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Rapid Humanitarian Analysis: Cebu Earthquake

**Daanbantayan, Medellin, and San Remegio municipalities, Cebu
Province, Philippines
October 2025**

Executive Summary

On September 30, 2025, a 6.9-magnitude earthquake struck northern Cebu, with its epicenter near Bogo City, severely impacting the Municipalities of Daanbantayan, Medellin, San Remigio, and Tabuelan. The quake, followed by more than 10,000 aftershocks recorded within the first week, caused extensive destruction to homes, livelihoods, and public infrastructure, displacing thousands of residents, many of whom continue to live in temporary shelters or open spaces.

CARE Philippines, through its SAFER Project and ACCESS Project, conducted a Rapid Humanitarian Analysis (RHA) from October 7–14, 2025, to understand the differentiated impacts of the earthquake across, age groups, household roles and social circumstances. The assessment was carried out through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), Sex, age, and disability disaggregated data (SADD) and direct field observation in affected Municipalities. It aims to inform humanitarian actors of priority needs, protection risks, and opportunities to promote inclusive participation and equal access to assistance in the ongoing response and early recovery.

Key Recommendations

Immediate Response Priorities

- Provide cash or voucher assistance to families who lost income, prioritizing women-headed households, single parents, people with disabilities, elderly, and caregivers.
- Ensure consistent food and water assistance, including diverse and nutritious options for children, pregnant and lactating women, and the elderly.
- Strengthen WASH interventions by restoring water systems, providing hygiene kits, and setting up safe and inclusive toilets and bathing facilities.
- Sustain medical outreach and psychosocial support for all affected populations, with priority given to children, the elderly, person with disabilities, pregnant and postpartum women, and individuals with chronic illnesses. Continue implementing community based Psychological First Aid (PFA) and strengthen referral pathways to ensure timely and appropriate emotional and protection support for affected individuals.

Early Recovery and Resilience

- Support livelihood recovery through cash-for-work, skills training, and livelihood starter kits for affected farmers, fishers, and women's savings groups or associations.
- Facilitate access to safe and durable shelter, providing materials, technical guidance, and repair assistance for families whose homes are unsafe.
- Ensure protection measures in all response activities, including lighting, privacy in temporary shelters, and community referral and feedback mechanisms accessible to women, children, and vulnerable groups.

Key Findings

Roles and Responsibilities

Women continued caregiving and daily household chores, but the earthquake disrupted routines and reduced productivity as chores moved outdoors amid fear of aftershocks. Men's provider roles were affected by loss of income from farming, construction, and fishing. Despite this, women remained emotional and practical anchors, sustaining families through caregiving, prayer, and mutual support.

Livelihoods and Economic Insecurity

Farming, construction, fishing, and transport work halted, leaving families dependent on relief aid. Savings were exhausted, and women-led savings groups in Medellin paused operations, cutting access to small loans. Many families now live "day to day," with no income or emergency funds.

Access to Services and Aid

Food and water aid reached most areas but was inconsistent in remote sitios. Families relied on basic staples like rice, noodles, and sardines, which elderly and lactating women found unhealthy due to their underlying health conditions.

WASH (Water, Sanitation, and Hygiene)

Access to clean water remained limited, particularly in remote sitios. Families donated bottled water and worried about shifting back to deep wells if supplies ran out. Some used collapsed toilet bowls or dug temporary pits for sanitation, while limited soap and containers made hygiene difficult. Communal washing areas also served as spaces for women to share experiences and support one another emotionally.

Health and Well-being

Health centers functioned but lacked supplies. A one-time medical mission in Daanbantayan offered temporary relief, yet medicine shortages persisted, especially for the elderly with medicine maintenance. Psychological First Aid sessions offered initial emotional support and helped many begin to process trauma and fear. However, the limited availability of these sessions underscores the urgent need for sustained and accessible psychosocial support services in affected communities.

Protection

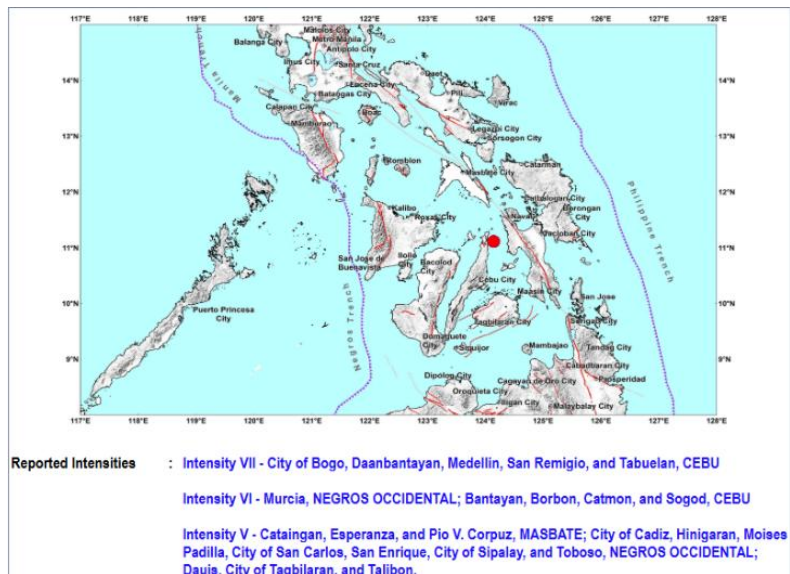
No major protection incidents were reported, but women and children faced privacy, lighting, and safety concerns at night. Children feared aftershocks, darkness, and using toilets outside, but felt safer when with mothers or grandmothers. In San Remigio, emerging sinkholes heightened mobility risks and anxiety, particularly for caregivers and children.

Housing and Shelter

Many homes were unsafe or damaged. Families built temporary shelters or stayed in limited DSWD or INGO tents. Concrete houses with deep cracks left residents unsure how or where to start rebuilding.

Introduction

On September 30, 2025, at around 9:59 PM, a 6.9-magnitude tectonic earthquake struck Bogó City, Cebu, with its epicenter located approximately 19 kilometers northeast of the city proper at a shallow depth of five kilometers. The strong tremor was widely felt across Cebu and neighboring provinces, triggering panic, widespread damage, and immediate emergency response actions. According to the Philippine Institute of Volcanology and Seismology (PHIVOLCS), Intensity VII (Destructive) shaking was recorded in the City of Bogó, Municipality of Daanbantayan, Medellín, San Remigio, and Tabuelan, while Intensity VI (Very Strong) was experienced in parts of Masbate, Negros Occidental, and northern Cebu municipalities.



¹ Philippine Institute of Volcanology and Seismology (PHIVOLCS) Earthquake Information No. 4

Following the main shock, DOST-PHIVOLCS recorded over 3,600 aftershocks within the first 66 hours, 18 of which were at least magnitude 4.0. As of 9 October 2025, the number of aftershocks had risen to over 10,000, with frequent felt events continuing to cause anxiety among residents. On 7 October 2025 at 1:06 AM, a magnitude 5.8 earthquake struck 14 kilometers southwest of Bogó City, one of the hardest-hit areas still recovering from the main quake.



² The damaged shrine of Santa Rosa de Lima in Daanbantayan, Cebu, after a 6.9-magnitude earthquake.

The earthquake triggered tsunami and landslide advisories, with PHIVOLCS warning of possible earthquake-induced hazards such as rock falls, liquefaction, ground fissures, and sinkholes, especially in the sloping and coastal areas of northern Cebu. The tsunami advisory was later lifted after no abnormal sea-level disturbance was recorded.

According to the NDRRMC Situational Report No. 15 (as of 13 October 2025) an estimated 744,333 individuals (212,246 families) were affected across 259 Barangays in 18 cities and municipalities of Cebu. Around 7,555 people remain displaced, with 54% staying outside evacuation centers, many of whom

have constructed makeshift shelters from tarpaulins and light materials to protect themselves from the elements. The NDRRMC reported 75 deaths and 559 injured.

The northern municipalities of Daanbantayan, Bogu City, Medellin, San Remigio, and Tabuelan sustained the heaviest impacts, with significant destruction to homes, disruption of livelihoods, and damage to key infrastructure. The continued aftershocks have also worsened psychosocial stress, particularly among displaced populations and families with limited resources.

In response, CARE and its partners conducted a Rapid Humanitarian Analysis (RHA) to examine the differentiated impacts, needs, roles, and coping strategies of women, men, adolescent girls and boys, and other vulnerable groups. Findings from the RHA aim to inform responsive, inclusive, and evidence-based humanitarian response and recovery plan in northern Cebu.

Methodology

Rapid Humanitarian Analysis (RHA) was conducted from October 7 to 14, 2025. This enabled a comprehensive understanding of how the 6.9-magnitude earthquake affected different population groups particularly women, men, girls, boys, and persons with specific vulnerabilities. The RHA explores the following key questions:

1. How do the roles and expectations among women and girls, and men and boys change after the disaster?
2. What are the humanitarian needs experienced by the community? How did humanitarian actors address these gaps?
3. What capacities are available in the community to support response and recovery?
4. What key recommendations should be prioritized based on community insights

The assessment combined primary and secondary data to capture diverse experiences, dynamics, and coping strategies of affected communities. Primary data was gathered through focus group discussions (FGDs), key informant interviews (KIIs), individual stories, field observations, and the collection of Sex, Age, and Disability-Disaggregated Data (SADD) from local governments in Daanbantayan, Medellin, and San Remigio, Cebu.

Primary Data Collection

FGDs and KIIs engaged women, men, boys, and girls from affected families, with a particular focus on vulnerable groups such as female-headed households, children, the elderly, lactating women (including one who had just given birth during data collection), and persons with disabilities. Separate FGDs were organized for women and girls to ensure their perspectives were safely



3 FGD with women in Dalingding Sur, Medellin

and accurately captured, especially regarding protection risks, including violence against women and girls (VAWG), privacy concerns, and access to healthcare.

Interviews with local government officials and community leaders provided complementary insights into local governance, coordination mechanisms, and community-led response efforts immediately after the earthquake.

Secondary Data Review

The assessment also utilized secondary data sources such as PHIVOLCS Earthquake Information Bulletins, NDRRMS, CARE Philippines situation reports, and reports from ACCESS Project and CARE Philippines local partners gathered immediately after the event. These sources helped establish the broader context of the disaster, including displacement trends, infrastructure damage, and pre-existing vulnerabilities that informed community responses and recovery capacities.

Site Selection

Site selection was guided by PHIVOLCS Earthquake Information No. 4 (issued on 30 September 2025), which identified areas that experienced Intensity VII (Destructive) shaking. Priority was given to the most heavily affected and hard-to-reach communities in northern Cebu—specifically Daanbantayan, Medellin, and San Remigio.

While Bogo City, the epicenter of the earthquake, remained the main concentration of humanitarian response efforts, support was not limited to the city alone. The RHA covered surrounding municipalities where access challenges and unmet needs persisted. Many communities in Daanbantayan, Medellin, and San Remigio are in coastal, mountainous, and agricultural areas, making them difficult to reach and often overlooked during the early stages of response.

These municipalities were prioritized due to the combination of high impact, displacement, and presence of vulnerable populations, including pregnant and lactating women, the elderly, and persons with disabilities as well as humanitarian presence compared to Bogo City. This focus allowed the analysis to capture the diverse realities of affected populations across both urban and geographically isolated rural settings in northern Cebu.

Barangay selection within these municipalities focused on areas with the highest number of totally and partially damaged households and those considered hard to reach. This was validated through recommendations from barangay officials and SADD data. This focus allowed the analysis to capture the diverse realities of affected populations across both urban and geographically isolated rural settings in northern Cebu.



4 CARE Philippines Shelter Officer assesses a damaged house in Barangay Hagnaya, San Remigio, Cebu.

Ethical Considerations and Safeguarding

The assessment adhered to CARE’s safeguarding policies and the “Do No Harm” principle to ensure ethical and sensitive data collection. Informed consent was obtained from all participants, and the field team, led by a woman trained in women and girls in emergencies and safeguarding ensured that discussions were conducted in safe, confidential settings. Special care was taken to minimize the risk of re-traumatization or negative harmful effects, especially among women and children, and to maintain the privacy, dignity, and security of participants throughout the process.



5 FGD Facilitator explains the consent process to women participants before beginning the Focus Group Discussion (Zhynnon Mar Mantos/CARE)

Limitations

A key limitation of the assessment was the underrepresentation of men during data collection. Many men were primarily occupied with securing their homes, tents, and some are taking care of their vegetables garden, livestock and farm animals, which limited their availability to participate in FGD. Although each FGD targeted 8–10 participants, women’s participation often exceeded this target, in some cases doubling the expected attendance.

Use of Findings

Rapid Humanitarian Analysis generated critical insights into the differential impacts of the earthquake and the dimensions of displacement, protection, and recovery. Findings from the RHA are intended to guide humanitarian actors in designing equitable, inclusive, and responsive interventions, supporting women, men, girls, boys, and other vulnerable populations in both the immediate recovery and long-term rebuilding phases.

Findings and Analysis

How do the roles and expectation among women and girls, and men and boys change after the disaster?

Roles and Responsibilities

Across the municipalities of Daanbantayan, Medellin, and San Remigio, Cebu the earthquake disrupted traditional roles and household dynamics, amplifying women’s workloads while highlighting their resilience.

Before the earthquake, women in Barangay Bakhawan, Daanbantayan described their days as full and organized; cooking, cleaning, taking care of children, and supporting their husbands’ livelihoods. Most identified themselves as full-time housewives. While men engaged mainly in income-generating activities

such as farming, construction, driving, and fishing. In Barangay Dalingdingan Sur, Medellin, women described their days as **“We do a lot of things, but it’s normal — we’re used to it.”**

However, post-earthquake realities drastically altered these roles. With homes damaged and unsafe, many women now spend much of their time outdoors. In Barangay Bakhawan, Daanbantayan, women said their daily routines became fragmented as fear forced families to live and sleep outside. One woman shared:

“We don’t stay inside the house anymore; we spend most of our time outside. There’s not much to do now unlike before. We still cook, but food is limited, there’s no house to clean, and even the water from the faucet is scarce. So, we end up eating, washing clothes, bathing, washing dishes, and sleeping outside.”

This pattern was echoed in Dalingding Sur, Medellin, where women also reported doing chores outdoors and spending nights in open spaces out of fear of aftershocks.

In Barangay Hagnaya, San Remigio, the story of a new mother who had given birth just a week before the quake illustrated the compounded physical and emotional strain women face. Despite her C-section wound and continuous bleeding, she continued to care for her newborn and household: **“I still move, carry the baby even while I’m bleeding... When I go to the bathroom, I still bleed, but I endure it.”** This highlights how women’s caregiving responsibilities persist even when their own health is compromised.



6 A father shares his experience with fellow men at the FGD in Dalingding Sur, Medellin

In Dalingding Sur, Medellin, men’s traditional roles as primary providers were significantly disrupted. Many lost their sources of income as farming activities were interrupted, infrastructure was damaged, and construction work was temporarily halted. These disruptions deepened economic insecurity, particularly among family’s dependent on daily wages for their livelihood.

The same sentiment echoed in Brgy. Hagnaya, San Remigio, where a female key informant described how women “continue to hold the household together” despite living in fear of aftershocks. While men focused on inspecting structural damage and securing temporary shelters supplies, women took the lead in organizing temporary living arrangements and ensuring the daily needs of children and elders.

In three municipalities, women also serve as emotional anchors, helping children cope with fear and uncertainty through prayer and routine. Adolescents, particularly girls, support sibling care, while boys engage in outdoor activities like basketball and helping their father clear debris. The re-emergence of traditional roles-women as caregivers and men as protectors-was observed, though many women have also started to take part in community coordination and relief distribution such as Barangay Health Workers and Purok Leaders that are mostly women.

Children’s routines were also disrupted by the earthquake. During the assessment, classes had not yet resumed, and schools were preparing to shift to modular learning in the following week. As a result, children

spent most of their time outdoors, playing with friends or helping their parents with small tasks since staying inside their houses was unsafe.

While play provided a sense of normalcy, several children shared fears of using toilets or sleeping outside at night, especially during aftershocks. However, they said they felt safe when accompanied by their mothers or grandmothers, who provided reassurance and comfort. These experiences highlight how children's sense of security is deeply linked to the emotional presence and care of women in the household, reinforcing women's roles as both caregivers and protectors even in uncertain environments.

Control of resources and Decision Making within the Household



7 A mother in Brgy. Bakhawan, Daanbantayan shares her experience in the FGD with other women.

Across the three municipalities, decision-making remained largely shared between spouses, though women increasingly took a more active role after the earthquake, especially in managing relief goods and budgeting scarce resources. In Brgy. Hagnaya, Medellin, women explained that the woman is the one who “manages the remaining money because she’s better at estimating what the household needs”. This reflects pre-earthquake household dynamics where women typically handled budgeting when funds were available. However, financial

constraints have deepened since the disaster.

The KII in Brgy. Hagnaya, San Remigio revealed that while the husband supported caregiving, financial decisions were constrained by the loss of livelihood. The mother recounted how her husband stopped working to care for her post-partum, saying: **“He used to be a porter, but he stayed home to look after me because I was bleeding. Now, we just share whatever we receive.”**

Similarly, in Brgy. Bakhawan, Daanbantayan, women coordinated how to stretch relief packs, share donations, and prioritize medicines or children's needs. Across all sites, women's role in household management expanded, yet they had limited control over external resources such as financial assistance, non-food items, and access to medical care, which remained dependent on government and humanitarian aid distribution systems.

Division of (domestic) Labor and Income

Women across Medellin and Daanbantayan described their unpaid labor increasing post-disaster, as many tasks had to be done under difficult conditions



8 A farmland in Barangay Dalingdingan Sur, Medellin, Cebu, where farming activities have yet to resume following the earthquake

(outdoors, with limited water or lighting). In both areas, their productivity declined due to disrupted routines, but their time burden remained heavy.

Men, on the other hand, experienced a loss of paid work. Both in Medellin and Daanbantayan, most men were daily-wage farm laborers earning ₱200–300 per day, while men who worked in construction lost their income when operations were halted, while habal-habal (motorcycle) drivers had fewer passengers. A few women mentioned that their husbands had tried returning to fishing, but the catches remained low. In Brgy Hagnaya, San Remigio, one respondent shared that family relied solely on donations after selling their livestock: **“We sold our pigs last September. My husband plans to go back to Cebu City for work, but I’m scared- what if another earthquake happens and I’m alone with the baby?”** This shows both the fragility of income sources and the emotional toll on families left behind.

What are the humanitarian needs experienced by the community? How did humanitarian actors address these needs?

WASH (Water, Sanitation, and Hygiene)



9 A temporary shelter in Barangay Dalingding Sur, Medellin, Cebu, where families use stored water gallons for washing, cooking, and daily needs amid limited access to clean water

Access to clean water was a concern, particularly in Medellin and Daanbantayan. Women shared that some walked longer distances to fetch water after several sources were disrupted or contaminated. In some sitios, water points remained functional but were insufficient for all households. Many families are currently using the bottled mineral water they receive from donations for everyday needs, though they admitted being cautious about consumption for fear of running out. Several women said they try to save the

bottled water as much as possible, knowing that once supplies are depleted, they would have to rely again on deep wells, which they fear may be unsafe if the water system is not improved soon.

Sanitation also remains a challenge. Some families shared that their toilets collapsed during the earthquake, leaving only the toilet bowls intact, which they now use in makeshift outdoor setups for privacy. Others resorted to digging temporary pits (“hukay”) as alternative latrines, especially in areas where comfort rooms (CRs) were totally destroyed. Women expressed concern for safety and dignity when relieving themselves at night, particularly due to poor lighting and fears of aftershocks or ground movement.

Handwashing and hygiene practices continued, but respondents mentioned challenges in maintaining them due to limited soap and storage containers. Communal washing areas have also become informal meeting spaces where women exchange stories and support one another emotionally, reflecting both a practical and psychosocial coping mechanism.

Health Services (including MHPSS)

Health centers remained operational across all three municipalities but faced limited capacity, particularly in serving the elderly, prenatal and postpartum care for women, and individuals with chronic illnesses. In Medellin, respondents cited persistent difficulty in refilling maintenance medicines for hypertension and diabetes due to disrupted supply chains. Elderly participants shared that even with family support, they often prioritized food over medicine when resources were scarce.

In Daanbantayan, a medical mission was conducted on October 3, 2025, providing blood pressure monitoring and basic check-ups. While this outreach was appreciated, respondents noted that it was a one-time activity and that access to medicines, especially for those with maintenance needs, remains an ongoing challenge. Barangay health workers continue to provide basic consultations, but supplies are limited, and outreach visits are not regular.

In San Remigio, one woman who had recently undergone a C-section shared her struggle recovering while caring for her newborn amid aftershocks and fear. She expressed gratitude for surviving the quake but admitted that constant shaking and anxiety affected her physical healing. Health staff advised her that her stitches would dissolve naturally, yet she worried about prolonged bleeding and pain due to stress and exhaustion.

Across all sites, formal Mental Health and Psychosocial Support (MHPSS) services were not available. Participants described feeling relief after being able to share what they went through, especially the constant “pangurog” (shaking), fear of aftershocks, and anxiousness that children and adults alike continued to experience.



10 Women participating in a Psychological First Aid (PFA) grounding activity in Barangay Dalingding Sur, Medellin, Cebu.

Women expressed deep emotional exhaustion and fear yet also gratitude for the opportunity to be heard. During the assessment, Psychological First Aid (PFA) sessions were also conducted with affected residents. Several mentioned that the PFA session made them feel “lighter” and less alone, realizing that others shared the same fears. For many, it was the first time someone had listened to them about their fears and trauma. Men, on the other hand, shared less about their emotional experiences,

often focusing on physical and livelihood challenges, reflecting expectations that discourage men from showing vulnerability.

Even without formal psychosocial programs, peer support and prayer gatherings continued to serve as important coping mechanisms in all three municipalities. These informal networks of care among women, neighbors, and even within washing or cooking areas—became safe spaces for emotional release, collective strength, and healing.

Food Security and Nutrition



11 Women in Barangay Dalingding Sur, Medellin carry an elderly woman to participate in household validation activities and RCCE—demonstrating community solidarity and the importance of inclusive engagement in post-disaster assessments.

Across the municipalities, food assistance was among the first forms of humanitarian aid received. Families were grateful for donations of rice, sardines, and instant noodles, yet several senior citizens expressed that they no longer wanted to eat processed or canned food due to health concerns. One elderly woman said she preferred plain porridge or vegetables, saying, “I can’t eat noodles every day anymore; I want soup or porridge. For us elderly, eating noodles and canned goods can worsen our high blood pressure”

While the quantity of food aid was sufficient in the early days of response, diversity and nutritional quality were lacking. Women highlighted the need for fresh food support such as vegetables, eggs, or fruits to sustain recovery and prevent health issues, especially for children and older adults.

Safety and Protection

No major protection incidents were reported; however, women expressed concern about safety at night, especially after temporary shelters were set up in open areas. Lack of lighting and privacy was a common issue, with several requesting solar lamps or lighting support for safety and convenience. Care responsibilities also increased for women, as they managed both household chores and emotional support for children and elderly family members affected by the disaster.



92 Visible sinkhole in the roadway directly in front of the school entrance in Brgy. Hagnaya, San Remigio, Cebu

In San Remigio, residents expressed growing fear over the formation of sinkholes that appeared after the earthquake. Some shared that small depressions and cracks emerged near their homes, farmlands, schools, or pathways, raising concerns about the stability of the ground. The uncertainty about when or where new sinkholes might appear heightened community anxiety, especially among women who often fetch water, care for children, and move around the barangay during the day. Many said they now avoid walking alone or at night, and children are no longer allowed to play outside unsupervised.

This constant state of alertness adds to the psychosocial burden that families already carry from repeated aftershocks. Mothers, in particular, shared that they experience fear even when it rains, associating the sound or shaking ground with the earthquake. For them, physical safety is closely tied to emotional security a reminder that recovery is not only about rebuilding homes but also restoring a sense of safety and stability within the community. These emerging ground risks further undermine community confidence in safety and delay shelter recovery efforts

Housing and Shelter



13 DSWD temporary shelters in Barangay Dalingding Sur, Medellin, Cebu, serving families displaced by the earthquake.

families were temporarily accommodated in DSWD or INGO-provided tents and shelters located near the municipal hall or public parks. However, the number of tents was limited, and the sites were far from many Barangays and sitios, making them less accessible, especially for families who preferred to stay close to their homes to guard their belongings and household items.

Respondents expressed uncertainty about where to start rebuilding, as many of their houses were no longer livable. Even those with concrete or hollow-block structures that did not completely collapse were found to have deep cracks and weakened foundations, making them unsafe to occupy. Families shared feelings of helplessness and hesitation, unsure whether to repair, rebuild, or abandon their damaged homes altogether.

Several participants expressed that without proper assistance, they risk rebuilding unsafe structures using the same vulnerable materials. For many, safe housing is their most urgent recovery need, tied not only to physical safety but also to their sense of stability and dignity.



14 Bottled mineral water ready for distribution to affected families in San Remigio, Cebu.

Housing damage varied across sites, with the worst-affected areas reporting partially or fully collapsed structures. Many families continue to live in temporary shelters built from salvaged materials, tarpaulins, and light wood structures that offer little protection during heavy rain or aftershocks.

Men typically took the lead in constructing temporary shelters, often beside their damaged homes or along nearby roads if no open space was available. Women, meanwhile, managed daily household needs, organized limited space for cooking and sleeping, and ensured children and the elderly remained safe and dry. Some

Humanitarian Assistance

Most respondents acknowledged receiving humanitarian aid shortly after the earthquake, mainly in the form of food packs, and water distributed by the local government, humanitarian organization, and private individuals (mostly vloggers). However, distribution was not always consistent, and some remote sitios reported receiving smaller quantities or delays. Women commonly led the collection of relief goods, as men were occupied repairing homes, temporary shelters or seeking income opportunities. In Daanbantayan and San Remigio, some residents mentioned that relief efforts were well-organized, but they

observe that it's for short-term, emphasizing the need for longer-term livelihood and shelter recovery assistance.

What capacities are available in the community to support response and recovery?

Capacity and Coping Mechanisms



15 Women participants gathered under a tree during the daytime FGD—a familiar meeting space where they shared their stories and recovery experiences.

Coping strategies across all three municipalities reflected strong community solidarity, faith, and endurance. In Medellín, women said they ***“just pray and help one another,”*** while in Daanbantayan, prayer circles and nightly gatherings outside damaged houses became forms of emotional support. One mother said: ***“We pray every night. It helps us sleep even if the ground still shakes.”***

The San Remigio mother also emphasized faith as her source of strength: ***“I keep praying to God... ‘Papa God, please help us because my baby is so helpless.’”***

Such coping mechanisms highlight both spiritual resilience and the lack of formal psychosocial support available to women.

Across all municipalities, women also shared that simply talking to one another whether during food distribution, washing clothes, or tending to children helped them manage anxiety and fear. These informal conversations became a vital form of emotional

support and collective coping. In addition, community-level coping also included sharing food and water, improvised shelters from wood, tarpaulins, cardboard, and plastic, and herbal remedies when medical supplies were unavailable.

Livelihoods, Savings, and Access

Livelihoods were severely affected in all municipalities. Farming and construction halted in Medellín and Daanbantayan, while fishing yields declined. Women noted that ***“there’s food now because of donations, but no income.”*** In San Remigio, income loss pushed the family to sell their small livestock.

Savings were minimal across all sites. Families admitted that they ***“just live day to day,”*** with no emergency funds. A few women in Medellín said they previously kept small savings for school expenses, but those were spent immediately for food and medicine after the earthquake. Some mentioned that that even before the disaster, they often relied on borrowing from sari-sari stores, taking loans from “five-six” lenders (Indian moneylenders), or participating in local cooperatives to cover daily needs.

Before the earthquake, women in Medellín participated in Community-Managed Savings and Credit Associations (COMSCA), meeting weekly to save small amounts for emergencies and household needs. However, after the disaster, meetings and contributions were suspended due to financial strain and displacement, cutting off women’s access to this important safety net.

Access to Services and Resources

Across the three municipalities-Medellin, Daanbantayan, and San Remigio, Cebu access to essential services and resources varied depending on proximity to town centers and the severity of earthquake impacts. Communities in more remote sitios, such as and Barangay Bakhawan Daanbantayan, experienced delays in assistance and limited access to prioritization of more accessible barangays.

Across all sites, residents described uneven access to assistance, with more remote communities often the last to receive support.

Recommendations for Humanitarian Implementing Stakeholders

Immediate Humanitarian Actions

Shelter and Protection

- Provide durable emergency shelter materials (tarpaulins, tents, repair kits) and technical guidance to ensure safe temporary living spaces, prioritizing women-headed households, families with young children, person with disability, and elderly members.
- Install community lighting or distribute solar lamps to improve safety and security at night, especially in open or temporary shelter sites.
- Conduct safety assessments in sinkhole-prone areas (San Remigio) and clearly mark or fence off high-risk zones to reduce the risk of accidents.

Water, Sanitation, and Hygiene (WASH)

- Restore and repair damaged water systems, ensuring safe and adequate access to clean water in all affected sitios.
- Provide hygiene kits (soap, sanitary pads, water containers, aqua tabs)
- Construct or rehabilitate segregated and well-lit latrines to restore privacy and safety, particularly for women and girls who expressed fear using outdoor makeshift toilets.
- Install solar lamps near sanitation and communal areas to improve safety for women and girls
- Continue water quality monitoring and promote hygiene awareness sessions led by women's groups or Barangay Health Workers.

Health and Psychosocial Support

- Ensure consistent access to essential medicines, particularly maintenance medicines for hypertension, diabetes, and pre & postnatal care needs.
- Deploy mobile health teams regularly to remote bargains and coordinate with municipal/rural health offices for follow-up medical outreach.
- Scale up Psychological First Aid (PFA) and basic Mental Health and Psychosocial Support (MHPSS) training for local service providers and barangay volunteers, to continue safe emotional support for affected communities.
- Support peer-led psychosocial activities such as sharing circles to strengthen emotional resilience. Consider training and engaging community representatives to boost local ownership.
- Establish referral pathways for protection and mental health support, especially for women,

children, and elderly who continue to experience anxiety and trauma.

Food Security and Nutrition

- Diversify food assistance to include fresh and nutritious items such as vegetables, fruits, eggs, and rice to complement canned and processed goods.
- Introduce community or backyard gardening kits with technical guidance for quick recovery of local food sources.
- Provide targeted nutrition support for pregnant and lactating women, infants, and older adults to prevent malnutrition and manage chronic illnesses.

Education and Child Protection

- Coordinate with the Department of Education (DepEd) to ensure safe and functional learning spaces, especially for children shifting to modular learning while schools are inspected or repaired.
- Provide learning kits and psychosocial play sessions for children to support their return to learning and emotional recovery.
- Strengthen child protection mechanisms through community awareness and parent sessions to help families manage children's stress and fears during recovery.

Livelihood and Economic Recovery

- Initiate cash for work or emergency employment programs focused on debris clearing and repair ensuring equal participation of women and men.
- Provide immediate cash or voucher assistance to households that lost income sources, prioritizing single parents, women-headed households, persons with disabilities, elderly, and those caring for dependents.
- Coordinate with microfinance partners to provide flexible loans or grants for small livelihood restart (e.g., farming inputs, fishing tools, or micro-enterprise support).

Early Recovery Priorities

As communities in **Daanbantayan, Medellin, and San Remigio, Cebu** transition from immediate response to recovery, the focus should shift toward rebuilding safer homes, restoring livelihoods, and strengthening access to essential services that promote resilience and dignity, especially for women, children, person with disability, and the elderly.

Recovery planning must go beyond physical reconstruction to include psychosocial healing, livelihood reactivation, and the restoration of community networks such as COMSCA and women's groups, which play a critical role in mutual support and resource management. Children's return to learning, whether through modular or in-person classes, should be supported alongside family-based recovery efforts to re-establish a sense of normalcy and safety. Integrating gender- and age-responsive approaches across sectors will ensure that recovery efforts are inclusive, sustainable, and centered on the needs and capacities of those most affected.

Shelter and Housing

- Provide technical and material support for safe housing reconstruction using disaster-resilient design standards.
- Offer community-based construction training for both men and women to enhance skills and safety in rebuilding homes.
- Integrate shelter recovery with community-based Disaster Risk Reduction (DRR) planning to prevent rebuilding in high-risk zones.

Livelihood and Economic Empowerment

- Support early livelihood recovery through provision of agricultural inputs, fishing gear, and small business restarts.
- Re-establish and strengthen community savings groups (e.g., COMSCA, VSLA) to help women regain access to savings and credit.
- Facilitate skills training for alternative income sources (e.g., food processing, sewing, home-based enterprises) with market linkages.

Health and MHPSS

- Institutionalize regular mobile health outreach to remote sitios, with integrated reproductive health and maternal services.
- Establish sustainable MHPSS mechanisms within barangay health systems, ensuring trained focal persons can continue basic psychosocial support.
- Integrate Violence against women and children (VAWG) awareness and referral pathways in all health and protection programs.

WASH and Community Infrastructure

- Rehabilitate and expand community water systems to ensure equitable access for all households.
- Construct durable communal washing and bathing facilities with adequate privacy, lighting, and accessibility for women, children, and persons with disabilities.
- Introduce community-led WASH committees to promote accountability and maintenance of water points and sanitation facilities.

Education and Child Protection

- Support DepEd and LGUs in conducting safety inspections and retrofitting of schools to be earthquake-resilient.
- Provide psychosocial support and recreational activities for children to help them process trauma and regain normal routines.
- Monitor the implementation of modular learning and ensure equitable access to learning materials in remote areas.

Community Resilience and Participation

- Strengthen participation of women, youth, person with disability, and elderly in community decision-making for recovery and DRR planning.
- Support LGUs and barangays in establishing community feedback and accountability mechanisms to improve transparency and inclusion.
- Facilitate continuous coordination among government, humanitarian, and community stakeholders to ensure complementary recovery support and resource mobilization.

About CARE Philippines

CARE has been providing emergency relief and development assistance in the Philippines since 1949. Over the years, the organization has developed strong working relations with local communities and non-government organizations throughout the country.

Currently, CARE Philippines is implementing ranging from disaster risk reduction and climate change adaptation in rural and urban areas to humanitarian assistance focusing on food, shelter, cash, protection, water, sanitation and hygiene, to recovery and rehabilitation focusing on women's economic empowerment, health and livelihoods, across the Philippines.

More information: www.care-philippines.org

Acknowledgements

ACCESS Project
Barangay Local Government Unit of Dalingding Sur, Medellin
Barangay Local Government Unit of Barangay Bakhawan, Daanbantayan
Barangay Local Government Unit of Hagnaya, San Remegio
CARE Philippines
CARE Philippines-SAFER Project
Humanitarian Partnership Platform
Municipal Local Government Unit of Daanbantayan, Cebu
Municipal Local Government Unit of Medellin, Cebu
Municipal Local Government Unit of San Remegio, Cebu
Tijori Foundation

Photos: Zhnynnon Mar Mantos/CARE