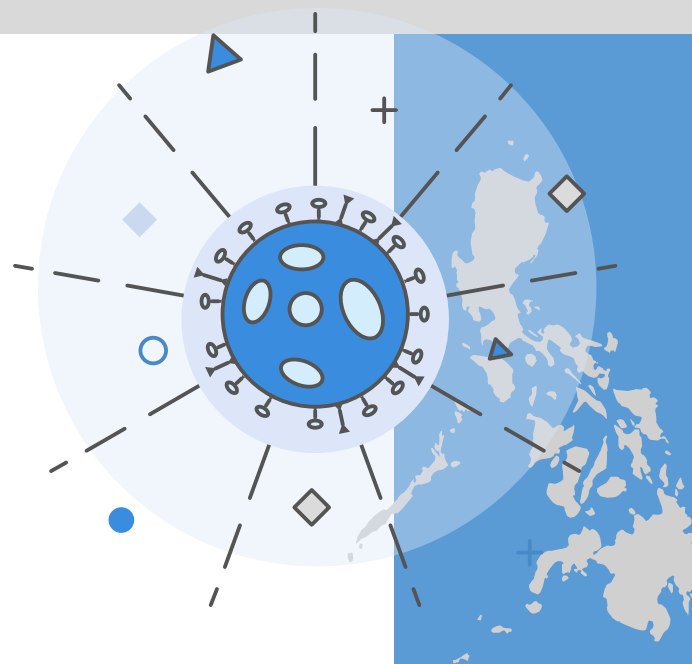


# COVID-19 RESPONSE PLAN



## PHILIPPINES HUMANITARIAN COUNTRY TEAM

March – June 2020

This update: 3 April 2020

# INTRODUCTION

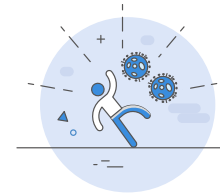
The world is facing a global crisis unlike any since the World War II, one that is spreading human suffering, infecting the global economy and upending people's lives. This is a moment that demands coordinated, decisive and innovative action from all parts of the society. While recognizing that the current responses at the country level will fall short of addressing the global scale and complexity of the crisis, this document outlines the manner in which the humanitarian community is coming together in a coordinated way to support the government-led response efforts to this crisis as it unfolds in the Philippines.

In its present iteration, the Humanitarian Country Team (HCT) COVID-19 Response Plan is primarily focusing on health system support interventions and will need regular updating to match the unique and evolving nature of this crisis, one which is expected to have a disproportionate impact on the poorest and most marginalized communities and further exacerbate pre-COVID 19 social inequalities, such as the occurrence of gender-based violence

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

<sup>1</sup> See WHO Philippines website for regular updates:  
<https://www.who.int/philippines/emergencies/covid-19-in-the-philippines>

## SITUATION OVERVIEW



On 31 December 2019, the World Health Organization (WHO) was alerted to a cluster of pneumonia patients in Wuhan City, Hubei Province of China. A week later, Chinese authorities confirmed that they identified a novel (new) coronavirus (COVID-19) as the cause of the pneumonia.

In January, the first three cases were recorded in the Philippines, all with confirmed travel history to Wuhan City in China. 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 April,<sup>1</sup> 2,633 cases of COVID-19 have been confirmed in the Philippines and 107 deaths. According to WHO, among the confirmed cases, 1,603 are male (61%) and 1,030 are female (39%). The most affected age groups are 60-69 (23%) followed by 50-59 years (22%).

### Public health risks

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. Wide-spread community transmission is most likely to occur among mobile communities, people 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. If this was to occur, it would overwhelm the capacity of healthcare facilities, particularly in densely populated areas. Very worryingly, all the above factors coexist in camp-like settings, where large numbers of people, already in often protracted dire conditions, are forced to live in cramped conditions given the critical lack of alternative shelter options.

### **Economic and Social impact**

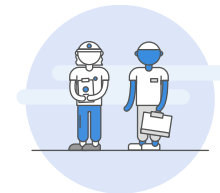
The pandemic is already having a significant disruptive impact on the economy and will negatively impact growth well beyond 2020. Movement restrictions and the downturn of global economic activity will further limit household incomes and add to job losses domestically, disproportionately affecting the poor, especially those dependent on the informal sectors.

The National Economic and Development Authority (NEDA) already revised its economic growth outlook for the Philippines dropping a full one percent to a 5.5 to 6.5 per cent GDP growth in 2020. Aside from the anticipated slowdown in economic growth, the COVID-19 pandemic has limited the access of people to livelihoods and basic social services such as health, education, food and nutrition, water and sanitation, information,

<sup>2</sup> Regular updates published on the dedicated government COVID-19 portal at <http://www.covid19.gov.ph/>

communication and transport. This is further heightening the vulnerability of poor households and communities. The situation will also likely exacerbate intimate partner violence, violence against children, neglect as well as other forms of violence.

The situation is still rapidly evolving and global economic developments, international travel restrictions and movement restriction measures throughout the country need to be further assessed in light of their economic impact.



## **GOVERNMENT RESPONSE**

Since the first COVID-19 cases were recorded, the Government has taken a number of measures to mitigate and respond to the spread of the disease. Below is but a snapshot of implemented actions by the national government and local government units (LGUs) while additional measures continue to be instigated<sup>2</sup>.

### **National contingency plan**

By virtue of the Executive Order No. 168<sup>3</sup>, the National Disaster Risk Reduction and Management Council (NDRRMC) activated the Inter-Agency Task Force on



<sup>3</sup> <https://www.officialgazette.gov.ph/2014/05/26/executive-order-no-168-s-2014/>

Emerging Infectious Diseases (IATF-EID) led by the Department of Health (DOH). 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, 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 with sustained community transmission leading to 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) in the course of a public health situation. 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. Based on this planning figure, an estimated US\$239.7 million in personal protective equipment, testing kits, ventilators and other equipment and supplies are needed to strengthen the capacity of the health system to cope with the predicted surge in acute cases.

The plan details the roles and responsibilities of relevant agencies in both public and private sector, including civil society organizations, while harmonizing available resources and synchronizing existing policies, also looking at the access to support from other sources.

### Declaration of National Emergency

Following the 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. 022<sup>4</sup> 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) until 14 April. Enhanced community quarantine and stringent social distancing measures were imposed over the entire Luzon, including 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. Subsequently, similar measures were imposed throughout the country, including in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

<sup>4</sup> <https://www.officialgazette.gov.ph/downloads/2020/02feb/20200308-PROC-922-RRD-1.pdf>

Government may grant exemptions to movement restrictions based on humanitarian considerations but at present the details of such exemptions are still being clarified.

On 17 March, the President declared a state of calamity throughout the Philippines which allows the national government and LGUs to utilize appropriate funds, including the Quick Response Fund. On 24 March the President signed the “Bayanihan To Heal as One” Act into law, providing him with emergency powers to further strengthen the government response during the COVID-19 State of National Emergency.

#### **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 to 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, CPP-NPA-NDPF), clan and/or land-related horizontal conflicts, continued activity of extremist non-state armed groups, displacement due to recent conflicts, like Marawi, or earthquakes, such as in North Cotabato and Davao del Sur, has forced many people to flee their homes and live in temporary settlements that lack regular provision of basic services, including access to health services and washing facilities. While the Bangsamoro peace process in

BARMM and the recently declared one-month 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.

#### **Increased vulnerability in the earthquake-affected areas of Mindanao**

The HCT COVID-19 Response Plan will focus on addressing the needs of the most vulnerable communities, including people displaced by a series of earthquakes that struck Mindanao in late 2019. According to the latest IOM<sup>5</sup> assessment many are still displaced, have limited access to health services as well as washing facilities, which increases their vulnerability to COVID-19 infection. For example:

*37,982 families or 160,114 persons are displaced outside the evacuation centres (ECs), representing approx. 81% of total displacement*

*96% of assessed IDP families outside ECs report having family members with cough, 84% with fever, 53% with colds and 36% with diarrhea.*

*78% of assessed IDP families outside ECs live in either makeshift shelters or tents outside their usual dwelling.*

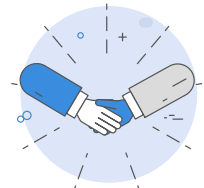
*1 in 4 interviewed IDP families outside ECs do not have access to toilets.*

*Only 1 in 8 interviewed IDP families outside ECs have access to a handwashing station.*

<sup>5</sup> Available at <https://dtm.iom.int/philippines>

While the national COVID-19 Contingency Response Plan applies to BARMM, the Bangsamoro Transitional Authority has elaborated a more specific contingency plan, divided into cluster specific implementation plans based on a worst-case scenario. The priority activities focus on prevention, control, mitigation and management of cases. Members of the Mindanao Humanitarian Team, including OCHA, UNFPA, UNICEF, WFP, FAO, IOM and UNDP, with WHO as the technical lead, have been supporting the development of the BARMM Contingency Plan for COVID-19.

## THE HCT RESPONSE STRATEGY



On 10 March, WHO, OCHA and UNICEF convened an extended Inter-Cluster Coordination Group (ICCG) planning meeting, including donors, World Bank, faith-based groups and the private sector, to discuss priority lines of action from humanitarian partners, identify highly vulnerable groups and the outline the HCT COVID-19 response strategy.

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 well-being of people at risk, especially the most vulnerable groups, and to delay the spread of infection, for an initial duration of four months, March to June 2020.

The HCT Response Strategy also notes the WHO's Strategic Preparedness and Response Plan (SPRP)<sup>6</sup>, emphasizing the importance of responding to the crisis in a coordinated multi-agency and multi-sectoral manner.

### HCT response objectives

1. *Support the Government's health-led COVID-19 response, to protect lives and alleviate suffering through principled access to multi-sectoral assistance and critical services.*
2. *Ensure the most vulnerable and at risk people, such as but not limited to the elderly, indigenous peoples, persons with disabilities, internally displaced persons (IDPs), remote and conflict-affected communities, the urban poor, women and girls vulnerable to gender-based violence, and other people at heightened risk of being affected by COVID-19, have equal access to assistance, services, information and are protected against stigma and discrimination.*

### Priority lines of action

The HCT will support the government through the following priority lines of action.

#### Health

- Provision of material requirements to strengthen the emergency medical system and protect health workers and other vulnerable

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

people through the provision of PPE, testing kits, ventilators, hospital beds and other equipment, and tents to set-up additional triage facilities within hospitals, as well as establish health field presence for vulnerable communities with limited access to regular health facilities.

- Supporting government in ensuring continuity of provision of gender-responsive, essential health services, especially to the most vulnerable.
- Strengthen hygiene interventions and water and sanitation services.

#### Risk Communication

- Amplification of risk communications in all local languages, including indigenous languages, tailored to reach the most vulnerable in urban-poor settings, the elderly, people with disabilities, pregnant and lactating women, young people, mobile communities and IDPs, such as the Mindanao-earthquake conflict-affected families, and the marginalized, hardest-to-reach communities.
- Provision of an information feedback mechanism, particularly at the community level, to listen to and check rumors and other false or misleading information related to COVID-19.
- Knowledge transfer in the form of expertise, training, information sharing and sharing of good practices for disease prevention and prevention of community level transmission.

#### Food Security

- Food relief and cash/voucher-based assistance
- Unhampered movement of agriculture and fisheries inputs, food products
- Emergency agricultural input assistance for localized production and selling of staple crops and vegetables
- Social protection assistance to affected farmers and fisherfolk whose farming operations have been disrupted

#### Multi-sector support, including Logistics

- Sustain multi-sectoral critical services, both in-kind and through cash-based interventions. Strengthen logistics support, camp management and coordination, nutrition, education, coordination services, business continuity planning, maintenance of telecommunications and other critical lifelines, utilities and non-health related sectoral expertise.

#### Protection (cross-cutting)

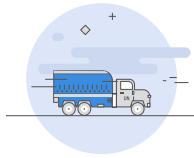
- Assurance that the most vulnerable groups receive life-saving information, services and supplies without discrimination or harm and that protection mechanisms and referral pathways to vulnerable populations such as gender-based violence survivors, children in residential care; juveniles in conflict with the law, unaccompanied minors, stateless persons, refugees are uninterrupted.

- Protection interventions will be mainstreamed through other priority lines of action.

See section 6 for more detailed operational delivery plans per line of action.

### Humanitarian access

Operational partners note limits on access to IDP sites and suspension of non-critical field missions have delayed the distribution of hygiene kits/NFIs, capacity building, social mobilization, data collection, construction and maintenance of site facilities, and cash-for-work schemes.



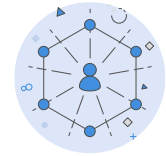
Humanitarian partners will provide support to government response efforts if movement allows. In collaboration with WHO and the Philippines International NGO umbrella network, PINGON, OCHA will map and monitor areas where access is limited or severely constrained or may be targeting specific groups.

The acting Humanitarian Coordinator, WHO and OCHA will advocate with the government for safe, timely and unhindered access and set up appropriate coordination mechanism to facilitating free movement of assistance and securing exemptions to carry out essential activities, while

ensuring compliance with required protocols for social distancing and safety of all concerned.

### HCT response principles

Supporting the government response and recognizing the need for adaptation to the particular challenges of responding to COVID-19, the HCT will be guided by principles advocating protection-focused and gender-appropriate interventions<sup>7</sup>, 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 sex, 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, taking into account 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.

<sup>7</sup> <https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145>



- Strengthen the leadership and meaningful participation of women and children, adolescents, LGBTI, and persons with disabilities in key decision-making processes in addressing the COVID-19 outbreak. Ensure that women, elderly and persons with disabilities get information about how to prevent and respond to the epidemic in ways they can understand.
- Include internally displaced communities, undocumented persons, mobile communities and indigenous peoples, refugees, asylum seekers and stateless persons, collectively known as persons of concern, in national preparedness and response plans, risk communication and outreach, surveillance and monitoring activities.
- Ensure human rights are central to the response. Ensure non-discrimination and equal treatment of individuals seeking assistance. Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk<sup>8</sup>
- Measures taken to relieve the burden on primary healthcare structures should prioritize access to sexual and reproductive health services, including pre- and post-natal healthcare, and access to physical rehabilitation.
- Develop targeted women’s and adolescent household head’s economic empowerment strategies that are inclusive and age appropriate, or explore cash transfer programming, to mitigate the impact of the outbreak and its containment measures including supporting them to recover and build resilience for future shocks.
- Follow the guidance to help protect children and schools from transmission of the COVID-19 virus, while ensuring learning continuity of learners and enhancing 21<sup>st</sup> century skills.<sup>9</sup>
- Consider IASC and Sphere Standards guidance in response to COVID-19<sup>10,11</sup>.
- Consider WHO tools and checklists for risk communication and community engagement (RCCE) providing actionable guidance for countries to implement effective RCCE strategies. The document includes recommended RCCE goals and actions for countries preparing for COVID-19 cases and for those that already have confirmed cases.

8

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25668&LangID=E>

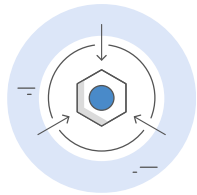
9

[https://www.unicef.org/media/65716/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools\\_March%202020.pdf](https://www.unicef.org/media/65716/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf)

<sup>10</sup> <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

<sup>11</sup> <https://spherestandards.org/wp-content/uploads/Coronavirus-guidance-2020.pdf>

## COORDINATION STRUCTURES



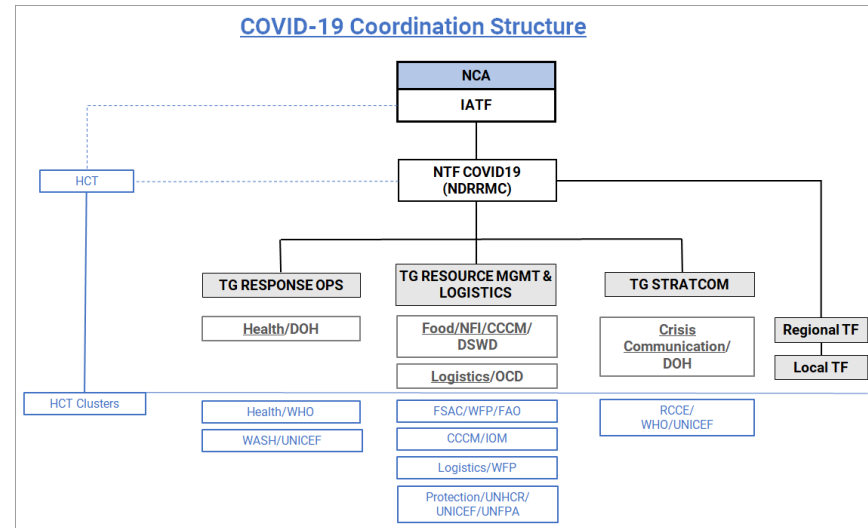
### Government Coordination Structure

In accordance with Executive Order # 2014-168, the National Task Force for COVID-19 was created where it follows three command levels: strategic, operational and tactical.

tactical.

The President of the Philippines is the national command in authority (NCA), supported by the Inter-Agency Task Force (IATF) led by the Secretary of the Department of Health (DoH). At the strategic level, 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 Head (being the Chair of the NDRRMC), Secretary of DILG as co-chair, and OCD as Executive Director. The government response is organized under three Task Groups: Response Operations (led by DoH), Resource Management and Logistics (Led by OCD) and Risk Communications (Presidential Communications Operations Office). There are seven clusters activated for COVID-19 response: Health (DoH), Governance (DILG), Law and Order (PNP), Economy, (NEDA), Food and NFI (DSWD), Logistics (OCD), Management of the Dead and Missing (DILG) and Crisis Communications (PIA). The NTF will be working at the NDRRMC Emergency Operations Center (EOC) with a

national incident commander (NIC) at the Secretary level, overseeing and managing its daily operations.



(Note: The above national structure is provisional)

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 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. 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.

### HCT linkages with government response structures

Supporting the seven clusters currently constituted under the Government's COVID-19 contingency plan, the HCT will prioritize and channel its support under five priority response pillars: Health, Risk Communication, Food Security, Protection (cross-cutting), and Multi-sector Services/Logistics.

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):

COVID-19 Contingency Plan Focus Area	Government Lead	HCT Counterpart/s
Health	DOH	WHO (UNFPA, UNICEF)
Food security	DSWD	FAO, WFP
Risk Communication/Community Engagement	DOH	UNICEF & WHO
Logistics	OCD	WFP, OCHA
Protection	DSWD	UNHCR, UNICEF, UNFPA

## FINANCIAL REQUIREMENTS



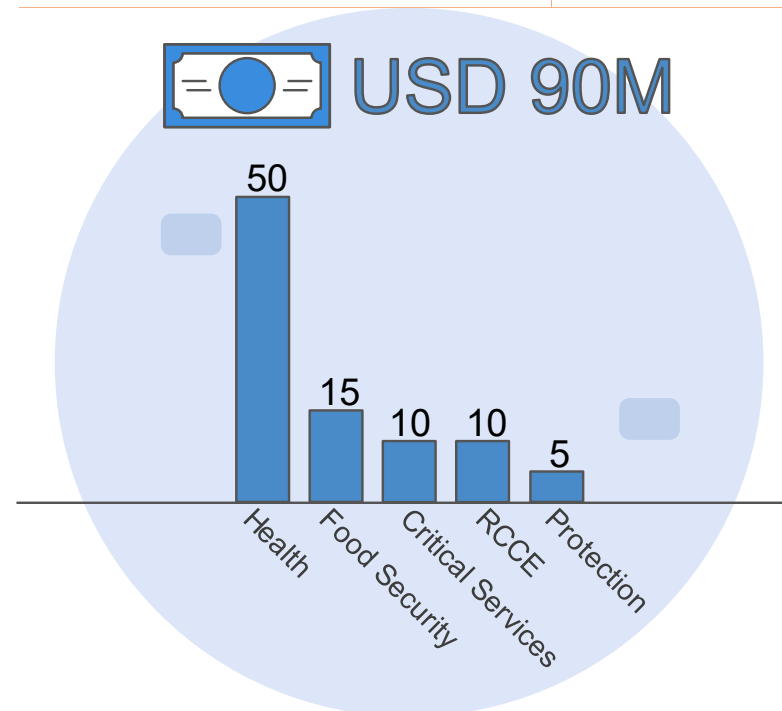
For an initial period of four months, the financial requirements for activities prioritized for the five priority response pillars: Health, Risk Communication, Food Security, Protection (cross-cutting) and Multi-Sector Services/Logistics are as follows:

Note, the health/medical component is derived from the DOH contingency plan estimate of US\$240 million needed to procure critical equipment and supplies, such as personal protective equipment (PPE), ventilators, beds and testing equipment, addressing the needs of a worst-case scenario. In its prioritization, the HCT will focus its efforts on facilities serving the most vulnerable people and target 20 per cent of the medical supplied and equipment required under the government's contingency plan, approximately valued at \$48 million. This number roughly corresponds with the poverty level in the Philippines, amounting to 17 per cent in 2018. Out of the \$48 million in equipment and supplies sought under the Health pillar, \$33 million is envisaged solely for the provision of PPE for the next four months.

Medical Components	Amount (USD)
PPEs	33,320,470
Lab Testing	3,998,764
Ventilators	2,700,000
Tents	200,000
Camping beds	2,726,430
Hospital beds	5,000,000
<b>Total</b>	<b>47,945,664</b>

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

Line of Action	Amount (USD)
Health	50,000,000
Food Security	15,000,000
Risk Communication and Community Engagement	10,000,000
Multi-sector services/Logistics	10,000,000
Protection	5,000,000
<b>Total</b>	<b>90,000,000</b>



## HCT RESPONSE OPERATIONAL DELIVERY PLANS

Line of Action



**Health (including RH, Mental Health and Psychosocial Support [MHPSS] and WASH)**

Government Lead	DoH
HCT Counterparts	World Health Organization (WHO), with United Nations Population Fund (UNFPA) on RH and UNICEF
Humanitarian Partners	AAH (Action Against Hunger), ADRA (Adventist Development and Relief Agency), A Single Drop for Safe Water (ASDSW), Americares, CARE, CFSI (Community and Family Services International), FAO (Food and Agriculture Organization), FPOP (Family Planning Organization of the Philippines), HI (Humanity and Inclusion), HDES (Human Development and Empowerment Services), ICRC (International Committee of the Red Cross), IFRC (International Federation of Red Cross and Red Crescent Societies), IMC (International Medical Corps), IOM (International Organization for Migration, MDM (Médecins du Monde), MSF (Doctors Without Borders), OXFAM, PBSP (Philippine Business for Social Progress), Plan International, PRC (Philippine Red Cross), RI (Relief International), SC (Save the Children) SP (Samaritan's Purse), UNFPA (United Nations Population Fund), UNICEF (United Nations Children's Fund), WFP (World Food Programme), WV (World Vision)
HCT Support Objectives	<p>To address the needs of the most vulnerable peoples, the Health partners will:</p> <ol style="list-style-type: none"> <li>1. Contribute to strengthening the emergency health system, ensuring the protection of health workers and patients</li> <li>2. Assist in the provision for uninterrupted delivery of essential health, including Sexual and Reproductive Health and Mental Health and Psychosocial Support services., SRH and MHPSS services; HIV and MHPSS services</li> <li>3. Assist in the reduction of mortalities and prevent further morbidities resulting from COVID-19</li> <li>4. Support DOH in coordination of response by the Health Sector</li> </ol>
Priority Actions	<p>Health partners will support in the procurement and distribution of critical equipment and supply needs of government in responding to COVID-19.</p> <p>Ensuring continuity of essential health services (e.g. Maternal Health) for the vulnerable groups (e.g. pregnant women) given the heavy burden on the health sector due to the COVID-19 response.</p> <p>Humanitarian partners will intensify hygiene promotion, including consistent application of WASH practices, through dissemination of information, education and communication materials (in coordination with community engagement) in</p>

	<p>households, communities, schools, markets, health care facilities and evacuation camps to further help prevention of local and community transmission.</p> <p>Faith-based organizations and expertise of other non-government aid organizations as well as private sector expertise will be tapped to ensure that the most vulnerable, and community-based health workers are fully aware and protected.</p> <p>In conjunction with DOH and WHO, health partners will develop and disseminate guidelines and capacity building for infection control and prevention in all settings, especially at community and hospital levels.</p>
Activities	<ul style="list-style-type: none"> <li>• Mobilization of resources, procurement and distribution of essential PPE and other urgency needed medical equipment and supplies</li> <li>• Partners have been continuously supporting the government's response since the outbreak of the health emergencies in 2019 (measles, dengue, polio) through technical assistance and mobilization of resources. The database on health facilities, including number of staff, will be updated to ensure that government and its partners are aware of existing capacities and gaps. Mapping of resources and health programs of NGOs and the private sector will also be conducted to determine their ability to support government at all levels.</li> <li>• NGO partners are supporting with the mobilization and training of Human Resources for Health, including retired medical personnel, as well as the mobilization of Emergency Medical Teams. Partners are also supporting with the procurement of essential medical supplies to scale up testing and treatment capabilities.</li> <li>• Health partners will intensify health promotion through dissemination of information, education and communication materials. Faith-based organizations will be tapped to ensure that the most-vulnerable, and community-based health workers, are fully aware and protected.</li> <li>• Development of IPC guidelines for community-based frontline health workers and translation into e-learning modules.</li> <li>• Procurement and distribution of tents for triage system.</li> <li>• Training of trainers for infection prevention and control in secondary hospitals / other health care and community-based settings at the city/municipal level.</li> <li>• Localization, training for, and use of COVID-19 guidelines that incorporate protocols on information sharing and confidentiality, laboratory diagnosis, case identification and management, Mental Health and Psychosocial Support (MHPSS), waste disposal, management of the dead, safe schools, and referral mechanisms.</li> <li>• Strengthening of existing COVID-19 help lines to include MHPSS support for patients, families, frontline workers, immunocompromised and affected populations.</li> <li>• Establishment of Health Stations in the evacuation centers or transitional shelters where the displaced population can access health services and right information on COVID-19.</li> <li>• Provision of tents (e.g. Women Friendly Spaces, Emergency Maternity Tent Facilities, etc.) for use by facilities to allow for segregation of pregnant women from febrile patients.</li> </ul>

	<ul style="list-style-type: none"> <li>• Distribution of WASH supplies and equipment (cleaning/disinfection kits and protective equipment, hygiene kits) to community health workers, healthcare facility cleaners/sanitation workers) and to vulnerable households in hotspot areas, including in evacuation centers and to IDPs living outside evacuation centres, and provide the necessary training.</li> <li>• Conduct of intensified hygiene promotion campaigns, e.g., scaling up hand washing campaigns, utilising alternative communication channels, e.g., through social media, public address systems, IEC materials, radio programs.</li> <li>• Construction of additional WASH facilities (handwashing facilities, temporary toilets, bathing cubicles), as may be necessary, both in hospitals and community health care facilities, to vulnerable displaced population in evacuation centers, including ensuring availability of sufficient water supply.</li> <li>• Ensuring continuous access to safe water (e.g., distribution of water kits, water tankering), critical WASH facilities (e.g., handwashing stations) and basic hygiene supplies particularly in hot spot areas.</li> <li>• Scaling up and sustaining good handwashing practices through the application of new hygiene promotion tools, e.g., WASH'Em.</li> <li>• Ensure functioning facilities for safe and clean delivery, universal access to family planning commodities, and functionality of clinical management of rape (including through exploration of tele-medicine options) as utilization and access may be disrupted due to the fear of risk for community and hospital acquired-COVID 19.</li> <li>• Support DOH on leading the coordination for the discussions, prioritization, joint assessment and coordinated response,</li> <li>• Support DOH in gathering surveillance data that is age-, gender-, disability and location-specific.</li> <li>• Support DOH in its public service continuity planning.</li> <li>• Support DOH in resolving any logistics bottlenecks as well as maintaining HIMS for both COVID-19 response as well as normal health services (especially life-saving medicine, family planning commodities, etc.)</li> <li>• <b>Construction of appropriate WASH facilities and distribution of hygiene kits</b></li> <li>• Distribution of disinfection and cleaning supplies, including required PPE for cleaners and sanitation workers, to hospitals and community-level health care facilities, e.g., barangay centers and barangay health stations.</li> </ul>
Total Funding Requirement	<b>\$ 50,000,000</b>

## Line of Action


**Risk Communication/Community Engagement (in coordination with Health, Education, WASH clusters, HCT's CoPCE and HCG)**

Government Lead	DOH
HCT Counterparts	UNICEF and WHO, OCHA as CoPCE and HCG chair
Humanitarian Partners	<p>Community of Practice on Community Engagement (CoPCE) members: OCHA, CARE, WORLD VISION, UNICEF, AGOS E-Bayanihan, PDRF, Bike Scouts of the Philippines, Humanity and Inclusion, Oxfam, Far Eastern Broadcasting Company (FEBC), CFSI, Peace and Conflict Journalist Network (PECOJON), IFRC, PRC, IOM, Citizen Disaster Response Center (CDRC), DRR-Net, Christian Aid, NASSA/Caritas, Rappler, CODE-NGO, Plan International, United Methodist Communication (UMCOM), Action Against Hunger, PIA.</p> <p>Adhoc members: WHO, FAO, Aboitiz Foundation, UNHCR, National Resilience Council (NRC), WFP, UNDP, UNFPA, ADRA, PANAHO TV, Asian Institute for Journalism and Communication (AIJC), Sky Eye, Save the Children, ERIC, PDRRN</p> <p>Humanitarian Communications Group: FAO, ILO, IOM, UN HABITAT, UNDP, UNFPA, UNHCR, UNIC, UNICEF, OCHA, WFP, WHO, ACTED, Action Against Hunger, ADRA, CARE, CBM, CFSI, CRS, Habitat for Humanity, Humanity and Inclusion, Humanitarian Leadership Academy, ICRC, IFRC, NCCP, Plan International, PDRF, Save the Children, World Vision, Oxfam, ECHO (Observer); National Youth Commission and Council for the Welfare of Children</p>
HCT support objectives	<ol style="list-style-type: none"> <li>1. Provide two-way communication platform access to critical, accurate, and lifesaving information.</li> <li>2. Improve quality of engagement with communities through common aggregation and analysis of community feedback.</li> <li>3. Establish agreement on common messages that will mitigate gaps, duplication and inaccurate information.</li> <li>4. 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.</li> <li>5. Contribute in the supporting existing capacities of partners to effectively communicate and 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.</li> </ol>
Priority Actions	<ol style="list-style-type: none"> <li>1. Coordinate with DOH, local government, as well as IP governance structures and other partners (HCG, CoPCE, relevant sectors/clusters) the provision of information and messaging to address community information needs, preferred channels and accountability mechanism.</li> <li>2. Support advocacy for and integration of communications landscape and people's needs and preferences by conducting joint Rapid Information Communication and Accountability consultation. This highlight the conduct of regular surveys and</li> </ol>



	<p>consultation of affected population and at-risk communities' perception to provide an overall picture of their actual needs and gaps in the provision of support.</p> <ol style="list-style-type: none"> <li>3. Develop and implement a complementary handwashing promotion campaign, to strengthen immediate and longer-term behavioral change.</li> <li>4. Support and coordinate collective approaches such as public hotlines, listening exercises, radio programming, frontline SMS and voicemails, social media and other feedback mechanism that handles various complaints and response.</li> <li>5. Track rumours and misinformation using identified common service platforms and provide appropriate responses to affected population and at-risk communities.</li> <li>6. Coordinate with DSWD, local governments and Protection cluster to develop messaging on how the COVID crisis can exacerbate Protection issues such as GBV and child protection, and how to access services addressing these needs.</li> <li>7. Work with the private sector to pilot innovation in the use of frontline SMS and voice mail to engage affected population and at-risk communities. This is to amplify key messages while closing the feedback loop through two-way communication scheme between DOH and the community. This will also support social distancing strategy while remaining engaged with the community. This would be particularly important for remote communities who might be ICT-challenged, so low-tech alternatives would also be important.</li> <li>8. Mobilize young people's action to support community advocacy and spread of correct and factual information in social media.</li> </ol>
Activities	<ul style="list-style-type: none"> <li>• Series of Rapid Information Communication Accountability Assessment (RICAA) will be conducted for Metro Manila and other at-risk areas at the sub-national level by WHO, UNICEF, IOM, and other CoPCE members in close coordination with DOH, DSWD and at-risk local governments and affected population. The conduct of RICAA will capture gaps affecting vulnerable people such as the elderly, persons with disabilities, children, pregnant women, ethnic/minority groups, those internally displaced and living in geographically isolated areas.</li> <li>• Tap existing institutions with hotlines for at risk populations (e.g. HIV support group and other immunocompromised populations, and mental health providers) to integrate COVID awareness and referrals; and to report challenges encountered during crisis to immediately provide tailor-fit response.</li> <li>• Series of information and education awareness campaign on proper sanitation/hygiene, social distancing, context-specific community quarantine and lockdown will continue at the national and sub-national level (including the 32 displacement sites in North Cotabato). 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. As interventions such as social distancing are not always possible in camp setting and sites of displacements, a specific emphasis on hygiene, sanitation and other interventions will be promoted.</li> <li>• Capacity development and development of tools/guides for community health workers on risk communication and community engagement and infection prevention control.</li> <li>• Development of communication materials for specific audiences including pregnant and breastfeeding women and people who have no or limited access to mainstream communication channels. Development of audio and video materials on preventive actions.</li> </ul>

- Common service platforms to be used and maintained are: Kobo tool, Community Response Map (CRM), U-Report Community Feedback, Government's hotlines, frontline SMS and voice mail, social media (official Facebook, Twitter and Instagram pages), radio programming (faith-based groups, FEBC network and partners).
- It is expected that the CoPCE members and partners will publish on a weekly (or twice a month) basis the collective RICAA analysis report, update the online visualization of RCCE map/snapshot, produce SMS/Voice mail synthesized report on 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.
- Capacity development for government partners and networks on how to use the RICAA tool and other common service platforms to sustain the overall accountability to affected population.
- Additional technical assistance will be provided to the government in 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).
- Technical assistance to develop a targeted handwashing promotion campaign to reinforce the 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.
- Partnerships with media (radio, TV) and other private sector 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.
- Printing and distribution of IEC materials at schools and ECD centres, integrating the messaging into the revised lesson plans intended for distance education especially when classes are being done remotely/virtually due to class suspensions.
- Technical assistance to CWC and NYC in developing key messages for adolescents and young people on safety and protection, and their role in sharing appropriate information about COVID-19

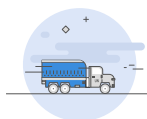
For online visualization of the overall in-country Risk Communication and Community Engagement activities, see the link in the footnotes<sup>12</sup>

Total Funding  
Requirement

**\$10,000,000**

<sup>12</sup> [https://public.tableau.com/profile/ocha.philippines.im#!/vizhome/PHL\\_RCCE\\_COVID19\\_Operationalpresence/OCHARCCEdashboard](https://public.tableau.com/profile/ocha.philippines.im#!/vizhome/PHL_RCCE_COVID19_Operationalpresence/OCHARCCEdashboard)

## Line of Action

**Critical Multi-Sectoral Services, including Logistics**

Government Lead	OCD/DSWD
HCT Counterparts	OCHA with relevant cluster lead agencies under the ICCG, WFP on Logistics
Humanitarian Partners	HCT partners (FAO, IFRC, IOM, UNDP, UNHCR, UNICEF, UNFPA, WFP, WHO, OCHA) including PINGON members, national NGOs, Faith-Based organizations and the Private Sector
HCT support objectives	<p>Assist the most vulnerable people and communities with targeted multi-sectoral assistance, maintaining critical services to current caseloads, especially IDPs in Mindanao, and expanding coverage to meet the particular needs arising from the challenge of COVID-19</p> <p>Provide emergency logistics support services as a provider of last resort, and if resources are available, to other sectoral responders.</p> <p>Possible areas of intervention: targeted cash/voucher assistance, expanded WASH services, transportation, warehousing, and supplies &amp; inventory management. Organization are expected to plan for and budget their own Supply Chain needs.</p> <p>Put in place measures to address COVID-19 pandemic in camps and camp-like settings and the surrounding host communities</p> <p>Assist in the provision for uninterrupted delivery of essential nutrition services as well as food and cash/voucher assistance to the most vulnerable people</p>
Priority Actions	<p>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. In terms of direct logistics support, the HCT could provide its pre-positioned logistics equipment such as mobile storage units, prefabricated offices, and generator sets. Partners could also support government in warehousing of essential supplies, if space is available. Potential provision of transportation for the movement of equipment, and materials.</p> <p>Assess gaps in food assistance and provide assistance, both cash, voucher and in-kind, where most needed.</p> <p>Provide technical assistance to camp managers on self-protection measures and the rational use of PPE, mapping of to identify the areas most at risk, and put in place site decongestion measures, including physical re-planning of each site and support IDPs</p>

	who are allowed to return by the Provincial Government of North Cotabato and Davao del Sur as a decongestion measure against COVID-19 in terms of NFI (shelter materials and technical assistance), livelihood (cash) and risk communication.
Activities	<ul style="list-style-type: none"> <li>• Provision of transport, warehouse support and response equipment</li> <li>• 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.</li> <li>• .</li> <li>• Provision of NFIs (shelter materials with technical assistance) and livelihood support (cash) to IDP returnees in North Cotabato an Davao del Sur as anti-community transmission measure in the displacement sites.</li> <li>• A site-specific epidemiological risk assessment needs in camp settings along with specific COVID-19 outbreak readiness and response plan needs to be developed for each collective site, in alignment with national and local plans, and be based on the prevailing risks, capacities and gaps present at the site level.</li> <li>• A mapping should be undertaken to direct camp replanning. It will to identify the areas most at risk: areas where people are living in particularly overcrowded conditions, with higher densities, with less space for expansion, more in contact with population at risk or with higher proportion of vulnerable population.</li> <li>• Technical assistance to the development and dissemination of nutrition advisories to LGUs to support continuation of the provision of preventive and therapeutic nutrition interventions at the primary health care level.</li> <li>• Technical assistance to DepEd and ECCD Council Secretariat on ensuring continuity of learning during closure of schools, raising awareness on COVID-19 risks and measures for the protection and safety children during and after the crisis.</li> </ul>
Total Funding requirement	<b>\$10,000,000</b>

## Line of Action



## Food Security and Agriculture

Government Lead	Department of Social Welfare and Development and Department of Agriculture
HCT Counterparts	WFP and FAO
Humanitarian Partners	Plan International Action Against Hunger Islamic Relief National Council of Churches in the Philippines Relief International Entrepreneur du Monde
HCT support objectives	To address the needs of the most vulnerable peoples, the Food Security and Agriculture partners will: <ol style="list-style-type: none"> <li>1. Support the Government of the Philippines to mitigate the negative impacts to the food security and nutrition situation of the COVID-19 health crisis and the enhanced community quarantine</li> <li>2. Support vulnerable families meet their immediate food needs</li> <li>3. Support early recovery activities in the agricultural sector</li> <li>4. Contribute to strengthening government capacities to implement their Social Amelioration Program and Food Resilience Plan</li> </ol>
Priority Actions	<ul style="list-style-type: none"> <li>• Support to farmers and informal sector.</li> <li>• Technical assistance to Government of the Philippines on its implementation of the Inter-Agency Task Force Social Amelioration Programme.</li> <li>• Support to food and cash assistance to the most vulnerable and Food Resilience Plan.</li> </ul>
Activities	<ul style="list-style-type: none"> <li>• Provide technical support to DSWD on beneficiary identity and transfer management for 18 million persons targeted for food, non-food item and cash assistance</li> <li>• Remote monitoring and assessment tools and products to elaborate on the food security and nutrition situation of the vulnerable population, including access to fresh produce and monitoring of breastfeeding</li> <li>• Provide the affected farmers with appropriate and timely agricultural assistance, including rice and corn seeds for immediate planting for the June/July planting season, fertilizers for rice and corn, assorted vegetable seeds. Conduct of related trainings and other capacity building activities should likewise be undertaken.</li> <li>• To lessen the vulnerability, farmers should be given alternative livelihood options (agriculture production, post-harvest and food processing), including start-up capital through cash-based interventions (multi-purpose cash transfers) in partnership</li> </ul>

	<p>with WFP. The cash transfer will also safeguard the food and security of the people during the first months after the community quarantine.</p> <ul style="list-style-type: none"><li>• Encourage backyard gardening to affected farmers, which will contribute to households' nutritional intake, promote crop diversification, serve as source of cash, and in some case, helps articulate the role of women and children in household food production and security.</li><li>• Support and participation in coordination and assessment activities will also be provided to ensure that food security, nutrition and livelihood concerns are duly considered in overall response planning, including monitoring community health and nutrition services to address childhood, wasting, stunting, micronutrient deficiencies, and obesity</li></ul>
Total Funding Requirement	<b>\$15,000,000</b>

## Line of Action

**Protection (cross-cutting)**

Government Lead	DSWD
HCT Counterparts	UNHCR (Protection Cluster Lead), UNICEF (Child protection sub-cluster), UNFPA (GBV sub-cluster)
Humanitarian Partners	HCT partners including PINGON members, national NGOs, Faith-Based organizations and the Private Sector
HCT support objectives	<p>Ensure the most vulnerable groups receive life-saving information, services and supplies without discrimination or harm</p> <p>Ensure that protection mechanisms and referral pathways to vulnerable populations, such as gender-based violence survivors, unaccompanied minors, stateless people and refugees, are uninterrupted.</p> <p>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</p> <p>Risk communication and community engagement, to ensure that asylum seekers, refugees, IDPs and stateless persons 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, rumors and misinformation. The use of media and information technologies, reinforcing safeguarding measures, will be increased.</p>
Priority Actions	<p>Assess gaps in protection assistance and provide assistance, both cash, voucher and in-kind, where most needed.</p> <p>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</p>
Activities	<ul style="list-style-type: none"> <li>• Support DSWD and other local governments to secure additional transitional shelters, safe spaces for GBV and sexual violence survivors who cannot be quarantined along with their abusers</li> <li>• Assist in ensuring functionality of existing community-based protection mechanisms for women and girls</li> <li>• Provide technical support at national and BARMM levels in designing alternative referral pathways sensitive to existing mobility and community restrictions.</li> <li>• Increase the use of media and information technologies, reinforcing safeguarding measures.</li> <li>• Advocacy for the prevention and response to SEA, including compliance to SG Bulletin on PSEA and the Code of Conduct of humanitarian aid workers</li> </ul>
Total Funding requirement	<b>\$5,000,000</b>

## CONTACT DETAILS

Cluster/Sector	HCT Contact				
Health	WHO UNFPA UNICEF	Sacha Bootsma - <a href="mailto:bootsmas@who.int">bootsmas@who.int</a> Joseph Michael Singh - <a href="mailto:jsingh@unfpa.org">jsingh@unfpa.org</a> Wigdan Madani - <a href="mailto:wmadani@unicef.org">wmadani@unicef.org</a>	<b>Multi-Sector Critical Services/Logistics</b>		
Risk Communication and Community Engagement	WHO/ UNICEF	Faizza Tanggol - <a href="mailto:tanggolf@who.int">tanggolf@who.int</a> Kathleen Solis - <a href="mailto:ksolis@unicef.org">ksolis@unicef.org</a>	Logistics	WFP	Kevin Howley - <a href="mailto:kevin.howley@wfp.org">kevin.howley@wfp.org</a>
			WASH	UNICEF	Paul del Rosario - <a href="mailto:pdelrosario@unicef.org">pdelrosario@unicef.org</a>
			CCCM	IOM	Conrad Navidad - <a href="mailto:cnavidad@iom.int">cnavidad@iom.int</a>
Coordination	OCHA	Mark Bidder - <a href="mailto:bidder@un.org">bidder@un.org</a> Manja Vidic - <a href="mailto:vidic@un.org">vidic@un.org</a>	Food/NFI	WFP	Isabelle Lacson - <a href="mailto:Isabelle.lacson@wfp.org">Isabelle.lacson@wfp.org</a>
			Protection	UNHCR	Lindsey Atienza - <a href="mailto:atiENZA@unhcr.org">atiENZA@unhcr.org</a>

### Full list of Inter-Cluster Coordination Group contacts

CLUSTER & THEMATIC AREA	AGENCY	NAME	EMAIL
CCCM	IOM	Conrad Navidad	<a href="mailto:cnavidad@iom.int">cnavidad@iom.int</a>
Emergency Shelter	IFRC	Mark Mauro Victorio	<a href="mailto:coord1_phil@sheltercluster.org">coord1_phil@sheltercluster.org</a>
		Patrick Elliott	<a href="mailto:patrick.elliott@ifrc.org">patrick.elliott@ifrc.org</a>
Health	WHO	Gerardo Medina	<a href="mailto:medinag@who.int">medinag@who.int</a>
		Sacha Bootsma	<a href="mailto:bootsmas@who.int">bootsmas@who.int</a>
	UNICEF	Wigdan Madani	<a href="mailto:wmadani@unicef.org">wmadani@unicef.org</a>
		Mariella Castillo	<a href="mailto:mscastillo@unicef.org">mscastillo@unicef.org</a>
Reproductive Health	UNFPA	Joseph Michael Singh	<a href="mailto:jsingh@unfpa.org">jsingh@unfpa.org</a>
		Grace Viola	<a href="mailto:gviola@unfpa.org">gviola@unfpa.org</a>
Protection	UNHCR	Lindsey Atienza	<a href="mailto:atiENZA@unhcr.org">atiENZA@unhcr.org</a>
		Maria Ermina Gallardo	<a href="mailto:gallardo@unhcr.org">gallardo@unhcr.org</a>
Gender-Based Violence	UNFPA	Aimee Santos	<a href="mailto:msantos@unfpa.org">msantos@unfpa.org</a>
		John Ryan Buenaventura	<a href="mailto:buenaventura@unfpa.org">buenaventura@unfpa.org</a>
Child Protection	UNICEF	Rodeliza Barrientos-Casado	<a href="mailto:rbarrientos@unicef.org">rbarrientos@unicef.org</a>
		Rohannie Baraguir	<a href="mailto:rbaraguir@unicef.org">rbaraguir@unicef.org</a>



CLUSTER & THEMATIC AREA	AGENCY	NAME	EMAIL
Nutrition	UNICEF	Rene Gerard Galera	<a href="mailto:rggalera@unicef.org">rggalera@unicef.org</a>
Education	UNICEF	Carl Francis Moog	<a href="mailto:cmoog@unicef.org">cmoog@unicef.org</a>
	Save the Children	Reggie Aquino	<a href="mailto:Reggie.Aquino@savethechildren.org">Reggie.Aquino@savethechildren.org</a>
Food Security and Agriculture	WFP	Isabelle Lacson	<a href="mailto:isabelle.lacson@wfp.org">isabelle.lacson@wfp.org</a>
	FAO	Alberto Aduna	<a href="mailto:Alberto.Aduna@fao.org">Alberto.Aduna@fao.org</a>
Emergency Telecommunications	WFP	Arnel Penaverde	<a href="mailto:arnel.penaverde@wfp.org">arnel.penaverde@wfp.org</a>
Logistics	WFP	Kevin Howley	<a href="mailto:kevin.howley@wfp.org">kevin.howley@wfp.org</a>
Early Recovery and Livelihood	UNDP	Napoleon Manegdeg	<a href="mailto:napoleon.manegdeg@undp.org">napoleon.manegdeg@undp.org</a>
WASH	UNICEF	Louise Maule	<a href="mailto:lmaule@unicef.org">lmaule@unicef.org</a>
		Paul Del Rosario	<a href="mailto:pdelrosario@unicef.org">pdelrosario@unicef.org</a>
		Geovani Lapina	<a href="mailto:glapina@unicef.org">glapina@unicef.org</a>
PINGON	CARE	Kara Medina	<a href="mailto:kara.medina@care.org">kara.medina@care.org</a>
Private Sector	PDRF	Veronica Gabaldon	<a href="mailto:vtgabaldon@smart.com.ph">vtgabaldon@smart.com.ph</a>
		Anna Katrina Aspurias	<a href="mailto:trina@pdrf.org.ph">trina@pdrf.org.ph</a>
Information Management	OCHA	Joseph Addawe	<a href="mailto:addawe@un.org">addawe@un.org</a>
Community Engagement	OCHA	Gil Francis Arevalo	<a href="mailto:arevalog@un.org">arevalog@un.org</a>
Humanitarian Communications	OCHA/WHO	Regina Maramag	<a href="mailto:maramag@un.org">maramag@un.org</a>

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.