Contingency Planning Checklist

in times of pandemics and sudden-onset disasters
Acknowledgements

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<td>ACCORD</td>
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<td>AIP</td>
<td>Annual Investment Plan</td>
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<td>Community-based Organization</td>
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<td>CDP</td>
<td>Comprehensive Development Plan</td>
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<td>Contingency Plan</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>GBV</td>
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<td>Infection Prevention and Control</td>
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<td>LCE</td>
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<td>LDRRMF-ERF</td>
<td>Local Disaster Risk Reduction and Management Fund- Emergency Response Fund</td>
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<td>LGA</td>
<td>Local Government Academy</td>
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<td>LGU</td>
<td>Local Government Unit</td>
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<td>NDRRMC</td>
<td>National Disaster Risk Reduction and Management Council</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<tr>
<td>OCD</td>
<td>Office of Civil Defense</td>
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<td>PAGASA</td>
<td>Philippine Atmospheric, Geophysical and Astronomical Services Administration</td>
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<tr>
<td>PAR</td>
<td>Philippine Area of Responsibility</td>
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<tr>
<td>PO</td>
<td>People's Organization</td>
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<tr>
<td>RCCE</td>
<td>Risk Communication and Community Engagement</td>
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<td>SRHR</td>
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<td>WASH</td>
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Introduction

The global pandemic known as the coronavirus disease 2019 (COVID-19) has affected millions worldwide. Presently in the Philippines, the number of the cases continues to increase with 9.90% positivity rate and 1.85% mortality rate. The most vulnerable population is comprised of the elderly, those with comorbidities such as diabetes, hypertension, or those who are immunocompromised such as people living with HIV, as well as frontline workers in health and essential businesses.

Health system capacity has improved but continues to face challenges. The country currently ranks 20th in the John Hopkins case monitoring dashboard in terms of the country with the highest number of COVID-19 cases. The number of new cases remains variable with a recent spike following a 2-week decline. The Department of Health (DOH), however asserts that the health system has made significant progress not only in improving recovery rates and reducing COVID-19 mortality, but also in increasing hospitals’ capacity to serve suspected/confirmed COVID-19 patients. Currently there is some 42.1% occupancy rate in wards, ICU, and isolation beds for COVID-19. Critical health facilities are now more equipped to provide better care to patients compared to during the early stages of the pandemic. However, testing and contact tracing capacity needs to be sustained to accurately reflect the health situation. On September 2, the national government launched its official contact tracing app - staysafe.ph, while Local Government Units (LGU) also initiated individual contact tracing strategies/app in their respective communities.

The Philippine government utilized a public health-centered approach in mitigating the spread of the virus. Medical response includes strengthening health capacity by recruiting additional 20,000 health professionals, improved and expanded
research capacity, and improved health care facilities and care protocols. Community quarantines include imposition of curfew, ban on mass gatherings, closures of schools or congregations, work suspension, and modified work arrangements.\footnote{7}

**COVID-19 has resulted in severe socio-economic consequences.** The response to the pandemic transmission has negatively impacted the economy. Since March 2020, more than 3.3 million workers have lost their jobs.\footnote{8} Unemployment rate is at 10\% as of July 2020 which is double the rate of 5.4\% last year of the same month.\footnote{9} The loss of livelihood and lack of income opportunities has limited the access of the poorest families to food, water, and health services, and increased their reliance on aid. Some 7.6M reported involuntary hunger due to the crisis.\footnote{10} School suspension displaced learners, barred access to supplementary feeding, and increased care work for women. Moreover, the affected population articulated increased feelings of anxiety and distress due to the continuing uncertainty of the situation. The pandemic situation shows disproportionate impact of the pandemic to women, children, and the most marginalized sectors of society.\footnote{11}

**The Philippines remains at risk to disasters and climate change impacts.** The country ranks 3rd in the World Risk Report of 2018 and 5th in the Climate Risk Index of 2019.\footnote{12} Tropical cyclones account for the largest disaster-related loss in the country. Some 20 tropical cyclones occur in the Philippine Area of Responsibility (PAR) per year. At least 6-9 incidents make landfall causing damage to urban and rural communities.\footnote{13} Due to climate change, recent historical data in the country show that stronger typhoons are becoming even more frequent. Degraded ecosystems also exacerbate the impacts of the hazard. Moreover, cyclones are often accompanied by concurrent hazards including floods, flashfloods, and landslides. It also interacts with seasonal and climatological changes including monsoon seasons and El Nino Southern Oscillation (ENSO) phases.

**The typhoon season has already started.** Typhoon Vongfong made landfall in May 2020. It was the first typhoon to hit the country this year. It affected almost 400,000 individuals and destroyed shelter, livelihoods, and health facilities.\footnote{14} Emergency response activities were complicated by the ongoing quarantine measures and social
distancing protocols. The experience from Typhoon Vongfong showed the need to integrate minimum health standards to better prepare for similar hazard events.

On 14 June 2020, the Philippine Atmospheric Geophysical and Astronomical Services Administration (PAGASA) announced the start of the rainy season. The climate outlook shows that there is more than 50-55% chance of La Nina either late October or November 2020 which may last through the first quarter of 2021. Above normal rainfall incidents can also be expected in the same period, particularly in December. Moreover, a total of 9 to 12 tropical cyclones are expected to enter the Philippine Area of Responsibility (PAR) until the end of the year. The onset of La Nina will cause tropical cyclones to form nearer land, thereby increasing the chance of landfall.

Capacities are stretched, and resources are dwindling. The whole country was placed under State of Calamity since 16 March 2020-12 September 2021. The protracted response due to COVID-19 has depleted resources of the government, private sector, and Civil Society Organizations. LGUs affected by the pandemic have already exhausted their Local Disaster Risk Reduction and Management Fund- Emergency Response Fund (LDRRMF-ERF) and have realigned their development funds to provide food assistance, conduct awareness raising activities, and supplement health equipment and services. Medical and government front liners have provided continuous health and social services.

With the advent of the Typhoon season alongside the continuous COVID-19 response, there is a need to revisit plans to better manage risks and increase response capacities. Contingency plans (CP) can be reviewed to update risk assessments, integrate Infection Prevention and Control (IPC) protocols, and improve response arrangements. Other government plans including the DRRM Plans, Annual Investment Plans (AIP), and Comprehensive Development Plans (CDP) may also benefit from the review process.

The Contingency Planning Checklist is an attempt to summarize experiences from the ground into a diagnostic tool that supports the integration of COVID-19 protocols and lessons from the ongoing response into existing Contingency Plans. It is a list of recommendations across multiple sectors that can serve as an entry point in the CP updating process.
Why is there a need for a checklist?

Over the last months, the country has responded to the COVID-19 pandemic. Policies and related actions were developed to address the increasing number of cases and alleviate the socio-economic impacts of the crisis. As the pandemic situation continues to evolve, series of guidelines were issued on minimum health protocols, community quarantine protocols, and other related memorandum to outline actions that different government agencies, organizations, and households need to follow in order to adequately respond to the crisis and contribute to mitigating the spread of the virus.

On 15 June 2020, the National Disaster Risk Reduction and Management Council (NDRRMC) issued Memorandum no. 57, s. 2020 that encourages different Disaster Risk Reduction and Management (DRRM) councils and committees across all government agencies to “remain steadfast” and prepare for other hazards and possible worst case scenarios that may occur alongside the COVID-19 emergency. The Memorandum identified specific aspects of the contingency plan that requires review.

The Contingency Planning Checklist builds on the NDRRMC memorandum alongside minimum health standards adopted by the government as well as the contingency planning process outlined by the NDRRMC-Office of Civil Defense (OCD) Contingency Planning Guidebook. The checklist aims to:

- **Support the process of participatory review of risks by integrating lessons from COVID-19.** The process outlined in the use of the checklist recognizes the value and the role of different stakeholders in the contingency planning process. Experiences from past disasters and the ongoing COVID-19 response are valuable to identifying risks, consolidating lessons, and undertaking actions to address risks and improve response capacity.

- **Strengthen existing contingency plan by recognizing needs of women, men, girls, and boys, including the most vulnerable.** The lessons from the pandemic show information needs that are necessary to ensuring activities are relevant and appropriate to the evolving situation of different sectors especially women, girls, and the most marginalized groups. The checklist attempts to outline gender and disability inclusive protocols in the different humanitarian sectors.

- **Improve partnerships with internal and external stakeholders.** Identifying the limitations/gaps in the contingency plan may facilitate further collaboration to complement available capacities and resources.
Who is it for?

The Checklist is designed for **Local Government Units**, particularly: local chief executives (LCE), CP Working Groups, local DDRM Officers, DRRMC members, planners, and other individuals that may be part of the contingency updating process. The checklist is a summary of recommendations to help LGUs assess their existing contingency plans and determine its appropriateness to prepare and respond simultaneously to typhoons and the COVID-19 pandemic.

The Checklist is also intended for **CSOs and private institutions** looking for ways to support local government units and their response activities. The checklist can also help in understanding standards and protocols for operating and providing aid in the context of a pandemic.

**Donor agencies** may also find the checklist useful in mapping adjustments in explicit DRR actions and humanitarian responses. It can further serve as a reference for determining resource gaps and possible funding strategies.

The CP checklist assumes that the user:

- Has an existing contingency plan
- Is familiar with the contingency planning process
- Has a role in the Response Cluster, Emergency Operations Center (EOC), or Incident Command System (ICS)
How did we come up with the checklist?

The Checklist was developed from the collective insights of the participants and presenters during the RILHUB Webinar Session entitled: Planning for Typhoons During a Pandemic: A Practical Guide conducted last 22 July 2020. At least 545 registered for the session, where 13% were from National Government Agencies, 22% Local Government Units, 30% from schools and universities, and 30% CSOs.

Recommendations were also drafted through the shared knowledge of CARE, ACCORD, Partners for Resilience (PfR), and the Move-Up Project drawing lessons from their partnership with LGUs in Integrated Risk Management and Humanitarian Actions.

The objectives of the Webinar were to:

- Identify gaps and challenges in existing protocols of Contingency Plan for Typhoons in light of the current pandemic.
- Share replicable, feasible typhoon response practices that also satisfy infection prevention and control protocols; and
- Formulate a practical guide that will help communities update their Contingency Plan for Typhoons in the context of a pandemic.

As part of the registration, all participants were instructed to answer two questions:

1. Anu-ano ang mga problemang nakikita mong kahaharapin ng inyong LGU o organisasyon ngayong tag-ulan at may pandemya?

   (What problems or challenges do you see your Local Government Unit or organization facing this coming typhoon period amidst a pandemic?)

2. Ano ang mga naiisip mong solusyon sa mga problemang ito?

   (What solutions can you see or suggest for these problems?)

The questions were designed to establish the possibility of a compounded disaster situation and elicit their insights based on their experience with typhoons and the ongoing COVID-19 response. The questions aim to ground the Webinar discussions and generate a common understanding of the risk to typhoons and related hazards alongside the evolving pandemic situation.

Presentors from national and local government agencies shared their knowledge and experience. PAGASA provided the climate outlook until Jan 2020. The LGUs of Quezon City and Valenzuela City shared their preparedness actions in relation to the “new normal.” OCD iterated guidelines on contingency planning and outlined key actions to update the CP. Department of Social Welfare and Development (DSWD) shared the highlights of the new guidelines for Camp Coordination and Camp Management (CCCM). DOH recommended including health-related monitoring and shared guidelines on minimum health standards. Department of Interior and Local Government’s (DILG) Local Government Academy (LGA) summarised key actions related to preparedness from the Listo Manual. While the LGU of Bago contextualised the situation of their city and the actions they have undertaken.

Answers from the two questions (survey) and the inputs from the presentors were then analyzed and used to draft a list of recommendations geared towards improving Contingency Plans. The initial checklist was shared with the OCD and DILG-LGA and all the participants of the session.
The survey

The two questions were answered by 545 individuals from 267 organizations across the Philippines. The information shared by the participants reflect not just the gaps and challenges but also a critical mass from different sectors in the country willing to learn and contribute to finding solutions to common problems. All the answers from the survey were processed by assigning them to inductive categories and analyzing them by finding patterns and outliers.

Key findings from the survey are as follows:

• Nearly 50% of respondents are from NCR. The remaining 50% are from component cities and municipalities across the country

• The Webinar was primarily attended by Schools and Universities (34%) CSOs (30.21%), and LGUs (22%). Interest from schools are high because school buildings are often used as evacuation centers during emergencies. Schools are part of the Evacuation Center Management Committee (ECMC) and the Education cluster.

• Key challenges identified were:
  • Concurrent hazards such as floods, landslides, and the possible increase in water-borne diseases as well as dengue.
  • Evacuations and camp management due to lack of social distancing, increased exposure to diseases including COVID-19, and limited space.
  • Operational challenges which include funding gaps, safety, resources, preparedness, and coordination.

• Solutions identified by the participants include:
  • Need for planning and preparedness
  • Conduct of awareness raising campaigns (information, education, and communication)
  • Undertake sanitation activities focusing on drainage cleaning to prevent floods
  • Improve CCCM, which mainly involves identifying ECs and integrating social distancing and safety protocols

• Participants from the government were concerned with natural disasters and its damages, while CSOs focused on the operational aspects such as evacuation and camp management.
How to use the checklist?

The Checklist is a straightforward assessment tool. It follows the outline of the NDRRMC-OCD Contingency Planning Guidebook (2020) to ensure that users can quickly establish linkages between the recommended actions and their own Contingency Plans. The checklist is best accomplished through a participatory process where members of the CP working group, DRRM officers, and other stakeholders are able to collaboratively assess their own contingency plans. The practice of filling out the checklist can be a 1) pre-requisite for CP updating, 2) the first step of CP updating process, or 3) a guide for ongoing planning activities.

The CP checklist objectives are:

- To identify a starting point for each LGU/agency/organization for updating their CPs
- To provide a list of actions to mitigate risks and strengthen response activities

The Checklist is sub-divided into eight (8) sections:

1. Risk Assessment
2. Early Warning System
3. Food Security, Non-Food Items, and Livelihoods
4. Shelter/Camp Coordination and Camp Management (CCCM)
5. Health/Water, Sanitation, and Hygiene
6. Protection
7. Response Structure
8. Risk Communications and Community Engagement (RCCE)

Each section includes several recommended actions. Please note that all recommended activities/actions listed in the checklist are suggestions and are subject to the individual needs, priorities, and resources of local governments, agencies, and organizations.
Step 1. Form CP working Group

The checklist can be done by one person, but it is most effective when accomplished with a group as part of a participatory planning activity. The activity needs to have a clear set of objectives which will later be useful in prioritizing recommendations. The CP working group as described in the OCD Guidebook (p.26) is the team responsible for facilitating and ensuring the completion of the CP. In the case of CP updating, it maybe composed of DRRM officers, members of the DRRMCs, CSOs, academe, or other individuals that can support the planning process.

Step 2. Assess CP based on identified sectors

The Checklist is a summary of recommendations. The working group, informed by risk assessments that are updated to incorporate COVID-19, among others, can divide themselves according to sectors to assess whether each recommendation is:

- Not completed
- In-progress
- Completed

Some actions may have already been undertaken in an adhoc manner as part of the COVID-19 response or previous emergency responses. Put the link/notes on the checklist to reference relevant documents. Moreover, the working group may also be able to identify additional activities that are not reflected in the checklist. Feel free to include additional activities. The checklist is not all-encompassing and should be adapted to the specific context and experience of the user/s.

Step 3. Prioritize the recommendations

After accomplishing the checklist, review each of the sections according to your assessment (not completed, on going, completed). Organize the recommendations with your objectives as a guide. Mark them as high priority, medium priority, and low priority.

Step 4. Use the results

The recommendations can be used in several ways depending on the objective of the user/s. For contingency planning purposes, the checklist highlights the activities needed to revise scenarios, identify resources and gaps, and the improve response activities. Recommendations can also be used to support the drafting of other plans including DRRM Plan, AIP, and the CDP. It is a useful resource to ensure that local plans build on the lessons from previous emergencies to strengthen resilience and achieve sustainable development.
Contingency Planning

What is contingency planning?

Contingency planning in disaster risk reduction is the process of establishing arrangements in advance to enable timely, effective, and appropriate response in the event of a hazard or a disaster. It is a participatory planning process which includes different stakeholders: community, local government leaders, CSOs. The result of the planning process is called a Contingency Plan.

Contingency Plan

- **Hazard specific.** Each hazard (typhoon, earthquake, landslide, fire, etc.) presents specific scenarios that will require different response actions.

- **Simple and understandable.** Information in the CP must be understandable for everyone, including women, children, and other vulnerable sectors.

- **Disseminated.** Information and education activities must be conducted to ensure everyone is prepared and members of the response committee are aware of their roles and responsibilities.

- **Regularly updated.** The CP needs to be regularly reviewed to ensure that scenarios and response actions remain relevant and appropriate. Changes in focal persons, roles, resources should be immediately reflected in the CP.

Outline

I. Risk Assessment
   a. Review of Secondary Information
   b. Hazard Assessment
   c. Worst – Case Scenario

II. Objective Setting

III. Response Arrangements
   a. Response Cluster/s
      i. Implementation Plan
         1. Response Members
         2. Specific Scenario
         3. Objectives
         4. Response Activities
         5. Resource Inventory and Projection
         6. Gap Analysis
      ii. Emergency Operations Center (EOC)
      iii. Incident Command System (ICS)
   iv. Interoperability

IV. Activation
The Checklist

Each section of the Checklist corresponds to parts of the Contingency Plan template of the NDRRMC-OCD. This will allow users to easily navigate through the recommendations during the CP updating process. The Checklist is designed to be exhaustive. Users/Working Groups can review, add, and revise according to their specific context.
1. Risk Assessment

Risk Assessment

is a participatory process of identifying the “the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihood and the environment on which they depend on.” (OCD, 2020) The process of risk assessment is an integral step in drafting an effective Contingency Plan.

The National Situation needs to be localized.

The impact of COVID-19 is not homogenous across the country, some, particularly urban communities, were more affected than others. Understanding the local context: challenges due to the pandemic, existing policies, capacities, and resources can provide a more appropriate strategy to address compounded risks. However, it must also be noted that the experiences of other LGUs and communities are a source of rich information on how to better mitigate, respond, and cope with the COVID-19 pandemic.

More Information, better response.

Risk assessment is the process of collecting and analyzing information to develop a plan to build resilience and/or respond to a disaster situation. More information, e.g. on gender, age, disability disaggregated data, vulnerable groups, resources and gaps, partnership arrangements etc., the better you can develop your worst-case scenario, early warning system, and your response arrangements. Gathering information must be done systematically and realistically. However, do not allow “waiting for additional data” delay the updating of CPs.

Participation is important in Risk Assessment.

While data can be easily collected through secondary data or survey, analyzing the information is best done in a collaborative environment. Knowledge-sharing is an important by-product of the risk assessment exercise and will better ground the analysis of risks.
Risk Assessment

- **Review risk assessment**
  Overlay hazards, COVID-19 hotspots and integrate health crisis information (active cases, recoveries, deaths) in drafting risk maps/evacuation maps.

- **Identify and consolidate information on disaster impacts**
  Ensure data is disaggregated by gender, age, vulnerability, disability, and includes information on persons with underlying medical conditions. Situation of women and children should be monitored recognizing that disasters impacts them disproportionately.

- **Update existing worst-case scenario, include COVID-19 situation**
  Develop scenarios to include health-related risks, water and sanitation relevant information, and possible challenges in evacuation and displacement.

- **Conduct livelihood assessments**
  Document coping strategies of households and identify possible livelihood options for internally displaced persons (IDPs).

- **Conduct stakeholders analysis**
  Identify and assess the role different stakeholders in the response and include national and local government agencies, medical and health organizations, private organisations, CSOs institutions, and communities in the analysis.

- **Conduct capacities and vulnerabilities assessment**
  Assess capacities and vulnerabilities of LGUs prior to and during COVID-19.

- **Conduct an information and communication assessment**
  Determine information needs and assess communication channels of different stakeholders, especially elderly, poor communities, and the most vulnerable.

- **Identify at risk groups**
  Identify households with elderly, individuals with co-morbidities, and poorest households with limited capacity to cope with the impact of the hazard and COVID-19.
2. Early Warning System

Early Warning System (EWS) is “a set of capacities needed to generate and disseminate timely and meaningful warning information that will enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and promptly to reduce the possibility of harm or loss.”

A people-centered early warning system has four elements:

1. Knowledge of the risks
2. Monitoring, analysis and forecasting of the hazards.
3. Communication or dissemination of alerts and warnings
4. Local capabilities to respond to the warnings received

End-to-end warning system is also used to emphasize that warning systems need to include all steps from hazard detection to community response."

Following the COVID-19 pandemic situation and the climate outlook information from PAGASA, there is a need to:

Revisit EWS, review actions.

Early Warning System designed for typhoons and concurrent hazards needs to be revisited based on the forecast provided by PAGASA. Early warning signs and linked actions require review to ensure that IPC protocols are adequately integrated, e.g. social distancing measures as well as movement restrictions require longer lead times for the government and communities to prepare and take action in case of a typhoon/heavy rainfall.

Dissemination of EWS information.

Following the review of the EWS, information on signs and actions must be shared and disseminated across all communities. Awareness raising campaigns must be undertaken to communicate EWS protocols alongside public health information, e.g. where to get information, evacuation protocols, coordination arrangements, etc. An EWS is only as good as the level of awareness of people at risk about the risks, the early warning system, and the corresponding actions people need to do in order to mitigate risks.
Early Warning System

- Review existing EWS
  Update risk assessment to include COVID-19 considerations

- Review warning signals
  Provide ample time (lead time) for LGUs and communities to prepare and take actions

- Increase awareness on EWS
  Conduct awareness raising activities to inform communities and key stakeholders on changes to the EWS. Communicate appropriate response to warning signals and revised evacuation procedures. Sample messages may include: warning signals, designated evacuation areas, room assignments, what to bring during evacuation (include in the list face masks, face shields, alcohol, and soap.)

- Conduct multiple information dissemination on Infection Prevention and Control (IPC) measures
  Awareness raising activities must be conducted regularly. Changes in the situation and protocols should be shared to communities immediately.

AFTER A DISASTER

- Conduct an after action review on the (revised) EWS
  Evaluate the effectiveness of the EWS. Assess system, arrangements, and actual implementation. Consolidate lessons to further improve the EWS.
3. Food Security, Non-Food Items, and Livelihoods

The socio-economic consequences of quarantine measures resulted to the loss or disruption of livelihoods. Some 3.3 M have lost their jobs since the beginning of the pandemic. Amongst these numbers are daily wage earners and informal workers who have already limited access to food and other basic needs prior to the pandemic. Coping strategies include reduced quality or quantity of food intake, borrowed money from family and non-bank financial institutions, utilized savings, and sold productive assets.

Food aid is critical for poor communities.

Government assistance significantly augments the available resources of households. In some cases, aid is the only thing that separates families from hunger. The evolving needs of communities must be taken into consideration in the planning process to ensure relevance and appropriateness of assistance.

Deliver assistance that ensures dignity and safety of families.

Assistance provided must be based on standards that meet their minimum caloric requirements, including the specific needs of vulnerable groups: infant and children, pregnant and lactating women, persons with disabilities, medically challenged individuals, elderly, etc. Aid should serve not only as a stop-gap measure, it should reinforce dignity and self-reliance amongst affected communities. It must be delivered in a manner that does not further put communities at risk.

Livelihood support can help communities prepare and better cope.

Livelihood displacement due to COVID-19 further reduces the capacities of communities to cope and recover from hazard events. Conduct of livelihood assessments is a pre-requisite for identifying appropriate livelihood support for communities. Assistance should be provided immediately and must 1) target the most vulnerable, 2) include introduction of resilient livelihood strategies and capacity building on protecting, strengthening, and diversifying livelihoods, and 3) must be complemented with relevant skills development.
## Food, NFI, Livelihoods

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<tr>
<th>Task</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Update Distribution List</strong></td>
<td>Include information on health-related needs per family</td>
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<tr>
<td><strong>Aim to have adequate supplies for the duration of the evacuation</strong></td>
<td>Anticipate NFI needs like face masks and alcohol to ensure proper practice of IPC measures</td>
</tr>
<tr>
<td><strong>Explore options for Relief Distribution</strong></td>
<td>Consider physical distancing measures and proper disinfection, including floor plan for distribution sites. Identify options that limit mass gatherings but at the same time facilitate self-help and self-recovery. e.g. house-to-house delivery, online cash transfers-mobile online wallets, etc.</td>
</tr>
<tr>
<td><strong>Review partnerships with suppliers</strong></td>
<td>Establish new partnerships with medical suppliers and conduct orientation on IPC measures</td>
</tr>
<tr>
<td><strong>Ensure effective repacking centers</strong></td>
<td>Identify well-ventilated areas for repacking, ensure regular disinfection, and arrange schedule to ensure avoid crowding</td>
</tr>
</tbody>
</table>

### DURING

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organize distribution sites</strong></td>
<td>Properly map out distribution site. Ensure all those involved in the distribution (LGUs, stakeholders and beneficiaries) practice IPC measures and are equipped with complete PPEs. Develop visuals to guide community on the distribution processes. Orient community on the distribution.</td>
</tr>
<tr>
<td><strong>Orient community members on relief distribution protocols</strong></td>
<td>Ensure crowd control and proper disinfection at distribution area</td>
</tr>
<tr>
<td><strong>Facilitate individual health screening</strong></td>
<td>Provide health screening for staff, volunteers, crowd control, and beneficiaries</td>
</tr>
<tr>
<td><strong>Identify current needs and resources</strong></td>
<td>Adjust present livelihood activities to bridge the gaps while also considering IPC measures (face mask tailoring, transport services, access to food/supplies, alternate safe livelihoods, etc)</td>
</tr>
<tr>
<td><strong>Follow health protocols on waste disposal</strong></td>
<td>Set-up waste disposal bins for different types of waste. PPEs, masks, and other infectious products should be disposed separately from general waste. Orient community on proper waste disposal.</td>
</tr>
</tbody>
</table>
4. Shelter/ Camp Coordination and Camp Management (CCCM)

Evacuation movement and evacuation center management are amongst the priority concern of LGUs, teachers, and CSOs. The highest number of COVID-19 cases are clustered in urban poor settlements that already have limited access to their basic needs. Shelters are usually at risk of displacement during typhoons and floods due to their location, sub-standard housing materials, and poor construction practices.

In Mindanao, COVID-19 recorded cases are only over 100, however at least 360,000 remain displaced due to previous hazards and conflict. Similar to urban poor households, these families lack protection and have limited access to food, livelihoods, water and sanitation, and health services. Temporary and transitory shelters also require review to ensure that Internally Displaced Persons (IDPs) are not further put at-risk to COVID-19 transmission.

Identify and improve Evacuation Centers
Social distancing measures require space and improved camp coordination and management integrating IPC Standards. Evacuation centers need to be thoroughly planned and should include all necessary infrastructure, e.g. hand washing facility, disinfecting areas, etc. to mitigate local transmission.

Conduct training on Camp Coordination and Camp Management
Policies in CCCM must be revisited to reflect IPC protocols and complement evacuation center (EC) infrastructure improvements. Capacity Building activities must be undertaken to ensure that the Camp Coordination and Management cluster along with relevant clusters are informed and aware of their roles and responsibilities. The DSWD-Disaster Risk Management Bureau (DRMB) has drafted CCCM and Protection Guidelines during COVID-19. Refer to Resource Section: DSWD-DRMB.
Shelter/CCCMM

Include risk maps
Develop risk maps with an overlay of hazards, population density, demographic information, and poverty.

Include information on physical resources
Identify critical infrastructures in the community. (e.g. bridges and other access points, government buildings, schools, isolation and quarantine facilities)

Review the existing evacuation plan
Revisit current evacuation plan and assess evacuation centers, taking into consideration IPC measures. (e.g. physical distancing, max no. of individuals in EC, physical structures, designated spaces, etc.)

Include isolation facilities in the design of Evacuation Centers
Ensure that mechanisms are in place for transfer of individuals from ECs to designated quarantine facilities

Identify other existing structures to be used as ECs
Identify public and private structures in the community/LGU that can be used as a temporary evacuation center. With the IPC measures there is a need to ensure adequate allocation of space for IDPs. (e.g. Are there vacant buildings or other structures? Are these safe to be used as ECs? What is the floor area? Are there existing and functional WASH facilities? What are the shelter structures needed?)

Properly incorporate IPC standards
Ensure that IPC standards and other health and safety measures are integrated into camp management policies (e.g. assigned areas for families, needed restrictions in accessing various areas, and strict monitoring of entry and exit in the EC.)

DURING A DISASTER

Consider PDRA and RDANA in current pandemic

Adhere to IPC Standards in all camp activities

Establish mechanisms that reduce the risk of disease transmission

Establish and mobilize community-based surveillance

Ensure complete and accurate data
Disaggregate data according to sex, age, disability, and vulnerability.

Disinfect camps and facilities regularly
Mitigating local transmission of COVID-19 is a key objective across all activities of the government. LGUs have complemented national government responses through mobilising resources to provide health equipment and services to medical front liners, food and non-food aid, implementation of quarantine protocols, and development of innovative projects to support affected communities. To continuously curb the spread of the virus, objectives and actions reflected in COVID-19 response plan must seamlessly form part of the Contingency Plan.
Health/WASH

Identify and set-up adequate Water, Sanitation, and Hygiene facilities
Ensure that hand washing stations, bathing facilities, latrines are available. Soap and disinfectant supplies should be provided. Awareness activities on IPCs must be conducted regularly.

Establish community quarantine facilities (CQF)
Identify temporary treatment facilities for confirmed and suspected COVID-19 patients. Refer to Annex: ATS adapted as CQF.

Strengthen capacities of communities
Conduct trainings and awareness raising campaigns on IPC measures, community-based isolation facilities management, sanitation and hygiene measures, and hazardous waste management for communities/purok, BHERT, BHWS, etc.

Prioritize evacuees who are in strict home quarantine

Establish strategies that will ensure IPC standards
Identify strategies that integrate IPC standards in providing assistance to IDPs during evacuation.

Coordinate with CCCM Cluster
Ensure that linkages with the CCCM Cluster are established especially in: setting up of CQFs/Temporary treatment facilities, identifying mechanisms for reduction of disease transmission, promoting of IPC Standards.

Coordinate with Logistics in the transport of patients

Ensure sanitation and disinfection protocols and proper waste disposal

DURING A DISASTER
6. Protection

Protection principles highlight the need for response actions to safeguard the dignity and rights of people affected by disasters and conflict. Protection is translated into four key actions:

1. **Prioritize safety & dignity and avoid causing harm**: Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people’s vulnerability to both physical and psychosocial risks.

2. **Meaningful Access**: Arrange for people’s access to assistance and services – in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

3. **Accountability**: Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.

4. **Participation and empowerment**: Support the development of self-protection capacities and assist people to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health, and education.

**Protection issues have surfaced due to the pandemic.** The scarce resources and lack of livelihood opportunities have limited low income families’ access to food, WASH, health, and reproductive health services. The uncertainty due to the continuous increase in COVID-19 cases has resulted to stigma, discrimination. Gender inequalities are also magnified as women bear the brunt of care work, lost their livelihoods, and are at a higher risk to Gender-based Violence (GBV). Specific groups particularly the elderly, persons with chronic illness, and persons that are immunocompromised are more vulnerable to COVID-19. Distress and anxiety continue to increase across communities.

Response actions should mainstream protection by recognizing the most marginalized and most vulnerable, identifying their specific needs, and ensuring that they are able to participate in decisions that can affect their lives. Accountability to affected communities must be fundamental in the way we operate especially during disaster situations.
Protection

Ensure safety and dignity of affected population
Ensure that their humanitarian needs are met and humanitarian response adheres to the “do no harm” principle.

Identify measures to mitigate and address protection issues
Identify possible protection issues based on the Worst-Case Scenario and lessons from previous emergencies. Identify actions to prevent protection issues that can affect women, men, girls, boys, persons with disability, older persons, pregnant and lactating women.

Examples:
- There are global studies indicating that there are increased incidences of domestic violence during the pandemic - how can we address this?
- In evacuation centres, women, boys, and girls face increased risk of gender-based violence - what are the steps to make sure they are safe - when they use toilets, take a bath, fetch water, sleep, etc.
- For persons with psychosocial disability, older persons, or those with chronic illness, there is limited or no access to essential maintenance medicines - how do we ensure sustained, safe access to medicines given mobility restrictions and limited resources?”

Ensure safe access
Facilitate access, especially of the most vulnerable groups to relevant humanitarian services. Conduct activities that will enable them to benefit from assistance provided by organisations. e.g. provision of proper documentation, IDs, assistance cards, etc.

Strengthen safety and inclusive features of evacuation camps
(well-lighted, locks in latrine/toilet facilities, etc.)

Consult IDPs about decisions that will affect them
Encourage their participation in management of evacuation camps.
7. Response Structure

An effective response is a coordinated response. The LGU pandemic task force, response clusters, EOC, and ICS needs to be streamlined to ensure coherence and complementarity. Partnerships with other LGUs, CSOs and private organizations must be explored and strengthened to augment resources and address identified gaps in the response plan. Moreover, coordination arrangements must be established to ensure that objectives of the pandemic response plan and the typhoon-flood contingency plan are simultaneously achieved.
Structure

- **Convene local task force, response clusters, EOC and IMT**
  Clarify set up of the local DRRMC and Local IATF in case of natural hazard event.

- **Conduct IPC/Health trainings for all cluster members**

- **Hire personnel that have medical and public health background**

- **Establish cross-border agreements with other LGUs**
  Build partnerships with contingent LGUs to complement capacities and resources in responding to the hazard event.

- **EOC should have an adequate number of staff**
  Ensure that human resource is adequate to manage and coordinate both pandemic and typhoon response requirements.

- **Conduct simulation exercise of worst case scenario**
  Undertake a table-top exercise and/or community drill following the worst case scenario of a compounded disaster, e.g., evacuation due to extreme flooding. This will ensure that heads and members of response cluster know their roles and responsibilities.

- **Ensure participation of IDPs, CSOs/NGOs/CBOs/POs**
  All stakeholders must be represented in the response clusters, EOC/ICS structures.

- **During a disaster: Identify a spokesperson**
  A person (with an alternate) should be identified to communicate accurate and updated information to the public.

- **After a disaster: Deactivate ICS and CP for typhoon only**
  The EOC should continue observing IPC measures for COVID19. The Action plan for COVID19 should remain active.

- **After: Conduct debriefing session and check on staff wellness**
  Assess mental, emotional & physical well-being and provide necessary support.

- **After: Downscale typhoon response activities**
  Ensure that COVID19 actions are sustained.
8. Risk Communications and Community Engagement

Risk Communications and Community Engagement (RCCE) is the second pillar of the WHO COVID-19 response plan. The public health-centered approach used to mitigate transmission and respond to COVID-19 highlights the importance of 1) understanding the communities’ perspectives and information needs and 2) engaging them to collectively identify ways to protect themselves and their community. RCCE strengthens accountability by ensuring information about the pandemic, government and similar assistance is disseminated and feedback mechanisms are established. Developing and implementing a harmonized RRCE strategy for COVID-19 and typhoons/floods is both a preparedness action and response strategy.

GENERAL TIPS

• Conduct information and communication audit/assessment to better understand information needs of different groups

• Use accessible/preferred channels, trusted sources, and timely, actionable information

• Ensure message consistency across official sources/channels

• Avoid derogatory language; using empathetic language breeds trust and helps fight stigma; keep in mind that it is in everyone’s best interest to address stigma, as people will be more likely to seek medical help instead of concealing their condition

• Avoid an overemphasis on the dangers of the risk (leading to high perceived threat) combined with insufficient emphasis on what people can do to control and mitigate the risk (leading to low perceived self-efficacy), which may lead audiences to feel helpless and fearful and, as a result, reject safety messages

• Actively seek out and address rumors, misinformation, disinformation

• Tailor-fit the message to the audience in terms of content, language, etc.

• Make social media content visual and shareable

• Ensure that access to information is inclusive, and communication flow two-way

• Ensure clear communication, community participation, and feedback mechanism as these will help minimize transmission of the virus, contain the spread of COVID-19, and reduce fear, misinformation, confusion, and tension
Conduct communication audit/assessment
This will serve as basis for planning information, education and communication activities.

Create awareness campaigns
Develop brochures, flyers, videos, tarpaulins, etc. to communicate risks and measures to address those risks. Ensure that information needs and access to information is integrated in the different communication products. Conduct complementary activities to disseminate messages across different stakeholders.

Strengthen capacities of PIA/PIO

Identify platforms to use
Identify and utilize effective communication channels to update barangays and community members of the status of the situation. Establish the frequency of updates. Utilize a combination of technology based platforms and community-based dissemination processes. Establish accountability and feedback mechanisms.

Create/ Utilize Public Warning System
As part of the EWS and the RCCE strategy, develop a warning system to inform community of the situation and the necessary actions to take.

Maximise community-based communication systems
Power interruptions are common during typhoons. Establish a local communication strategy in each community to ensure continuous information dissemination.

Provide regular, timely updates

Monitor feedback from community
Ensure that there are established feedback mechanism available for communities. Coordinate with different clusters to track any information and communication needs that may emerge as the situation evolves.

Seek out and address rumors and disinformation

Collect feedback and/or conduct analysis of communications strategy
Assess effectiveness of communication strategy utilized. This can be done through community consultations, surveys, and anonymous feedback mechanisms.

Increase awareness and conduct information campaigns
Develop campaigns on the recovery plan following the hazard/disaster event. Include information on available services, assistance for affected communities, and other information relevant to the community.
## Resources

### Government Agencies

<table>
<thead>
<tr>
<th>Agency</th>
<th>No.</th>
<th>Particulars</th>
<th>Link</th>
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</thead>
<tbody>
<tr>
<td>Department of Science and Technology (DOST)</td>
<td></td>
<td>Multi-hazard Interactive Map- Philippines</td>
<td><a href="https://hazardhunter.gesravik.gov.ph/">https://hazardhunter.gesravik.gov.ph/</a></td>
</tr>
<tr>
<td>IATF-EID</td>
<td>JMC NO. 1, s.2020</td>
<td>Special Guidelines on the provision of Social amelioration measures by the Department of Social Welfare and Development, Department of Labor and Employment, Department of Trade and Industry, Department of Finance, Department of Budget and Management, and the Department of Interior and Local Government to the most affected residents of the areas under enhanced community quarantine</td>
<td><a href="https://www.officialgazette.gov.ph/downloads/2020/03mar/20200328-JOINT-MEMORANDUM-CIRCULAR-NO-1-S-2020.pdf">https://www.officialgazette.gov.ph/downloads/2020/03mar/20200328-JOINT-MEMORANDUM-CIRCULAR-NO-1-S-2020.pdf</a></td>
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### International Guidelines

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Resources</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Camp Coordination and Management Cluster</td>
<td>Resources on CCCM during COVID-19</td>
<td><a href="https://cccmcluster.org">https://cccmcluster.org</a></td>
</tr>
<tr>
<td>Global Protection Cluster</td>
<td>Protection related information</td>
<td><a href="https://www.globalprotectioncluster.org/covid-19">https://www.globalprotectioncluster.org/covid-19</a></td>
</tr>
<tr>
<td>Sphere</td>
<td>Applying Sphere Standards during COVID-19</td>
<td><a href="https://spherestandards.org/coronavirus/">https://spherestandards.org/coronavirus/</a></td>
</tr>
<tr>
<td>WASH Cluster</td>
<td>Water, Sanitation and Hygiene in COVID-19</td>
<td><a href="https://washcluster.net/covid-19-resources">https://washcluster.net/covid-19-resources</a></td>
</tr>
</tbody>
</table>
Annex

🔗 RILHUB Webinar Presentation Deck

🔗 PAGASA Presentation Climate Outlook

🔗 OCD Contingency Planning Guidebook

🔗 RILHUB Webinar Survey Dashboard
https://bit.ly/2FASL0f

🔗 Concept Note on Alternative Temporary Shelter as Community Quarantine Facility (CQF)
https://bit.ly/2IAeFSr
Key Messages

The climate outlook for the next six months (Aug 2020-Jan 2021) shows:

- ESNS neutral state but potential La Nina developing; there is some 50% chance that La Nina develops in October 2020, and continues until Jan 2021
- Generally near normal rainfall from Aug-Nov 2020
- Some 71 provinces in Dec 2020 show above normal rainfall across the country, linked to the brewing La Nina in Dec 2020
- 9-12 Tropical cyclones (Aug 2020-June 2021)
- Tropical Cyclones during La Nina form nearer land, therefore potential/affability is increased
- La Nina intensity but there are studies in the Philippines, April-May, June but can rapidly intensify before it hits land

Universities and Research Centers

Mr. Karl Michael Marasigan
Chief
Quezon City Disaster Risk Reduction and Management Office (QCDRRMO)

Quezon City put in place ‘New Normal’ Protocols for the rainy season

- Average rainfall is 200-250mm, some 10-20 thunderdays within a month (Ondoy 2005, 491mm)
- 9-12 Tropical Cyclones impact NCR
- Undertook Pre-disaster Risk Assessment guided by PAGASA Information
- DRMMO (Nov 2020) drafted Mayor signed memorandum: Guidelines on COVID-19 preparedness measures for Rainy Season
- Additional new protocols: disease surveillance, physical distancing, use of face mask, distribution
- Disaster and Evacuation Planning (school as evacuation center)
- Stockpiling of Relief Goods, hygiene kits, and pandemic tools
- Maintain safety of frontliners
- Information dissemination

Valenzuela undertakes COVID-19 response

- 26 of 22 barangays affected by typhoons and floods
- Developed maps of the city, identified seven satellite stations ready to respond during Tropical Typhoons
- Identified evacuation sites (schools), 19 sites prepared and no. of families per school identified
- Developed design for physical distancing 7x9 meter classroom, old buildings
- Collaboration with DepED and School DRMMO
- Preparation equipment

OCD provides Contingency Planning guidelines

- In Feb 2020 released updated Contingency Planning Guidelines
- MDRRMC Memo No. 57, s. 2020 to update
- 1) Prepare for a compounded worst-case scenario
- 2) Organize clusters and humanitarian sectors - LGUs introduced innovations: checklists include KCCE as a critical part of response – include governance clusters establish service continuity; how to continue services even if there are anticipated disruptions
- 3) Restock field operations on response activities, review/monitor management team capacity and explore options
- 4) Check available resources to accomplish all the activities in the checklist or action plans

Mr. Joe Mar S. Perez
Acting Chief
Cavite City Disaster Risk Reduction Office

Cavite City, Incites various measures to protect citizens from COVID-19

- Inactivated symptoms monitoring in evacuation centers
- Ensure minimum health standards for patient management
- Consider increasing capacity of evacuation centers to below minimum health standards
- Establish health care provider network for each LGU
- Relevant Guidelines
- AO 2020-00026 Use of Infection Prevention and Control Assessment Form for Health Facility Managers and Healthcare Professionals in the context of COVID-19

Mr. Jen Cacule P. Alhay II
Chief
Local Government Training and Development Division
DILG Local Government Academy

Listo Manual serves as the guideline to determine minimum actions during COVID-19

- Establish early preparations actions using Operation Listo Disaster Preparedness Manual
- Strengthen family and household preparedness
- Utilize LCHR Fund
- Coordinate with relevant agencies especially as resources are already depleted at the LGU level
- Additional measures:
  - Conduct an inventory of available evacuation centers and identify distribution strategies
  - Observe prescribed physical distancing protocols
  - Ensure steadfast logistics and supply chain
  - Ongoing initiatives

Mr. Hilario Mac H. Ravilla, BEM
Social Welfare Officer III
Disaster Risk Reduction and Management Division (DRRMG)
Disaster Response Management Bureau (DRMB), Department of Social Welfare and Development

DSRM issued a Camp Coordination and Camp Management and Protection COVID-19 Operational Guidelines to serve as guidance for field offices and local governments in the implementation of CCDC during the COVID-19 Pandemic

- Includes guidelines in evacuation centers
- Ensure minimum health standards for patient management
- Consider increasing capacity of evacuation centers to below minimum health standards
- Establish health care provider network for each LGU
- Relevant Guidelines
- AO 2020-00026 Use of Infection Prevention and Control Assessment Form for Health Facility Managers and Healthcare Professionals in the context of COVID-19

Mr. Marjorie Ortes
Chief
Bago City Disaster Risk Reduction Office

Bago City has developed a Contingency Plan on Emerging Viral Disease (COVID-19) which served as basis for utilizing the Bayanihan Fund, adjusted the clusters according to available resources. Clusters include:

- Health
- Logistics
- Food and Nutrition
- Crisis Communication
  - Challenged by typhoons and other geophysical hazards

Human resources are also limited.

Resilient means accepting new normal, but also putting in place early warning systems to enable early action.
Endnotes/ References


High Impact Weather + COVID-19 = ??? What should we expect in the coming months as we fight the COVID-19 Pandemic?


