

An Extended Abstract: The Disaster Relief and Rehabilitation Efforts: Experiences, Practices, and Policies (The Case of the Philippines)

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Introduction

The Philippines is acknowledged to be highly prone to the hazards of earthquakes, floods, windstorms, volcanic eruption, and landslides. The country straddles on two major tectonic plates and lies along the Pacific Ring of Fire where 90 percent of earthquakes occur (UNFPA, 2010; The Philippine Disaster Management System Primer, n.d.). To date, there are 22 out of 200 potentially active volcanoes in the Philippines. Geographically, the country is situated in the typhoon belt and on the average experiences 20 typhoons annually.

The Philippines occupies third in the ranking of natural disaster occurrences in the last five years. In 2008, disaster episodes registered 8.5 million victims which comprised 10 percent of the country's population (Rodriguez, Below and Guha Sapir 2008).

The government's acknowledgement to address the Philippine's vulnerability to disasters was made official in a 1978 Presidential Decree (PD# 1566) entitled Strengthening the Philippine Control Capability and Establishing the National Program on Disaster Preparedness (Philippine Disaster System, n.d.).

Over time, the disaster management systems, its operation and structure was fine-tuned and recasted. The outcome documents of Johannesburg Plan for Implementation of World Summit on Sustainable Development in 2002 and the Hyogo Framework for Disaster Risk Reduction in 2005 were attributed to contribute in streamlining the national disaster risk management system. The major premise is that "an integrated, multi-hazard, inclusive approach to address vulnerability, risk assessment and disaster management including prevention, mitigation, preparedness, response and recovery" are essential to sustainable development.

The series of natural disasters between 2002 and 2010 produced lessons learned and resulted to more changes and refinement. The Republic Act 101211 known as the Philippine Disaster Risk Reduction and Management Act of 2010 provides a more comprehensive framework and process of institutionalizing the National Risk Reduction and Management Plan. Under the new law, the National Disaster Coordinating Council was renamed the National Disaster Risk Reduction and Management Council (NDRRMC).

The Objectives of the Study. The core objective of the study is to capture how program implementers, local executives and beneficiaries assess the disaster relief and rehabilitation efforts. This include a deeper look into the experiences of relief distribution, the process,

policies, and dynamics of coordination and collaboration. Likewise, the study delved into problems in relief distribution implementation and document best practices.

Methods and Material. Basically of descriptive genre, the study leans heavily on qualitative research. Two natural disaster situations brought about by windstorms are the foci of the study, one refers to landslide and flooding of short duration in the selected communities of Southern Leyte; the other is a situation of heavy flooding of long duration in Maguindanao province of the Autonomous Region of Muslim Mindanao (ARMM).

Three types of data collection methods were utilized: case study, Focus Group Interview (FGI) and in depth interview of Key Informants (IDI). Twelve FGDs were conducted with a total of 106 participants. Forty(40)key informants (implementers, policymakers and local executives) were subjected to in-depth interviews. To capture details of their assessment, a community timeline strategy was employed.

The Findings

Recipients of immediate relief assistance are consistent in the description of the distribution processes. The first to respond is the local government unit and line agencies. A day or two later, a considerable number of international and national donors arrived and were distributing relief items. Respondents were unanimous in the citation of assistance received: food (rice, bread, noodles canned goods, sugar, milk and coffee), basic sleeping items (mats, blankets), cooking utensils, clothes and footwear.

A much more defined distribution process was observed in the shelters. A listing was made immediately upon arrival; this master list was the basis for grouping of 30 households per room. A leader was designated; room to room distribution of goods was facilitated by the group leader who apportioned items equally among the occupants.

A master list was posted in the center which contained the following information: name of household head, number of dependents, date of arrival in the center, and place of residence.

Ocular inspections were conducted by both local officials and line agencies, notably the disaster coordinating bodies, to identify those who need to be transported by ambulance to the hospital and to perform some form of surveillance on the health condition of the people.

Policies and Criteria in Relief Distribution. The usual practice of assistance givers is to coordinate with the local government. A handful of them opted to distribute the goods directly with the affected households. Repacking of things to be given is the norm to assure equitable distribution.

The main criterion in the immediate relief distribution is equal share without regard as to the household size, economic condition, rich or poor as long as one is affected by the disaster.

Equity. The respondents (beneficiaries and implementers) in both study sites were in accord that immediate assistance was given and each family got equal share. Respondents averred that the distribution of relief goods were fair. Program implementers claimed that the approach was rights-based, pro-poor and gender sensitive. Earlier, immediately after the disaster, relief items were considerable and everybody was given ample share. As the

assistance dwindled, the local executives deemed it right to establish a priority criterion. This raised issues such as favoritism and inequality of treatment.

Gender Sensitivity. Equal treatment for men and women in the distribution of relief goods was declared by respondents. According to one mother, “*No one was deprived or was disadvantaged in receiving relief items.*” Female-headed households were given the same assistance, they were not discriminated.

A local official was quick to point out that supply and items were given with consideration on gender roles, notably kitchen utensils and laundry paraphernalia. Moreover, a humanitarian organization was distributing hygiene kits which basically contained items for female personal needs.

Once disaster occurs, the municipal disaster coordinating council is revitalized and has to perform its function. Relief centers were established. Committees and teams of volunteers were formed. Tasks were defined and assigned to various groups: damage control, evacuation, peace and order, transportation and communication, health, and aid assistance. Implementing rules were set with no overlapping of functions.

The program implementers deplored the exaggerated account of media. The magnitude of destruction and damages were allegedly reported without validation. Figures and numbers cited were unverified. The data reported gave an impression of a humanitarian crisis instead of a manageable event. A worst case scenario was being pictured when the actual situation was not that alarming. Instances were also related when the disaster coordinating bodies in the community level were not given the chance to manage the situation. Local program implementers considered that unfair; they were not given the opportunity to manage much less to give credit to where credit is due.

Problems During Rehabilitation. The rehabilitation process was not problem-free. Respondents identified five problematic areas: namely, the beneficiaries, the delay in the completion of projects, the weather condition, the livelihood projects which were not sustained, and related problems which are political in nature.

The behavior and attitude of some beneficiaries were pointed out to cause impediments to rehabilitation efforts. The weather condition was attributed to cause delay in the completion of rehabilitation projects. According to respondents, work had to be temporarily stopped because of incessant rain. Road construction equipments were damaged due to exposure to bad weather; they need to be fixed or replaced and there was a long period of waiting for delivery of ordered parts.

Another identified problem was political in nature. Program implementers claimed that rehabilitation work was either delayed or put on hold because of lack of funds. This was exacerbated by the election of another set of local officials whose priority is not the rehabilitation project

The misconception of beneficiaries is viewed as a deterrent to sustainability of efforts in gaining normalcy of community life. Misguided expectations of entitlement and reliance on assistance were notions harbored by a few.

Best Practices in Recovery Process. Three themes predominate in the description of practices that are facilitative in recovery. These include teamwork, commitment and

resiliency, and scaling-up of disaster preparedness. The working together of committed team members was attributed for quick assessment of risks and damages, immediate response, and fast mobilization.

Respondents are in unison to laud the convergence of quick assistance from local government, line agencies, non-governmental organizations, business sector, religious groups and donor agencies. The disaster event brings out the best in everybody. Sense of volunteerism is amply manifested; cooperation and coordination is demonstrated in various phases of recovery

The scaling-up of disaster preparedness was considered as facilitative in the recovery. Activities under these cover various facets of behavior change. On the household level, respondents were quick to enumerate changes in their ways. They learned not to panic during disaster event; they make a habit of storing buffer stock of rice and necessary items; they make provision for ways/procedure for fast evacuation, and they acquire vigilance in monitoring for possible flashfloods and landslides.

On the community level, the scaling-up basically consists of capacitating stakeholders in disaster risk management through a considerable number of trainings and drills. There is also the infusion of dynamism to their municipal disaster coordinating council through regular meetings and open communication with government line agencies and other partners.