

DREF Operation

Philippines Davao Earthquakes 2025



PRC installed Medical Tent in Davao Provincial Medical Center (Photo:PRC)

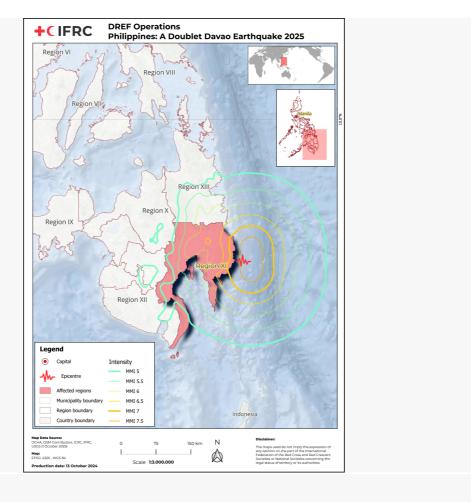
Appeal: MDRPH058	Hazard: Earthquake	Country: Philippines	Type of DREF: Response
Crisis Category:	Event Onset:	DREF Allocation:	
Yellow	Sudden	CHF 486,973	
Glide Number:	People Affected:	People Targeted:	
EQ-2025-000189-PHL	1,124,611 people	11,755 people	
Operation Start Date: 19-10-2025	Operation Timeframe:	Operation End Date:	DREF Published:
	6 months	30-04-2026	20-10-2025
Targeted Regions: Region XI (Davao Region)			



Description of the Event

Date of event

10-10-2025



Map of Affected Region (IFRC IM)

What happened, where and when?

On 10 October 2025, two powerful earthquakes struck off the coast of Manay, Davao Oriental. The first earthquake, with a magnitude of 7.4, occurred at 9:43 a.m., approximately 48 kilometers northeast of the Municipality of Manay, Davao Oriental, at a depth of 23 kilometers. The tremor was felt as far as Davao City, Davao de Oro, and across parts of Northern Mindanao, with intensities ranging from IV to V. Immediately after the first tremor, a tsunami warning was issued, prompting the evacuation of residents from several low-lying and coastal areas in Davao Oriental, Surigao del Sur, and parts of CARAGA. The Philippine Institute of Volcanology and Seismology (PHIVOLCS) recorded a 30 cm tsunami wave along the coast of Tandag City, Surigao del Sur, at around 10:20 a.m., and lifted the warning at 1:43 p.m. on the same day.

Less than ten hours later, a second earthquake with a magnitude of 6.8 struck the same offshore area at 7:12 p.m. The epicenter was located 43 kilometers southeast of the Municipality of Manay, Davao Oriental, with an estimated depth of 37 kilometers. The second quake was felt in the same areas affected earlier, heightening fear and worsening structural damage. This event triggered another tsunami warning, which was later cancelled at 11:12 p.m. after no tsunami waves were observed.

Both earthquakes were tectonic in origin and not related to the recent 6.9 magnitude earthquake in Cebu, which was caused by the Bogo Bay Fault. The Davao Oriental earthquakes were generated by the movement of the Philippine Trench. As the second earthquake registered a magnitude greater than 6.4, it can no longer be considered an aftershock of the main event. PHIVOLCS classified these as two separate events, referred to as a "doublet quake", which occurred close in time and location.

The earthquakes affected most parts of Davao Oriental, Davao de Oro, and the Caraga Region, displacing thousands of families and damaging critical infrastructure, including homes, schools, hospitals, and government facilities. Within the first 48 hours following the earthquakes, PHIVOLCS recorded more than 1,310 aftershocks, the strongest of which measured 5.8 in magnitude.





Health stations and welfare desks are being set up in Davao (Photo: PRC)



Provision of family tents in Davao (Photo: PRC)

Scope and Scale

Based on the Situational Report No. 6 of the National Disaster Risk Reduction and Management Council (NDRRMC) as of 15 October 2025, a total of 256,036 families, or 1,124,611 individuals, have been affected across 51 cities and municipalities in the Davao Region and Caraga, comprising 491 barangays. The most affected areas are Maco, Governor Generoso, Lupon, Cateel, Banaybanay, and Manay in Davao de Oro.

The disaster has resulted in eight confirmed fatalities and at least 196 injuries, with the death toll expected to rise as search and rescue operations continue. At present, a total of 2,903 families are seeking temporary shelter in nine evacuation centers after being forced to abandon their homes due to safety risks. Many remain without adequate access to shelter, clean water, or medical care. These figures highlight the growing vulnerability of affected families as they continue to face the ongoing impacts of the disaster.

A total of 10,982 houses were reportedly affected—715 fully damaged and 10,267 partially damaged. The earthquakes also caused significant damage to 392 infrastructures, including government facilities, schools, hospitals, and commercial establishments. Several local roads and bridges in Region XI and Caraga were damaged due to landslides and road scouring following the quakes. Although access to some roads remains limited to a single lane, most national roads essential for the delivery of aid, transport of injured individuals, and movement of emergency personnel remain passable.

According to the latest reports, power and communication lines initially affected by the earthquakes have been restored. When the first earthquake struck, classes and government work were ongoing but were immediately suspended following the impact. Classes in 163 cities and municipalities, and government work in 142 cities and municipalities in Regions XI, XII, and Caraga, have yet to resume.

The effects were most pronounced in the province of Davao Oriental, which bore the brunt of the impact. Following the devastating effects of the 7.4 and 6.8 magnitude earthquakes, the entire province of Davao Oriental has declared a state of calamity to enable the rapid mobilization of resources and emergency response.

In the aftermath of the earthquakes in Manay, Davao Oriental, the humanitarian needs remain immense. Several critical gaps and challenges have emerged across the sectors of shelter, livelihoods, health, water, sanitation and hygiene (WASH), safety, education, community engagement, and logistics.

Shelter and temporary housing: There is a pressing need for safe and adequate temporary shelters, such as tent cities and relocation sites, particularly for families whose homes have become unsafe. However, overcrowding in makeshift shelters and difficulties in identifying suitable relocation areas remain significant challenges, compounded by the need for structural assessments to determine which buildings can be repaired or must be demolished.

Health and medical services: The health sector is under severe strain. Hospital infrastructures in Davao Oriental and Davao del Norte sustained major damage, particularly the main hospital in Manay, where parts of the building were deemed unsafe, forcing healthcare providers to rely on makeshift wards.

Water, sanitation and hygiene (WASH): WASH services have been disrupted, primarily due to the upland terrain and landslides. There is an urgent need for emergency water supply through trucks and portable purification systems, along with the repair of damaged pipelines and the provision of sanitation facilities. Water systems in several barangays remain non-functional, leaving communities dependent on



temporary water sources (GMA Network).

Infrastructure: Efforts are needed to clear and rehabilitate roads and bridges and to repair damaged schools, government buildings, and public facilities. However, landslides have blocked key access routes, and many structures remain inaccessible pending structural assessments (GMA Network; Philippine News Agency).

Education: The education sector is also heavily affected, as many school buildings have been damaged or destroyed. Temporary learning spaces are urgently needed to prevent long-term disruption to students' education (GMA Network).

Engineering assessments: Rapid engineering assessments are required for homes, public buildings, schools, and hospitals to determine their safety. Some buildings have already been marked for demolition due to irreparable damage, while many others still require inspection, especially given the ongoing aftershocks (MindaNews).

Mental health and psychosocial support (MHPSS): Providing psychological first aid and trauma counselling—particularly for children—is a critical need, but this area of response remains under-resourced (Philippine News Agency).

Communication and information dissemination: There is a continuing need for accurate and timely information dissemination. Communities must be kept informed about ongoing risks such as aftershocks and possible tsunamis, as well as evacuation procedures and safety guidelines. Ensuring continuous and clear communication remains a challenge in some affected areas.

Note: This event is not linked to the Cebu earthquake for which a CHF 1 million grant was allocated under Emergency Appeal MDRPH057, and as such is processed separately.

Source Name	Source Link
1. Philippine News Agency	https://www.pna.gov.ph/articles/1260726? utm_source=chatgpt.com
2. Davao Earthquakes 2025 - Strongest Aftershock Recorded (5.8 magnitude)	https://earthquake.phivolcs.dost.gov.ph/2025 Earthquake Information/October/2025 1012 1706 B3F.html
3. National Disaster Risk Reduction and Management Council - Situational Report No. 6	https://monitoring- dashboard.ndrrmc.gov.ph/page/reports/effects-of-magnitude-74- and-68-earthquakes-in-manay-davao-oriental-2025
4. GMA Network	https://www.gmanetwork.com/news/topstories/regions/962124/gov-t-to-set-up-tent-cities-speed-up-infra-repairs-in-quake-hit-davao-oriental/story/?utm_source=chatgpt.com
5. Mindanao News	https://mindanews.com/top-stories/2025/10/manays-san-ignacio-de-loyola-parish-loses-new-building-to-7-4-quake/?utm_source=chatgpt.com

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
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 meeting between PRC and local government has 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 through 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- 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. Whereas PGI was previously treated as a stand-alone or secondary activity, in Davao Oriental it has been integrated from the outset. The training of volunteers and 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.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

Νo

Current National Society Actions

Start date of National Society actions

10-10-2025

Shelter, Housing And Settlements

In response to the urgent needs of families displaced by the recent earthquake, the PRC deployed family tents after the local government unit confirmed the identified site for the tent city in Davao Oriental. This initiative aims to provide temporary shelter assistance to the affected families whose homes were either destroyed or partially damaged. The temporary tent city will be equipped with new family tents and PRC planned to provide integrated assistance such as food assistance, water and welfare support.

Based on the stock taking of the inventory conducted by PRC, there is a substantial stock of relief items readily available in the warehouses, which includes essential supplies such as sleeping mats, tarpaulins, and other crucial items. These resources are strategically prepositioned to ensure rapid deployment during emergencies.



The inventory indicates that these relief supplies are sufficient to support over approximately 4,000 families, ensuring that immediate basic needs can be met in the aftermath of a disaster. PRC Regional Warehouses are on standby for any relief allocation subject for replenishment depending on the utilized allocation. Moreover, the IFRC-DREF supported shelter activities will align with the technical guidance and coordination outputs of the national Shelter Cluster to ensure harmonized standards and avoid duplication Livelihoods And Basic Needs Hot meals are being distributed, and other welfare activities are being conducted in the identified evacuation centers or open areas in areas prioritized. PRC has mobilized food trucks to cater immediate needs at the evacuation centres. To date, 2,415 people affected were provided with hot meals. Multi Purpose Cash PRC will finalize the geographical targeting and prioritization of recipients based on the findings from RDANA. Health As part of its comprehensive health response, the PRC swiftly established a first aid station in the affected area, providing immediate first aid response in Davao oriental. PRC teams were deployed in Mati National Highschool, the Girl Scouts of the Philippines Activity Center, Davao Provincial Hospital, Upper Tuatua, Provincial Capitol Hills in Barangay Central and Upper Bliss to provide immediate first aid, medical support and welfare assistance to individuals affected by the quake, who mostly fainted. PRC Davao Oriental chapter responded to the urgent request from Davao Oriental Provincial Medical Center (DOPMC) for blood supply augmentation and has released 70 units of blood from its available stock, ensuring life-saving support reaches patients without delay. PRC continuously mobilize its blood services, welfare teams and volunteers across Mindanao to assisted affected communities as assessment and relief operations. Two medical tents were also set up and being operationalized to expand access to emergency care, catering to patients in need of treatment in Provincial Medical Center in Mati, Davao Oriental. PRC also deployed an ambulance in standby to support in transporting patients. To accommodate the vulnerable individuals in evacuation center, first aid stations were also established to address the any immediate medical needs. Health and hygiene promotion activities, distribution of medicines, and IEC materials are also being provided. Water, Sanitation And Hygiene In response to the urgent water, sanitation, and hygiene (WASH) needs, the PRC provided safe and potable drinking water and hygiene promotion to affected communities. As part of its ongoing efforts to address public health concerns following the earthquake in Davao Oriental, the PRC prioritized hygiene promotion and access to clean water. A total of 20,000 litres of safe drinking water was distributed to several barangays, including Zaragoza, San Ignacio, Poblacion, and Central in the Municipality of Manay while 279 bottles of drinking water were also distributed. This intervention was crucial in preventing the spread of waterborne diseases in the aftermath of the disaster. 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.



Protection, Gender And Inclusion	PRC Welfare Services has set up welfare desks and will provide psychosocial first aid to affected individuals and offering child-friendly spaces for children at evacuation centres. The PRC is implementing the IFRC Minimum Standards in its emergency programming to
	ensure the needs of vulnerable individuals and groups are met. Additionally, PRC has facilitated the referral and restoration of family links for individuals.
Education	PRC conducted Rapid Damage and Needs Assessment (RDANA) in Davao Oriental. As part of this exercise they coordinated with the schools in the areas and assessed their needs in terms of classes disrupted, damages sustained, and school materials lost. In addition, PRC is in close coordination with local government units and local DepEd 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	Disaster Risk Reduction (DRR), Climate Change Adaptation (CCA) and recovery is not in the scope of this DREF operation.
Community Engagement And Accountability	As part of the commitment of PRC to inform and engage the affected communities during this time of disaster, Community Engagement and Accountability (CEA) is embedded as a cross-cutting theme of PRC's services.
	PRC has established welfare desks in evacuation centres and outside to provide information, assistance, and collect feedback. PRC has also used social media platforms and local news agencies to provide information and emergency contact number of PRC that the people may reach and call. Hotline number 143 of PRC is active to receive calls during the operation.
Environment Sustainability	As part of this IFRC-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.
	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.
Coordination	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.
	PRC works closely with the International Committee of the Red Cross (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 will be seeking support from all RCRC partners in the country, as well as other interested partners for this operation.
	To ensure that the response is well coordinated, avoid duplication, and reach the most underserved communities, the PRC maintains 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 utilizing their response funds and donations received. PRC is also actively engaging with other local partners and participated in coordination mechanisms such as the Humanitarian Country Team (HCT) and inter-cluster groups.
	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 comprises 27 member agencies that implement shelter-related



initiatives. The cluster also comprises 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, 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.

Additionally, the PRC has held pre-disaster meetings with both the National Headquarters and local chapters. The PRC and its 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.

National Society Readiness

In response to the recent earthquake in Davao, the PRC has activated its full preparedness and readiness protocols to ensure swift and coordinated humanitarian action. All staff and volunteers from the National Headquarters and local chapters have been activated and placed on standby, with continuous monitoring of seismic and weather updates underway. Services, offices, chapter personnel, Red Cross 143 volunteers, and Red Cross Youth members have been alerted and mobilized to remain vigilant and ready for early action and response activities. The PRC's local Emergency Response Units (ERUs), along with essential equipment and vehicles, have been strategically pre-positioned for rapid deployment.

To date, as part of the National Society's readiness and response to the recent Davao Oriental earthquakes, coordinated efforts have been immediately deployed across affected areas in Davao Oriental. In Mati City, a health desk and welfare desk were established at the Davao Oriental Provincial Medical Center to support immediate medical and psychosocial needs.

In Governor Generoso, the Davao Oriental Provincial Hospital hosted the setup of a welfare desk and a First Aid (FA) station. Psychological First Aid (PFA) and Child-Friendly Spaces (CFS) activities were also scheduled to provide emotional support, while 1,830 hot meals were distributed to affected individuals.

In the Municipality of Tarragona, similar interventions were carried out, including the setup of a welfare desk and FA station, the identification of beneficiaries, and the distribution of another 1,000 hot meals.

Meanwhile, in the Municipality of Manay, hygiene promotion activities were conducted, and a total of 20,000 litres of water were distributed to barangays Zaragoza, San Ignacio, Poblacion, and Central.

An assessment team was also deployed to conduct RDANA in the municipalities and cities of Manay, Tarragona, Banganga, Cateel, Boston, and Caraga, along with the identification of beneficiaries to ensure targeted assistance. These interventions demonstrate the National Society's commitment to providing timely and holistic support to communities impacted by the disaster.

Assessment

An assessment team was also deployed to conduct RDANA in the municipalities and cities of Manay, Tarragona, Banganga, Cateel, Boston, and Caraga along with the identification of beneficiaries to ensure targeted assistance. These interventions demonstrate the National Society's commitment to providing timely and holistic support to communities impacted by the disaster.

This team is supporting the Davao Chapter in key sectors: assessment, relief and recovery, health, WASH, welfare, logistics, volunteer recruitment, and reporting. To date, a total of 100 volunteers have been mobilized in 6 areas who are working in close collaboration with the local authorities to deliver timely and life-saving assistance.

Resource Mobilization

To support the ongoing earthquake response in Davao region, the PRC has mobilized humanitarian caravan, consisting of one ambulance, two food trucks, one water tanker,



and one 6x6 truck for transporting relief items.

As part of its resource mobilization efforts in response to the recent earthquake in Davao Oriental, the PRC swiftly deployed critical assets and personnel to support affected communities. A medical tent and a 10-bed emergency room complex were immediately established at the Davao Oriental Provincial Medical Center to accommodate patients requiring urgent care, helping ease the burden on local health services.

The PRC also set up a welfare desk to provide psychosocial support and coordinate family assistance, demonstrating a holistic approach to disaster response.

To reinforce hospital operations, the PRC mobilized trained volunteers who provided essential support services on the ground. These rapid interventions underscore the organization's capacity to mobilize both human and logistical resources in times of emergency, ensuring that urgent health and welfare needs are addressed effectively.

Activation Of Contingency Plans

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).

National Society EOC

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.

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.

The EOC is not just a physical space; it is a dynamic system that connects the Philippine Red Cross-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.

In the aftermath of the 7.4 and 6.8 magnitude earthquake in Davao, the EOC was instrumental in launching a full-scale response. It directed the deployment of specialized teams, facilitated the setup of tent cities, and oversaw the distribution of hot meals, medicines, and hygiene kits. Through its centralized coordination, the EOC continues to uphold the PRC's mission: to alleviate human suffering and bring hope to those in crisis.

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC is continuously supporting PRC through internal coordination meetings between the Asia Pacific Regional office (APRO) and Philippine Country Delegation (Regional Task Force) and regular information sharing with the IFRC network partners, information sharing via flash update and field report were published on the IFRC GO platform and circulated and technical support for the DREF development.



Participating National Societies

Currently, there are five PNS present in the Philippines - the Spanish Red Cross, German Red Cross, the Netherlands Red Cross, American Red Cross, and Canadian Red Cross, supporting the PRC. Among them, three have a special focus on disaster risk reduction and disaster risk financing. The IFRC is in daily contact with these partners and ensures regular updated on the ongoing operations.

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, no information has been received from ICRC for support.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	In response, President Ferdinand Marcos Jr. ordered the immediate deployment of the Armed Forces, Office of Civil Defense, Coast Guard, and other national agencies. The NDRRMC and regional DRRMCs initiated relief operations, damage assessments, and coordination with local government units. The Municipality of Manay, Davao Oriental, was placed under a state of calamity, allowing it to access emergency funds for urgent needs. Following the Davao earthquake, the DSWD distributed emergency aid worth over PHP 900,000, which included prepositioned food packs and family kits, while the PNP and DPWH were dispatched to inspect structures and clear roads. This is part of the government's multi-agency response to support evacuees and address the impact of the earthquake.
UN or other actors	IOM is currently doing Rapid needs assessment, Camp Coordination and Camp Management (CCCM) and shelter support and provision of shelter fixing kits, tents and tarpaulins to those hardest hit areas.

Are there major coordination mechanism in place?

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

The PRC participates in NDRRMC meetings and coordinates with the Department of Social Welfare and Development (DSWD), and Department of Health. 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

In the immediate aftermath of the powerful magnitude 7.4 and 6.8 earthquakes that struck Davao, the extent of destruction and human suffering became painfully evident. According to the NDRRMC Situation Report No.6, more than 2,904 individuals remained in evacuation centers, while over 192 others sought refuge with relatives—many too afraid to return home as the earth continued to shake.

The Philippine Institute of Volcanology and Seismology (PHIVOLCS) recorded 1,310 aftershocks, further intensifying fear and delaying the safe return of displaced families. In rapid response, the PRC mobilized critical resources to the hardest-hit areas, particularly in Mati,



Davao Oriental. Medical teams, food packs, clean water, generators, rescue vehicles, and mental health and psychosocial support services were swiftly deployed. Despite the structural damage being considered moderate—with 10,982 houses affected (10,267 partially,715 totally)—the psychological and social toll remains significant. Many homes sit in a state of uncertainty—damaged but not yet assessed—leaving families in limbo. The continuing aftershocks, compounded by the onset of the rainy season, have made makeshift shelters increasingly uninhabitable, with leaking roofs, cold floors, and damp air posing serious health risks.

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.

There is now a critical and growing need for safe, adequate, and dignified temporary shelter—including tent cities and identified relocation sites—especially for families whose homes have been rendered unsafe. Challenges include overcrowding in evacuation centers, limited availability of suitable relocation areas, and the slow pace of structural assessments have all complicated recovery efforts. To meet these overlapping humanitarian needs, urgent support must prioritize the distribution of family tents and sleeping kits, the establishment of organized and managed camp settlements in Manay and Tarragona, and the strengthening of WASH services. Integrating medical and psychosocial care within these temporary settlements, in line with Sphere and other humanitarian standards, will be essential to protect the health, dignity, and well-being of the displaced population as recovery begins.



Livelihoods And Basic Needs

The recent earthquakes in northern Davao have inflicted significant damage on people's livelihoods and economic security, particularly among small retailers, informal traders, service providers, and agricultural households. With damaged market stalls, broken supply chains, inaccessible roads, and ongoing power and water disruptions, many businesses have been forced to halt operations. The fragile tourism sector has also been notably impacted, with structural damage to hotels, restaurants, and heritage sites leading to a sharp decline in customer traffic and bookings. While families attempt to meet their daily needs, they face rising expenses for food, water, shelter, fuel, and hygiene items—despite having lost income sources. Many affected individuals, particularly those in the informal economy, lack the capital, credit access, or insurance to restart their livelihoods. Farmers, likewise, are left without essential inputs such as seeds and tools, and face challenges reaching damaged or inaccessible markets.

A livelihood impact assessment is urgently needed to quantify losses, identify priority needs, and guide targeted support interventions. These should include household livelihood assistance, microgrants or loans, replacement tools, and rehabilitation of market systems. Immediate financial support is particularly needed for small traders and street vendors, many of whom still possess their tools but lack working capital to restock goods. Training is not a current priority, but liquidity is—support must enable these individuals to resume operations quickly.

While food distributions are largely ongoing, gaps remain in non-food relief, especially sleeping kits and temporary shelter materials. The continued aftershocks and worsening conditions from the rainy season expose displaced families to cold, damp, and unsanitary environments, increasing health risks.



Multi purpose cash grants

Communities affected by the recent earthquake have experienced widespread damage to homes, loss of livelihoods, and limited access to essential services. Many families, particularly those in underserved and remote areas, continue to face unmet needs related to basic needs. Multi-purpose cash grants (MPCG) are needed to provide flexible support that allows affected families to prioritize and address their most urgent needs. Cash assistance will not only uphold dignity and choice but also support the transition from immediate relief to early recovery. Aligning the MPCG amount with 50 per cent of the Minimum Expenditure Basket (MEB) ensures coherence with national standards, particularly the Emergency Cash Transfer provided by the Department of Social Welfare and Development (DSWD), as agreed upon by the Cash Working Group. This cash-based response, paired with continuous assessment and validation, will be critical in closing immediate gaps while enabling families to rebuild resilient livelihoods. Providing MPCG to affected people will ease some of their worries and allow them to put more effort into the next important task for their family recovery.



In the wake of the powerful magnitude 7.4 and 6.8 earthquakes that struck Davao Oriental, the health system across the region is under immense pressure. Hospitals such as the Davao Oriental Provincial Medical Center in Mati are operating under extreme strain, with many



patients being treated in outdoor tents due to structural concerns and widespread fear of aftershocks. The Philippine Red Cross has deployed a 10-bed emergency medical tent, while the Department of Health (DOH) and other partners have scaled up their response, dispatching medical teams and mobilizing field hospitals equipped with surgical, diagnostic, consultation, and laboratory capabilities. Reinforcement teams from major medical centers, such as Southern Philippines Medical Center (SPMC), have also been deployed to help manage the surge in trauma and emergency cases.

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 lifesaving care. The DOH has activated a no-balance billing policy for guake victims, ensuring that those injured receive care in both public and private facilities without upfront costs. Structural engineering teams from DOH and the Department of Public Works and Highways (DPWH) are currently assessing the safety of hospitals and rural health units across Davao Oriental and nearby provinces, determining which facilities are safe for occupancy and which must operate in temporary or open-air settings.

Despite these interventions, the health response continues to face significant challenges. Many facilities are still awaiting inspection or retrofitting, which limits the safe accommodation of patients and pushes health services into temporary, and often overcrowded, spaces. Vulnerable populations—such as children, pregnant women, the elderly, and people with chronic conditions—face increasing delays and disruptions in care. The strain on medical personnel is acute, especially in specialties like orthopedics, emergency care, and surgery. Outdoor treatment settings further expose patients to weather-related health risks, including respiratory and gastrointestinal illnesses. The continued aftershocks, along with damaged roads and limited ambulance access, complicate the safe transport of critical cases from remote barangays.

In parallel, the mental health and psychosocial impact (MHPSS) of the disaster is becoming more evident. Displacement, fear, trauma, 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 centers and affected communities.

To sustain and decentralize health services during recovery, it is essential to fully mobilize medical tents near displacement sites, allowing urgent and primary care 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 counselors, 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 traumatized populations are met throughout the recovery phase.



Water, Sanitation And Hygiene

The recent magnitude 7.4 and 6.8 earthquakes in Davao Oriental have severely disrupted WASH systems across multiple municipalities, with significant impacts reported in Manay, Tarragona, and Governor Generoso. In many affected barangays, water sources have become inaccessible or unsafe due to damaged pipelines, contaminated wells, and landslides disrupting supply routes. The PRC responded by distributing 20,000 litres of clean water to severely affected areas in Manay, including barangays Zaragoza, San Ignacio, Poblacion, and Central. However, water distribution remains limited in scale and coverage, and reliance on trucked or bottled water is unsustainable for the prolonged recovery phase. In temporary shelters and evacuation centers, the absence or inadequacy of sanitation facilities—such as toilets, bathing areas, and handwashing stations—poses growing health risks. 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 vectorborne disease outbreaks, including diarrhea, 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. Temporary settlements, often overcrowded, have limited bathing privacy and poor drainage systems, compounding the health risks and undermining dignity. To address these needs, there is an urgent requirement for the deployment of additional water tankers and 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. Jerry cans and household water treatment solutions are also needed to improve water handling and storage at the household level. Establishing proper sanitation infrastructure—such as portable latrines, bathing areas, and handwashing stations—within evacuation centers and tent cities must be prioritized, in line with Sphere standards. 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.

To date, approximately 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.

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

Education has been severely disrupted, with more than 100 classrooms damaged and 163 class suspended across affected municipalities and cities in the regions while safety inspections continue. The risk of prolonged interruption threatens children's access to learning, particularly if aftershocks delay safe returns to school buildings.

The government, through DepEd, is preparing alternative learning arrangements and temporary classrooms, but support is needed to establish safe learning spaces, provide school supplies, and integrate psychosocial activities for children.



Community Engagement And Accountability

Households affected by the disaster urgently require assistance from both governmental and non-governmental organizations. Clear communication about available support and how to access it is essential. This information must be easily accessible so that affected households are fully aware of the assistance they can receive. Ongoing monitoring of needs within the affected population is also crucial, as different groups may require specific types of support such as food, shelter, healthcare, and psychosocial services.

The PRC remains committed to informing and engaging affected communities through its CEA initiative. Welfare desks have been set up in evacuation centers to provide information, assistance, and collect feedback. Additionally, the PRC utilizes social media platforms and local news outlets to disseminate important updates and emergency contact details, making it easier for people to seek help. The PRC hotline number, 143, has been active throughout the response, ensuring that community needs are heard and addressed.

Two-way communication is vital in disaster response. It is not enough to simply provide information; actively listening to the needs and feedback of affected households is equally important. Timely and accurate information can be lifesaving during emergencies, emphasizing the importance of delivering support in a responsive and effective manner.

Any identified gaps/limitations in the assessment

Occurrence of aftershocks during RDANA and DREF operations.



Operational Strategy

Overall objective of the operation

The IFRC-DREF operation is launched to address the humanitarian needs in the aftermath of the Davao earthquakes and aims to assist approximately 11,755 individuals (equivalent to 2,351 families).

This operation aims to support and meet the immediate needs for temporary shelter, health, WASH, unconditional cash, CEA and protection of affected families in priority municipalities in Davao Oriental province. Displaced households will receive family tents, essential household items, multipurpose cash, basic WASH and health services along with basic camp management services to ensure the safety and dignity of those who take temporary shelter in a camp setting. CEA will be incorporated at all stages of the operation. PGI principles will be mainstreamed, especially in the camp setting, to guarantee safety, dignity, and equitable access to basic services to families taking temporary shelter in the area.

The overall duration of the operation is six months, during which immediate and short-term needs of affected communities will be addressed with sensitivity to inclusion, protection and participation.

Operation strategy rationale

The humanitarian response will focus on delivering timely, lifesaving, and inclusive assistance to approximately 11,755 individuals, or 2,351 families, affected by the disaster.

The operation will prioritize two main groups: families residing in the PRC temporary camp shelters in the Municipalities of Manay and Tarragona (Davao province), who will receive the full package of services, and individuals in underserved municipalities who remain in urgent need. The operation will span six months and will adopt a multi-sectoral approach that addresses immediate relief and short-term recovery needs, with a strong emphasis on protection, inclusion, and community participation.

Inside camp will receive full package of the response includes the provision of emergency shelter support, including family tents for displaced households in temporary camp settings, as well as essential household items such as sleeping kits, hygiene kits, kitchen sets and jerry cans to help restore basic living conditions. Non-food items (NFIs) or relief supplies are planned to reach approximately 1,500 families (or 7,500 individuals), both in the tent city temporary shelters and in affected municipalities beyond the camps. The same group of individuals will also receive basic health care services and WASH interventions. Around 200 children will gain access to child friendly spaces, giving them a safe place to engage, play, and gradually recover from the psychological impact of the disaster.

Outside the camp in Municipalities of Manay and Tarragona, will also be provided with essential household items (hygiene kits) and other services such as health and WASH interventions.

To support food security and recovery, both inside and outside camps will be provided with hot meals for 1,000 individuals, while multipurpose cash assistance (MPCA) will be extended to 1,000 households (approximately 5,000 individuals), allowing the targeted communities the flexibility to address urgent needs based on their individual circumstances. The PRC will distribute MPCA in one tranche amounting PHP 5,000 (CHF 69) per family, enabling affected families to quickly access funds and address their most urgent needs. The proposed cash amount is set at 50 per cent of the MEB to ensure alignment with the DSWD Emergency Cash Transfer programme, as agreed upon by the Cash Working Group. To facilitate safe and efficient cash delivery, the PRC has an existing partnership with PhilPost, which serves as its Financial Service Provider (FSP). This collaboration ensures that even families in hard-to-reach or underserved areas can receive assistance promptly and securely.

Basic health services and WASH interventions will be provided to the same target group to prevent disease and promote hygiene. In addition, approximately 200 children will be supported through access to child-friendly spaces, promoting psychosocial well-being and safe recreation.

PGI standards will be mainstreamed throughout the response, particularly in camp management, where considerations such as gender-segregated facilities, safe spaces for children, adequate lighting, and safe access routes will be integrated to reduce protection risks and uphold dignity. In camp settings, this means careful planning of tent layouts, registration systems, safe spaces (e.g. for children), gender segregated latrines/washing areas, lighting, and pathways to reduce protection risks.

CEA will be incorporated at every stage—design, implementation, and monitoring—to ensure that affected people, including women, children, elderly, persons with disabilities, and other marginalized groups, have a voice in decisions, access to information, feedback mechanisms, and are able to influence the response transparency. By grounding the intervention in data-driven targeting, inclusive planning, and participatory methods, this operational strategy aims to deliver equitable and dignified support that meets the urgent needs of disaster-affected communities while laying the groundwork for recovery.



Targeting Strategy

Who will be targeted through this operation?

The IFRC-DREF operation will focus on two main groups: first, families residing in PRC's temporary camp shelters who will receive the full package of assistance; and second, individuals in other municipalities whose humanitarian needs remain unmet. The selection of target areas is grounded in an analysis of available secondary data—including government sources such as NDRRMC reports, the Department of Agriculture, and the Department of Public Works and Highways—media reports, PRC Operations Center records, and recommendation from rapid assessments conducted by PRC Chapters. Under this operation, affected families in the municipalities of Manay, Tarragona, Banganga, Caraga, Cateel, Boston, and Governor Generoso in Davao Oriental province are prioritized as recipients.

Explain the selection criteria for the targeted population

The 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 local government units 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 for its multipurpose cash grants, which aim 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	2,646	Rural	-
Girls (under 18)	3,291	Urban	-
Men	3,317	People with disabilities (estimated)	-
Boys (under 18)	2,501		
Total targeted population	11,755		

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	Yes



safeguarding policy?	
Does your National Society have whistleblower protection policy?	Yes
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
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. Considering the significant earthquake-related hazards in the Davao Region, including disrupted road access, landslides, and potential aftershocks, and the heightened security risks stemming from criminality and insurgent activity, comprehensive measures will be implemented to ensure the safety and security of all RCRC personnel engaged in the 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 CD 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.
Occurrence of aftershocks	Conduct assessments of buildings or locations where operations will be conducted. 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
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.
At risk of sexual and gender-based violence in the camp	Possible exploitation could be mitigated through the implementation of PGI and safeguarding activities and policies

Please indicate any security and safety concerns for this operation:

Considering the significant earthquake-related hazards in the Davao Region, including disrupted road access, landslides, and potential aftershocks, and the heightened security risks stemming from criminality and insurgent activity, comprehensive measures will be implemented to ensure the safety and security of all RCRC personnel engaged in the 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 CD 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.



Planned Intervention



Shelter Housing And Settlements

Budget: CHF 144,298 **Targeted Persons:** 2,500

Indicators

Title	Target
# of households provided with tents	200
# of households provided with essential household items kits (2 blankets, 2 plastic mats and 1 kitchen set)	500
# 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	200
# of people reached with shelter support activities	2,500

Priority Actions

- 1. Establish camps to provide temporary shelter and accommodate the families displaced by the earthquake. Appropriate camp management systems will be implemented.
- 2. Provision of essential household items to 200 most affected families with sleeping kits (two blankets, 2 plastic mats) and 1 hygiene kit inside camps and to 300 most affected families not catered by the camp management.
- 3. Conduct safe shelter awareness orientation for the targeted population.
- 4. Conduct Post-distribution monitoring of the emergency shelter assistance (tarpaulin and shelter tool kit) provided.
- $\bullet \ \, \text{The target recipients are not only those inside the camp but also those outside the camp management.}$



Livelihoods And Basic Needs

Budget: CHF 48,077 **Targeted Persons:** 1,000

Indicators

Title	Target
# of people distributed with hot meals	1,000

Priority Actions

- 1. Deploy food trucks with trained volunteers to provide hot meals thrice a day for the initial 15 days of the operation for 1,000 individuals residing inside the tent city to ensure that nutritional needs of the most vulnerable are met.
- 2. Conduct after-action review for hotmeals activities.





Budget: CHF 78,248 **Targeted Persons:** 5,000

Indicators

Title	Target
# of people people provided with unconditional cash assistance	5,000

Priority Actions

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



Budget: CHF 43,860 **Targeted Persons:** 3,000

Indicators

Title	Target
# of medical tents established	4
# of individuals reached with basic health services (including medicines and first aid)	3,000
# of families provided with insecticide treated mosquito nets	500
# of individuals reached with health promotion activities	3,000
# of people provided with mental health and psychosocial support	1,000

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 mental health and psychosocial support (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. Continue closely collaborating with local health units on disease surveillance to monitor health risks and potential outbreaks in camp management areas.
- 8. Provision of mosquito nets to 500 families.



Budget: CHF 112,232 **Targeted Persons:** 7,500

Indicators

Title	Target
# of people provided with safe drinking water through RCRC emergency supply	2,500
# of litres of water distributed according to WHO standards	3,375,000
# of people reached with hygiene promotion and IEC activities	3,000
# of people provided with access to safely managed sanitation facilities	1,000
# of household provided with 10 litres jerry cans	500
# of household provided with hygiene kits which include menstrual hygiene management	1,500

Priority Actions

- 1. Deploy PRC WASH tankers and water treatments units to distribute safe drinking water in camps for 60 days, ensuring a minimum of 15 litres of potable water per person per day.
- 2. Deploy separate WASH tankers and water treatment units to distribute safe drinking water in priority communities not served by camp management for 7 days ensuring a minimum of 15 litres of potable water per person per day. The outside camp will only be serving 7 days because there based on initial assessments, no need to continue as a water supply has been restored.
- 3. 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.
- 4. Provision of two jerry cans (10L) to 500 affected families.
- 5. Provision of hygiene kits to a total of 1,500 families residing inside temporary shelters, including those not catered by camp management. 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.
- 6. Establish handwashing, laundry and gender-segregated bathing facilities and latrines for those residing in temporary shelters to ensure proper sanitation.



Protection, Gender And Inclusion

Budget: CHF 5,869 **Targeted Persons:** 11,755

Indicators

Title	Target
# of child-friendly spaces established	3
# of Child Safeguarding Risk Analysis conducted	1
# of children reached with child friendly kits	200
# of staff and volunteers trained with PGI refresher course	30
# of people reached through PGI programming	11,755



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 in 2 camps and 1 outside, 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. Establish safe referral pathways to handle protection incidents, reported and referred, to the relevant service provider.



Community Engagement And Accountability

Budget: CHF 2,231 **Targeted Persons:** 11,755

Indicators

Title	Target
% of people surveyed who feel that NS support/services meet their most important needs/provides useful support	100
% 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	11,755
# of PRC staff and volunteers who attended a Community Engagement and Accountability refresher training	25

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 in the camps and to affected communities beyond the camp sites to assess the utilization of distributed items.
- 5. Conduct CEA Crash Course for 25 staff and volunteers.



Budget: CHF 24,691 **Targeted Persons:** -



Indicators

Title	Target
# of communication materials produced through social media and other media outlets	10
% of financial reporting compliance to IFRC procedures	100
# of surge personnel deployed to support the operation	1

Priority Actions

- 1. Produce communication materials to increase reach and advocacy of PRC during response operation.
- 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.



National Society Strengthening

Budget: CHF 27,468
Targeted Persons: -

Indicators

Title	Target
% of volunteers insured	100
# of volunteers mobilized and insured	200
% of financial reporting respecting IFRC procedure	100
# of lessons learned workshop conducted	1

Priority Actions

- 1. All volunteers involved in the DREF operation will be insured under PRC's Membership and Accident Assistance Benefit (MAAB).
- 2. Assess the capacity and develop plans for strengthening the capacity of staff, volunteers, and systems at the national headquarters and chapter levels on areas including logistics, warehousing, fleet management, 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 blended training, mentoring, on-the-job training, demonstration, and re-demonstration.
- 3. Provide technical support to PRC as and when required.
- 4. Conduct RC143 volunteer recruitment and training in Davao Oriental.
- 5. Conduct a Lessons 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, including 80 staff to support the operation. 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?

Yes. RC143 volunteers are very well-represented.

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

Yes

One Surge personnel will be deployed to support camp management, camp coordination and shelter programming in Mati City, Davao Oriental.

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

Replenishment of the family tents, medical tents, mosquito nets, hygiene kits 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), FA kits, and medical supplies 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 PRC, with support from the IFRC, will apply standard monitoring procedures for Yellow Category DREF operations. In line with these guidelines, PRC and IFRC will jointly develop and maintain an implementation or master work plan aligned with the approved DREF to systematically track key activities and indicators. A Monitoring and Evaluation (M&E) plan, including an Indicator Tracking Table (ITT), will also be established to ensure consistent monitoring of outputs/outcomes throughout the operation. In addition, a Lessons Learned Workshop will be conducted within the DREF implementation period to capture key insights from short- and immediate-term response interventions. Finally, a DREF final report will be completed and published no later than three months after the end of the operation, in compliance with ERF requirements, ensuring transparency, accountability, and timely communication with stakeholders.



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 Asia Pacific Regional Office (APRO), will support the Philippine Red Cross (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

MDRPH058 - Philippine Red Cross Davao Earthquakes

Operating Budget

Planned Operations	434,814
Shelter and Basic Household Items	144,298
Livelihoods	48,077
Multi-purpose Cash	78,248
Health	43,860
Water, Sanitation & Hygiene	112,232
Protection, Gender and Inclusion	5,869
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	2,231
Environmental Sustainability	0
Enabling Approaches	52,159
Coordination and Partnerships	0
Secretariat Services	24,691
National Society Strengthening	27,468
TOTAL BUDGET	486,973

all amounts in Swiss Francs (CHF)

Internal 17/10/2025 #V2022.01



Contact Information

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

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

IFRC focal point for the emergency: Farah Nur Wahyuni Zainuddin, Operations Coordinator, opscoord.southeastasia@ifrc.org

Click here for the reference

