as a humanitarian priority at the highest levels) and sending staff to the field where they could lead coordination, engage directly with partners, and implement lifesaving programs on the ground. Unless the TA becomes less burdensome, and until GBV is deemed essential in all humanitarian responses, this dilemma will continue.

The TA's demands in the area of information management (IM) are especially heavy. While large, well-resourced clusters were able to deploy numerous IM specialists to the Typhoon Haiyan response, the GBV AoR has extremely limited human resources with this capacity. The GBV AoR had to deploy its sole rapid response team IM officer multiple times to the Philippines. This resulted in high-quality work, but long-term, dedicated IM expertise is sorely needed at national and sub-national levels on a full-time basis. The GBV AoR must grow and sustain technical expertise on the MIRA, SRP, and monitoring aspects in each L3 crisis, sustained by UNICEF or UNFPA.

The mainstreaming of GBV presented another major challenge in the Typhoon Haiyan response. The IASC provides guidance for each cluster on how to ensure GBV mainstreaming in their programming, and an updated version to be released later this year will address the humanitarian program cycle. The current guidelines state that "all humanitarian personnel should...assume and believe that GBV, and in particular, sexual violence, is taking place and is a serious and life-threatening protection issue regardless of the presence or absence of concrete and reliable evidence."⁷ They also state that all humanitarian actors have a responsibility to ensure that their interventions include a minimum set of activities to prevent and respond to GBV from the earliest stages of an emergency. Despite this, few humanitarians in the Philippines whom RI interviewed were aware of these guidelines, and many felt unprepared to mainstream GBV in their work. Many

7 Inter-Agency Standing Committee (IASC). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. September 2005.

humanitarians in the typhoon-affected areas told RI that they required GBV prevalence figures to describe "how bad the situation really is" before supporting services. GBV sub-cluster coordinators are meant to bear the responsibility for ensuring GBV mainstreaming, but for the reasons explained above, these coordinators were extremely stretched in the early days of the response and often not present in the field. Some clusters, however, were very successful in this mainstreaming, due largely to innovative personnel deployments. For example, two clusters deployed so-called "gender and diversity experts." This is an excellent practice that improves the way humanitarian aid is delivered. Another promising practice was UNICEF's deployment of a GBV expert to ensure GBV mainstreaming in UNICEF-led clusters.

The Emergency Relief Coordinator, in recognition of the importance of GBV prevention and response and the IASC mandate for all clusters to incorporate GBV risk mitigation, should hold Resident Coordinators/Humanitarian Coordinators to account for GBV mainstreaming across the humanitarian program cycle in all L3 crises.

CONCLUSION

Despite these significant shortcomings in the Philippines L3 response, RI was pleased to find active, GBV-specific support services on the islands assessed on this mission. Philippine mechanisms to prevent and respond to GBV all contributed to a basic safety net for typhoon-affected women and girls. This included a strong (although stretched) Department of Social Welfare and Development, the vibrant Philippine women's civil society movement, national anti-trafficking measures, and numerous female police officers deployed to evacuation centers. The surge deployments of international experts from the GBV AoR were also critically important, but their impact in future crises will be much greater if the reforms outlined above are adopted.

Other countries that face an L3 emergency may not have similar local capacity to protect women and girls. Indeed, the Philippines may be an exception in this regard. In addition, the humanitarian system is currently thinly stretched between three L3 crises (Central African Republic, Syria, and South Sudan), thereby limiting the number of international GBV experts who are available for deployment. It is therefore essential to learn quickly from the shortcomings in the Philippines and ensure that bureaucratic processes do not impede humanitarians' ability to protect women and girls from the onset of a crisis.

Marcy Hersh traveled to the Philippine islands of Leyte and Samar to assess the humanitarian response to Typhoon Haiyan in February 2014.