



PRC Search and Rescue in Sarangani (Photo: PRCS)

Appeal: MDPRH059	Hazard: Earthquake	Country: Philippines	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 846,336	
Glide Number: EQ-2026-000083-PHL	People Affected: 149,372 people	People Targeted: 40,000 people	
Operation Start Date: 11-06-2026	Operation Timeframe: 9 months	Operation End Date: 31-03-2027	DREF Published: 15-06-2026

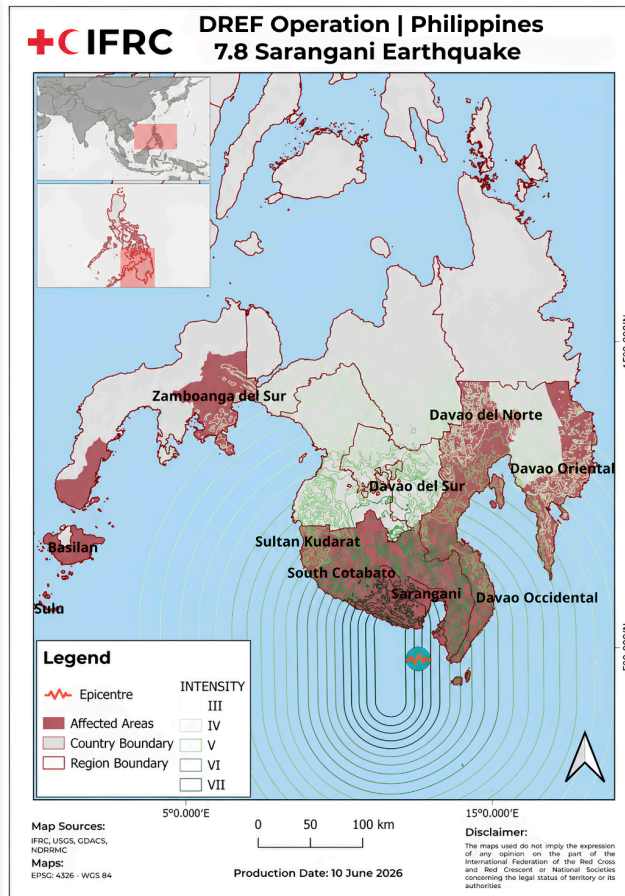
Targeted Regions: **Region XI (Davao Region), Region XII (Soccksargen)**

Description of the Event

[Crisis Category Supporting Document](#)

Date of event

08-06-2026



Map of affected areas (Source: IFRC IM)

What happened, where and when?

On 8 June 2026 at 7:37 a.m., a powerful magnitude 7.8 earthquake struck off the coast of Maasim, Sarangani, with its epicentre located 33 km northeast of Sarangani Province. This event marks the most powerful earthquake to strike the Philippines since 1990. The tremors were felt as far north as Leyte in the Philippines and as far south as Sulawesi, Indonesia, with the highest reported intensity reaching Intensity VII in General Santos City.

The earthquake was tectonic in origin and was caused by movement along the Cotabato Trench. As of 9:00 p.m. on 10 June, the Philippine Institute of Volcanology and Seismology (PHIVOLCS) had recorded at least 2,000 aftershocks, the strongest of which registered a magnitude of 6.5. Two additional aftershocks exceeded magnitude 6.0, while another measured magnitude 5.8.

A tsunami warning was issued immediately following the initial tremor, prompting widespread precautionary evacuations across the coastal areas of Sarangani, Davao Occidental, Tawi-Tawi, Sulu, Basilan, Zamboanga del Sur, Zamboanga Sibugay, Sultan Kudarat, and South Cotabato. PHIVOLCS recorded tsunami waves in six locations: Maasim and Kiamba in Sarangani; Kalamansig in Sultan Kudarat; Mati in Davao Oriental; Zamboanga City; and Tandag City in Surigao del Sur. The highest wave reached approximately 1.4 metres. The tsunami warning was officially lifted on the day of impact.

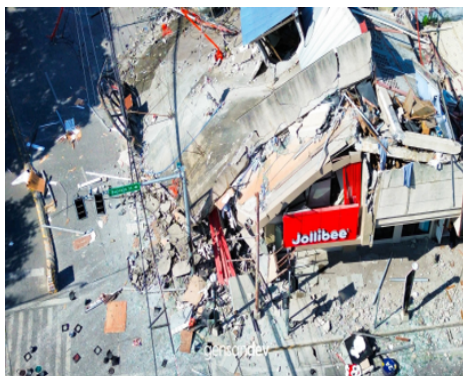


The earthquake severely affected the SOCCSKSARGEN Region (Region XII), Davao Region (Region XI), and parts of the Zamboanga Peninsula (Region IX). The disaster displaced thousands of families and caused extensive damage to critical infrastructure, including residential homes, schools, airports, roads, bridges, government facilities, power grids, and healthcare facilities.

According to a PHIVOLCS report released on 12 June, more than 2,800 aftershocks have been recorded following the magnitude 7.8 earthquake in Sarangani. Of these, 755 aftershocks were located and plotted, while 58 were felt by residents in affected areas. The recorded aftershocks ranged in magnitude from 1.2 to 6.4.



Earthquake strikes during the flag ceremony at Mahayahay Elementary School.



Severe structural damage to a Jollibee branch in General Santos City.



A residential home severely damaged by the earthquake in, South Cotabato



Evacuated patients outside Sarangani Province Medical Center.

Scope and Scale

Based on the latest National Disaster Risk Reduction and Management Council (NDRRMC) Situational Report No. 2, a total of 33,596 families or 149,372 individuals have been affected across 39 cities and municipalities within the SOCCSKSARGEN (Region XII), Davao (Region XI), and Zamboanga Peninsula (Region IX) regions. The most severely affected areas include Davao Occidental, Davao Oriental, Davao del Sur, Sultan Kudarat, Sarangani, South Cotabato, Zamboanga del Sur, Isabela City, Sulu, and Basilan. As of 36 hours post-impact, the official casualty count stands at 45 fatalities, 487 injured persons, and 17 missing persons.

Displacement figures continue to rise due to extensive structural damage and fear of secondary hazards. According to NDRRMC Response Cluster data as of 9 June 2026, government tracking indicates that 8,813 families (32,464 persons) are currently taking temporary shelter in 57 active evacuation centres across Regions IX, XI, XII, and BARMM. Concurrently, 1,804 families (8,973 persons) remain displaced outside evacuation centres, seeking temporary shelter with relatives or friends. The displaced population faces severe vulnerabilities, with many experiencing acute gaps in access to emergency shelter, safe drinking water, and essential medical care.

Infrastructure damage is widespread across the affected regions. According to the latest situational data, the residential toll is severe, with 29,509 houses affected by the intense ground shaking. Of these damaged properties, 5,129 homes have been fully destroyed, while 24,380 houses have been partially damaged, severely disrupting the lives of affected families.

Furthermore, 238 critical infrastructure assets have sustained damage, including bridges, schools, and government facilities. The initial magnitude 7.8 earthquake triggered at least 11 secondary incidents, including 10 landslides and one significant tsunami, which compounded the structural devastation.

The health sector has been severely compromised; at least five hospitals sustained structural damage, forcing two facilities to undertake full patient evacuations. To support immediate health response activities, the government has mobilized logistics valued at PHP 70,298,887.40 from Region XI and the Central Office, supplemented by PHP 2,793,903.50 in additional logistics support from the National Capital Region (NCR), Region XI, Caraga Region, and Region IX.

Critical lifelines and transport hubs remain disrupted. General Santos International Airport has been closed to all commercial operations, although it remains operational for government and humanitarian cargo flights. Power interruptions were initially recorded across 13 municipalities, with supply still unavailable in six municipalities at the time of reporting. To ensure public safety amidst ongoing aftershocks, classes remain suspended in 210 cities and municipalities, while government work remains suspended in 124 localities.

The compounding effects of the disaster were most pronounced in General Santos City, which experienced the strongest impact at Intensity VII. To accelerate emergency response efforts, the local government has officially declared a State of Calamity, enabling the rapid mobilization of local emergency funds. Based on the Philippine Red Cross (PRC) initial field assessments and the scale of the destruction, urgent humanitarian needs have been identified across the following core sectors: Search, Rescue, and Retrieval (SRR), Water, Sanitation, and Hygiene (WASH), Health, Emergency Shelter, Livelihoods and Basic Needs and Institutional Protection/Welfare.

As mentioned earlier, the effects were most pronounced in General Santos City, which at Intensity VII suffered the strongest impact. The challenges are immense and needs have been recognized at least in the areas of Search and Rescue (SAR), WASH, Welfare, Health and Safety, Relief, Livelihoods, and Shelter.

Source Name	Source Link
1. National Disaster Risk Reduction Management Report (Sitrep 2)	https://ndrrmc.gov.ph/wp-content/uploads/2026/06/Situational_Report_No_2_for_the_Effects_of_Magnitude_7_8_Earthquake_in_Maasim_Sarangani_2026.pdf

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-



Lessons learned:

Philippines Mindanao Earthquake in 2021 (MDRPH036)

The lessons learned from the 2021 Mindanao earthquake are being actively applied to mitigate similar challenges in the 2025 Manay, Davao Oriental earthquake response, leading to more efficient and community-centred operations. Key applications include:

Drawing on insights from previous responses, particularly the operational limitations encountered in Mindanao, the current approach in Davao Oriental reflects a more deliberate effort to pre-empt common challenges through early coordination, adaptive planning, and decentralized implementation. The active and continuous coordination meetings between PRC and local government have also been strengthened. Informed by the delays in Mindanao due to planning and approval bottlenecks, the response in Davao Oriental emphasized pre-established frameworks with LGUs and technical stakeholders. This has created an enabling environment for more agile decision-making, including streamlined procurement and deployment of assistance. The availability of pre-positioned supplies through local warehousing strategies has helped address longstanding logistical bottlenecks.

Challenges related to access and distribution, particularly in remote or debris-blocked areas, were anticipated based on prior experience. Mitigation strategies included the activation of local volunteer networks, logistical contingency planning, and route mapping—practices that had shown promise in Mindanao but were scaled more deliberately in Davao Oriental. These measures will support both immediate relief efforts and the early phases of livelihood restoration, reducing overlaps and inefficiencies in resource distribution.

Health and WASH interventions, which were constrained in 2021 due to pandemic-related factors, benefited from earlier integration into the planning process. The earlier integration of Health and WASH into planning meant that PRC has integrated Health and WASH components into its emergency planning frameworks, including through contingency planning, pre-positioned stocks, and coordination with the Department of Health (DOH). PRC has a dedicated Health Services unit and WASH unit with trained staff and volunteers.

Furthermore, the operational integration of Protection, Gender, and Inclusion (PGI) considerations has evolved. Where PGI was previously treated as a stand-alone or secondary activity, in Davao Oriental it was integrated from the outset. The training of volunteers and the early establishment of safe spaces have contributed to more inclusive service delivery. This approach aligns with broader humanitarian standards and reflects a maturing institutional capacity to embed PGI across sectors.

Overall, the current response in Davao Oriental demonstrates that operational feasibility improves significantly when past lessons are institutionalized and systems are adjusted accordingly. While contextual challenges remain, the adaptive strategies applied suggest that a more resilient, community-informed, and coordinated model is emerging—one that may serve as a foundation for future disaster response planning across the region.

Philippines Davao Earthquake (MDRPH058)

The recent lessons learned workshop highlighted that the emergency response was generally well-aligned with the immediate needs of the affected communities and demonstrated an incredible level of commitment from the implementing teams. The initial interventions proved appropriate for urgent relief priorities, and beneficiary targeting successfully aligned with core vulnerability criteria. However, the review exposed several critical operational, financial, and coordination challenges that must be addressed to transition future emergency operations from a person-dependent framework into a truly system-driven response.

A primary systemic bottleneck identified during the operation was financial processing, which directly hampered the timely delivery of activities such as Multi-Purpose Cash Grants (MPCG). Unsettled historical liquidations at the chapter level delayed the approval and downloading of emergency cash advances, forcing some field staff to use personal funds to keep operations moving. To resolve this, future responses require simplified emergency approval chains, localized quick response funds, and the direct deployment of finance staff to the field to handle real-time liquidations.

Human resource constraints further stretched the operation. While initial deployments of technical assets and tents allowed for a rapid field presence, the response relied too heavily on National Headquarters and neighboring chapters due to a lack of standalone, specialized capacity at the local level. Available chapter volunteers lacked specific training in critical sectors like WASH, Community Engagement and Accountability (CEA), and camp management. Furthermore, multiple concurrent operations led to severe staff fatigue under an unclear leadership structure. Moving forward, the National Society needs a structured surge workforce, including a pre-identified regional roster of trained responders and specialized cash distribution teams.

Logistics and supply chain management also faced geographic hurdles. Although assets were mobilized quickly, a lack of pre-positioned non-food items in Mindanao forced a heavy reliance on a single, distant warehouse in Cagayan de Oro. Combined with limited transport options and remote supplier constraints, procurement and delivery timelines were significantly extended.



Addressing this requires expanding strategic warehouse capacities within Mindanao, pre-positioning essential emergency stocks, and establishing pre-disaster framework agreements with local suppliers and transport providers.

Technical delivery, while generally sound in executing rapid assessments and setting up tent cities, suffered from uneven internal systems. External coordination with LGUs and local disaster councils was a major operational strength, but internal information management lagged. The absence of a dedicated reporting officer at the chapter level and the lack of a centralized data dashboard fragmented reporting lines. Technical implementation can be improved by assigning dedicated reporting roles, standardizing information management tools, and expanding the digitalization of beneficiary data for faster registration and verification.

Finally, institutionalizing community engagement, accountability, and preparedness remains an operational priority. While CEA elements such as visibility materials and feedback boxes were present, they were integrated late and lacked active, two-way communication channels, often being treated as an operational add-on rather than a core component. This reactive posture was compounded by the fact that the chapters lacked localized earthquake contingency plans, increasing operational strain when dealing with multi-hazard emergencies. Future readiness depends on finalizing chapter-level contingency plans, conducting multi-hazard drills, and integrating CEA mechanisms directly into day-one rapid assessments to ensure meaningful community participation from the very start.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	Moderate/Medium

Current National Society Actions

Start date of National Society actions

08-06-2026

Shelter, Housing And Settlements	<p>Based on the latest inventory check, the PRC has emergency relief supplies pre-positioned and ready for immediate deployment. The current warehouse inventory indicates that there are enough supplies on hand to instantly support 700 families (approximately 3,500 people) with essential household items, including sleeping mats, tarpaulins, hygiene kits, jerry cans, and kitchen sets. These resources are strategically located to ensure rapid dispatch to affected areas in the immediate aftermath of the disaster.</p> <p>Furthermore, the PRC Regional Warehouse in Cagayan de Oro is on active standby to allocate additional relief stocks as needed, with utilized items subject to systematic replenishment based on the shifting needs on the ground. Similarly, Cebu warehouse is on standby for any additional operational needs.</p>
Livelihoods And Basic Needs	<p>Hot meals are being distributed, and other welfare activities are being conducted in the identified evacuation centers or open areas in prioritized locations.</p> <p>PRC has mobilized food trucks (for now 4 trucks is mobilized and they concentrate in GenSan- Sarangani) to cater immediate needs at the evacuation centers. More than 912 people affected have been provided with hot meals.</p>
Multi Purpose Cash	<p>Based on preliminary findings, PRC is recommending assistance for underserved families who have suffered livelihood losses and continue to face unmet basic needs. The proposed cash assistance would help address key priorities such as food, shelter repairs, livelihood restoration, and other essential household needs. Providing flexible cash support empowers families to prioritize and meet their own needs, facilitating their transition from emergency response to early recovery.</p>



	<p>The proposed Multi Purpose Cash Grant (MPCG) amount is set at 50 per cent of the Minimum Expenditure Basket (MEB) to align with the value of the Department of Social Welfare and Development's (DSWD) Emergency Cash Transfer, as agreed within the Cash Working Group. The actual value of the MPCG covers even more portions of the MEB, given that the non-food items (NFIs), including the emergency shelter assistance support is considered as part of the MEB, which is otherwise provided as additional assistance by PRC.</p>
<p>Health</p>	<p>The PRC quickly set up first aid stations and mobilized their emergency medical Services -ambulance in the impacted area as part of its all-encompassing health response, offering first aid throughout General Santos and Sarangani. A total of three medical tents were established and operationalized, including two at Dr. Jorge P. Royeca Memorial Hospital and one at Dadiangas Medical Center. Furthermore, the following people were served through medical services:</p> <ul style="list-style-type: none"> - 150 individuals received medical services at Davao Oriental Provincial Medical Center (DOPMC). - Vital signs monitoring was provided to 39 individuals (North Cotabato: 25; South Cotabato: 14). - 34 individuals received treatment and medical attention (South Cotabato: 5; Davao del Sur: 15; North Cotabato: 14). <p>The PRC General Santos–Sarangani Chapter provided blood supply augmentation assistance to General Santos Medical Center, ensuring that life-saving support reached patients without delay. PRC continues to mobilize its blood services, welfare teams, and volunteers across Mindanao to assist affected communities. Welfare frontliners established welfare desks and conducted Psychological First Aid (PFA) sessions for affected individuals.</p> <p>The PRC Davao Oriental Chapter assisted patients and responded to urgent requests from Davao Oriental Provincial Medical Center (DOPMC).</p> <p>Three medical tents were also set up and operationalized to expand access to emergency care and support patients requiring treatment. Medical corps teams were mobilized to assess the status of hospitals and monitor patients.</p>
<p>Water, Sanitation And Hygiene</p>	<p>In response to the urgent water, sanitation, and hygiene (WASH) needs, PRC provided safe and potable drinking water and hygiene promotion to affected communities in North Cotabato, General Santos City and Davao De Oro.</p> <p>Alongside water distribution, hygiene promotion activities were conducted to educate affected residents on proper sanitation practices and the importance of handwashing, particularly in evacuation and temporary shelter settings. These initiatives highlight the PRC's proactive approach in mobilizing resources to safeguard community health during emergency response operation.</p>
<p>Protection, Gender And Inclusion</p>	<p>PRC Welfare Services has established welfare desks in affected areas and is delivering Psychological First Aid (PFA) to individuals impacted by the emergency. Child-Friendly Spaces (CFS) have also been set up in evacuation centres to provide safe and supportive environments for children.</p> <p>The PRC is adhering to the IFRC Minimum Standards in emergency programming, ensuring that the specific needs, priorities, and protection concern of vulnerable individuals and groups are systematically identified and addressed.</p> <p>In addition, PRC is facilitating referrals to relevant services and supporting the Restoration of Family Links (RFL) for affected individuals, in line with established protocols.</p>



Education	PRC is in close coordination with LGUs and local Department of Education offices.
Migration And Displacement	PRC has been continuously working with displaced people in the evacuation centres, providing them with health service (including PSS) and hot meals to help people cater to their food security and nutritional need.
Risk Reduction, Climate Adaptation And Recovery	DRR, CCA and recovery is not in the scope of this DREF operation.
Community Engagement And Accountability	<p>As part of its commitment to ensure that affected communities are informed, engaged, and able to participate in the response, the PRC integrates Community Engagement and Accountability (CEA) as a cross-cutting approach across all services.</p> <p>PRC has established welfare desks both inside and outside evacuation centres to provide timely and accessible information, respond to inquiries, and collect feedback and complaints from affected individuals, including internally displaced persons (IDPs) and host communities. These mechanisms help ensure that community voices inform the ongoing response.</p> <p>In addition, PRC utilizes social media platforms and local media channels to disseminate key information, including available services and emergency contact numbers, enabling affected populations to easily reach and connect with PRC for support.</p>
Environment Sustainability	<p>As part of this DREF implementation focus will be given on a green response and the operation will try to reduce as much carbon footprint as possible through climate smart planning, distribution and operational logistics management.</p> <p>PRC Emergency Response Unit team, in particular Collapsed Structure Search and Rescue (CSSR) and Clearing, have been deployed for rescue and debris operations in Davao de Oro.</p>
Coordination	<p>The PRC is the nation's largest humanitarian organization and works through 101 chapters covering all administrative districts and major cities in the country. It has over 1,600 staff at national headquarters and chapter levels, and approximately one million volunteers and supporters, of whom some 540,000 are active volunteers. At chapter level, a volunteer programme called Red Cross 143 is in place to enhance the overall capacity of the National Society to prepare for and respond in disaster situations.</p> <p>PRC works with the ICRC and IFRC, as well as the American Red Cross, Canadian Red Cross, German Red Cross, the Netherlands Red Cross, and Spanish Red Cross in-country. PRC would be seeking support from all RCRC partners in the country, as well as other interested partners for this operation.</p> <p>To ensure that the response is well coordinated, avoid duplication, and reach the most underserved communities, PRC maintained strong engagement with the NDRRMC, attending coordination meetings, and working alongside LGUs from provincial down to the barangay levels. Continuous monitoring of the situation is also being carried out by various government and non-government agencies. Initial assistance has been carried out by the Department of Social Welfare and Development (DSWD) and other Local Government Units (LGUs) utilizing their response funds and donations received. PRC also actively engaged with other local partners and participated in coordination mechanisms such as the Humanitarian Country Team (HCT) and inter-cluster groups.</p> <p>IFRC, in line with its global mandate, serves as the co-lead of the Shelter Cluster in the Philippines providing coordination, technical assistance and standardization service. The shelter cluster currently have 27 LGUs, national government agencies, donor organizations, and academic institutions. IFRC is responsible for coordinating the shelter cluster, providing technical guidance, managing the 4Ws (who, what, where,</p>



	<p>and when), offering information management products, and disseminating other informational materials. The PRC is a participating member of this cluster, actively contributing to the 4Ws, as well as preparing situational reports and conducting needs and gap analyses.</p> <p>Additionally, the PRC has held pre-disaster meetings with both the National Headquarters and local chapters. PRC and chapters are doing continuous coordination with local authorities. The chapters are currently in coordination with local communities, municipalities, and LGUs to gather situational and operational updates and respond in the evacuation areas. At the national level, the PRC is collaborating with appropriate authorities.</p>
<p>National Society Readiness</p>	<p>In response to the recent earthquake, PRC immediately activated its full emergency preparedness and readiness protocols to ensure a swift, coordinated, and systemic humanitarian operation. To secure optimal operational readiness, the following strategic actions have been executed by National Headquarters (NHQ) and the operating chapters:</p> <ul style="list-style-type: none"> • Full Standby and Activation of Personnel: All staff and volunteers across both NHQ services and local chapters have been placed on full alert and activated for response support. This includes the strategic mobilization of localized Red Cross 143 volunteers, Red Cross Youth members, and specialized chapter personnel who remain vigilant and primed for immediate early action. • Operational Coordination and Monitoring: NHQ has established a continuous monitoring and coordination cell to track ongoing seismic activity and weather updates. Regular operations updating and briefing sessions are actively being conducted between NHQ services and the leadership of the operating chapters to maintain an aligned, real-time operational picture. • Asset and Resource Prepositioning: Local Emergency Response Units (ERUs), alongside critical life-saving equipment, specialized response assets, and the PRC vehicle fleet, have been strategically prepositioned. Both chapter-level and NHQ standby assets are fully prepared for rapid deployment to the hardest-hit areas. • Inter-Chapter Surge Activation: To prevent local operational fatigue and reinforce technical capacity on the ground, PRC has activated neighboring chapters to provide immediate mutual aid and surge support to the primary operating unit, the PRC General Santos - Sarangani Chapter.
<p>Assessment</p>	<p>Ongoing Rapid Damage and Needs Assessment (RDANA), with RDANA assessment team also deployed to conduct RDANA in cities and municipalities within the SOCCSKSARGEN (Region XII), Davao (Region XI), and Zamboanga Peninsula (Region IX) regions.</p> <p>This team is supporting the chapters in key sectors: assessment, relief and recovery, health, WASH, welfare, logistics, volunteer recruitment, and reporting. To date, more than 100 volunteers have been mobilized across four affected areas and are working in close collaboration with the local authorities to deliver timely and life-saving assistance.</p>
<p>Resource Mobilization</p>	<p>To support the ongoing earthquake response in four areas (Sarangani, General Santos, Davao Occidental and Southern Cotabato), the PRC has mobilized a humanitarian caravan, consisting of one ambulance, two food trucks, one water tanker, and one 6x6 truck for transporting relief items.</p> <p>To support the emergency operations across the earthquake-affected regions, the PRC has rapidly mobilized and deployed a strategic fleet of specialized vehicles and emergency assets from its National Headquarters and regional chapters. As detailed in the provided, the multi-sectoral deployment comprises the following equipment to address critical health, logistics, water sanitation, and rescue needs:</p>



	<ul style="list-style-type: none"> • A total of eight Ambulances have been deployed to secure rapid medical transit and field triage, operating across North Cotabato, South Cotabato (two units), Gingoog, Davao del Sur, Davao de Oro, and Davao City. • To assist operational mobility, four Volunteer Emergency Response Vehicles (VERV) are serving General Santos City, South Cotabato, and Davao City. Additionally, a heavy-duty 6x6 Truck has been deployed to Davao de Oro to handle rugged terrain and logistics transport, alongside one Humvee stationed in Davao City for agile field navigation. • To address immediate food security and hot meal distributions at evacuation centers, three Food Trucks have been dispatched to General Santos City, Davao City, and Davao del Sur. • To counter disruptions in local water systems, four Water Tankers are actively providing safe, potable water across North Cotabato, General Santos City, and Davao de Oro. • For specialized search, rescue, and retrieval tasks in inundated or heavily collapsed areas, two Rescue Boats have been deployed to Davao de Oro.
<p>Activation Of Contingency Plans</p>	<p>PRC activated the contingency plan to respond to the needs of the affected population. This involves mobilizing trained volunteers, deploying humanitarian caravan composing of Emergency Response Unit, Water and Sanitation, Welfare, Health, and National Disaster Response Team (NDRT).</p>
<p>National Society EOC</p>	<p>PRC and its Emergency Operations Center (EOC) – a vital nerve center that orchestrates the organization's nationwide response. The EOC serves as the command hub where real-time information is gathered, analyzed, and transformed into action. From the moment a hazard is detected—be it an earthquake, typhoon, flood, or fire – the EOC begins monitoring and issuing alerts to chapters and response units across the country.</p> <p>At the heart of the EOC is a dedicated team of specialists who manage operations, logistics, information, and communications. The Operations Desk coordinates the deployment of trained personnel and life-saving equipment, while the Information Management Unit consolidates field data, maps, and assessments to guide decision-making. The Logistics Desk ensures that relief goods, medical supplies, and transport assets are dispatched efficiently, and the Welfare and Health Desk oversees the delivery of mental health and psychosocial support, first aid, and health services to affected communities. Meanwhile, the Communications Desk maintains contact with stakeholders, media, and the public, ensuring transparency and timely updates.</p> <p>The EOC is not just a physical space; it is a dynamic system that connects the PRC-National Headquarters with its chapters, volunteers, and partners. It enables rapid mobilization of resources such as ambulances, water tankers, food trucks, medical tents, and rescue teams. Whether coordinating a humanitarian caravan or managing evacuation centers, the EOC ensures that every action is informed, strategic, and compassionate.</p>

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>IFRC is continuously supporting PRC through internal coordination meetings between the Asia Pacific regional Office (APRO) and the Philippine Country Delegation (eg Regional Task Force meetings), as well as regular information sharing with the IFRC network partners. Information sharing products, including flash updates and field reports were published on the IFRC GO platform and circulated. Technical support was</p>
---------------------------	--



	<p>also provided for the DREF development.</p> <p>The IFRC Country Delegation has fully prioritized its technical and operational capacity to support the PRC in responding to the magnitude 7.8 Sarangani earthquake. The IFRC Secretariat is providing dedicated, streamlined assistance to ensure a well-coordinated, efficient, and accountable operation. To reinforce local assessment capacities, the IFRC has deployed specialized personnel Cash and Livelihood Officer, to work alongside PRC chapters. These teams are supporting the ongoing RDNA and verifying market functionality to ensure the safe and effective implementation of Multipurpose Cash Assistance (MPCA).</p> <p>The IFRC PMER team is actively collaborating with the PRC to consolidate field data, address technical feedback, and refine the Emergency Plan of Action to maintain high standards of compliance and operational quality.</p> <p>The IFRC maintains continuous dialogue with Participating National Societies (PNS) present in the country. While this DREF application serves as the immediate mechanism to meet acute emergency needs, the IFRC is supporting the PRC in structuring a broader operational framework to integrate.</p>
<p>Participating National Societies</p>	<p>Currently, there are five PNS in the Philippines (Spanish Red Cross, German Red Cross, the Netherlands Red Cross, American Red Cross, and Canadian Red Cross) supporting the PRC, with three of them having a special focus on disaster risk reduction and disaster risk financing. IFRC is in daily contact with partners and ensuring the regular update on the ongoing operations.</p> <p>PNS present in country are in dialog with their back donors in several cases. Dialog around potential financial and NFI support has taken place.</p>

ICRC Actions Related To The Current Event

ICRC has maintained a permanent presence in the Philippines since 1982. The delegation works to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence with operations particularly focused in parts of central and western Mindanao. So far for this operation, ICRC has contributed 2 million pesos to support for General Santos and Sarangani, in Welfare, Health, Safety, WASH, and ERU support through PRC.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>The Department of Social Welfare and Development (DSWD) has been directed to preposition relief goods and ensure that evacuation centers are ready and operational. A total of PHP 18,443,871.98 worth of assistance been jointly provided by the DSWD and LGUs. Moreover, total of 12,086 Family Food Packs has been released and dispatched directly to affected populations in General Santos City and Davao Occidental</p> <p>The government is currently serving 6,314 families (24,228 people) who are taking temporary shelter across 45 active evacuation centers in Regions IX, XI, and XII. A total</p>



of 1,815 families (9,041 people) are displaced outside centers and are temporarily staying with relatives or friends.

The Department of health (DOH) logistics stand at PHP 70,298,887.40 from Region XI and the Central Office, supplemented by an augmented logistics value of PHP 2,793,903.50 drawing resources from Regions NCR, XI, Caraga, and IX

A total of 21 key operational assets are currently active on the ground, mobilized by the Armed Forces of the Philippines (AFP), DSWD, and the Philippine Coast Guard (PCG). Furthermore, a massive deployment of 3,773 personnel and 110 assets from the AFP, Philippine National Police (PNP), PCG, and the Bureau of Fire Protection (BFP) is conducting ongoing operations. An additional standby pool of 2,523 personnel and 888 assets (including 11 air and 75 sea assets) remains available for dispatch.

Security and public safety operations are being maintained by 2,496 personnel and 463 assets deployed across the heavily affected areas in Regions XI and XII.

Engineering response stands at 34 assets and 485 personnel deployed to Regions XI and XII for rapid road clearing and structural assessments. Around seven remaining road sections in Region XII are undergoing clearing operations to restore unhindered humanitarian access. To maintain vital operational links, the emergency telecommunications cluster has deployed 73 resources to the field, with an additional 252 resources held in reserve for secondary deployment needs. The DPWH is on standby to assess damage to roads, bridges, and other critical infrastructure, and to clear access routes needed for rescue and relief operations.

The DOH continues to monitor hospitals, provide generators to hospitals, support the provision of beds and provide hygiene kits to patients.

The Regional Disaster Risk Reduction Management Council (RDRRMC) XII has undertaken the following actions:

- Deployed Mobile Command Center and Mobile Kitchen in General Santos City
- Dispatched 1,500 FFOs and two (2) family tents are in transit to General Santos City
- Provided three (3) family tents to Dr. Jorge P. Royeca Hospital for immediate use of evacuated patients
- DICT XII Augmented Starlink Units to RDRRMC XII EOC, to PDRRMO Darangi, MDRRMO Maasim
- 25KvA Generator Set Augmented to Dr. Jorge P. Royeca Hospital, General Santos City
- RDANA Team from RDRRMC X deployed to Maasim and Malapatan, Sarangani Province
- RDANA Team from RDRRMC BAR deployed to Glan, Sarangani Province

UN or other actors

Other Actors:

1. Community and Family Service International (CFSI)
 - Deployed emergency response team and conducted initial courtesy meetings with the LGUs of General Santos and Maasim in Sarangani. Supported provision of 300 malong (Filipino tube skirt garment) and sleeping kits.
2. UN Women
 - Providing rapid gender analysis to inform humanitarian priorities
 - Support includes SADDD tools and templates, integration of gender indicators in assessments and SitReps, identification of gender data gaps, and translating gender data into actionable recommendations for protection, health, livelihoods, WASH, and shelter interventions.
3. Action Against Hunger
 - Deployed to General Santos City and Sarangani for ongoing rapid assessment.
 - Mobilizing resources for WASH, health, shelter, food security, and protection



interventions

4. CARE Philippines/ACCESS

- Deployed and Emergency Need Assessment (ENA) team and is mobilizing resources for multi-sectoral cash WASH, Shelter, Protection, MHPSS.
- Conducting Emergency Needs Assessments in Davao del Sur, Davao Occidental, Sarangani, General Santos City, South Cotabato, Sultan Kudarat, and other areas in mainland BARMM and Cotabato

5. Adventist Development and Relief Agency (ADRA) Philippines

- Deployed rapid assessment teams to General Santos City and Sarangani Province.

6. IOM

- Deploying emergency response teams composed of Shelter, CCCM, Emergency Health, and Displacement Data and Information Management experts to support government assessments in Davao Occidental, Sarangani, South Cotabato, and General Santos City.
- IOM will also support IDPs and affected populations through tarpaulin distribution in coordination with DSWD and DHSUD.

7. WFP

- WFP and government counterparts installed mobile storage units at the General Santos Oval grounds, one day after the quake.
- Logistics equipment, including a prefabricated office, generator, and pallets, has been deployed with staff to establish a government logistics hub in General Santos City

Other updates from OCHA:

- On 09 June, an ad hoc Humanitarian Country Team (HCT) was convened wherein HCT members provided key updates on the impact of the earthquake. The HCT continues to support and complement government efforts with technical assistance and the mobilization of support.
- The Inter-Cluster Coordination Group (ICCG) met to coordinate deployments and damage assessments to identify priority humanitarian needs.
- Operational humanitarian organizations are coordinating closely with relevant government agencies with some on the ground supporting rapid assessments and, where feasible, initial response activities in affected areas. The ACCESS Consortium, composed of 16 international and local NGOs, is coordinating efforts and using OCHA's developed tools and platforms.
- The Gender in Humanitarian Action working group has planned to launch a Gender Alert.
- In coordination with DSWD, WFP deployed 1 technical staff to provide support in the installation of 2 10x32m mobile storage units, as well as the prefabricated office.
- IOM has deployed teams to support the rollout of the Displacement Tracking Matrix and the Multi-Cluster Needs Assessment.
- OCHA developed a public dashboard using information from DSWD's DROMIC.
- The private sector has mobilized teams and equipment to support affected lifeline services. These include the deployment of a water treatment plant, telecommunications equipment, and the provisions of telecommunications and health services. Private sector foundations have also provided relief items to the affected areas. The Philippine Disaster Resilience Foundation, a member of the Connecting Business Initiative, is currently coordinating these efforts with the HCT.



Are there major coordination mechanism in place?

As auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with (i) the National Disaster Risk Reduction and Management Council (NDRRMC); (ii) the provincial, municipal and barangay (village) disaster risk reduction and management councils; and (iii) the LGUs defined in the Disaster Risk Reduction and Management Act from 2010.

PRC participates in NDRRMC meetings and coordinates with the DSWD, and DOH. The Department of Trade and Industry (DTI) has activated Republic Act 7581 (Price Act) in areas under state of calamity, providing protection to consumers by stabilizing the prices of necessities and prime commodities and by prescribing measures undue price increases during emergency situations. PRC conducted market assessment to identify minimum expenditure of the community and align the immediate livelihood/cash assistance per family.

Needs (Gaps) Identified



Shelter Housing And Settlements

The magnitude 7.8 earthquake that struck 32 km offshore west of Maasim, Sarangani, has caused widespread structural devastation to housing and local settlements across Regions IX, XI, XII, and BARMM. According to the latest situational data, the residential toll is heavy, with 29,509 houses affected by the intense ground shaking. Out of these damaged properties, 5,129 homes have been fully destroyed, while 24,380 houses have been partially damaged, severely disrupting the lives of 96,090 affected families.

The physical destruction of residential infrastructure has driven large-scale displacement, forcing at least 41,437 individuals to remain displaced from their homes. The displacement landscape is currently split into two challenging realities for the affected population:

Inside Evacuation Centres: Approximately 32,464 displaced persons are currently seeking refuge and receiving coordinated support across 57 active evacuation centres.

Outside Evacuation Centres: Meanwhile, 8,973 other displaced individuals are staying in makeshift shelters directly outside their damaged homes.

The Philippine Institute of Volcanology and Seismology (PHIVOLCS) has already recorded more than 2,000 aftershocks, ranging up to magnitude 6.4. These ongoing tremors continually threaten the remaining structural integrity of compromised housing and prevent families from safely returning indoors. Thousands of families, particularly in General Santos City, have either lost their homes entirely or are unable to return due to the imminent danger of structural collapse.

This severe displacement underscores an urgent need for immediate emergency shelter assessments, especially as continuous strong aftershocks threaten further structural degradation. Concurrently, there is a critical demand for temporary housing solutions and long-term shelter recovery support. While the government has mobilized and opened 45 active evacuation centres to accommodate displaced populations, thousands of affected individuals remain outside these facilities and are in urgent need of rapid, safe, and dignified temporary shelter solutions.

Compounding the shelter crisis, displaced populations face heightened protection and safety risks due to unsafe sheltering conditions. The scarcity of approved, safe communal shelters, such as local churches awaiting mandatory structural assessments, is severely straining regional evacuation capacities. For families remaining outside evacuation centres, makeshift shelters offer minimal protection against environmental elements, creating an urgent operational requirement for rapid emergency shelter interventions, non-food item distributions, and structural engineering assessments.



Livelihoods And Basic Needs

The recent earthquake in Sarangani Province has significantly affected livelihoods and economic security, particularly among small retailers, informal traders, service providers, fishery and agricultural households. Damage to market infrastructure, disrupted supply chains, and limited access to roads, compounded by intermittent power and water interruptions, have forced many small businesses to suspend operations. The local tourism sector has also been adversely affected, with damage to accommodation facilities, restaurants, and local attractions resulting in reduced economic activity.



Affected households are facing increasing challenges in meeting their basic needs, including food, water, shelter, fuel, and essential non-food items, while coping with the loss or disruption of income sources. Individuals engaged in the informal economy are particularly vulnerable, as many lack access to savings, credit, or insurance mechanisms to support recovery. Agricultural households have also experienced losses, including damage to crops and limited access to farming inputs such as seeds and tools, as well as constraints in accessing functioning markets.

A comprehensive livelihood impact assessment is required to quantify damages, identify priority needs, and inform targeted response interventions. Priority actions may include the provision of household livelihood assistance, conditional or unconditional cash grants, replacement of productive assets, and support to restore local market systems. Immediate financial support is particularly critical for small traders and vendors who retain basic tools but lack the working capital necessary to resume their activities.

While food assistance is ongoing, gaps persist in the provision of non-food items, particularly sleeping kits and emergency shelter materials. Continued aftershocks, combined with seasonal rains, are exacerbating the vulnerability of displaced families, exposing them to unsafe and unsanitary living conditions and increasing public health risks.



Multi purpose cash grants

General Santos City, which serves as the primary economic and supply-chain engine for Soccsksargen and neighboring Davao Occidental, sustained no major structural collapses within its main commercial zones or major wholesale trading markets. While operations at the General Santos International Airport were temporarily paused, they quickly resumed at a limited capacity, ensuring that the overarching supply chains linking Mindanao to national suppliers remain intact.

Local micro, small, and medium enterprises (MSMEs), as well as municipal public markets in the target areas, have quickly resumed operations as electricity and telecommunications are progressively restored. Key essential items—including staple foods, basic medicines, water, and emergency hardware supplies—remain widely available in local inventories, minimizing the risk of localized inflation or market distortion upon cash injection.

While some remote mountainous barangays face temporary access constraints due to earthquake-induced landslides, the urban and semi-urban commercial centers where beneficiaries regularly procure goods are fully accessible. Furthermore, PRC's pre-positioned Financial Service Provider (FSP), PhilPost, maintains operational liquidity and intact infrastructure across its major hubs in the region, allowing for a secure, uninterrupted cash transfer mechanism even in geographically underserved areas.

To address these multi-sectoral needs, the implementation of MPCA is recommended. Cash assistance will enable affected households to prioritize their most urgent needs in a flexible and dignified manner, while supporting early recovery efforts. It is recommended that the MPCA transfer value be aligned with approximately 50 per cent of the MEB, consistent with national benchmarks, including the DSWD Emergency Cash Transfer, and coordinated through the Cash Working Group. This approach, combined with continuous needs assessment and beneficiary validation, will support timely gap-filling and contribute to the recovery of affected households and local economies.



Health

In the wake of the powerful magnitude 7.8 earthquake that struck Maasim, Sarangani, the health system across the region is under immense pressure. Hospitals such as Socomedics Medical Hospital in South Cotabato and Sarangani Bay Specialist Medical Center are operating under extreme strain, with only outpatient departments remaining operational due to structural concerns and widespread fear of aftershocks. The PRC has deployed three medical tents, while the DOH and other partners have scaled up their response by dispatching medical teams and mobilizing field hospitals equipped with surgical, diagnostic, consultation, and laboratory capabilities.

Essential medicines, maintenance drugs, and medical supplies are being delivered to affected areas via air and land routes, while blood units and emergency kits are being rushed in to maintain life-saving care. The DOH has activated a no-balance billing policy for earthquake victims, ensuring that those injured receive care in both public and private facilities without upfront costs. Structural engineering teams from the DOH and the Department of Public Works and Highways (DPWH) are currently assessing the safety of hospitals and rural health units across Maasim, Sarangani, and nearby provinces, determining which facilities are safe for occupancy and which must operate in temporary or open-air settings.

To ensure an immediate and unhindered emergency health response following the magnitude 7.8 earthquake, the PRC instantly mobilized its pre-positioned disaster management (DM) national stocks. With IFRC operational support, the response mobilized mobile



Health Caravans, first aid kits, and emergency medical tents across the affected areas through this DREF operation. As part of these integrated Health Caravans, the PRC delivers critical care to affected populations through the provision of essential medicines and medical supplies funded through internal PRC resources. Concurrently, pre-positioned first aid kits were deployed from existing regional inventories to support the immediate operational requirements of welfare desks, first aid stations, and health teams established in active evacuation centres. Consequently, the procurement of first aid kits budgeted under this DREF operation is explicitly designated for stock replenishment.

Despite these interventions, the health response continues to face significant challenges. Many facilities are still awaiting inspection or retrofitting, which limits hospital admissions and results in delays and disruptions in care. The strain on medical personnel is acute, especially in specialties such as orthopaedics, emergency care, and surgery. Outdoor treatment settings further expose patients to weather-related health risks, including respiratory and gastrointestinal illnesses. Continued aftershocks, along with damaged roads and limited ambulance access, complicate the safe transport of critical cases from remote barangays.

With nearly 500 individuals reported injured, local health and medical services are operating under severe strain. Compounding this challenge, a total of five major hospitals sustained significant structural damage: Davao Oriental Provincial Hospital, Socomedics Community Hospital, South Cotabato Provincial Hospital, Diagan Clinical Hospital, and Sarangani Province Medical Center. Among these, Socomedics Community Hospital and Diagan Clinical Hospital were forced to fully evacuate all patients due to safety concerns, significantly reducing available healthcare capacity in the most heavily affected areas.

In parallel, the mental health and psychosocial support (MHPSS) impact of the disaster is becoming more evident. Frequent aftershocks, displacement, fear, and the loss of homes and loved ones have taken a psychological toll on affected communities. The DOH and the National Center for Mental Health have begun deploying MHPSS teams to provide early interventions; however, current resources remain insufficient to address the scale and complexity of needs. Additional operational support is urgently required to ensure comprehensive and sustained mental health care in evacuation centres and affected communities.

Acute Phase (Months 1–2): Immediate Stabilization and Crisis Intervention

In the immediate aftermath, the primary MHPSS priority centres on reducing acute distress and establishing a sense of safety. Psychological First Aid (PFA) is being delivered intensively at the onset, primarily through PRC welfare desks established at formal evacuation hubs, mobile health caravans, and direct community outreach in spontaneous communal shelters. The focus during this phase is on stabilization, comforting individuals experiencing extreme shock or grief, and integrating psychosocial support with basic survival needs such as hot meals and water.

Mid-Term Phase (Months 3–5): Targeted Support for Prolonged Displacement

As displacement extends beyond the initial weeks, acute shock transitions into chronic stress, frustration, and a sense of helplessness, exacerbated by frequent aftershocks that repeatedly trigger the initial trauma. During this mid-term phase, the MHPSS strategy will pivot towards structured and sustained interventions for displaced individuals. This includes regular group counselling sessions, community-based support groups within settlements, and the operationalization of Child-Friendly Spaces (CFS). The focus shifts from basic PFA to structured psychosocial activities that help children and adults process ongoing seismic anxiety, rebuild daily routines, and strengthen collective community coping mechanisms.

To sustain and provide health services throughout the response, it is essential to fully mobilize medical tents near displacement sites, allowing urgent and primary healthcare services to be accessed closer to affected populations while reducing the burden on overstretched hospitals. Stockpiles of essential medicines and blood units must be continuously replenished, with cold chain systems maintained. Ambulance capacity must be reinforced, and coordinated emergency transport corridors established. Priority care pathways should be in place for the most vulnerable groups. Furthermore, the deployment of community health volunteers, MHPSS counsellors, and trained first responders is critical to extending services to remote or inaccessible areas. As health systems gradually stabilize, this layered model of temporary and permanent service delivery must continue to ensure that the needs of displaced and distressed populations are met throughout the recovery phase.



Water, Sanitation And Hygiene

The recent magnitude 7.8 earthquake in Maasim, Sarangani has severely disrupted WASH systems across multiple municipalities, with significant impacts reported in the municipality of Glan, Sarangani. In many affected barangays, water supply infrastructure has been damaged, particularly water distribution pipelines, while prolonged power shortages and damage to roads have disrupted the operations of local water districts and household water pumps, resulting in interruptions to water services for affected households and communities.

Water distribution remains limited in scale and coverage, and reliance on trucked or bottled water is unsustainable for the prolonged recovery phase. Reports also indicate damage to household sanitation facilities, as many houses were either partially or totally damaged by the earthquake. The onset of the rainy season has further exacerbated vulnerabilities, with stagnant water, open defecation, and limited waste management increasing the likelihood of waterborne and vector-borne disease outbreaks, including diarrhoea, skin infections, and dengue.

Despite ongoing efforts, significant WASH gaps remain. Many displaced families continue to lack access to safe water storage containers, hygiene items, and gender-sensitive sanitary facilities. To address these needs, there is an urgent requirement for the deployment of water tankers and local mobile purification units, the installation of water bladders to store treated water near displacement sites, and the distribution of hygiene kits, including soap, menstrual hygiene products, and disinfectants.

The construction of latrines and bathing facilities is planned as a priority intervention, given the sanitary situation in affected communities and displacement sites. WASH emergency latrines and bathing facilities will adhere to Sphere standards. Targeted jerry cans and household water treatment solutions are also needed to improve water handling and storage at the household level.

These actions are essential not only for safeguarding public health but also for restoring dignity and reducing the daily burden on already displaced families as the region transitions from emergency relief to early recovery.



Protection, Gender And Inclusion

Currently, residents have already spent several days outside evacuation centers, and some will likely need to stay even longer. This prolonged displacement raises serious protection concerns, including increased risks of gender-based violence (GBV), child abuse, and exploitation, particularly in overcrowded and poorly equipped temporary shelters.

During this time, the affected population faces heightened vulnerability due to inadequate shelter, limited access to healthcare, poor sanitation facilities, and the economic instability caused by the loss of livelihoods. Children, the elderly, persons with disabilities, and individuals with chronic medical conditions are prone to face additional challenges in accessing assistance and are at greater risk of violence, neglect, and abuse.

It is critical to prioritize the protection and specific needs of these vulnerable groups when planning and implementing response efforts. The collection and use of Sex, Age, and Disability Disaggregated Data (SADDD) is essential for ensuring accountability, equity, and inclusiveness in humanitarian response.²

Over 8,868 people remain displaced, with many staying in evacuation centers or with their friends or relatives. Shocking experiences from the earthquake and continuing aftershocks have left communities distressed, with many afraid to return indoors. Protection challenges include the need for mental health and psychosocial support, hot meals for displaced families, and safe, dignified spaces for women and children.

Moreover, the timing of the earthquake's impact coincided with the first day of the academic school year, occurring while large number of students were actively participating in opening ceremonies and orientation events. This sudden and severe disruption has drastically heightened the need for immediate MHPSS interventions for students, teachers, and families who experienced acute distress and shock during the event. Recognizing the severity of this psychological impact, the national government has formally acknowledged the need for specialized care and has pledged immediate mobilization of psychosocial support networks to the affected regions.

To address these challenges, it is recommended to provide continuous support through hot meals, psychosocial first aid, and the establishment of child-friendly spaces.



Education

Immediate recovery and rehabilitation efforts are required to repair damaged schools, government buildings, and other vital public structures across the affected regions. While multiple roads and bridges located near the epicenter sustained surface damages, the majority were spared from catastrophic structural failure. DPWH Region XII has officially reported that all national roads and bridges remain open and passable to all types of vehicles. The DPWH continues to actively monitor, inspect, and conduct structural integrity assessments on all affected public infrastructure to ensure ongoing safety and accessibility. To ensure student safety, all classes across the affected regions were suspended immediately following the initial impact, a measure impacting 210 municipalities where suspensions remain in effect. Multiple schools have sustained varying levels of structural damage, which significantly heightens the risk of long-term disruptions to the academic calendar. Consequently, there is an urgent need to establish temporary learning spaces (TLS) to mitigate



these disruptions and provide safe, protective environments for continued learning.

Education has been significantly disrupted following the Sarangani earthquake, with over 127 school facilities reported damaged and at least 182 classes suspended across affected municipalities and cities as safety inspections remain ongoing. Continued aftershocks and structural concerns pose a risk of prolonged interruption to learning, potentially delaying the safe return of children to school.

The Department of Education (DepEd) is coordinating efforts to implement alternative learning modalities and establish temporary learning spaces. However, additional support is required to ensure continuity of education, including the provision of safe and child-friendly temporary learning spaces, essential school supplies, and the integration of PSS activities to help children cope with the impact of the disaster.



Migration And Displacement

Following the magnitude 7.8 offshore earthquake along the Cotabato Trench, thousands of families across Region XII and Davao Occidental have experienced sudden displacement. Due to extensive damage to over 45,000 residential structures and the psychological impact of more than 2,800 persistent aftershocks, a significant portion of the affected population remains displaced—sheltering in formal evacuation centres, staying in makeshift outdoor setups, or residing with host families. In response to these urgent needs, the PRC has actively deployed teams to prioritized evacuation centres to provide immediate health services, hot meals to meet food security and nutritional requirements, and vital Psychosocial Support (PSS) to mitigate acute trauma.

Despite these coordinated efforts, critical humanitarian gaps persist on the ground. Extensive damage to local water networks has severely restricted access to safe drinking water, while overstretched sanitation infrastructure at crowded temporary displacement hubs escalates public health and hygiene risks. Protection vulnerabilities are also significantly heightened; the lack of separated spaces, insufficient lighting in temporary settlements, and an acute shortage of dignity items for displaced women and girls require immediate, targeted intervention.

Furthermore, secondary hazards such as earthquake-induced landslides have physically isolated several remote and mountainous communities, constraining their direct access to localized commercial markets and regular relief supply chains.

Compounding these multi-sectoral challenges is a critical gap in communication and family tracking. The earthquake caused widespread power outages and severe structural damage to regional telecommunications networks, resulting in major connectivity blackouts in the hardest-hit municipalities. In the chaotic aftermath of the main shock and subsequent coastal evacuations following the tsunami advisory, many families became physically separated, with no immediate means to verify the safety or location of their loved ones. This prolonged communication vacuum has induced profound psychological distress, directly complicating on-the-ground PSS operations.

Consequently, there is an urgent, time-sensitive requirement to deploy Restoring Family Links (RFL) kits at active evacuation hubs and primary Humanitarian Service Points. Current field operations face a deficit in standalone satellite connectivity, solar-powered charging equipment, and systematic tracking tools necessary to operate independently of disrupted public utility networks. Activating these RFL capacities is essential to enable displaced individuals to transmit vital “I am alive” messages to their families, while equipping PRC volunteers with the technical tools needed to securely register and track unaccompanied minors, older persons, and separated individuals, thereby preventing involuntary disappearances and facilitating dignified family reunifications.

The IFRC Country Delegation (CD) continues to communicate with the ICRC to ensure a coordinated approach to RFL services in the current and planned response with PRC colleagues.



Community Engagement And Accountability

Households affected by the disaster require timely assistance from both government and non-government actors. Clear, accurate, and accessible information on available support and how to access it is essential to ensure that affected people can make informed decisions. Continuous monitoring of needs is also critical, as different groups may require tailored support, including food, shelter, healthcare, and psychosocial services.

The PRC remains committed to engaging and informing affected communities through its CEA approach. Welfare desks have been established in evacuation centres to provide information, respond to inquiries, and gather feedback. PRC also disseminates key updates and emergency contact information through social media and local media channels. The PRC hotline (143) remains operational, providing an accessible channel for communities to seek assistance and raise concerns.



Two-way communication is central to an effective response. Beyond information dissemination, actively listening to community feedback and concerns ensures that assistance remains relevant, timely, and responsive to evolving needs.

Any identified gaps/limitations in the assessment

None so far. PRC assessment still on-going.

Operational Strategy

Overall objective of the operation

In response to the magnitude 7.8 earthquake that struck Sarangani Province, this nine-month DREF operation is launched to deliver immediate, lifesaving, and dignified multi-sectoral assistance to approximately 40,000 individuals (equivalent to 8,000 families) across the priority areas of Sarangani, General Santos City, Davao Occidental, and South Cotabato. Targeting utilizes a data-driven vulnerability framework focusing strictly on the most vulnerable displaced and non-displaced households, prioritizing families whose homes have been totally or partially destroyed, female-headed households, child-headed households, the elderly, lactating mothers, and persons with disabilities (PWDs). By deploying an integrated strategy within a unified target footprint, the PRC ensures that essential relief, health, and protection mechanisms directly converge on the same highly vulnerable families to prevent secondary compounding risks and maximize resource efficiency.

Operation strategy rationale

The strategic design of this DREF operation is directly informed by the critical needs, structural damage patterns, and institutional realities identified during rapid assessments following the magnitude 7.8 earthquake. The overarching rationale for this intervention relies on an integrated, localized, and multi-sectoral approach that systematically addresses acute vulnerabilities while ensuring operational efficiency and cost-effectiveness.

Rather than scattering resources, the operation anchors its intervention within a unified target footprint of approximately 40,000 individuals (8,000 families) across the prioritized areas of Sarangani, General Santos City, Davao Occidental, and South Cotabato. This geographic and demographic concentration ensures that multi-sectoral line services converge on the same households, compounding the positive impact on their recovery. Targeting is strictly driven by verified vulnerability criteria, prioritizing families whose homes have been totally or partially destroyed, female- or child-headed households, the elderly, lactating mothers, and PWDs. This data-driven targeting ensures that assistance is channeled to those with the least standalone capacity to recover from acute shocks.

The operational logic is built on an immediate, dignified approach designed to address acute living, health, and economic gaps for families affected by the disaster.

Shelter:

The widespread structural destruction of residential units, combined with public anxiety driven by over 2,800 aftershocks, has caused prolonged displacement. Because thousands of families are currently exposed to environmental elements, immediate emergency shelter assistance—including high-quality tarpaulins and shelter toolkits—is prioritized to stabilize physical safety and provide immediate roofing and privacy solutions. This support will target displaced families residing in formal evacuation centres, spontaneous settlements, or open-air settings, focusing strictly on providing protection and supporting safe, basic structural reinforcement without promoting or formalizing unsafe living conditions.

This will be coupled with the distribution of essential household items (EHIs), including sleeping kits, hygiene kits, kitchen sets, and jerry cans, as the loss of personal domestic assets directly undermines household dignity and increases health and protection risks, particularly during the rainy season.

WASH and Health:

The destruction of local water pipelines and the resulting congestion in temporary settlements create an immediate threat of waterborne and vector-borne disease outbreaks. To mitigate these public health risks, the strategy intentionally integrates WASH and health interventions within the response footprint.



Bulk water distribution through specialized water tankers and safe water production through mobile purification units will directly address immediate water scarcity, while the provision of water treatment supplies, including Aquatabs and water filtration tablets, will address household-level water quality concerns. Continuous, community-led hygiene promotion activities will encourage behaviours that support proper sanitation and disease prevention in affected communities.

Concurrently, basic WASH and health services will be provided to the same target groups to prevent disease and promote proper hygiene. PRC Health Caravans will be deployed to priority communities to deliver basic medical care, provide essential medicines, mobilize ambulances, establish first aid stations, and provide blood augmentation support, while maintaining health promotion and protection measures for staff and volunteers.

Livelihoods and MPCA:

To prevent immediate nutritional shocks and support early economic recovery, a dual-layered food security and cash assistance modality will be deployed within the overall operational footprint.

Emergency Food Security - hot meal distributions will support 3,000 individuals during the acute first-response phase to ensure immediate access to nutrition.

For the primary relief-to-recovery phase, unconditional and unrestricted MPCA is selected as the most efficient, dignified, and cost-effective modality for 3,000 prioritized households, representing approximately 15,000 people. The MPCA will be distributed in a single, unconditional tranche, providing families with the dignity of choice and the flexibility to address their most urgent, self-determined needs based on their individual circumstances. Whether purchasing food, securing medicines, or investing in localized shelter repairs, the assistance empowers affected families to prioritize their own recovery needs. In alignment with national CWG agreements and to maintain strict operational complementarity with the DSWD Emergency Cash Transfer Programme, the transfer value is set at 50 per cent of the regional MEB. Cash delivery will be facilitated through PRC's established institutional partnership with PhilPost as the primary FSP, ensuring rapid, transparent, auditable, and secure cash delivery that reaches even underserved or geographically isolated families.

PGI:

Large-scale displacement and makeshift living arrangements inherently heighten protection and safety risks for vulnerable groups. To guarantee safety, dignity, and equitable access to basic services, PGI principles will be rigorously mainstreamed across all operational sectors and service delivery points.

This includes the incorporation of gender-segregated facilities, safe access routes, adequate lighting, and measures that promote accessibility and inclusion. Furthermore, a comprehensive Child Safeguarding Risk Analysis will be integrated from the onset of the operation to identify, monitor, and mitigate protection risks across all programming sites.

Additionally, approximately 100 children will be supported through access to safe and secure Child-Friendly Spaces (CFS), providing a dedicated environment where they can engage, play, and gradually recover from the psychological impacts of the disaster and its aftershocks.

CEA:

Complementing the sectoral interventions, CEA will be institutionalized as a quality assurance and accountability mechanism throughout the project cycle.

To ensure maximum transparency, operational relevance, and community ownership, PRC will establish clear two-way feedback loops, localized help desks, community committees, and feedback and complaint mechanisms. These systems will ensure that affected populations—particularly women, youth, older persons, persons with disabilities, and marginalized groups—have access to timely information, can raise concerns, and can influence decisions affecting the response.

By maintaining active feedback loops throughout design, implementation, and monitoring, PRC will ensure that the response remains adaptive, transparent, and directly shaped by the voices, priorities, and preferences of the affected population.



Targeting Strategy

Who will be targeted through this operation?

The targeting strategy under this DREF operation focuses on delivering an integrated, multi-sectoral package of assistance to ensure that lifesaving resources are directed to the families experiencing the highest levels of vulnerability and unmet humanitarian needs. The operation will directly support affected and displaced families residing both inside formal evacuation centers and within makeshift shelters outside their damaged homes. These target households, having experienced severe structural damage or the destruction of their houses, will receive comprehensive assistance including emergency shelter support, EHIs, integrated health services, WASH interventions, and MPCA.

The selection of these priority target areas is strictly grounded in a rigorous triangulation of available secondary data and real-time field reports. This includes government information from the NDRRMC reports, agricultural impact data from the Department of Agriculture (DA), and structural integrity and road accessibility logs from the DPWH. These official sources are further cross-referenced with local media reports, PRC National Headquarters Operations Center records, and specific recommendations from rapid assessments conducted directly by on-the-ground PRC Chapters.

Under this data-driven framework, affected families in the areas of Sarangani Province, General Santos City, Davao Occidental, and South Cotabato are strictly prioritized as the primary recipients of this response. Within these geographic boundaries, household-level selection will be further refined through community-validated assessments to prioritize families whose homes have been totally or partially destroyed, female-headed households, child-headed households, the elderly, lactating mothers, and PWDs to guarantee an equitable, inclusive, and protective response.

Explain the selection criteria for the targeted population

PRC follows a systematic process in selecting recipients after disasters. First, rapid assessments are conducted at both the household and area levels soon after the event to gauge the severity of damage and needs. Next, coordination is made with barangay recovery committees or LGUs to help identify and validate potential recipients. Community based targeting and participatory methods are then used, including collecting input from community leaders, performing local area surveys, and, where possible, door to door verification.

For MPCG, PRC uses a needs-based assessment to determine eligibility, which aims to help vulnerable individuals and families recover from disasters and address various personal needs. Key criteria often include being affected by a disaster, having limited resources, and needing support for basic needs like food, shelter, or livelihood restoration. The specific grant amount and target recipients are determined by a market analysis and assessment of local needs following an event, with the goal of providing financial aid to meet diverse and immediate needs

Before any aid is distributed, beneficiary lists are validated to ensure selected households meet the criteria. The criteria used include: households/families most affected by the disaster; households both in and outside evacuation centres or makeshift shelters; households headed by vulnerable persons (such as single women who are widowed, separated or divorced without income); families with elderly members or persons with disabilities; families with young children; households whose livelihoods have been severely disrupted; those in remote, isolated or hard-hit areas with limited access to assistance; those who have not yet received substantial assistance; and those that belong to economically disadvantaged, socially excluded, or minority groups.



Total Targeted Population

Women	11,293	Rural	80%
Girls (under 18)	8,501	Urban	20%
Men	11,199	People with disabilities (estimated)	1.5%
Boys (under 18)	9,007		
Total targeted population	40,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Occurrence of aftershocks	<p>Conduct assessments of buildings or locations where operations will be conducted.</p> <p>Risk of deployed volunteers and staff members that were engaged in distribution and community work, because of aftershocks. Proactive security measures are in place, and team leaders are aware of the mitigating measures to be taken to avoid such risks</p>
Typhoon season in the Philippines, upcoming weather disturbances may exacerbate the already dire conditions of communities affected by the earthquake	The PRC - Operation Center will continue to monitor the current weather situation and provide necessary alerts as and when required.



Access to the affected communities and delivery of assistance (cracked roads, debris, damaged infrastructure)

Duty of care as a priority – mitigating and avoiding any risks caused by immediate danger from damaged infrastructure to volunteers and staff who are frontliners. Utilization of lower tonnage vehicles for distribution which can access smaller roads.

Please indicate any security and safety concerns for this operation:

Safety and security situation remain generally stable, but response operations may face risks from damaged infrastructure, debris, and disrupted communications. Comprehensive measures will be taken to ensure the safety and security of all RCRC personnel involved in this operation. These measures include but are not limited to continuous monitoring of the situation, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment safety briefings on the current security environment.

Contingency plans and completion of relevant IFRC e-learning courses (e.g., Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory. The IFRC CO security team maintains close coordination with external humanitarian actors in the country, particularly regarding the earthquake-affected areas, and collaborates closely with PRC branches and local administrations in the operational regions.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 105,511

Targeted Persons: 5,000

Indicators

Title	Target
# of households provided with essential household items kits	1,000
# of household provided with emergency shelter assistance	300
# of people oriented on safe shelter awareness and provided with technical support or guidance on building safer, more resilient shelters including recipients of family tents	300

Priority Actions

1. Provision of essential household items to 1000 most affected families with sleeping kits (2 blankets, 2 plastic mats and 1 kitchen set).
2. Provision of emergency shelter assistance to 300 affected families
3. Conduct safe shelter awareness orientation for the targeted population





Livelihoods And Basic Needs

Budget: CHF 32,589

Targeted Persons: 3,000

Indicators

Title	Target
# of people served with hotmeals	3,000

Priority Actions

1. Deploy mobile food units- food trucks, supported by trained volunteers, to provide safe and nutritionally balanced hot meals once a day for the first 7 days of the response to approximately 3,000 internally displaced persons (IDPs) affected by the Sarangani earthquake, both within evacuation centers and in host or community settings outside formal sites.



Multi Purpose Cash

Budget: CHF 356,366

Targeted Persons: 15,000

Indicators

Title	Target
# of households received multi-purpose cash assistance to address their basic needs	3,000
% of households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket)	99

Priority Actions

1. Provide unconditional, unrestricted MPCG through an FSP to the most affected 3,000 families.
2. Conduct post-distribution monitoring of the cash assistance provided



Health

Budget: CHF 92,622

Targeted Persons: 3,075

Indicators

Title	Target
-------	--------



# of individuals reached with basic health services (including medicines and first aid)	5,000
# of families provided with insecticide treated mosquito nets	1,000
# of individuals reached with health promotion activities	2,500
# of people provided with MHPSS	1,000
# of medical tent procured and installed near hospital or evacuation center	2
# of staff and volunteers oriented with PSS for humanitarian worker	75

Priority Actions

1. Prior to deployment of Health teams, conduct orientation on Epidemic Control for Volunteers (specifically tackling water-borne and vector-borne diseases) by trained staff and volunteers.
2. Establish air-conditioned medical tents, cot beds, and medical personnel to augment the operations of the affected hospitals.
3. Conduct Health Caravan/medical mission to priority affected areas to provide basic health care services such as medical consultation, health promotion activities, and provision of medicines, in coordination with local health units and other local partners.
4. Conduct immediate mental health and MHPSS activities, including psychological first aid, psychoeducation, and child friendly spaces in the affected communities to alleviate emotional distress. Appropriate mental health and psychosocial support activities will be provided to PRC staff and volunteers.
5. Mobilize ambulances to transport patients/injured individuals who need hospital care services.
6. Conduct health promotion activities and distribution of Information, Education and Communication (IEC) materials on prevention of dengue, leptospirosis and other vector-borne diseases.
7. Conduct of PSS for Humanitarian Workers in 3 chapters (3 events)
8. Continue closely collaborating with local health units on disease surveillance to monitor health risks and potential outbreaks in affected areas.
9. Provision of mosquito nets to 1,000 families.



Water, Sanitation And Hygiene

Budget: CHF 118,996

Targeted Persons: 40,000

Indicators

Title	Target
# of people provided with safe drinking water through RCRC emergency supply	40,000
# of litres of water distributed according to WHO standards)	9,000,000
# of people reached with hygiene promotion and IEC activities	5,000
# of household provided with 10 litres jerry cans	1,000
# of household provided with hygiene kits which include menstrual hygiene management	1,000
# of sanitation facilities constructed or rehabilitated	2

Average number of liters of safe water distributed per person per day

15

Priority Actions

1. Deploy PRC WASH tankers and water treatments units to distribute safe drinking water for 15 days, ensuring a minimum of 15 litres of potable water per person per day.
2. Conduct hygiene promotion and sanitation activities to individuals residing in temporary shelters through the distribution of IEC materials on hygiene promotion with key messages on personal hygiene and sanitation practices.
3. Provision of two jerry cans (10L) to 1,000 affected families (5,000 people).
4. Provision of hygiene kits to a total of 1,000 families residing inside temporary shelters. The IFRC standard hygiene kit contains twelve pieces of body soap, five pieces of laundry soap, 40 sanitary pads, five bath towels, six rolls of toilet paper, two tubes of toothpaste, five toothbrushes, and four disposable razors.
5. Establish latrine and gender-segregated bathing facilities for those residing in temporary shelters to ensure proper sanitation and hygiene.



Protection, Gender And Inclusion

Budget: CHF 7,625

Targeted Persons: 40,000

Indicators

Title	Target
# of child-friendly spaces established	8
# of Child Safeguarding Risk Analysis conducted	1
# of children reached with child-friendly activities	100
# of people reached through PGI programming	40,000
# of staff and volunteers trained in PSEA and Child Safeguarding	30

Priority Actions

1. Integrate the IFRC Minimum Standards into emergency programming to meet the needs of individuals and groups at risk.
2. Conduct refresher course on PGI for staff and volunteers. This will ensure that PGI minimum standards in emergencies are well mainstreamed in the operation to ensure the protection and safeguarding of children, especially girls and women.
3. Establish CFS to provide a safe and supportive environment for children where they can participate in age-appropriate activities and receive mental health and psychosocial support.
4. Conduct child safeguarding analysis to protect children from all forms of violence, abuse, exploitation, and neglect within PRC-IFRC programmes, emphasising preventive measures and accountability.
5. Ensure staff and volunteers adhere to the Code of Conduct and other policies, such as PSEA and child safeguarding, to address protection concerns and safeguarding during the implementation of the operation.
6. Establish referral pathways for protection, GBV, health, MHPSS and other targeted services in coordination with protection agencies.
7. Ensure diversity among staff and volunteers, including both males and females, as the targeted population includes women/child-headed households.
8. Collect SADD across all activities to understand the needs of different genders, age groups and abilities.
9. To guarantee the safety, dignity, and equitable access to services for all earthquake-affected populations, the PRC—mainstreaming PGI and CEA principles—will execute a systematic information dissemination campaign across the entire operational footprint.





Migration And Displacement

Budget: CHF 241

Targeted Persons: -

Indicators

Title	Target
# of RFL kits procured	1

Priority Actions

1. Provision of RFL kits



Community Engagement And Accountability

Budget: CHF 2,627

Targeted Persons: 40,000

Indicators

Title	Target
% of people surveyed who feel that NS support/services meet their most important needs/provides useful support	80
% of community members who know how to contact PRC to provide feedback and comments	80
% of complaints and feedback received that was responded by PRC	100
# of people reached with CEA information	40,000

Priority Actions

1. Set up a multi-channel approach to collect data and feedback, such as feedback boxes at welfare desks and chapters, hotlines, QR codes linking to online forms, and face-to-face collection through the Kobo app or paper forms. This setup allows for regular monitoring to ensure that feedback Public is addressed in a timely manner.
2. Orient and disseminate PRC's CEA guidelines to key staff and volunteers engaged in the operation.
3. Communicate clearly and widely the selection criteria for all sectors to recipients and non-recipients, using various channels and approaches, even when the criteria are already established.
4. Conduct PDM to affected communities to assess the utilization of distributed items.



Secretariat Services

Budget: CHF 75,260

Targeted Persons: -



Indicators

Title	Target
# of communication materials produced via news media outlets or on longer form stories	10
% of financial reporting compliance to IFRC procedures	100
# of surge personnel deployed to support the operation	1

Priority Actions

1. Gather and produce substantial communications materials – a minimum of 1 long form beneficiary story, to be used as an advocacy tool to amplify PRC and IFRC's actions throughout this operation. very month, PRC to share a collection of high quality photos and/or Brolls videos of any Red Cross response with IFRC for global channels and advocacy
2. Maintain a Federation-wide approach in planning, implementation, monitoring, reporting, and evaluation. Reports will be regularly issued throughout the duration of the operation in accordance with the IFRC's monitoring and reporting standards. Regular field monitoring to provide technical support and monitor the ongoing activities will also be done as needed.
3. Provide necessary support to review and validate budgets and ensure timely fund transfers and technical assistance to the National Society.
4. Align logistics activities with IFRC standards to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites. PRC will mobilize its pre-positioned stocks for immediate relief assistance and items will be replenished through local and international procurement and in-kind donations where appropriate.
5. The IFRC security plans will apply to all IFRC staff throughout. Area specific security risk assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.
6. Provide PMER Surge support with IM skills and expertise



National Society Strengthening

Budget: CHF 54,499

Targeted Persons: -

Indicators

Title	Target
% of volunteers insured	100
# of volunteers mobilized and insured	200
% of financial reporting respecting IFRC procedure	100
# post distribution monitoring conducted	2
# of field monitoring visits	6
# of lessons learned workshop conducted	1



Priority Actions

1. All volunteers involved in the DREF operation will be insured under PRC's Safe card or insurance.
2. Assessing the capacity and making plans for strengthening capacity of staff, volunteers, and systems at the national headquarters and chapter levels, on issues including logistics, warehousing, fleet, financial management, digitization, PGI, fraud and corruption prevention, epidemic and pandemic preparedness and response, climate smart programming, and disaster preparedness through different models of capacity building, including training (blended), mentoring, on-the-job training, demo and re-demo etc.
3. Provision of technical support to PRC as and when required.
4. Conduct of monitoring visits including post distribution monitoring
5. Conduct a lesson learned workshop by the end of the DREF operation.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

PRC has mobilized 100 volunteers. Staff members with specific roles and functions includes:

1. Staff the chapter who are responsible for coordinating volunteers, providing support to members and implementing chapter-based activities.
2. National Headquarters - Disaster Management Service staff who plays crucial support in ensuring the effective disaster response and is responsible for coordinating activities under this operational plan and providing support to chapters.
3. National Headquarters Accounting staff who are supporting the management of the organization's financial operations.
4. National Headquarter Project Coordinator for finance supports the overseeing the financial aspects of projects/activities undertaken.

These staff will be temporarily assigned from their regular duties to work full-time in this operation in accordance with PRC's Staff Rules and Regulations. The role and functions of these staff are within the operational timeframe of 6 months and together, they will ensure smooth implementation of the planned activities under this operation. In the Philippine context, where PRC is responding to multiple disasters on a regular basis, ensuring adequate human resources is an important safeguard for securing smooth operations.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The pool of PRC volunteers includes people from all walks of life and diverse group is represented by people from different culture, age, gender, ethnicity , physical ability etc.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

There is an urgent operational need for a PMER (Planning, Monitoring, Evaluation, and Reporting) Surge with significant IM (Information Management) technical skills. This pivotal role bridges the gap between data collection and management, reporting and information management.



If there is procurement, will it be done by National Society or IFRC?

Procurement of tarpaulins, mosquito nets, and kitchen sets will lead to international procurement. This will be undertaken by the IFRC Philippines CD, with support from the IFRC Asia Pacific Regional Office (APRO) logistics department. Blankets, sleeping mats, tap stands, jerry cans (10 litres), and first aid kits, will be procured locally by PRC, in the Philippines, for replenishment.

How will this operation be monitored?

Based on the new Emergency Response Framework (ERF) guidelines, the Philippine Red Cross (PRC), with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), will follow standard monitoring procedures under the Emergency Response Framework (ERF) for Yellow Category DREF operations.

The following steps will be undertaken to ensure effective monitoring:

Implementation and Monitoring Plans: PRC and IFRC will develop and maintain an implementation plan or master work plan aligned with the approved DREF to track key activities and indicators.

Monitoring and Evaluation Framework: A Monitoring and Evaluation (M&E) plan will be established, including an Indicator Tracking Table (ITT), to ensure systematic tracking of outputs and outcomes throughout the operation.

Situation Reports (SitReps): Regular SitReps will be issued according to the agreed frequency to update stakeholders on the progress and challenges of the operation.

Lessons Learned Workshop: A Lessons Learned Workshop will be conducted within the timeframe of the DREF operation, focusing on the short- and immediate-term response interventions.

PDM will be conducted for both NFIs and cash assistance, complemented by a series of regular field monitoring visits.

Operations update will be submitted during the 6th month period and final report publication will be undertaken no later than three months after the end of the operation, as required by the ERF. This reporting requirement will ensure transparency, accountability, and timely communication with stakeholders in line with Federation-wide standards.

Please briefly explain the National Societies communication strategy for this operation

IFRC will be supporting PRC communications capacity through the communications teams in the country delegation in Manila and the regional office in Kuala Lumpur. More precisely, IFRC will assist PRC in media relations and content gathering, producing and distributing communication material and resources, as well as using social media (e.g., Facebook, Twitter) to promote advocacy messages through the global and regional platforms. Furthermore, IFRC will support in managing reputational risk at the country level and will ensure that the Movement actors at the country level speak and act with a unified voice to build trust towards partners, donors and other stakeholders.

Under the Emergency Response Framework (ERF), the IFRC, through its APRO, will support the PRC to ensure effective communication throughout the response. This includes the development of a comprehensive communications strategy, the appointment or deployment of an advanced communications team comprising a media specialist and a content specialist, and the delivery of all required communications outputs as outlined in the ERF emergency communications deliverables. These efforts will ensure that key messages, stories, and operational highlights are consistently captured and disseminated, enhancing visibility, transparency, and public engagement at both national and international levels.



Budget Overview



DREF OPERATION

MDRPH059 - Philippine Red Cross Sarangani Earthquake

Operating Budget

Planned Operations	716,578
Shelter and Basic Household Items	105,511
Livelihoods	32,589
Multi-purpose Cash	356,366
Health	92,622
Water, Sanitation & Hygiene	118,996
Protection, Gender and Inclusion	7,625
Education	0
Migration	241
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	2,627
Environmental Sustainability	0
Enabling Approaches	129,759
Coordination and Partnerships	0
Secretariat Services	75,260
National Society Strengthening	54,499
TOTAL BUDGET	846,336

all amounts in Swiss Francs (CHF)



Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Gwendolyn Pang, PRC Secretary General, gwenpang@redcross.org.ph, +639178277421

IFRC Appeal Manager: Sanjeev Kumar Kafley, Head of Delegation, sanjeev.kafley@ifrc.org

IFRC Project Manager: Gopal Mukherjee, Programme Coordinator, gopal.mukherjee@ifrc.org

IFRC focal point for the emergency: Edwin Siahaan, Operations Coordinator, opsCOORD.southeastas@ifrc.org

Media Contact: Lili Chin, Senior Communications Officer, APRO, lili.chin@ifrc.org

National Societies' Integrity Focal Point: Criselda Longga, PRC Disaster Management Service Manager, criselda.longga@redcross.org.ph

[Click here for the reference](#)

