The ‘new humanitarian aid landscape’

Case study: Philippines Typhoon Haiyan response

By Sandrine Tiller

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Executive summary

Typhoon Haiyan was a major natural disaster that overwhelmed the capacities of the national and local governments in the Philippines. The international humanitarian system mounted a massive response, and, due to the Government’s open-ness to receive aid, a wide range of actors responded. Overall, the emergency response phase was successful, with services re-established within two to three weeks; the majority of affected people claimed to have been satisfied with the response.

The typhoon unleashed fierce winds and a tidal surge, damaging infrastructure, and flooding fields. The number of dead reached 6,201, and the number of injured people was estimated at over 28,000. Whilst in the first weeks there were acute medical needs in trauma and for people with chronic diseases whose treatment was interrupted, within 2-3 weeks these had diminished as medical services were progressively put back in place. Although drinking water supply was initially a problem, people with chronic diseases whose treatment was interrupted, within 2-3 weeks these had diminished as medical services were progressively put back in place. Although drinking water supply was initially a problem, the majority of needs were around shelter and livelihoods.

The Philippines is hit by an average of 19 typhoons a year, so there is a lot of experience in-country with disaster response. The Philippines Government created an enabling environment, with proactive government departments, and a very easy entry system - the One-Stop-Shop in Cebu and Manila airports. Filipinos from the government, military and civil society were welcoming to foreign assistance, and very easy to work with (in particular because they speak English). The Government had its own coordination mechanisms for national actors, the military, and some regional actors that were largely effective.

The UN called this a ‘Level Three’ emergency and proceeded to inject huge numbers of staff and goods, setting up a textbook response following the ‘Transformative Agenda’ guidance. However, the majority of efforts were top-heavy, with too few staff in operational roles and too many in Manila, fulfilling bureaucratic HQ-driven demands like organising VIP visits and responding to information requests. The UN Cluster system was in some way parallel and possibly overwhelming to the Filipino coordination mechanisms and was not very effective as ultimately, the government held the decision-making power. WFP was very late in setting up the logistics hub in Cebu, and in becoming operational. The majority of food and NFI distributions in the early days were undertaken by the Department of Social Welfare and Development (DSWD), a government entity. It can be argued that the UN system was too heavy and duplicated or in some cases stifled Filipino organisational arrangements.

Logistics was key to success in this operation, and only the most experienced humanitarian operators were active in the first weeks: MSF, UNHCR and the ICRC. The militaries of 29 countries provided essential transportation of
goods on C-130 planes. MSF used military assets when there was no other choice, but rented commercial means of transport as soon as that was possible.

The majority of actors were too small or too late. Many of the big agencies were very slow to mount operations despite being already present in country. There was a lack of urgency, with little logistics capacity. The rest of the NGOs (including those from the region) positioned themselves in gaps or did short term visible actions.

The international military effort was essential to the success of the response. They provided significant assets and were vital in early stages with planes, boats and manpower (some of which was charged to aid budgets), under the command of the Filipino Armed Forces and the civilian national disaster management agency (NDRRMC). Overall this worked, and some of the militaries showed great sensitivity to the context. Nevertheless, various geopolitical tensions were part of the context and the great sensitivity to the context. Nevertheless, various geopolitical tensions were part of the context and the operations were considered sensitive, and managed at the highest levels in Japan, China, the US and Korea.

Over 100 ‘Foreign Medical Teams’ deployed to the Philippines, but only very few were able to provide tertiary healthcare, and only eight provided secondary health care, and only very few were able to provide tertiary health care, and only eight provided secondary health care. The remainder were a disparate group with different specialities providing variable levels of healthcare. WHO piloted a new way of organising medical assistance through an FMT registration process. This was established following the Haiti earthquake and aims to standardise medical assistance. This system helped the Department of Health to organise the work, but has not yet led to an upgrade of standards.

One interesting element to the response was the significant involvement of the **Filipino private sector**. National companies raised money but also sent teams. Others mixed relief with business continuity. However, much of the support was still focused on visible projects in relief or rehabilitation. The key ‘new actors’ in the private sector are the **national mobile phone companies**, who became ‘first responders’ as re-establishing connectivity is providing an essential service to the population (and to the humanitarian actors).

**MSF ran a massive operation**, spending €17.6 within about 7 weeks, and deploying 171 expats through five Operational Centres. Overall, MSF showed its experience: it was self-sufficient, fast, and nimble, positioning itself where others were not and adapting to respond to needs. Although MSF provided essential services in the early days of the response, as systems came back on line, questions remain as to whether such a large intervention continued to be necessary.

Although there were a wide number of actors responding in the Philippines, MSF’s interaction with them was entirely pragmatic, based on operational need. However, it’s important to note that MSF’s relations with national actors were excellent. Unanimously, Filipinos from local government, the Department of Health and civil society who had interacted with MSF talked about MSF’s professionalism and effectiveness. One factor that helped was the deployment of experienced Filipino emergency team members. In addition, the decision to have an MSF position in Manila to liaise with authorities made a big difference.

### What does this mean for MSF?

- **For MSF**, a context like the Philippines - a natural disaster in a non conflict area of a middle income country - emphasises the importance of developing a strong relation with the **national authorities**. This doesn’t always come naturally for MSF.

- **The role of international military actors** in responding to natural disasters in the Asia region should not be underestimated. These are not ‘casual’ deployments, but rather, built into regional alliances and strategies. MSF’s default interaction with the military is limited and practical, and that may be the best approach, but it should be thought through.

- Finally, the **private sector** is of interest in these contexts. Mobile phone operators and companies with well-developed logistical capacities will increasingly play major roles in the response and MSF should take this into account.

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Typhoon Haiyan (locally known as Yolanda) hit the Philippines on 8 November 2013. It was the Philippine’s deadliest Typhoon, classified as a category 5, with wind speeds of 235 km/h and gusts of 275 km/h, heavy rainfall at 10 to 30 mm/h and storm surges up to six meters. Over 14 million people were affected. About 4.1 million people were estimated to have suffered some displacement.

The Filipino Government declared a national state of calamity on Nov 11. A day later, the IASC Principals agreed on 12 November 2013 to activate a Level 3 System-Wide Humanitarian Response for a period of three months.

The international community responded very generously, with the UN appeal receiving over $570mio for its appeal. According to the Filipino Government, about $580mio was pledged. Private donations (individuals and also corporations) were 32%. The US Government and the UK Government’s contribution both stood at the 11% mark with Japan at 7% and Australia at 5%.

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**National Disaster Risk Reduction and Management Council (NDRRMC) Situation Report 104, 29 January 2014**

<table>
<thead>
<tr>
<th>Number of People Dead</th>
<th>6,201</th>
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<tr>
<td>Number of People Injured</td>
<td>28,626</td>
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<td>Number of Totally Destroyed Houses</td>
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<td>Number of Partially Damaged Houses</td>
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<tr>
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<td>Total Cost of Damages (Infrastructure)</td>
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Two children look out over the ruins of a seafront slum in Tacloban city. Photo credit © Sophie-Jane Maddam/MSF
The Typhoon elicited a very large response, with contributions from over 57 countries, and 29 militaries. All the major humanitarian UN agencies and countless NGOs and voluntary groups arrived to help.

Overall, the response is seen by the UN and by the Filipino Government as a success, and the Operational Peer review notes a remarkable improvement of the international aid effort since Haiti and Pakistan in 2010.

Four coordination ‘poles’ were set up, each with its own constituency:
- Military - run by Armed Forces of the Philippines (AFP) and NDRRMC
- Govt - Office of Civil defence & NDRRMC but lead agency DSWD and DoH major role (with WHO support)
- UN – OCHA – for international assistance
- Churches – for faith-based organisations

The operation had different coordination centres, Manila level, Cebu for the Operations, and then Tacloban,Ormoc, Borongan (later shifting to Guiuan) and Roxas which were the main towns in the affected areas. Because of the Philippine government’s decentralised administrative structure, there was also some complex interplay between the national, regional and local authorities.

Although initially there was looting in Tacloban, the population was receptive to international and national aid, and began almost immediately helping each other out. Relief distributions were said to be ‘easy’ – “People were lined up in alphabetical order before you arrived for distributions.”

Although initially there was physical trauma, within a few weeks the main needs were clearly around shelter and livelihoods and some mental trauma. The main health issue after Haiyan was the lack of health staff. The lack of electricity and damaged cold chain equipment interrupted EPI activities.

Of some concern was the wide spread of the damage, and the importance to assist those in the most remote and isolated areas.

The emergency had all three elements – response, relief and recovery in one. “In some places after a few bits of repair we could go straight into recovery phase.”

The Belgian government’s emergency response team installs a hospital near Palo cathedral    Photo credit © Yann Libessart/MSF

The response

Findings

An organised and decentralised govern-
ment with capacity makes it easy – but is overwhelmed

On average, 19 typhoons hit the Philippines every year, so the country has a wealth of experience in responding to natural disasters. Only a month before, an earthquake measuring 7.2 on the Richter scale hit the island of Bohol killing 222 people, injuring over 900 and damaging 73,000 houses. Typhoon Haiyan was, however, off the scale, with widespread destruction in over five major island locations, and required a serious response with big logistical means.

The Government responded almost immediately (in Tacloban the army was first sent in to stabilise the place as there was looting). Teams from 44 government departments and agencies were sent in, the main ones were from the Department of Health - DoH (which was singled about by a number of respondents as being very good), the Department of Social Welfare and Development – DSWD and the Department of Defence. The National Disaster Risk Reduction and Management Control – NDRRMC set up coordination cells led by the Office of Civil Defence, bringing together military and civilian departments for coordination. The NDRRMC was criticised for being slow to respond (particularly in Tacloban) and found it difficult to coordinate all the different government agencies along with the local governments. Questions are now being asked as to whether it should become a stand-alone Government agency.1

There were times though where it wasn’t clear who was leading the national effort. Eventually the operation was taken over and run by the office of the President. Politics in the Philippines played a part in the response of course, with tensions between local and provincial authorities and between them and national authorities. Although the Philippine Government operates in a decentralised manner, local government units (LGUs) were overwhelmed. LGUs and the Barangay (village) chiefs were under huge strain by the population which blamed them for any problems. Local authorities felt that the National Government commandeered their resources and left them without any means of response. There was particular tension around this in Tacloban.5

The UN went big and was top-heavy

The UN showed leadership and maintained strong relations with the Filipino government

From the start, the UN took a leadership role, with Emergency Relief Coordinator, Valerie Amos travelling down to affected areas on day 4 and visiting again in January 2014. The aim was to show this response as a major success for the UN Humanitarian agencies. There was a very good international community response with donors giving generously.6 At a time when the UN is operating under-capacity in CAR, South Sudan and Syria, there was a need to show that the UN can respond at a large scale and work with the host government in a positive way. Largely, this was the case.

UN agencies have been established in the Philippines for many years and has cluster system set up already, with

1 The Philippines: A country prone to natural disasters, 10 November 2013, Jessie Wingard and Anne-Sophie Brändlin, Deutsche Welle, http://www.dw.de/the-philippines-a-country-prone-to-natural-disasters/a-17217404
5 At the time of writing (May 2014), the Philippines Government website states it has received about $580 mio in pledges and the UN has received over $380 mio.
A father & daughter injured in a road accident arrive at MSF's hospital in Guiuan. Photo credit © Baikong Mamid/MSF

A father & daughter injured in a road accident arrive at MSF's hospital in Guiuan. Photo credit © Julie Remy/MSF

The UN was too HQ-focused and created heavy coordination mechanisms

Although the Level 3 emergency was declared on the 12th of November, the Deputy Humanitarian Coordinator only arrived on the 24th of November, 16 days after the typhoon hit. He was also only deployed for 8 weeks and was based in Manila. After his departure, Humanitarian coordination functions remained in Manila, and although five co-ordination hubs were set up in the Visayas islands, it was only in late March 2014 when the Humanitarian Country Team functions was effectively decentralised to Tacloban.

Although the UN deployed a great many internationals (a total of 931 UN staff were in country by week 10), too many were focused on coordination and not enough on operations. It created a very top-heavy bureaucracy and substantial capacity was required to support global and strategic processes being led by Manila. In places, the high number of expats overpowered national counterparts.

This overstaffing at coordination level produced a large quantity of information, which, for some of the smaller NGOs, made it hard to follow all the information that was coming in. One INGO Head of Mission said he was receiving up to 20 emails a day from the various clusters. Also there were a high number of VIP visits and continuous requests for information from HQ which took up valuable time.

The UN considers that its teams implemented the Transformative Agenda pretty much to the letter, but was still criticised internally for increasing bureaucracy and somehow shifting focus away from the actual response. Some agencies criticised the OCHA's focus on writing a Strategic Response Plan, which meant it focused on 'ticking boxes' based on an HQ timetable, missed out getting more in-depth information from assessments like the MIRA II and also pre-empted the Government's own response plan.

The UN was not the only one coordinating – the Government had its own coordination of national agencies and the military, and the Churches remained separate from the international coordination. It can be argued that the UN's heavy cluster mechanism was in some way only really useful for some international actors and that it duplicated and perhaps even stifled national mechanisms. It is clear that even when the cluster mechanism is running in 'ideal' conditions according to the UN's transformative agenda, it is unwieldy and inefficient.

Operational UN agencies performed reasonably well

Overall, UN agencies mobilised funding reasonably quickly, but there was an imbalance in funding; despite being the biggest need, shelter was quite underfunded in this operation.

Nevertheless, the UNHCR mounted a big operation focusing on shelter which was widely praised. With a pre-existing office in Cotabato dealing with IDPs, they had tents and tarpaulins already pre-positioned. However, considering UNHCR's mandate, some commentators saw this very large deployment as having some bias – an easy, 'quick win,' too good of an opportunity to miss. UNHCR did however also fulfil its protection mandate, setting protection monitoring in conjunction with active local organisations and the DSWD.

WFP was critiqued for not pre-deploying the Logistics Cluster. It took over two weeks for WFP to deploy a substantial team to Cebu which was the main operational logistics hub. However, once set up, WFP ran an efficient logistics hub and the Emergency Telecoms Cluster, which was praised in getting the humanitarian system connected relatively quickly.

WHO was operational, deploying about 80 experienced people to the field and supporting the Department of Health. They organised useful 'sub clusters' at local level. Weekly info bulletins and epidemiological bulletins were produced, and there was good surveillance.

The military: big logistics and big politics

In the Philippines, as in many countries in Asia, the military is an integral part of disaster response. The Armed Forces of the Philippines (AFP) has the role of respond-


The military provided essential logistical support in the first weeks

Although the UN’s UNDAC team was on the ground even before the typhoon hit, the UN’s main logistics support operations were slow to set up. The main logistic hub in Cebu was run in the first two weeks by the Filipino military and the National Disaster Management Authority (supported by an international volunteer), and brought in the combined assets and manpower from up to 29 international militaries. Because most of the airports in the affected areas had been damaged, C130 aircrafts were essential to the operation at the early stages as they only require short take-off and landing areas. Even then, it was only possible to send cargo to Ormoc, Tacloban and Guiuan.

Manila and Cebu were the main operational hubs for transporting materials and personnel yet there was little connection between the two and for the most part Cebu remained ‘blind’ to Manila flights. Nevertheless, in Cebu, a very efficient logistics operation was set up, operating at 95% capacity, with very good cooperation between civilian authorities and the various militaries contributing manpower and assets. DHL also provided expertise through its emergency team to ensure cargo flow.

MSF was moving large quantities of cargo through Cebu at the early stages of the emergency, although at the very beginning, some delays occurred as the military was not allowing MSF to use C130s or to land a private plane. The weather also caused delays as planes needed good visibility to land. Along with UNCHR and the DSWD and aside from the occasional government donation, they were the main shippers of cargo for the first two weeks. MSF’s hard work and professionalism in logistics was very much appreciated. MSF was said to have had good visibility on what cargo was incoming, had sourced drivers and warehouses, and at one stage, arrived at Mactan airbase with ‘gold’ – a ten ton forklift.

Armed Forces of the Philippines (AFP)

The role of the AFP in the response was not always visible, as the larger, flashier international militaries appearing in the media. Overall, despite having limited assets, the efforts of the AFP was lauded by all actors. In addition to providing relief themselves (despite many of their members being directly affected), in remote areas, the AFP’s main role was in coordination. The AFP assigned liaison officers to each foreign military team and this worked reasonably well.

Coordination was difficult though, because of the size and complexity of the international effort (with international militaries being led by their embassies in Manila or even from their capital cities), and because of the various roles of other national actors (the NDRMMC, the national ministries and then the Local Government Units (LGUs)).

“The first and second line of defence was down, so we almost had to reinvent the structure. Yet there was amazing unity of effort despite the lack of central guidance.”12

In the island of Eastern Samar, where the Typhoon first hit, there is still a low-intensity conflict between the AFP and the National People’s Army (NPA). Although the NPA called a truce after the Typhoon, the Philippine military was attentive to bringing aid to remote areas in the hope perhaps of winning hearts and minds. This was not always something that humanitarians took into account as being at play.

Civil-military relations

Most governments sent mixed teams of both civilian and military personnel. The response to Typhoon Haiyan was seen as a model response for civil military cooperation. In some locations, such as Roxas, humanitarians (both national and international) were co-located and this was considered to have been a great success.13

In the first weeks, the government prioritised moving cargo and personnel through military means alleging security concerns. C130s were essential in places where the runway was damaged (Guiuan, and Tacloban), but within the second week of the emergency MSF was using commercial transport. However, even once commercial air and sea transport became possible, some NGOs continued to use military assets if they were available. A few, like MSF switched quite quickly to non-military transport. Humanitarians unaware of current and past political dynamics used military assets without much reflection – one even used old WWII trucks emblazoned with national flags (for donor visibility).

The international military forces didn’t stay long though (apart from a few exceptions, such as the Korean military), many of them aligning their exit strategy to the Christmas holidays (the US and UK left mid-December). Some considered this insensitive in a country with a large Catholic community where Christmas is very important.

Regional politics played out in military deployments

It is a commonly thought that natural disasters are somehow ‘easier’ for humanitarians than conflicts. However, military assistance always comes with vested interests, even in natural disasters. Current and historic conflicts played out themselves through the military deployments in the Philippines following the Typhoon. Although politics affected the volume of assistance, there is no evidence that it affected how aid was distributed.

Although the Philippines looks like a benign environment, currently tensions are very high between states in the region. There is a dispute between China and the Philippines over islands in the South China Sea. Tensions are also high between Japan and China. In the background looms WWII. Leyte Island (where Tacloban is situated) was a crucial location during the Second World War. It was where General McArthur landed, returning to dislodge the occupying Japanese forces. And it was also where the Japanese first deployed kamikazes. The Philippines was also occupied for many years first by the Spanish, then by the USA and only gained its independence after the Second World War. Also 7,500 Filipinos fought under the United Nations Command in the Korean War.

US Military

Arguably for the US government, the Typhoon came at a good time. The US government was just in the process of negotiating the return of its military presence in the Philippines, and in particular some contested issues, such as access to and control of temporary US facilities in Philippine military camps. These discussions were quickly resolved when the emergency struck.

12 Interview with Filipino researcher who conducted an evaluation of the response.
13 Lessons from Civil-Military Disaster Management and Humanitarian Response to Typhoon Haiyan (Yolanda), Sponsored by the Centre for Excellence in Disaster Management and Humanitarian Assistance, Joint Base Pearl Harbour – Hickam, Hawaii, January 2014
“...roughly two weeks after the U.S. relief efforts began, Foreign Affairs Secretary Albert del Rosario made a public statement that the relief and rescue operations demonstrated the need for IRP in the country. When the media asked Secretary del Rosario about how the level of U.S. military assistance regarding Haiyan impacted negotiations about the Increased Rotational Presence (IRP), he stated, "I think this demonstrates the need for this framework agreement we're working out with the U.S., because it accentuates the purposes of the framework [one of which is to make humanitarian assistance and disaster relief and response a very major aspect of the agreement]."


Korean military

The Korean military took a whole different approach. Although in the emergency phase the government had sent some Korean air force jets and Korean NGOs had arrived, the main contingent of 280 troops arrived on the 28 December on specific request by the Filipino Government. Named 'Araw Angel', its aim is to "restore the hopes and dreams of the Filipino people." Their slogan is "We are here to repay your sacrifices of blood in the Korean War with our own sweat drops."

They will stay for a year or perhaps more (they have stayed over 3 years in Haiti). Their approach is a 'very soft' one, doing lots of community based activities for children (such as movies and popcorn, elementary school feeding) and trying really to establish a 'people to people' approach. They also carry out repairs and rehabilitation of infrastructures. They stressed repeatedly that it's important to engage the community and in particular, children.

Their humanitarian approach is aligned with their geo-political ambitions. It's part of their 'whole of society' approach, something that goes beyond a 'government to government' alliance. There is the long history of relations, and there are many Koreans of Filipino descent in Korea so they are culturally close.

Chinese military

Following a 'small' donation of $100,000, the Chinese government came under pressure from international media. This caused some internal 'soul-searching' in national media about whether or not to aid a country with whom it was having a dispute. The large-scale deployment of other Asian nations, pushed it to finally send a package of assistance including the military, the Chinese Red Cross and the government. The main contribution was a Naval Medical Ship 'The Peace Ark' which docked into Tacloban harbour on the 25 November, with a capacity of 300 beds (20 ICU ward beds, 109 ward beds for serious injury, 67 burn ward beds, 94 regular ward beds, 10 beds of quarantine ward), eight operating theatres, equipped with a CT Scan room, a blood bank, and an oxygen generation station, as well as a team of 106 medical staff. The boat left 18 days later, having treated 2,208 patients (of which 113 inpatients) and conducted 44 operations. The operation was limited due to its short time frame, its strict entry criteria for new patients, and cultural and language barriers.

UK Military

The UK perhaps had mostly domestic concerns forming the rationale for its response. With a dwindling military budget and the very mixed British public emotions relating to the deployment in Afghanistan and Iraq, the Philippines seemed an easy win. And it was. Deploying HMS Daring, (an air defence destroyer) and then HMS Illustrious, a light aircraft carrier, the UK military deployed to the small islands around the North East corner of Panay, doing some medical consultations, fixing roofs and clearing debris. They finished just before Christmas. The operation as a whole cost £7.5mio ($126mio) and gives some indication as to why the UK was ranked the 2nd largest donor to the Philippines Typhoon Haiyan response, as it was considered a part of the whole aid package.

ASEAN's AHA centre provided support but it was not very visible

The ASEAN centre for coordinating humanitarian assistance (AHA centre) has the ambition of playing a role like OCHAs for ASEAN countries. Their strong and successful performance in the Cyclone Nargis response brought a lot of expectations. During the Typhoon Haiyan response they were present early on the ground and tended to provide a bridging role between ASEAN nations' militaries and the AFP. The ASEAN military component went very smoothly and there was good cooperation between the ASEAN nations.

Those who were able to observe the AHA centre in action were able to see how effective it could be:

“The AHA centre was very effective in being the bridge between the international militaries from the region and the Philippine army. It did this in a culturally sensitive and appropriate way.

Nevertheless, the AHA centre was quite invisible in the overall effort, as it was not clear how they related to the UN coordination mechanisms. It was criticised by some outsiders for being 'limited to basic information sharing' and blamed this on ASEAN's intergovernmental structure with a 'weak Secretariat' ham-strung by consensus decision-making.

MSF went in big and its experience and professionalism is in evidence

The response in the Philippines showed a highly operational MSF; very responsive, undertaking a wide range of responses, gap-filling and handing-over smoothly. Despite not being present in country at the time the storm hit, MSF was able to draw on not only the know-how and experience of a good number of expat Filipino emergency team members but also the 30 year long history of working in the Philippines in both stable and emergency disaster responses.

MSF deployed sections throughout the affected areas, staying longest in the most affected places:

- MSF Belgium in Guiuan, Samar island
- MSF France in Tacloban, Leyte island
- MSF Spain in Surigao, Leyte Island
- MSF Holland in the area of Ormoc, Leyte Island
- MSF Switzerland in the area of Estancia, Panay Island

The typhoon caused massive damage to hospitals and health centres, and affected health care staff. During the initial stages, hospitals were not able to cope with trauma cases and it took a few weeks for them to be functioning again in temporary structures. The MSF strategy was initially to send medical teams in but quite quickly moved from substitution to support.

It was a big operation, with €32mio raised, and at its height, up to 200 expats deployed, along with 451 nation-

34 Lessons from Civil-Military Disaster Management and Humanitarian Response to Typhoon Haiyan (Yolanda), Sponsored by the Centre for Excellence in Disaster Management and Humanitarian Assistance, Joint Base Pearl Harbour – Hickam, Hawaii, January 2014, p. 21

als (experienced Filipino MSFers were considered expats). Of the €17.6mio spent in the first two months (until the end of December), 17% was spent on medical care, and 37% on relief items, shelter and water and sanitation.

**MSF France** was the most medically focused intervention, setting up an inflatable hospital in the grounds of Bethany private hospital in Tacloban, and an OPD in Tanauan, and sending experienced medical teams to provide support.

**MSF Belgium** took a wider approach in the area of Guiuan, a small town that was hit hard by the typhoon, switching from medical quite quickly to providing infrastructure for the hospital, and undertaking water, sanitation and NFI distribution activities.

**MSF Holland** focused mainly on responding to needs mainly through mobile clinics (with a few fixed ones), providing NFIs for people in evacuation centres, and undertaking water, sanitation and NFI distribution activities.

**MSF Switzerland** decided to work in the most remote and neglected areas around Panay. The death toll was low and there was not much trauma. MSF Switzerland teams provided a wide range of services, including medical care (including PHC), support to a (referral) District Hospital, EPI / supplementary vaccination, sexual reproductive health (ANC and PNC) and mental health; rehabilitation (medical facilities); shelter; NFI, WASH; and food / nutrition.

MSF Holland, MSF Spain and MSF Switzerland left following three months, but MSF Belgium and MSF France invested heavily in the operation. MSF France closed its Bethany project in April but is looking at options to retain a permanent presence in the Philippines. MSF Belgium is exiting its programmes and constructing a pre-fabricated transitional hospital for Guiuan, which is due to be completed in the summer 2014.

Within MSF there seems to have been good coordination, with regular and useful Emergency coordinator meetings. The geographical division of labour was seen to have worked. There was also agreement that having the centralized post in Manila for representation and advocacy – a kind of “fixer” for the teams – worked and it was appreciated to have one MSF voice at that level.

Overall impressions of MSF by external actors (national and international) were very positive:

- There’s only one thing I have to say to MSF and that’s THANK YOU! We enjoyed hosting your teams, they were really hard working and also fun.
- Feedback in clusters was very direct (controversial!) but good. MSF provided consolidated surveillance info and shared data consistently and this was appreciated. Exit strategies were also shared.
- It was extremely useful to have Maria to coordinate all MSF branches. She attended meetings here in Manila and was able to get information. Maria played a critical role.
- From the beginning MSF acknowledged the role of government and this was good. Expat Filipinos made connections with government and local organisations very easy.
- There was good chemistry in Guiuan between WHO and MSF and the MSF strategy there was very good.
- MSF was one of the biggest health actors. They were the first ones on the ground, sharing data and giving feedback inside cluster meetings, providing real time information both at field level and central level.
- MSF did a splendid job, had a good collaboration with DoH and WHO.
- MSF was very professional and quick to organise themselves. Of all the NGOs it was the happiest, most tenacious, most fun to problem-solve with.
- One of the smoothest coordinations was with MSF.
- MSF was very open with each other and others, lots of sharing.
- MSF had a very close contact with OCHA and WHO, we were like: “Wow what happened to MSF?”

Some other comments and impressions from both internal and external actors:

- Was it a good strategy to work in a private hospital space? Are there enough patients? Also, what is the exit strategy?
- Were we a little trigger happy? Did we need all the sections?
- MSF worked totally independently. Logs capacity is strong in particular MSF Belgium which has the might and the willingness.
- MSF was delayed into Tacloban, took a few days to set up and with trauma you need speed.
- Was MSF’s operation too big considering the number of actors?

**The Red Cross/Red Crescent Movement mobilises a big response with the Philippine Red Cross in front**

According to the IFRC, the Red Cross and Red Crescent Movement was 22% of the response and claims over 1 million people received assistance from the RC/RC Movement. There was an agreement within the RC/RC Movement right from day 2 on how to divide up the work and that the Philippine RC was going to take the lead. This is
stipulated in the newly adopted ‘Principles and Rules of Disaster Management’, which had just been approved by the IFRC Board during the Council of Delegates meeting in November 2013. It also strongly encourages the Movement components to work with each other and to be ‘each other’s primary and preferred partners’.18

The Philippine Red Cross (PRC) is well respected in the Philippines and has a long history of responding to disasters. It has a strong leadership. It also has a very good volunteer base, and able to provide workforce for the different RC operations and ‘fill gaps’. It is a generalist organisation that mainly does relief but has some medical activities (Blood Bank, clinics, ambulances, First aid) as well as family tracing. It can also draw on specialist support. The PRC is also an integral part of the NDRMMC, as one of the five NGOs on the council. PRC also receives lots of support from corporate donors in the Philippines, e.g. HSBC and Coca-Cola. Mostly they give money but some actually provide ‘technical know-how’, for example, how to market their fundraising appeal.

As with other national actors though and even though they had sent in advance teams and contingency stocks, the PRC local chapters where in shock in the first stages after the typhoon and their capacity was overwhelmed. They were grateful for the mobilisation of specialist expertise from within the RC/RC Movement and other international organisations. They worked extremely hard, doing ‘whatever was needed’, including managing dead bodies and debris clearing.

Whilst also putting the PRC in front, and working within a Movement approach, the ICRC played a strong role with Eastern Samar as its operational zone, owing to the presence of a low-intensity conflict between the National People’s Army (NPA) and the Filipino Government. Although internally there are questions about the speed and efficacy of the ICRC logistics capacity, externally it is seen though internally there are questions about the speed and efficacy of the ICRC logistics capacity, externally it is seen as a good, solid operation with a water and habitat team doing rehabilitation of municipal water systems and support to livelihoods programmes. In the emergency phase, ICRC also deployed a Basic Health Care Unit. As part of a wider strategy to integrate ‘emerging national societies’ into operations, they brought in Indonesian Red Cross and Hong Kong Red Cross staff into the Rapid Deployment Unit. Nonetheless, there were some internal and external questions as to whether an operation of that size was needed.

The ICRC supports the PRC but is also operational in big responses. It deployed in Leyte and other affected parts of Visayas with 11 Emergency Response Units (ERUs) covering Logistics, Water and Sanitation, Relief and Basic Health. ERUs are generally quite static and once installed, difficult to move. More mobile modules are being developed but internally, the IFRC admits that some were placed in the wrong places and so were less effective. A review is currently being undertaken of the ERU deployment.

Over 60 Red Cross/Red Crescent Societies contributed to the response in kind and by sending in teams. Regional RC/RCs provided a good support to the PRC. Some donated big sums of unmarked money to the PRC (Thailand and Singapore each gave $1mio for example and even the Myanmar RC gave $10,000), some just contributed to ERUs, some came with their own opera- tions, and some had all three (Indonesia RC sent a ship of supplies and a water and sanitation team). Others like the Qatar Red Crescent and the Turkish Red Crescent made donations to the appeal and sent relief items in with emergency teams. But these were short-lived responses. For the Federation and the PRC, the challenge has been to make them know about the standards and tools and to ensure good coordination within the Movement and with external agencies such as the government and the UN.

One notable example was the Chinese RC, which deployed with their government and military. It was its first humanitarian operation outside of China after 1949. Initially the teams arrived in an uncoordinated way but eventually got ‘brought in’ by the Philippine RC. The Chinese Red Cross brought a search and rescue team, medical professionals seconded from hospitals, community workers, psycho-social support teams and water and sanitation specialists. The Chinese RC distributed NFIs, set up fixed medical stations in Tacloban, retrieved cadavers, and built 166 prefab school classrooms.19

**Lots of NGOs - but no real scale**

The high profile nature of the disaster and the open doors of the Filipino government enabled a large number of NGOs to provide assistance to Typhoon Haiyan affected people.

Many of the ‘usual suspects’ – big, well known NGOs were quite slow to set up, taking up to one month to set up activities. They spent the first weeks carrying out assessments and developing integrated approaches that combined relief and rehabilitation, and waiting for final decisions about how to set up and where to locate. They saw the UN cluster system as interesting, for information sharing, but not essential to the operation.

Religious organisations - together and on their own

Religious organisations of all kinds came to the Philippines to respond to the Typhoon. As the Philippines is predominantly Christian, the largest groups were the Christian organisations (Catholics, and Evangelicals). There was, however, a sizeable contribution by the Tzu Chi Foundation (Buddhist) which donated almost $27mio in assistance and ran large cash-for-work programmes. Muslim organisations also came to the Philippines with what they had raised from their supporters, but the affected region don’t have sizeable Muslim popula- tions so many of them ended up working through local church groups. Notably, only the large international faith-based organisations (CRS, Secours Islamique for example) coordinated with the International system. The remainder had their own coordination mechanisms through the churches, which coordinated with the Government.

coordinated through the UN. Those small NGOs that did coordinate through the UN found the clusters very time-consuming and were deluged with information that they just couldn’t absorb. Regional organisations gravitated to the Government, trusting the national institutions to take final decisions about how to respond and where to locate. They saw the UN cluster system as interesting, for information sharing, but not essential to the operation.

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18 ‘Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance, International Federation of Red Cross and Red Crescent Societies, 2013.


21 ‘MSF’s project coordinator shows Philippine health officials around the new hospital in Guiuan Photo credit © Nacho Hernandez'
Engaged civil society trying to find a place

The Philippines has a vibrant and active civil society base. Local NGOs and civil society organisations (CSOs) were active throughout the Typhoon-affected areas, with work mainly focusing on development. They run projects such as women’s empowerment, better agricultural and fishing practice, advocacy for rights. With the response to the Typhoon, they found themselves at the margins of a massive international effort.

During the emergency phase, Filipino civil society organisations and local NGOs organised themselves to supply volunteer teams to help with relief operations but were not themselves able to do much emergency response. Some Filipinos from the diaspora or from other parts of the country arrived in affected areas with donations of used clothes and other ‘relief’ items, setting up impromptu distributions, but these were ‘one-off’ and of limited effectiveness.

Local civil society admits that there is a capacity gap and that they are less able to gather and share information, but many of these organisations felt ‘used’ by the international community as mere providers of information for assessments. They felt they could provide more useful information, for example about how to work through the politicised local government system and how to avoid duplication. They wanted to be treated as equals.

NNGOs and CSOs found it difficult to integrate into cluster meetings. ‘There were too many, and there wasn’t a real “place for them.”’ The cluster system was weighted towards internationals and not geared up to see NNGOs as anything other than implementing partners. Eventually OCHA deployed an NNGO liaison officer and established an NNGO seat at the cluster meetings. But this was unsatisfactory for most NNGOs and CSOs who felt excluded.

This emergency was the first where the international community collectively tried to improve accountability to beneficiaries and communication with affected people. There are a number of initiatives loosely gathered under the ‘Communicating with Communities’ working group and coordination mechanism. It aims primarily at lobbying for local issues from within the system (providing briefing papers for example).

A few organisations set up community radio services which broadcast public service information and also included ways that people could give feedback and ask questions about the relief effort by text. Radio Rakdaw in Guiuan for example, received on average 280 text messages a day, most asking about distribution criteria or criticisms of local authorities who were being blamed for all manner of things.

They are as well geared up for the rehabilitation phase, setting up their own standards for ‘building back better’ and taking an active role as a watchdog during reconstruction. However, they are worried that INGOs establishing projects now will take their staff base away by employing them to run their projects. They fear that these staff will become loyal to their employer and therefore no longer support the goals of the CSO.

A new way of organising medical aid: FMTs

Although medical needs in the Philippine typhoon response were limited, a large number of medical teams were deployed by NGOs, governments and international militaries. The initial two weeks saw three trauma waves: initial trauma injuries from the storm, then people falling off roofs, then wounds because of delayed care in the case of diabetes for example. The Filipino medical services are generally seen to be good and within a few weeks most medical personnel were back to work. The main problems were damaged equipment and health facilities infrastructure.

FMTs

The concept of Foreign Medical Teams (FMT) was developed following the Haiti earthquake, following critiques about the serious lack of standardisation and coordination of medical responders, leading patients to have suffered unnecessarily, e.g. from amputations that may not have been needed or from infections caused by lack of medical follow up by professionals. Setting up standards and an accreditation system for FMTs is part of the WHO attempt to be more proactive in emergency response. The idea is to publish the standards and to set up a register. The process aims to be inclusive with registration to be done online, through WHO. It’s still unclear how teams will be accredited (whether this will be done in-country by the Ministry of Health, or by WHO).

Philippine response

The Philippine response was the first emergency where the FMT registration system was put in place. For the Department of Health (DoH), it was a good tool to classify teams arriving in the field. It allowed the DoH to track over 100 FMTs and helped them allocate medical personnel in a more equitable manner. The Government also waived the usual permit needed to practice medicine so doctors could arrive with only their own country’s documentation. Upon arrival at the ‘One-stop shop’ medical teams were classified and their details put on-line.

As in all major emergencies, there were a very large number of ‘medical teams’ arriving in the Philippines following the Typhoon. The major influx of FMTs was in days 5-10. With the support of WHO, the DoH in Manila and Cebu tried to centralise the processing of FMTs, registering them and assessing their self-sufficiency in water, food and fuel. Many of them came ill-equipped, without medicines or any items for their own needs.

The classification of Type I, Type II and Type III is simple enough – primary, secondary and tertiary. However, as some of the teams were mixed, or stayed for only a short time, it was not always adequate to describe capacity. The majority of the teams were classified as Type I because they were too small or ill-equipped to undertake surgical interventions, however, some of those did have specialist or emergency staff that weren’t really the right people for Primary Health Care. In fact, although there were a great number of medical teams which ended up classed as Type I there were not enough real Type I teams (that could do PHC). There were only eight Type II FMTs and even fewer Type III FMTs. MSF OCP was classified as a Type III and the other MSFs were classified as Type II.


22 FMTs Concept paper http://www.who.int/hac/global_health_cluster/fmt_concept_paper_27may2011.pdf?ua=1

23 Over 100 FMTs (including replacement teams) were registered.
Even with this classification, standards and capacities still varied widely. Being registered as an FMT meant that the MSF had to report to the Department of Health (which was being supported by WHO to try and organise the different medical support units). The DoH itself had an emergency response team and was prepared. Unfortunately many of the goods which were pre-positioned were lost in the storm surge. However, national teams went out on day 2 and 3, going by flight, bus, and ferry. Their job was to support with admin and surveillance. Private hospitals in Manila also developed ‘twinning’ relationships with typhoon-affected facilities and sent equipment and personnel to help.

Some examples of FMTs

**UK Med** uses a roster of NHS staff and is Dfid funded. It was deployed via Save the Children to the UK Navy ships and carried out consultations in the various islands around Panay. This was classified as a Type I intervention.

**Indonesian MDMC** came to the Philippines with a team of emergency specialists but was classified by the Department of Health/WHO as an FMT Type I. It was MDMC’s second international deployment (the first was Gaza). They recognised that they were ill-prepared and weren’t able to get enough information before leaving Indonesia. They were requested to do PHE functions which didn’t really suit their teams’ capacities, but they thought ‘as long as we can help’, why not. They coordinated with the DoH however and not through the clusters.

**Ausmat**. The Ausmat team set up a field hospital Type II in Tacloban airport. They had two surgical tables, 1 theatre and a 15 bed holding area. The IPD had a capacity for 35 beds. Ausmat was all civilian, but used military transport when they couldn’t use civilian transport. Being based in Tacloban airport turned out to be an ideal location as it became a hub to stabilise patients who were being transferred to Manila. It was a ‘hub and spoke’ system as patients were brought in from outlying areas by helicopters and they became a triage facility.

**A varied and operational private sector**

There is a thriving private sector in the Philippines, and companies take corporate social responsibility seriously. When the Typhoon hit, major Filipino companies launched their own appeals and started activities, mobilising funds from in-country but also from the wider Filipino diaspora. They sent relief items, chartered planes, and made substantial donations to well-known Filipino organisations like the Philippine Red Cross. Local businesses played an important role in the affected areas, providing free warehouse space, lending boats, and helping clear debris. MSF also benefited from this generosity; in Guian, the local companies helped to clear debris around the hospital and lent forklifts.

Many of these companies have set up relief teams and recovery teams. ABS-CBN, a TV company, claimed that following this response they would be setting up a Disaster Management Team and will start work on geohazard mapping with the local Universities. Others are now implementing long-term rehabilitation projects (school building, fisheries support) through their Foundations.

Despite their generosity and useful contributions, it would seem that these private companies were not able to really link their know-how with the provision of assistance. They tended to focus on straightforward relief activities only. SMART and GLOBE, for example, were not quick to facilitate cash transfer systems by mobile phone. ABS-CBN, the TV channel, did not contribute in its domain by providing public service broadcasts or setting up TV and radio stations in areas where there was none.

The Government worked to bring the private sector on board, a move that was also generally supported by Civil Society. Everyone saw it as a win-win situation. For the international community though, it wasn’t really clear how to handle the private sector. OCHA appointed a private sector liaison, to share information and also to help them understand how the international system worked, but it was a largely fruitless relationship.

Some international companies provide technical teams (working on a volunteer basis) to support international efforts. DHS’s DART provides airport logistics for example and Coca Cola in the Philippines provided marketing advice to the Philippine Red Cross for their appeal. Unilever Philippines provided grants through its distributors to small shops which had lost key infrastructure (display racks or fridges for example), helping both the small shop owners get back on their feet, as well as re-establishing their sales network.

**Mobile phone providers are first line actors in emergency response**

The Philippines is a highly networked country, with a large number of Filipinos living abroad. Mobile phones are an essential part of life. Aid agencies are also hugely dependent on mobile phones when they can’t use other means of communication.

For the Filipino Mobile Operators, one of the key learning points was that their engineers in the field were not prepared to respond in disasters. Some of them were affected themselves. They operators also found their procurement points was that their engineers in the field were not prepared to respond in disasters. Some of them were affected themselves. They operators also found their procurement and logistics systems under strain, and are now planning to adapt their systems. One question this response raised was ‘Is IT equipment classifiable as ‘essential humanitarian goods’?’. Other International private and semi-private companies were active during Haiyan, but mainly providing support to humanitarian organisations. Ericsson Response provided technical support and equipment to the Emergency Telecoms Cluster, which provided telephone and internet access to NGOs and the UN. Nethope matched private donors and foundations with implementing agencies that needed information technology support or support with accessing the internet. Google also provided assistance during the crises by launching ‘Google Person Finder’ and by hosting a Crisis Map using Google Maps and crowd-sourced geographic information.

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24 Muhammadiyah Disaster Management Centre, Indonesia

25 MSF Hong Kong published a list of these donations: [http://www.msf-seasia.org/15376](http://www.msf-seasia.org/15376)

26 UN meeting discusses mobile phone service delivery in crises, Imogen Wall, April 8, 2014 [http://www.gsma.com/mobilefordevelopment/un-meeting-discusses-mobile-service-delivery-in-crises](http://www.gsma.com/mobilefordevelopment/un-meeting-discusses-mobile-service-delivery-in-crises). See also Humanitarianism in a Network Age, [https://docs.google.com/open?id=0Bw8KcXJhj43Dd2t6ZlRyN015Q0ZL](https://docs.google.com/open?id=0Bw8KcXJhj43Dd2t6ZlRyN015Q0ZL)

27 GSMA [http://www.gsma.com/aboutus/history](http://www.gsma.com/aboutus/history)


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Discussion

Experienced humanitarian actors formed the back-bone to the response

Strong international traditional actors with experience and in particular with logistics capacity were the key to the success of the response. MSF, UNHCR and the Department of Social Welfare and Development were the first to move cargo out of Cebu. Considering that MSF was not present in the Philippines (unlike UNHCR and the DSWD), this is a testament to the efficiency of MSF’s logistics and experience in emergencies. Other big actors such as ICRC and WFP had some delays in logistics and in setting up but were major players. The military was an essential part of the response in the first two weeks in particular, until commercial services were allowed to be employed.

The remainder of INGOs, even those with lots of experience, were surprisingly slow to set up and to become operational. There isn’t one overarching reason for this: in some cases it was because of internal discussions between existing country teams and the disaster teams, in others it was due to the fact that they were setting up complex multi-dimensional programmes (including relief, rehabilitation and recovery), others in turn were waiting for donors to allocate funding, and some who were working through local partners were taking much time to negotiate how this response would work.

Although there were large numbers of actors in the Philippines, without MSF and a few of the other major UN agencies and the ICRC, there would have been a much slower response. Although natural disasters seem to be ‘easier’ for the sector, it does seem to raise the question as to whether some emergency capacity overall has been lost.

National actors are key to the success of the mission

The host government arrangements vis-a-vis international assistance are key to ensuring speed and access. The Filipino government struggled to manage the huge numbers of internationals and the requirements they all brought; however, it was able to manage quite a lot of the coordination between its own government departments, the military and regional actors. Innovations like the one-stop-shop went a long way to facilitate assistance although it may have also perhaps allowed in too many actors who were not really able to contribute to the response. Pre-existing experience and protocols went a long way to ensuring that despite some chaos, there was a ‘unity of effort’ at the national level. The response also showed that the international humanitarian aid system may not be well-adapted to working in a well-organised country which was doing its own coordination. The UN’s coordination was too heavy and self-centred. At the moment the system is inhibiting the government from having too much control over the operation and duplicates some existing coordination mechanisms.

Civil society in middle income countries such as the Philippines is also a force to be reckoned with and plays an important ‘watch-dog’ role. While they do not have the technical expertise to be very active in emergencies (beyond supporting assessments and providing manpower), they will be very influential in the rehabilitation and reconstruction phase.

The military are here to stay in disasters, and doing a good job

Military support to disaster response in Asia is an integral part of bilateral and strategic arrangements between governments. ASEAN is also developing protocols for civil and military assistance in disasters. It’s clear that for most governments now, an integrated, or comprehensive approach including government, NGO and military support is the ‘package’ provided to governments requesting help in disasters. However, military assets are used usually for very short periods of time and only in the first instance. The militaries of a very wide range of countries provided massive, organised and essential support to the operation—it was ‘the last resort’. Despite high politics in the background, and everyone having their interest, they worked in a professional and impartial way. In some cases they were used to transport their country’s personnel or goods but most assets were put at the disposal of the Armed Forces of the Philippines. Their contribution greatly assisted the government, but also NGOs, including MSF.

MSF’s position generally was to keep its usual distance from military actors. However, in the early weeks, as no other options were available, MSF used military assets until commercial logistics were able to be used. This allowed MSF to establish its operations quickly. Unlike many NGOs that continued using military assets after the initial weeks of the emergency, MSF moved very quickly to using commercial means for transportation. It may be worthwhile for MSF response in Asia to look more closely at the planning and deployment of militaries in natural disasters and be able to take a more proactive, thoughtful approach.

The private sector is not yet a major player, but moving towards integration with the system

The private sector is increasingly integrated into the humanitarian response. The telecommunications sector is essential to the operation and national mobile operators as well as international companies are providing a mix of non-profit support and business continuity interventions. Other private sector companies are involved in the relief sector (food and non-food) but are making their way into others. This is especially the case in countries which have a developed private sector. The advantage of the private sector is that it is innovative and generous and that it moves fast. Nevertheless, its know-how of good humanitarian practice is still limited.

Foreign medical teams

There was, as in all major emergencies, a massive mobilisation of Foreign Medical Teams but most of them

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Google crisis response: https://www.google.org/crisisresponse/resources.html
were ill-prepared to meet the needs on the ground. WHO is attempting to standardise and improve the quality of Foreign Medical Teams. It seems a sensible and low-key process that may have some long term benefits. Certainly it was appreciated by the Department of Health in the Philippines as a way of organising support.

Others

MSF had a very focused and driven approach to the response, ensuring that its own operations were running smoothly. This was coupled with a very pragmatic approach to coordination. As a result there was little interaction between MSF and the wider Red Cross/Red Crescent Movement, and INGOs (either ‘the usual suspects’ or regional ones that were ‘new on the scene’). MSF had also very little interaction with civil society groups. MSF shared information with OCHA and participated in some cluster meetings, but only when relevant to its operations. This approach works well during the very first emergency phase, but should MSF want to continue to develop a presence in the Philippines it will have to develop a wider range of contacts and networks, and to coordinate with local civil society as well as with INGOs working in longer-term programming.

What does this mean for MSF?

Although there were a large number of other humanitarian actors, it is clear that MSF’s intervention was timely and significant. MSF went in the Philippines with a very big operation in a context where medical needs were not paramount and was flexible and adaptable enough in some places to develop a wide range of services. It does raise the question about the dimension of MSF’s operations in a natural disaster context, particularly after the emergency is over.

For MSF, a context like the Philippines - a natural disaster in a middle-income country in an area without a conflict (though there is a low-intensity conflict in Eastern Samar) - emphasises the importance of developing a strong relation with the national and local authorities and, where appropriate and relevant, with civil society actors. Nevertheless the wider context is highly politicised so interaction with military and civilian national actors should be seen through this lens.

The role of international military actors in responding to natural disasters in the Asia Pacific region should not be underestimated. These are not ‘casual’ deployments, but rather, built in to regional alliances and strategies. MSF’s default interaction with the military is limited and practical, and that may be the best approach, but it might be worth it for MSF to gain more institutional knowledge about how the military work in Asia and to better define its approach.

Finally, the private sector is of interest in these contexts. Mobile phone operators and companies with well-developed logistical capacities will increasingly play major roles in the response and MSF should take this into account.

Conclusion

The Philippines showed how in some ways national and international actors occupy parallel worlds. The current humanitarian system needs to better adapt to middle income countries. The cluster system is just too heavy and cumbersome.

MSF developed good relations with those actors that were operationally relevant. MSF ‘got on with the job’ and as there was a tendency of others to leave us alone. Still, MSF should consider taking more interest in the role of the military in disaster response in Asia and also in the private sector, telecoms in particular.
Annexes

People interviewed

MSF
1. HART representative, Asia
2. Emergency Coordinator, MSF Belgium, Guiuan (former)
3. Emergency Coordinator MSF Belgium, Guiuan (former)
4. Head of Mission, MSF France, Tacloban
5. Head of Mission, MSF Belgium, Guiuan
6. GIS and Technological innovation adviser, MSF UK
7. Emergency Desk, MSF Spain
8. Emergency Desk, MSF Switzerland
9. Watsan Coordinator, MSF Holland

UN
10. WHO Country Office Manila
11. OCHA Manila
12. WFP Manila
13. OCHA Tacloban
14. OCHA Tacloban
15. UNHCR Tacloban

Red Cross/Red Crescent Movement
16. British Red Cross
17. Philippines Red Cross Manila
18. IFRC, Philippines Manila
19. Head of Delegation, ICRC Philippines Manila
20. Head of Emergency Operations, IFRC Tacloban
21. Head of Sub-Delegation, ICRC Guiuan
22. Red Cross, Society of China

INGO
23. Muslim Hands London
24. Handicap International Manila
25. Internews, Guiuan
26. Catholic Relief Services (CRS), Guiuan
27. People in Need (PIN), Guiuan
28. Muhammadiyah Disaster Management Centre (MDMC), Indonesia
29. HelpAge International
30. Asia Disaster Response and Network
31. Civil Society Organisation, Ormoc
32. East Visayas Network EVNET, Tacloban

Private sector
33. Disaster Response Team, DHL
34. Philippines Disaster Recovery Foundation (seconded from SMART telecon)
35. ABS-CBN (TV station and media company) Head of Integrated Services
36. Private sector liaison, OCHA Manila
37. Ericsson Response, Guiuan
38. GSMA

Philippines Government
39. Dept of Health, Manila
40. Local Gvt Unit, Guiuan
41. Civil Defense Officer, NDRRMC

Foreign Medical Teams
42. Swiss Development Cooperation
43. UK Med
44. Merlin/Save the Children
45. AUSMAT

Military
46. DFID (Civ Mil)
47. OCHA (Civ Mil)
48. Center for Excellence in Disaster Management & Humanitarian Assistance, Hawaii
49. Republic of Korea Joint Support Group, Tacloban
50. Canadian Defence Attache
51. Logistician, seconded to Armed Forces of the Philippines, Cebu

Field programme
Sunday 16 – Wednesday 19 March, 2014 – Manila
Thursday 20 – Sunday 23 March, 2014 – Tacloban
Monday 24 – Thursday 27 March, 2014 – Guiuan
Friday 28 March – Guiuan – Tacloban – Manila

The former women’s ward of Guiuan hospital stands empty of patients and without a roof
Photo credit © Julie Remy/MSF