

COVID-19 HUMANITARIAN RESPONSE PLAN PHILIPPINES

AUGUST 2020 REVISION

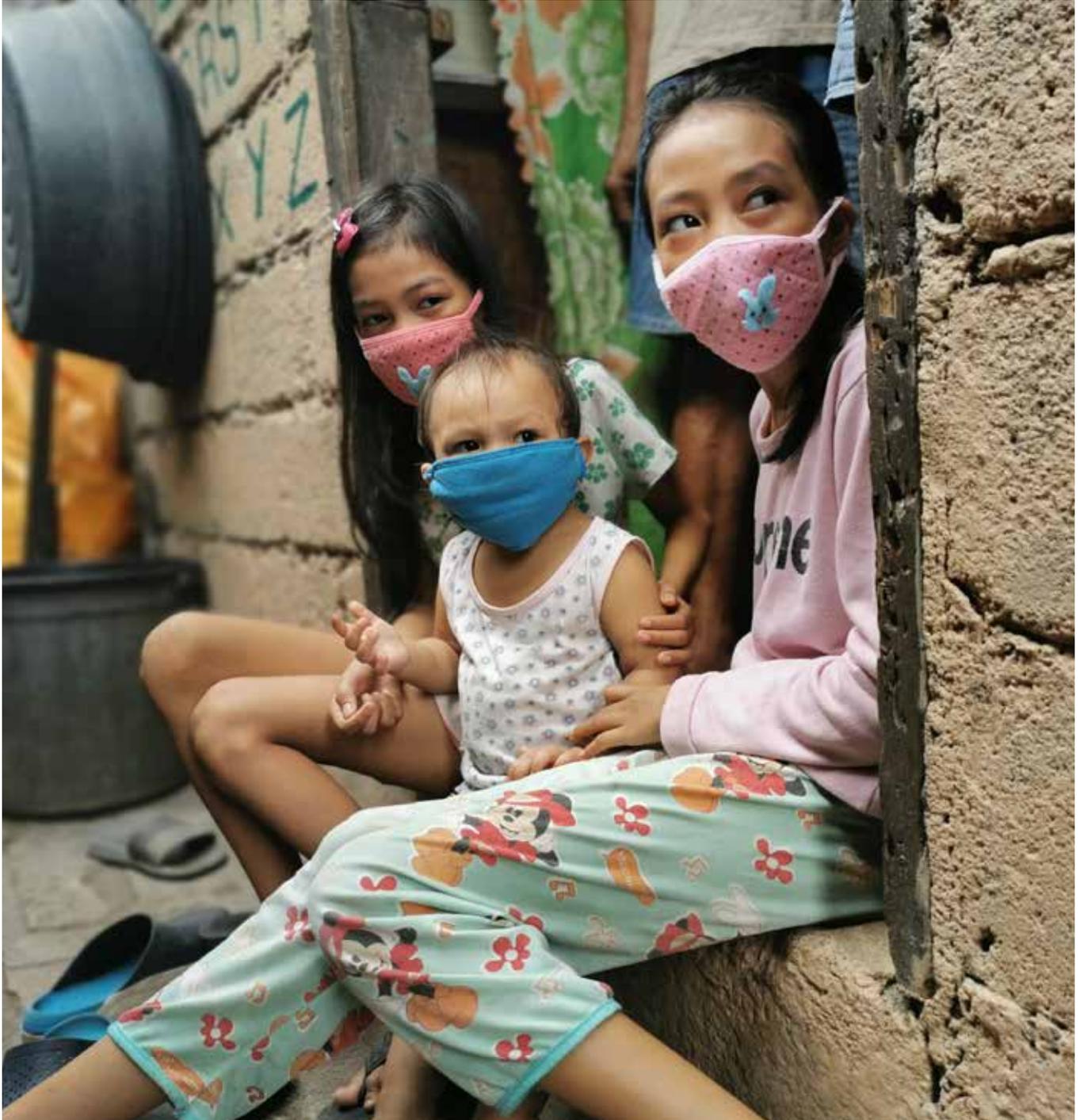


Photo Credit: World Vision/Joy Maluyo

Response Plan Overview

PEOPLE IN NEED

39M

PEOPLE TARGETED

5.4M

REQUIREMENTS (US\$)

121.8M

STRATEGIC PRIORITIES



Support the Government of the Philippines in containing the spread of the COVID-19 pandemic and decrease morbidity and mortality.

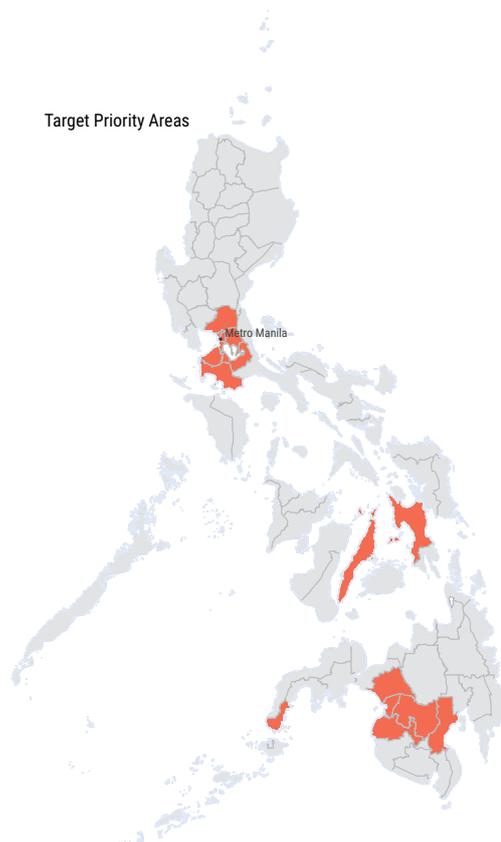
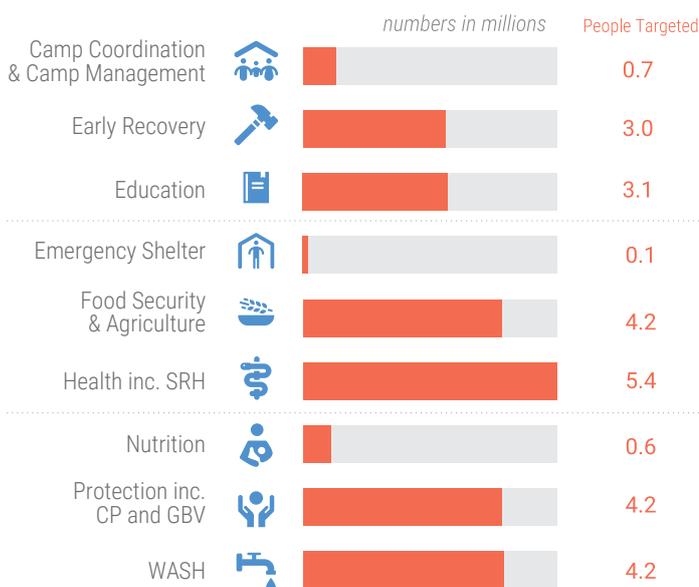
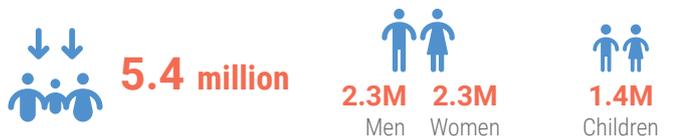


Augment government response efforts to decrease the deterioration of human assets and rights, social cohesion and livelihoods.



Protect, assist and advocate for displaced people, indigenous peoples, vulnerable population, and marginalized communities particularly vulnerable to the pandemic.

TARGET POPULATION



Foreword

We have found ourselves in a global battle, with all of humanity facing a common enemy, the new coronavirus disease. By now, the pandemic has tragically taken hundreds of thousands of lives, infected millions of people and upended the global economy. The impact for us all is far-reaching, and the consequences will reverberate well into the future.

More than ever, the United Nations need to be responsive to the complex needs of countries and recognize that this moment demands a coordinated, decisive and innovative action from all parts of society. The UN in the Philippines and its humanitarian partners, mobilized early and comprehensively, supporting the government on the health response, while continuing and expanding the provision of lifesaving humanitarian assistance and putting in place instruments for rapid responses to the socio-economic impact.

The August¹ revision of the Humanitarian Country Team (HCT) COVID-19 Response Plan is focused on providing critical health interventions and multi-sectoral humanitarian assistance to the 5.4 million poorest and most marginalized Filipinos living in epidemic hotspots, particularly those in poor, densely populated urban settings, and especially focusing on the safety and wellbeing of women and girls.

The evolving nature of this document reflects the manner in which the humanitarian community in the Philippines rapidly mobilized and came together in a coordinated and inclusive way to support the government-led efforts in response to the COVID-19 pandemic, as well as help address socioeconomic needs emerging from contraction of the economy and unprecedented levels of unemployment. The plan is also a stepping stone to the mid and long term support of the UN to the COVID-19 recovery, to be developed in the upcoming UN Socioeconomic and Peacebuilding Framework.

With financial requirements of \$122 million, this is the largest international humanitarian response plan by the humanitarian community based in the Philippines since Typhoon Haiyan/Yolanda in 2013. The Philippines has also been included in the [Global Humanitarian Response Plan](#), with a total of \$10 billion, bringing together response plans of 63 most vulnerable countries.

The activities of almost 50 country-based UN and non-governmental partners contributing to the response, bring together national and international NGOs and their networks, faith-based organizations as well as the private sector. The response plan focuses on supporting the government in addressing the most immediate challenges relating to health, food security, water and sanitation, protection as well as risk communication, among others. The interventions are tailored to the context of a middle-income economy characterised by persistent inequality, marginalized communities and displacement driven by natural hazards and conflict.

As we work together to support government efforts to contain the virus against the demand to restore the economy, we must look to seize opportunities to build greater resiliency, equity and inclusivity, in short, to build forward better.

The HCT response plan to COVID-19 spans until the end of the year but recognizing the unique and evolving nature of this crisis, the document will continue to be periodically updated.



Gustavo Gonzalez

UN Resident and Humanitarian Coordinator

(See the final page for a description of the Humanitarian Country Team in the Philippines, its leadership and member organizations and networks)

¹ See links to the [March](#) and [May](#) version of the HCT COVID-19 Humanitarian Response Plan

Situation Overview and Needs Analysis

On 30 January 2020, the World Health Organization (WHO) declared Public Health Emergency of International Concern (PHEIC) for novel coronavirus, after the Chinese authorities confirmed that they identified a novel (new) coronavirus (COVID-19) in Wuhan City.

In January, the first three cases were recorded in the Philippines, all with confirmed travel history to Wuhan City. On 5 March, a first case of COVID-19 with no travel history abroad was confirmed, indicating the presence of local transmission.

As of 03 August², 106,330 cases of COVID-19 have been confirmed in the Philippines and 2,104 deaths. According to WHO, among the confirmed cases, 59,487 are male (56%) and 46,843 are female (44%). The most affected age group is 20-29 (25.1%) followed by 30-39 (23.9%). More than 53% of the cases continue to be reported from the National Capital Region (NCR), followed by Central Visayas (15.7%) and CALABARZON (10.8%). Metro Manila remains the most affected urban area followed by Metro Cebu.

Public health impact

While everyone is at risk to be infected by COVID-19, older people and persons with pre-existing conditions such as diabetes, hypertension, heart and respiratory diseases or with compromised immune systems, including people with HIV, as well as frontline health workers, are the most vulnerable. People at risk of infection are also those living in poor, densely populated urban settings and any community with inadequate access to proper hygiene supplies and with constrained hygiene and sanitation practices and nutrition services.

The new cases reported include those among repatriated Overseas Filipino Workers (OFW) and Locally Stranded Individuals (LSI). According to the Department of Health (DOH) the increase in cases among this at-risk population is due to poor compliance with proper prevention measures within the mandatory quarantine period. Since February, more than 142,000 OFWs have returned to the country. The number of returning overseas workers is expected to significantly increase in the coming months as the global economic impact of COVID-19 deepens.

As a lower middle-income country, the Philippines exemplifies the challenges of a health system in transition. The COVID-19 pandemic puts additional strain on an already overwhelmed health system in a country with ongoing measles, dengue and polio outbreaks and against the background of the triple burden of malnutrition. For example, stringent social distancing measures and community quarantine have had significant impact on polio outbreak response activities, disrupting nutrition services and postponing vaccination campaigns, though polio vaccination campaigns in Mindanao resumed in July.

Initially, a lack of PPE, ventilators, intensive care units (ICU) and other critical equipment impeded the ability of health facilities to treat COVID-19 patients. Since May, critical health care capacity has ramped up, and currently the health system has a 55 per cent critical care utilization rate with increasingly scarce availability of intensive care facilities to handle severe cases. Nonetheless, facilities in Metro Cebu are presently at near full capacity and health facilities in Mindanao face a continuing shortage of PPE. Many health and other front line workers (Manila mass transport system personnel, for example) are currently self-quarantining after they came in close contact with COVID-19 cases without wearing sufficient PPE. Improvements are also needed in the logistics systems managing the dissemination of PPE to ensure that these are readily available to health and community workers.

Socioeconomic impact

The pandemic is having a significant disruptive impact on the economy and will negatively impact growth well beyond 2020. In June, the Asian Development Bank (ADB) further decreased its GDP forecast for the Philippines to a 3.8 percent contraction, while the July ADB estimate put a worst-case contraction at more than 5 per cent.

The Philippine Statistics Authority, reported that the June unemployment rate rose to 17.7 percent, accounting for 7.3 million unemployed Filipinos, significantly higher than the 5.1 percent unemployment rate in April 2019. Double-digit unemployment rates were reported across all regions, with the highest unemployment rate in Bangsamoro Autonomous Region in Muslim Mindanao (BARRM) at 29.8 percent. With key contributors to GDP such as tourism and remittances from Overseas Filipino Workers directly impacted, the socioeconomic consequences of the pandemic will exacerbate existing inequalities among the most at-risk groups and potentially add to social tensions in areas subject to armed conflict.

The pandemic is also exposing and deepening gender inequality. Women in particular are losing not only their paid employment, many also face an increase in care work at home due to school closures, overwhelmed health systems and the increased needs of older people, disabled family/household members and young children.

Government was quick to roll out cash assistance programmes for affected workers, though there were many issues with the speed, distribution and coverage of the country's largest-ever emergency cash assistance programme.

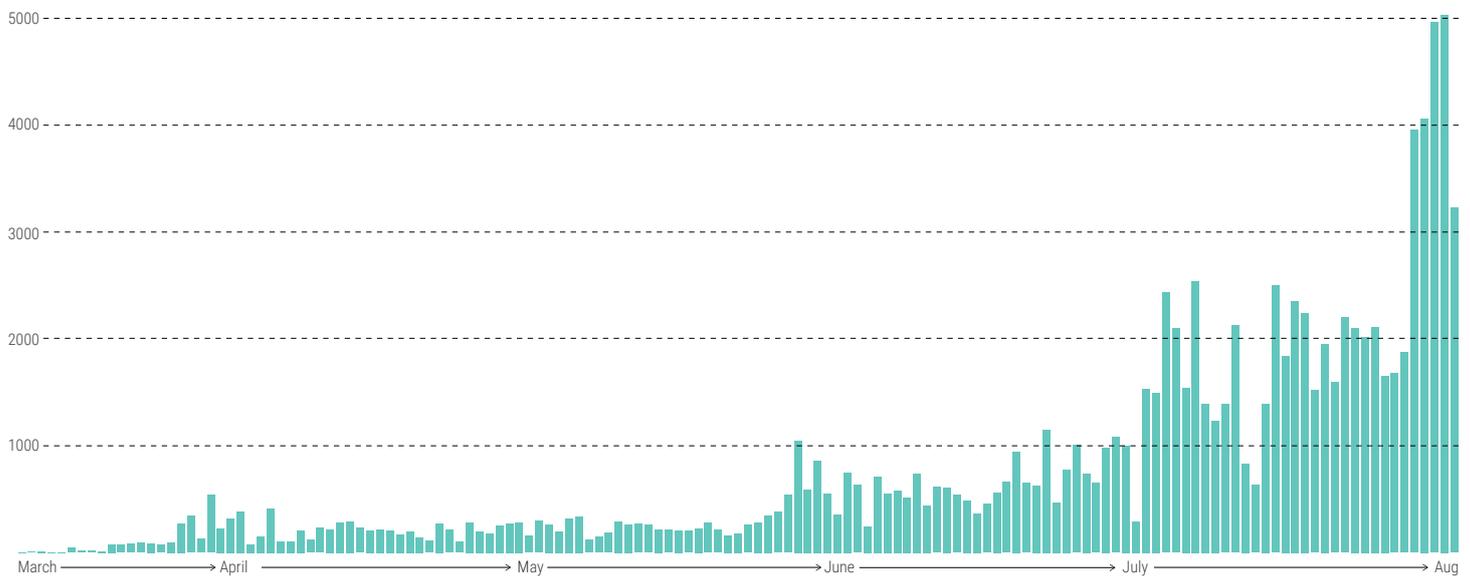
Expected evolution of the situation and needs

The health sector, economy and population at large will need to prepare for a 'new normal', with increased awareness of hygiene, personal protection measures and addressing the mental health and nutritional status of vulnerable populations. Confirmed COVID-19 cases will continue to rise due to improved and expanded laboratory

²See WHO Philippines website for regular updates: <https://www.who.int/philippines/emergencies/covid-19-in-the-philippines>

Situation Overview and Needs Analysis

Daily total confirmed COVID-19 cases (source: DOH)



testing capacities as well as from an easing of quarantine restrictions. The geographic focus of the epidemic is shifting beyond Metro Manila and the surrounding regions, towards other urban centres and the islands, mainly due to migrant workers returning to their provinces, and there is expectation this may be the pattern going forward. While hospitals will continue to require increased capacity for critical care, training support and equipment to care for severely ill patients, communities also need to understand how to provide care for mild cases at home and in community-based isolation units.

Individuals and communities need to develop infection prevention and control measures necessary to contain and prevent further spread of the virus. While already much improved, the national capacity to test, track and trace needs to expand if a strategy to contain clustered outbreaks at the community level is to be effective.

A planning assumption until the end of the year is the gradual relaxation of movement restrictions and a gradual reopening of the economy after the lifting of enhanced community quarantine measures, though with the continuing possibility of hotspot areas emerging and the necessary re-imposition of more stringent quarantine arrangements, as was the case with Cebu City in June and with Metro Manila and adjacent areas in August.

There will be significant secondary impacts with deepening economic implications, exacerbated by the impact on returning migrant workers and remittance flows, which will increase the fragility of communities that benefit from these flows in rural areas, especially in Mindanao.

With slower than expected reopening of the economy, humanitarian needs among the most at-risk groups will remain for the next few months, followed by socio-economic needs that will be considerable

among the most vulnerable communities. Frontloading the humanitarian response will pave the way to socioeconomic recovery and subsequent transition to continuing development interventions. The response to COVID-19 takes place in the context of pre-existing fragility brought about by conflict and natural disasters, and vulnerability to the further occurrence of such events in the months ahead.

The Philippines has a significant number of long-standing, armed vertical and horizontal conflicts. Conflict-affected and displaced persons, particularly those in Mindanao, will remain the most at-risk, given the cramped living conditions in evacuation and transitory sites and limited access to water, sanitation and hygiene facilities and supplies, and healthcare. The recent achievements of the Bangsamoro Peace Process, such as the 2019 creation of the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM), risk being undermined by the COVID-19 outbreak.

The lockdowns in Luzon and Mindanao as well as the diversion of attention and funds to address COVID-19 have impacted the normalization process, a key plank of the peace agreement. Failure to meet expectations of former combatants on top of the additional stresses brought about by COVID-19, could hamper the next phase of demobilization, undermine trust between the parties and rock a fragile peace process. Disgruntled former combatants could join armed groups who are not party to the peace process, triggering further violence and displacement.

The continuing risk of a widespread emergence of COVID-19 in Mindanao is of particular concern, given the region's fragile health system, limited number of COVID-19 testing centers, remote areas

Situation Overview and Needs Analysis

and IDP sites with little or no access to health services, compounded by restricted travel to and from Mindanao. Recent new positive cases in BARMM were attributed to locally stranded individuals (LSIs) and overseas workers returning from high risk areas.

In the longstanding armed conflict between the Government and the communist New People's Army (NPA) with numerous hot spots in Mindanao, tensions have returned following several clashes with significant casualties, despite the March COVID-19 related declarations of a ceasefire. Security operations risk more displacement of already conflict-affected and marginalized communities (primarily of indigenous people) caught in the crossfire. In addition, there are numerous horizontal armed conflicts between local clans and armed groups over power, resources, particularly land and longstanding feuds which have continued in spite of COVID-19 restrictions and often resulting in cyclical displacement. In short, Mindanao presents a complex landscape which has been further exacerbated by COVID-19 and requires sustained multi-dimensional humanitarian and development support if hard-won peacebuilding gains are not to be put at risk.

Contingency planning for compounding natural disasters

The Philippines is one of the most hazard-prone countries in the world. With an average of over 20 tropical cyclones per year and a high probability of earthquakes and volcanic eruptions, it is likely that additional mid-scale or worse disasters will occur in the coming months, compounding the effects of the COVID-19 emergency.

The Philippine Atmospheric, Geophysical and Astronomical Services

Administration (PAGASA) forecasts that between July and December this year, 10-17 tropical cyclones may enter the Philippine Area of Responsibility (PAR). Forming weather systems will result in heavy rains, flooding and landslides and cause displacement.

The displacement of people by natural events could either be short-lived or protracted, depending on the scale and impact on properties and livelihoods.

In case of protracted displacements, additional support would be needed from national and local governments and humanitarian partners for life-saving and evolving needs, such as shelter, food relief, WASH, livelihood and emergency health services, all calibrated to the context of COVID-19. During displacements, especially in highly congested evacuation sites where water sources and sanitation facilities are inadequate, the common reported cases of ailments among IDPs are respiratory illnesses and diarrhea.

In the aftermath of Typhoon Vongfong in May, the Humanitarian Country Team (HCT) took the opportunity to test and review its existing contingency and operational delivery plans and response protocols, making them adherent and aligned with government's response plans for compounding events, such as a natural disasters, while the COVID-19 health emergency is ongoing. Without sacrificing timeliness, safety and quality of humanitarian response, a number of clusters have already developed their tailored operational guidelines, such as for evacuation center management, nutrition support in emergency and conduct of rapid humanitarian needs assessments.



Photo Credit: WHO/G. Jennings

Government Response

Since the first cases were recorded, the Philippine government has mounted a multi-sectoral response to the COVID-19 emergency steered by the Interagency Task Force on Emerging Infectious Diseases (IATF-IED)³. The National Action Plan (NAP) on COVID-19 aims to contain the spread of COVID-19 and mitigate its socio-economic impact. The government implemented various actions including a community quarantine in Metro Manila which expanded to Luzon as well as other parts of the country; expanded its testing capacity from one national reference laboratory with the Research Institute of Tropical Medicine (RITM) to currently 7,565 licensed testing labs across the country; worked towards ensuring that the health care system can handle the surge in cases, including through the establishment of quarantine facilities and financing of services and management of cases needing isolation, quarantine and hospitalization; and addressed the social and economic impact by providing a social amelioration package to low income families.

National Contingency and National Action Plans

The Inter-Agency Task Force on Emerging Infectious Diseases was activated by the National Disaster Risk Reduction and Management Council (NDRRMC) under Executive Order No.168⁴. Chaired by the Secretary of Health, the IATF-EID serves as the lead advisory body to the President on the management and implementation of necessary actions related to COVID-19. Under the auspices of the IATF-EID, the DOH together with relevant government agencies developed the Inter-Agency Contingency Plan for Emerging Infectious Diseases and COVID-19, which outlines the tools needed to mount a full-scale, whole-of-government response to a Code Red Alert. Meaning the existence of sustained community transmission leading to an epidemic surge.

The National Contingency Plan for COVID-19 includes a Four Door strategic framework, which provides an integrated and coordinated response for specific stages corresponding to a colour code (White, Blue and Red) during a public health emergency. The DOH is the lead implementing agency of the National Contingency Plan for COVID-19. The Contingency Plan is divided into cluster-specific implementation plans based on a worst-case scenario of several thousand confirmed cases in the country. Drawing on this planning figure, an estimated US\$239.7 million in personal protective equipment, testing kits, ventilators and other equipment and supplies would be needed to bring the capacity of the health system up to a level sufficient to cope with a worst-case surge in acute cases.

In the initial months of the response the Philippine government has been guided by the National Action Plan (NAP) to manage the spread of the contagious disease and strengthen its response to the pandemic at the national and local levels. The National Disaster Risk Reduction and Management Council (NDRRMC), through the Department of National Defense (DND), Department of the Interior

and Local Government (DILG) and the Office of the Presidential Peace Adviser took the lead in "ramping up" its implementation. Within the National Task Force (NTF), three task groups were created: the task group on response operations headed by the Department of Health (DOH) with support from other government agencies to address matters such as peace and order enforcement and security, food security, disaster risk management and labour issues; the task group on resource management and logistics which ensures the critical needs of all concerned agencies are addressed; and the task group on risk communications. The IATF serves as the policy-making body that addresses the operations of containing the pandemic, while the NTF COVID-19 serves as the operational command or implementing arm.

Community quarantine, with varying tiers of strictness, continues to be government's principal measure to limit the spread of COVID-19, while simultaneously increasing the capacity of the health system to be able to cope with surge in COVID-19 cases. The "enhanced community quarantine" (ECQ), the strictest of such measures and the largest in coverage, was imposed over Luzon on 16 March and lasted until 15 May in Metro Manila. As of mid-July, the capital region remains categorized as a medium-risk area and placed under general community quarantine (GCQ or a less strict form of quarantine). As of early August, the capital region returned to a stricter modified enhanced community quarantine. Other parts of the country are slowly relaxing their movement restriction measures, though recognizing a number of restrictions will remain in place for the foreseeable future, as the government has removed a category 'new normal' from its planning assumptions. As of early August, Mindanao is placed under a modified form of general community quarantine (MGCQ), designated for low-risk areas.

National Emergency legislation

Following confirmation of the first localized transmission, the DOH raised its COVID-19 alert system to Code Red Sub-Level 1 and President Duterte formally declared a nationwide public health emergency by issuing Proclamation No. 22⁵ on 9 March.

On 13 March, the Government further raised the COVID-19 Alert System to its highest level of Code Red Sub-Level 2 imposing a 'community quarantine' over the National Capital Region (NCR) and stringent social distancing measures. Enhanced quarantine measures were eventually imposed over the entire Luzon, which included the suspension of classes and school activities, prohibition of mass gatherings, home quarantine with movement limited to access basic necessities, restriction on land, domestic air and sea travel, and imposition of a curfew.

In March, the President declared a state of calamity throughout the Philippines, which allowed the national government and LGUs to utilize appropriate funds, including the Quick Response Fund, and

³ Regular updates published on the dedicated government COVID-19 portal at <http://www.covid19.gov.ph/>

⁴ <https://www.officialgazette.gov.ph/2014/05/26/executive-order-no-168-s-2014/>

⁵ <https://www.officialgazette.gov.ph/downloads/2020/02feb/20200308-PROC-922-RRD-1.pdf>

Government Response

signed the “Bayanihan To Heal as One” Act (Republic Act 11649) into law, providing him with emergency powers to further strengthen the government response during the COVID-19 State of National Emergency.

While the law expired at the end of June, it also allowed the government to implement its largest ever emergency subsidy programme or the Social Amelioration Program (SAP). This envisaged distribution of P5,000 (\$100) to P8,000 (\$160) to 18 million households whose livelihood was greatly affected by the enhanced community quarantine. The subsidy programme also targeted daily-wage earners under the “no-work, no-pay” conditions, with no social security and leave benefits.

Overview of Government assistance

By the end of June, when the second tranche of SAP distribution largely concluded, though not without issues with its distribution, close to 13 million low-income families not under the 4Ps national social protection programme, 4.3 million household/beneficiaries registered as 4Ps beneficiaries and almost 100,000 public transport drivers, have received emergency cash assistance through SAP.

The Department of Agriculture ran its own SAP program, the Financial Subsidy for Rice Farmers (FSRF) and Expanded SURE Aid and Recovery Project, that provided financial subsidy to more than 27,000 marginalized and small farmers and fisherfolk.

The Department of Labor and Employment SAP ensured pay-outs to over 300,000 displaced worker-beneficiaries from the informal sector.

As of 3 August, in addition to these programmes, the Department of Social Welfare and Development also provided PhP 738 million (USD 14.5 M) of relief assistance, including the distribution of over 1.3 million family food packs. By tapping their stockpiles and disaster response standby funds, Local Government Units also provided over PhP 14 billion (USD 274 M) worth of relief assistance.

To move away from imposing blanket quarantine restrictions across cities and regions, the NTF issued in July its “Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response” to guide local authorities in the implementation of community quarantine in their respective areas of responsibility following the standards and principles set forth by the IATF-EID.

Mindanao, including BARMM: Protecting the Most Vulnerable

A widespread emergence of COVID-19 in Mindanao would be devastating. Mindanao represents over 36 percent of the total poor while accounting for just 24 percent of the country’s total population. The existing dire economic situation, continued activity of ideologically diverse non-state armed groups (e.g. IS-affiliated groups, the CPP-NPA-NDPF), clan and/or land-related horizontal conflicts, continued activity of extremist groups, displacement due to recent

conflicts, like Marawi, or the 2019 earthquakes in North Cotabato and Davao del Sur, have forced many people to flee their homes and live in temporary settlements lacking regular provision of basic services, including access to health services and WASH facilities. While the Bangsamoro peace process and the desire for a ceasefire by both the Government and the CPP-NPA-NDPF can facilitate access to at-risk communities, Mindanao, especially BARMM, has an extremely weak health system which adds to its vulnerabilities.

The national COVID-19 Contingency Response Plan also applies to BARMM, though the Bangsamoro Transitional Authority (BTA) has elaborated a more specific contingency plan, divided into cluster-specific implementation plans based on a localised worst-case scenario. The priority activities focus on prevention, control, mitigation and management of cases. Members of the Mindanao Humanitarian Team, a sub-national coordination body of the HCT, have been supporting the development of the BARMM Contingency Plan for COVID-19. Supporting the BTA in successfully addressing the impact of COVID-19 in BARMM would balance out the negative impact caused by the delays to normalization process, so support to the BTA on the Covid-19 response would significantly anchor the peace process.



Photo Credit: Relief International

Strategic Priorities and Response Approach

The overall goal of the humanitarian response is to support the national government and Local Government Units (LGU) in strengthening the health system and upholding the overall safety and wellbeing of people at risk, especially the most vulnerable groups, and to delay the spread of infection.

With the duration of ten months, from March to December 2020, the HCT Response Strategy notes the WHO's Strategic Preparedness and Response Plan (SPRP)⁶, emphasizing the importance of responding to the crisis in a coordinated multi-agency and multi- sectoral manner.

The inclusive process to outline and periodically revise the HCT COVID-19 humanitarian response plan is supported by the Inter-Cluster Coordination Group (ICCG), faith-based groups and the private sector, as well as donor representatives and the World Bank.

HCT Strategic Priorities



Strategic priority 1

Support the Government of the Philippines in containing the spread of the COVID-19 pandemic and decrease morbidity and mortality.

Specific Objectives

- 1.1 Prepare and be ready: prepare populations to adopt preventative measures to decrease the risk of the virus spreading, and protect vulnerable groups, including the elderly; people with underlying health conditions, hard-to-reach populations, as well as health services and systems.
- 1.2 Detect and diagnose all suspected cases: strengthen surveillance and laboratory testing to improve the understanding of the COVID-19 epidemiology in the country and strengthen Test, Track and Trace capabilities.
- 1.3 Reduce transmission: slow, suppress and stop virus transmission by minimizing the risk of infection through isolation or quarantine of confirmed and suspected cases, including the availability of facility- based isolation and treatment centers at community level, social distancing, and other Non- Pharmaceutical Interventions.
- 1.4 Provide safe and effective clinical care: treat and care for patients with a special focus on high-risk groups including the elderly, people with underlying health conditions and hard-to-reach populations.
- 1.5 Learn, innovate and improve: gain and share new knowledge about COVID-19 and develop and disseminate new training; learn from other countries, integrate new global knowledge and guidance to increase response effectiveness; and develop new diagnostics, drugs and vaccines to improve patient outcomes and survival.
- 1.6 Ensure continued access to essential health services and systems: secure the continuity of essential health services and related supply chain for the direct public health response to the pandemic as well as other public health threats.

Migrants on the move

As of July, over 142,000 Overseas Filipino Workers (OFWs) have returned to the country since February, with the number expected to rise in the coming months as countries struggle to restart economies. The Department of Labor and Employment estimates that about 300,000 OFWs may be displaced and out of work by the end of year, which will severely impact country's economy where remittances contribute to 10 per cent of the gross domestic product.

Many new COVID-19 cases are reported among repatriated OFW and Locally Stranded Individuals (LSI). According to the DOH the increase in number is due to poor compliance of proper prevention measures within the mandatory quarantine period.

To address the needs of OFWs, IOM and its government partners have been supporting vulnerable returning OFWs and LSIs through improved access to humanitarian assistance at points of entry and quarantine facilities. IOM has provided assistance through COVID-19 testing, improvement of quarantine facilities, provision of temporary accommodation and non-food items, mental health and psychosocial support, and transportation arrangements back to the provinces.

In addition, the migration of 5,300 Filipino returnees from Sabah which commenced in July, may further aggravate an already complex humanitarian situation.



Strategic priority 2

Augment government response efforts to decrease the deterioration of human assets and rights, social cohesion and livelihoods.

Specific Objectives

- 2.1 Preserve the ability of the most vulnerable and affected people to meet their food consumption and other basic needs caused by the pandemic, through productive activities and access to social safety nets and humanitarian assistance.
- 2.2 Ensure continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.
- 2.3 Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items.

⁶ <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>

Strategic Priorities and Response Approach

Strategic priority 3

Protect, assist and advocate for displaced people, indigenous peoples, vulnerable population, and marginalized communities particularly vulnerable to the pandemic.

Specific Objectives

- 3.1 Advocate and ensure that the fundamental rights of displaced people, indigenous peoples, and other vulnerable populations, including women and children, conflict-affected and marginalized communities particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, and are included in national surveillance and response planning for COVID-19, and are receiving information and assistance.
- 3.2 Prevent, anticipate and address risks of violence, discrimination, and marginalization towards IDPs, indigenous peoples, and other vulnerable populations, including women and children, and marginalized communities by enhancing awareness and understanding of the COVID-19 pandemic at the community level.
- 3.3 Limit the unintended negative effects of humanitarian activities that can increase people’s vulnerabilities to physical and psychological risks, including the risk of sexual exploitation and abuse.

Response approach

Target population

Over 90 per cent of confirmed COVID-19 cases are within the National Capital Region (NCR), Central Visayas, Central Luzon and CALABARZON regions. People living in these regions have also been most affected by the enhanced community quarantine measures.

The COVID-19 response also considers areas with ongoing humanitarian interventions by HCT partners. In Mindanao, there are

over 360,000 people who remain displaced from the Marawi conflict, the 2019 earthquakes and recurring clan feuds and military operations against armed groups.

Some 54 million people live in these areas (NCR, III, IV-A, VII, BARMM, Cotabato/Davao del Sur) and have been affected by COVID-19 and the subsequent measures imposed by the government. Approximately 40 million of those people are in need of assistance.

Under the August revision of the HCT response plan, humanitarian partners will target 5.4 million poor and highly vulnerable people, living in the current COVID-19 hotspot areas and who are most affected by the impact of the pandemic and in need of short-term multi-sectoral humanitarian assistance. This represents an increase of additional 0.4 million people from the May version of the HCT response plan, mainly to account for the new hotspots, like the one in Cebu region

The HCT will support the government through the following sectors:

Camp Coordination and Camp Management

Around 360,000 people remain displaced across Mindanao, with IDP communities often lacking access to basic livelihoods, living in close confinement in evacuation centres, and having limited access to health, water, sanitation and hygiene – all factors that significantly increase the risk of COVID-19 community transmission. Community quarantine and movement restrictions have added an additional burden on the already dire situation of IDPs, who face reduced humanitarian support coupled with anticipated severe food shortages resulting from the disruption to regional and national supply chains and trade and consequent price spikes in essential market commodities.

The cluster has since implemented various activities in existing displacement sites in Mindanao to promote awareness and adequate hygiene practices, including creation of bathing/washing areas and rainwater collectors, as well as distributing hygiene materials and



Strategic Priorities and Response Approach

building the capacity of local government units. The cluster will continue to support government in preventing the spread of the disease in displacement sites by ensuring sustained provision of multi-sectoral support to IDPs.



The COVID-19 pandemic is unprecedented in scale and impact, requiring intensified coordination arrangements between health partners, the humanitarian community and government counterparts.

On the government side, the need for adapted coordination arrangements is reflected in the newly established and still evolving government organizational response structure to COVID-19.

Coordination will focus on the following priorities:

Coordinate humanitarian partners in their response to the health and non-health related impacts of COVID-19, and existing humanitarian caseloads affected by the outbreak of the novel coronavirus.

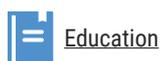
Support the government, health and humanitarian partners with the provision of quality information products.

Continue to advocate for the needs of the most vulnerable and at-risk groups affected by the COVID-19 pandemic.

Support resource mobilization for the collective humanitarian response, including critical health supplies as well as continuous activities of humanitarian partners in response to COVID-19 and existing humanitarian relief operations.



Response to COVID-19 pandemic in a lower middle-income country like the Philippines, solicits a multifaceted early recovery process that begins in a humanitarian setting and evolves into a response guided by development principles that seek to build on humanitarian programmes and catalyze sustainable development opportunities. It aims to generate self-sustaining, nationally owned, resilient processes for post-crisis recovery and encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions



Over 8.5 million learners in the targeted communities will be affected by the continued closure and/or adoption of stringent social distancing measures in schools, community learning centres, and child development centres. With the uncertainty on the resumption of classes and the fact that most schools will not be able to employ reduced class sizes due to limited classrooms, alternative learning delivery modalities must be explored which include online, television, radio, SMS, print-based take-home modules and other distance

education mechanisms.

The cluster will aim to protect learners, teaching and non-teaching education personnel from becoming infected and prevent further transmission of COVID-19. It will also continue to provide technical assistance to government partners in developing education and school service continuity plans considering preparedness, prevention and mitigation, early response and long-term recovery. Inclusive education will be ensured by utilizing both online and offline learning delivery modalities for formal and non-formal learners, including corresponding capacity building for teachers and parents/caregivers on how to implement learning activities for children, especially those 5 years old and below



Community quarantine measures have caused serious disruption to people's access to food and other essential needs, while breaks in the food systems including supply chains, markets and logistics have led to challenges in maintaining food availability and security. Mobility restrictions have also led to reduced productivity and disrupted the flow of goods (food products / essential goods) for small and medium enterprises (SMEs) in the food manufacturing and processing sector. Furthermore, the market for nutritious items, which are often perishable, may collapse if the flow of goods does not stabilize.

To ensure vulnerable segments of the population are not at risk of food and nutritional deficits, support will be provided through food relief and/or cash grants, recovery of livelihoods and preservation of agricultural production. Assessments will be conducted to determine the impact of the pandemic on food security, nutrition, agricultural production, food value chain and livelihoods, which will further support programme design and implementation of government, humanitarian, and development actors



While everyone is at risk to be infected by COVID-19, older people and persons at any age with pre-existing conditions, as well as frontline health workers, are the most vulnerable. Wide-spread community transmission is most likely to occur among mobile communities, individuals in institutional facilities, people living in poor, densely populated urban settings and any community with inadequate access to sufficient hygiene supplies and with constrained hygiene and sanitation practices and nutrition services. To respond to emerging COVID-19 hotspots, the health sector needs to have in place effective surveillance systems to rapidly detect and respond to reports of suspected cases, strengthened diagnostic capabilities, and adequate facilities to track and trace contacts as well as to screen, isolate and care for the sick.

Strategic Priorities and Response Approach

Protecting limited health human resources also becomes a priority in the face of a protracted response to COVID-19. It is essential for health workers at all levels to be equipped with the appropriate PPE when providing care to patients as a measure to prevent the spread of infection.

The health sector and the overall population will need to be prepared for the 'new normal', with increased awareness of hygiene, personal protection measures, and the additional strains on mental health. Health response to COVID-19 could strain and overload the health system capacity which could directly impact delivery of essential health services and result more preventable deaths and illnesses, thus, it is crucial to equally innovate and find solutions in this 'new normal' to ensure uninterrupted delivery of essential health services for sexual and reproductive, maternal, newborn and child health including mental health. Protecting the health of vulnerable populations and frontline workers will be emphasized by strengthening infection prevention and control (IPC) measures and partnering with communities to better respond to COVID-19.

Logistics

Given the economic disruption caused by the pandemic, supply chain networks for basic day-to-day necessities are strained and will require time to stabilize and get back to normal, with foreseeable prolonged disruptions in the supply of certain items. The Government prioritized supply chain activities and workers as essential, thus emphasized the need to keep transport networks open and functioning to provide the population with essential items like food and medicine.

The Logistics Cluster will support other organizations in project implementation by coordinating the logistics response, collecting and sharing information on logistics operations, and identifying gaps in the response while proposing solutions. Emergency logistics support services may be implemented as a provider of last resort, and if resources are available, or on a cost recovery basis to other cluster responders, including Government and private sector actors. Logistics Cluster partners will focus on two response areas – the quantity and type of logistics support that could be provided to the Government and other clusters, and technical and operation assistance in the operational and private sector response planning, including for business continuity planning.

Nutrition

The continuity of both community-based and facility-based nutrition interventions have been disrupted due to quarantine restrictions, which can result in the deterioration of the nutritional status of children and pregnant/lactating women. As early as March, reports of widespread donations of powdered infant formula from private individuals and institutions have started to discourage mothers to continue breastfeeding. This will exacerbate risks of morbidity and mortality among infants and further increase acute malnutrition levels

secondary to disruptions in household food security and livelihoods. Though no formal assessments have been done yet due to limited resources and quarantine restrictions, media reports show children consuming inadequate and unhealthy diets low in essential nutrients and high in sugar, salt and fat. PPEs and test kits have been prioritized over nutrition supplies leading to stockouts of life-saving commodities in some areas.

Immediate measures need to be implemented and further improved to protect the nutritional situation of infants, young children and mothers by strengthening government capacities to continue both preventive and therapeutic nutrition interventions and adopt innovations considering quarantine and movement restrictions. The cluster will continue to ensure the predictable, timely, coordinated and effective nutrition response through optimal infant and young child feeding practices, support to pregnant and lactating women, and management of acute malnutrition while providing micronutrient supplementation to affected children and women

Protection (including Gender-Based Violence and Child Protection)

Children are at risk of all forms of protection concerns, including violence (physical, sexual and/or psychological), online sexual exploitation and abuse, child labour and commercial sexual exploitation, among others. Social and economic disruptions also present heightened risks to children's well-being and protection due to the inability of caregivers to provide attentive care which can leave children more vulnerable to violence, exploitation, and abuse. Children displaying symptoms of the disease may also be abandoned by their caregivers for fear of transmission to family members, social stigma associated with the disease, or because they are unable to afford the cost of treatment.

Women and girls are at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household. Quarantine measures limit access to systems that protect women and girls, including community structures that may be weakening or breaking down. While data from the Philippine National Police shows that the number of cases of gender-based abuse and violence reported to authorities declined during the first month and a half of coronavirus lockdown measures, this can be partly attributed to lack of access to reporting channels.

A significant number of people who remain displaced in Mindanao, continue to require direct assistance for Health, WASH, shelter, food, and livelihood. Apart from IDPs, there are also other individuals who are most likely to be left behind by reason of their circumstances and status in the Philippines, such as refugees and stateless persons.

Persons in affected communities are at higher risk of sexual exploitation and abuse due to increased vulnerabilities created by the economic backdrop of the pandemic coupled with the continuous

Strategic Priorities and Response Approach

presence of humanitarian and development workers. Quarantine measures have limited the economic activities of households and increased their reliance on humanitarian aid.

Protection monitoring and mainstreaming continue to be central components of the response, including Protection from Sexual Exploitation and Abuse (PSEA). Key protection interventions, such as assistance in accessing services and distribution sites, establishing referral pathways and capacity building of service providers ensure that protection risks and needs are being identified and addressed.



Risk Communication and Community Engagement

As one of the priority pillars in the overall COVID-19 response plan, RCCE identifies various community engagement strategies to involve at-risk communities and affected populations in tailoring and improving the response and recovery, developing acceptable interventions to stop further spread of the disease, and ensuring that individuals and groups take appropriate protective measures. The Department of Health (DOH) needs feedback loop mechanisms to understand better the varying concerns of the public. In this way, health authorities and officials can identify the necessary platforms to address them and adapt mechanisms to engage the community in a safer and meaningful manner. The World Health Organization (WHO), United Nation Children's Fund (UNICEF), Office for the Coordination of the Humanitarian Affairs (OCHA) and the Community of Practice on Community Engagement (CoPCE) support the DOH to enhance closing the feedback loop. The COVID-19 pandemic requires a strong and coordinated risk communication and community engagement (RCCE) response, given the uncertainty and varying risk perception on the novel virus, the quick spread of misinformation, and the rapid escalation of measures to control virus transmission. The spread of misinformation is of particular concern in the conflict-affected areas of Mindanao where peace spoilers and extremists may exploit the COVID-19 pandemic to sow confusion and incite susceptible community members. The DOH recognizes the importance of addressing gaps in gathering and analyzing collectively various feedback and complaints on COVID19 from at-risk communities, people in need and affected population. Given the uncertainty after most areas across the country are placed in a more stringent and enhanced community quarantine, it is crucial to have strong and coordinated risk communication and community engagement (RCCE) COVID-19 response and recovery action plan from national to the subnational --- regional, provincial, municipal and barangay level.



Shelter

The highest number of COVID-19 cases is concentrated in densely packed urban areas where people living in poverty have less access to health, water and sanitation services. IDPs living in camps/camp-like settings and collective accommodations, whose recovery have been delayed, have limited access to services, thus exposing them to the risk of infection. Considering the housing and

neighbourhood conditions in urban areas and IDP camps, immediate shelter interventions are needed to support families and reduce their exposure to risks and contain the spread of the disease. The cluster will provide shelter assistance to vulnerable communities by decongesting and reducing human density in settlements and support displaced families in expanding shelter to reduce overcrowding in IDP camps. Assistance will also be provided in planning and building temporary isolation areas and medical facilities for patients as required by government and health partners



Water, Sanitation and Hygiene (WASH)

Access to WASH facilities and services have always been inadequate even before the pandemic particularly in highly vulnerable communities such as those in displacement settings, and areas where physical distancing is a serious challenge, like urban poor settlements. Most of these areas were and still are under some form of community quarantine which severely curtailed the ability of people to obtain critical WASH supplies and services, either due to limited access to sources and markets and/or loss of income, forcing them to deprioritise basic hygiene over "more essential" items such as food. The limited stock of personal protective equipment, lack of cleaning and disinfection supplies, and inadequate WASH facilities in community healthcare facilities and quarantine centers further expose healthcare and sanitation workers and patients to the virus.

The importance of WASH in infection, prevention and control needs to be emphasised and its critical role alongside health actions and risk communication must be advocated and further strengthened at all levels. Ongoing WASH programming in highly vulnerable communities must be immediately scaled up to prevent the emergence or resurgence of the disease, and its coverage will need

to be expanded not only at the household level but well into the public spaces. Social and behavioural changes will be advocated to ensure that good hygiene practices are sustained.



Private sector

In the Philippines, the private sector has a tradition supporting humanitarian action by providing critical expertise, skills and resources, particularly in the area of business continuity, logistics and innovation. The Philippine Disaster Relief Foundation (PDRF) and its member organisations and partners, will engage on food security, health, logistics and risk communication to meet the needs of the poorest in the capital region as well as support the health workers throughout the country.

Working in collaboration with the HCT to ensure coordination of humanitarian interventions, the private sector will mobilize resources from its own membership base and partners.

See Operational Delivery Plan of each sector.

Strategic Priorities and Response Approach

On the path to the socio-economic development

As the COVID-19 outbreak continues into the third quarter of 2020, it is clear this is not only a health crisis but also a human crisis; an economic crisis and development crisis which threatens progress towards achieving the Sustainable Development Goals. On the path to recovery, there is a unique opportunity to address the socioeconomic inequalities and injustices exposed by the pandemic, and to strengthen the humanitarian-climate-peace-development nexus, building back better for a more sustainable, resilient, gender-equal and carbon-neutral future instead of merely returning to systems and approaches that have proven unsustainable, inequitable and harmful.

A key cross-cutting priority for early recovery is to focus on the most affected and marginalized groups and communities and ensure their access to food, education, health and WASH and other basic services. In line with the United Nations Framework for the immediate socio-economic response to COVID-19, integrated support must be provided to protect the needs and rights of people living under the duress of the pandemic. This framework integrates health services and systems, social protection, job protection and economic recovery programmes, fiscal and financial stimulus and strengthened multilateral collaboration, and the promotion of social cohesion



Photo Credit: Plan International

and investing in community-led resilience. Recovery efforts with a resiliency lens incorporating these socio-economic response elements need to be implemented alongside the humanitarian response.

In order to apply its collective capacities to support the Government of the Philippines in such recovery efforts, while also leveraging new partnerships and opportunities to accelerate achievement of the Sustainable Development Goals as part of 'building back better', the UN in the Philippines has initiated a process to revisit and re-align the United Nations Partnership Framework for Sustainable Development 2019-2023. This is being done through an update of the Common Country Assessment aimed at analyzing the socioeconomic impact of COVID-19 on the Philippines' development trajectory. This process will facilitate close alignment with revised Government priorities for recovery.

Cross-cutting issues

Humanitarian access

Movement restrictions put in place by the national government and local government units as part of the quarantine measures provide challenges to humanitarian organizations in reaching communities and delivering services.

In May, the government issued [Interim Protocols for Humanitarian Assistance during community quarantine](#) that govern activities of humanitarian actors when conducting their operations in times of COVID-19 pandemic. The Humanitarian Country Team was consulted in drafting the guidelines and in most cases, access can be negotiated with individual LGUs.

Compliance with the DOH's minimum health standards must be observed and followed by the humanitarian partners and it is recommended that each agency adds a health or safety officer to its field operations.

The Humanitarian Coordinator, WHO and OCHA continue to advocate with the government for safe, timely and unhindered access, while ensuring compliance with required protocols for social distancing and safety of all concerned.

Gender mainstreaming

The GBV sub-cluster led by UNFPA has undertaken the first-ever Gender & Inclusion Assessment (GIA) in the Philippines with more than 27 international and local organizations, along with key government organizations. While the sub-cluster is still analyzing the data, its preliminary findings confirmed that the pre-existing underlying gender inequality and women's and girls' vulnerabilities have been compounded amidst the pandemic, especially related to their health and protection concerns. The GBV Sub-Sector therefore recommends for intensifying efforts at gender equality and women's and girls' empowerment in planning and execution of COVID-19 response and recovery efforts. Specific recommendations include:

Strategic Priorities and Response Approach

(1) use gender equity indicators in IATF National Incident Center COVID-19 response plans and reports, (2) monitor deprivation to identify and remedy gaps and challenges in allocation and disbursement of public financial assistance and social amelioration packages, (3) update beneficiary criteria for modified conditional cash transfers, and (4) increase priority investments in basic social services infrastructure including health, education, childcare, access to communications, water, GBV, SRHR, transportation etc.

Cash and Voucher Assistance

The continued operations of markets, grocery stores, banks, medical facilities including pharmacies and other establishments, provides an opportunity for cash/voucher assistance to support the most vulnerable families, especially those who have lost their source of livelihood or income due to quarantine and other measures.

Humanitarian partners providing cash interventions will ensure that cash transfer programmes are designed in cognizance with government protocols for the ECQ and other COVID-19 measures, including avoidance of mass gathering, physical distancing and disease prevention.

The following measures will be considered in planning for CVA:

- a) Coordinate plans and activities with the barangay and municipal authorities to avoid people being confused by the different activities. If possible, the local government should be given the list of beneficiaries of the implementing organization;
- b) For cash grants, organizations will apply government rates as the basis for the amount. If the cash grant amount is lower than the government cash grant rate in the area, organizations are encouraged to discuss with the concerned local governments to arrive at options that will not marginalize the organizations' beneficiaries;
- c) Whenever possible, complement CVA activities with appropriate information and education products and services that promote key COVID-19 messages;
- d) Organizations will explore CVA activities that lessen face-to-face interaction, promote physical distancing, and decentralize markets to avoid crowding.

Under the current response plan, Protection, FSAC, Nutrition and WASH plan to implement CVAs.

Protection from Sexual Exploitation and Abuse

The COVID-19 pandemic is deepening economic and social divisions and pre-existing gender inequalities, the impact of which will be felt most severely by women and girls. As humanitarian access continues in spite of movement restrictions, family members and aid workers are likely to be the only persons with whom these vulnerable persons come into contact, thus increasing the risk of gender-based violence (GBV) and sexual exploitation and abuse (SEA).

The HCT response plan integrates measures to strengthen protection from sexual exploitation and abuse (PSEA), such as capacity building for humanitarian workers and government social workers on early identification and mitigation of SEA risks arising from isolation measures and in healthcare settings; strengthening nationwide helplines and community based complaint mechanisms to ensure they are functional to prevent and respond to SEA cases; and ensuring that response services remain available in this COVID-19 setting.

The HCT is also advocating of the importance for all humanitarian stakeholders, including NGO partners, to prioritize PSEA throughout the pandemic response⁷.

Private sector engagement

The HCT recognizes the critical role of the private sector in response and recovery interventions for COVID-19 and the importance of coordination with other humanitarian partners in that regard.

The business sector is a primary source of products, critical lifeline services, investments and employment. Micro, small and medium enterprises (MSMEs) employ 63% of the labour force in the Philippines and helping this group of companies to recover quickly will at the same time decrease a need for humanitarian assistance.

By encouraging solidarity that transcends business competition, PDRF as the HCT's private sector lead, aims to bridge partnerships with other private sector entities as well as communities, government agencies, local government units and humanitarian organizations.

HCT response principles

Supporting the government response and recognizing the need for adaptation to the challenge of responding to COVID-19, the HCT will be guided by principles advocating for protection-focused and gender appropriate interventions⁸, including:

- Disaggregate data related to the outbreak by gender, age, disability, ethnic group and geographic spread. Data related to outbreaks and the implementation of the emergency response must be disaggregated by gender, age, and disability and analyzed accordingly in order to understand the gendered differences in exposure and treatment and to design differential preventive measures.
- Ground the response on strong gender analysis, accounting for gendered roles, responsibilities, and power dynamics. This includes ensuring that containment and mitigation measures also address the burden of unpaid care work and heightened gender-based violence (GBV) risks, particularly those that affect women and girls.
- Strengthen the leadership and meaningful participation of women and children, adolescents, LGBTI, persons with disabilities and indigenous communities in key decision-making processes in addressing the COVID-19 outbreak. Ensure that women,

⁷See Philippines Humanitarian Country Team (HCT) - Operational Guidance on Providing Assistance in the Context of COVID-19 Response Operations, April 2020

⁸<https://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145>

Coordination Structures

Government Organizational Response Structure for COVID-19

In accordance with the Executive Order # 2014-168, the COVID-19 Inter-Agency Task Force -National Task Force organizational structure was established with three command levels: strategic, operational and tactical.

The strategic level is led by the President of the Philippines as the national command in authority (NCA), supported by the Inter-Agency Task Force (IATF) led by the Secretary of the Department of Health (DOH). The IATF is the policy making entity and provides appropriate recommendations to the President related to COVID-19.

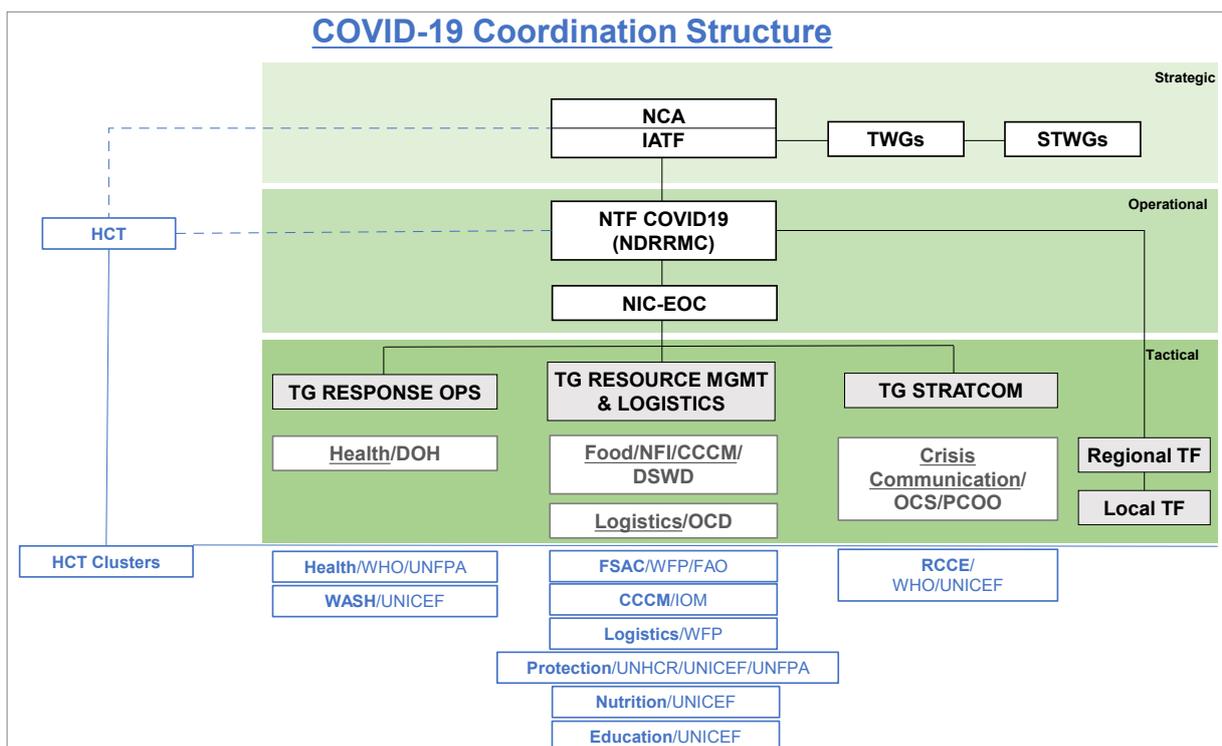
At the operational level, the NDRRMC is organized as the National Task Force (NTF) for COVID-19 response with the DND Secretary as the Chair (being the Head of the NDRRMC), Secretary of DILG as vice-chair, and the Office of Civil Defense (OCD) as Executive Director and secretariat. The NTF had established its base of operations at the NDRRMC Emergency Operations Center (EOC) with a national incident commander (NIC) at the Secretary level, overseeing and managing its daily operations.

The tactical level is further organized into three task groups: Response Operations, Resource Management and Logistics and Strategic Communications. The Response Operations Task Group, led by DoH and with Philippines National Police (PNP), Armed Forces of the Philippines (AFP), Department of Social Welfare and Development (DSWD), Department of Agriculture (DA), Department of Science and Technology (DOST), Department of Interior and Local Government

(DILG) and Department of Labor and Employment (DOLE) among others, covers activities that should be implemented at the national and local levels, including contact tracing, cases and quarantine facilities management, development and implementation of quarantine protocols, research and development, maintenance of law and order and provision of emergency relief to most affected and vulnerable groups under the Social Amelioration Program. The Resources Management and Logistics Task Group, led by the DSWD, ensures the availability of resources, supplies, and facilities for response operations; in collaboration with local government units, identify facilities and locations of quarantine/isolation facilities for PUI/PUMs and persons with positive cases; and in consultation with relevant entities formulate economic plans, programs, and projects to cope with the impacts of the COVID19 crisis. The Strategic Communications Group, led by Office of the Cabinet Secretary, is in-charge of the dissemination of appropriate, accurate and timely messages from the national to the local levels by utilizing all available platforms.

At the Regional and Local levels, standard coordination arrangements will be followed: OCD Regional Directors, as overall regional coordinator, while at the Province and municipal/city levels, the Governor and city/ municipal mayors will take the lead for coordinating the response. For humanitarian partners wishing to support the local response, the point of contact would be the Governor (Province) and mayors at the city/municipality.

At the BARMM level, the approach of the national IATF-EID was adopted, with the Ministry of Health (MOH) as the lead. The BARMM



Coordination Structures

IATF is a strategic, policy level and is led by the Chief Minister, The Ministry of Health (MOH) is the lead of Response Clusters. The MOH established a COVID-19 Health Operations Centre and activated the MOH Incident Command System per DPO # 2019-5027. As the executive arm and secretariat of the Bangsamoro Disaster Risk Reduction and Management Council (BDRRMC) Response Clusters, the Bangsamoro Rapid Emergency Assistance for Disaster Incidents (READI) of the Ministry of Interior and Local Government (MILG) shall task and direct the response clusters to provide assistance and work with the IATF-EID Task Force. READI BARMM serves as the coordinating centre of the Response Clusters in support to MOH-DRMM Health Operation Centre. The following clusters have been activated: Health, Governance, Law and Order, Economy, Logistics, Food and NFI, Coordination for Humanitarian Assistance, Crisis Communication and Management of the Dead and Burial. NGOs, CSOs and UN agencies are members of Food and Non-Food, Health Cluster, Crisis Communication and Coordination for Humanitarian Assistance clusters, under the leadership of BARMM-READI/MILG, co-lead by Bangsamoro Planning and Development Authority (BPDA) and OCHA.

Virtual joint meetings between the Government authorities as the lead and the MHT have been standard practice since the early phase of the response.

HCT linkages with government response structures

In support of the government, the HCT will prioritize and channel its support through the following response pillars: Health, Risk Communication and Community Engagement (RCCE), Multi-sector response including Logistics, Early recovery.

Liaison/coordination lead agencies were identified to support the government cluster leads in coordinating the assistance provided by the humanitarian community (UN, INGOs, private sector, donors, FBOs, CSOs and NGOs):

National Task Force Technical Groups	Government Lead	HCT Sector/ Cluster	HCT Focal Organization
TG Response Operations	DOH	Health RH WASH	WHO UNFPA UNICEF
TG Resource and Management Logistics	DSWD OCD	FSAC, CCCM, Protection, Nutrition, Education, Logistics, E. Shelter	WFP/FAO, IOM, UNHCR, UNICEF, UNFPA, WFP, IFRC
TG Strategic Communications Crisis Communications	OCS/PCOO	Risk Communication	UNICEF, WHO



Photo Credit: WHO Philippines/F. Tanggol

Financial Requirements

The revised financial requirements for activities prioritized under the response plan from March until December 2020 are US \$121.8 million.

The financial requirements may be further adjusted in subsequent revisions of the HCT Response Plan.

FUNDING: COVID-19 HRP *as of 03 August 2020*



		<i>numbers in millions</i>	Requested	Funded	Unmet
Camp Coordination & Camp Management		86%	1.85	1.60	0.25
Early Recovery		48%	8.95	4.29	4.65
Education		14%	5.93	0.84	5.09
Emergency Shelter		72%	1.36	0.98	0.38
Food Security & Agriculture		7%	39.71	2.77	36.94
Health inc. SRH and MHPSS		15%	28.86	4.30	24.56
Logistics		>1%	0.60	0.00	0.60
Nutrition		3%	6.50	0.19	6.31
Protection inc. CP and GBV		30%	6.49	1.96	4.53
RCCE		3%	2.09	0.07	2.03
WASH		56%	19.23	10.7	8.50
Coordination		>1%	0.20	0.00	0.20

Monitoring Framework

The monitoring framework is aligned with that of the Global Humanitarian Response Plan, adjusted to consider the specifics and context of the Philippines. Considering the needs and response to COVID-19 epidemic are still evolving, the monitoring mechanism will be adjusted accordingly.

The monitoring framework will comprise of two components:

- A situation and needs monitoring component to capture the evolving expansion and contraction of the pandemic as well as the immediate and time-lagged effects on people's lives and livelihoods.
- A response monitoring component to capture the achievements of the collective response as well as the effectiveness of preparedness actions to respond to new occurrences or rapid deterioration.

In addition to monitoring response implementation, OCHA will also provide regular reporting on partners activities, like 3W, and on funding received.



Photo Credit: WHO Philippines/F. Tanggol

MONITORING DASHBOARD (as of 21 July 2020)



CAMP COORDINATION AND CAMP MANAGEMENT



605,500

People targeted

76 K

People reached
(Direct)For more information, contact: cnavidad@iom.int

Advocate and ensure that the fundamental rights of refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19, and are receiving information and assistance.

RESPONSE

The CCCM Cluster produced a local CCCM COVID-19 Operational Guidance adopted from the IASC and IOM Global COVID-19 Guidance to guide CCCM implementers in COVID-19 preparedness and response in displacement situations. DSWD has cascaded the guidelines to the Field Offices nationwide and currently conducting webinars with the Local Government Units in their regions in preparation for possible displacements during the typhoon season.

In North Cotabato Earthquake-affected areas and Marawi, IOM and ACTED continue to undertake CCCM COVID-19 response, providing remote technical assistance to camp managers, MHPSS support, basic PPEs, hygiene and disinfectant kits, IEC materials and constructed more WASH facilities.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of refugees, IDPs and migrants particularly vulnerable to the pandemic who receive COVID-19 assistance	IDPs	605,500	75,774	13%
Number of IDPs, refugees, migrants and host communities reached by information campaigns about Covid-19 pandemic risks	Individuals	605,500	75,774	13%



EARLY RECOVERY



3 million

People targeted

5,600

People reached
(Direct)For more information, contact: enrico.gaveglia@undp.org

Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access to social protection and humanitarian assistance.

RESPONSE

UNDP launched the following digital surveys for a more granular understanding of the socio-economic impact of COVID-19: ZEP-UNDP Household Survey, MSME Survey, and Survey on Persons with HIV/AIDS. A socio-economic impact survey with UNICEF and a similar assessment for BARMM are also underway.

In BARMM, UNDP and OPAPP continue to give technical and material assistance to the Joint Peace and Security Teams. To help strengthen healthcare capacity, UNDP procured 13 ventilators for the region.

On digitization and use of data, UNDP supported the DOH and IATF with initial data analytics and visualization, and a beta version of a supply and demand matching system was created for DTI. In Pasig City, UNDP piloted a financial inclusion initiative on the use of digital platforms for cash transfers.

UNDP also facilitated the donation of half a million medical masks to DOH.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people/households most vulnerable to/affected by COVID-19 who have received livelihood support, eg cash transfer, inputs and technical assistance	Individuals	3,000,000	5,589	0.2%



EDUCATION



3.1 million

People targeted

8,100

People reached
(Learners)

182,900

People reached
(Teachers)For more information, contact: cmoog@unicef.org; Sierra.Paraan@savethechildren.org

Ensure the continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.

RESPONSE

The Education Cluster supported the Department of Education (DepEd), Early Childhood Care and Development Council (ECCDC), and the BARMM's Ministry of Basic, Higher and Technical Education (MBHTE) in developing education continuity plans, additional capacity building initiatives and communication advocacy programs for teachers. Cluster members and other partners have assisted in the development of DepEd's Basic Education Learning Continuity Plan (BE-LCP). The said plan underpins the Philippine government's overall strategy for addressing the specific needs of the basic education sector amid the COVID-19 pandemic.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of children and youth supported with distance/home- based learning	Individuals	3,099,804	8,107	0.3%
Number of schools implementing safe school protocols (COVID-19 prevention and control)	Schools	6,400	25	0.4%

EMERGENCY SHELTER

129,000
People targeted

22 K People reached
(Direct)

For more information, contact: coord1.phil@sheltercluster.org

Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access to social protection and humanitarian assistance

RESPONSE

The Shelter Cluster provides shelter assistance to the most vulnerable families affected by COVID-19, which includes households living in overcrowded urban settlements and internally displaced persons staying at designated camps. Most of the cluster members and partners have procured new shelter stocks to prepare for a compendium of emergencies that may hit the country. The Shelter Cluster also developed COVID-19 Operational Guidance in line with the government protocols to guide shelter partners in its delivery of assistance.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people/households most vulnerable to/affected by COVID-19 who have received livelihood support, eg cash transfer, inputs and technical assistance	Individuals	112,000	6,060	5%
Number of refugees, IDPs and migrants particularly vulnerable to the pandemic who receive COVID-19 assistance	individuals	17,000	16,000	94%

FOOD SECURITY AND AGRICULTURE

4.2 million
People targeted

254 K People reached
(Direct)

For more information, contact: laurene.goulet@wfp.org; alberto.aduna@fao.org

Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive/livelihood activities and access to social protection and humanitarian assistance.

RESPONSE

FSAC's latest food security and nutrition (FSN) assessment showed that COVID-19 aggravated the existing challenges in the agri-food system and its effects on the food value chain and markets. A follow-up assessment is ongoing to determine any deterioration in the overall food security situation. FSAC supported the government in the distribution of food aid and NFIs. It also provided cash with technical assistance to the affected population as part of augmenting the government's Social Amelioration Program.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people most vulnerable to/affected by COVID-19 who have received livelihood support, eg cash transfer, inputs and technical assistance	Individuals	4,200,000	254,269	6%
Number of households most vulnerable to/affected by COVID-19 who benefit from increased or expanded social protection	Households	485,000	1,800	0.4%

HEALTH INCLUDING SEXUAL AND REPRODUCTIVE HEALTH

5.4 million
People targeted

4 M People reached
(Direct)

1.5 M People reached
(Sexual and Reproductive Health)

For more information, contact: bootsmas@who.int

Ensure essential health services and systems are capable to prevent, suppress and interrupt transmission of COVID-19.

RESPONSE

Health cluster is providing technical support and working closely with the government. To strengthen the health system, WHO and UNICEF are supporting the Department of Health in drafting policies to form health care provider networks as well as building capacity of health workers through a webinar series on clinical management and infection prevention and control in hospital and community settings. To strengthen surveillance and contact tracing, WHO developed COVID KAYA information system together with the health authorities as well as conducted joint risk assessment with partners on detention and health facilities. In relation to laboratories, WHO supported DOH accreditation of testing laboratories and supported DOH participation in the WHO Solidarity Trial. To support the logistics of delivering critical health supplies, WHO used its projection planning tools to assist the DOH in the recalibration of PPE requirements. UNICEF has contributed to the provision of essential PPE to health and community workers. The SRH sub-cluster through UNFPA donated \$500,000 worth of infection prevention and control supplies to affected areas in NCR and other regions. It also launched COVID-19 online SRF platform for affected women to access counseling and referral services, co-facilitated clinical management webinars for health workers and provided cash voucher assistance to poor pregnant women

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people receiving essential healthcare services	Individuals	5.4 M	4.05 M	75%
Number of affected population, women and adolescents reached with integrated SRH services and information	Women, adolescents	2.4 M	1.5 M	64%
Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC)	Facility	10,000	8,805	88%



NUTRITION



599,000
People targeted

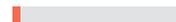
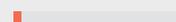
64 K People reached

For more information, contact: rggalera@unicef.org;

Ensure the continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.

RESPONSE

The Nutrition Cluster has developed a response plan with an M&E Framework aimed to minimize the effects of COVID-19 on the nutritional status of vulnerable populations. Despite having limited resources, UNICEF and partners supported DOH and NNC in developing updated guidelines and advisories and continued to build and strengthen capacities of trainers and front liners on key nutrition in emergencies interventions. Members of the nutrition cluster also supported the dissemination of key IYCF messages integrated with WASH reaching around 53,354 persons through various media platforms and also supported DOH in the tracking of and facilitating the delivery of key nutrition commodities.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number children that have access to essential nutrition services during the Covid-19 pandemic period	Individuals	505,000	9,891	2% 
Number of people reached with nutrition messages in the context of Covid-19	individuals	500,000	53,354	11% 



PROTECTION INCLUDING CHILD PROTECTION AND GENDER-BASED VIOLENCE



4.2 million
People targeted

4,100 People reached
(IDPs)

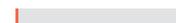
2.9 M People reached
(General population)

For more information, contact: atienza@unhcr.org;
rbarrientos@unicef.org; buenaventura@unfpa.org

Advocate and ensure that the fundamental rights of refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19, and are receiving information and assistance.

RESPONSE

The Protection cluster supported BARM government in the implementation of various activities in Mindanao, including the implementation of social cohesion activities, low-cost high-impact projects, capacity building for the local government units, and the creation of the Mindanao Virtual Protection Coordination Platform to strengthen the coordination of various protection actors responding to COVID-19 response in Mindanao. Specialized material assistance was also extended to the local government units that provided support to the Cities#WithRefugees Campaign. The National Child Protection Working Group (CPWG) developed COVID-19 New Normal Guidelines with reference to the global Child Protection Minimum Standards, and an integrated referral pathway to support community level workers, on child protection, health, and nutrition. The NCPWG also reached more than 5,924 service providers with the webinar series on Child Protection in COVID context. The GBV sub-cluster conducted the first Gender and Inclusion Assessment (GIA) in coordination with 27 international and local organizations and other key government agencies, including the Department of Social Welfare and Development (DSWD). Drawing from the results, cluster members and partner agencies are working towards a more coordinated policy, improved programmatic response and enhanced resource mobilization to address unseen or under-reported gender and GBV issues during COVID-19 pandemic. The Joint Working Group updated the CP and GBV Referral Pathway with new/additional hotline numbers and entry points, as well as guidance notes translated in local language, and disseminated these widely. The BARM MILG issued an advisory to local government units to activate local protection mechanisms such as Barangay VAW Desks, LCAT-VAWC, BCPC, based on the GBV Working Group's advocacy and assistance for ensuring the continuity of essential services to GBV survivors.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of refugees, IDPs ,other persons of concern, particularly vulnerable to the pandemic who receive COVID-19 assistance	Individuals	366,000	4,105	1% 
Number of people including government partners who have accessed protection services	Individuals	4,200,933	2,919,700	70% 



WATER, SANITATION AND HYGIENE



2.7 million
People targeted

622 K People reached
(Direct)

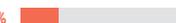
5.7 M People reached
(Indirect)

For more information, contact: pdelrosario@unicef.org

Contribute to the strengthening of the emergency health system, ensuring protection of frontline workers, including sanitation personnel, and infected individuals, especially at the community level, while supporting the uninterrupted delivery of essential WASH services particularly in COVID-19 critical areas not only during the acute period of the pandemic but also in the event of another emergency.

RESPONSE

Under the leadership of the Department of Health (DOH), the WASH Cluster has so far directly supported 622,000 people across the country with the following aid: distribution of hygiene and disinfection kits, and water containers, installation of handwashing stations and other WASH facilities in critical health care facilities and communities. It also amplified targeted hygiene promotion campaigns with support from projects implemented by ADRA, CARE, CRS, International Medical Corps, Oxfam, Plan International, Philippine Red Cross, UNICEF and World Vision amongst other partners in NCR, other priority regions, and in BARRM. In terms of WASH RCCE interventions, 5.7 million people have so far been reached nationwide. Hundreds of WASH frontliners were provided with basic PPEs and at least 12,000 people were able to access online Infection and Prevention Control (IPC) and health and hygiene training facilitated by tWASH Cluster partners. Technical assistance is also being extended to DOH in the formulation of "new normal" guidelines and in the review of contingency plans to consider compounding events (typhoons, earthquakes) apart from dealing with the pandemic situation.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people reached with critical WASH supplies (including hygiene items) and services	Individuals	2,708,799	622,000	23% 
Number of people benefited from access to adequate and appropriate hygiene knowledge on use and good hygiene behaviors (communication)	Individuals	4,253,666	5,700,000	135% 

LOGISTICS



Coordination, information sharing, cargo and warehouses support

71 Cargo Trucks

For more information, contact: Kevin.Howley@wfp.org

Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items

RESPONSE

The Logistics Cluster has produced 60 daily snapshots on logistics related issues. Around 71 truckloads of various cargo has been loaded and delivered by the World Food Program (WFP) within the National Capital Region (NCR), Cebu, Iloilo, Region XII, the Cordillera Administrative Region (CAR) the ,Bangsamoro Autonomous Region of Muslim Mindanao (BARMM), along with other locations for the National Resource Operations Centre (NROC), the Department of Social Welfare Development (DSWD), the Office of Civil Defense (OCD), and UNICEF. Equipment such as mobile storage units and generators have been issued from WFP's prepositioned stock for the establishment of temporary medical facilities and warehouses. The WFP's global logistics operation center is facilitating the arrival of UNICEF's and WHO's cargo from China at the end of June.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED
Number of cargo movement requests fulfilled	Cargo	Requests	71

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



40 million People targeted

30 M People reached

For more information, contact: arevalog@un.org; tanggolf@who.int; ksolis@unicef.org

Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level

RESPONSE

As of mid-June, 116 organizations have implemented various community engagement activities across the country. The HCT's CoPCE have published RICA report on the vulnerable sector and conducted a nationwide Community consultation on COVID-19 Response Actions (COR) across the country. On behalf of the HCT's CoPCE, OCHA continues to facilitate the regular mapping of the RCCE activities of all responding agencies on COVID-19 and provide technical support on the overall RCCE strategy and operational delivery. The WHO and UNICEF have specifically provided support in the development of the DOH's RCCE plan including monitoring and evaluation framework; conducted rapid assessments on knowledge-Attitudes-Practices (KAPs) related to COVID-19 and information needs assessments for health workers; produced and disseminated several social media cards, print, audio and video materials on COVID-19 signs and symptoms, preventive actions, mental health, and preventing the spread of fake news that reached about 30 million people; improved the COVID-19 RCCE guide that was provided to 12,000 community health workers and other frontline workers; and released posters on how to use PPEs, which were distributed to all local government units in NCR. As of 23 June, both WHO and UNICEF have developed and co-facilitated a webinar on RCCE that reached 723 community health workers and other frontline workers.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people reached on COVID-19 through messaging on prevention and access to services	Individuals	40,000,000	30,000,000	75% <div style="width: 75%;"></div>
Number of people that have provided feedback to the government and other humanitarian agencies	Individuals	Open	4,500	
Number of people engaged on COVID-19 through RCCE actions	Individuals	200,000	181,281	90% <div style="width: 90%;"></div>

COORDINATION



Response Plan and Organizations

450 Organizations (Responding to COVID-19)

For more information, contact: vidic@un.org

Coordinate and support resource mobilization of humanitarian partners in their response to the health and non-health related impacts of COVID-19, and continue to advocate for the needs of the most vulnerable and at-risk groups affected by the COVID-19 pandemic.

RESPONSE

OCHA supported the HCT and ICCG by coordinating the pandemic preparedness and response efforts, and providing services on Information Management, Reporting and Public Information, and Strategic Planning and Humanitarian Financing. An HCT Humanitarian Response Plan was launched, and has undergone a series of revisions, to support government response on providing health interventions and multi-sectoral assistance, while ensuring a sustainable socio-economic recovery for the affected.

Coordination with government was established from the outset of the response through regular dialogue. OCHA also advocated for safe and sustained access to ensure that the humanitarian community can operate in an enabling environment and aid the most vulnerable. Global guidelines have been adapted to local setting, while COVID-19 health and safety protocols were streamlined in response plans.

MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED
Presence of COVID-19 HCT preparedness and response plan	Organizations	Presence	48 organizations in the HRP
Functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response	Organizations	Presence	451 organizations responding

HCT Contact Details

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Information Management	OCHA	Joseph Addawe	addawe@un.org

Cluster Operational Delivery Plans

Camp Coordination and Camp Management (CCCM)



Target Areas

Mindanao IDP sites in North Cotabato, Davao del Sur, Marawi, Maguindanao, BASULTA

Target Beneficiaries

605,500 IDPs

Funding Required (USD)

1,850,000

Lead Agencies

Government Lead: DSWD - Riza Sta. Ines (rastaines@dswd.gov.ph)
HCT focal point agency: IOM – Conrad Navidad (cnavidad@iom.int)

Objectives

1. Support the Government of the Philippines in containing the spread of the COVID-19 pandemic particularly in the displacement sites.
2. Protect, assist and advocate for internally displaced persons (IDPS), returnees migrants and host communities particularly vulnerable to the pandemic.
3. Ensure sustained provision of adequate multisectoral support to the IDPs during the COVID-19 crisis

Sector Overview (needs and response):

The Protection cluster reports that over 360,000 people remain displaced across Mindanao due to natural disaster and conflict emergencies. The series of earthquakes which struck North Cotabato and Davao del Sur in 2019 have displaced over 32,900 families, majority of whom are living in makeshift shelters while 8,600

families are staying in 67 evacuation centres. The 2017 Marawi conflict displaced about 98 per cent of the city's population, with about 25,000 families still living in transitory sites or are hosted by families and friends. Since the start of the COVID-19 pandemic, additional 24,900 people have been displaced in Central Mindanao and the island provinces as a result of rido (clan feuds) and military operations against non-state armed groups. IOM's Displacement Tracking Matrix (DTM) reveals these IDP communities lack access to basic livelihoods, live in close confinement in evacuation centres, and have limited access to health, water, sanitation and hygiene – all factors that significantly increase the risk of COVID-19 community transmission.

The Cluster has since implemented various activities in existing displacement sites in Mindanao to promote awareness and adequate hygiene practices, including creation of bathing/washing areas and rainwater collectors, as well as distributing hygiene materials and building the capacity of local government units.

Expected evolution of situation and needs (until December 2020):

As IDPs displaced by the 2019 earthquakes are expected to remain in temporary shelters due to severe damage to their original homes, they are likely to continue being exposed to heightened risk of community transmission of COVID-19. Community Quarantine and restrictions on movement and gathering have recently been extended and are likely to continue to be an added burden on them, with cessation of

livelihood activities, market shortages, reduced humanitarian support and limited access to health and WASH.

Community Quarantine has increased the presence of armed forces in many fragile communities to ensure compliance with COVID-19 mitigation procedures. This reliance has added to the already inherent safety risks for women and girls, with a potential increase of domestic violence and gender-based violence (GBV) generally in communities but also in displacement sites. It is expected that under current mobility restrictions, women and girls are increasingly unable to rely on the traditional social support systems.

Without a ceasefire the potential for armed confrontation with the NPA increases, and the potential impact on communities (primarily indigenous communities) exacerbated, including displacement, destruction of assets and livelihoods, and difficulty in accessing services. There has also been a general rise in tension among vulnerable communities in Mindanao, with skirmishes and armed clashes highlighting the additional constraints on peace and security efforts. If armed clashes continue, there are likely to be further displacements throughout 2020. Delays in the implementation of the normalization process, part of the Bangsamoro peace agreement, including socioeconomic assistance to demobilised combatants and camps would increase the number of vulnerable communities susceptible to displacement and requiring assistance.

Additionally, the restrictions on movement will have significant implications on the socio-economic development of the region. The BARMM-IATF is anticipating a severe food shortage due to the community quarantine and other measures, resulting in disruption of trade and supply chain to regional and national trade hubs, and consequent price spikes in essential market commodities.

Priority Response

The following response components will embody preparedness and response activities against COVID 19 community transmission in displacement sites:

1. Preparing for Covid-19 transmission, case management
 - a. Support the Local Disaster Risk Reduction and Management Councils (LDRRMCs) especially in the BARMM areas with their COVID-19 Contingency Plans
 - b. Identify Isolation areas, or transform an existing facility (such as Temporary Learning Spaces) into isolation areas

Camp Coordination and Camp Management (CCCM)

- c. Ensure adequate supply of soap, disinfectant, alcohol, and hand sanitizers, especially in registration and common areas
- d. Provide PPEs for IDPs manning the registration area and isolation area
- e. Provide step-by-step guide for camp managers on case management and referral pathway.

2. Information Sharing/Management

- a. Identify population in vulnerable situations (e.g. elder people, persons with disabilities, individual with pre-existing health conditions, pregnant or lactating women, children, and children.
- b. Create a Spot Map of evacuation centre to determine:
 - i. common areas
 - ii. families residing per tent
 - iii. location of most vulnerable population
 - iv. Existing critical WASH facilities such as handwashing, bathing cubicle, latrines, water points, and garbage disposal
 - v. Covid-19 facilities such as registration area and isolation areas
- c. Install an Information Board in the Registration Area and/or tents with the following data:
 - i. Camp structure and site committees
 - ii. Available services and service providers
 - iii. Referral pathways
 - iv. Demographics of the population
- d. Register IDPs and visitors going in and out of the sites
- e. Ensuring an accessible and regular communication with the IDPs about COVID-19 preventive measures (i.e. proper hygiene etiquette and practice), purpose and duration of the quarantine, referral pathways and whom/how to access further support. Consider literacy, culture, ability, gender and age (child-friendly) in all communications
- f. Post National and Local guidelines and policies on COVID-19

3. Coordination and Planning

- a. Preposition of existing local structures in entrance/exit of sites (BPATs, BHERT, BHW/BNS, and committees in camps)
- b. Coordinate with LGUs to continue provisions of basic services to IDPs amidst lockdown, especially in food supply and water rationing if needed
- c. Localize national guidelines and referral pathways to camps

4. Risk Communication and Community Engagement

- a. Consult the IDPs on which information they wanted to know about COVID-19 and how they wanted to learn it
- b. Translate national guidelines, referral pathways and FAQs on COVID-19 into local languages and dialects
- c. Ensure that approved/official Information, Education and Communication (IEC) materials on COVID-19, incorporating messages to reduce stigma and fear, are printed and displayed throughout the site, including common areas.
- d. Use different modalities to keep the IDPs informed. It may be through the Public Announcement Systems, megaphones, radio announcements, text brigade, printed media (flyers, tarpaulins

placed in conspicuous areas) and novelty songs.

- e. Establish remote feedback mechanisms such as hotlines, help desks, and drop boxes
- f. Ensure that BHWs, BNS, WASH and Health Committees continue promotion of proper hygiene, hand washing and etiquette to prevent COVID-19

5. Provision of MHPSS and Dignity Kits for At-Risk Groups

Remotely facilitate access to MHPSS peer support including MHPSS helplines, and Dignity kits as well as referral mechanism for CP and GBV, particularly for women, girls and families in vulnerable situations, facing protracted displacement and quarantine to help ease the social stress and anxiety in their shelters.

6. Referral Pathways

- a. Seek the established protocol of the health office and social welfare office. Make sure that the camp managers, BHW, and BNS are oriented on the protocol
- b. Ensure that IDPs are informed of the referral pathway
- c. Ensure that Camp managers communicate with the rural health unit through hotlines, telemetry, or two-way radios

7. Site Management/Improvement

- a. Ensure adequate WASH facilities - water system (pipeline, storage, catchment), water points, handwashing facilities, bathing cubicle, latrines
- b. Ensure proper waste segregation and disposal
- c. Aim for "one family per tent"
- d. Advocate flow patterns such as one entrance/one exit
- e. Expand dwelling areas to decongest sites
- f. Prohibit mass gatherings especially in common areas
- g. Prioritize life-saving activities such as food distribution, water rationing, health services
- h. Identification of isolation areas or repurpose existing structures for isolation facilities (e.g. temporary learning spaces) into isolation areas.
- i. Conduct site-specific assessments with the establishment of screening checks in IDP camps in Mindanao (temperature/thermal, symptoms, etc)
- j. Implementation of COVID-19 preventive measures to ensure safety in service provision

Partner agencies:

UNHCR, WHO, UNICEF, WFP, ACTED, PRC, Local NGOs (MARADECA, ECOWEB, NEXUS)

Inter-Cluster Collaboration:

Health – for Risk Communication, Case management, Isolation protocols, Infection Prevention and Control System, provision of Mental Health and Psychosocial Support for At-Risk Groups

WASH – for scaling up of WASH services, Site Hygiene Promotion and Remote COVID-19 Orientation Sessions, provision of Dignity kits, Family Hygiene and Disinfectant Kits in Displacement Sites

Early Recovery



Target Areas

Nation-wide [with priorities to NCR, Region III, Region IVA, BARMM and Earthquake affected areas in Mindanao]

Target Beneficiaries

3,000,000

Funding Required (USD)

8,947,325

Lead Agencies

Government Lead:

HCT focal point agency: UNDP, titon.mitra@undp.org ; enrico.gaveglia@undp.org

Objectives

COVID-19 solicits an early recovery multidimensional process that begins in a humanitarian setting and evolves into a response guided by development principles that seek to build on humanitarian programmes and catalyze sustainable development opportunities. It aims to generate self-sustaining, nationally owned, resilient processes for post crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions.

Sector Overview (needs and response)

The Philippines is among the most impacted countries by COVID-19 in ASEAN. The number of cases continue to rise dramatically with some estimating that as many as 150,000 people will be infected in Metro Manila alone. To contain the spread of the virus, the Government put in place an enhanced community quarantine, together with other containment measures. The government has also announced a fiscal package of enhanced social protection measures for vulnerable workers and affected sectors, including a cash aid programme for 18 million low-income households. The country is estimated to lose between 3% and 4% of the GDP in 2020. COVID-19 is already significantly impacting on consumption – a main driver of the economy – and has had visible effects on tourism, trade, and remittances, given that COVID-19 has hit hard the country's main trading partners, source of tourists, and destinations for migrant workers.

Expected evolution of situation and needs (until December 2020)

The country's fiscal position will worsen with the loss of revenue and increased spending and borrowing required to manage the crisis. The socio-economic impact, while expected to affect most aspects of the economy will potentially deepen inequities for the most at-risk groups women-headed households, poor, informal workers, IDPs, ethnic minorities, and those in the post-conflict regions of Bangsamoro and the regions recently affected by the overlapping natural disasters. These will carry a disproportionate burden. The UN system in the Philippines is working to help mitigate the impact of the pandemic on the vulnerable population and communities. UNDP has been asked to lead the collective UN efforts to address the socio-economic impacts by supporting the government to better target and increase the

efficiency of its amelioration program.

Priority Response:

1. Assisting communities where access to livelihoods has been significantly disrupted to revive local economies or develop new ones;
2. Ensuring a realistic path back to employment for those rendered completely without jobs, including through conditional cash transfers via digital wallets;
3. Revival with labor markets of a progressive number of key supply chains;
4. Engaging youth, women, and religious and indigenous leaders to address the psychosocial impact of the crisis;
5. Ensuring that the Bangsamoro peace process and social cohesion is not further eroded in conflict affected areas as well as in underserved pockets of society in urban and rural areas because of the impact of the pandemic;
6. Ensuring that provisions are made for a better and inclusive response to the next pandemic, especially through domestic production and stockpiling of critical medical supplies;
7. Supporting partnerships between the public and private sectors in the Philippines; with development partners; and among civic groups to more effectively mobilize resources, ensure synergies and coordination, and to give voice to all sectors in the recovery process.
8. Support the establishment of a Pintig Lab (Data Lab) with the objective to strengthen data governance and data-driven policy recommendations to aid the government better target its recovery strategies for the COVID-19 crisis and subsequent critical incidents that will layer on top of the current health responses.

Partner agencies:

UNCT/ Private Sector, Governments agencies including but not limited to IATF, DOH, DOICT NEDA and LGUs with critical health and socioeconomic data needed to inform government action; and Civil society organizations.

Inter-Cluster Collaboration:

ER a cross-cutting theme across sectors.

Education



Target Areas

National Capital Region (NCR), Region III (except provinces of Aurora and Zambales and Region IVA (except Quezon). Mindanao, including conflict affected provinces of Maguindanao and Lanao del Sur and earthquake affected provinces of North Cotabato and Davao del Sur

Target Beneficiaries

3,099,804 individuals

- 2.6 million K-12 learners (Luzon hotspots)
- 41,451 Early childhood learners
- 53,250 ALS learners
- 322,103 learners in BARMM
- 33,000 early learners in BARMM

Funding Required (USD)

5,929,500

Lead Agencies

Government Lead: DepEd - Ronilda Co (ronilda.co@deped.gov.ph)
 HCT focal point agency: UNICEF - Carl Moog (cmoog@unicef.org)
 Save the Children - Sierra Paraan (Sierra.Paraan@savethechildren.org)

Objectives

1. Protect learners, teaching, and non-teaching education personnel from getting infected and prevent the further transmission of COVID-19.
2. Technical assistance to the government (DepEd, ECCDCS, MBHTE) in developing education and school service continuity plans considering preparedness, prevention and mitigation, early response and long-term recovery.
3. Ensure inclusive education by utilizing both online and offline learning delivery modalities for formal and non-formal learners, including corresponding capacity building.
4. Facilitate safe return to schools by strengthening existing national policies and DepEd Orders and having localized and contextualized risk communication and community engagement strategies alongside Back to School campaigns, sufficient WASH in Schools (WinS) facilities and hygiene supplies, and delivery of mental health and psychosocial support services (MHPSS).

Sector Overview (needs and response):

Classes in the Philippines were first suspended in Metro Manila on 12 March when the government declared the region under community quarantine. Soon after, all classes in the whole of Luzon and some other parts of the country declared class suspensions. Fortunately for the Philippines, the school year was near its end when the school suspensions were imposed.

Nevertheless, 27,770,263 learners in public and private schools, including those under Alternative Learning System; 1,766,034 young learners enrolled in child development centers (CDCs) and supervised neighbourhood plays; and 582,913 primary school learners from BARMM are now affected by the pandemic due to the uncertainty on the resumption of classes for the upcoming academic year.

Prior to the government's imposition of community quarantine, DepEd already created the "Task Force for the Management of DepEd Response to nCoV ARD" on 1 February. Following the class suspensions in most parts of the country, DepEd issued various guidelines on how to facilitate the last few remaining days of the school year, including the postponement of events that would gather large crowds such as graduation ceremonies.

The government is still in the process of consultation and continues to explore various options to ensure continuity of education.

Expected evolution of situation and needs (until December 2020):

Depending on the lifting of the government-imposed community quarantine measures, schools, community learning centers (CLCs), and child development centers are expected to either remain closed or adopt stringent social distancing measures should they open to prevent further transmission of COVID-19 especially among children.

Classes in the Philippines normally begin on the first week of June; however, given the enhanced community quarantine measures imposed on most schools in the country, classes are expected to be delayed until the end of August. Republic Act no. 7977 dictates that schools in the Philippines cannot begin the academic year beyond August.

In any case, should schools be allowed to open, strict safe school operations protocols need to be adopted, which may require reducing the class size for every classroom or implement shifting of classes. Even if schools open as "normal", there is possibility of localized or generalized rebound of the coronavirus outbreak, requiring some form of quarantine measures, with schools being the first to be ordered closed.

Given the uncertainty on the resumption of classes and the fact that most schools may not be able to employ reduced class sizes due to limited classrooms and space available, other alternative learning delivery modalities must be explored, including online, television, radio, SMS, print-based take-home modules, and other distance education mechanisms. Thus, it is necessary to capacitate parents/caregivers on how to implement early stimulation / learning activities for children, especially those 5 years old and below.

Priority Response

- Technical assistance to DepEd, ECCDCS, and MBHTE in enhancing/developing education and school service continuity plans, and corresponding capacity building.
- Establish an ECCD-ECE sub cluster under the Education Cluster to facilitate interventions for young learners in Child Development Centers and home-based early learning services.
- Technical support to the government's risk communication and

Education

community engagement strategies such as having audience-appropriate Back to School/ Learning Program campaign, advocacy messaging on COVID-19 and awareness campaigns for learners and teaching and non-teaching personnel, child development workers, and parents/caregivers.

- Provision of hygiene kits (including menstrual hygiene kits, face masks, alcohol, wipes, and emergency PPEs) and ensuring enough functional WASH facilities that can be used for handwashing and disinfection of equipment and supplies in schools and community learning centers.
- Delivery of psychological first aid (PFA), socio-emotional learning (SEL), and mental health and psycho-social support (MHPSS).

Partner Agencies

Plan International, World Vision, Education Pathways to Peace Program

Inter-Cluster Collaboration:

- WASH - ensure safe school operations including disinfection and sanitation of school/CLC facilities; provision of hygiene kits to learners and school personnel; construction of handwashing facilities in top priority schools needing WASH facilities identified by DepEd
- Child Protection – online safety, provision of psychological first aid, mental health and psycho-social support (MHPSS), socio-emotional learning (SEL) interventions and materials, and development/enhancement of referral pathways in LGUs
- RCCE - IEC and advocacy campaigns, especially in WASH areas
- Health and Nutrition – infection prevention and control measures for learners, parents/caregivers, teaching and non-teaching personnel.



Photo Credit: Action Against Hunger

Emergency Shelter



Target Areas

Nationwide with special focus on urban settlements with high cases of COVID-19 and Internally Displaced Population (IDPs)

Target Beneficiaries

129,435 individuals (25,881 families)

Funding Required (USD)

1,365,288

Lead Agencies

Government Lead: DSWD

HCT focal point agency: IFRC – Mark Mauro Victorio, coord1.phil@sheltercluster.org

Objectives

1. To assist the government in providing appropriate shelter intervention to the most vulnerable families affected by COVID-19.
2. Support the provision of sheltering services to a specific group like displaced individuals and families and those in need of isolation as required by health authorities.
3. To support the government in providing timely and appropriate shelter intervention to vulnerable families affected by disasters while adhering to the safety and health protocols for COVID-19.

Sector Overview (needs and response):

The shelter at the household level is not directly affected by COVID-19. However, people living in informal settlements in very dense, crowded and poorly ventilated housing conditions with limited access to basic services (water and sanitation, health care) are at high risk of spreading infectious diseases. There are also real challenges for those living in IDP camps and collective accommodations, especially those families who were affected by previous natural disasters or conflict-related incidents whose recovery has been delayed by COVID-19. Furthermore, hundreds of Locally Stranded Individuals (LSI) and repatriated Overseas Filipino Workers (OFW) are stranded and are staying in public places like terminals and ports in Metro Manila.

These conditions are extremely high risk for transmission of diseases such as COVID-19, given the limited access to adequate water or sanitation facilities for handwashing and lack of space to facilitate physical distancing to prevent infection. Furthermore, most vulnerable families rely on informal day labor, forcing them to be highly mobile for their livelihood activities and placing them again at heightened risk of COVID-19 while at the same time losing any livelihood opportunities in case of movement restrictions.

Shelter and settlement activities for COVID-19 prevention will target projected “hotspot” areas with high densities of informal settlements, lack of services, high levels of poverty, and high mobility of people from and to the areas, such as NCR and Cebu City. Furthermore, the interventions will be targeted at areas with high underlying vulnerabilities and large populations at risk such as IDP camps, collective center and other areas affected by disaster where the humanitarian response needs to be reinforced and complemented to allow the continuation of ongoing activities while avoiding further hardship by preventing and/or mitigating COVID-19 outbreaks.

Expected evolution of situation and needs (until December 2020):

Aside from COVID-19, other threats may aggravate the situation, like natural disasters. The PAGASA forecasts that six to 10 tropical cyclones may enter and/or develop within the Philippine Area of Responsibility (PAR) from March to August, where July could be the peak of the tropical cyclone occurrences. Furthermore, other hazards like earthquakes and flooding are potential threats that could lead to damage to shelter and further population displacement, which will increase the risk of exposure to COVID-19.

An appropriate and immediate shelter intervention is needed to support families affected by these threats to reduce the risks and mitigate the spread of COVID-19. However, shelter materials in the country have been depleted as a result of past emergencies. Therefore, replenishment of emergency shelter materials should be prioritized to ensure immediate provision of assistance to the affected population. It will avoid overcrowding in ECs, sharing of household items, and promoting early return if possible.

Priority Response

- Provide shelter assistance to vulnerable communities with high cases of COVID-19 in decongesting and reducing human density in settlements to maintain social distancing and reduce transmission
- Support displaced families in expanding shelter to reduce overcrowding and mitigate the spread of the virus.
- Assist in planning and building of isolation areas and medical facilities according to health criteria.
- Adapt and disseminate technical guidance relating to COVID-19 and how it relates to informal settlements, camps, collective accommodation, and in particular, densely populated urban contexts and slums etc.
- Contribute to the development and dissemination of guidance across the sector and other inter-agency initiatives.
- Advocate with authorities for safe shelters in specific vulnerable environments and assist in identifying solutions for specific temporary isolation measures, such as re-purposing buildings, rental of collective spaces, or equipping warehouses.
- Pre-position and distribute shelter materials and basic HHIs as necessary, particularly for collective shelters, camp settlements and urban hotspots, or to respond sudden new population movement

Inter-Cluster Collaboration:

Health; WASH; CCCM

Food Security and Agriculture



Target Areas

NCR, Region III, Region IV-A, BARMM, and other regions/provinces that are vulnerable/critical in the food supply chain

Target Beneficiaries

- 4.2 million individuals prioritized
- 18 million families for nationwide assessments (beneficiaries of Government Social Amelioration Program)

Funding Required (USD)

39,700,000

Lead Agencies

Government Lead: DSWD - Usec. Felicisimo Budiongan

HCT focal point agency: : FAO - Alberto Aduna (alberto.aduna@fao.org); Rizza Espenido (rizza.espenido@fao.org) & WFP - ; Isabelle Lacson (isabelle.lacson@wfp.org)

Objectives

1. To provide support to vulnerable segments of the population at risk of food and nutritional deficits, including social protection through targeted food and cash assistance.
2. To support and complement relevant vulnerability and risk analysis and surveillance system to assess the potential impact of COVID-19 on household food security, nutrition and access to essential needs, agricultural production, food value chain and livelihoods to support programme design, implementation of government, humanitarian and development actors and the private sector.
3. To support in stabilizing incomes and access to food by improving the current Social Amelioration Program (SAP) and preserving livelihoods and agricultural production.
4. To contribute in the dissemination of information, education, and communication (IEC) materials on best practices in food security, nutrition and health and agricultural technology guides.

Sector Overview (needs and response)

The imposition of community quarantines in almost the entire Philippines has caused disruption in the access of families to food and other essential needs, and breaks in the food systems, including supply chain, markets and logistics, which affect availability of food stocks and ultimately food security. While the government, through the COVID-19 Inter-Agency Task Force for the Management of the Emerging Infectious Diseases has released various national issuances and circulars that sought to provide for social amelioration and facilitate unhampered movement of goods and commodities, the varied approaches to implementation of the local government units (LGUs) has led to challenges in ensuring that adequate nutritious food is made available and is accessible to everyone at all times.

The delay in the actual transfer of SAP assistance and partial coverage poses a big challenge to ensuring food security. Further market for nutritious items, which are often perishable, may collapse if the flow of goods will not stabilize. The restrictions on mobility has likewise led to reduced productivity and disrupted flow of goods (food products / essential goods) for small and medium enterprises (SMEs) in the food manufacturing sector. The lack of access by families to food and the disruption in the food supply chain has

also affected household food consumption and diet diversity. This is especially a concern in BARMM, where the current transition phase has led to limited manpower capacities in the government. In addition, delays in normalization socioeconomic assistance intended for ex-combatants and conflict-affected communities in BARMM due to the national Covid-19 response will also increase the level of vulnerability in BARMM requiring increased support. Increased conflict risks in GPH-NPA-affected areas will also exacerbate delays in SAP assistance and heighten food insecurity risks in affected communities (primarily IP communities who are already marginalized).

Expected evolution of situation and needs (until December 2020)

In-depth assessments to gather evidence-based information to guide decision-making and programming of the government, humanitarian and development actors is valuable to support the efforts of the government and other actors in responding to the effects of COVID-19 to food security.

The results of the assessments will provide snapshots on the food security situation of households, the roles of agriculture and the food supply chain in ensuring steady agricultural production, stable incomes and food accessibility and the contribution of the government's SAP to mitigate the impact of the COVID-19 and the quarantines on the affected communities. Further the results of the assessments will provide evidence to better support the most vulnerable sectors including, but not limited to, farmers, fishers, seasonal farm workers, IPs and ex-combatants to lessen the disruption in the food supply chain as well as ensuring availability of resources for the upcoming planting season and access to nutritious food and other needs. Innovative strategies in implementing interventions, and capacity-building can be adopted by making use of digital technology to establish reliable and credible registry of beneficiaries, inputs distribution (in-kind/voucher) and cash transfer.

Following the guidelines on community quarantine and social distancing, dissemination of IEC materials on food safety, best practices and agricultural technology guides can help in raising awareness to the different ways to cope in the adverse effects of the pandemic in food security.

Priority Response:

- Conduct of assessment on the impact of COVID-19 and community quarantines on food security and essential needs,

Food Security and Agriculture



Photo Credit: Joy Maluyo/World Vision

markets and livelihoods especially to the most marginalized including the poor and ultra-poor who are largely women, small holder farmers, fishers, IPs, with particular consideration to those even more vulnerable to shocks, such as the elderly, people living with disabilities, people living in conflict-affected areas and orphans and other vulnerable children who face reduced access to care services.

- Provision of food relief and/or cash-based assistance, especially targeting vulnerable groups and those who have not yet received aid through the government's SAP; and subsequently support recovery of vulnerable livelihoods; including providing convenient access to low-cost food and essential items through satellite and mobile markets
- Distribution of agricultural inputs (seeds, fertilizer, kits), including crop diversification, value-addition, and capacity-building;
- Production and dissemination of IEC materials and technoguides in English and in vernacular in various formats

- Integrate WASH and COVID-19 IPC key messages in IEC/technoguide materials, including while conducting rapid assessments or distributions
- Maximise other communication platforms as the new normal in getting integrated FSAC/Covid-19 key education messages across target population effectively
- Advocacy for welfare investment through immediate social assistance, income support, equitable subsidies for lost wages or income and calls for debt relief, amongst other requests based on analysis of need and generate evidence for government/other actors to take to scale.

Partner agencies:

FAO, WFP, UN-Habitat, UNICEF, ACCORD, ACTED, Action Against Hunger, ADRA, CARE, CFSI, CO-Multiversity (Cotabato and NCR offices), CORDIS, CRS, LCDE, Oxfam, Plan International, Save the Children, UnYPhil-Women (Cotabato-based), World Vision

Inter-Cluster Collaboration:

Nutrition; Cash Working Group; Community Engagement; WASH

Health including Sexual and Reproductive Health (SRH) and Mental Health and Psychosocial Support (MHPSS)



Target Areas	Target Beneficiaries	Funding Required (USD)	Lead Agencies
Nationwide, with a special focus on National Capital Region (NCR), Central Luzon (Region III), CALA- BARZON (Region IV-A), Cebu, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), Zamboanga and the earthquake affected areas in North Cotabato	5,400,000 individuals	28,850,000	Government Lead: DSWD - Riza Sta. Ines (rastaines@dswd.gov.ph) HCT focal point agency: WHO-Health (Dr Gerrie Medina, medinag@who.int); UNICEF-MHPSS (Wigdan Madani, wmadani@unicef.org / Mariella Castillo, mscastillo@unicef.org / Mark Quiazon, mquiazon@unicef.org); UNFPA- SRH (Mike Singh jsingh@unfpa.org / Grace Viola gviola@unfpa.org)

Number of targeted beneficiaries specifically for the SRH sub-cluster*

Target Areas	Poor Population	Pregnant Women	Lactating Women	WRA	Adolescents and Young People	Elderly	PWDs
NCR	967,000	283,000	16,000	11,000	196,000	80,000	17,000
BATANGAS	306,000	80,000	5,000	4,000	60,000	28,000	5,000
CAVITE	425,000	121,000	7,000	5,000	83,000	35,000	7,000
CEBU CITY	235,000	59,000	4,000	2,000	28,000	20,000	4,000
ZAMBOANGA CITY	357,000	89,000	5,000	4,000	43,000	29,000	6,000
BARMM	2,636,000	676,000	56,000	38,000	521,000	118,000	46,000
NORTH COTABATO	515,000	129,000	8,000	5,000	38,000	38,000	9,000
TOTAL	5,441,000	1,437,000	101,000	65,000	869,000	348,000	94,000

Objectives

Health:

- Strengthen health systems to enable response to COVID-19 and maintain provision of essential health services
- Protect the health of vulnerable populations and frontline workers
- Educate and enable communities to respond to COVID-19

Mental Health and Psychosocial Support:

- Support government in addressing mental health concerns brought about by COVID-19 and providing psychosocial support to health workers and the general public

Sexual and Reproductive Health:

- Support the government in planning and coordination with the Health sector to include situation monitoring and assessment (data and research);
- Contribute to strengthening the emergency health systems and reducing the spread of infection to reduce mortalities, prevent further morbidities and ensure the protection of patients and health workers;
- Ensure continuity of essential health services, including sexual and reproductive health (SRH) services such as safe motherhood,

family planning, STI/HIV/AIDS and mental health, especially for women and young people.

- Mitigate social and economic impact through life skills capacity building, cash voucher assistance, and grants to support empowerment and participation of women and young people in promoting healthy behaviours in their communities; and
- Deliver communication for development (C4D) especially digital communications with age, disability, and culturally appropriate, gender responsive, rights-based, comprehensive and life-saving sexual and reproductive health and COVID-19 information and education, to include other social and cultural determinants affecting women's and girls' sexual and reproductive health rights and choices.

Sector Overview (needs and response):

Health

While everyone is at risk to be infected by COVID-19, older people and persons with pre-existing conditions, as well as frontline health workers, are the most vulnerable. Wide-spread community transmission is most likely to occur among mobile communities, people living in poor, densely populated urban settings, displacement sites and any community with inadequate access to proper hygiene supplies and with constrained hygiene and sanitation practices

Source: Philippine Statistics Authority <https://psa.gov.ph/statistics/census/projected-population> computed through 2019 Minimum Initial Service Package calculator.

*Estimates based on Revised Minimum Initial Service Package for Sexual and Reproductive Health Calculator 2019 using poor population (NCR: 308,600; Central Luzon: 820,900; CALABARZON: 1,094,200; BARMM: 2,461,800) based on Annual Per Capita Poverty Threshold, Poverty Incidence and Magnitude of Poor Population with Measures of Precision, by Region and Province: 2015 and 2018, Philippine Statistics Authority

Health, SRH and MHPSS

and nutrition services. As is already widely observed in the Philippines, many hotspots reporting an increase in the number of cases are in poor urban slum areas, putting additional strains to an already overburdened health care system, particularly in densely populated areas.

To respond to COVID-19, the health sector needs to have in place effective surveillance systems to rapidly detect and respond to reports of suspected cases, diagnostic capabilities, and adequate facilities to care for the sick. The gold standard for COVID-19 diagnostic is real-time polymerase chain reaction (RT-PCR). About 15,000 tests are currently done nationwide on a daily basis, and laboratories across the country are being capacitated to increase this number. Health facilities catering to cases of COVID-19 are in need of critical care equipment to care for the severely ill, as well as personal protective equipment to protect health workers. Provision of essential health services is currently constrained due to overwhelmed capacities of the health system.

Infection prevention and control measures are needed at both hospital and community levels. Health and community workers are being capacitated for this. Communicating key messages to communities regarding infection prevention and control are essential in halting the spread of COVID-19.

Essential health services such as immunization and maternal and child health care will need to resume to ensure the health of the general population and vulnerable groups. Infection prevention and control measures must be in place for these, as well as the resumption of daily activities in communities.

Sexual and Reproductive Health

As in most crises, the COVID-19 pandemic has disrupted access to critical sexual and reproductive health (SRH) services and hampered authorities' ability to respond at a time when these services are needed the most. The closure of health facilities prevents pregnant women from accessing antenatal check-ups, exacerbates barriers to young people's limited access to adolescent sexual and reproductive health information and services, the elderly, PWDs and people living with HIV and AIDS from other health check-ups/services, and affects women's access to family planning services. Even for facilities that remain open, commuting to and from the facility presents a challenge because of the fear of infection while in transit, in addition to lack of transport options due to the community quarantine. Pregnant women also fear getting infected at the health facilities, which may increase home deliveries. In this case, it will result in a rise in unwanted pregnancies, maternal mortality and morbidity, increase in unmet need for modern contraception, unprotected sexual activities, unsafe abortions and other reproductive health concerns.

As the Philippines responds to this unprecedented health crisis, it is imperative for the country and its development partners not to overlook the unique SRH needs of women and girls - either evident or hidden - and must ensure health, dignity and well-being of pregnant and lactating women, women of reproductive age, elderly,

adolescents/young people and PWDs during the COVID-19 outbreak towards "building back better and differently".

Mental Health and Psychosocial Support

Hotlines for MHPSS are currently available, but have limitations in capacity and scope in responding to issues arising due to COVID-19 and its effects. Acute mental health issues among health workers and broader population as a result of the negative impact of the community quarantine need to be addressed. Additional MHPSS strategies are currently being explored to reach women, adolescents and youth particularly girls to develop delivery modes that are more appropriate to their needs. and broader population as a result of the negative impact of the community quarantine need to be addressed.

Expected evolution of situation and needs (until December 2020):

Damage that may be brought by further natural disasters, combined with the conflict, will result in compounding cycles of internal displacement. Particularly affected will be health/medical facilities, schools, houses, markets, water facilities/sources, power/electricity, agriculture and infrastructure. The COVID-19 pandemic significantly exacerbates the vulnerability of the affected populations, giving rise to further disruptions in access to essential services such as food and clean water, loss of incomes, livelihoods and shelters, protracted displacements, closure of schools, and disruptions in the delivery of life-saving sexual and reproductive health services – all of which will further endanger the lives of women, young people, elderly and PWDs. The demand for mental health and psychosocial support information and services is also expected to increase.

More COVID-19 cases will be identified as laboratory testing capacities increase. Laboratory equipment and reagents will be necessary in maintaining testing facilities. Systems for reporting and managing laboratory testing data need to be improved and harmonized. Hospitals will require critical care areas and equipment to care for severely ill patients. Logistics and management of PPE and essential medicine and equipment will need to be made more efficient. Communities will need to cater to mild cases and be able provide care in community-based isolation units. Contact tracing efforts at local levels must be strengthened.

The health sector and the overall population will need to be prepared for the 'new normal', with increased awareness of hygiene, personal protection measures, and additional strains on mental health. These need to be taken in consideration as renewed focus is given to the delivery of essential health services in the context of an ongoing pandemic. As the general population adapts to the COVID-19 milieu, support to specific groups such as locally stranded individuals (LSIs) and returning Overseas Filipino Workers (OFWs) must also be in place.

An overall assessment of government response to COVID-19 at national and local levels will help in the identification of needs and contribute to the improvement of current and future response actions.

Health, SRH and MHPSS

Priority Response:

Health

- Technical assistance for the development of COVID-19 plans and guidelines
- Support to development and roll out of capacity building for infection prevention and control for health, community, and frontline workers with special focus on training of community health workers who would be indispensable in remote and conflict-affected communities
- Provision of essential equipment for infection prevention and control and logistics support
- Support to government action to ensure continued provision of essential health services, including sexual and reproductive health, and mental health and psychosocial support
- Technical assistance for after action reviews

Sexual and Reproductive Health

- Support the government in planning and coordination with the Health sector to include situation monitoring and assessment (data and research)
 - (a) Timely-surveillance including maternal death reviews; (b) SRH logistic bottlenecks; (c) National and regional SRH sub-cluster activation; (d) humanitarian information exchange platform for SRH and COVID-19.
- Contribute to strengthening the emergency health systems and reducing the spread of infection to reduce mortalities, prevent further morbidities and ensure the protection of patients and health workers.
 - (a) PPEs for SRH staff; (b) Equipment sets for triaging; (c) Reproductive Health Medical Missions on Wheels; (d) Cash Assistance to Local Health Volunteers (BHWs, etc); and (e) SRH and COVID-19 intervention tracker.
- Ensure continuity of essential health services, including sexual and reproductive health (SRH) services such as safe motherhood, family planning, STI/HIV/AIDS, and mental health and psychosocial support, especially for women and young people;
 - (a) Ensure continuity of SRH services such as Maternal Health, Family Planning (including postpartum FP), STI/HIV/AIDS, and MHPSS (e.g. for women who gave birth and are experiencing postpartum depression, for frontliners, etc.); (b) address SRH commodities' logistical issues; (c) establish youth-friendly spaces (YFS) in strategic locations; (d) provide SRH commodities and dignity kits.; and (e) promote 'tele-consult' for SRH service continuity.
- Mitigate social and economic impacts through life skills capacity building, cash voucher assistance, and grants to support empowerment and participation of women and young people in promoting healthy behaviours in their communities.
 - (a) Life skills and comprehensive sexuality education (CSE) for

adolescents and young people to address teenage pregnancy and psychosocial issues; (b) provide grants to youth-led organization for SRH, MHPSS and COVID-19 prevention advocacy; and (c) cash-based incentives for pregnant and lactating women.

(b) Deliver communication for development (C4D) especially digital communications with age, disability, and culturally appropriate, gender responsive, rights-based, comprehensive and life-saving sexual and reproductive health and COVID-19 information and education, to include other social and cultural determinants affecting women's and girls' sexual and reproductive health rights and choices.

(c) Risk communication and community engagement plan to target women of reproductive age, pregnant and lactating women, adolescents and young people etc.; and (b) innovative solutions to engage adolescents and young people in Comprehensive Sexuality Education (addressing teenage pregnancy) and COVID-19 prevention.

Mental Health and Psychosocial Support

Support to integrate MHPSS in PRC and other helplines to ensure that children and families in need receive support and/or are referred to more specialized services. This includes exploring additional MHPSS delivery modes to reach vulnerable adolescents and youth;

Support uninterrupted psychosocial support for survivors of gender-based violence among women and girls through online psychological first aid, counselling and psychiatric consultation (if needed);

Promote advocacy and campaigns for mental health and psychosocial support at the workplace (particularly for front-line service providers) with gender and disability inclusion;

Promote diverse and innovate ways to promote mental health of adolescent and young people, including pregnant women through community level advocacy campaigns; and,

Strengthen competencies of service providers (particularly social protection and health) on delivering mental health – responsive SRH and GBV services in times of COVID-19.

Partner agencies:

- Government agencies: DOH, DSWD, DepEd, DILG, OCD/NDRRMC, BARMM MOH, BARMM MSSD, BARMM MILG, BARMM READi, BARMM MBHTE, National Youth Commission, Bangsamoro Youth Commission
- Non-government organizations: Philippine Red Cross, Action Against Hunger, ADRA, Americares, CARE, CFSI, CHSI, FPOP, HI, IMC, MDM, MOSEP, Plan International, PSRP, RI, Save the Children, Samaritan's Purse, Y-PEER, World Vision
- UN agencies: UNFPA, UNICEF, WHO, IOM
- Independent observer status: ICRC, IFRC, MSF

Inter-Cluster Collaboration:

WASH / Nutrition / Protection (Child protection and GBV) / Education / Logistics / Food Security / RCCE

Logistics



Target Areas	Target Beneficiaries	Funding Required (USD)	Lead Agencies
Nationwide	N/A	600,000	Government Lead: OCD HCT focal point agency: WFP

Objectives

The Logistics Cluster will support other organizations in project implementation by coordinating the logistics response. Specifically, the Cluster will collect and share information on logistics operations, identify gaps in the response, while proposing solutions to help fill any identified gaps. Emergency logistics support services may be implemented as a provider of last resort, and if resources are available, or on a cost recovery basis to other cluster responders, including Government and private sector actors. However, organizations must plan and budget for logistics activities as part of their project activities.

Sector Overview (needs and response):

The Covid-19 emergency has put a strain on countrywide supply chains; however, from the beginning, the government prioritized supply chain activities and practitioners as essential. The government emphasized the need to keep transport networks open and functioning to provide the population with essential items like food and medicine. While some delays have been experienced in undertaking supply chain activities, humanitarian partners have been able to receive and deliver goods and services.

Logistics Cluster partners focus on two response areas – the quantity and type of logistics support that could be provided to the Government and other clusters, and technical and operation assistance in the operational and private sector response planning, including for business continuity planning. In terms of direct logistics support, the HCT has provided some of its pre-positioned logistics equipment such as mobile storage units, prefabricated offices, and generator sets. Partners have also supported government in warehousing of essential supplies, when space is available.

Expected evolution of situation and needs (until December 2020):

Given the economic disruption caused by COVID-19 on supply chain networks for basic day to day necessities, systems will require time to get back to normal. Prolonged disruptions in the supply of certain items will continue for the foreseeable future. As the country moves from response to recovery constant monitoring of the supply chain situation will be required and flexibility to intervene must be maintained.

Additionally, as the country moves into the storm season there is potential for shocks to have a greater impact than normal given the current instability caused by COVID-19. Therefore, humanitarian

organizations might be required to expand and prolong operations. New gaps in the supply chain could arise which will need coordination and/or intervention to solve. The Logistics Cluster will continue to monitor the environment and provided guidance and expertise where and when needed, along with the ability to act with direct support to the Government or humanitarian partners if required

Priority Response

- Coordination of the logistics response through information sharing and gap identification.
- Provision of transport, warehouse support, and allocation of response equipment.
- Transportation support for health workers from their residence to places of work and return, and movement of recovered patients from their care facility to their places of residence.
- Knowledge sharing of expertise on supply chain, i.e. movement of goods and services and business continuity planning know-how transfer with support from the private sector.
- Provision of technical assistance to Government and other humanitarian partners in supply chain planning and implementation.
- Liaison between military and civilian actors for logistics assistance, if required.

Partner agencies:

HCT (FAO, IFRC, IOM, UNDP, UNHCR, UNICEF, UNFPA, WFP, WHO, OCHA) including PINGON members, national NGOs, Faith-Based organizations, the Private Sector, and the International Medical Corps

Inter-Cluster Collaboration:

Logistics as a service cluster will potentially collaborate with all other clusters.

Nutrition



Target Areas

HCT Priority: National Capital Region, CALABARZON, Central Luzon, BARMM, Davao del Sur

Additional Priority Areas : Eastern Visayas, Central Visayas, Western Visayas, Bicol Region, Ilocos Region, SOCCSKARGEN, Northern Mindanao

Target Beneficiaries

- 599,350 individuals**
- 150,000 (80%) women and caregivers with children 0-23 months who will require skilled IYCF support to protect, promote and support optimal infant and young child nutrition
 - 350,000 (80%) boys and girls 6-59 months at risk of developing micronutrient deficiencies and will require micronutrient supplementation
 - 22,500 (50%) boys and girls 6-59 months and 10,000 pregnant and lactating women who are nutritionally at risk and will require blanket dietary supplementation
 - 19,500 (50%) boys and girls 6-59 months who are moderately acutely malnourished and will require targeted supplementary feeding
 - 4,850 (50%) boys and girls 6-59 months who are severely acutely malnourished and will require life-saving treatment
 - 75,000 (20%) men and women aged 60yrs and above who will require nutrition information and messages for optimal nutrition

Funding Required (USD)

6,500,000

Lead Agencies

Government Lead: National Nutrition Council (Dr Azucena Dayanghirang, Executive Director. apet.dayanghirang@nnc.gov.ph / apet2265@yahoo.com)

HCT focal point agency: UNICEF (Alice Nkoroi, ankoroi@unicef.org; Rene Gerard Galera Jr, rggalera@unicef.org; Ian Curt Sarmiento, isarmiento@unicef.org)

Objectives

Strategic Objective:

Affected people meet their immediate food needs and avoid nutritional deterioration, in ways that are sustained through stimulation of markets, production and access to life-saving community-based nutrition service.

Specific Objectives:

1. To ensure a predictable, timely, evidence-based, coordinated and effective nutrition response to all affected populations.
2. Optimal IYCF practices in emergencies will be promoted, to protect and support 80% of breastfed and non-breastfed girls and boys aged between 0-23 and pregnant/lactating women (PLW) in the affected areas until December 2020
3. To support access to programmes that treat and prevent acute malnutrition to at least 50 percent of vulnerable populations (boys and girls between 0-59 months, pregnant and lactating women (PLW) and older people)
4. To support access to programs that prevent and control micronutrient deficiencies (Anaemia, Vitamin A and other micronutrient deficiencies) in at least 50% of vulnerable populations (children aged between 6-59 months and PLW)

Sector Overview (needs and response):

Results of the 2015 National Nutrition Survey show that stunting and wasting rates vary across regions, with Mindanao having the highest undernutrition rates. While the poorest households have the highest prevalence of both stunting (49.7%) and wasting (8.1%), the prevalence of childhood overweight-for-height was higher in urban areas (6.0%) and among the richest quintiles (8.9%).

Area	Stunting Prevalence (%)	Wasting Prevalence (%)
National	33.4	7.1
NCR	24.9	6.4
Central Luzon	23.1	7.5
CALABARZON	27.7	7.6
Central Visayas	37.7	7.0
Davao Region	31.7	6.3
BARMM	45.2	8.2
SOCCSKARGEN	40.0	6.9

The continuity of both community-based and facility-based nutrition interventions have been disrupted in some areas due to quarantine restrictions which can result to the deterioration of the nutritional status of children and pregnant/lactating women. Widespread donations of powdered infant formula from private individuals and institutions have started to discourage mothers to continue breastfeeding exclusively and will exacerbate risks of morbidity and mortality among infants and further increase acute malnutrition levels secondary to disruptions in household food security and livelihoods. Though no formal assessments have been done yet due to limited resources and quarantine restrictions, media reports show children consuming inadequate and unhealthy diets low in essential nutrients and high in sugar, salt and fat. PPEs and test kits have been prioritized over nutrition supplies leading to stockouts of life-saving commodities in some areas offering treatment of acute malnutrition. Together with flexible and robust assessment and monitoring mechanisms, immediate measures need to be implemented and further improved to protect the nutritional situation of infants, young children and mothers by strengthening government capacities to continue both preventive

Nutrition

and therapeutic nutrition interventions and adopt innovations considering quarantine and movement restrictions.

Expected evolution of situation and needs (until December 2020):

Secondary effects of the enhanced community quarantine such as: 1) reduced income of households because of limited access to their main sources of livelihood and social support, 2) reduced intake of quality and diverse types of food, 3) limited access to safe water and poor hygiene practices that may cause water-borne illnesses and other infections, 4) limited access to and coverage of health care and nutrition services, and 5) difficulties to promote, protect and support optimal IYCF practices (including widespread donations of powdered infant formula and processed food high in salt, sugar, and fat); 6) increased Gender-based violence or protection issues, and 7) immunocompromised mothers and children living with HIV are restrained to access nutritious food compatible to their treatment regimen – may exacerbate risks of mortality and morbidity among infants and contribute to the deterioration of the nutritional status and increased risk of COVID-19 infection and disease severity among vulnerable groups. Furthermore, the nutritional needs of displaced populations in Mindanao due to the earthquakes in 2019 and in CALABARZON Region due to Taal volcano eruption in early 2020 need to be supported while minimizing the potential spread of SARS-CoV-2.

Priority Response

1. Effective cluster coordination, information management, and communication, and evidence-based advocacy to Food Security and other clusters to ensure that both nutrition-specific and

nutrition-sensitive interventions are given priority in line with national standards and interim guidelines on COVID-19

2. Provision of breastfeeding (BF) and IYCF-E support to pregnant women and lactating mothers/caregivers of girls and boys 0-23 months through provision of timely messages and information on breastfeeding, and promotion of appropriate complementary feeding (CF);
3. Establishment of new or support for existing community-based programs for prevention and management of acute malnutrition in children under-5 and PLW in areas
4. Distribution of micronutrient supplements to vulnerable populations (boys and girls 6-59 months, PLW)

Partner agencies:

Government Agencies: National Nutrition Council (NNC), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Department of Education (DepEd), and all 17 Regional Nutrition Clusters, Local Government Units

UN Agencies and Non-government Organizations: World Health Organization, UN World Food Programme, UN Food and Agriculture Organization, World Vision, Samaritan's Purse, Save the Children, International Care Ministries, Plan International

Inter-Cluster Collaboration:

Health; WASH; Food Security and Agriculture; Child Protection Sub-Cluster; Logistics



Photo Credit: Joy Maluyo/World Vision

Protection Cluster, including National Child Protection Working Group (NCPWG) and GBV sub-cluster



Target Areas

Nationwide with focus on NCR, Region IV-A and Region III which accounts for 90% of COVID-19 cases and internally displaced persons (IDPs) across Mindanao due to natural disaster and conflict emergencies

- Protection (in general): Mindanao, Cainta, Rizal and Santamaria, Bulacan (Local Government Units (LGUs) in Luzon supporting the Cities#withRefugees Campaign)
- National Child Protection Working Group (NCPWG): Nationwide with focus in Region III, IV-A, VI, and Mindanao
- GBV sub-cluster: Nationwide with a focus on NCR, Region IV-A, Cebu, BARMM, Zamboanga, and North Cotabato earthquake-affected areas

Target Beneficiaries

4,200,933 individuals, including:

- 840,000 children
- 360,000 (IDPs)
- 200 refugees
- 12,000 persons at risk of statelessness (Sama Bajau in Zamboanga)
- 517,103 population of Cainta, Rizal and Santamaria, Bulacan
- 17 LGUs in Mindanao (BARMM, Zamboanga and North Cotabato)
- 1.2 million women of reproductive age
- 900,000 adolescent and young people
- 200,000 elderly
- 70,000 PWDs
- 9,000 women would have experienced sexual violence in the last 12 months (see annex for the GBV sub-cluster)

Funding Required (USD)

6,488,000

Protection and GBV:
5,255,000

Child Protection:
1,233,000

Lead Agencies

Government Lead: (focal points for the government's Protection Cluster have not been identified yet)

- DSWD
- BARMM Ministry of Social Services and Development for the Protection Cluster
- Council for the Welfare of Children (CWC – NCPWG government cluster chair)

HCT focal point agency:
UNHCR (Lindsey Atienza - atienza@unhcr.org); UNICEF (Rodeliza Barrientos - rbarrientos@unicef.org); UNFPA (Maria Aimee Santos - msantos@unfpa.org) & (John Ryan Buenaventura - buenaventura@unfpa.org)

Objectives

- Support the Government of the Philippines in containing the spread of the COVID-19 pandemic through protection assessment and monitoring activities
- Complement government response through social cohesion projects that contribute to the overall protection of the refugees, IDPs and help re-establish basic services in the affected communities
- Protect, assist and advocate for PWDs, internally displaced people, refugees, stateless persons, and persons at risk of statelessness, host communities, urban poor, homeless, indigenous peoples, returning migrant workers,, particularly vulnerable to the pandemic.
- Ensure the most vulnerable groups receive life-saving information, services and supplies without discrimination or harm
- Ensure that protection mechanisms and referral pathways to vulnerable populations, such as gender-based violence survivors, survivors of sexual exploitation and abuse, unaccompanied minors, stateless people and refugees, are uninterrupted.
- Ensure that women, children, older people, persons with disabilities and other groups at potential heightened risk have access to services while applying age, gender and diversity lens in any protection intervention
- Risk communication and community engagement, to ensure that IDPs, stateless persons asylum seekers and refugees, have access to critical, practical and accurate information in a language they understand so that they can make informed decisions to protect themselves and their families, but, also, that humanitarian actors' response is informed by community feedback and optimized to detect and respond to concerns, rumours and misinformation. The use of media and information technologies, reinforcing safeguarding measures, will be increased, and will consider modalities accessible to communities with limited access to telecommunications and

internet signals.

- Supportive of HCT response objective 2, the National Child Protection Working Group (NCPWG) will complement government response to Child Protection concerns in the context of COVID-19 response through:
 - Risk communication and community engagement to mainstream protection in all humanitarian initiatives and support the affected population in making informed decisions to protect themselves and their families. This includes dissemination of life-saving information through different online and offline platforms on parenting skills for parents and care givers; prevention of all forms of violence against children, including gender-based violence, sexual exploitation and abuse; and prevention of family separation.
 - Cluster coordination and technical assistance to government partners for the integration of child protection principles in circulars and other relevant government ordinances, including strengthening of protection mechanisms and referral pathways for COVID response that intersects Child Protection, Health & Nutrition service providers at community level. This includes development/enhancement of Standards Operating Procedures and Information Sharing Protocol to enable timely, safe and effective integration of services within and across Sectors and ensure that provisions introduced to contain the spread of COVID-19 are fully in line with national and international children's rights standards.
 - Capacity building for service providers and government social workers, which includes prevention and response to SEA, in compliance to SG Bulletin on PSEA and Code of Conduct of humanitarian aid workers.
 - Strengthening family and caregiving environments to facilitate access to MHPSS services, case management for children in need

Protection including NCPWG and GBV

of care and protection and case and access to child-centered, integrated medical, psychological, and legal services for children and women survivors of violence. This also includes conduct of advocacy and monitoring activities to ensure that legislation, policies and practices to ensure children's rights to protection are applied during and after containment measures and regularly monitored.

- Strengthen accountability to communities by ensuring proper and timely response to allegations of sexual exploitation and abuse
- Supports the Government of the Philippines to address protection needs of women and young people especially the most vulnerable populations and the GBV sub-cluster commits to work on the following:

- Planning and coordination of inter-agency initiatives on sex- and age-disaggregated data consolidation, situation monitoring and assessment, and gender analyses to influence relevant stakeholders in developing gender-responsive, protection-centered humanitarian interventions to the COVID19 pandemic;
- Support government response to ensure continuity of essential Gender-Based Violence (GBV) life-saving services for GBV survivors amidst the COVID-19 pandemic;
- Recognize GBV service providers as essential public health workers requiring protective equipment, increased capacity and resources and promote centrality of protection, including GBV prevention and response, to mitigate the social and economic impact of COVID-19; and
- Develop communication plans to support the uninterrupted delivery of life-saving information and integration of key messages in reducing the spread of infection of COVID-19 through modified platforms especially digital communications.

Sector Overview (needs and response):

There are more than 360,000 IDPs in Mindanao whose protection situation is aggravated by the COVID-19, specifically those 2,954 families/14,770 persons remain displaced in transitory sites in and around Marawi City with the following needs and issues:

- Access to clean water and hand washing facilities is difficult which impeded effective handwashing and ensuring good hygiene
- Full septic tanks are not desludged. The insufficient quantity of water contributes to this issue as the septic tanks drain in the main drainage system.
- Both evacuation centers and transitory sites have not been disinfected. There is lack of supplies on hygiene kits such as alcohol, soap, and other protection materials.
- There is lack of indoor recreational activities for children and youth. Because of stress brought by the COVID-19 outbreak, there is possibility on the prevalence of exploitation and abuse among the vulnerable groups such as children and women.

- The IDPs have limited access on relevant information on COVID- 19. Not all information that they access are reliable as some are coming from unauthorized persons.

Response: Provisions of core relief items to vulnerable IDPs; provision of advanced medical equipment and PPEs to government health facilities; development of guidelines related to access to health services, protocols, and case management for persons of concern, rehabilitation of WASH facilities (i.e. communal latrines, water system); provision of hygiene kits/ cash assistance for hygiene materials; and community level awareness campaigns through dissemination of print/IEC materials).

Apart from IDPs, there are also other individuals who are most likely to be left behind by reason of their circumstances and status in the Philippines such as refugees and stateless persons. Currently, there are LGUs that provided support to refugees though the Cities#WithRefugees campaign. In view of their support to refugees, social cohesion activities will be implemented in these LGUs.

NCPWG

The enforced community quarantine puts a strain on the livelihood and income of vulnerable individuals, including informal sector and daily wage workers, single-parent households, persons with disabilities, and children, particularly adolescent boys and girls. When a family's capacity to provide adequate food, shelter, education and care is reduced, children can be at risk of all forms of protection concerns, including violence (physical, sexual and/or psychological), online sexual exploitation and abuse, child labour and commercial sexual exploitation, among others. Infectious disease outbreaks can have a devastating effect on family functioning by limiting sources of income of family members due to illness, due to the need to care for sick family members, or by increasing household expenditure for healthcare. Beyond the immediate impact on their health and that of their caregivers, the social and economic disruption caused by the outbreak also present risks to children's well-being and protection. During infectious disease outbreaks, caregivers may be unable to provide attentive care to their children due to illness, death or for other reasons such as psychological distress. Reduced parental supervision can leave children more vulnerable to violence, exploitation, and abuse. Family structure may also be changed by deliberate actions on behalf of caregivers, such as sending their children away to non-affected areas to stay with extended family or friends with the hope of keeping them safe. Separated/unaccompanied children are more at risk of disappearance, exploitation, and neglect in an emergency. Children displaying symptoms of the disease may also be abandoned by their caregivers for fear of transmission to family members, social stigma associated with the disease or because they are unable to afford the cost of treatment.

Protection including NCPWG and GBV

GBV sub-cluster

In times of crisis such as an outbreak, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household and with systems that protect women and girls, including community structures, weakening or breaking down.

The enhanced community quarantine and other physical distancing measures enacted to manage the pandemic are feared to have increased vulnerability to GBV and deepened survivors' social isolation. Pre-existing gender inequalities and harmful norms and practices have combined with an increased exposure to abusers at home and economic shocks to create a potent mix for violence to thrive. An increase in incidents of intimate partner violence have been reported in almost all countries affected by the pandemic. Specific measures should be implemented to protect women and girls from the risk of intimate partner violence with the changing dynamics of risk imposed by the COVID-19 pandemic.

Life-saving services and essential protection interventions should continue uninterrupted to ensure that women and girls are protected amidst the pandemic. The DSWD and MSSD-BARMM activated hotlines for child protection issues and gender-based violence cases where survivors can report and access appropriate and timely life-saving services.

Expected evolution of situation and needs (until December 2020):

In face of unprecedented challenges imposed by COVID-19, and where humanitarian actors have limited interaction with IDPs due to social distancing, UNHCR is establishing a virtual protection platform of existing protection working groups (prior to COVID-19): In particular: Mindanao Virtual Protection Coordination Platform (MVPCP) which address protection situation of IDPs in BARMM and non BARMM areas and Virtual Protection Forum which is fully dedicated to Marawi IDPs at transitory sites. Both platforms will strengthen coordination among relevant actors with a protection role (from regional and provincial down to municipal and community level) in Mindanao under the leadership of Ministry of Social Services and Development (MSSD), DSWD and Task Force Bangon Marawi (TFBM). MVPCP will work closely to ensure that COVID-19 related prevention and response initiatives at the national level include IDPs, while at the same time closely monitoring their application to ensure that IDPs have access to basic services and ensure centrality of protection in all humanitarian response.

With regard to refugees, asylum seekers and stateless person (persons of concern), UNHCR will continue to advocate for their inclusion in the State amelioration programmes and access to basic services in the context of COVID-19 situation.

NCPWG

- While the enforced community quarantine is in effect, the NCPWG

will primarily rely on online modalities for coordination, risk communication, community engagement, and capacity building. This has limitations of reaching geographically isolated areas with weak mobile or internet connection. While traditional platforms will likewise be explored, this would be limited to areas reached by radio broadcast. Once the situation transitions to gradually relax social distancing protocols, the NCPWG will explore, in consultation with government and civil society organizations, the possibility of doing community-based child protection initiatives.

- The NCPWG's capacity to respond may be affected by other large-scale emergencies that may affect the country. This includes the additional hazards of earthquakes, and six to 10 tropical cyclones, that may enter and/or develop within the Philippine Area of Responsibility (PAR) from March to August 2020. As mentioned in the response plan, despite the lack of pronouncement for a general appeal, humanitarian agencies have responded to bilateral requests by mobilizing resources through the Central Emergency Response Fund (CERF) and activating stand-by arrangements with donor agencies on pre-positioned, in-country relief items which were released following a request. Additional resources need to be mobilised to respond to COVID emergency, and any additional large-scale emergencies that may occur later this year.
- The administration is reticent to engage in some issues regarding emergency preparedness and response. This may particularly limit the space for protection advocacy and strategies, the more so if there is a move to quell social protests due to the economic impact on communities.

GBV sub-cluster

According to the 2017 National Demographic and Health Survey, 17 per cent of women 15 to 49 years old reported having experienced at least one incident of physical violence at some point in their lifetime; for sexual violence that figure is 5 per cent. The incidence further increases in times of natural disasters such as typhoons, floods, landslides, earthquakes, tsunamis and volcanic eruptions. This was documented during the 2012 Typhoon Pablo wherein data from the Reception and Diagnostic Centre showed an increase in reported GBV cases, including trafficking, as well as an increase in adolescents involved in commercial sex work. The conditions following Typhoon Yolanda in 2013-2014 are strikingly similar, which is why similar patterns of GBV are expected under COVID-19.

Given that the Philippines experiences an average of 22 typhoons annually, the vulnerability brought by COVID-19 is expected to deepen when another strong typhoon occurs, displaces families, and results in disruption of physical distancing with the possibility of relocating the displaced in evacuation centres or safe spaces.

It is noted that while policies and public health efforts have yet to address the gendered impacts of COVID-19 (evidence of increased unplanned pregnancies, unwanted sex, transactional sex, intimate

partner violence in previous epidemics and natural disasters), another displacement due to natural disaster will severely impact on women and girls' access to GBV services. Additionally, fear of infection and rising public demand for medical care may potentially make accessing GBV support services (where they are integrated and are permitted to operate) in a healthcare setting difficult.

The GBV sub-cluster, in coordination with the BARMM MSSD and CHR, coordinated and led a 25 inter-agency initiative to examine the Gendered Impacts of COVID-19 - identifying protection issues and gender gaps in the implementation of COVID-19 interventions that may give rise to women and girls' increased vulnerabilities and risk to GBV. The data is currently being presented to various stakeholders such as donors, national and regional government agencies, and humanitarian agencies as they formulate ongoing interventions after ECQ conditions have relaxed. The GBV sub-cluster coordinates sub-cluster activities remotely and plans to coordinate on assessment, capacity-building and service assurance efforts to maximize collective impact.

Priority Response:

Protection in general

- Promoting the Centrality of Protection in the context of COVID-19
- Work closely with the government, HCT and MHT to ensure holistic approach in addressing the needs of IDPs, refugees and stateless persons
 - Work closely with protection actors in increasing community level awareness campaigns
- Support the government to conduct full protection needs assessment for IDPs in Mindanao, specifically those in the transitory areas to contain the spread of COVID-19
- Assess gaps in protection assistance and aid, both cash, voucher and in-kind, where most needed.
- Provide technical assistance to camp managers on protection measures and mapping of to identify areas most at risk, and put in place site decongestion measures, including physical re-planning of each site.

NCPWG

- Risk communication and community engagement to mainstream protection in all humanitarian initiatives and support the affected population in making informed decisions to protect themselves and their families. Dissemination of life-saving information through



Photo Credit: Joy Maluyo/World Vision

Protection including NCPWG and GBV

different online and offline platforms on parenting skills for parents and care givers; prevention of all forms of violence against children, including gender-based violence, sexual exploitation and abuse; and prevention of family separation.

- Cluster coordination and technical assistance to government partners for the integration of child protection principles in circulars and other relevant government ordinance to promote and ensure the right to protection for the most vulnerable children including: protection of children online to prevent commercial sexual exploitation and abuse; children in residential care; children in conflict with the law deprived of their liberty; children living in the streets; child-headed household; children at high-risk of violence and exploitation.

This component includes development/enhancement of Standards Operating Procedures and Information Sharing Protocol to enable timely, safe and effective integration of services within and across Sectors and ensure that provisions introduced to contain the spread of COVID-19 are fully in line with national and international children's rights standards.

This also includes strengthening of protection mechanisms and referral pathways for COVID-19 response that intersects Child Protection, Health & Nutrition service providers at community level. This is to ensure that communities facing restrictions on movement have continued access to child-friendly, holistic care for child survivors and their families. Technical support will also promote information sharing and confidentiality protocols, to prevent discrimination against COVID-19 patients, frontline workers, and their families.

- Capacity building for service providers and government social workers, through on-line modalities on child protection and case management during COVID-19 response, including on identification, referral and management of at-risk cases during and after containment. This includes strengthening capacity for prevention and response to SEA, including compliance to SG Bulletin on PSEA and the Code of Conduct of humanitarian aid workers.

- Strengthening family and caregiving environments (response component)

- Phone and online based helplines to provide basic mental health and psycho-social support (MHPSS); facilitate prevention of violence against children and gender-based violence, referral to specialized services for families and children in need of care and protection.

- Medical, psychological, and legal services to children and women survivors through one-stop Child Protection Units, in targeted locations.

- Community based psychosocial support services for affected children and communities, once the enhanced community quarantine is lifted.

- As in RCCE, develop and disseminate online and offline messages on good parenting to provide concrete guidance to parents and care givers on how to build positive relationships, divert and manage bad behaviour, and manage parenting stress develop and implement evidence-based parenting programmes through online and offline methodology.

GBV sub-cluster:

Objective 1. Support the planning and coordination of inter-agency initiatives on SADD data consolidation, situation monitoring and assessment, and gender analyses to influence relevant stakeholders in developing gender-responsive, protection-centered humanitarian interventions to the COVID-19 pandemic

- 1.1. Convene the GBV Sub-Cluster and Joint Child Protection and Gender-based Violence Working Group (national and sub-national levels) through virtual platforms to support and improve the activities of all relevant stakeholders in the prevention and response to GBV and ensure centrality of protection across the COVID-19 response;

- 1.2. Conduct a nationwide Rapid Gender Assessment to influence the response plans and operational guidelines of government and humanitarian actors;

- 1.3. Establish a nationwide monitoring system to report on challenges and access barriers to services with focus on SRHR and GBV services; and

- 1.4. Rapid mapping of static GBV response services in target areas that remain functional and create an updated directory of services and providers.

Objective 2. Support government response to ensure continuity of essential Gender-Based Violence (GBV) life-saving services for GBV survivors amidst the COVID-19 pandemic

- 2.1 Assess functionality of and update the GBV Referral Pathway to reflect new helplines, services available and new operation hours of service providers, including youth-friendly services and/or facilities where young people can get reliable information and services;

- 2.2 Support conversion of existing services into remote GBV service delivery platforms through virtual trainings and capacity-building activities, with focus on gender-responsive psychosocial support services and GBV case management;

- 2.3 Strengthen surge capacity of healthcare workers and GBV service providers through virtual training/coaching on protocols for hotline personnel (eg triage calls, ethical GBV data collection, MHPSS support and referrals);

- 2.4. Set up general women and girls' help desks in safe, appropriate, permitted areas or open services (eg health stations, food distribution points, pharmacies) where survivors can alert GBV workers for support;

Protection including NCPWG and GBV

2.5 Provide Personal Protective Equipment to GBV case workers/ case managers and Women and Children Protection Unit (WCPU) personnel in the hospitals;

2.6 Support NCR university student councils to establish safe dormitory beds and referral system for young sexual violence survivors; and

2.7 Refurbish select DSWD and MSSD-supported women's shelters to make them COVID19-sensitive.

Objective 3. Promote centrality of protection, including GBV prevention and response, to mitigate the social and economic impact of COVID-19

3.1 Continuous support of cash for work assistance to the WFS facilitators in Lanao Del Sur, Maguindanao and North Cotabato; and

3.2 Ensure support to GBV survivors through Cash for Protection assistance.

Objective 4. Develop communication plans to support the uninterrupted delivery of life-saving information and integration of key messages in reducing the spread of infection of COVID-19 through modified platforms especially digital communications.

4.1 Disseminate updated referral pathways to communities, including indigenous peoples and internally displaced persons (IDPs) in evacuation centers, transitional shelters and home-based IDPs in Lanao del Sur, including Marawi City, and Maguindanao;

4.2 Develop risk communication plan in coordination with the Protection Cluster and government partners, including:

4.2.1 Social media cards with key messages on the COVID-19 pandemic and prevention of GBV including domestic violence and protection from sexual exploitation and abuse (PSEA);

4.2.2 Revision and dissemination of life-saving GBV messages in coordination with the health sector; and

4.2.3 Translation into IEC materials and dissemination through different channels such as PA systems at groceries, IDP camps, social media platforms, SMS text blasts, and commercial and community-based radio messages.

Partner agencies:

Protection (in general)

- Government agencies: BARMM Ministry of Social Services and Development (MSSD) and Ministry of Interior and Local Government (MILG) and local government units of Cainta, Rizal and Santamaria, Bulacan, Inter-agency Steering Committee on the Protection of Refugees, Asylum Seekers and Stateless Persons, and Commission on Human Rights

- Non-Government Organizations: CFSI, ACTED, Kapamagogopa Inc. (KI)

NCPWG

- Government agencies: Council for the Welfare of Children CWC,

government cluster chair], Department of Social Welfare and Development [DSWD], Philippine National Police – Women and Children Protection Center (PNP WCPC), Department of Education (DepEd), Juvenile Justice Welfare Council, Commission on Human Rights (CHR), and all 17 Regional Sub-Committees on the Welfare of Children (RSCWCs) with their expanded function to include CPWG coordination.

- Non-government organizations: Philippine Red Cross, Save the Children, World Vision, Plan International, Child Protection Network, Children and Family Services International

- Faith-based organization: Philippine Children's Ministries Network

GBV sub-cluster

- Government agencies: DSWD (national); Ministry of Social Services and Development (BARMM), CHR, DOH, BARMM MOH, Dep Ed, DILG, BARMM MILG, PNP WCPD.

- CSO Partners: Oxfam Pilipinas, CARE, PLAN International, Save the Children, Nonviolent Peaceforce, MMI, UNYPHIL, CMA, WLB, PKKK, ACCORD, PDRRN, Balay Mindanaw, Kutawato Greenland Initiatives, Tarbilang Foundation, Tiyakap ASMAE, Educo

- Private Sector: PDRF

Inter-Cluster Collaboration:

Education Cluster – for referral pathway; • Health Cluster – for referral pathway; Reproductive Health Sub-cluster; Nutrition Cluster – for referral pathway; Risk Communication/Community Engagement Pillar – for promotion of life-saving information; WASH Cluster – for hygiene promotion and disinfection of protection facilities.



Photo Credit: Action Against Hunger

Water, Sanitation and Hygiene (WASH)



Target Areas

Primary: National Capital Region (NCR), Bangsamoro Autonomous Region of Muslim Mindanao (BARRM), Region IV-A (CALABARZON), Region III (Central Luzon), Region X (Northern Mindanao), Region XI (Davao Region), Region XII (SOCCSKSARGEN), Region XIII (CARAGA), Region VII (Central Visayas)

Secondary : Cordillera Autonomous Region (CAR), Region II (Cagayan Valley), Region VIII (Eastern Visayas Region)

Target Beneficiaries

Direct beneficiaries: 2,708,799 individuals

Indirect beneficiaries : 4,253,666 individuals

Funding Required (USD)

19,200,000

Lead Agencies

Government Lead: DOH-Disease Prevention and Control Bureau (DPCB) Engr. Lito Riego de Dios litoriego@yahoo.com

HCT focal point agency: UNICEF Louise Maule - lmaule@unicef.org Paul G Del Rosario - pdelrosario@unicef.org

Objectives

To extend timely and appropriate assistance to the most vulnerable population faced with the COVID-19 pandemic, WASH Cluster partners will:

1. Along with critical health actions, support the reduction of mortalities and prevent further morbidities resulting from COVID-19
2. Contribute to strengthening the emergency health system, ensuring the protection of health frontline workers, including sanitation personnel, and patients, especially at the community level
3. Support the uninterrupted provision and delivery of WASH services particularly in COVID-19 critical areas, e.g., urban poor communities, evacuation camps and relocation sites, not only during the acute period of the pandemic, but also in the event of another emergency
4. Assist DOH in coordinating the responses of humanitarian partners, ensuring that they are aligned with the health sector response in particular, and the Government's overall response in general.

Sector Overview (needs and response):

As the level of the COVID-19 pandemic continues to rise, the importance of WASH in Infection Prevention and Control (IPC) needs to be further highlighted and its critical role in Risk Communication and Community Engagement (RCCE) strengthened more alongside health actions. With health workers at the frontline still being infected, distribution of Personal Protective Equipment (PPE) must continue and for WASH, this includes also prioritizing cleaners and sanitation staff given that with the global shortage of PPE, these sanitation personnel are often last on the list. Availability of cleaning and disinfection supplies and additional WASH facilities (handwashing facilities, toilets, bathing cubicles), as may be necessary, particularly in community-based health care facilities (HCFs), quarantine and isolation centres, where resources are often limited should also be assured. In hotspot areas, particularly in communities where social distancing is a serious challenge and WASH facilities and services have always been inadequate, e.g., urban poor communities, access to personal hygiene, and cleaning and disinfection supplies and functional WASH facilities must be increased so people can sustain the practice of preventive hygiene behaviors. These areas have been and still are under some form of community quarantine which have

severely curtailed households' ability to obtain even the basic WASH supplies and services as being required by the current situation, both in the physical sense (limited access to sources and markets) and economic sense (significant decrease or complete loss of income) which are also forcing them to deprioritized WASH over "more essential" items such as food.

Before the pandemic broke out, a number of emergency WASH response programs were still ongoing, e.g., on typhoons, earthquakes, volcanic eruption, conflict. These programs are now being reframed to also include COVID-19 prevention and control with partners often utilizing their internal resources, e.g., at least USD 1.5 million in funding). In displacement situations brought about by these emergencies, e.g., Marawi armed conflict (still around 125,000 internally displaced persons or IDPs), Mindanao earthquake (still around 165,000 IDPs), WASH responses will have to be scaled up to ensure continuous supply of personal hygiene, and cleaning and disinfection products, access to additional facilities to support physical distancing, and more intensive RCCE and hygiene promotion in cramped evacuation and resettlement camps, and host communities to arrest the spread of the disease. To note that before the pandemic, assistance to IDPs in Mindanao have been dwindling steadily.

With community quarantine measures still being imposed especially in hotspot areas which is also severely restricting movement of partners, timely delivery of assistance remains a serious challenge. New communication channels, e.g., social media, are being maximised, cash and market-based approaches are being explored, and extending WASH subsidies, possibly in partnership with the private sector, is being studied.

Expected evolution of situation and needs (until December 2020):

Once community quarantine measures are somehow relaxed WASH programming in highly vulnerable communities, e.g., urban poor settlements, "waterless" communities, Geographically Isolated and Disadvantaged Areas (GIDA), including those still in displacement be scaled up to prevent resurgence of the disease. WASH coverage will need to be expanded not only at the household level but in public spaces as well, e.g., markets, bus stations, ports.

With HCFs taking serious beating at the height of the pandemic, their capacities will have to be assessed, including WASH support, and

Water, Sanitation and Hygiene (WASH)

significantly increased especially at the local level. As classes could possibly be re-opened, schools and early childcare and development (ECCD) centres will have to be assisted in adopting to the “new normal”, e.g., continuously securing hygiene supplies, increasing and re-designing WASH facilities, further intensifying hygiene promotion amongst learners. With good hygiene, i.e., proper handwashing, trust into the spotlight during the pandemic, there is now the opportunity to adapt the behavioral change within a more sustainable framework beginning at the national level.

These response actions however will have to contend with an economy negatively impacted by extended community quarantine directives which threatens to take away the momentary focus on WASH. Advocacy will need to be stepped up so that WASH remains a priority, with or without a pandemic.

Confronting challenges on the imposition of strict quarantine measures and drawbacks on supplies availability, funding and connectivity, with innovative approaches, partners have so far directly served at least 620,000 people as of 30 June 2020 with distribution of hygiene, cleaning and disinfection kits, and water containers, installation of handwashing stations and other WASH facilities in critical health care facilities and communities, and targeted hygiene promotion campaigns in NCR, other priority regions, and in BARRM. Hundreds of frontliners in the WASH sector were also provided with basic PPE supplemented by online IPC training facilitated for at least 12,000 people so far. Also counting various RCCE actions, the WASH Cluster has reached out to at least 5.7 million people nationwide. In terms of funding, over the last 3 months, partners have successfully secured around USD 5.5 million from various donors.

New emergencies are likely to occur within the year (typhoons, earthquakes, conflict), including health outbreaks (measles, polio, dengue), further stressing an already exhausted health care system. With COVID-19 still in the midst, WASH preparedness and response will need to be amplified, including supporting health-WASH contingency planning processes and review of disaster risk reduction and management (DRRM) plans to address resilience-building against epidemics and pandemics.

Priority Response:

- Along with Health Cluster partners, supporting the procurement and distribution of PPE to health frontliners, also focusing on protection needs of sanitation personnel especially those in local HCFs and in community settings
- In conjunction with DOH, WHO and health partners, assisting in the development and dissemination of IPC guidelines and capacity-building (e.g., online training), also for sanitation frontliners in local and community settings
- Together with health partners, intensifying health and hygiene promotion, including consistent application of hygiene practices, within an RCCE framework, utilising new information, education and

communication (IEC) platforms, e.g., social media

- Distribution of critical WASH supplies (hygiene kits, water kits, cleaning/disinfection kits, etc) in community-level HCFs, quarantine and isolation centres as well as to vulnerable households in hotspot areas and in displacement settings (evacuation camps, host communities) from previous emergencies, i.e., in Mindanao
- Construction of additional, temporary WASH facilities (handwashing facilities, temporary toilets, bathing cubicles, water points), possibly re-designed to consider viral transmission, in community-level HCFs, quarantine and isolation centres, as may be necessary
- Scaling up availability of WASH facilities (handwashing facilities, toilets, bathing cubicles, water points, etc), possibly re-designed to consider viral transmission, in hotspots areas and in displacement settings
- Development and implementation of social and behavioural change campaigns, e.g., on handwashing, at national and local levels
- Expanding basic WASH facilities (handwashing stations, toilets, water points) in public spaces, e.g., markets, transportation hubs
- Assisting schools and ECCD centres on WASH preparedness with the possible resumption of classes
- Facilitating Water and Sanitation for Health Facility Improvement Tool (WASH FIT) assessments of HCFs particularly those at the local level
- Drinking water quality surveillance
- Considering cash and market-based approaches in programme implementation, as well as extending WASH subsidies, possibly with the private sector
- Supporting COVID-19 guidelines localization, WASH contingency planning and Disaster Risk Reduction and Management (DRRM) review of partner local government units (LGUs) and government institutions
- Extending technical assistance to DOH in the management of the WASH Cluster, also within the Health Cluster, to ensure coordinated response between humanitarian and government partners.

Partner agencies:

Action Against Hunger, ACTED, A Single Drop for Safe Water (ASDSW), CARE International-Philippines, Catholic Relief Services (CRS), International Medical Corp (IMC), Oxfam in the Philippines, Plan International, Relief International, Samaritan's Purse, Save the Children-Philippines, UNICEF, World Health Organization (WHO), World Vision

Inter-Cluster Collaboration:

Health; RCCE; CCCM; Protection, including Child Protection and Gender-Based Violence; Education; Logistics; Cash Working Group (CWG)

Risk Communication and Community Engagement (Cross Cutting)



Target Areas

Nationwide

Target Beneficiaries

40,000,000 individuals

Funding Required (USD)

2,090,000

Lead Agencies

Government Lead: OCD

HCT focal point agency: WHO and UNICEF (with support from OCHA and the CoPCE)

Jun Ryan Orbina:
orbinaj@who.int

Kathleen Solis:
ksolis@unicef.org

Objectives

- Provide two-way communication platform access to critical, accurate, and lifesaving information.
- Improve quality of engagement with communities through common aggregation and analysis of community feedback.
- Establish agreement on common messages that will mitigate gaps, duplication and inaccurate information.
- Identify common service platforms that will help address panic, fear, frustrations or anger of the community affected by the COVID-19 towards concerned government agencies, other organizations and local government by tracking and mitigating effects of rumours, misinformation, myths, and misconceptions.
- Contribute in the supporting existing capacities of partners to effectively engage with affected populations and at-risk communities;
- Map and identify at-risk communities that are currently not being reached to identify gaps in existing capacities

Sector Overview (needs and response):

Need:

- Provision of an information feedback mechanism, particularly at the community level, to listen to and check rumours and other false or misleading information related to COVID-19.
- Maximize RCCE resources and capacities to understand clearly and deeply how people communicate, how they would like authorities and agencies to engage them, in what languages or dialects, practices or platforms they are most assured, and which channel or legitimate system they would trust most.
- Improve RCCE priority interventions to address evolving needs and gaps affecting the community on their access to right, timely and lifesaving information as they respond and recover from new normal ways of living

Response:

- CoPCE members and partners will continue to provide the collective RICAA analysis report, update the online visualization

of RCCE map/snapshot, produce SMS/Voice mail synthesized report feedback/complaint from at-risk communities and affected population, and produce contextualize (sensitive to culture and language use) IEC materials addressing information needs and gaps.

- Series of information and education awareness campaign will continue on proper sanitation/hygiene, social distancing, context-specific community quarantine and lockdown at the national and sub-national level. Posting/sharing of IEC materials will utilize context (e.g. LGU's distribution points of relief goods and quarantine passes) and culturally appropriate channels at the community level.
- Capacity development is ongoing for government partners and networks including the creation or enhancement of RCCE field level working group and how to use the RICAA tool and other common service platforms to sustain the overall accountability to affected population.
- Partnerships with media (radio, TV) and other private sector is ongoing to amplify key messages and updates on COVID-19 and enhance social media campaign on COVID-19 awareness (including support to DOH's online campaign like FB Live, etc.) in coordination with NGAs and local government.
- Provision of additional technical assistance to the government is ongoing. This includes improving the National Response Plan and Risk Communication Plan (with emphasis on addressing feedback, improving accountability mechanism and ensuring that common service platforms are accessible by the vulnerable people). WHO and UNICEF is working directly with DOH's RCCE team in improving its overall RCCE plan and activities.
- Printing and distribution of IEC materials at schools and ECD centres is still in the pipeline. This includes integrating the messaging into the revised lesson plans intended for distance education especially when classes are being done remotely/ virtually due to class suspensions.
- Provision of technical assistance to enhance targeted handwashing promotion campaign is ongoing to reinforce the

Risk Communication and Community Engagement

handwashing messages of the overall COVID-19 IPC measures and capacity building to health care/nutrition staff and non-health personnel (e.g., teachers, child development workers) on facts about COVID-19 and preventive actions. This includes: hygiene promotion, preventing family separation, identification and referral of unaccompanied and separated children; and age appropriate methods for interviewing children, protocols on information sharing and confidentiality, case management, Mental Health

and Psychosocial Support (MHPSS) and Protection against Sexual Exploitation and Abuse (PSEA); messages on key infant and young child feeding practices particularly on continuation of age-appropriate breastfeeding and safe preparation of nutritious complementary food in line with infection prevention and control guidelines; identification and management of wasting; micronutrient supplementation; healthy diets and regular exercise.

- Contextualizing other thematic issues and concerns is ongoing. This is part of overall RCCE strategy to ensure that the most vulnerable groups will continue to receive life-saving information, services and supplies without discrimination or harm and that protection mechanisms and referral pathways to vulnerable sector such are inclusively in place. This will support gender-based violence survivors, unaccompanied minors, internally displaced as

well as those identified as stateless persons, asylum seekers and refugees.

Expected evolution of situation and needs (until December 2020):

In line with the new normal, the following RCCE interventions will continue with appropriate resources and capacities to support the government and affected population: inclusive access to right information coming from the right authority, importance of supporting trusted communication channels by the at-risk communities and enhancement of government's operational accountability actions through its RCCE units in DOH and the local government.

Considering the threats of other natural disasters that may hit the country, the CoPCE will work with the HCT, ICCG and government partners in recalibrating its operational activities in line with the minimum capacities and resources prepositioned such as on common services platforms and CE tools that can be used and activated as necessary and needed.

Partner agencies:

DOH; DSWD; DILG

Inter-Cluster Collaboration:

All clusters including HCT's CoPCE and HCG



Photo Credit: Action Against Hunger

Coordination



Target Areas

Nationwide

Target Beneficiaries

Humanitarian Country Team, Inter-Cluster Coordination Group, Technical Working Groups (CWG and CoPCE), Government agencies, UN, I/NGOs, Donors, CSOs and Private organizations

Funding Required (USD)

200,000

Lead Agencies

Government Lead:
Tactical level: DOH
Operational level: National Task Force (NTF) for COVID-19

HCT focal point agencies:
Technical Focal Point: WHO
Operations Focal Point: OCHA

Objectives

1. Coordinate humanitarian partners in their response to the health and non-health related impacts of COVID-19, and existing humanitarian caseloads affected by the outbreak of the novel coronavirus.
2. Support the government, health and humanitarian partners with the provision of quality information products.
3. Continue to advocate for the needs of the most vulnerable and at-risk groups affected by the COVID-19 pandemic.
4. Support resource mobilization for critical health supplies as well as continuous activities of humanitarian partners in response to COVID-19 and existing humanitarian relief operations.

Sector Overview (needs and response):

While the Philippines has been affected by different health emergencies (measles, dengue, polio) in the recent months, the current COVID-19 pandemic is unprecedented in scale and impact, requiring intensified coordination arrangements between health partners, the humanitarian community, and with government counterparts. On the government side, the need for adapted coordination arrangements is reflected in the newly established and still evolving government organizational response structure.

The following are the key coordination needs in response to the COVID-19 health emergency:

- Co-ordination by WHO as the technical lead and OCHA as the operational lead, which ensures that response and preparedness activities at the strategic and operational level are informed by technical knowledge and strong health expertise on COVID-19.
- Coordination with government organizational response structure, in particular at the tactical level on response operations, logistics and strategic communications.
- Tactical coordination at regional level and COVID-19 hotspots to facilitate the continuous response to existing humanitarian caseloads under consideration of additional needs and risks (for beneficiaries and humanitarian personnel) resulting from COVID-19, with a particular focus on vulnerable and most-at-risk populations in Mindanao.

- Facilitation of access to ensure that humanitarian organizations are able to reach people in need and at-risk of COVID-19 and deliver critical health and non-health services.
- Strong and coordinated risk communication and community engagement (RCCE)
- Support of local non-government organizations (NGOs), civil society organizations (CSOs), people's organizations (POs) and faith-based organizations (FBOs) in linking up with national and regional efforts of Government and humanitarian actors.
- Drive collective efforts to mobilize resources for mitigation and preparedness measures in response to COVID-19 and ensure continuation and adaption of existing humanitarian activities.

Expected evolution of situation and needs (until December 2020):

Even with a gradual slowdown of the COVID-19 rate of infection, it can be expected that the outlined key coordination needs will remain until the end of 2020. There are several concerns regarding an escalation of the current COVID-19 situation, and compounding events that would dramatically increase the humanitarian caseload and the need for coordination:

- A COVID-19 outbreak in Mindanao presents a major threat in a volatile context where nearly 360,000 people remain displaced, often living in temporary shelters where they are unable to practice physical distancing and with limited or no access to health services. An outbreak in BARMM specifically would trigger the BARMM Contingency Plan entailing cluster-specific implementation plans that would require closer coordination with and between humanitarian partners to link with Government counterparts.
- The ceasefire with the Communist New Peoples' Army remains strained and frequent clashes between armed groups cause further conflict and displacement, putting civilians at a greater risk to be affected by COVID-19 and increasing the risk for additional localized outbreaks.
- The risk of a compounding natural disaster in addition to COVID-19 is of concern. Cyclonic storms, flooding, earthquakes and volcanic eruptions remain possible at all times. The impact of future disasters could be severely exacerbated in the context of the COVID-19 threat,

Coordination

while response efforts would be limited and require considerably more effort to facilitate access of humanitarian organizations and movement of supplies and personnel.

Priority Response:

- Strategic coordination at national and regional level
 - Co-ordination of the COVID-19 response by WHO as the technical lead and OCHA as the operational lead.
 - Establishing situational awareness through regular updates on the COVID-19 situation by WHO and on the status of the current response by OCHA.
- Regular and ad hoc meetings of the Humanitarian Country Team (HCT) to inform on latest development related to COVID-19, exchange updates on response efforts and constraints, and discuss and agree on HCT COVID-19 response objectives and strategy, and adaptation in light of new developments.
 - Provide strategic advice and operational support to the government response planning and implementation
 - Regular and ad hoc meetings of the Inter-Cluster Coordination Group (ICCG) to conduct scenario and risk assessment for COVID-19 and prepare technical recommendations on the HCT COVID-19 response strategy.
 - Conduct of regular and ad hoc Mindanao Humanitarian Team (MHT) meetings for situational awareness and coordination of response efforts with a particular focus on continuous relief operations and vulnerable and at-risk groups within the humanitarian caseload.
 - Conduct of joint BARMM-MHT meeting to coordinate response efforts with local authorities and receive guidance on access protocols.
 - Support of the development of the BARMM Contingency Plan for COVID 19 by the MHT.
- Information Management
 - Support to Government coordination structures and humanitarian partners through full range of information products and services, including humanitarian snapshots, 3Ws and mapping of operational activities, to identify response gaps and risks and aid in decision-making.
- Access and Civil-Military Coordination
 - Updating of the 'HCT operational guidance on providing assistance for COVID-19' document to guide members of the HCT – UN agencies, international and national NGOs, including operational and implementing partners – in coordinating efforts to support national government agencies (NGAs) and LGUs in the COVID-19 health emergency response. The guide includes practical consideration on the appropriate interaction

of humanitarian agencies with national military and law enforcement authorities responding to the epidemic

- Maintain 'Access Monitoring and Reporting Matrix' for organizations to report access and movement constraints, and for further monitoring and analysis by OCHA.
- Advocacy on behalf of the humanitarian community to resolve access constraints with LGUs.
- Risk Communication and Community Engagement
 - Lead the conduct of Rapid Information, Communication and Accountability Assessments (RICAA) through the Community of Practice on Community Engagement (CoPCE), at the National Capital Region (NCR) and other affected subnational areas across the country in close coordination with DOH, DSWD and at-risk local governments and affected population.
 - Amplify risk communications and provide information feedback mechanisms particularly at the community level to listen to and check rumours and other false or misleading information related to COVID-19 in all local languages, including indigenous languages, tailored to reach the most vulnerable.
- Engaging local and community actors and organizations
 - Call attention to and support localized action and funds and enhance community engagement platforms trusted by at-risk communities and people in need through a Call to Action document.
 - Reach out to local NGOs, CSOs, POs and FBOs to mobilize support for the COVID19 response, in particular for risk communication and the conduct of RICAA.
- Resource mobilization
 - Conduct of donor briefing to inform on the impact of COVID-19 and resulting humanitarian and long-term recovery needs, and advocate for adequate funding to roll out a comprehensive response in support of Government's efforts.
 - Lead preparation of the HCT COVID-19 response plan document and its reiterations and coordinate provision of country-level inputs to the Global Humanitarian Response Plan process.

Partner agencies:

Members of the HCT, ICCG, MHT and CoPCE, CWG

Inter-Cluster Collaboration:

Co-ordination with WHO as the technical lead for the COVID-19 pandemic.

Private Sector



Target Areas

Food security: Health workers: National Capital Region

Food security: Emergency cash transfer (Project Ugnayan): National Capital Region

Health: Provision of medical supplies (Project Kaagapay): Over 40 medical facilities, including hospitals, medical centers and lung centres.

Risk communication: Nationwide

Logistics: Nationwide

Target Beneficiaries

Food security: 10,000 healthcare workers

Emergency cash transfer (Project Ugnayan): 1,500,000 households

Health: Provision of medical supplies (Project Kaagapay): 30,000 PPEs for frontliners, ventilators for victims of the COVID-19.

Risk communication: PDRF network, general public

Logistics: A total of 100,000 healthcare workers to be served with the different logistical support

Funding Required (USD)

31,950,000

Health workers: 100,000

Emergency cash transfer (Project Ugnayan): 30,000,000

Health: Provision of medical supplies (Project Kaagapay): 1,600,000

Risk communication: 50,000

Logistics: 200,000

Lead Agencies

Philippine Disaster Resilience Foundation (PDRF)

Food security: Health workers
Carl Vincent Caro – cvcaro@pdrf.org.ph
Bernadette Nikka Villanueva – bcvillanueva@pdrf.org.ph

Food security: Emergency cash transfer (Project Ugnayan):
Caritas Manila
Candice Bismonte – cbbismonte@pdrf.org.ph

Health: Provision of medical supplies (Project Kaagapay):
Zuellig Pharma; ABS-CBN News; Metro Drug

Risk communication:
Colleen O. Abesamis – coabesamis@pdrf.org.ph

Logistics:
Carl Vincent Caro – cvcaro@pdrf.org.ph
Philline Neille Cruz – pacruz@pdrf.org.ph

Objectives

The Philippine Disaster Resilience Foundation (PDRF) will engage on food security, health, logistics and risk communication to meet the needs of the poorest in the capital region as well as support the health workers throughout the country.

Working in collaboration with the HCT to ensure coordination of humanitarian interventions, the private sector will mobilize resources from its own membership base and partners. Supporting government initiatives, PDRF also acts as overall private sector coordinator for the Inter-Agency Task Force.

Food security: Health workers

- Provision of hot meals for the health workers catering COVID-19 cases in the National Capital Region

Food security: Emergency cash transfer (Project Ugnayan):

- Raise funds in support of ongoing initiatives to provide unconditional emergency cash transfers to help economically-vulnerable families in the Greater Manila area to address Food security needs of those affected by the enhanced community quarantine.

Health: Provision of medical supplies (Project Kaagapay):

- Project KAAGAPAY is a multi-sectoral fundraising initiative of the Philippine Disaster Resilience Foundation (PDRF), Zuellig Pharma, ABS-CBN News, and Metro Drug that aims to provide personal protective equipment (PPE) sets for our healthcare community and procure lifesaving ventilators for those battling

the Coronavirus Disease.

Risk communication:

- To assess the information needs of key stakeholders and address them through information, education, and communication materials (IECs)
- To highlight private sector efforts and calls to action through the use of various media platforms such as web and social media
- To provide major communications assistance to PDRF response projects and initiatives

Logistics:

- To provide logistical support for transporting of medical supplies to facilities responding to COVID-19
- To provide logistical support in the delivery of hot meals to facilities responding to COVID-19
- To provide transportation for healthcare workers facilities responding to COVID-19 and affected by the enhanced community quarantine
- To provide accommodation for healthcare workers facilities responding to COVID-19 and affected by the enhanced community quarantine.

Sector Overview (needs and response):

Food security / Provision of medical supplies (Project Kaagapay) for health workers:

Medical frontliners are getting infected, representing 20% of all COVID-19 cases in the Philippines, due to the lack of PPEs in

Private Sector

hospitals. With the decline of frontliners, more patients are at risk of dying due to the disease. The hospitals are also running out of lifesaving ventilators due to increased capacity. Procurement of PPEs and ventilators is one of the major steps in making sure that there is adequate medical support for victims that will eventually flatten the curve.

Additionally, food businesses that can cater to the healthcare workers are limited due to the policies of the enhanced community quarantine. To aid the health facilities and workers, PDRF has been providing daily hot meals to the frontline workers responding to COVID-19. Given the limitation of public transportation under community quarantine guidelines, PDRF Kaagapay is also providing temporary accommodations to healthcare workers on duty through partner hotels and AirBnB stays

Emergency cash transfer (Project Ugnayan):

With the implementation of the enhanced community quarantine (ECQ), the urban poor had little time to prepare and had been struggling to provide basic necessities for their families. The Private sector, through Project Ugnayan, aims to complement government efforts in providing relief items in the form of gift certificates for them to purchase their specific needs that were not addressed by the government aid.

Risk communication:

Since the implementation of the Enhanced Community Quarantine, PDRF prepares daily situational reports and shares them with the network, indicating the needs of the public as well as gathering information on member companies.

This has launched 2 projects (Project Kaagapay and Project Ugnayan), logistical assistance, food security for frontliners, and resource mobilization. All information of these projects is made available in PDRF's website and to media outlets to have a greater reach.

Logistics:

Since the enforcement of the enhanced community quarantine, mobility of people and movement of goods have been limited. Due to the limitation in the public transport system healthcare workers are having difficulty reporting to work. Additionally, the movement of essential goods such as medical supplies and food is also hampered.

Expected evolution of situation and needs (until December 2020):

Food security / Provision of medical supplies (Project Kaagapay) for health workers:

As the enhanced community quarantine is lifted and a general community quarantine is enforced the resumption and recovery of food businesses may still be limited due to the implementation of social distancing. In an effort to prioritize the wellbeing of our health workers assistance through hot meals shall continue until the total lifting of any quarantine measures.

Until the Philippines flattens its curve, the number of cases will still

rise and the medical frontliners in hospitals will be continuously needing PPEs. This demand also goes for the ventilators for the victims of the disease.

Emergency cash transfer (Project Ugnayan):

If the situation of the pandemic in the Philippines continues to be protracted until the end of the year, the needs of the urban poor will not change as they are still limited by the ECQ. Families that are affected by lockdowns will be depending on government aid to survive.

Risk communication:

If the current situation is protracted, more needs will surface which should be disseminated to the PDRF network. This will result in more member company response actions which needs to be communicated to the public to gather more efforts and for transparency.

Logistics:

While it is expected that the enhanced community quarantine will be downgraded to a general community quarantine, movement of healthcare workers will still be an issue since there will be a strict enforcement of social distancing in the different modes of transportation. An assessment upon the implementation of general community quarantine on the mobility needs of the healthcare workers shall be conducted to assess the need for additional transportation and accommodation services.

Priority Response:

Food security for health workers:

- Coordination with hospitals for provision of hot meals
- Coordination with logistics partners for the delivery of hot meals
- Coordination with companies that can provide hot meals
- Procurement of hot meals

Food security: Emergency cash transfer (Project Ugnayan):

- Fundraising and Donation Drive in the private sector
- Procurement of in-kind items and gift certificates
- Distribution of in-kind items and gift certificates

Health: Provision of medical supplies (Project Kaagapay):

- Fundraising
- Procurement of PPEs and Ventilators
- Distribution of PPEs and Ventilators
- Accommodation for frontline workers

Risk communication:

- To support advocacy for and integration of communications landscape and people's needs and preferences by conducting joint Rapid Information Communication and Accountability consultations.
- Utilize knowledge management to provide relevant, accurate, and accessible information for key stakeholders
- Help ensure constant coordination with key stakeholders to identify and address information needs
- Provide overall guidance to the PDRF team to ensure coordinated messaging

Private Sector

- Ensure amplified messaging through media relations, social media management, and online campaigns to reach a wider audience

Logistics:

- Assessment of mobility needs of healthcare workers
- Coordination with logistics partners for provision of transportation of medical supplies and hot meals
- Establishment of partnership with transportation companies to serve healthcare workers
- Coordination with AirBnb and partner hospitals for healthcare workers accommodations
- Provision of disinfectants for AirBnb accommodations
- Report generation

Partner agencies:

Food security for health workers: DOH, PDRF Network

Food security: Emergency cash transfer (Project Ugnayan):

Contributions and support of 182 private sector partners.

Health: Provision of medical supplies (Project Kaagapay): Zuellig Pharma; ABS-CBN News; Metro Drug; AirBnB; corporate partners; individual donors

Risk communication: ABS-CBN News, Philippine Star, PDRF Media Partners

Logistics: Various Hospitals, AirBnb, UPS, Royal Cargo, Transportify,

Lalamove, Kairos Cargo, WExpress, AirAsia, Cebu Pacific

Inter-Cluster Collaboration:

Risk communication and Logistics are in support of food security, emergency cash transfer, and provision of medical supplies.

Risk communication:

- Food Security – Regular updates should be made available to produce communication materials
- Logistics - Regular updates should be made available to produce communication materials

Logistics:

- Food Security – Delivery of hot meals to the healthcare workers
- Emergency cash transfer (Project Ugnayan) – In-kind items were delivered to implementing partners for distribution.
- Provision of medical supplies (Project Kaagapay) – Delivery of medical supplies to different hospitals
- Health – Coordination for transportation and accommodation of healthcare workers

The Private Sector is integrated in coordination, planning and response activities of the HCT. They are self-reliant in terms of resource mobilization and hence not included in total financial requirements under the this HCT response plan. PDRF also contributes to information products by reporting on 3W and funding flows.

The Philippines Humanitarian Country Team (HCT), under the leadership of the Humanitarian Coordinator, ensures that humanitarian action by its members is well coordinated, principled, timely, effective and efficient. The HCT acts in support of and in coordination with national and local authorities with the objective to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, livelihoods and dignity of people in need. The HCT members include Humanitarian Coordinator – Chair, FAO, IOM, OCHA, UNDP, UNFPA, UN-HABITAT, UNHCR, UNICEF, WFP, WHO, Save the Children (co-lead for Education Cluster), Action Against Hunger, ACTED, ADRA (PINGON co-convener), CARE, Oxfam (PINGON convener), Disaster Risk Reduction Network Philippines, Philippine Partnership for Emergency Response and Resilience, UN Civil Society Assembly. Observers include UN Resident Coordinator Office, UNDSS, International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies, Philippine Red Cross, Embassy of Australia, ECHO, Embassy of Japan, Spain/AECID, USAID and PDRF.
