

**GUIDELINES ON CAMP COORDINATION AND CAMP MANAGEMENT AND INTERNALLY
DISPLACED PERSONS PROTECTION**

I. RATIONALE

The passage of RA 10121, known as the Philippine Disaster Risk Reduction and Management Act of 2010 mandated DSWD as the Vice-Chair for Disaster Response Pillar of the NDRRMC and the Cluster Approach System designated DSWD to lead the Camp Coordination and Camp Management (CCCM) Cluster. The cluster aims to provide timely and well-coordinated humanitarian assistance and augmentation support in the management of evacuation centers. It ensures the availability of safe, secure, and accessible evacuation centers for emergencies and disasters. This led to the formulation and approval of the Joint Memorandum Circular (JMC) No. 1, series of 2013, also known as the Guidelines on Evacuation Center Coordination and Management. The JMC 01 s. 2013 between the Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), Department of Health (DOH) and Department of Education (DepEd), has since been the guide of the CCCM cluster members and other Disaster Risk Reduction and Management Council (DRRMC) member-agencies from the national to the local level.

Over the years, disasters have become more complex in terms of frequency, type, magnitude, and effects. The past disasters, both caused by natural and human-induced hazards, have challenged the efficacy of the CCCM Cluster and Local Government Units (LGUs) counterparts in the management of camps.

The need to recognize and give special importance to vulnerable sectors such as women, children, persons with disability, persons with special needs, and elderly during disasters and emergencies further arose after Super Typhoon Yolanda struck the country in 2013. Issues concerning the safety and protection of children and women during such time led to the enactment of the Republic Act 10821 also known as the Children's Emergency Relief and Protection Act of 2016 and the consequent approval of the Comprehensive Emergency Program for Children (CEPC) in 2017. This law and program provide for the assurance of delivery of necessary services to the Internally Displaced Person (IDP) inside the camps, particularly to children, pregnant women, and lactating mothers.

Challenges in the efficient delivery of relief assistance and services to the Internally Displaced Persons (IDPs) inside the camps also emerged during the Marawi Crisis in 2017. Some of the challenges were the inconsistencies, duplication, and bloated data gathered inside and outside evacuation centers. There were reported IDP families in evacuation centers also registered as home-based IDPs. There were alleged IDP Protection issues inside the camps not properly reported due to the lack of knowledge on reporting and referral systems of such cases. These point to the need for the enhancement and inclusion of information management systems and/or mechanisms in the camp management guidelines.

Answering the call to continuously improve the government's service delivery and building on the learnings from past disasters and new legislation for the protection of IDPs deemed the necessity for enhanced CCCM guidelines which incorporates IDP protection and information management mechanisms. Henceforth, the JMC 01 s. 2013 is superseded by this guideline.

II. SCOPE AND COVERAGE

- A. The guidelines cover all activities before, during, and after the displacement of families affected by natural and human-induced hazards;
- B. The guidelines will guide LGUs, National Government Agencies including its Regional/Field Offices, Non-government Organizations, private groups, and international organizations; and
- C. The guidelines include the following: (1) key stakeholder responsibilities; (2) implementation of CCCM activities; (3) camp facilities and corresponding standards; and, (4) protection services;
- D. The guidelines will govern both localized and major disasters.

III. DEFINITION OF TERMS

- A. **Camp** – refers to the temporary accommodation for IDPs. These may be planned camps (bunkhouses and tent cities), self-settled camps, and evacuation centers.
- B. **Camp Closure** – refers to the identification of solutions to end displacement leading to the return of IDPs to their places of origin or voluntary movement out of the camp to transitional sites/relocation sites.
- C. **Camp Coordination** – refers to creating access and delivery of humanitarian services and protection to IDPs. This includes collaborating with other government agencies, Civil Society Organizations (CSO), donors, host communities, and other stakeholders providing appropriate assistance.
- D. **Camp Management** – refers to ensuring the coordination and provision of assistance and protection to IDPs living in camps according to the legal protection framework and minimum humanitarian standards, encouraging IDP participation, managing IDP data and information, and maintaining camp facilities.
- E. **Camp Manager** – refers to a designated person who exercises leadership over the camp, manages its activities, and supervises the camp management team.
- F. **Camp Management Personnel** – refers to all personnel involved in the coordination and management of camps; this includes the Camp Management Committee, Camp Management Teams, and Camp Management IDP Support Teams.
- G. **Child Friendly Spaces (CFS)** – refers to spaces where communities create nurturing environments for children to access free and structured play, recreation, leisure and learning activities; and a venue to identify vulnerable and at-risk children to facilitate their referral for immediate response. The CFS may provide health, nutrition and psychosocial support and other services and activities, which will restore their normal functioning. They are designed and operated in a participatory manner, and may serve a specific age group of children or a variety of age groups. CFS are important throughout a crisis, from emergency to recovery.¹
- H. **Disaster Assistance Family Access Card (DAFAC)** – refers to the tool that captures critical data of each disaster-affected family including gender, age, and special needs disaggregated data as well as assistance received.

¹ Philippine National Implementation Guidelines for Child Friendly Spaces in Emergencies

- I. **Food and Non-food Items (FNI)** – refers to valuable commodities for IDPs' survival, health, and well-being especially during displacement where the IDPs are likely to have limited or no access to resources. These may be relief goods provided to IDPs such as family food packs, ready-to-eat-foods, sleeping kits, water containers/jugs, kitchen kits, hygiene kits, etc.
- J. **Evacuation Center (EC)** – refers to the type of camp that may be a government facility (permanent evacuation centers, gymnasiums, barangay halls, as last resort- schools, and etc.), church-buildings, or other private facilities hosting internally displaced persons.
- K. **Gender Responsiveness** – refers to the consistent and systematic attention given to the differences between women and men in society with a view to addressing structural constraints to gender equality.²
- L. **Gender-based Violence (GBV)**- refers to the umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It is a serious, life-threatening protection issue with women and children.
- M. **Internally Displaced Persons (IDPs)** – refers to the persons (or groups of persons) who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular, as a result of or in order to avoid the effects of natural or human-induced hazards, and who have not crossed an internationally recognized border.
- N. **Mental Health and Psychosocial Support (MHPSS)** – refers to any type of local or outside support that aims to protect or promote psychosocial well-being and /or prevent or treat mental disorders.
- O. **Psychosocial Support** – refers to the processes and actions that promote the holistic well-being of people in their social world. It includes support provided by family, friends and the wider community, and any type of local or outside support that aims to protect or promote psychosocial well-being.
- P. **Resource Mapping** – refers to the inventorying of resources (its location and distribution) that can be mobilized for the management of camps.
- Q. **Stockpile** – refers to the prepositioned supply of food and non-food items to replenish or procure additional goods and services necessary for camp management.
- R. **Transitional Sites** – refers to the area where tents, bunkhouses or alternative shelters are established to host IDP families while waiting for permanent relocation. Families are usually transferred from camps to these sites.
- S. **Women Friendly Space (WFS)**- refers to the facility/infrastructure that utilizes a strategy in mainstreaming gender as a cross-cutting issue in providing humanitarian responses in evacuation centers, transitional sites, or disaster-affected communities. It would address the specific needs of women affected by disasters and it will provide a more systematic, organized and gender-responsive way of delivering services.³

² Handbook on Gad Training for Government Agencies

³ Manual on Women Friendly Spaces, A Guide for Service Providers

IV. LEGAL BASES

A. National Laws

1. **Republic Act 10821 Children's Emergency Relief and Protection Act** – An Act Mandating the Provision of Emergency Relief and Protection for Children Before, During, and After Disasters and other Emergency Situations
2. **Republic Act 10121 Disaster Risk Reduction and Management Act of 2010**- An Act Strengthening the Philippine Disaster Risk Reduction and Management System, providing for the National Disaster Risk Reduction and Management Framework and Institutionalizing the National Disaster Risk Reduction and Management Plan, Appropriating Funds Therefore and for Other Purposes.
3. **Republic Act 9710 Magna Carta of Women 2009** - Section 13 provides for the proactive adoption of measures by camp managers to prevent sexual violence in evacuation centers and relocation sites.
4. **Republic Act No. 9262 Anti-violence Against Women and their Children Act of 2004** – the act declares that the State values the dignity of women and children and guarantees full respect for human rights. The State also recognizes the need to protect the family and its members particularly women and children, from violence and threats to their personal safety and security/
5. **Republic Act 7160 The Local Government Code of 1991** - provides the devolution of basic disaster response services to the LGUs. It requires local chief executives to be responsible for the efficient, effective and economical general welfare of the LGUs and their constituents.
6. **Republic Act 11188 Special Protection of Children in Situations of Armed Conflict** - provides special protection to children in situations of armed conflict from all forms of abuse, violence, neglect, cruelty, discrimination and other conditions prejudicial to their development, taking into consideration their gender, cultural, ethnic, and religious background.
7. **Republic Act 7277 Magna Carta of Disabled Persons** - among its principles is that the State shall advocate for and encourage respect for disabled persons. The State shall exert efforts to remove all social, cultural, economic, and environmental and attitudinal barriers that are prejudicial to disabled persons.
8. **Republic Act 9994 Expanded Senior Citizens Act of 2010** - provides that social safety assistance intended to cushion the effects of economic shocks, disasters and calamities shall be available for senior citizens. The social safety assistance which shall include, but not limited to, food, medicines, and financial assistance for domicile repair, shall be sourced from the disaster/calamity funds of LGUs where the senior citizens reside, subject to the guidelines to be issued by the DSWD
9. **Republic Act 8371 Indigenous People's Rights Act of 1997** - the State recognizes its obligations to respond to the strong expression of the ICC/IPs for cultural integrity by ensuring maximum ICC/IP participation in the direction of education, health, as well as other services of ICCs/IPs, in order to render such services more responsive to the needs and desires of these communities.

10. **Executive Order 51** – National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement, and other Related Products; otherwise known as the Milk Code of the Philippines. This law contributes to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes and breastmilk supplements when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.
11. **Republic Act No. 11148 of 2018** – An Act Scaling-up the National and Local Health and Nutrition Programs through a Strengthened Integrated Strategy for Maternal, Neonatal, Child Health and Nutrition in the First One Thousand (1,000) Days of Life, appropriating funds therefor and for other purposes. Section 11 of this law includes portion on nutrition in the aftermath of disasters.

B. NDRRMC Issuances

1. **Operation LISTO** - Disaster Preparedness Manual 2018 for City and Municipal LGUs.
2. **DILG Memorandum Circular No. 122 Series of 2018** - Guidelines for Local Government Units on the Strengthening of Evacuation Systems using the Local Disaster Risk Reduction and Management Fund (LDRRMF) .
3. **NDRRMC Memorandum No. 22 Series of 2017** - NDRRMC National Disaster Response Plans (NDRPs) for Hydro Meteorological Hazards, Earthquake and Tsunami, and Consequence Management for Terrorism-Related Incidents.
4. **Joint Memorandum Circular No. 2017-0001** - Guidelines on the Implementation of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Emergencies and Disasters and its Integration into the National Disaster Risk Reduction and Management Plan (NDRRMP) and Local Disaster Risk Reduction and Management Plans (LDRRMPs).
5. **Council for the Welfare of Children (CWC) Board Resolution No. 2 Series of 2014** - A Resolution Approving the Guidelines in the Implementation of Child-Friendly Spaces (CFS) in Emergency.
6. **NDRRMC Memorandum No. 62 series of 2017** – Basic Principles Governing Good Practices in Mental Health and Psycho-social Support.

C. DSWD Issuances

1. **Memorandum Circular 006-s. 2015** - Guidelines in the Institutionalization of Women Friendly Space (WFS) in Camp Coordination and Camp Management
2. **Administrative Order 009-s. 2014** - Guidelines in the Implementation of Temporary Shelter Assistance and Prioritization of Victims of Disaster/Internationally Displaced Persons Thereto.

D. International References

1. **Sphere Handbook (2018)** - Also known as the Humanitarian Charter and Minimum Standards in Humanitarian Response which serves as a guide to improve the quality and accountability of assistance and protection in line with humanitarian response. It emphasizes its rights-based foundation: people have the right to assistance, the right to life with dignity, the right to protection and security, and the right to fully participate in decisions related to their own recovery.

2. **Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies, Chronic Crisis, and Early Reconstruction** - Serves both as handbook containing standards, indicators, and guidance notes as well as an expression of commitment that all individuals, children, youth, and adults have a right to quality and relevant education during emergencies and post-crisis recovery.
3. **United Nations Guiding Principles on Internal Displacement (2004)** - This provides practical guidance to governments and other humanitarian actors in working with IDPs. It identifies the rights and guarantees relevant to the protection of persons from forced displacement and to their protection and assistance during displacement as well as during return or resettlement and reintegration.

V. OBJECTIVES

A. General Objective

To establish guidelines to be used by LGUs in managing their camps and identifying areas of coordination, collaboration, and cooperation among other stakeholders to ensure the delivery of essential services to the IDPs. These shall also define roles, responsibilities, and lines of coordination on the performance of tasks of the camp management personnel.

B. Specific Objectives

1. To ensure the availability of established safe camps during emergencies and disasters;
2. To ensure temporary refuge to individual and families potentially at risk or in actual danger is immediately provided;
3. To ensure that all IDPs inside camps are properly accounted for;
4. To ensure that IDPs are provided with protection and assistance services including basic needs such as but not limited to food, family clothing kits, kitchen kits, hygiene kits, sleeping kits, shelter kits, alternative learning kits, and other essential non-food items;
5. To ensure that basic medical, public health, and mental health and psychosocial support, and nutrition services are available 24/7;
6. To ensure a multi-sectoral response to assist and protect all IDPs, including the IDPs' participation in all activities inside camps;
7. To ensure protection and well-being of women and children specifically from all forms of violence and exploitation while inside camps;
8. To define lines of internal and external operability among camp management personnel and responding agencies at all levels of government including local and/or international agencies/organizations/foreign governments; and
9. To ensure that early recovery and rehabilitation as post-response activities are undertaken, in case of prolonged stay;

VI. STATEMENT OF GENERAL POLICIES

- A. Camp Management is providing assistance and protection to the IDPs inside camps in accordance with International and local Law and Standards and ensuring that every member of the community has the opportunity to participate in the activities of the camp;
- B. Camp Coordination and Camp Management is guided by the Do-no-Harm Principle and the core humanitarian principles of humanity, neutrality, impartiality, and independence;
- C. The protection, safety, and well-being of IDPs affected by disasters is the primary concern of the State;
- D. The management of camps is the primary responsibility of the affected and host local government units as first responders (according to RA 10121 and RA 7160);
- E. In the event that response to displacement is beyond the capacity of the local government unit, the national government shall provide technical assistance, augmentation support, and/or may assume the management of the camps;
- F. Gender and cultural-responsiveness are paramount and should be observed/practiced in all camps;
- G. The needs of children, women-especially pregnant and lactating women, persons with disability, older persons, and indigenous peoples should be given priority. Camps facilities must be designed in such a way that ensures accessibility, safety and dignity;
- H. Sex and age-disaggregated data of IDPs shall be maintained. Documentation and profiling of the individuals and families such as the number of children, older persons, lactating and pregnant women, and persons with disabilities inside shall be followed at all stages of its operation- following standards set for reporting and recording of IDPs. All personal information of IDPs must be protected and be treated with confidentiality.
- I. Schools shall not be the primary choice and option as an evacuation center and may only be used in cases where there is no other available place or structure. In the event that schools need to be utilized, however, the LGU with support from national government agencies shall establish transitional shelters to house the IDPs for an extended period of time and support learning continuity in the affected school/s. The use of schools shall not exceed 3 days for short-term displacement, and 15 days for medium- and long-term displacement. If the use of the school is predicted to exceed 15 days, the affected LGU adheres to RA 10821 and its Implementing Rules and Regulations.
- J. IDPs shall be allowed to practice their faith inside the camps.
- K. Facilities/spaces/areas shall be provided for livestock and other domestic animals of IDPs ensuring their safety and provided with their basic needs such as but not limited to food and water.
- L. Isolation, quarantine facilities, protocols, and procedures shall be established to ensure infection prevention and control of emerging and infectious diseases. Supplemental guidelines particular to diseases may be issued.
- M. A safe, clean, and healthy environment in camps shall be strictly observed.
- N. The right to water and sanitation is part of the universal rights essential for human survival and dignity; and state and non-state actors have responsibilities to fulfill the right; and

- O. Basic and essential facilities following their respective standards stated in these guidelines shall be made available in camps.

VII. CAMP MANAGEMENT PERSONNEL

A. Camp Management Committee (CMC)

The CMC shall be organized by the LGU through and within its Local Disaster Risk Reduction and Management Council (LDRRMC) to coordinate the delivery of assistance and services to the IDPs.

1. Composition

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

2. Functions of the CMC

- a. Develop a Camp Management Plan (CMP) which includes resource mapping and organization of the CMT. The CMC shall identify members of the CMT who completed the CCCM training.
- b. Conduct pre-disaster profiling of all families using the DAFAC or other approved profiling system provided by DSWD/LGU and assign a permanent serial number per family indicated in the DAFAC forms. The LGU may use its own template/form provided that all information in the DAFAC will be captured in such a template/form.
- c. Activate the Camp Management Teams and hold pre-camp conference/orientation and planning;
- d. Deploy Camp Management Teams (CMT) when camp is opened by the LDRRMC/local chief executive;
- e. Coordinate and monitor service delivery, needs assessment, and identify gaps in camps;
- f. Coordinate the mobilization of local resources or request for augmentation from their respective PDRRMCs, other national government agencies or external donors as required;
- g. Identify and map the agencies and groups providing assistance to the various camps, including the type of assistance being provided (3Ws re: Who, What and Where);
- h. Make available to the CMTs the contact information of agencies/offices involved in the referral system for GBV cases (See Annex 7 - Referral Network in Case Management of Survivors).
- i. Develop area-specific protocols to help the Committee implement the objectives of this Guidelines responsive to local context and needs;
- j. Ensure that agencies, groups, and organizations providing assistance to the camps are aware of this Guidelines and the standards set forth hereto;
- k. Conduct capacity-building activities and refresher courses to designated camp managers/teams and volunteers;
- l. Enter into an agreement with the private building, structure or property owners that will be used as camps. [note: this agreement can include duration, number of

- families/persons, duties and responsibilities of the LGU and property owner and property rentals];
- m. Maintain an adequate supply of the Camp Management Toolkit;
- n. Coordinate with and report to the National Camp Coordination and Camp Management (CCCM) Cluster in times of major emergencies in their Area of Responsibility (AOR);
- o. Monitor and address needs related to the use of schools as evacuation centers and concerns on the need to continue learning in camps during emergencies;
- p. Monitor the establishment and functionality of Child and Women Friendly Spaces;
- q. Ensure the activation of the Comprehensive Emergency Program for Children; and
- r. Request for the conduct of MHPSS for camp managers.

B. Camp Management Team (CMT)

Part of the CMP is the organization of the CMT which shall be activated and deployed to the camp assigned to them during disasters.

1. Composition

- a. Camp Manager
- b. Assistant Manager
- c. Administrative/Records Officer
- d. School Head for schools occupied as EC or Property Owner for non-school camps
- e. Information Management Officer
- f. Security Officers

2. Functions

- a. Organize and ensure the participation of IDPs in managing the camp;
- b. Register IDPs and ensure regular updating on the status of displaced families and individuals including their movements after displacement. A consolidation of the status shall be displayed in the Information Board. (See Annex 3 – Information Board)
- c. Conduct regular monitoring on the functionality of basic camp facilities (e.g. electricity, water, toilets, bathrooms, laundry area, kitchen, etc.)
- d. Ensure that the required assistance, services, and protection of the IDPs are provided in a timely manner and are based on the minimum standards;
- e. Coordinate, monitor, and report the status of delivery of services and conduct of activities to the CMC;
- f. Establish participative and transparent governance and management system, including the IDP-led formulation of house rules;
- g. Ensure the inclusion of the IDPs, especially women, children, persons with disability, older persons and persons with special needs, in the management activities and decision-making processes;
- h. In coordination with the CMC, mediate and encourage dialogue among IDPs and the host community towards peaceful coexistence;
- i. Establish a mechanism/system to address complaints and grievances;
- j. Coordinate with the education cluster in ensuring learning continuity in school/s used as evacuation centers;
- k. Report to the CMC if there are orphaned, unaccompanied, and separated children inside camps;
- l. Coordinate with Barangay Peace and Order Council and law enforcement agencies in the maintenance of peace and order inside the camps; and
- m. Coordinate with the building/property owner and ensure their involvement in the decision-making process concerning the use, care, and maintenance of facilities.

VIII. PREPAREDNESS MEASURES

To prepare the LGU for an influx of activity whenever a disaster strikes, to design a well-coordinated plan that will aid in the implementation of CCCM related activities, and to avoid waste of time, resources, and efforts, the following activities shall be undertaken ahead of time/prior to disaster:

A. Organization of the CMC

The LGU through the LDRRMC shall organize the CMC. This could be the same entity as the Evacuation Management Committee (EMC) already organized in other LGUs, provided that all functions of the CMC stipulated herewith will be lodged under such committee.

B. Pre-Registration of Families using the DAFAC

The LGU through the Local DRRMC shall conduct pre-disaster profiling of all families using the DAFAC or other approved profiling systems provided by the DSWD/LGU and assign a permanent serial number per family indicated in the DAFAC forms. The LGU may use its own template/form provided that all information in the DAFAC will be captured in such a template/form.

The form shall be filled out in two copies. One copy will be given to the family who shall keep and present the form during registration in case they will be affected by a disaster and to avail of disaster relief services. The other copy shall be kept by the LSWDO for recording, archiving and validating purposes. For easier access and data consolidation, the LSWDO shall maintain an electronic database of the data captured during pre-disaster profiling.

C. Capability Building Activities

1. The DILG, DSWD, DepEd, and DOH, in coordination with their respective co-leads in the Cluster System for humanitarian response, shall continuously develop and roll-out a comprehensive training course for CMCs and CMTs.
2. Regional Training of Trainers (ToTs) shall be organized at the Regional level.
3. Camp Management Training at the Provincial, City, Municipal and Barangay Level shall be provided at the local level.

D. Camp Management Planning

Immediately upon the issuance of these guidelines, all LSWDO shall develop a Camp Management Plan that will include Resource Mapping. Camp Management Planning is the identification and listing of camps with information on facilities that can be used as a temporary shelter, including the maximum number of families that can be housed in each camp. The list shall include public and private open spaces that can be used to set-up transitional shelters or tents.

E. Monitoring Inspection of Identified Evacuation Centers

The DILG shall organize a Technical Working Group (TWG) with DSWD, DepEd, DOH, DENR-MGB, and DPWH at the Regional-Provincial levels. The TWG shall develop an evaluation tool for the conduct of validation inspection activities in monitoring the identified evacuation centers in coordination with the LGUs. The validation will cover structural integrity, safety against risks and hazards, suitability for use as evacuation centers/camps, floor area, and availability of camp facilities.

F. Prepositioning and Stockpiling of FNIs, Camp Management Kits, and Budget Allocation

1. LGUs are encouraged to maintain enough food packs at any given time (other non-affected LGUs are encouraged to augment/support affected LGUs).
2. LGUs are required to preposition five (5) sets of Women-friendly Space Kits and five (5) sets of Child-friendly Space Kits.
3. LGUs are required to prepare and maintain one set of Camp Management Kit per identified camp. This shall be composed of: LGU CMP, registration forms, DAFAC, grievance and referral Forms (VAW Reporting and Referral System at LGU Level), logbook, pens, megaphone, directory of contact persons and agencies/offices vital to camp management, signage, communication equipment, and information board.
4. Basic medicines and medical supplies shall likewise be prepositioned by the Local Government Unit (LGU) for use of camps once activated. In addition, nutrition supplies such as Vitamin A, micronutrient powders, and others should be prepositioned. The DOH through the respective Centers for Health Development (CHD) shall likewise preposition medicines, medical supplies, and other goods at the Provincial Health Team Offices (PHTO) ready for immediate deployment once requested by the LGU.
5. LGUs are also encouraged to preposition basic WASH equipment and supplies, e.g. water kits, hygiene kits, generator sets, etc.;
6. LGUs are encouraged to allocate budget for stockpiling of education supplies of student packs, ECCD packages for 10% of identified children at risk (note that at least 40% of the at-risk population are comprised of children, of which about 83% belong to the pre-school or school-age population).
7. LGUs are counseled to apportion provisions for teachers' packs and instructional materials within their camp management budget and plan.

G. Compliance to Camp Facility Minimum Standards

The CMC, LSWDO and CCCM Cluster shall ensure that basic camp facilities are provided to the IDPs based on the CCCM minimum standards (based on the Sphere Standards) as follows:

1. Shelter and Accommodation

- a. The LGU shall ensure that adequate shelter is provided to the IDPs for short and long term accommodation;
- b. Check and ensure connection on electricity and water;
- c. Consider physical distancing in accommodation areas. The Sphere Standards indicates a minimum of 3.5 square meters of living space per person; and
- d. When designing accommodation areas, consider adequate ventilation, cultural practices, safety, privacy, and accessibility especially for senior citizens, women, children, and persons with disability.

2. Camp Management desk or office

- a. An office or desk set-up camp will be used by the Camp Management Team.
- b. The office/desk shall be properly and visibly marked.

3. Community Kitchen

- a. The Community kitchen shall be the area where the hot meals are prepared for and/or by the IDPs inside the camp;

- b. Drainage and waste management system must be considered in the construction of community kitchens;
- c. The Community kitchen must be strategically located wherein it can be easily accessed by the IDPs inside the camp and away from the toilet and bathing areas; and
- d. Must have access to safe and clean water; and
- e. It should be placed away from the communal toilets/latrines

4. Storage Area

- a. Storage areas should be dry and hygienic, adequately protected from weather and free of chemicals or other contamination.
- b. Storage areas must be secured against pests such as insects and rodents.

5. Water, Sanitation, and Hygiene (WASH)

The Sphere Standards and DOH's Technical Guidelines on WASH may be used as main reference for WASH standards.

a) Toilets and Bathing Areas

Regular monitoring of CHO Sanitary Inspectors on the practice of open defecation and queuing at peak times is to be done. Toilets must have internal locks, adequate lighting, and ventilation.

For displacement exceeding 3 days, the Camp management team shall ensure the following:

- i. For Short-term displacement: 1 toilet per 50 persons
- ii. For Long-term displacement: 1 toilet per 20 persons
- iii. Separate toilet for men and women
- iv. For communal latrines, due consideration should be given to children, in terms of appropriateness in terms of design and size
- v. Must have garbage bins available, especially for latrines assigned to women for menstrual hygiene management
- vi. Toilets must be kept cleaned and maintained for all intended users
- vii. Handwashing facilities with soap must be available adjacent to toilet facilities
- viii. DOH/CHO approval for use of WS Pit Latrines in lieu of full septic pit will be site-specific. A site inspection by DOH/CHO will be conducted to consider existing ground water depth and usage, soil type and planned design life.
- ix. Women to male toilets ratio should be at approximately 4 Female toilets to every 3 Male Toilets
- x. 1 in 10 toilets should be designed and built to accommodate the needs of persons with disability and elderly, with a minimum of 1 toilet per site.
- xi. Gender-responsive comfort rooms may also be assigned
- xii. Access to water

b) Laundry Spaces

Designated areas for laundry with roofing and lights shall be made available in ECs. It should be connected to an existing drainage and water tap.

- i. 1 hand basin per 10 persons
- ii. 1 wash bench (4-5m) per 100 persons
- iii. 2 laundry platform (3m double-sided) per 100 persons

The size of laundry areas should be sufficient to accommodate 20 persons at any given time.

c) **Water-based Facilities**

In accordance with the Sphere standards, the maximum number of people using water-based facilities are as follows:

- i. 250 people per tap (based on a flow rate of 7.5 liters per minute)
- ii. 500 people per hand pump (based on a flow rate of 17 liters per day per minute)
- iii. 400 people per open hand well (based on a flow rate of 12.5 liters per minute)
- iv. 100 people per laundry facility
- v. 50 people per bathing facility
- vi. Until the minimum indicators are met, the priority should be equitable access to an adequate quantity of water even if of intermediate quality
- vii. The quantities of water needed may vary according to the climate, the sanitation facilities available, people practices, and the food they cook, among others.

d) **Basic Survival Water Needs**

NEEDS	QUANTITY (litres/person/day)	ADAPT TO CONTEXT BASED ON
Water intake (drinking and food)	2.5-3 liters per day	Depends on the climate and individual physiology
Basic hygiene practices	2-6 liters per day	Depends on social and cultural norms
Basic cooking needs	3-6 liters per day	Depends on food type, social as well as cultural norms
Total basic water needs	7.5-15 liters per day	

e) **Minimum Water Demand per day (Prolonged Period)**

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

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

f) **Containment (within WASH)**

- i. Faeces, Urine and contaminated water must be contained in such a way so as to prevent:
 - Contamination of water supplies (leaching surfaces should be 1.5 m above the water table, more than 25m from ground water source)
 - Faeces and contaminated liquid from spreading over the ground or in fields either through flooding and/or vermin spreading the faeces (containment tanks, septic tanks)

- Flies from contact with contained materials and then contaminating food or eating surfaces (water seal bowls, lids, screened vent pipes). Fly spraying (deltamethrin) is only to be carried out by professionally trained staff using protective clothing and in the event of diarrheal outbreak.
- ii. If water is used for anal cleansing and/or flushing, the containment should be designed such that water has sufficient retention time to reduce entrained solids before it is leached into the ground (above the water table) or fed into storm water drains.
- iii. Sizing of containment/septic tanks etc. is dependent on the number of users, soil type and ability to remove and dispose of sludge. Containment Pits should be designed to only require desludging one time per year.
- iv. If sludge removal is part of the design, then access is required for vehicles etc so that it can be safely removed.
- v. Construction should use local materials and designed so it is easy to maintain cleanliness.
- vi. The latrine slab should be smooth and with a slope draining to the drop hole. Agencies should consider installing urinals for men to reduce the required number of latrines for men.

g) Sanitation and Hygiene

- i. Water or other anal cleansing materials must be readily available. For Water Seal toilets should only be constructed if there is sufficient water available for flushing within the immediate proximity of the facility (water point within e.g. 50m).
- ii. Handwashing facilities must be designed into or nearby the facility (maximum distance 10m from the facility)
- iii. The implementing agency is responsible for hygiene promotion, training and strengthening local organizations to maintain and clean the facility.

h) Superstructure considerations

- i. Access to the facility must account for all sectors, women, children, elderly and persons with disability. Latrines for persons with disability (1 in 10) should include design features (rails, ramps, seats) that enable safe access and defecation in safety and privacy according to age, gender, and disability, with a minimum of 1 disabled toilet per site.
- ii. Provision must be made for the hygienic collection and disposal of children's faeces.
- iii. Culture must be considered in the design. Gender separation and signposting of cubicles are required.
- iv. Privacy for users is a primary concern and should be guaranteed. (e.g. door should be lockable from inside and latrines should be lit at night in camps.)
- v. Superstructure must be resistant to normal rain and wind conditions to protect users

i) Hygiene Promotion

- i. The key to reducing the public health risk is ensuring that the toilets are used and used correctly. Hygiene promotion programs, that explain the reasons for using toilets vs. open defecation and changing behaviors (i.e. hand washing, cleaning of plates and cutlery, protection of food from flies etc.) are needed so that the IDPs will use the facilities and ultimately reduce public health risks.
- ii. Implementation of the facilities depends on a good hygiene promotion strategy that should be sustained by the WASH Sub-team (Camp Management IDP

Support Team) and Barangay Health Workers (BHWs) with guidance from agencies and City Health Office. The objective is to eliminate open defecation practices and change risky behaviors.

j) Maintenance of WASH facilities

- i. Maintain sufficient water and anal cleansing materials as well as soap and water for handwashing
- ii. Clean the facility regularly so that it does not smell or get muddy.
- iii. Maintain locks so that privacy is guaranteed, monitor the conditions of walling and doors to make sure peepholes are not being made
- iv. In each women's block, mark clearly receptacles for disposal of baby diapers and sanitary napkins.
- v. Ensure that access is safe, i.e. lights at night, clean and safe pathways etc.
- vi. Agencies installing latrines are responsible for ongoing maintenance for a 3-4-month period, after which time they should ensure adequate maintenance systems are in place. This includes decommissioning if it's within the 3-4-month period.

k) Desludging

- i. Feces over time will decompose. However, they will still retain some volume and eventually any containment system will fill up and either the facility is sealed up and closed or the containment vessel is emptied.
- ii. In this setting, the large number of users in a short time will fill these containers much quicker. In addition to this, when using water seal toilets, the amount of water used for flushing cannot be leached into the ground quickly enough or passes through the system quickly and is not clean enough for storm water drains. In both cases the sludge and black water needs to be removed and treated on a regular basis.
- iii. Different designs:
 - Urinary Diversion Toilets- In this design, the faeces are purposely collected, along with the separated urine and processed into fertilizer. This will follow established processes, however in an emergency situation the collection and disposal of these materials must be done safely and timely so as to reduce the possibility of exposure to the displaced residents. In these areas there are large proportions of children so extra care must be taken with the storage and disposal of these materials.
 - Portalets, Pit Latrines and Septic Tanks- These can be manually emptied or emptied by pumps into tanks or barrels for removal from site. Note that during removal the workers need to protect themselves and all spills need to be cleaned and disinfected. The transportation vessels must be sealed.
- iv. This sludge can be treated in several ways:
 - Emptying into existing sewage treatment plants.
 - Lime Stabilization

l) Sewage Disposal

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

- ii. Workers involved in the management, emptying, transport, treatment or disposal of excreta must be provided with protective clothing, tools and health and safety advice.
- iii. Disposal Site
- iv. With the influx of portalets which require regularly scheduled emptying, along with school septic tanks that are now full, a Lime Stabilization Area is required.
- v. At the landfill 2 pits will be dug (4m x 3m x1.5m deep).
- vi. These will be lined with layers of tarpaulin and plastic to reduce seepage of untreated waste into the ground.
- vii. The sewage will be emptied into a pit and mixed with hydrated lime (5kg/1000 liters)
- viii. The PH will be monitored. Target PH is 12 as this will kill all of the pathogens. More Lime will be added if needed
- ix. Once the first pit is full the second pit will be started. The first pit will then be emptied of the disinfected sludge and spread over the landfill as cover.
- x. This will require:
- xi. Supply and storage of hydrated lime and other equipment
- xii. Scheduling of emptying of septic tanks and portalets, including coordination with pumping company, landfill for access and the EC management to make sure that the truck has access
- xiii. Staffing (cash for work for IDPs)
 - Trained to mix in lime
 - Measure the PH
 - Will need protective clothing
 - Will be excavating the full pit and spreading over the landfill
 - Inventory of lime, gas and managing the process
 - Pump and hose for dewatering of processed sludge
 - Gas for the pump

m) Solid Waste Management

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

n) Vermin Control Program

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

6. Health Facilities

a) Facility Requirements for Health

- i. Health station/clinic
- ii. Breastfeeding room
- iii. Mental Wellness Space/room
- b) All medical stations/clinics shall have available basic drugs, medicines, medical supplies and equipment for use during disaster in camps.
- c) All medical stations/clinics shall ensure the availability of services 24/7 in camp for emergency cases.

- d) All medical missions shall be coordinated through the camp manager/authorized representative
- e) Health Services for populations in ECs located within 500 meters of a public health facility should be provided by that health facility.
- f) Health services for ECs located more than 500 meters from the nearest public health facility can be provided with a health station manned by health staff 8 hours on a daily basis for the first 2 weeks of the emergency.
- g) The breastfeeding room/corner should be secured, well-ventilated, well-lighted, with provision of water and soap for handwashing, and has chairs and/or bed for breastfeeding or expressing breastmilk. If possible, there will be a refrigerator for the storage of expressed breastmilk. Counseling can be done in the breastfeeding room to encourage breastfeeding and/or relactation. This facility should be accessible and provides privacy, security, helpful maternity services, continuing assistance, social support, and appropriate health services. Depending on the number of lactating women, at least one breastfeeding room/corner should be established per evacuation center.
- h) Should also include nutrition supplies such as Ready-to-Use Therapeutic Food, Ready-to-Use Supplementary Food, Vitamin A, Micronutrient Powder, zinc, iron-folic acid, Mid-upper arm circumference tapes, assessment tools, and other nutrition supplies.

7. Child-Friendly Space

- a) CFS mean safe spaces where communities create nurturing environments in which children can access free and structured play, recreation, leisure, learning activities, educational, psychosocial support, and other activities that restore a sense of normality and continuity.
- b) CFS are facilities for children (boys and girls) using rights-based approach, inclusivity and non-discriminatory regardless of class, gender, abilities, language, ethnicity, sexual orientation, religion, and nationality to have equal access to the CFS.
- c) Cultural norms and practices, community values, and design age-appropriate CFS activities (from birth to 6 years old, 7-12 years old, 13-17 years old) should be taken into consideration.
- d) One (1) CFS for every 100 families (estimated to serve at least 280 children below 18 years old) with kits containing at least toys, art materials, reading books, and other educational materials. Existing structures may be used such as tents, huts, schools, etc. given comfort and safety have been assessed.
- e) Although the space allocated for a CFS will greatly depend on what is available and what is appropriate (for example, the number of children that can safely participate and the types of activities planned). The prescribed area is 1m² per child and 72m² for the tent.⁴

8. Women-Friendly Space

- a) WFS is a facility/structure that aims to respond to the effects of displacement and vulnerability of women to crisis situations brought about by disasters through the provision of a wide range of services that would address their practical and strategic gender needs;
- b) One (1) WFS for every 100 families (tent or room) with kits containing at least art materials, curtains, logbook, mats, tables, chairs, etc.; and

⁴ Philippine National Implementation Guidelines for Child Friendly Spaces in Emergencies

- c) The area must be large enough that can accommodate at least 25-30 internally displaced women as an ideal number for an activity

9. *Conjugal / Couple's Room*

- a) Conjugal/Couple's Room shall be a private room located at the end part of the camp to accommodate IDP-couples for a period of time (around 2-3 hours) to spend a moment of intimacy with privacy.
- b) Couples must present a marriage contract or Datu/Punong Barangay Certification. For not legally married couples/partners, they may present a certification from the Punong Barangay attesting that they are partners/living together.
- c) A couple's room is not deemed appropriate and shall not be allowed within school premises used as an evacuation center.

10. *Prayer Room*

- a) A prayer room must be designed appropriately according the faith and beliefs of IDPs in camps;

11. *Area for management of livestock and domestic animals owned by IDPs*

- a) Space for livestock and other domestic animals of IDPs shall be identified and provided in camps or if possible a separate camp facility for the animals shall be established.
- b) Facilities and food for these animals shall also be provided by the LGU during the disaster until such time when they are able to return to their owner's residences.
- c) Care and safety of these animals shall be ensured with the assistance of the Department of Agriculture, animal rights groups, and other concerned stakeholders.

IX. IMPLEMENTATION

A. PREPARATORY ACTIVITIES FOR CAMP MANAGEMENT

1. *Activation and Deployment of the CMT*

CMC, with the information from the LDRRMC or LDRRMO that an evacuation of affected families is imminent, shall activate and deploy the CMT to undertake the following:

- a. Conduct pre-deployment briefing and planning;
- b. Inspect the facilities to ensure that everything is in order and functional;
- c. Inform the building, structure, or property owners;
- d. Bring Camp Management Kits;
- e. Undergo CCCM refresher training if necessary, pre-deployment briefing and conduct planning session, ideally before accepting IDPs; and
- f. Wear identifiable markers (identification cards, nameplates, shirts, vests or jackets) at all times.

2. *Camp Set-up*

- a. Posting of visible and clear directions leading to the camp;
- b. Posting of camp house rules/ camp do's and don'ts, and other signage and announcements, preferably using the local language; and
- c. The positioning of facilities, camp management kit, and communication capacity

3. *CMT Planning*

- a. Mapping of Resources inside Camp
 - i. Inventory of facilities including health facility or equivalent, breastfeeding area/space, rooms for the accommodation of IDPs, hand washing and bathing facilities, toilets, connection to water pipeline and electricity, water storage,

- cooking/kitchen Facilities counter. Facilities at the vicinity of the camp and are available for public use should be included in the inventory;
- ii. Inventory of resources needed for management of camp (i.e. basic office equipment such as computers, typewriters, reproduction machines/computer printers, photocopy machines, TV sets, transistor radios, etc.).
- iii. Responsible person/partner agencies and their contact numbers involved in the management of the camp; and
- b. Identification of areas for the establishment of C/WFS;
- c. Indicative plan to improve the facilities in the pre-identified camp on how to meet the minimum standards;
- d. List of activities to be undertaken within the duration of the IDPs' stay inside the camp and expected output per activity; and
- e. Request other resources needed.

B. CAMP MANAGEMENT PHASE

1. Organization of Camp Management IDP Support Teams

The IDPs are among the key stakeholders in camp management, as such their participation in the management of camps should be encouraged and promoted. All IDPs shall be organized into groups with team leaders that will assist the camp manager in ensuring that the basic needs of IDPs are addressed. Team leaders shall have regular meetings with camp managers and team members; all meetings shall be properly documented and records of such is kept for ready reference.

The teams to be organized are as follows:

1. Records Team
2. Accommodation and Maintenance Team
3. Food and Non-food Items (FNI) Team
4. Safety and Security Team
5. Health Team (with sub-teams on Medical, Nutrition, MHPSS, and WASH)
6. Education, Sports, and Recreation Team

Other teams may be organized as necessary. Camp Leaders may also be assigned per area, zone, or cluster in the camps. (See Annex 1- Recommended Camp Management Structure and Annex 2 - Functions of Camp Management IDP Support Teams)

2. Information Management

a. Registration of Families inside camps using the DAFAC or other approved profiling systems

Upon entry of IDPs in the camp, the CMT shall facilitate the registration of IDP families using the DAFAC form.

i. For IDP families with existing DAFAC

IDPs who have undergone pre-disaster profiling shall present their copy of DAFAC. In case of a lost DAFAC, the CMT, upon coordination with the LSWDO, shall provide a new copy to the IDP family with the same serial number assigned to them.

The LSWDO shall also provide the camp managers their copy of the IDP families' DAFAC for the following purposes:

- a) Updating of family records/data
- b) Recording of assistance provided

c) Consolidation of IDP family data

ii. For IDPs who have not undergone pre-disaster profiling

The CMT shall facilitate the registration of IDP families in two copies of DAFAC, one copy for the family and the other one for the camp manager which shall be submitted to the LSWDO for recording during the evacuation, and archiving after the camp closure. The same is also kept for validation in case the IDP family will be affected by another disaster.

b. Consolidation of DAFAC Data

i. Encoding

The LGU is encouraged to provide at least one (1) desktop computer/laptop per camp. This shall be used by the CMT in encoding/creating a database of the data gathered from the DAFAC or other approved profiling system. The creation of a database enables fast and easy access to data and data disaggregation.

In the absence of a desktop computer/laptop, the CMT shall record, consolidate, and disaggregate the data.

ii. Posting and Updating of Information Board

All camps shall have an information board (See Annex 3- Information Board sample) posted in a visible location and updated on a daily basis by the CMT, for easy access to general information about the IDPs inside the camp. This contains Summary and consolidated data gathered from the DAFAC.

Boards showing necessary information may also be posted such as camp needs and health promotion, especially during public health emergencies.

c. Monitoring of CCCM Facilities and Services Provision

To ensure that camps follow the minimum camp facilities and services standards, the following CCCM actors shall undertake the following:

- i. The CMC shall prepare a Relief Distribution Plan and ensure that all IDPs are given an equitable share of all relief items. The same shall be updated on a regular basis by the CMC.
- ii. The CMT shall record all relief assistance, including health services, provided to the IDPs at the back of the DAFAC to both LSWDO and the IDP family's copy.
- iii. The CMT, particularly the camp manager shall fill-out the Relief Distribution Sheet (RDS) (See Annex 4 – Relief Distribution Sheet Sample) and submit a copy to the LSWDO. This shall be one of the references of the CMC in updating their Relief Distribution Plan.
- iv. The CMC or the LSWDO, shall conduct regular inspection of all camps to monitor the CCCM facilities and the basic services provided to the IDPs using the Camp Gaps and Needs Monitoring Tool (See Annex 6 – Camp Gaps and Needs Monitoring Tool), and provide necessary intervention or request for assistance/augmentation from the DSWD Field Office.
- v. In the case of regional/national response cluster activation, the CCCM regional/national cluster lead and members shall undertake the following:
 - a) Closely coordinate with the LSWDO to monitor gaps and needs in the Camps.
 - b) Conduct monitoring visits and inspections at the camps.

- c) Report the gaps and needs to the Response Cluster Secretariat and coordinate identified gaps and needs to the concerned cluster member or other NDRRMC member-agencies.
- d) Ensure that all identified gaps and needs are acted upon through close coordination with the LSWDO or the CMT.

d. Reporting System

All camp management personnel shall follow the horizontal and vertical coordination in reporting CCCM related information.

- i. The CMT shall report all information to the LSWDO thru the CMC;
- ii. The LSWDO shall report to the LDRRMC and to the concerned DSWD Field Office;
- iii. The DSWD Field Office shall report to the RDRRMC and to the DSWD Central Office;
- iv. The DSWD Central Office shall report to the NDRRMC.

It is to be assumed that the information provided by the LSWDO to the LDRRMC is the same information provided by the LDRRMC to the RDRRMC and the RDRRMC to the NDRRMC. Thus, this information shall be coordinated (horizontally) before submission to each agency/council's respective next level. In case of discrepancies in reports, validation of information shall be made by each agency/council to their respective downlines (vertically). (See Annex 5 - Coordination System During Disaster Response Operations)

e. Camp Grievance Mechanism and Referral System of Special Cases

There shall be a grievance mechanism inside every camp for handling and managing complaints and protests of the IDPs such as but not limited to protection issues, non-provision of relief assistance, Cash/Food for Work (C/FFW), health and sanitation concerns, education, and etc.

The Protection, Safety and Security support team organized by the CMT shall monitor and report all grievances to the CMT.

Minor Disputes

- i. The CMT shall exhaust all efforts to resolve minor disputes and violations of camp rules. Minor disputes may be conflict resulting in violation of established house rules, without legal implications that require action from authorities. These are disputes which can be resolved within the capacity of the camp manager.
- ii. For complaints on the provision of relief assistance and services, the camp manager shall coordinate and refer such complaints to concerned agency/office.

Cases of Abuse and Violations of Rights

In cases of abuse and violations of rights in the camps, reporting, and responding to such cases shall be undertaken with sensitivity and utmost confidentiality.

- i. The camp manager may report directly to the local police/ VAWC desk assigned in the camp;
- ii. The camp manager shall report all cases of abuse and violation of rights to the LSWDO who shall take action based on the existing referral system and network in the LGU (See Annex 7 - Referral Network in Case Management of Survivors);
- iii. The LSWDO shall report such cases to the IDP Protection regional cluster and the Regional Child Protection Working Group (RCPWG), including all actions undertaken to resolve the case; and

- iv. Conduct Citizens' Arrest as necessary, subject to applicable laws and policies

3. Continuing compliance to camp facility minimum standards

CMT in coordination with the Camp Coordinator, partner agencies, and other stakeholders, shall strive to comply to the minimum standards of the camp facilities according to this guideline stated in the previous sections. This also includes the compliance to health protocols that shall be set in infection prevention and control inside camps.

4. Provision of Assistance and Protection

a) Food and Non-Food Items

- i. A food pack for a family of 5 members shall contain goods that are culturally responsive and appropriate for the family members. The recommended composition of family food packages should be dependent on the availability of food commodities in the disaster-affected areas.
- ii. Immediate provision of mass feeding of Ready to Eat Food (RTEF) during the first three days of disaster operation- emergency phase.
- iii. Hot meals shall be prepared in the community kitchen as necessary for the first three days of disaster response. The basic nutritional requirements of IDPs should be met.
- iv. Priority consideration to the provision of food to persons with special needs, persons with disability, elderly, infants (i.e. pasteurized breast milk), pregnant, and lactating women; and
- v. Non-food items such as sleeping kits, family kits, kitchen kits, hygiene kits, etc. shall also be provided as necessary.

b) Protection

i. General Protection Concerns

- Establish coordination of inter-sectoral mental health and psychosocial support
- Conduct assessment of mental health and psychosocial issues through a participatory process involving the IDPs
- Management of camps must apply a rights-based approach in providing mental health and psychosocial support services
- Establishment of grievance mechanism and referral system to address the protection issues of IDPs
- Identify, monitor, prevent and respond to protection threats and failures through locally mandated structures and through social protection
- Identify, monitor, prevent and respond to protection threats and abuses through legal protection
- Camps must be provided with adequate safety and security measures for all IDPs by mobilizing local Law Enforcement officers (Barangay Peace and Order Council/Police) to maintain peace and order, and to respond to any threat to life and/or crime incident in the ECs
- Ensure prevention of recruitment by armed forces and groups, trafficking, and other forms of violence and exploitation against a person
- Promoting security of social workers, community development workers and other LGU-NGO-INGO field personnel in the performance of their roles and responsibilities at the camps

- Recognizing and respecting Learners and Schools as Zones of Peace. Learners, especially children, and schools and their personnel, shall not be the object of attack and shall be entitled to special respect. Reference shall be made to DepEd Department Order 32, s. 2019.
- Law enforcement officers (Police Officers/Barangay Peace and Order Council) to ensure implementation of relief distribution plan to maintain orderly distribution which include the prioritization of internally displaced children and those with special needs
- Provision of partitions/dividers per family to facilitate privacy
- Assistance in the retrieval/re-issuance of legal documents like passports, marriage certificates, birth certificates, IDs, land titles, school records and other pertinent legal documents

ii. **Child Protection**

- Data disaggregation of all children in the ECs, including orphaned, unaccompanied and separated children needing assessment as basis of appropriate interventions (age category should be based on the four key periods of growth and human development: Infancy (Birth-5 months; 6 months-2 yrs old), childhood (3-8 yrs old), middle childhood (9-11 yrs old) and adolescence (12-17 yrs old)).
- Recognize and respect children as Zones of Peace, and promote the approach, "Do No Harm" to children and facilitate a protective environment for the prevention of child protection concerns like physical abuse, sexual exploitation, child labor, child trafficking, involvement in armed conflict, and other child protection cases.
- Strengthening coordination and proper referral to appropriate agencies/authorities to address cases of physical abuse, sexual exploitation, child labor, child trafficking, and other Child Protection issues.
- Strengthen the capacity of the BCPC to facilitate proper response in working with support groups and in facilitating referrals to appropriate and mandated structures.
- Orphaned, Unaccompanied and Separated (OUS) children shall not stay inside the camp. They shall be referred to the available DSWD Residential Care Facility or Transitional Shelter (using a referral form) for their temporary stay while tracing their families and reunification is being facilitated. Other services shall be explored such as Alternative Parental Care, Foster Care, Kinship Care and Adoption as the last resort when the parents and relatives cannot be located. (refer to NHA Guidelines on Transitional Shelter for OUSC).

iii. **CFS Protection Services**

- CFS shall be used to accommodate children as they engage in psychosocial support sessions by shift per age per group. Other activities may also be conducted, such as feeding of infant or pre-school children, educational support activities, sessions on prevention of violence, abuse, exploitation, child labor, child trafficking, and other CP concerns;
- The Community Welfare Volunteer or Youth Focal Point as CFS facilitators shall be primarily responsible for managing the CFS particularly on the following:

- i. Coordination with the existing local structures, Local Social Welfare Office, the BCPCs, Community-Based Child Protection Networks (CBCPN) or any community-based child protection group available in the locality and with maximum participation of children/youth groups.
 - ii. Ensure functionality of local child protection structures like BCPCs, Community-Based Child Protection Networks (CBCPN), by involving the existing organized Children/Youth Groups such as PYAP, Sangguniang Kabataan in the conduct of psychosocial support services.
 - Use the Philippine National Implementation Guidelines for Child-Friendly Spaces in Emergencies in the implementation of CFS activities.
- iv. Gender-Based Violence Protection**
- Ensure availability of disaggregated data of pregnant and lactating mothers including women/men victims of GBV indicating their ages, gender (male/female and boys/girls), and any disability (PWDs) or special concerns needing appropriate professional intervention.
 - Promote breastfeeding, provision of RH services, counseling sessions, and appropriate response and referrals on GBV cases affecting both male/female.
 - In cases of GBV protection concerns, camp managers are to ensure safety of victim-survivor and immediate access to support services (See Annex 7 – Referral Network in Case Management of Survivors).
 - Promote the prevention of GBV concerns like sexual abuse, domestic violence, and human trafficking and other GBV cases.
 - The guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level may be used as reference
- v. WFS Protection Services**
- Women Friendly Space shall serve as a safe space for IDP women where they can enjoy the freedom to express themselves without fear of trauma, abuse, and harm as well as discuss their issues in confidence
 - Services that are provided in the WFS may include but not limited to the Minimum Initial Service Package for Sexual Reproductive Health, Referral system entry point for GBV cases, sustainable livelihood, psycho-social support services, rights awareness sessions, nutrition counseling, and the like.
- c) Health - Minimum Services Package for Health**
- i. **Clinical Management** provides medical consultation and treatment with health care facility referral and transportation.
 - ii. **Public Health services**, but not limited to Health Advocacy/Promotion, diseases surveillance, vector control and other related interventions.
 - iii. **MISP for SRH** - The MISP for SRH shall be implemented in all humanitarian crises guided by the principles of humanity, neutrality and impartiality. It shall be implemented at the onset of an emergency or disaster, without site specific needs assessment, utilizing national estimates on population data and health care, when available, and shall continue until comprehensive RH services are in place.
The MISP for SRH shall include services on safe motherhood, family planning, STI, HIV and AIDS and gender-based violence in crisis situations.

The services that shall be made available in all areas affected by emergencies and disasters shall include the following:

- **SAFE MOTHERHOOD**

- Make available skilled health personnel to provide Emergency Obstetric and Newborn Care (EMONC) services. Prenatal care and postpartum services should be made available as situation allows
- Establish 24/7 referral system.
- Provide clean delivery kits to pregnant women on their third trimester of pregnancy and to skilled birth attendants.
- Raise awareness of community on the availability of services.

- **FAMILY PLANNING**

- Provide contraceptives to existing or current users. b. Provide appropriate information on family planning.

- **STI, HIV and AIDS**

- Provide access to free condoms.
- Strictly adhere to universal precautions, e.g. rational and safe blood transfusion.
- Provide anti-retroviral (ARVs) for those undergoing treatment
- Provide syndromic treatment of STIs.

- **GENDER- BASED VIOLENCE**

- Provide clinical and psychological care for gender-based violence (GBV) survivors through the establishment of Women and Child Protection Units in public secondary and tertiary health facilities.
- Coordinate with DSWD on mechanisms to prevent and respond to sexual violence in emergencies such as the GBV Sub-cluster.
- Coordinate for proper referral to existing local protection mechanisms such as the Local Committee on Anti-Trafficking and Violence Against Women and Children (LCAT-VAWC).

The DOH shall incorporate additional services to the MISP for SRH to include nutrition services for newborns following the Infant and Young Child Feeding in Emergencies (IYCF-E) and the Adolescent Sexual and Reproductive Health (ASRH) information and services, particularly on the coordination for ASRH concerns, assessment of needs, data management and provision of adolescent friendly health services as provided by law.

iv. **Mental Health and Psychosocial Support (MHPSS) Services**

The MHPSS requirements of the general population and vulnerable groups shall be met by ensuring that social considerations are taken into account in all relief efforts, as well as by providing PFA and graduated psychological interventions in accordance with the accepted national and international standards. These considerations and interventions must be supported with activities-services, promotion and education- related to the basic services needed by the affected communities (ie. health, food, water etc) as stated in the MHPSS intervention pyramid.

As such, the provision of MHPSS Interventions shall be guided by the following "Basic Principles Governing Good Practices in MHPSS":

- Affirms human rights and equity
- Emphasizes the principle of doing no harm
- Ensures participation
- Provides multi-layered support
- Promotes integrated support system
- Is culturally sensitive and appropriate
- Resilience and strength-based
- Affirms the significance of spirituality in the recovery process
- Promotes collaboration and partnership
- Promotes transparency and accountability
- Builds on available resources and capacities
- Adheres and maintains professional and ethical standards
- Ensures stability and sustainability
- Ensures the welfare of all service providers

In the implementation of MHPSS, primary care workers deployed by DSWD in coordination with DOH shall:

- Strengthen community and family support for mental health and psychosocial well-being through assistance for activities such as family tracing and reunification, assisted mourning, communal healing rituals, activation of women's group and youth club;
- Provide focused (person to person) non-specialized support by trained and supervised workers such as but not limited to psychological first aid, livelihood support for survivors of GBV and mental health care by primary health care workers;
- Properly inform distressed survivors of their right to refuse to discuss their experiences with humanitarian workers unless done so voluntarily;
- Listen patiently and provide professional advice in a non-judgmental manner following the provisions of the MHPSS Intervention Pyramid;
- Proper coordination mechanisms in the provision of MHPSS services must be established among different agencies and partners, especially among those with key mandates:
 - DOH- leading MHPSS, health personnel, responders, LCEs
 - DSWD- affected people in camps especially in assessment and provision of services, in coordination with other agencies
 - DepEd- affected school children
 - PRC- affected people in the community
- Screen possible high-risk cases through the use of the Self Reporting Questionnaire (SRQ) to be facilitated by the camp manager with orientation from the DOH
- Establish referral systems for vulnerable groups and high-risk cases in coordination with DOH for proper referral, management, and treatment of cases in identified facilities.
- Report MHPSS services rendered and share these with other agencies for proper coordination of activities, documentation of services, and for planning purposes

- Consider the needs of IDPs who are also persons with disabilities in the provision of MHPSS services
- Promote the IASC – MHPSS Guidelines and its key messages to ensure that there is appropriate action to address the social risk factors affecting the mental health and psychosocial well-being of IDPs and support groups. (refer to IASC – MHPSS guidelines)
 - **Level 1**- any service geared towards addressing the acute needs of the general population in a disaster such as the following: psychological first aid, provision of basic needs and services, or coordination with concerned agencies on such, disaster orientation/briefing
 - **Level 2** - any service addressed to vulnerable groups to provide community and family support and help restore support systems, e.g. play sessions, provision of child-friendly spaces, the formation of support groups, facilitation of ceremonies and rituals, etc.
 - **Level 3** - focused services aimed at managing high-risk cases to prevent and reduce risks of mental health cases and their consequences, e.g. psychosocial processing (PSP) or debriefing, counseling, etc.
 - **Level 4** - specialized services for MHPSS cases, e.g. Treatment by specialists, management of mental health facilities, provision of psychotropic medications.

v. **Nutrition**

Applicable policy/guidelines to be issued by DOH and/or National Nutrition Cluster may be used as detailed and official reference.

- Conduct of Mid Upper Arm Circumference (MUAC) screening
- Food inspection and milk code violators monitoring
- Provision of inpatient referral and outpatient feeding for severely acute malnourished and MAM children (high-risk group)
- Designation of breastfeeding area/corner
- Infant Feeding in Emergencies (IFE) assessment and counseling
- Provision of access to breast milk (milk banks and wet nurses)
- Complementary feeding with Micronutrient Powder (MNP) for children 6-23 months
- Vitamin A supplementation
- Inclusion of fortified foods in family packs
- Zinc supplementation for all diarrheal cases

d) **Education**

- i. Establishment of Temporary Learning spaces (TLS) for school-aged children should be ensured in nearby schools that can absorb additional learners, or in each camp to cater to displaced learners.
- ii. Assignment of areas as Child-Friendly Spaces (CFS) should be ensured in each camp.
- iii. CFS/TLS provide venues for supervised neighborhood playgroup services for preschoolers and learning activities for school-aged children.
- iv. Determine appropriate approaches sensitive to the age, needs, and culture of the learners to ensure learning continuity such as the use of Alternative Delivery Modes (ADMs).
- v. The location of the learning spaces should be accessible or adjacent to basic facilities such as WASH facilities and drinking stations.

5. Maintenance and care of camp facilities

- a) Repair and maintenance of schools/s used as camps shall be immediately undertaken to ensure the safety and well-being of the IDPs, learners, and other occupants. Such repairs and maintenance shall be under the jurisdiction of the School Principal in coordination with the Camp Manager and implemented and funded by the LGU.
- b) Maintenance and care of camp facilities are shared responsibilities of the CMT and the IDPs.

6. Mobilization of IDP Support Team

- a) Organize volunteers to assist the goods distribution, repacking, and other activities relevant to the management of resources.
- b) Assist in the generation of a master list of IDPs.
- c) Assist in food preparation in the community kitchen.
- d) Assist in the conduct of socio-cultural and recreational activities (for prolonged camp)
- e) Coordinate the organization and deployment of breastfeeding support group and members to actively promote, protect and support exclusive breastfeeding in the camps.

7. Sharing of resources among LGUs

In the event that IDPs evacuated to the neighboring LGU, the host LGU may provide the IDPs with relief goods. The original LGU of the displaced population should have close coordination with the host LGU in providing for the other needs of IDPs. Documentation and reporting of assistance provided and received should still be practiced.

8. Conduct of camp emergency drills

- a) Orientation for short-term displacement
- b) Drills during medium- and long-term displacement

9. Early Recovery Services

a) Livelihood Support

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

b) Cash-for-Work

Provide short-term employment for the IDPs in the restoration of damaged shelters and community works in exchange for cash.

c) Food-for-Work

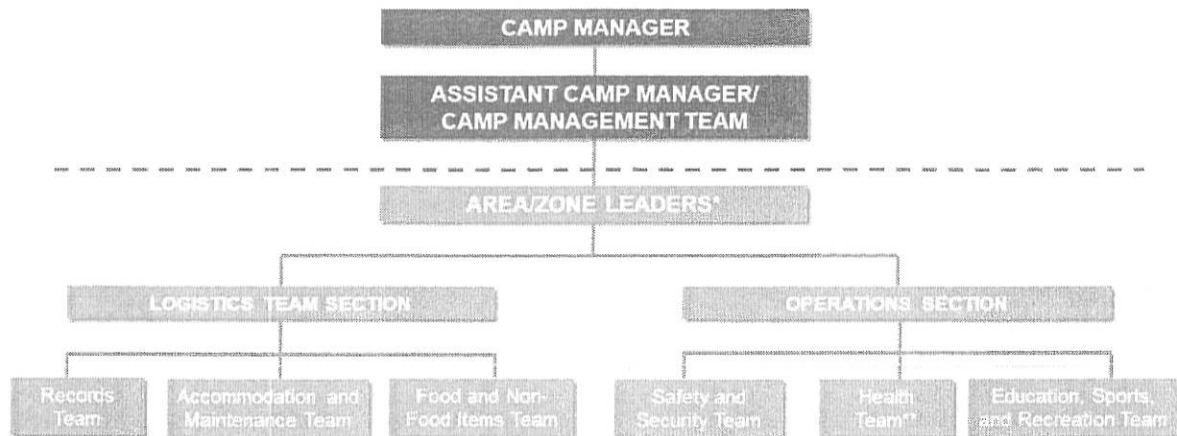
Temporary employment through engagement in community work in exchange for food

d) Continuing Relief Assistance

Management of relief assistance shall be under the supervision of the Field Office.

Annex 1: Recommended Camp Management Structure

RECOMMENDED CAMP MANAGEMENT STRUCTURE



*optional, depending on the number of IDPs in the camps

**may be composed of sub-teams on medical, nutrition, MHPSS, and WASH

The size and composition of Camp Management support teams shall depend on the need of the camp.

Annex 2: Functions of Camp Management IDP Support Teams

LOGISTICS SECTION

RECORDS TEAM

1. Assist in the registration of the IDPs accommodated in the camps
2. Assist in master listing/profiling and of IDPs and the updating thereof
3. Assist in the accomplishment/issuance of DAFAC
4. Maintain the logbook for IDPs entering and exiting the camps
5. Assist in the administration of surveys in the camps
6. Assist in the administration of livelihood assessments/surveys if necessary

ACCOMMODATION AND MAINTENANCE TEAM

1. Assign IDPs to their designated areas/rooms
2. Assist IDPs in the identification and selection of their area/zone leaders and the camp house rules
3. Identify and keep a list of the IDPs assigned in their respective areas/zones
4. Identify and reserve room(s) for nursing mothers, isolation room(s) for the sick and maternity room(s) for emergency cases of childbirth
5. Ensure the management and maintenance of camp properties and facilities
6. Check the availability of utilities such as electricity

FOOD AND NON-FOOD ITEMS TEAM

1. Receive donations and assistance from various agencies and entities to be acknowledged by the camp manager
2. Assist/supervise FNI distribution and preparation of relief distribution sheets for ready use
3. Coordinate with Records Team on the master list and number of IDPs for relief distribution purposes
4. Monitor and report FNI needs of the IDPs while ensuring IDPs with special needs are included
5. Maintain updated distribution lists and ensure that DAFAC are issued and kept updated
6. Inform of Non-food item and food distribution schedule and entitlement to the IDPs
7. Establishment of separate fast track lines for IDPs with special needs.
8. Ensure food and non-food items are culture-responsive
9. Ensure safe storage and warehousing of relief goods
10. Ensure the availability of transportation, 24/7, for emergency cases.
11. Coordinate with the local officials and other entities to provide the camp with the transportation for IDPs who need immediate assistance/emergencies.
12. Community Kitchen (if available)
 - a. Set up a community kitchen and undertake mass feeding and food preparation
 - b. Ensure the cleanliness of the community kitchen is maintained
 - c. Ensure that a menu for the week is prepared
 - d. Ensure that children and persons with special needs are prioritized during feeding
 - e. Ensure safe storage and warehousing of relief goods

OPERATIONS SECTION

SECURITY AND PUBLIC SAFETY TEAM

1. Ensure IDPs are safe from exposure to crime, violence and abuse through effective engagement of PNP (both men and women police) and Barangay Peace and Order Council for additional security.
2. Ensure delivery of humanitarian assistance and camp management are not militarized and all IDPs/IDPs are free from recruitment tactics
3. Consult and involve IDPs in planning for effective safety and security.
4. Camp and contingency plans are prepared and drills conducted
5. Involve and mobilize the Council of Elders, as necessary.
6. Facilitate the establishment of camp rules and regulation
7. Coordinate with Chief of Police, fire marshal, Brgy. Chairman and or *Lupong Tagapamayapa* relative to camp security measures
8. Prepare log of incidents to report to Barangay Peace and Order Council
9. Receive complaints from IDPs in the camp for immediate intervention and referral services
10. Assist in the resolution of minor disputes and violation of camp rules
11. Assist in the referral flow or mechanisms of protection-related concerns to the relevant authorities.
12. Monitor, report and respond to cases of abuse and violations of rights in the camp while observing confidentiality, respect and safety/security at all times.
13. Ensure protection and grievance mechanisms:
 - a. Receive complaints from IDPs in the camp
 - b. Assist in the resolution of minor disputes and violation of camp rules
 - c. Assist in the referral flow or mechanisms of protection-related concerns to the relevant authorities.
 - d. Monitor, report and respond to cases of abuse and violations of rights in the camp while respecting confidentiality
 - e. Ensure that the displaced population have access to justice
 - f. Ensure that the distribution of relief goods is fair and the needs of specific groups are taken into consideration.

HEALTH TEAM

The Health Team may be composed of the following sub-teams:

1. WASH Sub-team

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

2. Medical Sub-team

- a. Coordinate with camp managers regarding the health needs of the IDPs.
- b. Ensure rapid health assessments are conducted within 3 days of the arrival of IDPs

- c. Ensure access to basic and regular health services, including immunizations and referrals, accessible to the displaced population
- d. Monitor, report share information and refer health-related concerns to health workers/hospitals
- e. Ensure reproductive health services are provided in the camps
- f. Implement a surveillance system for communicable diseases
- g. Guarantee immediate medical intervention for sexual and gender-based violence cases.

3. Nutrition Sub-team

- a. Conduct Nutrition Initial Needs Assessment (NINA) in the affected areas;
- b. Ensure timely and appropriate delivery of quality package of nutrition interventions to affected population particularly on the promotion and protection of infant and young child feeding practices, micronutrient supplementation, supplementary feeding, integrated management of acute malnutrition and others;
- c. Ensure that the foods provided and distributed are nutritionally adequate especially for the vulnerable groups;
- d. Conduct trainings and other various capacity building activities related to nutrition;
- e. Provide nutrition counseling to affected populations through a participatory process, identifying what kind of information they require and in what format; and
- f. Establish and promote coordination, networking, planning, social mobilization, advocacy, surveillance, monitoring, evaluation and good reporting mechanisms within the nutrition cluster.

4. MHPSS Sub-team

- a. Coordinate with camp manager regarding psychosocial needs of the IDPs
- b. Conduct rapid assessment of vulnerable population, services, and risks according to available tools prescribes
- c. Facilitate conditions for appropriate communal, cultural, spiritual, and religious healing practices, such as prayer, hope, faith, acceptance, and engaging acts of service.
- d. Provide information of contact details of key agencies, or organizations that provide specific services;
- e. Provision of Psychosocial Interventions in accordance with the IASC principles.
- f. Document and report MHPSS services conducted, as well as information related to services including the mechanism for assessing and monitoring outcomes
- g. Identify, assess, and manage persons who display overt signs and symptoms of psychological problems as mandated.
- h. Activate and make operational comprehensive referral systems for focused MHPSS services.
- i. Protect and care for people with severe mental and neurological disabilities (Level 4) living in ECs.
- j. Preposition medications for mental, neurological, and substance use disorders as mandated.
- k. Disseminate IEC/ Advocacy materials on Mental Health and Psychological Education to staff and affected populations.

EDUCATION, SPORTS, AND RECREATION TEAM

1. Ensure that Child-Friendly Spaces/Temporary Learning Spaces are established within the camps, for the children to continue their learning process
2. Ensure the availability of the master list of school children and needs are identified. Coordinate with the Education cluster to determine and provide for the needs of the school children.
3. Organize sports and recreation activities in the camp
4. Prepare schedule for the recreational activities duly approved by the camp manager
5. Provide regular recreational activities for IDPs especially for the children in the form of film showing, educational videos and parlor, and indoor games
6. Facilitate spiritual and worship activities inside the camps

***Camp Leader**

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

Annex 3: Information Board - Sample



EVACUATION CENTER INFORMATION BOARD

REGION _____

PROVINCE/CITY/ MUNICIPALITY _____

NAME OF EVACUATION CENTER _____

LOCATION _____

Total Number of Families

Total Number of Individuals

Number 4Ps
Beneficiaries

Number of Indigenous
People

CATEGORY	AGE	MALE	FEMALE	TOTAL
Infant	00-11 months old			
Toddler	01-03 years old			
Pre-school Age	04-05 years old			
School Age	06-12 years old			
Teenage	13-19 years old			
Adult	20-59 years old			
Senior Citizen	60 and above			
TOTAL				
Persons with Disabilities				
Single-headed Households				
Pregnant Women				
Lactating Mothers				

FACILITIES				TOTAL
Latrines				
Bathing Cubicles				
Cooking Counters				
Women Friendly Spaces				
Child Friendly Spaces				

Common Illnesses	
Camp Needs	

Contact Details of Camp Management Team

Camp Manager _____

Assistant Camp Manager _____

Contact Number _____

Contact Number _____

Annex 4: Relief Distribution Sheet – Sample

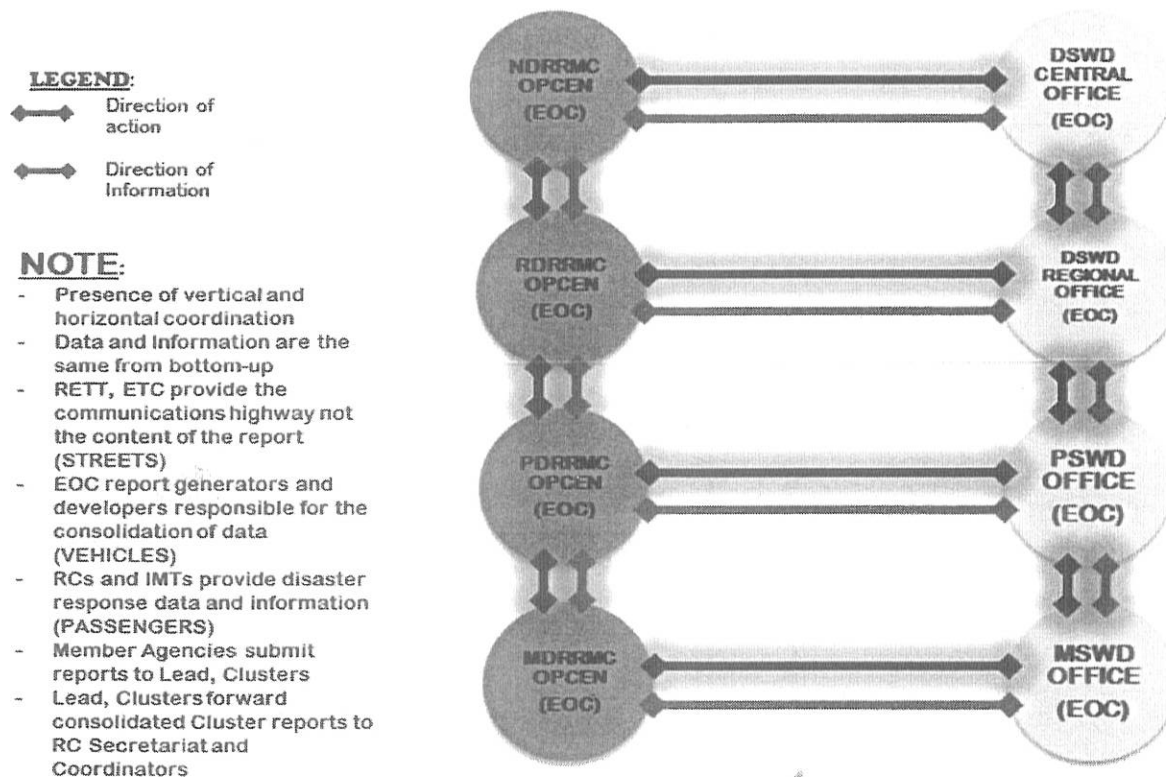
Republic of the Philippines
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

RELIEF DISTRIBUTION SHEET

Region: _____ Name of Evacuation Center: _____
 Province: _____ Type of Disaster: _____
 Municipality: _____ Date of Occurrence: _____
 Barangay: _____ Date of Relief Distribution: _____

No.	Name of Beneficiary	No. of Dependents	Assistance Provided		Signature/ Thumbmark
			Kind/Type	Quantity/ Unit	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Annex 5: Coordination System during Disaster Response Operations



Source: National Disaster Response Plan for Hydro-Meteorological Hazards

Annex 6: Camp Gaps and Needs Monitoring Tool

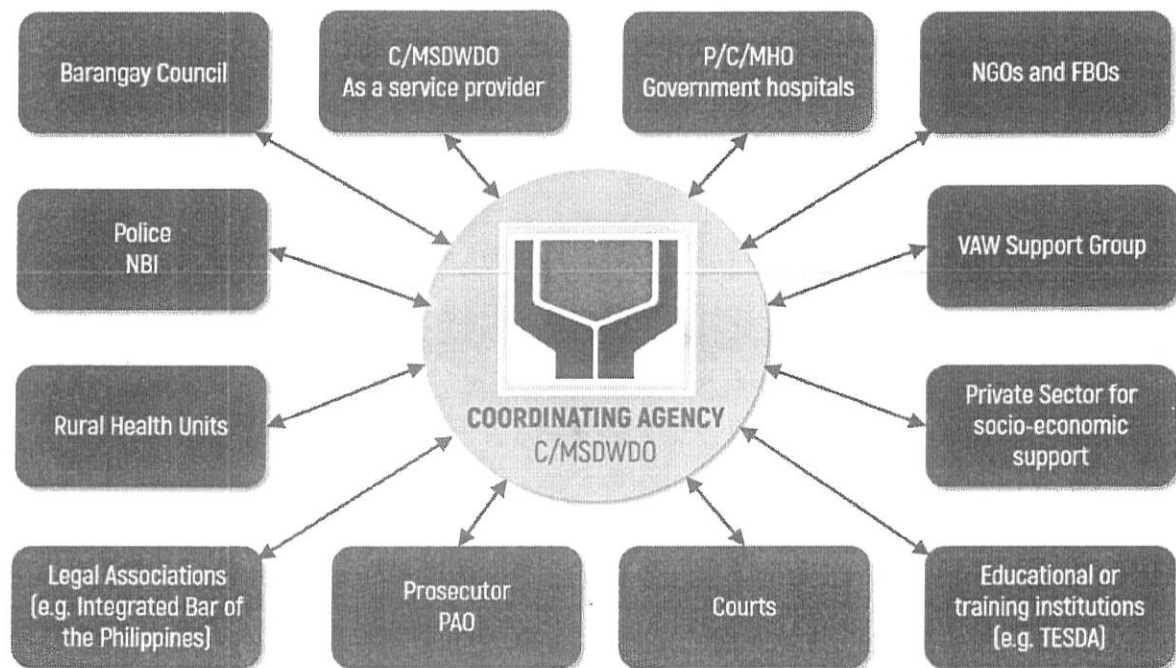
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EC DWELLINGS/FACILITIES		FOOD & NFI		WATER SANITATION HYGIENE (WASH)	
	Enough Dwelling Space/Privacy Partitions				
	Safe Cooking Counters				
	Multipurpose Halls				
	Worship Area				
	On-Site Electricity				
	Adequate Food Distribution				
	Supplemental Feeding for Children				
	Supplemental Feeding for Lactating/ Pregnant Women				
	Malnutrition Screening				
	Adequate Hygiene Kits				
	Adequate Cleaning Kits				
	Adequate Family Kits				
	Adequate Dignity Kits				
	On-Site Water Source				
	Safe Drinking Water				
	Adequate Drinking Water				
	Drinking Water Containers				
	Sufficient Number of Sex Disaggregated Latrines				
	Sufficient Sex Disaggregated Bathing Cubicles				
	Regular Desludging				
	Sufficient Sex Disaggregated Bathing Cubicles				
	Drainage System Working Properly				
	Roofed Laundry Area				
	Hygiene Promotion Conducted				
	Regular Garbage Collection				

					Health Services Available On-Site	HEALTH
					Health Referral System In Place	
					Health referral system IEC materials in place	
					MHPSS Provided to IDPs	
					Temporary Learning Space	EDUCATION
					Informal Education Conducted On-Site	
					All Students able to Continue their Studies	
					24-hour Security in the Site	PROTECTION
					Presence of WCPD Officer	
					VAW-CP Awareness Session Conducted	
					Confidential VAW Services Available	
					Monitoring and Reporting GBV and Child Protection	
					Protection Referral Pathway Information Posted in the Site	
					Sessions with Children	
					Activities for the Youth	
					Family Development Sessions	
					WASH Facilities are Well Lit	
					Women Friendly Space	PROTECTIVE SVCS/FACILITIES
					Child Friendly Space	
					Breastfeeding Area	
					Facilities modified for PWDs	

Annex 7: Referral Network in Case Management of Survivors

Referral Network in Case Management of Survivors



Annex 8: Camp Management Plan Sample

CAMP MANAGEMENT PLAN

REGION:	PROVINCE:	CITY/MUNICIPALITY:
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CAMP STRUCTURE AND MANAGEMENT PERSONNEL	
NAME OF CAMP	TYPE OF CAMP
LOCATION	CAPACITY
CAMP COORDINATOR (CC)	CAMP MANGEMENT TEAM (CMT)
CAMP MANAGER (CM)	
CONTACT NUMBER OF CM	

CAMP FACILITIES	
☐ CAMP MGT. DESK	☐ COMMUNITY KITCHEN
☐ INFORMATION BOARD	☐ LAUNDRY SPACES
☐ CHILDREN/WOMEN FRIENDLY SPACE	☐ WATER SPACES/FACILITIES
☐ COUPLE'S ROOM	☐ AREA FOR LIVESTOCK
☐ STORAGE ROOM	☐ SEPARATE AREA FOR WASTE MGT.
☐ RELIEF DISTRIBUTION AREA	☐ STANDBY SERVICE VEHICLE
☐ CLINIC/HEALTH STATION	☐ OTHERS _____
☐ TOILET AND BATHING AREAS	_____

CAMP LAY-OUT

FUNCTIONALITY	
SHELTER AND ACCOMODATION	
Electricity supply	
Back-up generator	
Access for clean and potable water	
Partitions	
CAMP MGT. DESK	
Visible and properly marked	
Information board posted and regularly updated	
CAMP MANAGEMENT PERSONNEL	
Camp Management Team are trained	
IDP support teams organized	
House rules established	
Camp management desk/office with supplies and equipment	
Signage posted properly	
Utilization of DAFAC for IDP registration	
CHILD-FRIENDLY SPACE/ WOMEN-FRIENDLY SPACE	
Activities for children/women are conducted by a trained facilitator on a regular schedule, Managed by at least a community welfare volunteer or youth focal points	
Availability of CFS/WFS kits	

COUPLE'S ROOM	
Located at the end part of the camp which provides privacy to couples	
RELIEF DISTRIBUTION	
Assembly area for relief distribution	
FNI distribution system established	
STORAGE ROOM	
Clean and dry area for storage of FNI	
Free from rodents and insects	
Secured during disasters	
CLINIC/HEALTH STATION	
Available 24/7 in emergency cases/during disaster	
Assigned medical team (doctors, nurses, midwives)	
Breastfeeding station	
Medical supplies & equipment	
Isolation areas	
Basic medicines (list down available medicines)	
Hygiene kit/dignity kit	
Medical check-ups conducted daily during disasters	
TOILET AND BATHING AREAS	
Number of toilets proportional to number of IDPs	
Well-lighted	

Separate toilet for men/women/ PWD	
Can be locked from inside	
With proper ventilation	
With water supply, pail/dipper and soap	
With garbage bins	
COMMUNITY KITCHEN	
Stove/fuel	
Kitchen utensils	
Provision of hot meals or ready- to-eat food	
LAUNDRY SPACES	
One hand-basin per 10 persons	
One wash-bench (4-5m) per 100 persons	
Two laundry platform (3m double sided) per 100 persons	
Size sufficient to accommodate 20 persons at any given time	
Connected to an existing drainage and water tap	
With roofings and lights	
WATER SPACES/FACILITIES	
250 persons per functioning water tap	
Additional water containers	
AREA FOR LIVESTOCK, DOMESTIC ANIMALS AND CROPS	
Assurance of care and safety of domestic animals	
Cleanliness	

SEPARATE AREA FOR SOLID WASTE MANAGEMENT	
One bin per 10 households	
Established central collection receptacle	
Daily garbage collection	
PROTECTION SERVICES	
Referral pathway for Gender-based Violence cases inside camps	
Security personnel deployed	

Prepared by:

Approved by:

Designation:
Date:

Camp Coordinator/ LSWDO
Date:

Annex 9: Acronyms and Abbreviations

AOR	Area of Responsibility
BCPC	Barangay Council for the Protection of Children
CBCPN	Community-Based Child Protection Networks
CCCM	Camp Coordination and Camp Management
CEPC	Comprehensive Emergency Program for Children
CERPA	Comprehensive Emergency Relief and Protection Act
CFS	Child-Friendly Space
CMC	Camp Management Committee
CMP	Camp Management Plan
CMT	Camp Management Team
CSO	Civil Society Organization
CWC	Council for the Welfare of Children
DAFAC	Disaster Assistance Family Access Card
DDRMC	Disaster Risk Reduction and Management Council
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DOH	Department of Health
DSWD	Department of Social Welfare and Development
EC	Evacuation Center
ECCD	Early Childhood Care and Development
EMC	Evacuation Management Committee
FNI	Food and Non-food Item
GBV	Gender-Based Violence
IASC - MHPSS	Inter-Agency Standing Committee - Mental Health and Psychosocial Support
ICC/IP	Indigenous Cultural Community / Indigenous People
IDP	Internally Displaced Persons
INEE	Inter-Agency Network for Education in Emergencies
INGO	International Non-Government organization
JMC	Joint Memorandum Circular
LCE	Local Chief Executive
LDRRMC	Local Disaster Risk Reduction and Management Council
LDRRMF	Local Disaster Risk Reduction and Management Fund
LDRRMP	Local Disaster Risk Reduction and Management Plan
LGU	Local Government Units
LSWDO	Local Social Welfare and Development Officer
MISP	Minimum Initial Service Package
MNP	Micronutrients Powder
MUAC	Mid Upper Arm Circumference
NDRP	National Disaster Response Plans
NDRRMC	National Disaster Risk Reduction and Management Council
NFI	Non-Food Items
NGO	Non-Government Organization
OUS	Orphaned, Unaccompanied, and Separated
PDRRMC	Provincial Disaster Risk Reduction and Management Council
PIDSR	Philippine Integrated Disease Surveillance and Response
PRC	Philippine Red Cross

PSP	Psychosocial Processing
PWD	Persons with Disability
PYAP	Pag-Asa Youth Association of the Philippines
RCPWG	Regional Child Protection Working Group
RDA	Required Dietary Allowance
RDS	Relief Distribution Sheet
RTEF	Ready-To-Eat Food
SQR	Self-Reporting Questionnaire
TLS	Temporary Learning Space
TWG	Technical Working Group
VAWC	Violence Against Women and Children
WASH	Water, Sanitation and Hygiene
WFS	Women-Friendly Space

C. CAMP CLOSURE

1. Trigger and Criteria for Camp Closure

The closure of the camps will be based on the assessment of IDPs and LDRRMC based on the following criteria:

- a) Once all IDPs have voluntarily left the camps
- b) Readiness of the IDPs to return to their respective places of origin
- c) Normalcy of the situation
- d) Readiness of the resettlement site

2. Activities for Camp Closure

a) Demobilization

- i. All equipment provided by the local government or donated to the local government for the improvement of conditions during an emergency should be properly stored in safe areas for use in the event of another crisis.
- ii. In cases where equipment may be turned over or donated to the administrators of the site used as a camp a Memorandum of Agreement (MOA) should be finalized between the LGU and the relevant counterpart.

b) Repair and Rehabilitation of Facilities

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

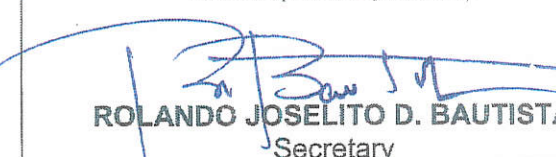
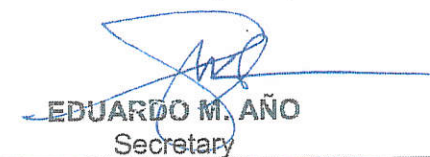
X. REPEALING CLAUSE

All provisions in Joint Memorandum Circular No. 01 Series of 2013 also known as the Evacuation Center Coordination and Management Guideline, and all other related orders, issuances, rules, and regulations and or any provisions in other circulars which are or may be inconsistent or contrary herewith is hereby amended and repealed by this Guideline.

XI. EFFECTIVITY

This Joint Memorandum Circular shall take effect immediately and for dissemination upon approval.

This Joint Memorandum Circular between the Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), Department of Health (DOH) and Department of Education (DepEd) is issued this 27th day of December 2021 in Quezon City, Philippines.

Department of Social Welfare and Development (DSWD)  ROLANDO JOSELITO D. BAUTISTA Secretary	Department of the Interior and Local Government (DILG)  EDUARDO M. AÑO Secretary
Department of Health (DOH)  FRANCISCO T. DUQUE III Secretary	Department of Education (DepEd)  LEONOR M. BRIONES Secretary