

PROGRAMS AND SERVICES DURING THE OCTOBER 2019 MINDANAO EARTHQUAKE: EXPERIENCES, LEVEL OF SATISFACTION, AND CHALLENGES AMONG SURVIVORS IN MAKILALA, NORTH COTABATO

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ABSTRACT

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The October 2019 earthquakes caused bodily injuries, property damage, and displacement in Makilala, North Cotabato. All barangays were affected, with residents forced to live in camps. Given the limited time available, it was critical to assess survivors' access to programs and services in the camps. This study looked at the level of satisfaction of survivors in availing services such as health, law and order, camp coordination, camp management, and food and non-food items using the

availability, accessibility, acceptability, and quality framework under the rights-based approach. Challenges and concerns faced when looking for



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opportunities for improvement were discovered. A questionnaire with a four-point Likert scale was used. Results showed that the majority of respondents were married, female, and between the ages of 17 and 31. All were residents of upland areas with farming as a primary occupation. Respondents “highly agree” on the availability of health and food and non-food goods, accessibility for vulnerable sectors, acceptability of services as a result of consultations, and the quality of services, particularly in their homes. In terms of the level of satisfaction, respondents were “extremely satisfied.” The issues and obstacles found were related to perceived ailments and the maintenance of peace and order in camps.

INTRODUCTION

A series of earthquakes impacted the southern part of Mindanao in October 2019, particularly affecting Makilala, North Cotabato. These seismic events, which included magnitudes of 6.3, 6.6, and 6.5, caused significant damage and displacement. In Makilala alone, 20,704 families and 103,520 people were affected, with damages ranging from physical structures to infrastructure, leading to a rise in displaced individuals and families.

By November 25, 2019, the government had designated 32 locations to house displaced persons, accommodating 5,238 households or 18,474 individuals. The Department of Social Welfare and Development (DSWD) supervised 12 major locations, while municipal and barangay employees managed the remaining 20 sites, as reported in the Displacement Tracking Matrix - Mindanao Earthquakes and Rapid Assessment Report No. 4, 2019.

Given the substantial need for service provision, especially at the onset of survivors’ settlements in camps, it is crucial to examine how beneficiaries access these services. This includes assessing whether adequate services are provided, which is vital when dealing with internally displaced persons (IDPs) and affected populations. Such an examination can guide stakeholders, including government and non-governmental organizations, in evaluating the sufficiency of their services.

Disasters necessitate a broad range of services for affected communities. However, human rights challenges often emerge, such as a lack of safety and security, unequal access to assistance, essential commodities and services, discrimination in aid provision, and forced displacement. A human rights-based approach posits that the state, as an “obligation bearer,” is accountable for providing services to its people by their rights, while survivors, as “rights holders,” are entitled to these pre-arranged services.

In the Philippines, the government has established laws and policies, such as the Philippine Disaster Risk Reduction and Management Act of 2010, to safeguard rights and ensure accountability. This law identifies four thematic areas for disaster risk reduction and management: prevention and mitigation,

preparedness, response, rehabilitation, and recovery. These areas are prioritized with corresponding actions to address disaster concerns.

The disaster response framework also incorporates a cluster approach, which is a mechanism for government offices and agencies to collaborate toward common humanitarian objectives and establish partnerships across various levels, from international to local government and non-governmental organizations. This approach ensures that affected populations receive services beyond just food or shelter, extending to medical services, security, and other crucial provisions. Key clusters deemed essential at the onset and for several months after a disaster include health, law and order, camp coordination and camp management, and food and non-food items.

The cluster approach emphasizes that the availability of services is not solely about what is provided, but also about how these services are delivered to the affected population. The services rightfully deserved by the affected population must be fit and appropriate, considering the availability of resources, accessibility of programs and services, acceptability of resources (accounting for varying cultures), and especially the quality and standard of service provided, as outlined in the Availability, Accessibility, and Quality Framework.

As earthquakes have affected various areas in Mindanao, it is important to examine how services are accessed through different response clusters from the perspective of the survivors. Since the provision of these services aims to support the recovery of survivors, understanding how these programs and services are utilized becomes a critical factor for recovery, an essential aspect to consider. This study employed a descriptive-quantitative approach grounded in a human rights-based perspective. Its goal was to conduct an evaluative study on the satisfaction of earthquake survivors residing in internally displaced persons (IDP) camps with the services provided in the aftermath of the October 2019 earthquake in Makilala, North Cotabato.

Objectives

- This study was guided by the following research objectives:
- To determine the socio-demographic profile of survivors living in camps.
- To identify the experiences of survivors in availing services in terms of availability, accessibility, acceptability, and quality.
- To measure the survivors' level of satisfaction with the availability of services according to the health, law and order, camp coordination and management, and food and non-food item clusters.
- To determine the challenges and issues encountered in availing these services.

Theoretical Framework

This was accomplished by examining how survivors' needs and rights are satisfied by the services mandated to be given under the disaster response clusters chosen. For disaster response in the Philippines, pay special attention to the use of the cluster approach from the standpoint of the rights holders.

The human rights-based approach, as proposed by the IASC Operational Guidelines on the Protection of Persons in Natural Disaster Situations (2011), serves as a guide in providing disaster management services, including disaster response (Innocenti, 2009).

The human rights-based approach (HRBA) with the AAAQ (Availability, Accessibility, Acceptability, and Quality) Framework was employed because the study focused on the survivors' degree of satisfaction. It assumes that persons affected by disasters, who are considered rights holders, have access to, protection from, and maintenance of standards of programs and services or humanitarian actions; and the duty bearers are those who are responsible for providing these kinds and forms of services to affected persons (IASC Operational Guidelines on the Protection of Persons in Situations of Natural Disasters, 2011).

Furthermore, the AAAQ Framework is used in the human rights-based method to assess appropriate service supply. This approach is used to identify potential barriers to obtaining services in humanitarian situations by examining the roles and responsibilities of various stakeholders (Villumsen & Jensen, 2014).

MATERIALS AND METHODS

Research Design

The quantitative-descriptive research design was used to examine the satisfaction of earthquake survivors with the services they received. The study took place in six internally displaced persons (IDP) camps that were established following the earthquake on October 31, 2019. Boyscout, Flortam, Luna Norte, Pacheco, Santosland, and Sto. Nino was in the camps. Sto. Nino is part of the Makilala Municipality. The study used a stratified sampling of household heads/spouses from households living in one of the six major Internally Displaced Persons (IDP) Camps. Slovin's Formula was used to generate the sampling population, which was drawn from a total population of 1,793 families living in the recognized large camps. The total number of people who responded was 327.

Data Collection Instrument

The data collection instrument was a self-made tool that received validation from three quantitative research professionals, a pre-test of 20 respondents

with similar backgrounds to the study's target respondents, and a Cronbach's Alpha reliability test. Before validation, Key Informant Interviews focused on the four answer clusters of Health, Law, and Order, Camp Coordination and Camp Management, and Food and Non-Food Items to contextualize the tool to the Makilala circumstance.

The tool included four sections in terms of content. The first section focused on the respondents' socio-demographic profile. The second factor is their prior experience with service delivery. The statements modeled after the AAAQ were assessed on a 4-point Likert scale of strongly agree, agree, disagree, and strongly disagree by the respondents. The respondents were asked to rate their satisfaction with the available services on a 4-point scale of extremely satisfied, satisfied, dissatisfied, and strongly unhappy in the third section. The tool's fourth and last section was an open-ended question on problems and issues experienced when obtaining programs and services.

Data Collection Procedure

The manner of data gathering was through a self-administered survey questionnaire. After the finalization of the tool, the researcher wrote to the local government unit (LGU) of Makilala for permission and endorsement of the research. Proper coordination with camp managers and local social workers was made after endorsement and consent had been granted. Respondents were identified randomly within the camps. Further consent from the respondent was obtained by explaining the process and the intent of the survey interview before the survey proper was conducted.

The interview was done bounded by health protocols imposed in the camps. The conduciveness of the area was still ensured for the respondents and the researchers as well. The questionnaires were collated and encoded through the Statistical Package for the Social Sciences (SPSS) for data analysis.

Data Analysis

The researcher employed frequencies, percentages, and cross-tabulation in the data analysis to count and display the respondents' socio-demographic profile, the programs and services they used, and the obstacles they had while using the programs and services in the camps. The weighted mean was used to calculate the average of statements on service availability, accessibility, acceptability, and quality, as well as the level of satisfaction with the various programs and services offered in the camps.

RESULTS AND DISCUSSION

Socio-demographic Profile of the Respondents

One hundred fifteen of the 323 respondents were between the ages of 17

and 31. In terms of marital status, 219 respondents were married, followed by 37 singles and those living together. Cross-referencing the results from two categories, it was found that 68 respondents were 32-45 years old and married.

In the distribution of respondents per camp, Flortam had the highest number of respondents at 135 out of 695 families present. Regarding the sex of respondents according to the camp, over three-fourths of the total respondents were female, at 262, compared to 65 male respondents. According to Mooney (1998), women and children comprise the majority of the population in camps because adult and adolescent males often become separated from their families as they try to search for work and a means of living.

In terms of educational attainment and monthly income, more than 80% of the 327 respondents earn less than P5,000 per month, with 277 respondents earning less than P5,000. Barely a few people earn between P10,000 and P20,000 or more. For educational attainment, 104 respondents (about 30%) completed elementary school, followed by 71 respondents who completed high school.

Based on these findings, it is possible to conclude that educational attainment is a significant determinant in household income management. In today's world, the minimal prerequisite for securing a job is a high school diploma, which only a limited percentage of people have attained. This impacted people's resilience, particularly when calamities struck, because one consequence was a loss of livelihood and means of subsistence. Aside from safety, loss of livelihood is a big issue for persons who are displaced. As a result, it is critical for duty bearers and key stakeholders to supplement what is lacking in the IDPs' needs in the form of services such as food and non-food items, shelter, medical care, and so forth (Innocenti, 2009).

A considerable proportion of respondents, 43.1 percent, had no answer when it came to occupation. Farmers accounted for the biggest percentage of individuals who responded, with 30.3 percent. Rubber tappers and coconut pickers ("tig-sungkit ug lubi") are examples of farmers. Housekeepers (16.8%) and workers (5.8%) ranked second and third, respectively. Construction workers, DOLE employees, chainsaw operators, and assistants are examples of laborers. Housewives and housekeepers are two terms used interchangeably. They are typically left in camps with their children to look for shelter and meet the camp's demands while their husbands or household heads find alternative sources of money.

In terms of family composition, the majority of respondents (70%) were mothers. About half of the respondents live in a four-to-six-person home. The capacity and means for the cost of living, as well as the supply of services, could be linked based on these figures. The cost of living, on the other hand, is discussed in connection with income, as the family considers that about 80% make less than P5,000 per month. This monthly salary is insufficient for a family of four to six people. According to the Philippine Statistics Authority (2019), the prescribed monthly income for a typical family of five to cover

basic food demands is P7,337 for food and P10,481 for non-food.

This study also looked at the respondents' addresses. Barangay Luayon accounted for 38.5 percent of the respondents, while Barangay Bato accounted for 20.5 percent. This corresponded to the number of respondents per camp, as IDPs in camps were assigned to barangays. The majority of those who responded were from Makilala's upland barangays. Barangays severely impacted by the earthquake were among them (Fernandez et al., 2019).

According to the Situational Report No. 2 on the Tulan, North Cotabato Earthquakes in 2019, Barangays Luayon and Bato were two of the four barangays identified as "high-risk" areas and classified as no-build zones by Mines and Geosciences Bureau XII, with displacement expected to last at least a year. Looking at the condition in the camps, people were still living in temporary shelters provided by the camps 16 to 17 months later. With this information, stakeholders' support was still required. The landscape of the barangays, compared to the respondents' and household heads' occupations, was primarily mountainous. Moreover, some barangays were identified as Ancestral Domains; hence, the nature of living was assumed to be related to agriculture or farming.

Experiences in the Availing of Services

The second aspect of the study focused on the experiences of survivors in availing services based on the AAAQ framework under the human rights-based approach. The general idea was to look at the adequacy of services according to the four aspects of the framework. Statements used in the study were a combination of statements from sources on the AAAQ framework, the National Disaster Risk Reduction and Management Plan, and the results of key informant interviews conducted by the researcher. These served as bases for interpreting the statements and their meanings.

The time frame applied in examining the results was the experience of availing services from the onset of the disaster, particularly when survivors were placed in the camps, up to around 16 to 17 months after.

Experience in the Availment of Services in Terms of Availability

The top three statements that the respondents noted with "strongly agree" were "food items and supplies were provided" with a 1.25 weighted mean; followed by non-food items and supplies that were available specifically, hygiene kits and the provision of routine services (immunization, pre-natal, vaccination, etc.) with 1.37 mean and provision of kitchen kits with 1.38 mean. The results indicated that these top three statements were among the services that the respondents saw as available and provided continuously in the camps. Key informant responses affirmed the provision of these services, especially in the first few months after the earthquake.

Included in the tools were negative statements to balance responses. As a result, there were statements with which the respondents disagreed with close

to a 3.00 weighted mean. These were, “psychosocial support interventions are not sustained in the camps” with 2.87 mean; “camp managers and point persons (e.g., camp management committee members, health workers, security officers) do not provide orientation to IDPs” with 2.67 mean; and provision of food and non-food items did not follow the once a week/once a month rationing with 2.76 mean.

The results could be interpreted that those services stated negatively were not present in the camps. According to the KII conducted, MHPSS as a program under the health cluster was coordinated by the Disaster Risk Management for Health of the RHU Makilala with the Municipal Social Welfare and Development Office. Together with both offices, augmentation was requested from and provided by higher agencies, as well as private groups and psycho-social support groups.

Based on the statements specified above, the sufficiency of services was attained in terms of quantity and quality, specifically on aspects of food and non-food items and health services. These were important aspects that must be considered in a camp setting because the sustenance of people was dependent on what was being provided to them and the services they acquired.

Psycho-social interventions were another set of services that people should acquire in times of disaster, since, regardless of form or nature, disasters bring about different effects on survivors. It is not just limited to physical pain but also trauma and emotional stress.

The LGU's ability to provide for the needs of the IDPs was made possible through the help of the Mindanao Humanitarian Team (MHT). It is composed of government and non-government organizations that capacitated the LGU and helped in addressing the gaps encountered. However, in the Makilala IDP camps, temporary shelters were not good for only six months or so. Therefore, there was a need to sustain services to people, especially with the temporary situation they were placed in.

Experience in the Availability of Services in Terms of Accessibility

It was focused on convenience and ease provided to IDPs in camps in the availing of services (Villumsen & Jensen, 2014). Under this aspect, the statements that had the smallest mean equivalent to strongly agree were the following: First, prenatal vitamins and supplements, dignity kits, and a breastfeeding area were accessible for pregnant and lactating mothers, which had a weighted mean of 1.38. The second was health, shelter, food, and non-food and protection services in camps were within reach of everyone regardless of sex, gender, age, and physical capacity, with a mean of 1.39. And third was weight monitoring, supplemental feeding, and immunization services were accessible for infants and children with a 1.45 weighted mean.

Based on the results, the needs of pregnant women and lactating mothers were addressed in the camps. This was made possible through the capacitation of the RHU through the DOH, where training was provided, including

the creation of a plan for health emergencies and lactation management for mothers and babies. With the skills provided, a support group for lactating mothers was also organized by the RHU nutritionist.

The third statement also affirmed the strongly agree answer to the statement on the routine services for the health cluster. Regardless of the presence of calamities or disasters, the normal operations of the health centers at the barangay level included but were not limited to immunization, weight monitoring, and supplemental feeding for children.

There were negatively stated questions with which the respondents disagreed; however, going over the statements, it could be determined that everyone in the camps, notably pregnant and breastfeeding women, infants, and children, had convenient and easy access to services. The majority of these responses were about health services that were indicated as specific requirements that needed to be met.

Experience in the Availability of Services in Terms of Acceptability

Under this aspect, the statements that had the smallest mean equivalent to strongly agree were the following: first were health, shelter, food, non-food, and protection services. It had a weighted mean of 1.39. Generally, these statements became pivot duty-bearers' acceptability of services based on what the recipients considered as needs. The concept of the human rights-based approach provided the avenue for "duty-bearers" in the form of government and non-government entities to provide what was appropriately needed by the "rights-holders," which in this context were the survivors residing in camps.

Second, services provided were responsive to the varying needs per sector (women, infants, children, senior citizens, PWDs, etc.). It had a weighted mean of 1.43.

Third, provided hygiene and dignity kits were appropriate for the needs of women and girls.

Looking at these results, it could be seen that the services provided to the IDPs were acceptable in terms of the needs of different sectors, namely: women, infants, children, PWDs, etc. Looking at the interconnectedness of the statements, these were possible through the needs assessment through consultations and meetings that were conducted with them.

Experience in the Availability of Services in Terms of Quality

Quality, according to the framework, focuses on the standard of services provided by service providers. However, consistent with the context of respondents' experience as rights-holders in this study, quality was defined according to how the respondents considered the standard of service based on their experience when they availed of said services.

Statement number 9 was divided into two items on two aspects in terms of dwelling, which had different results. The first item, discussing the size of the dwelling/tents in the camps, had a mean of 1.39, which could be interpreted as

strongly agree. On the other hand, the second item on the privacy of dwellings in terms of distance from one tent to another had a mean of 2.63, which could be interpreted as “disagree”. From this result, it could be described that the dwelling provided for the IDPs observed quality in terms of size and provided enough privacy from one dwelling to another.

Looking at the standard, there should be an 18 sqm. Dwelling per family of five. However, looking at the majority of family members per household, 41.3% lived in a four-to-six-person household. In camps, the placement of dwellings provided a sense of security, autonomy, and privacy from one family to another, which the IDPs saw as important in a temporary shelter.

In terms of negatively stated items, the following results were generated: The respondents disagreed that the number of Community Health Care workers was not enough to address needs in the camp. According to international standards, there should be 1-2 per 1,000 people. Looking at the number of families per camp, with an average of 4-6 members per household, the number of community health workers could not suffice in general. However, mechanisms were made to adapt to the demand of the population in camps.

Based on the KII interview, it was shared that there were alternative strategies made like requesting augmentation from other organizations; alternating duty for barangay health workers; shifting duty hours with 2 personnel per shift to cover evening duties, and pulling out personnel for barangays that had to be assigned in camps.

The respondents agreed that food provided in camps had limited nutritional value, which ideally should have a standard of 2,100 kcals per person per day. Looking at the nature of relief goods provided or food items provided in camps, the immediate food items that could be immediately generated were ready-to-eat food rich with preservatives for longer storage capacity. These included canned goods, processed foods, etc. Feeding programs also augmented nutritional needs for a specific period according to the availability of service providers in camps.

In terms of water to sustain the daily needs in camps, the respondents rated with a weighted mean of 1.46. The camps were provided with water tanks for potable water use and nearby sources of water for household use. To some extent, people at the onset of the calamity demanded water, but with consultations and monitoring done, water facilities were provided, and water monitoring was conducted in the camps under the management of the Makilala-RHU as the lead office for the health cluster, with help from augmenting government and non-government organizations.

Relating to the discussion on WASH, the number of toilets that respondents saw as adequate had a weighted mean of 1.51. According to international standards, the number of toilets must be 1:20 persons. However, according to the conducted KII, the toilet ratio for camps imposed was 1:50 persons. It was also emphasized that toilets for males and females were

separated. With this difference in numbers, according to what was observed and based on standards, the respondents still saw this as adequate and of good quality.

Level of Satisfaction on Availing of Services

The third aspect that the study wanted to answer was the level of satisfaction of the IDPs with the availability of services based on the identified four clusters in disaster response. These are health, law and order, camp coordination and camp management, and food and non-food items.

Statements on the four cluster areas were taken from the Operational Guidelines of the Response Clusters for Earthquakes and Tsunamis and responses of Key Informant Interviews conducted for the Four Cluster Areas (Health, FNFI, LAO, and CCCM) in Makilala.

Availability of Services under Health Cluster

Among the four clusters, the health cluster had the biggest scope in terms of services. It included four major areas namely: public health, water, and sanitation hygiene or WASH, nutrition, and mental health and psycho-social support or MHPSS.

The overall weighted mean for the health cluster was 1.42 which was interpreted as very satisfactory. Going over the statements and the results, it could be noticed that all of the services received a mean which could be interpreted as very satisfactory.

Highlighting a few, the services included rapid nutritional assessment with a weighted mean of 1.40; a very functional health referral system; and conduct of assessment on WASH conditions in evacuation centers, both with a 1.41 mean; support on child and infant feeding had a 1.42 mean.

Satisfaction with services under the health cluster was reinforced by the results of responses from the second part of the analysis. Most of the health services received strong agreement from availability to accessibility. It highlighted not just general services but also specific health services to other sectors.

Looking at these results, one could surmise that with the wide scope of the health cluster services, various areas that should be covered cannot be addressed by the Municipal RHU alone.

An important contributing factor was the orientation conducted for personnel on Disaster Risk Management for Health (DRMH) provided by the Department of Health. The structure had been organized even before the onset of the calamity, according to the key informants. What the personnel did was assume the functions necessary for DRMH.

Another factor to consider was the augmentation of services, both internal to the LGU from the barangay level and external to bigger and higher agencies. Aside from this, coordination among offices within the LGU was done in terms of expertise in the specific sub-cluster for health. WASH was

headed by the sanitary inspector, Medical and Nutrition by the RHU, and MHPSS was in coordination with the MSWDO.

Availability of Services under Law-and-Order Cluster

The next cluster of services, which was on Law and Order, showed that the respondents of the study were very satisfied with a total mean of 1.50. The top two statements with the lowest mean were organizing BPAT as security personnel in camps with a 1.43 mean and addressing arising peace and order concerns in camps with a 1.46 mean. According to the key informants, among the interventions made on the ground was to organize BPAT as PNP personnel in camps. The authority assumed by BPAT provided additional manpower in ensuring security and peace and order for the people in the camps 24/7.

With a weighted mean of 1.61, the statement providing 24/7 security in camps had the greatest mean. Although this was the highest mean, it was still within the extremely satisfying range, confirming their experiences with the availability of security services 24 hours a day, seven days a week. It's also worth noting that respondents' satisfaction with the establishment of children's and women's protection groups in camps was 1.50 weighted on average. For the safety of children and women, especially in camps, it was critical to provide services like this, and for people to identify satisfaction with this type of care.

Availability of Services under Camp Coordination and Camp Management Cluster

Going over the results and the general weighted mean for the CCCM cluster, it showed that the respondents were very satisfied with the services they availed. The top three statements with the lowest means were: monitoring of services with a weighted mean of 1.49; provision of humanitarian needs compliant with SPHERE standards (e.g., food with enough nutritional value, potable water, clothing, family items, hygiene kits, and other essential non-food items); and facilitation of immediate temporary refuge for individuals and families at risk or in actual danger both with 1.54 weighted mean; and cleanliness of evacuation camp environment with 1.56 weighted mean.

Looking at the top three statements above shows that the satisfaction of respondents with services was brought about by the monitoring of services and the observance of SPHERE standards. Cross-checking with the responses, it could be deduced that the majority of the respondents affirmed the finding by strongly agreeing to the statements about water, clothing, shelter, food, and hygiene kits, etc. However, in terms of food with sufficient nutritional value, they disagreed. Regardless of this, the camps supplemented the monitoring of nutrition with nutrition assessments, weight monitoring, and promotion of proper nutrition and feeding. This made the respondents and IDPs satisfied with the food provisions provided to them.

The provision of services and programs for CCCM was made possible through the training that the camp managers underwent. Training included

camp coordination and camp management, psycho-social debriefing, camp protection, and health and sanitation training (notes from Key Informant Interview). This amplified the centralized overseeing of services in camps, not just on the facilities to be provided, but also on their relationship and interconnectedness with other clusters. The LGU also utilized the Guidelines provided by the DSWD national office on the creation of clusters, including CCCM. Augmentation and help from different groups to the establishment of camp managers and camp officers from the LGU level, after two months of the settlement, also provided for the smooth capacitation of key people, as well as the management of people in the camps. The CCCM cluster played a crucial role since it was through this cluster that the needs of other clusters in camps were identified. At the same time, camp managers were able to give a weekly update on camp needs that helped with project needs planning.

Availability of Services under Food and Non-Food Items Cluster

For the food and non-food items cluster, the general weighted mean was 1.62, which was interpreted as very satisfactory. The statement with the lowest mean was the provision of family food packs, ready-to-eat food, and bottled drinking water, with a 1.43 mean. It was followed by the provision of non-food items, sleeping gear, family clothing packs, dignity kits, and kitchen kits with a 1.46 weighted mean. Another statement on monitoring the nutritional status of the affected population had a weighted mean of 1.52.

Looking at these results, together with the experience in availing of services, it revealed that they were consistent with the availability of food and non-food items, which the respondents strongly agreed with. In terms of accessibility, the presence of rules and guidelines for the distribution of food and non-food items was explained because they disagreed with the negatively stated item. In terms of acceptability, they also agreed that the food provided in camps was clean. The same responses of strongly agree related to quality were generated in terms of water, food, and non-food item kits.

Challenges and Issues Encountered in the Availing of Services

Learning was developed by looking at the other side of positively availed services. With this, satisfaction was also accompanied by looking at issues and challenges. Under this section, the respondents were made to identify at least two responses for issues and challenges per disaster response cluster that they experienced from the onset to the first few months after the disaster. Some respondents left these items unanswered, while a significant number provided challenges and issues in terms of health and law and order.

Challenges and Issues in Health

In terms of health, the top five issues with the highest percentages were flu (28.4%), fever (19.6%), dengue (17.7%), being emotionally weak (9.5%), and diarrhea (8.4%). These were illnesses caused by various reasons. One, the

kind of material that shelters were made that made IDPs prone to illnesses. At the onset of the disaster, makeshift shelters were used (Philippines: Tulunan, North Cotabato Earthquakes Situation Report No. 2, 2019) that exposed the IDPs to extreme weather conditions. Another was the cleanliness of the environment and the availability of potable water. Dengue and diarrhea were initial concerns when WASH facilities were not yet in place (Displacement Tracking Matrix (DTM) Mindanao Earthquake Site Assessment: Philippines - Davao del Sur and North Cotabato Report No. 5, 2019). These concerns were raised in the first few weeks after the disasters.

This means that health-related difficulties/illnesses were raised in the first few months after the disaster, but with the 16-17 month gap in data collection, health-related issues were handled and so properly provided. In addition, diseases and trauma processing were found as concerns. The health cluster, on the other hand, provided normal care and psycho-social therapies. This met the demands of those living in camps. As the Key Informant indicated, illnesses were monitored in the camps so that necessary steps could be taken. It's worth noting that 12.7 percent of the 654 respondents, or 12.7 percent of the total, left the item blank. It could be linked to the fact that no problem or trouble was encountered, as previously stated.

Challenges and Issues in Law and Order

The top five issues under this cluster were: people having a fit or “mag-may” at 28.8%; the second was the curfew problem at 16.4%; related to this were children roaming around past curfew hours; third, public disturbance at 15.9%; public disturbance was specified in the form of arguments, quarrels/conflicts, trouble, and fistfights in the camps; fourth, the presence of IDPs who drink alcoholic drinks at 11.5%; and fifth, noise in the camp (9.7%). They associated this with noise among neighbors, especially at night.

The top five issues and challenges in law and order were associated with camp management and camp policies. The public disturbance was brought about by people not observing camp policies (2.2%) or camp protocols that result in a fit, fistfights, gambling (1.8%), drinking, and noise. These, however, were addressed with the presence of 24/7 security in camps and the organized presence of BPAT. Aside from the expressed response of “no issue” at 4.0%, 65.4% of respondents 654 left the items blank. This supports the “very satisfied” results on the satisfaction of respondents in terms of law and order.

Despite the encountered challenges, a significant number of respondents saw that there were no issues or challenges and that they were satisfied with the services. The time frame could also be associated with this development since the settlement of camps and the enforcement of camp policies and regulations take time. For a significant time at the onset of the disaster, adjustments were made especially for the law-and-order committee in charge in camps to fit the services according to the needs of the IDPs. All these were done through consultations, needs assessment, and weekly updates.

Challenges and Issues for Camp Coordination and Camp Management (CCCM)

In terms of camp coordination and camp management, out of 654 expected responses, there were only 78 valid responses for challenges and issues encountered. Even from the valid responses, a significant percentage of 70.5% expressed that there were no issues encountered. This could be because the services provided were okay, it was organized, there was cooperation from the managing authority, and active officials.

The three main issues raised were: neighborhood misunderstanding (7.7%), sometimes not everyone could avail of the services (6.4%), and not following the authorities and rules (5.1%).

Misunderstandings in camps and following the authorities and rules were also raised as a law-and-order concern. Looking at this interconnectedness, law and order conditions affected the management of the camps, especially with the settlement of problems among and between IDPs. Given that the emotional mindset of IDPs was heightened with the distress brought by the calamity and the uncertainty of the setup they were placed in, it was normal for misunderstandings. However, the key persons in the camps must find ways to normalize and stabilize the situation.

With the consultations that were conducted with survivors, the presence of security personnel, and the establishment of camp policies and regulations were provided to further addressing arising issues in the camps was provided. The issue of fairness or availability of services was brought about by the return of IDPs to their residence and the non-availability of an updated list. These were issues that covered the long-term and short-term stay of IDPs in camps.

At the onset of the disaster, the system for the provision and distribution of services took time to establish. Most importantly, with the influx of donations and relief interventions from various organizations, both private and public. There were instances when a set of goods provided by one organization could not fit the needs of the actual number in the camps. As a result, others were not given immediately.

However, according to the KII conducted, the provision of supplies in camps was later improved with the centralization of goods and relief operations in the Emergency Operations Center or EOC of the municipality. It was through that center that the dispatch of services was identified as to which areas a specific number of relief or services could be provided. This prevented the duplicity of services.

From the long-term perspective of staying in camps, although some areas were identified as “high-risk” (Fernandez et al., 2019), some still opted to return to their residence, and others opted to move out of the camps for better and permanent settlement.

Another Issue Raised (from CCCM Challenges and Issues)

Another issue raised was the maintenance of privacy in dwellings with

2.6%. This issue raised was contradicted by the statement that privacy in dwellings was maintained through experience in availing of services. Looking at the time frame, this was the time when the issue of privacy emerged because it was at the onset of the calamity when shelters provided for IDPs were made of “tarpaulins” and tarpaulins for makeshift shelters. This happened during the first three to four weeks in camps (Displacement Tracking Matrix (DTM) Mindanao Earthquake Site Assessment: Philippines-Davao del Sur and North Cotabato Report No. 5, 2019). However, when augmentation and additional supplies were provided and made available, the camp managers tried to pattern the dwellings according to what was prescribed in the SPHERE standard in terms of size and distance between dwellings. With this, satisfaction in terms of CCCM services was still evident based on the responses.

Challenges and Issues in Food and Non-Food Items (FNFI)

The highest percentage of valid responses expressed that there were no challenges or issues encountered, with 56.0%. The specific issue or challenge expressed by the respondents, on the other hand, was on the observance of the protocol in distribution (28.6%). It identified not observing proper lines, which caused disorder and a lack of coordination. Another was the insufficient distribution of food and non-food items (7.7%). There was no continuous distribution of items. Also included were issues with names that were not included in the master list (2.2%) and expired food (2.2%). Since the issues raised were at the onset of the disaster, the placement and establishment of proper rules and regulations for distribution had not yet been established. However, the respondents disagreed that rules and guidelines for the distribution of food and non-food items were not explained.

SUMMARY AND CONCLUSIONS

Understanding the socio-demographic makeup of survivors is critical in disaster situations. According to the findings of the study, women are frequently left in camps with their children; the survivors’ skill set and occupational background also affect income, making it necessary for them to be supported by services in times of disasters; and the majority of IDPs who are still present in camps at the time data are gathered are due to their barangays being classified as high-risk, such as Barangay Luayon.

The AAAQ framework was used to evaluate service delivery experiences. In terms of AAAQ, the four focal clusters are sufficiently provided to meet the needs of camp survivors. This was achievable because survivors’ needs were identified and discussed. Food and non-food products, health, law and order, camp coordination, and camp management are among these requirements. It also addressed the requirements of pregnant and breastfeeding women, newborns, people with disabilities, senior citizens, and others.

In terms of satisfaction, the respondents are very satisfied with the services availed in the four clusters. Satisfaction is specifically expressed in the following: rapid nutritional assessments, organization of BPAT as security personnel in camps, monitoring of services, and provision of food and non-food items. This very satisfactory result is possible through the coordination of LGU with various government and non-government offices and agencies from the local, provincial, regional, and national levels. Augmentation in the form of technical and manpower assistance is made to support the wide scope of services needed in Makilala, which fills the gaps that the resources and manpower of the LGU alone cannot provide.

The challenges and concerns faced are largely focused on what was encountered during the initial months of camp settlement. This includes sicknesses, individuals throwing fits, misunderstandings in the neighborhood, and following protocol in the distribution of commodities. Even though new concerns continue to arise, interventions and transitional procedures have already been built. These techniques contributed to “extremely satisfied” results in terms of experience and level of satisfaction with service delivery. This addresses the camps’ short- and long-term problems. It is also critical to submit these findings to the Makilala Local Government.

RECOMMENDATIONS

Based on the findings of the study, the researcher recommends the following:

A significant number of the respondents have limited means of income due to the level of education attained and the occupation acquired. It is recommended that alternative skills training or income-generating activities feasible to the environment/situation of the IDPs while they are in camps be included.

Respondents expressed that the food received had limited nutritional value. It is recommended to strengthen the community kitchen in camps for disasters to prepare food and meals that provide adequate nutritional value. The provision of healthy and nutritious food in camps should also be encouraged.

Achievement of satisfaction in availing of services is possible through the evident coordination of the IDPs, camp managers, and offices handling the different clusters. It is recommended to strengthen consultative efforts to further support the needs of IDPs that remain in camps and to further provide plans and solutions for rehabilitation and recovery of the affected population.

Issues and concerns are evident, especially at the onset of settlement in camps and the limited implementation of camp rules and policies. It is recommended to impose and establish a common understanding among key persons and officials, and concerned stakeholders of disaster response clusters, even when disasters are still not occurring, and most especially when displacement is evident. In this manner, IDPs would be able to observe and

follow established rules and regulations by their implementers and managers in the camps.

Further recommendations are addressed to the following agencies/offices:

- Local Health and RHU Units for LGUs:

Relative to the recommendation above, monitoring of nutritional intake for IDPs in camps must also be conducted to adhere to the prescribed nutritional value that should be attained by IDPs in camps.

- LSWDO in LGUs:

As cluster head for FNFI and CCCM Committees and sub-cluster head for MHPSS, it is important to capacitate staff and counterparts even at the barangay level on relevant training for disaster response so that augmentation and manpower are mobilized locally in times of disaster and calamities.

- LDRRMO in LGUs:

The LDRRMO is the main office responsible for DRRM in the LGU. Plans and preparedness from the municipal to the barangay level should be established. With this prepositioning of resources and skills, concerned staff and agencies will be proactive in preventing disasters or calamities that may arrive in the locality.

- LGU of Makilala:

With the members of the LDRRM council, it is important to supplement capacities developed and mechanisms established to further enable the LGU not just in disaster response but also in disaster risk reduction and management.

- Cluster Agencies for Health, CCCM, Law and Order, and FNFI:

Importance and practice of the cluster approach down to the LGU level may be emphasized to maximize capacities and integrate the value of the approach in the delivery of services through workshops and training.

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