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Department of Education

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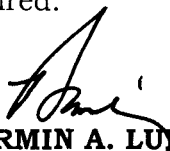
**DISSEMINATION OF DEPED-DSWD-DILG-DOH JOINT MEMORANDUM
CIRCULAR NO. 1, S. 2013**

(Guidelines on Evacuation Center Coordination and Management)

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Directors of Services, Centers and Heads of Unit
Regional Secretary, ARMM
Regional Directors
Schools Division Superintendents
Heads, Public and Private Elementary and Secondary Schools
All Others Concerned

1. For the information and guidance of all concerned, enclosed is a copy of DepEd [Department of Education] - DSWD [Department of Social Welfare and Development] - DILG [Department of Interior and Local Government] - DOH [Department of Health] Joint Memorandum Circular No. 1 dated May 6, 2013 entitled **Guidelines on Evacuation Center Coordination and Management**.

2. Immediate dissemination of this Memorandum is desired.


BR. ARMIN A. LUISTRO FSC
Secretary

Encl.:
As stated

Reference:
None

To be indicated in the Perpetual Index
under the following subjects:

CALAMITY
LEGISLATION
OFFICIALS

POLICY
SAFETY EDUCATION

JOINT MEMORANDUM CIRCULAR NO. 1
Series of 2013

GUIDELINES ON EVACUATION CENTER COORDINATION AND MANAGEMENT

I. RATIONALE

The Philippines is a disaster prone nation and vulnerable to various natural hazards in the form of typhoons, floods, flashfloods, tidal waves tsunami, armed conflict, landslides, fires and earthquakes. Typhoons and floods usually hits Metro Manila, the provinces of Pangasinan, Northeastern part of Luzon, Isabela, Bicol, Ormoc and other regions namely, regions 2, 3 and 4A and B and other parts of Visayas. Flashfloods occurred several times in Mindanao specifically in the provinces of Agusan del Norte and Sur of CARAGA Region, Davao del Norte and Davao del Sur of Region XI, Bicol of Region V, Maguindanao of ARMM and other parts of the country. Volcanic seismic and eruption hits Zambales, Pampanga and Bicol Region. The country is situated in the circum-Pacific seismic belt, popularly known as the "Pacific Rim of Fire".

The Philippines has 200 volcanoes, 20 of which are active. It also has active geological fault lines crossing our archipelago, thus, making it prone to earthquake and landslides such as the Cherry Hills Antipolo of Region IV, Guinsaugon in St. Bernard of Region VIII, Compostela Valley of Region XI, and some parts of the country like CAR. There are also armed conflict in Basilan and Maguindanao in ARMM and insurgencies in some parts of the country.

By virtue of Republic Act 7160, also known as the Local Government Code of 1991, the local governments, specifically the provincial governments, are mandated to provide immediate basic relief assistance such as food, clothing, psycho-social support, and emergency shelter to families affected by natural or human-induced. There is a need to immediately move the disaster affected families to safe evacuation centers or safe areas because of the threat of or the actual occurrence of disasters which may cause loss of lives and destruction of properties.

The orderly movement of families to safe evacuation centers and areas (school facilities, multi-purpose centers, health centers, barangay halls, chapels, churches, government buildings tents and bunk houses) is one of the most difficult tasks to undertake and manage when done only during emergencies. Families are oftentimes unwilling to leave their homes for fear of losing their valuables or because they may feel that their security at the alternate location cannot be assured. Suitable means of transportation may also be lacking.

The safety of the families or population is the primary consideration but the readiness and resources available for the purpose is oftentimes an issue depending on the magnitude of the disaster where there is a need for massive evacuations to ensure.

The entry of the cluster approach in the country started when the Government of the Philippine (GPH) requested for international assistance through a flash appeal following

the massive destruction caused by Typhoon "Reming" which heavily affected Bicol Region with a total of 627, 898 families displaced and damaged 588,031 houses in the six provinces of Bicol regions namely, Albay, Camarines Sur, Camarines Norte, Sorsogon, Masbate and Catanduanes.

As a result, the GPH and UN adopted the Cluster Approach in the country by virtue of the National Disaster Coordinating Council (NDCC) Circular No. 05, series of 2007 issued on May 10, 2007. This formally institutionalized the cluster approach in the Philippine Disaster Management System, Designation of Cluster Leads and their Term of Reference at the National, Regional and Provincial level. On January 29, 2008, the then National Disaster Coordinating Council Technical Working Group (NDCC-TWG) presented the approach by the cluster leads and designation of lead government agency counterpart and its members.

On October 6, 2008, pursuant to the pronouncement of the President during the September 19, 2008 meeting of the Task Force on Humanitarian Assistance on IDPs, the NDCC Circular No. 5, s. 2007 and No. 4 s. 2008 was amended through Memorandum No. 12 s. 2008, merging several clusters and designation of lead government agencies. This includes the merging of DSWD lead cluster namely: (1) camp coordination and management, protection and emergency shelter cluster; and, (2) permanent shelter and livelihood cluster.

The aim of the institutionalization of the cluster approach is to ensure a more coherent and effective response by mobilizing partner government agencies, organizations and Non-Government Organizations (NGOs) to respond in a strategic manner across all key sectors with clearly designated lead agencies in support of the existing government coordination during disaster.

Further, on May 27, 2010, RA 10121, better known as the Philippine Disaster Risk Reduction and Management Act of 2010 was signed into law, with the corresponding Implementing Rules and Regulation formulated and published for implementation. Significant features of the new law include the heavy emphasis on risk reduction and disaster preparedness which will empower the disaster and emergency responders and all other actors to proactively undertake measures in reducing the risks and impact of disasters to the communities and vulnerable families.

In line with the above, this guideline is enhanced to adequately fit into the situations where new laws, new kind of hazards and population growth are issues and realities to be considered and where empowerment, capacity building and rights-based principles are basic concerns. This guideline will serve as guide to all the national government agencies members of the National Disaster Risk Reduction and Management Council (NDRRMC) in providing technical assistance to the Local Government Units (LGUs) specifically on the management of evacuation centers and coordination.

With the adoption of the cluster approach in the country and the approval and implementation of RA 10121, there is a need to enhance and update DSWD AO 36, series of 1994 to ensure its relevance to current disaster risk reduction and management practices and standards.

II. Scope and Coverage

1. The guidelines cover all activities before, during and after evacuation of families affected by natural and human-induced disasters including armed conflict. Specifically, the guidelines aim to: (1) clarify mandates; (2) guide on resource allocation; (3) provide for designation of responsible offices/persons; and, (4) mandate the implementation of provisions of law.
2. The guidelines will guide local government units (LGUs), field offices of national government agencies, NGOs, private groups and international organizations.
3. Where specifically stated, this guideline will govern both localized and major disasters.

III. Definition of Terms

1. **Disaster Assistance Family Access Card (DAFAC)** - is a card issued to victims of disasters/IDPs indicating the general information of the family head and its members and the assistance provided.
2. **Evacuation Center** - any site or center hosting evacuees which include but not limited to, schools, covered courts, barangay/community halls, camping areas, collective centers, abandoned houses/buildings, multi-purpose centers and or established "tent cities".
3. **Evacuation Center Coordination**- synchronizing the roles and responsibilities in the overall humanitarian response, including ensuring adherence to agreed Inter-Agency Standing Committee (IASC)¹ standards and operational guidelines.
4. **Evacuees**- refers to "persons who have involuntarily moved from their places of origin as a result of war, armed conflict, generalized situation of violence, violation of human rights and natural disasters to a safer ground within the national territory, hence, the change in environment and a need to adjust thereto" and any other residing within an evacuation center and other sites hosting those affected by displacement.
5. **Evacuation Center Management**-is a mechanism through which relief assistance and other humanitarian initiatives can be coordinated to ensure efficient delivery of services to the affected population. Likewise, this includes systems and procedures installed from planning, organizing, conducting and assessing.

¹ IASC is an inter-agency forum for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners.

6. **Evacuation Center Manager** - is a person who exercises leadership over the center and manages its activities and supervises the rest of the members of the management team.
7. **Non-Food Items (NFIs)**-are relief goods such as blankets, mats, mosquito nets, water containers/jugs kitchen wares, hygiene kits, etc. provided to disaster victims.
8. **Preparation for Evacuation** - this phase covers minimum disaster preparedness activities related to the preparation and management of evacuation centers as well as guidance to LGU officials in planning and execution of movement of affected population.
9. **Termination of Evacuation** - this is the last phase of the evacuation center management cycle that entails the identification of solutions to end displacement leading to the voluntary movement of evacuees out of the centers and into a more permanent living conditions. This process should only begin once the local government has finalized return, reintegration and resettlement plans for the affected population. In order to ensure the efficiency of the termination of evacuation process, it is important that this phase be considered and planned for even at the pre-evacuation stage.
10. **Transitional Sites** - are sites established to temporarily host families facing displacement for more than a month and normally waiting for permanent relocation. Families are usually transferred from evacuation centers to these sites. Transitional sites host families in tents, bunkhouses or alternative transitional sites.
11. **Psycho Social Support** - any type of local or outside support that aims to protect or promote psycho-social well being and /or prevent or treat mental disorder.
12. **Resource mapping** - is an inventory of available resources that are essential in the management of evacuation centers.
13. **Stockpile** - is a prepositioned supply of food and non-food items intended for distribution to the evacuees.

IV. Legal Bases

1. Philippine Laws/Issuances

- 1.1. DILG Memo Circular 2012-08 dated January 12, 2011
Community Preparedness on Response to Calamity in every flood and landslide prone barangays
- 1.2. RA 10121 "Disaster Risk Reduction and Management Act of 2010"- An Act Strengthening The Philippine Disaster Risk Reduction And Management System, Providing for the National Disaster Risk Reduction and Management

Framework and Institutionalizing the National Disaster Risk Reduction and Management Plan, Appropriating Funds Therefore and for other Purposes

- 1.3. DILG Memo Circular 2010-143 dated 9 December 2010; "Local Disaster Risk Reduction and Management Councils composition
- 1.4. RA 7160 - The Local government code of 1991- provides the devolution of basic disaster response services to the local government units (LGUs). It requires local chief executives to be responsible for the efficient, effective and economical general welfare of the LGUs and their constituent
- 1.5. RA 970 - Magna Carta of Women 2009 - Section 13, Women affected by Disasters, Calamities and other Crisis Situation

Item No. 4 - provides for the proactive adoption of measures by camp managers to prevent sexual violence in evacuation centers and relocation sites which includes: (a) security and safety of women and children as key criteria for the selection of evacuation sites; (b) separate functional and well lit latrines for men and women with locks (c) bathing facilities with privacy; (d) regular security patrols preferably by female police officers and (e) prohibition of alcohol, drugs and gambling, among others.

2. NDCC Memoranda/Issuances

- 2.1. NDCC Memorandum Circular No. 5-s. 2007 - Institutionalization of the Cluster Approach in the Philippine Disaster Management System, Designation of Cluster Leads and their Terms of Reference at the National, Regional and Provincial level
- 2.2. NDCC Directive No. 24-s. 2003 on "zero casualty" during calamities - the directive gives guidance on the activities and precautions local government officials should undertake to ensure the safety of all affected population
- 2.3. Memorandum Circular No. 12-s.2008 - Amendment to the NDCC Memorandum Circular No. 5, s. 2007 and No. 4, s. 2008 re: Institutionalization of the cluster Approach in the Philippine Disaster Management System, Designation of Cluster Leads and Their Terms of Reference at the National, Regional and Provincial levels
- 2.4. Joint Memorandum Circular No. 17-s. 2008 - Guidelines in the coordination of the Delivery of Humanitarian Services to Disaster Victims and Internally Displaced Persons

3. DSWD Memoranda and Issuances:

- 3.1. Administrative Order 17-s. 2010 - Omnibus Guidelines for Shelter Assistance- to address the emergency and rehabilitation shelter needs of families with damaged houses, restore their lives to normalcy, which has been damaged by natural and human-induced disaster.

- 3.2. Administrative Department Order No. 26-s. 1998 – Quick Action Response Team (QUART)-A composite team of trained DSWD personnel deployed in area affected by natural, man-made or technological disaster, which affect 30% of the given population, and/or when the local capability is inadequate to deliver needed services to victims of disaster.
- 3.3. Administrative Order No. 12-s. 2004 - Guidelines on the provision of psychosocial and basic services to displaced children in disaster situation
- 3.4. Administrative Order No. 171-s. 2001 - Minimum Standard Rates of Assistance to Victims of Disasters, Distressed and Displaced individuals and families in crisis situation.
- 3.5. Administrative Order No. 68-s. 2000 - Implementing Guidelines on the setting up of Donors Desk
- 3.6. Department Order No. 3-s. 2000 - Guidelines on DSWD Contribution Towards Comprehensive Plan for Victims of Disasters

4. International References

- 4.1. United Nations Guiding Principles on Internal Displacement, 1998 - Address the specific needs of internally displaced persons worldwide. Identify the rights and guarantees relevant to the protection of IDPs in all phases of displacement, in line with international human rights and humanitarian law
- 4.2. Sphere Standards, 2004 - Provides an insight in common standards of humanitarian relief, and further provides minimum standards in the following sectors: water, sanitation and hygiene, food security, nutrition, food aid, shelter and settlement, non-food items and health services.
- 4.3. Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies Chronic Crisis and Early Reconstruction - Serves both as a handbook containing standards, indicators and guidance notes as well as an expression of commitment that all individuals, children, youth and adults-have a right to quality and relevant education during emergencies and post crisis recovery.
- 4.4. Collective Center Guidelines, 2010
- 4.5. IASC Guidelines on Mental Health and Psychosocial support in Emergency settings, 2007

V. Objectives

General Objective:

To establish guidelines to be used by Local Government units in managing their evacuation centers and identifying areas of coordination, collaboration and cooperation

among other stakeholders so to ensure the delivery of essential services to the victims of disasters and calamities. It would also define roles, functions, duties and responsibilities and lines of coordination of task implementation.

Specific Objectives:

1. To ensure the availability of established safe evacuation centers for emergencies and disasters;
2. To ensure that temporary refuge to individual and families potentially at risk or in actual danger are immediately provided;
3. To ensure that all evacuees in evacuation centers are provided with basic needs such as but not limited to food, clothing, domestic items, hygiene materials and other essential non food items;
4. To ensure that Basic Medical and Public Health services are available 24/7;
5. To ensure that opportunities for recovery, rehabilitation and developmental tasks as post response activities are undertaken, in case of prolonged stay; and,
6. To define lines of inter and intra operability among Evacuation Center Management and responding agencies at all levels of government including but not limited to local and/or international agencies/organizations/foreign governments, etc.

VI. Statement of General Policies

1. The safety and wellbeing of the affected population including their livestock and domestic animals by natural or human induced disasters is the primary concern of the State. Whenever necessary, the families and communities residing in hazard-prone areas shall be evacuated to safe location when their lives are at risk of impending danger or prevailing hazards occur.
2. Gender sensitivity is paramount and will be observed/practiced in all evacuation centers including separate facilities for males and for females.
3. The management of an evacuation center is the primary responsibility of the affected local government unit or by local government units hosting the displaced families ensuring that these centers are managed and operated following the standards set in this policy. In the event of a displacement beyond the capacity of a local government unit, i.e., where the number of displaced people exceeds the population expected to be accommodated in the pre-identified and equipped evacuation centers, the national government shall provide augmentation support including management of evacuation centers, additional shelters, provision of health assistance, distribution of food and non-food items and others.
4. All schools, sports arenas/basketball courts, stadiums, multi-purpose halls, churches other open spaces can be identified and used as sites for setting up evacuation centers.
5. Alternative temporary shelters shall be established or explored for the evacuees or displaced population. In the event the evacuees are already housed in schools, they shall be transferred to alternative shelters such as tents, bunkhouses and other temporary shelters.
6. All evacuation centers shall provide basic needs of evacuees such as but not limited to: Healthy , safe and nutritious food, safe water, toilets, clothing, blankets, plastic

- sheets, health care and other services needed to ensure safe and healthy environment in the evacuation center.
7. Schools shall not be the primary choice and option for evacuation centers. However, in events that schools needs to be utilized, the local government units, with the support from national government agencies shall establish transitional shelters to house the evacuees for an extended period of time. Usage of schools should be up to 3 days for short term displacement, medium and long term displacement which is up to 15 days or until such time that the respective LGUs are able to establish the alternative transitional sites.
 8. Documentation of the individuals and families inside the evacuation center shall be observed at all stages of its operation following standards set for reporting and recording of evacuees.
 9. Evacuation facilities/spaces/areas shall be provided for livestock and other domestic animals of evacuees ensuring their safety and provided with their basic needs such as but not limited to food, water, etc.
 10. Isolation and quarantine facilities, protocols and procedures shall be provided to handle highly communicable diseases.
 11. Safe, Clean and healthy environment in evacuation centers shall be strictly observed.
 12. Essential facilities such as but not limited to the following: Medical station/clinic, hand washing and laundry , waste disposal area, kitchen and cooking, breast feeding rooms, conjugal room, livestock and domestic animal pen/coral shall be available in evacuation centers/camps based on standards

VII. Preparation for Evacuation

The goal of better managed evacuation centers can be achieved through a well-planned and prepared evacuation centers with well-defined leadership and responsibility, adequate facilities and timely delivery of assistance to the disaster victims. This includes organizing and equipping of coordination and management structures at the local level, pre-identification and equipping of evacuation centers and facilities, pre-positioning of resources, and defining procedures, activities and processes that will help improve the condition in the centers and ensure timely delivery of adequate and appropriate response.

1. Evacuation Center Management Committee (ECMC)

An ECMC shall be organized within the Local Disaster Risk Reduction and Management Council (LDRRMC) to coordinate delivery of assistance and services to the evacuees.

1.1. Composition:

- Social Welfare and Development Officer as Over-All Coordinator
- Members:
 - Liga ng mga Barangay President
 - City/Municipal Engineering Office
 - City/Municipal Health Office
 - School Division Superintendent
 - Chief of Police
 - NGO representative to the LDRRMC

1.2. Functions of the Evacuation Center Management Committee:

- 1.2.1 Prepare Evacuation Center Management (ECM) Plan for approval of the LDRRMC
- 1.2.2 Activate the Camp Management Plan and Teams and hold pre-evacuation conference and planning
- 1.2.3 Deploy Evacuation Center Management (ECM) Team(s) when evacuation is ordered by the LDRRMC/local chief executive
- 1.2.4 Coordinate and Monitor service delivery, needs assessment and identify gaps in evacuation centers.
- 1.2.5 Coordinate the mobilization of local resource or request for augmentation from their respective PDRRMCs, other national government agencies or external donors as required
- 1.2.6 Identify and map the agencies and groups providing assistance to the various evacuation centers, including the type of assistance being provided (3 Ws re: Who, What and Where)
- 1.2.7 Develop area-specific protocols to help the Committee implement the objectives of this Guidelines responsive to local context and needs
- 1.2.8 Ensure that agencies, groups and organizations providing assistance to the evacuation centers are aware of this Guidelines and the standards set forth hereto
- 1.2.9 Conduct capacity-building activities and refresher courses to designated camp managers/Teams
- 1.2.10 Enter into agreement with the building, structure or property owners that will be used as evacuation centers. [note: this agreement can include duration, number of families/persons, duties and responsibilities of the LGU and property owner and property rentals]
- 1.2.11 Maintain adequate supply of the Evacuation Center Management Toolkit
- 1.2.12 Coordinate with the National Camp Coordination and Camp Management (CCCM) Cluster in times of major emergencies in their AOR
- 1.2.13 Monitor and address needs related to the use of schools as evacuation centers and concerns on the need to continue learning in evacuation centers during emergencies.

2. Evacuation Center Management Teams (ECMT)

2.1. Composition of ECMT:

- 2.1.1 Evacuation Center Manager (one per evacuation center)
- 2.1.2 Assistant Manager (one per every 200 families)
- 2.1.3 Administrative/Records Officer (one per 200 families)
- 2.1.4 Property Custodian for schools occupied as EC or Owner for non-school ECs

2.2. Functions of the ECMT:

- 2.2.1 Organize the evacuees, identifying their leader to ensure harmonious coordination and collaboration between Camp management and evacuees

- 2.2.2 Ensure that the required assistance, services and protection of the evacuees are provided on a timely manner and are based on the standards
- 2.2.3 Coordinate and monitor delivery of services and conduct of activities of different agencies and organizations
- 2.2.4 Establish participative and transparent governance and management system, including the crafting of essential house rule
- 2.2.5 Ensure the inclusion of the evacuees, especially women and persons with disability and persons with special needs, in the management activities and decision-making processes
- 2.2.6 Register the evacuees and roll-out the information management system provided for in this Guidelines
- 2.2.7 In coordination with the CCCM Committee, mediate and encourage dialogue among evacuees and the host community towards peaceful coexistence
- 2.2.8 Coordinate with law enforcement agencies and Barangay Tanods in the maintenance of peace and order inside the Centers, safety, preservation and security of school properties and facilities during the period of occupation by evacuees.
- 2.2.9 Coordinate with the building/property owner of the evacuation center and ensure their inclusion in the decisions-making process concerning use, care and maintenance of facilities

3. Mapping of Resources

- 3.1. Identification and listing of evacuation centers with information on facilities that can be used as temporary shelter including the maximum number of families that can be housed in each center. The list shall include public and private open spaces that can be used to set-up transitional shelters or tents
- 3.2. Inventory of facilities including: Medical Clinic or equivalent, rooms for accommodation of evacuees, hand washing and bathing facilities, toilets, connection to water pipeline and electricity, water storage, cooking/kitchen Facilities counter. Facilities at the vicinity of the evacuation center and are available for public use should be included in the inventory
- 3.3. Indicative plan how to improve the facilities in the pre-identified evacuation centers on how to meet the standards
- 3.4. Inventory of resources needed for sound management of evacuation centers (Basic Office equipment such as but not limited to the following: computers, type writers, reproduction machines/computer printers, Xerox machines, TV sets. Transistor radios, etc)

4. Prepositioning of Stockpile

- 4.1. A maximum of 15,000 family packs at the National Resource Operation Center shall be maintained at any given time
- 4.2. DSWD Regional Office shall maintain stockpile of 5,000 food packs per regional office to augment resources at the local level
- 4.3. LGUs are encouraged to maintain at least 500 food packs at any given time

- 4.4. DSWD is encouraged to preposition at least twenty (20) sets of Child Friendly Kits at the DSWD-Regional Offices
 - 4.5. Basic medicines and medical supplies shall likewise be pre-positioned by the Local Government Unit (LGU) for use of evacuation centers once activated. The DOH through the respective Centers For Health Development (CHD) shall likewise preposition medicines, medical supplies and other goods at the Provincial Health Team Offices (PHTO) ready for immediate deployment once requested by the LGU
 - 4.6. LGUs are encouraged to allocate budget for stockpiling of education supplies of student packs, ECCD packages for 10% of identified children at risk (Note that at least 40% of the at risk population are comprised by children, of which about 83% belong to the pre-school or school age population..)
 - 4.7. LGUs are counselled to apportion provisions for teachers' packs and instructional materials within their evacuation management budget and plan.
5. The responsible BDRRMCs shall conduct pre-registration of families prone to disaster using the prescribed registration form
6. Camp Management Training
 - 6.1. The DILG, DSWD, DepED and DOH, in coordination with their respective co-leads in the Cluster System for humanitarian response, shall develop and roll-out a comprehensive training course for CCCM Committees and Camp Management Teams
 - 6.2. Regional Training of Trainers (ToTs) shall be organized at the Regional level
 - 6.3. Camp Management Training at the Municipal Level
 7. The DILG, DSWD, DepEd, DOH, DENR-MGB and DPWH shall organize a TWG at the Regional-Provincial levels that will conduct validation inspection activities of the facilities using the evaluation tools developed by the LGUs. The validation will cover structural integrity, safety from risks and hazards, suitability for use as evacuation centers and availability of adequate facilities.
8. Evacuation Center Management Plan

Immediately upon the issuance of these guidelines, all local government units shall develop an evacuation center management plan that will include the following

 - 8.1. List of Evacuation centers with contact numbers of camp management team
 - 8.2. List of activities to be undertaken within the duration of the evacuees' stay inside the evacuation center
 - 8.3. Responsible persons/partner agencies and their contact numbers involved in the management of EC
 - 8.4. Resources Needed
 - 8.5. Expected output per activity
 9. Evacuation Center Management Kit
 - 9.1. The kits are intended for use of Camp Management Teams. This shall be composed of but not limited to: LGU Camp Management Plans and Manuals of operation, Registration Forms, DAFAC, DTM Forms, Logbook, Pens, Mobile

phone, Directory of Contact persons and agencies/offices vital to camp management

VIII. Evacuation Center Management

1. Activation of the Evacuation Center and EC Management Teams

ECM Committee Chairperson, with the information from the LDRRMC or LDRRMO that an evacuation of affected families is eminent, shall activate the Camp Management Teams and:

- 1.1.1. Deploy the Camp Management Teams to their assigned evacuation centers
- 1.1.2. Inform the building, structure or property owners
- 1.1.3. Inspect the facilities to ensure that everything is in order and functional
- 1.1.4. Bring Camp Management Kits
- 1.1.5. Camp Management Team to conduct planning session, ideally before accepting IDPs
- 1.1.6. The members of the Camp Management Team shall wear, at all times, identifiable markers (Identification Cards, Name Plates, Shirts, Vests or Jackets)
- 1.1.7. Set-up the Evacuation Center
 - a) Visible and with proper directions
 - b) With adequate visibility using streamers or sign board
 - c) Sufficient supplies and communication capacity

2. Organization of Evacuation Center Management Committees

- 2.1. Wash Team
- 2.2. Health Team
- 2.3. Education Team
- 2.4. Food and Non-Food Items (NFI) Team
- 2.5. Logistics Team
- 2.6. Protection, Safety and Security Team

3. Basic facilities and standards

3.1. Shelter and Accommodation

- 3.1.1. The Local government units shall ensure that adequate shelter is provided to the evacuees.
- 3.1.2. To guide LGUs: short-term and long-term
- 3.1.3. Check for connection on electricity and water

3.2. Camp Management desk or office

- 3.2.1. An office or desk will be set-up in each evacuation center.
- 3.2.2. The office/desk will be properly marked with visibility

3.3. Toilets and Bathing Areas

- 3.3.1. Toilets must be well lighted, can be locked from the inside, with adequate ventilation
- 3.3.2. For displacement exceeding 3 days, the camp management team shall ensure the following:

There are many different designs for the construction of toilet facilities which can achieve the overall objectives. The most appropriate design is dependent on the space constraints, soil geology, available water, commitment to maintenance, local sanitation practices and resources available.

The Sphere Standards have key indicators which have a best possible scenario of 20 people per toilet facility. However, this is difficult to achieve because of resources, space and other considerations. While determining the numbers to be installed, the EC management team and concerned agency should observe to see if open defecation is occurring, check to see that existing facilities are functional and being used, and if there are queues forming as people wait to use the facilities. Often people only use EC's as a place to sleep and return home during the day using their own facilities.

Based on these observations numbers should be increased until the key indicator is met, however if people are using the toilets and there is no signs of open defecation or long queues then there may be sufficient facilities.

- a. Short-term displacement: 1 per 50 persons
- b. Long-term displacement: 1 per 20 persons
- c. Separate toilet for men and women
- d. For communal latrines, due consideration should be given to children, on appropriateness in terms of design, size
- e. Must have garbage bins available, especially for latrines assigned to women and men.
- f. Toilets must be kept cleaned and maintained for all intended users
- g. Hand washing facilities preferably with soap must be available adjacent to toilet facilities
- h. DOH/CHO approval for use of WS Pit Latrines in lieu of full septic pit will be site specific. A site inspection by DOH/CHO will be conducted to consider existing groundwater depth and usage, soil type and planned design life.
- i. Women to male toilets should be built at approximately 4 Female toilets to every 3 Male Toilets
- j. 1 in 10 toilets should be disabled accessible, with a minimum of 1 toilet per site.

3.4. Child-Friendly Spaces (CFS)

3.4.1. One (1) CFS for every 100 families (estimated to serve at least 280 children below 18 years old)

3.4.2. CFS should be located near a clean toilet for boys and girls

3.4.3. Additional guidelines:

a. Community-Based EC:

- The size of CFS is 6m x 7m floor area with provision for open space for outdoor play activities (see physical lay-out)
- For the TLS, at least two (2) 42 square meters floor area spaces for learning activities cum psychosocial care. They can be equipped as follows but not limited to chairs and tables, moving blackboards, and provision of learning materials such as story books, modular instructional materials for alternative education and recreational materials for psychosocial support sessions

- Open Space (like basketball court, open spaces) can also be identified as CFS

b. School-Based EC

- Classroom - Identify a safe classroom that can be a “child friendly space” to accommodate children, boys and girls below 18 years old to engage in psychosocial support activities by shift per age group.
- Open Space (like basketball court, open spaces) can also be identified as CFS
- to include; feeding of infant/pre-school children, educational support activities (ALS), sessions on prevention of violence, abuse and exploitation, child labour, child trafficking and other CP concerns
- CFS will be managed by at least Community Welfare Volunteer (CWV) or Youth Focal Point (YFPs)

3.5. Community Kitchen

3.5.1. Community kitchen for emergency feeding of disaster victims shall provide hot meals or ready to eat foods to disaster victims inside evacuation centers, ensure that basic nutritional requirements of affected groups shall be met, serve as storage for limited food stockpile prepositioned before the occurrence of an emergency. Community kitchen must be strategically located in relation to the identified evac. Centers, it shall service to ensure timely delivery of adequate food to the affected persons inside ECs.

3.6. Information Board

3.6.1. An information board shall be set-up in each evacuation center

3.6.2. Information can include:

Name of Evacuation Centre (EC)	No. of Schoolchildren
Location of EC	No. of Elderly Disaggregated by Sex
Name of Camp Manager, agency and contact details	No. of PWDs Disaggregated by Sex
No. of Families	No. of Persons with Serious Illnesses
No. of Individuals	No. of 4Ps Beneficiary
No. Males	No. of Families with Damaged Houses Disaggregated whether Partially or Totally Damaged
No. of Females	No. of Families Living in Hazardous Areas Prohibited to Return in Place of Origin
No. of Lactating Mothers	No. of Casualties (Dead, Missing, Injured)
No. of Pregnant Women	Weekly Schedule of Activities
No. of Children Disaggregated by Age Bracket and Sex	Common Diseases
Skills (Identify the skills; carpentry, mason, manicurist, hairdresser, plumbing, vendor, tricycle driver, licensed driver, dressmaker, auto mechanic, technician, electrician)	No. of Facilities: toilets, bathing cubicles, community kitchen, washing area, women-friendly and child-friendly spaces, multipurpose

	areas.
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3.7. Storage Area

- A safe place where relief goods (food and non-food) can be stored free from rodents/insects.

3.8. Laundry Spaces

- 3.8.1. To ensure sanitation in the evacuation centers, guides for laundry spaces:
- a. Designated areas for laundry shall be made available in ECs.
 - 1 hand basin per 10 persons
 - 1 wash bench (4-5m) per 100 persons
 - 2 laundry platform (3m double sided) per 100 persons
 - b. Size of laundry areas should be sufficient to accommodate 20 persons at any given time.
 - c. Should be connected to an existing drainage and water tap.
 - d. Should be provided with roofing and lights

3.9. Water Spaces

- 3.9.1. 15 litres of water per person/day
- 3.9.2. 500 meters between individual shelters and water supply
- 3.9.3. 250 persons per functioning water tap

3.10. Health

- 3.10.1. Facility Requirements for Health
- a. Health station/clinic
 - b. Breast feeding room
- 3.10.2. All medical stations/clinic shall have available basic drugs, medicines, medical supplies and equipment for use during disaster in evacuation center.
- 3.10.3. All medical stations/clinics shall ensure availability of services 24/7 in evacuation center for emergency cases.
- 3.10.4. All medical missions shall be coordinated through the evacuation center manager/authorized representative
- 3.10.5. Health Services for populations in ECs located within 500 meters of a public health facility should be provided by that health facility.
- 3.10.6. Health services for ECs located more than 500 meters from the nearest public health facility can be provided with health station manned by health staff 8 hours on a daily basis for the first 2 weeks of the emergency.
- 3.10.7. The breastfeeding room/corner should be easily accessible providing privacy, security and supportive care namely; helpful maternity services; continuing assistance and social supports; and appropriate health services.

3.11. Couple Room

- 3.11.1. Designate a private room located at the end part of the EC to accommodate legally married evacuee-couples (present marriage certificate or proof of legal marriage) for a period of time (at least 2-3

hours) to spend moment of togetherness and romance with privacy. Couples must pay a minimal fee for the hours spend in the private room (maximum 3 hrs). Collected fees will be included as donations to the EC. However, should the evacuation center be located at a school site, the couple room is not deemed appropriate and shall not be allowed within school premises

3.12. Provision for management of livestock and domestic animals owned by evacuees

3.12.1. Space for livestock and other domestic animals of evacuees shall be identified and provided in all evacuation center or if possible a separate evacuation facility for the animals shall be established. Facilities and food for these animals shall also be provided during the disaster until such time when they are able to return to their owners residences. Care and safety of these animals shall be ensured by the evacuation center management officers and staff with the assistance of Department of Agriculture, animal rights group and other stakeholder

4. Basic Services

4.1. Food

- 4.1.1. A maximum of 15,000 family packs at the National Resource Operation Center shall be maintained at any given time.
- 4.1.2. A food pack for a family of 5-6 members shall contain goods that are not highly perishable, culture sensitive and appropriate for the family members. Aside from the food pack, clothing shall also be included in the family pack.
- 4.1.3. Immediate provision of mass feeding of RTEF during the first three days of disaster operation- emergency phase.
- 4.1.4. Set up community kitchen as necessary.
- 4.1.5. Priority consideration to the provision of food to the persons with special needs i.e. breastmilk for infants.
- 4.1.6. Family Food Pack
 - a. Family food packages should conform to the Required Dietary Allowance (RDA) of an individual which is 2,100k/cal/adult/day and 1,700k/cal/child per day, micronutrient, vit A for 12 years old and above 200,000 I.U. and for children below 12 years old- 100,000 I.U.
 - b. Some of the required foods are as follows: 3 kilos of rice, 9 canned goods (sardines/canned meat), 6 noodles, 6 pcs. 3 in one coffee or its nutritional alternative i.e. bread.
 - c. Recommended composition of family food packages should be dependent on the availability of food commodities in the disaster affected areas.

4.2. Nutrition

- 4.2.1. Conduct of MUAC screening
- 4.2.2. Food inspection and milk code violators monitoring
- 4.2.3. Provision of inpatient referral and outpatient feeding for severely acute malnourished and MAM children (high-risk group)
- 4.2.4. Designation of breastfeeding area/corner
- 4.2.5. IFE assessment and counselling
- 4.2.6. Provision of access to breastmilk (milk banks and wet nurses)

- 4.2.7. Complementary feeding with MNP for children 6-23 months
- 4.2.8. Vitamin A supplementation
- 4.2.9. Inclusion of fortified foods in family packs
- 4.2.10. Zinc supplementation for all diarrheal cases

4.3. Protection

4.3.1. General Protection Concerns

- a. Establish coordination of inter-sectoral mental health and psychosocial support
- b. Conduct assessment of mental health and psychosocial issues through a participatory process involving the IDPs
- c. Management of ECs must apply a human rights framework through mental health and psychosocial support
- d. Identify, monitor, prevent and respond to protection threats and failures through locally mandated structures and through social protection
- e. Identify, monitor, prevent and respond to protection threats and abuses through legal protection
- f. ECs must be provided with adequate safety and security measures for all IDPs by mobilizing local Law Enforcement officers (Barangay Tanods/Policemen/Policewomen) to maintain peace and order, and to respond to any threat to life and/or crime incident in the ECs that affect men, women, boys and girls
- g. Preventing IDPs especially children against recruitment by military or armed groups
- h. Promoting security of social workers, community development workers and other LGU-NGO-INGO field personnel in the performance of their roles and responsibilities at the ECs
- i. Promoting security from any attack and strengthening the security of teaching staff and student going to and from schools
- j. Law enforcement officers (Police Officers/Barangay Tanod) to ensure and maintain orderly distribution of relief, to include the prioritization of IDP children and those with special needs
- k. Physical set-up of the EC must be properly lighted especially at night, not crowded, and with proper ventilation
- l. Provision of adequate dividers per families to facilitate privacy
- m. Assistance in the retrieval/re-issuance of legal documents like passports, marriage certificates, birth certificates, IDs, land titles, school records and other pertinent legal documents)

4.3.2. Child Protection

- a. Ensure availability of disaggregated data of all children in the ECs, to account the number of affected children, including those who are Separated and Unaccompanied Children/Orphaned (SUCs) indicating their ages, gender (boys/girls), and any disability or special concerns needing appropriate professional intervention and facilitate an assessment on the needs and priorities of children.

- b. Disseminate that CFSs (1) provide secure and 'safe' environments for children, (2) it creates a stimulating and supportive environment for children, (3) build on existing structures and capacities within a community, (4) uses a fully participatory approach for the design and implementation, (5) supports integrated services and programmes, and (6) are inclusive and non-discriminatory.
- c. Set-up Child Friendly Spaces (CFS) for children (boys and girls) using a rights-based approach, inclusive and non-discriminatory regardless of class, gender, abilities, language, ethnicity, sexual orientation, religion, and nationality to have equal access to the CFS, and consider cultural norms and practices, community values, and design age appropriate CFS activities (from birth to 6 years old, 7-12 years old, 13-17 years old). Coordinate with the existing local structures, Local Social Welfare Office, the BCPCs, Community-Based Child Protection Networks (CBCPN) or any community-based child protection group available in the locality and with maximum participation of children/youth groups.
- d. Promote Psychosocial Support (PSS) through community-based initiatives and mobilization of local child protection structures like the BCPCs, Community-Based Child Protection Networks (CBCPN) at 'Purok' or 'Sitio' level and with active participation from the Children/Youth Groups
- e. Promote the message, "Do No Harm" to children and facilitate a 'protective environment' for the prevention of child protection concerns like physical abuse, sexual exploitation, child labour, child trafficking and other child protection cases
- f. Strengthening coordination and proper referral to appropriate agencies/authorities to address cases of child protection (e.g. physical abuse, sexual exploitation, child labour, child trafficking, and other Child Protection cases)
- g. Strengthen the capacity of the BCPC to facilitate proper response in working with support groups and in facilitating referrals to appropriate and mandated structures
- h. Use participatory approach in designing and implementation of CFS activities

4.3.3. Gender-Based Violence

- a. Ensure availability of disaggregated data of pregnant and lactating mothers including women/men victims of GBV indicating their ages, gender (male/female and boys/girls), and any disability (PWDs) or special concerns needing appropriate professional intervention
- b. Setting-up of Women Friendly Space as venue for psychosocial support for both women and men
- c. Promote breastfeeding, provision of RH services, counselling sessions, and appropriate response and referrals on GBV cases affecting both male/female
- d. Promote the prevention of GBV concerns like sexual abuse, domestic violence, and human trafficking and other GBV cases

4.4. Water Sanitation and Hygiene

The following table outlines the recommended toilet type based on situation and the agreed WASH Cluster latrine ratios. These ratios are based on the observation that populations are mobile throughout the day, and utilising facilities outside the ECs and transit sites. Regular monitoring of CHO Sanitary Inspectors on the practice of open defecation and queuing at peak times is to be done. If either is found an issue ratio will be decreased.

The maximum number of users per toilet, shower, handwashing station and solid waste bin in evacuation centres and homebased areas in affected areas must not exceed:

	Toilet Type	Latrine Ratios	Shower Ratio	Handwashing	Solid waste bins
School EC	Permanent Septic to meet School requirements, supplemented by portalets + use of existing facilities with regular desludging	1:50	1:100	1:10 toilets but within 10m of toilet.	1:10 HH
EC Other	Semi-Permanent Septic supplemented by portalets + use of existing facilities with regular desludging	1:50	1:100	1:10 toilets but within 10m of toilet.	1:10 HH
Temporary Learning Spaces	Portalets / Semi Permanent WS Pit ¹ / Urinals + Use of School latrines with regular desludging	1:55 students	nil	Group Handwashing Facilities min 15 taps.	
Tented Transit Site Rural	Semi-Permanent WS Pit ¹ / Portalets	1:40	1:80	1:10 toilets but within 10m of toilet.	1:10 HH
Tented Transit Site Urban	Semi-Permanent Septic + use of existing facilities with regular desludging / Portalets	1:40	1:80	1:10 toilets but within 10m of toilet.	1:10 HH
Bunkhouse Transit Site Rural	Semi-Permanent WS Pit ¹	1:20	1:40	1:10 toilets but within 10m of toilet.	1:10 HH
Bunkhouse Transit Site Urban	Semi-Permanent Septic	1:20	1:40	1:10 toilets but within 10m of toilet.	1:10 HH
Permanent Site	Family Latrines (Permanent Septic)	Per Household.			

4.4.1. WATER SUPPLY STANDARD in accordance with the national standards for drinking water supply, access of Evacuees to adequate water supply shall be ensured at the following levels:

- a. 250 people per tap (based on a flow of 7.5 liters/min)
- b. 500 people per handpump (based on a flow of 16.6 liters/min)
- c. 400 people per single user open well (based on a flow of 12.5 liters/min.)
- d. *Until the minimum indicators are met, the priority should be equitable access to an adequate quantity of water even if of intermediate quality*
- e. The quantities of water needed may vary according to the climate, the sanitation facilities available, people practices, and the food they cook, among others.

4.4.2. Basic Survival Water Needs

Water intake (drinking and food)	2.5-3 liters per day	Depends on the climate and individual physiology
Basic hygiene practices	2-6 liters per day	Depends on social and cultural norms
Basic cooking needs	3-6 liters per day	Depends on food type, social as well as cultural norms
Total basic water needs	7.5-15 liters per day	

4.4.3. Minimum Water Demand per day (Prolonged Period)

Use	Minimum Demand (liters/person/day)
Drinking	2 liters
Food preparation and cooking	10 liters
Bathing	15 liters
Laundry	15 liters
Sanitation and Hygiene	10 liters
Total	52 liters

- The maximum distance from the users to the nearest water point is 500 meters
- Queuing time at a water source is no more than 15 minutes
- It takes no more than three minutes to fill a 20-liter container
- The number of people per source depends on the yield and availability of water at each source

4.5. Containment (within WASH)

- 4.5.1. Faeces, Urine and contaminated water must be contained in such a way so as to prevent:
 - a. Contamination of water supplies (leaching surfaces should be 1.5 m above water table, more than 25m from ground water source)
 - b. Prevent faeces and contaminated liquid from being spread over the ground or in fields either through flooding and/or vermin spreading the faeces (containment tanks, septic tanks)
 - c. Flies from contact with contained materials and then contaminating food or eating surfaces (water seal bowls, lids, screened vent pipes). Fly spraying (deltamethrine) is only to be carried out by professionally trained staff using protective clothing and in event of diarrheal outbreak.
 - 4.5.2. If water used for anal cleansing and/or flushing, the containment should be designed such that water has sufficient retention time to reduce entrained solids before it is leached into the ground (above the water table) or fed into storm water drains.
 - 4.5.3. Sizing of containment/septic tanks etc. is dependent on the number of users, soil type and ability to remove and dispose of sludge. Containment Pits should be designed to only require desludging one time per year.
 - 4.5.4. If sludge removal is part of the design then access is required for vehicles etc so that it can be safely removed.
 - 4.5.5. Construction should use local materials and designed so it is easy to maintain cleanliness.
 - 4.5.6. Latrine slab should be smooth and with a slope draining to the drop hole. Agencies should consider installing urinals for men to reduce the number of latrines for men required.
- 4.6. Sanitation and Hygiene
- 4.6.1. Water or other anal cleansing materials must be readily available. For Water Seal toilets should only be constructed if there is sufficient water available for flushing within the immediate proximity of the facility (water point within e.g. 50m).
 - 4.6.2. Hand washing facilities must be designed into or nearby the facility (maximum distance 10m from the facility)
 - 4.6.3. Implementing agency is responsible for hygiene promotion, training and strengthening local organizations to maintain and clean the facility.
- 4.7. Superstructure considerations
- 4.7.1. Access to the facility must account for all sectors, women, children, elderly and disabled. Latrines for disabled (1 in 10) should include design features (rails, ramps, seats) that enable safe access and defecation in safety and privacy according to age, gender, and disability, with a minimum of 1 disabled toilet per site.
 - 4.7.2. Provision must be made for the hygienic collection and disposal of children's faeces.
 - 4.7.3. Cultural considerations must be considered in design. Gender Separation and signposting of cubicles is required.

- 4.7.4. Privacy for users is a primary concern and should be guaranteed. (eg door should be lockable from inside and latrines should be lit at night in camps.)
- 4.7.5. Superstructure must be resistant to normal rain and wind conditions to protect users

4.8. Hygiene Promotion

- 4.8.1. The key to reducing the public health risk is ensuring that the toilets are used and used correctly. Hygiene promotion programs, that explain the reasons for using toilets vs. open defecation and changing behaviours (ie. hand washing, cleaning of plates and cutlery, protection of food from flies etc.) are needed so that the evacuees will use the facilities and ultimately reduce the public health risks.
- 4.8.2. Implementation of the facilities depends on good hygiene promotion strategy that should be sustained by the EC WASH committee and Barangay Health Workers (BHWs) with guidance from agencies and City Health Office. The objective is to eliminate the open defecation practices and change risky behaviours.

4.9. Maintenance of WASH facilities

- 4.9.1. Maintain sufficient water and anal cleansing materials as well as soap and water for hand washing
- 4.9.2. Cleaning of facility so that it does not smell or get muddy
- 4.9.3. Maintain locks so that privacy is guaranteed, monitor the conditions of walling and doors to make sure peepholes are not being made
- 4.9.4. Each woman's block must have a clearly marked receptacle for disposal of baby diapers and sanitary napkins.
- 4.9.5. Ensure that access is safe, i.e. lights at nights, clean and safe pathways etc.
- 4.9.6. Agencies installing latrines are responsible for ongoing maintenance for a 3-4 month period, after which time they should ensure adequate maintenance systems are in place. This includes decommissioning if it's within the 3-4 month period.

4.10. Dislodging

- 4.10.1. Faeces over time will decompose. However they will still retain some volume and eventually any containment system will fill up and either the facility is sealed up and closed or the containment vessel is emptied.
- 4.10.2. In this setting, the large number of users in a short time will fill these containers much quicker. In addition to this, when using water seal toilets, the amount of water used for flushing cannot be leached into the ground quick enough or passes through the system quickly and is not clean enough for storm water drains. In both cases the sludge and black water needs to be removed and treated on a regular basis.

4.10.3. Different designs:

- a. Urinary Diversion Toilets
 - In this design, the faeces are purposely collected, along with the separated urine and processed into fertilizer. This will follow

established processes, however in the emergency situation the collection and disposal of these materials must be done safely and timely so as to reduce the possibility of exposure to the displaced residents. In these areas there are large proportions of children so extra care must be taken with the storage and disposal of these materials.

b. Portalets, Pit Latrines and Septic Tanks

-These can be manually emptied or emptied by pumps into tanks or barrels for removal from site. Note that during removal the workers need to protect themselves and all spills need to be cleaned and disinfected. The transportation vessels must be sealed.

4.10.4. This sludge can be treated in several ways:

- a. Emptying into existing sewage treatment plants.
- b. Lime Stabilization

4.11. Sewage Disposal

4.11.1. Environmental contamination or spillage from trucking of excreta must be prevented. Final disposal of excreta must prevent exposure of the general population to health risks. Organizations must only use final disposal sites as designated by Department of Health

4.11.2. Workers involved in the management, emptying, transport, treatment or disposal of excreta must be provided with protective clothing, tools and health and safety advice.

4.11.3. Disposal Site

a. With the influx of portalets which require regularly scheduled emptying, along with school septic tanks that are now full, a Lime Stabilization Area is required.

- At the landfill 2 pits will be dug (4m x 3m x1.5m deep).
- These will be lined with layers of tarpaulin and plastic to reduce seepage of untreated waste into the ground.
- The sewage will be emptied into a pit and mixed with hydrated lime (5kg/1000liters)
- The PH will be monitored. Target PH is 12 as this will kill all of the pathogens. More Lime will be added if needed
- Once the first pit is full the second pit will be started. The first pit will then be emptied of the disinfected sludge and spread over the landfill as cover.

b. This will require:

- Supply and storage of hydrated lime and other equipment
- Scheduling of emptying of septic tanks and portalets, including coordination with pumping company, landfill for access and the camp management to make sure that the truck has access
- Staffing (cash for work for IDPs)
 - o Trained to mix in lime
 - o Measure the PH
 - o Will need protective clothing
 - o Will be excavating the full pit and spreading over the landfill
 - o Inventory of lime, gas and managing the process
- Pump and hose for dewatering of processed sludge

- Gas for the pump

4.12. Solid Waste Management

- 4.12.1. Agencies working in the sites will provide rubbish bins at a ratio of 1 bin per 10 households. A central Collection receptacle should be established in the designated areas to facilitate emptying by the LGU (and associated contractors) on a daily basis. LGU contact person should be contacted directly if solid waste removal is insufficient.
- 4.12.2. Agencies can augment LGU in the collection system if the need warrant it.

4.13. Vermin Control Program

- 4.13.1. The Barangay LGU will take care of its own area to conduct spraying, fumigation, fogging if necessary to control vector borne diseases with the assistance and support from the DOH and agencies working in the sites. The DOH-CHDNM will also distribute treated mosquito nets to all affected areas needing its assistance.

4.14. Health

4.14.1. Minimum Services Package for Health

- a. Clinical
 - Consultations/treatment
 - Emergency transport
 - Hospital care
- b. Public Health
 - WASH – water sanitation hygiene
 - Nutrition
 - MHPSS
 - DSE Surveillance
 - PIDSR
 - SPEED
 - Vector Control
 - Management of dead
 - Reproductive health (MSP)

4.15. Mental Health and Psychosocial Services

- 4.15.1. There should be an initial assessment of MHPSS needs of persons staying in the evacuation centers with special focus on direct victims, indirect victims, vulnerable groups like children, those with pre-existing mental health conditions, and those who are socially marginalized.
- 4.15.2. Psychosocial support (PSS) services for parents, male involvement should be provided by trained PSS personnel
- 4.15.3. Provision of psycho-social intervention is necessary to enable children victims of disasters maintain a friendly outward social disposition free from feeling of animosities and revenge. This will prevent them from alienation with other children when they will be integrated to their respective communities.
- 4.15.4. The children will be provided with developmental and social activities, eg. Plays, group sessions, counselling and the like to be able to help them

recover from trauma and bring them back to their normal psychosocial functioning.

- 4.15.5. Promote the IASC – MHPSS Guidelines and its key messages to ensure that there is appropriate action to address the social risk factors affecting mental health and psychosocial well-being of IDPs and support groups. (refer to IASC – MHPSS guidelines)
- 4.15.6. Be guided that essential clinical psychological and psychiatric interventions need to be made available for specific, urgent problems. These latter interventions should only be implemented under the leadership of mental health professionals, who tend to work in the health sector.
- 4.15.7. Including psychosocial consideration in the protection response will protect the dignity of survivors and enhance the overall protection response.
- 4.15.8. Minimum package for MHPSS in the evacuation center following the MHPSS intervention pyramid for mental health and psychosocial support in emergencies.
 - a) Level 1- any service geared towards addressing the acute needs of the general population in a disaster such as the following : psychological first aid, provision of basic needs and services, or coordination with concerned agencies on such, disaster orientation/briefing
 - b) Level 2 - any service addressed to vulnerable groups to provide community and family support and help restore support systems, e.g. play sessions, provision of child-friendly spaces, formation of support groups, facilitation of ceremonies and rituals, etc.
 - c) Level 3 - focused services aimed at managing high risk cases to prevent and reduce risks of mental health cases and their consequences , e.g. psychosocial processing (PSP) or debriefing, counselling etc.
 - d) Level 4 - specialized services for MHPSS cases, e.g. treatment by specialists, management in mental health facilities, provision of psychotropic medications.
- 4.15.9. Proper coordination mechanisms in the provision of MHPSS services must be established among different agencies and partners especially among those with key mandates:
 - a). DOH- leading MHPSS, health personnel, responders, LCEs
 - b).DSWD- affected people in evacuation centers especially in assessment and provision of services, in coordination with other agencies
 - c). DepEd- affected school children
 - d). PRC- affected people in the community
- 4.15.10. Screening of possible high risk cases must be made through the use of the Self Reporting Questionnaire (SRQ) to be facilitated by the evacuation center manager with orientation from the DOH
- 4.15.11. Referral system for vulnerable groups and high-risk cases must be established in coordination with the DOH for proper referral, management and treatment of cases in identified facilities.
- 4.15.12. Periodic assessment of MHPSS needs must be done to document cases and issues and to serve as inputs for planning

- 4.15.13. Networking and cluster coordination activities must be regularly attended to discuss operational plans and issues.
- 4.15.14. Reporting of MHPSS services rendered should be done and reports to be shared with other agencies for proper coordination of activities, documentation of services and for planning purposes

4.16. Education

- 4.16.1. Assignment of areas as Child Friendly Spaces (CFS) or Temporary Learning Spaces (TLS) should be ensured in each evacuation center.
- 4.16.2. CFS/TLS provide venues for supervised neighbourhood playgroup services for pre-schoolers and learning activities for school-aged children.
- 4.16.3. Determine appropriate approaches sensitive to age and culture to ensure that educational programmes respect the needs and rights of learners example flexible school calendar
- 4.16.4. The location of the learning spaces should include easy access to toilets. Toilets may need to be adjacent to the child friendly spaces and temporary learning centers because young children frequently supervision when going to the toilet.

4.17. Livelihood Support

- 4.17.1. Provide opportunities for work and implement rehabilitation program to restore the livelihood of the affected families/population

4.18. Distribution of Relief Goods

- 4.18.1. Management of relief goods as stockpile shall be under the supervision of the Provincial Social Welfare and Development Office (PSWDO) since disaster management was devolved at the Provincial level and because the City and Municipal Social Welfare gets the technical assistance from the PSWDOs

5. Registration and Information Management

5.1. Registration

- 5.1.1. Make available logbooks/DAFAC for the incoming evacuees to register indicating the following:
 - a) Profile: name, age and sex of family head and place of origin of evacuees, members of the family, solo parent.
 - b) Provide information on vulnerabilities such as member of the family who are: pregnant with expected date of delivery, lactating, elderly, person with disability and type of disability (PWD), person with serious illnesses, malnourished children, source of income and skill, unaccompanied children, unaccompanied elderly.
- 5.1.2. Master listing and profiling of victims of disaster/IDPs including missing and dead relatives of members of the family, details of family member with special needs.
 - *The masterlist will be based on the logbook and DAFAC.*
- 5.1.3. Displacement Tracking Matrix

- The DTM tool shall be used in gathering the information on the needs in the evacuation centres. The DTM will be rolled out within 48 hours since activation of evacuation centre. Thereafter, the DTM report shall be released weekly with the forms to be accomplished by the assigned information manager in the camp/evacuation centre.

5.1.4. The following are the Information Management Tools to be used:

- DROMIC Report
- DAFAC and DAFAC Database
- Population Tracking Form
- Displacement Tracking Matrix (DTM)
- NDRRMC Situation Report
- DepEd Report
- SPEED Report
- Logbook of Donations Received in Kind

6. Conduct of regular consultation and meetings with evacuees

- All evacuees shall be organized into groups with identified team leaders
- The teams leaders shall have regular meetings with the camp manager and team
- All meetings shall be properly documented and recorded
- The camp manager shall keep the records of the meetings for ready reference when needed.

7. Maintenance and care of evacuation center facilities

- Responsibility of the LGUs
- Repairs of damages to Schools used as evacuation centers during the disaster shall be immediately undertaken to ensure the safety and well being of the evacuees and other occupants.
- Such repairs shall be under the jurisdiction of School Principal in coordination with the Camp Manager.

8. Mobilization of volunteers

- Organize volunteers for goods distribution, repacking and other activities relevant to management of resources
- Assist in the masterlisting of disaster victims
- Assist in the community kitchen and food preparation
- Assist in the conduct of socio-cultural and recreational activities (for prolonged evacuation)
- Coordinate the organization and deployment of breastfeeding support group and members to actively promote, protect and support exclusive breastfeeding in the evacuation center

9. Sharing of resources among LGUs

- In the event that evacuees evacuated to the neighboring LGU, the host LGU may provide the evacuees with relief goods.

10. Conduct of evacuation and emergency drills

- Orientation for short-term displacement
- Drills during medium- and long-term displacement

IX. Termination of Evacuation or Evacuation Center Closure

1. Trigger and Criteria for Closure

- 1.1. Once all evacuees have voluntarily left the evacuation centers
- 1.2. Readiness of the resettlement site
- 1.3. Readiness of the evacuees to return to their respective places of origin
- 1.4. Normalcy of the situation

2. Site Closure

2.1. Demobilization

- a) All equipment provided by the local government or donated to the local government for the improvement of conditions during an emergency should be properly stored in safe areas for use in the event of another crisis.
- b) In cases where equipment may be turned over or donated to the administrators of the site used as an evacuation center, a memorandum of agreement should be finalized between the LGU and the relevant counter-part.

2.2. Repair and Rehabilitation of Facilities

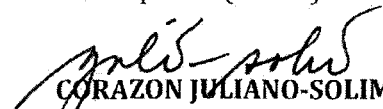
- The local government is responsible for facilitating general cleaning including fumigation, repair of broken facilities, etc. This is an important activity in ensuring that the facility is safe to be utilized in its original function.

X. Annexes

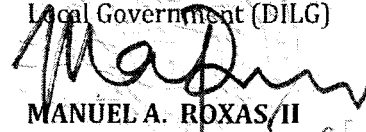
1. Organizational Structure on Evacuation Center Coordination and Management
2. Functions of Evacuation Support Teams
3. Non Food Item Kits (Family, Kitchen, hygiene, water)
4. Registration Form
5. Disaster Assistance Family Access Card (DAFAC)
6. Profile of Evacuees inside Evacuation Center

This Joint Memorandum Circular between the Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Department of Health (DOH) and Department of Education (DepEd) is issued this ___ day of ___ 2013 at Quezon City, Philippines.

Department of Social Welfare and Development (DSWD)


CORAZON JULIANO-SOLIMAN
 Secretary


Department of Interior and Local Government (DILG)


MANUEL A. ROXAS, II
 Secretary




 DILG-OSEC OUTGOING 13-01405

Department of Health (DOH)

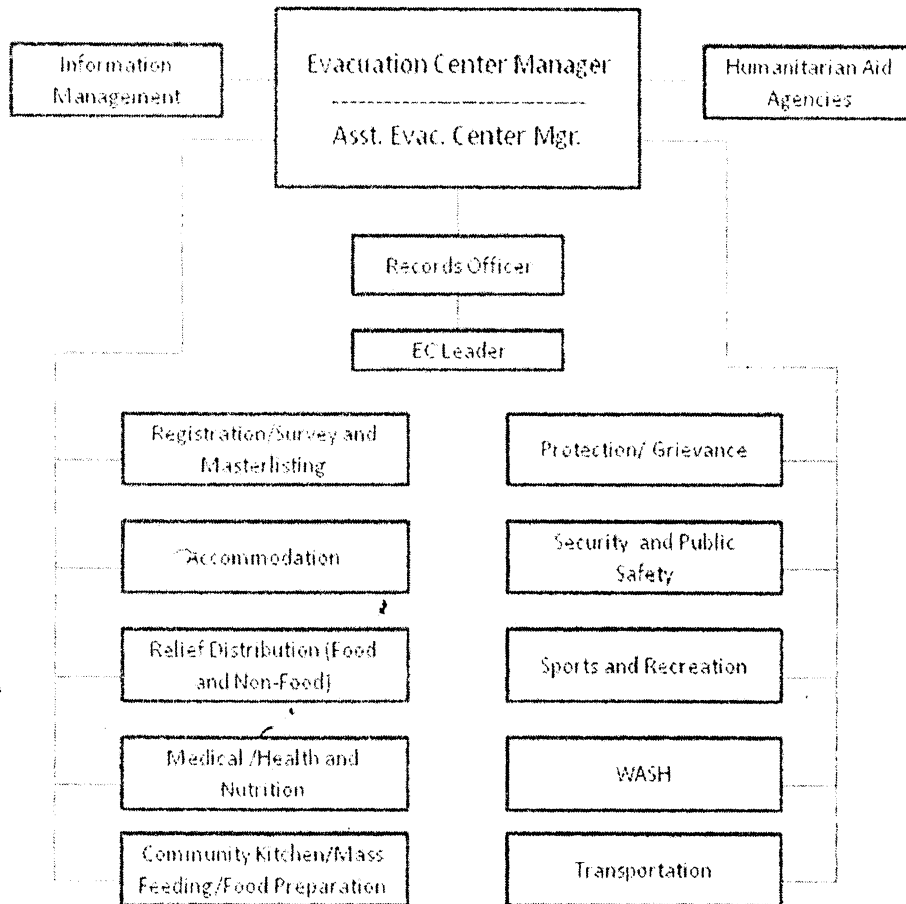

ENRIQUE T. ONA, M.D.
 Secretary

Department of Education (DepEd)


BR. ARMIN A. LUISTRO, FSC
 Secretary

Annex 1 -

Recommended Evacuation Center Management Structure



Evacuation Center Management support teams or committees shall depend on the need of the evacuation center.

Annex 2: FUNCTIONS OF SUPPORT TEAMS

Water Sanitation and Hygiene (WASH) Team

1. Ensure Availability, accessibility, orderly use, proper maintenance and cleaning of common and gender disaggregated WASH facilities such as water taps, latrine facilities, hand washing, bathing facilities and laundry areas;
2. Assist in Hygiene Kit and Water Kit Distribution
3. Ensure proper solid waste disposal systems.
4. Ensure that the bins for biodegradable and non-biodegradable wastes are disposed daily in the proper areas designated for this purpose;
5. Assist in the dissemination of WASH IEC materials and in the conduct of hygiene promotion activities.

Medical/Health and Nutrition Team

1. Coordinate with evacuation center manager regarding health needs of the IDPs.
2. Ensure rapid health assessments are conducted within 3 days of arrival of IDPs
3. Ensure access to basic and regular health services, including immunizations and referrals, accessible to the displaced population
4. Monitor, report share information and refer health related concerns to health workers/hospitals
5. Assess and monitor the nutrition needs of the displaced population and refer when necessary
6. Ensure reproductive health services are provided in the evacuation center
7. Assess and respond to mental health and psycho-social support needs of the displaced population all throughout the displacement
8. Implement a surveillance system for communicable diseases
9. Guarantee immediate medical intervention for sexual and gender-based violence cases.

Transportation Team

1. Ensure availability of transportation, 24/7, for emergency cases.
2. Coordinate with the local officials and other entities to provide the evacuation center with the transportation for evacuees who need immediate assistance/emergencies.

Security and Public Safety Team

1. Ensure IDPs are safe from exposure to crime, violence and abuse through effective engagement of PNP (both men and women police) and barangay tanods for additional security.
2. Ensure delivery of humanitarian assistance and evacuation center management are not militarized and all evacuees/IDPs are free from recruitment tactics
3. Evacuees/IDPs are consulted and involved in planning for effective safety and security
4. Evacuation and contingency plans are prepared and drills conducted
5. Council of elders shall be organized

6. Facilitate the establishment of evacuation center rules and regulation
7. Coordinate with Chief of Police, fire marshall, Brgy. Chairman and or Lupong Tagapamayapa relative to evacuation center security measures
8. Prepare log of incidents to report to Brgy. Police/Tanods
9. Received complaints from IDPs in the evacuation center for immediate intervention and referral services
10. Assist in the resolution of minor disputes and violation of evacuation center rules
11. Assist in the referral flow or mechanisms of protection related concerns to the relevant authorities.
12. Monitor, report and respond to cases of abuse and violations of rights in the evacuation center while observing confidentiality, respect and safety/security at all times.

Food and Non-Food Team

1. Receive donations and assistance from various agencies and entities to be acknowledged by the evacuation center manager
2. Seek the assistance of volunteers and supervise repacking of donations if needed
3. Assist/supervise food and non-food distribution and preparation of relief distribution sheets for ready use
4. Coordinate with the Reception and Registration committee with regards to the updated number of evacuees for relief distribution purposes
5. Monitor and report food and non-food item needs of the evacuation center population ensuring evacuees with special needs are included
6. Maintain updated distribution lists and ensure that DAFAC are issued and kept updated
7. Inform of Non-food item and food distribution schedule and entitlement to the evacuees
8. Establishment of separate fast track lines for evacuees with special needs.
9. Ensure food and non-food items are culture sensitive
10. Ensure safe storage and warehousing of relief goods

Education Team

1. Ensure that Child Friendly Spaces/Temporary Learning Spaces are established within the Evacuation Centers, for the children to continue their learning process
2. Ensure availability of the masterlist of school children and needs are identified. Coordinate with Education cluster to determine and provide for the needs of the schoolchildren.

Registration/Survey and Master listing Team

1. Assist in master listing/profiling and of IDPs and the updating thereof
2. Assist in the accomplishment/issuance of DAFAC

Accommodation Team

1. Assign disaster victims/IDPs to their designated rooms, separating males from females if possible separate room for parents

2. Assist disaster victims/IDPs in the identification and selection of their room leaders and orient them in their duties and responsibilities
3. Post Master list of occupants in their respective room assignments and be posted at the door of every room. A daily updated report on the number of evacuees shall be submitted to the communication and reports committee.
4. Assess other needs of disaster victims/IDPs
5. Identify and reserve room(s) for nursing mothers, isolation room(s) for the sick and maternity room(s) for emergency cases of child birth

Community Kitchen/mass feeding / food preparation Team

1. Set up community kitchen and undertake mass feeding and food preparation
2. Ensure the cleanliness of the community kitchen is maintained
3. Ensure that a menu for the week is prepared
4. Ensure that children and persons with special needs are prioritized during feeding
5. Ensure safe storage and warehousing of relief goods

Sports and Recreation Team

1. Organize sports and recreation activities in the evacuation center
2. Prepare schedule for the recreational activities duly approved by the evacuation center manager
3. Provide regular recreational activities for evacuees especially for the children in the form of film showing, educational videos and parlor and indoor games

Protection and Grievances Team

1. Received complaints from IDPs in the evacuation center
2. Assist in the resolution of minor disputes and violation of evacuation center rules
3. Assist in the referral flow or mechanisms of protection related concerns to the relevant authorities.
4. Monitor, report and respond to cases of abuse and violations of rights in the evacuation center while respecting confidentiality
5. Ensure that the displaced population have access to justice
6. Ensure that distribution of relief goods is fair and the needs of specific groups are taken into consideration.

EVACUATION CENTER LEADER

1. Represent the IDPs in expressing the needs, issues and concerns
2. Ensure that activities inside the evacuation center within his/her jurisdiction are being monitored

Annex 3 : Non-Food Items

Composition of Hygiene Kit (30 days)

1. 12 bars of bath soap (135 g)
2. 4 bars of laundry soap (380 g)
3. Toothbrush
4. Toothpaste (150ml)
5. Toenail cutter
6. Sanitary napkins
7. Face towel
8. Bath towel/malong
9. Plastic dipper plastic pail with cover
10. Slippers
11. Underwear

Composition of Water Kit

1. Jerry can (20 liters with faucet)
2. Hyposol (1) 100 ml/bottle or aquatabs/pura tabs (67 mg/20 liter 30 tabs)

Composition of Family Kit

1. Mats/beddings
2. Blankets
3. Mosquito nets
4. stove and
5. kitchen wares (glass cup and saucer, spoon, fork, ladle, frying pan kettle, casserole), etc.

Annex 4:

Registration Form

No	Surname	First name	Age	Sex	Date of arrival	Type of vulnerability	Barangay of origin	Learning Center/School of Origin	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

DROMIC FORM # 1.1

Republic of the Philippines
 Department of Social Welfare and Development
DISASTER RESPONSE, OPERATIONS, MONITORING AND INFORMATION CENTER
 Batasan Pambansa Complex, Constitution Hills
 Quezon City

STATUS OF DISASTER OPERATIONS

As of (Date)
(Time)

Region : _____
 Type of Disaster : _____
 Date of Occurrence : _____

AFFECTED AREAS (PROVINCE/CITY/MUNICIPALITY)	NUMBER AFFECTED			NUMBER OF E.C.s						SERVED						TOTAL SERVED					
	Brigs.	Families	Persons	INSIDE E.C.		OUTSIDE E.C.		SERVED INSIDE E.C.		SERVED OUTSIDE E.C.		TOTAL SERVED INSIDE E.C.		TOTAL SERVED OUTSIDE E.C.		TOTAL SERVED					
GRAND TOTAL				Cum	Now	Cum	Now	Cum	Now	Cum	Now	Cum	Now	Cum	Now	Cum	Now				
SUB-TOTAL																					
<i>the DROMIC FORMS</i>																					