



## PHILIPPINES (TYPHOON HAIYAN)

### Overview of performance

**Coverage/sufficiency:** Nearly \$1 billion in funding was mobilised for the response, from major donor governments (notably Japan and the United Kingdom and United States) as well as from private sources in countries with large Filipino diaspora populations. Acute emergency needs in the first three months were amply covered, but deficits appeared in longer-term housing assistance and other aspects of recovery. Stated requirements for food assistance, WASH, coordination and logistics were relatively well covered (all over 70% funded), while contributions for early recovery and livelihoods were far below the request (29% funded). The L3 designation triggered a global surge of UN human and financial resources, with relevant agencies, funds and programmes treating it as a global priority and dedicating resources accordingly. The response was able to reach all affected areas; however, some complained that Tacloban and its surrounding areas were over supported compared to other places, like eastern Samar.

**Relevance/appropriateness:** Although problems were noted with MIRA, the relevance and appropriateness of relief aid for affected people was not faulted. Unlike in other natural disasters, there were no major problems with inappropriate aid clogging ports and working counter to relief and recovery goals. Needs assessments were multiple and largely uncoordinated across the system, but most were undertaken in close coordination with local authorities and in a timely fashion.

Typhoon Haiyan struck the central islands of the Philippines (where it is known as Typhoon Yolanda) on 8 November 2013. The strongest tropical cyclone ever recorded, it killed over 6,000 people and displaced about 4 million. In total, an estimated 14 million people were affected across 36 provinces, the majority living on the island of Leyte and in its major city, Tacloban, which lost about 90% of its infrastructure. About a million homes were damaged in the storm, about half of those completely demolished, and millions of people saw their income sources lost or disrupted. Unlike in previous typhoons, the devastation included air and sea ports in the hardest-hit regions, as well as entire city infrastructures, necessitating emergency airlift to bring in critical supplies.

**Effectiveness:** The response was timely and met the critical objectives of providing food, water and shelter and preventing significant post-event mortality and morbidity. No major incidence of waterborne disease or malnutrition occurred, as typical in the aftermath of natural disasters (and seen in prior Philippines typhoons), and outbreaks of vaccine-preventable diseases such as measles were not severe. The work of the logistics and emergency telecommunications clusters greatly facilitated the overall response, and the greater use of cash assistance was valued by participants and popular among most aid recipients.

**Efficiency, coordination and connectedness:** After an initial (arguably unavoidable) period of confusion, coordination was established quickly and in good cooperation with the government. Standby agreements in place between donors and implementers proved very helpful. Thanks to government preparedness and leadership within the cluster system, coordination worked well. However, evaluations concluded that the surge of new international personnel had an overbearing effect on government and local aid actors in some instances.

**Coherence/principles:** The transition to recovery created challenges, and humanitarian actors felt that cluster leadership was missing for coordinating strategies for the transition to long-term objectives (or handover to development actors). Longer-term housing remains a critical issue. As in Haiti, underfunding of the shelter sector, intractable land use issues, and lack of a locus of responsibility in the international aid system for medium- and long-term shelter needs resulted in a great many people stuck in temporary shelter, with limited prospects for solutions at scale. This is broader than a humanitarian problem, but it has the potential to lead to renewed humanitarian crisis, as people with inadequate shelter remain vulnerable to disease and other hazards. ●