

**DEPARTMENT OF HEALTH  
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT  
OFFICE OF CIVIL DEFENSE**

**JUL 9 7 2017**

**JOINT MEMORANDUM CIRCULAR**

**NO. 2017 – 0001**

**TO :** ALL DOH, DSWD, DILG AND OCD Units, Levels and Attached Agencies, Local Government Units and all concerned public, private and Civil Society Organizations

**SUBJECT :** 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)

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**I. Rationale**

The 2014 World Risk Report of the UN University Institute of Environment and Human Security ranks the Philippines second to Vanuatu in terms of disaster risk. Yearly, it experiences almost all forms of natural and human-induced calamities such as typhoons, earthquakes, floods, volcanic eruptions, landslides, fires, and armed conflicts. Statistics show that from 1900 to 2012,

the Philippines was hit by 531 disasters, affecting more than 160 million people and causing USD 10.5 billion economic damages. In 2013 alone, 16 disasters hit the country, the most destructive of which was Typhoon Haiyan (Yolanda) affecting 26 million people with at least 8,000 casualties. These data show the impact of natural disasters resulting in extensive damage to houses and facilities, loss of lives, livelihood and breakdown of services (CRED Crunch Issue No, 34 jcmc 2014).

Due to the susceptibility of the country to disasters, the Congress of the Philippines passed Republic Act No. 10121 also known as the Philippine Disaster Risk Reduction and Management Act of 2010. This law aims to strengthen the Philippine Disaster Risk Reduction and Management (DRRM) system and mandates the institutionalization of the National Disaster Risk Reduction and Management Plan (NDRRMP) consistent with the National DRRM Framework (NDRRMF) which envisions a country of “safer, adaptive and disaster-resilient Filipino communities toward sustainable development”.

The NDRRMP covers four pillars, namely: Disaster Prevention and Mitigation led by the Department of Science and Technology (DOST), Disaster Preparedness led by the Department of Interior and Local Government (DILG), Disaster Response led by the Department of Social Welfare and Development (DSWD) and Disaster Rehabilitation and Recovery led by the National Economic and Development Authority (NEDA). The National Disaster Risk Reduction and Management Council (NDRRMC) which implements the NDRRMP is chaired by the Department of National Defense (DND) with the Office of Civil Defense (OCD) as operating arm and Secretariat of the council. The NDRRMC adopts the cluster approach as a mechanism for sectoral coordination during disasters and aims to strengthen system- wide preparedness and technical capacity to respond to humanitarian emergencies and disasters. The Council designates cluster leads and ensures that there is predictable leadership and accountability in all the main sectors or areas of activity.

Currently, the NDRRMC has eleven clusters, namely, education, health, logistics, management of the dead and missing (MDM), Internally Displaced Persons (IDP) protection, food and non-food items (FNI), search, rescue and retrieval (SRR), camp coordination and camp

management (CCCM), emergency telecommunications (ETC), law and order (LAO) and International Humanitarian Relations (IHR). The Department of Health heads the Health Cluster which includes Health; Nutrition; Water, Sanitation and Hygiene (WASH); and Mental Health and Psychosocial Support Services (MHPSS). The DSWD is the lead agency for the IDP Protection Cluster which has two sub-clusters: the Child Protection Working Group (CPWG) and the Gender-Based Violence (GBV) sub-cluster.

In times of crises, reproductive health concerns become an even more significant cause of morbidity and mortality. Premature delivery among pregnant women may occur during times of displacement. For pregnancy complications, lack of access to emergency obstetric care increases the risk of maternal and neonatal deaths. Lack of family planning services increases the risks associated with unplanned/unintended pregnancies. STI and HIV transmissions may increase in areas of high population density. Likewise, women and children are at greater risk of GBV and discrimination during periods of social instability.

In any affected population, it is globally estimated that about 4% of the total population will get pregnant, about 3.5% are lactating women and, 15% are adolescents in emergency situations<sup>1</sup>. In addition, international research conducted in countries hit by crises has provided ample proof that GBV occurs in each and every emergency. As conflicts and natural disasters rupture the social fabric of community support systems, civilians, especially women and girls, are at risk of exploitation and abuse. The disruption of vital access to reproductive health care, information, and services would deprive pregnant and lactating women, their newborns, adolescents and men of essential health care services or interventions such as prenatal care, birth attendance, postpartum care, newborn care, adolescent sexual and reproductive health care, family planning and STI, HIV and AIDS services. There is, therefore, a clear need for emergency health care for lactating women and their newborns, pregnant women during labor, delivery, and postpartum period and to protect women, children and other vulnerable groups from GBV, unplanned/unintended pregnancies and STI, HIV and AIDS.

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<sup>1</sup> Default figures based on the Manual on Inter-agency Reproductive Health Kits for Crisis Situations, 5<sup>th</sup> Edition, 2011

The MISP for SRH is a set of priority activities to be implemented during emergencies and disasters designed to prevent and manage the consequences of sexual violence; prevent neonatal and maternal morbidity and mortality; reduce STI and HIV transmission; and plan for comprehensive RH services during the recovery and rehabilitation phase of an emergency response. The MISP for SRH was first developed by the Inter- Agency Working Group (IAWG) on Reproductive Health in Crises, a broad-based global coalition of 450 UN, government, non-government, research and donor organizations, formed in 1995 to advance sexual and reproductive health of people affected by conflict and natural disasters.

The MISP for SRH is provided for in the Magna Carta of Women (RA 9710) enacted in August 2009, and in the Responsible Parenthood and Reproductive Health Law (RA 10354) enacted in December 2012. The DOH AO No. 2016-0005 on the MISP for SRH spells out the mechanisms for the implementation of MISP for SRH in the country. This complements existing guidelines of different agencies on the provision of services during emergencies.

In view of the above and in response to a call from a Local Government Unit<sup>2</sup>, partnership and collaboration among DOH, DSWD, DILG and OCD for the full implementation of the MISP is hereby formalized through this Joint Memorandum Circular.

## **II. Declaration of Policies**

This Circular supports the following international commitments/standards and national policies:

1. Sustainable Development Goals (SDGs), 2016-2030 – or Agenda 2030 consists of 17 global goals and 169 targets which were adopted by the Heads of State and Governments during the United Nations Summit in New York in September 2015. The SDGs aim to set out quantitative and qualitative objectives across the social, economic and environmental

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<sup>2</sup> On 15 April 2015, the Albay Sangguniang Panlalawigan passed Resolution No. 0011-2015 “Urging the Secretaries of the Department of Health, Interior and Local Government, Social Welfare and Development and the National Disaster Risk Reduction and Management Council to issue a Joint Memorandum Order setting Guidelines for the Integration of the Minimum Initial Service Package (MISP) in Local Government Units Disaster Risk Reduction and Management Plans”.

dimensions of sustainable development all to be achieved by 2030. The goals provide a shared action “for people, planet and prosperity” to be implemented by all countries and all stakeholders. The SDGs include Good Health and Well-Being (Goal 3), Gender Equality (Goal 5) and Climate Action (Goal 13). A set of indicators and a monitoring framework will accompany the goals.

2. Sendai Framework for Disaster Risk Reduction, 2015-2030 – is the successor instrument to the Hyogo Framework of Action (HFA) 2005-2015 which was adopted at the Third UN World Conference on Disaster Risk Reduction held in Sendai, Japan on 18 March 2015. Its significant shifts include its strong emphasis on disaster risk management as opposed to disaster management, the definition of seven global targets, the reduction of disaster risks as an expected outcome, a goal focused on preventing new risks, reducing existing risks and strengthening resilience as well as a set of guiding principles including the primary responsibility of states to prevent and reduce disaster risks. In addition, the scope of disaster has been expanded significantly to focus on both natural and human-induced hazards and related environmental, biological and technological hazards and risks. Health resilience is strongly promoted.
3. UN Guiding Principles on Internal Displacement, 1998 – address the specific needs of internally displaced persons worldwide; identify the rights and guarantees relevant to the protection of persons from forced displacement and their protection and assistance during displacement as well as during return or resettlement and reintegration consistent with international human rights and humanitarian law.
4. Inter-agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007 – The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychological well-being in the midst of an emergency. The focus is on implementing minimum responses which are essential and high-priority as soon as possible in an emergency.



5. The second sentence of Section 16 (General Welfare Clause) of the Local Government Code of 1991 provides that “within their respective territorial jurisdictions, LGUs shall ensure and support, among other things, the preservation and enrichment of culture, promote health and safety, enhance the right of the people to a balanced ecology, encourage and support the development of appropriate and self-reliant scientific and technological capabilities, improve public morals, enhance economic prosperity and social justice, promote full employment among their residents, maintain peace and order, and preserve the comfort and convenience of their inhabitants.
6. Philippine Disaster Risk Reduction and Management Act of 2010 - This law aims to strengthen the Philippine Disaster Risk Reduction and Management (DRRM) system and mandates the institutionalization of the National Disaster Risk Reduction and Management Plan (NDRRMP) consistent with the National DRRM Framework (NDRRMF) which envisions a country of “safer, adaptive and disaster-resilient Filipino communities toward sustainable development”.
7. Magna Carta of Women of 2009  
Section 13, Rule IV-Rights and Empowerment of the Implementing Rules and Regulations (IRR) of the Magna Carta of Women provides that “there should be timely, adequate and culturally appropriate provision of comprehensive health services, including the implementation of the MISP for SRH at the early stage of the crises”.
8. Responsible Parenthood and Reproductive Health (RPRH) Law of 2012  
Section 4.15, Rule 4, (Service Delivery Standards), Chapter 2 (Provisions and Financing of Care) of the IRR of the RPRH Law on the other hand, provides for maternal and newborn health in crisis situations. In particular, “LGUs and the DOH shall ensure that a minimum initial service package for reproductive health, including maternal and neonatal health care kits as defined by the DOH, shall be given proper attention in crisis situations such as disasters and humanitarian crises. The minimum initial service package shall become part of the DOH response to crises and emergencies. Temporary facilities such as evacuation centers and refugee camps shall be equipped to respond to the special needs of the following

situations: normal and complicated deliveries, pregnancy complications, spread of HIV and STIs and gender-based violence.”

9. Philippine AIDS Prevention and Control Act of 1998 or the RA 8504

Section 2 of the aforesaid law declares that the state shall promote public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign organized and conducted by the State. The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties.

10. Administrative Order on the MISP for SRH during Emergencies (AO No. 2016-0005)- provides guidelines on the implementation of the MISP for SRH during emergencies and disasters and ensures the continuous delivery of the MISP services in a timely coordinated manner in all phases of the emergency.

11. DOH AO No. 0011 Series of 2013 Revised Policy on the Establishment of Women and Children Protection Units in Hospitals – provides guidelines for the institutionalization and standardization of quality of health service delivery in all women and children protection units in DOH health care facilities, LGU-supported health facilities, and private health care facilities.

12. DSWD Memorandum Circular 06 series of 2015: Guidelines in the institutionalization of Women-friendly Spaces (WFS) in Camp Coordination and Camp Management – provides guidelines on managing and operating WFS, a facility/structure that will be established in the evacuation centers or relocation sites during crisis situations such as natural or human-induced disasters. The establishment of WFS is a strategy to mainstream gender as a cross-cutting theme in providing humanitarian response and to address the specific needs of women affected by the crisis or disaster. The WFS shall be established in the evacuation camps, transitional sites or disaster affected communities.

13. Joint Memorandum Circular No. 01 Series of 2010 Creation of Local Committees on Anti-Trafficking and Violence Against Women and Their Children (LCAT-VAWC) by DILG, DSWD and DOJ – provides guidelines for the creation of LCAT-VAWCs at the provincial and city/municipal levels and its functions and membership.
14. Inter-Agency Council on Violence Against Women and their Children (IAC-VAWC) Guidelines in the Establishment and Management of a Referral System on Violence Against Women and Their Children at the LGU Level - aims to establish a referral system at the local government level to have an integrated and coordinated community response to survivors of violence against women and their children (VAWC). The referral system primarily covers the implementation of four laws that address VAWC, namely: Anti-Violence against Women and their Children Act of 2004 (RA 9262). Anti-Trafficking in Persons Act of 2003 (RA 9208), Anti-Rape Law of 1997 (RA 8353) and Rape Victim Assistance and Protection Act of 1995 (RA 8505).
15. Joint Memorandum Circular No.01 Series of 2013 Guidelines on Evacuation Center Coordination and Management – The guidelines cover all activities before, during and after evacuation of families affected by natural and human-induced disasters including armed conflict and aim to clarify mandates, guide resource allocation, provide for designation of responsible offices/persons and mandate the implementation of provisions of law including specific guidelines on gender-based violence.

### **III. Objectives**

This Circular aims to set the guidelines that will ensure the implementation of the MISPP for SRH during emergencies and disaster at national, regional and local levels and its integration in the national and LDRRMPs; and Community-Based Disaster Risk Reduction and Management Plans (CBDRRMPs) where available. Specifically, these guidelines intend to provide direction for the:



1. Provision of Quality MISP for SRH service delivery during emergencies and disasters based on existing global and national standards
2. Coordination of RH and GBV response/Alliance building and networking
3. Integration of the MISP for SRH in the national and local DRRM plans
4. Capacity building (training and TA)
5. Financing / Resource Mobilization
6. Monitoring and Evaluation (M&E)
7. Communicating with affected population / Community Empowerment
8. MISP Promotion and Advocacy for LCEs and service providers
9. Data Management
10. Logistics and Supply chain management

#### **IV. Scope and Coverage**

These guidelines apply to DOH, DSWD, DILG and OCD and all their Regional Offices and attached agencies including all LGUs, non-government organizations, private organizations and other international and local humanitarian partners that have mandates and interests in the delivery of SRH and GBV services in the disaster prevention and mitigation, preparedness, response, recovery and rehabilitation phases of an emergency.

#### **V. Definition of Terms**

- A. Cluster Approach - a way of organizing coordination and cooperation among humanitarian actors to facilitate joint assessments, analysis, strategic planning, response, monitoring and evaluation of humanitarian situations. It establishes a clear system of leadership and accountability for response in each sector; and provides a framework for effective partnerships among national, local and international humanitarian actors in each sector.
- B. Coordination - a process (set of activities) that brings different elements into a harmonious or efficient relationship.

- C. Disaster – a serious disruption of the function of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of the following: the exposure to hazards; the conditions of vulnerability that are present; and insufficient ability or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation.
- D. Disaster Risk Reduction and Management – the systematic process of using administrative directives, organizations and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the probability of disaster.
- E. Emergency – unforeseen or sudden occurrence, especially danger, demanding immediate action.
- F. GBV – is a term for any harmful act directed against a person on the basis of gender. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty (IASC, 2015)
- G. Humanitarian Crisis – an event or series of events that represent a critical threat to the health, safety, security of wellbeing of a community or other large group of people usually over a wide area. Armed conflicts, epidemics, famine, natural disasters and other major emergencies may all involve or lead to a humanitarian crisis.
- H. MISP for SRH- a set of priority activities to be implemented in emergency situations with the goal of reducing maternal mortalities, morbidities and disabilities through specific interventions on coordination, prevention of GBV, prevention of STI, HIV and AIDS, maternal and neonatal care, and planning for comprehensive RH following the SPHERE

standard. When implemented in the early days of an emergency, it can save lives and prevent illness, especially among women and children.

- I. Project SPHERE - initiated in 1997 by a group of humanitarian non-governmental organizations and the International Red Cross and Red Crescent Movement, the project identified a set of minimum standards in key life-saving sectors such as WASH, food security, nutrition, non-food items, health and shelter that must be achieved in any humanitarian response in order for disaster-affected populations to survive and recover in stable conditions with dignity.
- J. Reproductive Health (RH) – is the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. RH, therefore, implies that people are able to have a safe and satisfying sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. It also includes sexual health, the purpose of which is the enhancement of life and personal relations.
- K. Sexual Violence – any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic a person's sexuality using coercion, threats of harm or physical force, by any person, regardless of relationship to the victim, in any setting, including but not limited to home and work.
- L. Vulnerability – can be defined as the diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of a natural or human-induced hazard. Vulnerability is most often associated with poverty, social group, gender, ethnic or other identity, age and other risk factors.
- M. Women of Reproductive Age (WRA) – refer to women ages 15-49 years old .

## VI. Implementing Guidelines

1. The target populations for MISP on SRH are WRA, pregnant and lactating women and their newborns, and young people<sup>3</sup>. Target population for GBV interventions are women, children and other vulnerable groups.
2. The MISP for SRH Elements and Objectives include:
  - i. SAFE MOTHERHOOD
    - Ensure availability of skilled health personnel to provide Emergency Obstetric and Newborn Care (EMONC) services, prenatal care and postpartum services should be made available as the situation allows.
    - Establish a 24/7 referral system
    - Provide clean delivery kits to pregnant women on their third trimester of pregnancy and skilled birth attendants.
    - Ensure awareness of community on the availability of services
  - ii. FAMILY PLANNING (FP)
    - Provide contraceptives to existing or current users.
    - Provide appropriate information on FP
  - iii. STI, HIV and AIDS
    - Ensure access to free condoms
    - Ensure adherence to universal precautions, e.g. rational and safe blood transfusion
    - Provide anti-retrovirals (ARVs) for those undergoing treatment
    - Provide syndromic treatment of STIs

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<sup>3</sup> Young People (10-24 years old)

Youth (15-30)

Adolescent (10-19)

Source: *Youth in Nation Building Act* (RA 8044)

iv. GENDER-BASED VIOLENCE

- Put in place inter-agency protection mechanism with functional referral pathway
- Provide clinical care (medical services) for GBV survivors
- Provide psychosocial support for GBV survivors
- Ensure that community members are aware of available services for GBV survivors

v. NUTRITION SERVICES FOR NEWBORNS

- Follow guidelines on Infant and Young Child Feeding in Emergencies (IYCF-E)

vi. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRH)

- Provide ASRH information and services including referral mechanism for adolescent clients as stipulated in the RPRH law
- Establish Youth Friendly Spaces for youth related activities.

## **VII. Implementing Mechanism:**

### **A. Coordination and Implementation Mechanism from the National to the Local Government**

The DOH Administrative Order Number 2016-0005 on the National Policy on the MISP for SRH in Health Emergencies and Disasters calls for the creation of the Reproductive Health Coordinating Team (RHCT) to manage the implementation of the MISP for SRH across different levels.

The National RHCT shall provide strategic direction to the overall MISP for SRH implementation, the framework for the multi-sectoral integration of MISP for SRH in training programs of the collaborating agencies, and alignment of MISP for SRH for indicators in existing M&E tools. Regular meetings shall be conducted to track progress of implementation and consult major key stakeholders critical to the integration of MISP for SRH at national and local levels.

The National RHCT is composed of the following:

Lead Agency: DOH

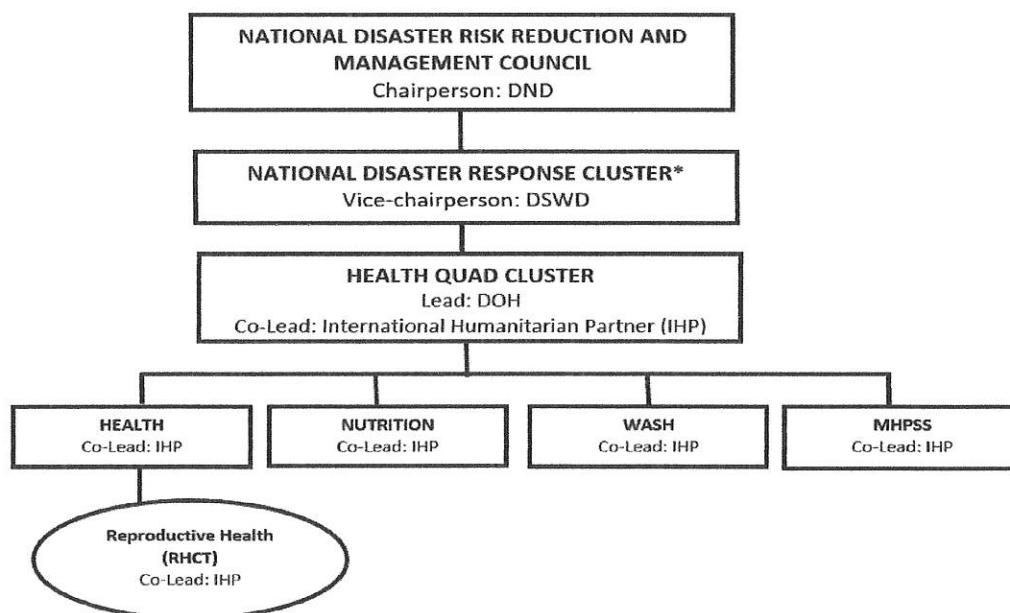
Co-Lead: International Humanitarian Partner

Members: DOH Central Office and Attached Agencies (HEMB, FHO, DPCB, BIHC, BLHSD, HFDB, LMD-AS, POPCOM, PHIC)

International Humanitarian Partners

Local NGOs

The Organogram below shows the RHCT in relation to the Health Quad Cluster and the NDRRMC Organizational Structure.



\*Refer to Annex C of the AO No. 2016-0005 for the Organizational Structure of the National Disaster Response Cluster

## Functions of the National RHCT

Cross-cutting activities of the National RHCT by phase of the emergency and disaster



#### Prevention and Mitigation Phase:

- Access to information and provision of services for normal deliveries, basic and comprehensive emergency obstetrics and newborn care and an emergency referral system 24/7 in normal situation and during a humanitarian setting
- Collection of baseline data on contraceptive prevalence, STI/HIV prevalence, maternal and newborn morbidity and mortality and identify suitable sites for service delivery to address surge capacity of health service providers.
- Prepositioning of supplies and health products and ensure access to information on continuing users of FP commodities and ARVs to mitigate its impact during emergencies and disasters
- Developing the capacity of health service providers in understanding SRH risks and applying risk reduction approaches

#### Preparedness Phase:

- Capacity building on MISP for SRH
- Collection of data on RH including Nutrition, ASRH and GBV for the most disaster prone provinces
- Mapping of potential partners and other stakeholders' support for MISP for SRH
- Prepositioning of RH Kits, supplies and equipment and other health products intended for those who will be affected by emergencies and disasters
- Review of existing policies and development of additional policies as needed
- Developing M&E and information reporting systems
- Conduct quarterly meetings of the RHCT in coordination with RPRH National Implementation Team (NIT)
- Raise community awareness on GBV risk factors in camps and support NGOs to disseminate GBV prevention messages on how and where to access services
- Integration of the MISP for SRH in the national and local DRRM plans.

The MISP for SRH shall be integrated in the national and local DRRM plans particularly in Outcome 17: “Basic Health Service provided to affected population whether inside or outside the evacuation centers”.

- Capacity building on the MISP for SRH

The Inter-Agency Field Manual, outlining the MISP for SRH in Emergency Situation, is being used globally by countries in developing capacities for the implementation of MISP.

The training packages shall be jointly implemented through roll-out trainings of the DOH, DSWD and OCD.

The MISP for SRH shall be integrated as part of the menu of courses offered by the Local Government Academy (LGA) for all Local Chief Executives.

The localized MISP training package is further categorized into 3 levels:

- a. Level 1- skills development for service providers of SRH led by DOH and DSWD;
- b. Level 2- integration of MISP for SRH in local DRRM plans led by DND-OCD; and
- c. Level 3- community level implementation led by the local government units (LGU).

The manuals for the different set of training packages shall be developed by the DOH with technical assistance from UNFPA, with subset of modules developed for specific target groups such as service providers, local chief executives, legislators, program managers and community leaders.

Technical Assistance support shall be mobilized from the National Government Agencies (NGAs), Non-government organizations (NGOs), the Private Sector, the Academe and International Organizations in the continuous capacity building of key stakeholders for the full implementation of the MISP Training Packages.

- Financing Resource Mobilization of the MISP for SRH

The commitment to implement MISP for SRH shall be demonstrated in the allocation of specific resources for the program among concerned agencies. The agencies both national and local shall incorporate their MISP projects and activities in

their organizations' DRRM plans to ensure adequate fund support in planning, implementing, monitoring and evaluating the effective delivery of SRH and GBV services during emergencies and disasters. Other than the agencies' financial resources which include current approved budget and supplemental fund, its relevant units, structures and capable human resources shall be organized and tasked to carry out their appropriate responsibilities for the implementation of MISP for SRH.

The planning and conduct of relevant resource mobilization activities to raise the awareness of prospective development partners or individuals to encourage support to the project implementation is deemed necessary. It shall include the following:

- a. Mapping/Inventory of existing resources, prospective development partners and pool of responders/ volunteers including legal instruments of engagement;
  - b. Coordination meeting with identified local and national development partners to finalize agreements and harmonize schedule on resource mobilization activities; and
  - c. Mobilization and management of support from concerned agencies and individuals to generate resources in the provision of assistance to disaster affected communities.
- An M&E system shall be established to assess the progress and status of MISP for SRH implementation in the country. The system shall define the service coverage indicators for SRH and the process indicators for the enabling and supporting mechanism instituted for MISP. The National RHCT shall develop the tools to be used by the Local RHCTs guided by existing global tools for MISP for SRH. It shall also define the processes in collecting, reporting, analyzing, disseminating and utilizing the data generated in consideration of the existing and available field emergency information systems of concerned national agencies and local government units. The results will enable the various stakeholders to measure the efficiency, effectiveness and equity of MISP for SRH and shall provide the basis in improving its program planning and implementation.

- **Social Mobilization.** This recognizes the crucial role of families and communities in the success of the MISP for SRH implementation. This will involve the conduct of consultations with the target beneficiaries to guide programming and planning, conduct of awareness raising activities through quad-media and ensure community engagement in the implementation.
- **Advocacy and Communication.** This will create an enabling environment to ensure support for and passage of relevant policies on the MISP for SRH. A coordinated advocacy plan should be developed for the different target audience (National policy makers, Local Chief Executives, service providers and the community). The development of a communication plan for the conduct of awareness raising activities on the MISP for SRH through quad-media is critical to its success.
- **Data Management.** MISP for SRH indicators shall be integrated in the existing information management system of member government agencies of the RHCT and GBVSC. Reports will be forwarded from the Local RHCT/GBVSC to the National RHCT/GBVSC for consolidation and analysis. Frequency of reporting will be determined based on the level, type and duration of emergency and disaster.
- **Logistics and Supply Chain Management.** The DOH and DSWD shall establish a system on logistics inventory, determining requirements and prepositioning of adequate supply of humanitarian goods and emergency supplies. Partnership with other relevant sectors shall be established to ensure efficient transport, inspection and safe warehousing. In the event of an emergency, a distribution plan and a tracking system should be in place.

#### Response Phase:

- Conduct of rapid and comprehensive assessment on SRH
- Operationalization of MISP for SRH in crisis situations
- Coordination of MISP for SRH implementation with LGUs, other national government agencies, NGOs, and other international and local SRH humanitarian partners
- Participation in Health and Protection clusters and other relevant cluster coordination meetings

Corollary to the strengthening of coordination mechanisms from the National RHCTs to the Local RHCTs, the Union of Local Authorities of the Philippines\* (ULAP) shall be engaged to provide oversight support to the Leagues of Provinces, Cities and Municipalities in the establishment of local RHCTs.

The Local RHCTs shall oversee the effective convergence and ensure the adequacy of resources for MISP on SRH implementation; monitor and evaluate the progress and results of its implementation; conduct regular meetings to provide strategic direction and oversight and ensure sharing of data with existing tools and reporting mechanisms in place.

The Provincial/City/Municipal Health Office shall take the lead in the establishment of the local RHCT.

The members of the Local RHCT shall determine the frequency of regular meetings and convene as the need arises.

#### 1. Composition of the Local RHCT

The Local RHCT shall be composed of:

- Chair: PHO/CHO/MHO
- Co-Chair: Humanitarian Partner on SRH
- Members: Local Health Office (FP MNCHN Coordinator, STI-HIV Coordinator, ASRH Coordinator)  
Local Social Welfare Office  
Chief of Hospitals (Provincial Hospitals, District Hospitals, Municipal Hospitals, Private Hospitals)  
WCPU  
Local PNP (WCPD Officer)  
Local DRRMO  
Municipal Local Government Operations Officer (MLGOO)

Sangguniang Kabataan

CSOs/ NGOs

Local Nutrition Action Officers

Association of Barangay Captains President

**\*Union of Local Authorities of the Philippines (ULAP)** is an umbrella organization of all the Leagues and Federations of local elective and appointed officials. Its mission is to unite all member leagues, enhance their partnership with all stakeholders to attain local genuine autonomy for all LGUs, and ensure the smooth and efficient delivery of basic services to local communities for authentic and human governance.

T Source: <http://ulap.net.ph/index.php/en/about-ulap/ulap-history#>

1. Coordinate the reproductive health humanitarian response to address the RH needs of internally displaced populations particularly pregnant and lactating women, newborn, adolescents, persons with disabilities, elderly and men during disasters and emergencies.
2. Improve effectiveness, efficiency and speed of response through linkages and coordination to enable strategic decision-making and operational problem-solving and to help avoid gaps and duplication in services within the framework of agreed objectives, priorities and strategies.
3. By phase of the emergency, the local RHCT is responsible for:
  - 3.1 Disaster Preparedness Phase:
    - a. Prepositioning of RH kits, women's kits and other commodities, equipment and supplies in strategic disaster-prone sites;
    - b. Mapping and listing of potential partners and other stakeholders for possible coordinative and programmatic support in time of emergencies;
    - c. Collection, analysis and reporting of data on RH including ASRH and establishment of a database for the most-disaster prone provinces;
    - d. Capacity building in the MISP for SRH.
    - e. Raise community awareness on GBV risk factors in camps and support NGOs to disseminate GBV prevention messages on how and where to access services



### 3.2 Emergency Response Phase:

- a. Coordination of MISP for SRH implementation with national government agencies, non-government organizations, and other international and local SRH humanitarian partners as needed to the level of humanitarian response;
- b. Participation in rapid and comprehensive health assessments ensuring the collection of data on the RH situation;
- c. Activation of the RH Response Plan to operationalize MISP in crisis situation;
- d. Participation in Health Cluster and other cluster coordination meetings;
- e. Mobilization and deployment of resources from development partners, international and national NGOs and the private sector;
- f. Monitoring of MISP for SRH implementation through the use of indicators, checklists and submission of situation reports and humanitarian bulletins to the Regional RHCT;
- g. Provide updates to the local Health cluster who, in turn, reports to the local DRRMC.

### 1.3 Recovery and Rehabilitation Phase

- a. Mobilize resources to support the re-establishment and re-equipping of birthing and other health facilities;
- b. Coordinate the conduct of trainings on SRH based on a competency-based training needs assessment;
- c. Evaluation of the humanitarian response and documentation of good practices. The local RHCT may call for its own after action review or they can be part of the province-wide after action review.

## B. Roles and Responsibilities of Local Government Units

Local Government Units (LGUs) shall:

1. Create and activate the local RHCTs;

2. Adopt and implement the MISP as deemed appropriate and feasible in their locality;
3. Refer and link pregnant women including adolescents to health service providers and thereby ensure access to facility based delivery and emergency obstetric and newborn care;
4. Enhance collaboration and engagement among communities to disseminate risk information on SRH, maternal and newborn health and nutrition through the involvement of community based organizations and non-government organizations;
5. Provide a counterpart budget for prepositioning of RH supplies and commodities, capacity building of local service providers, meetings of the local RHCTs and other local MISP-related activities;
6. Ensure that community volunteers are mobilized during emergency situations;
7. The LGUs shall also monitor the status of the MISP indicators in the LGU scorecard for Seal of Good Local Governance.

#### C. Specific Roles and Responsibilities of the Implementing Agencies

##### **Department of Health (DOH)**

The DOH shall work jointly with the other agencies in updating Reproductive Health (RH) and GBV-related humanitarian policies, guidelines, assessment tools, training package and strategic plans; allocation of budget as stipulated in AO 2016-0005 Section 8 A.6 and C.3, prepositioning and distribution of RH Kits, women's kits and other health products, equipment and supplies in strategic disaster prone areas and support the LGUs in the re-establishment, rehabilitation and re-equipping of birthing and other health facilities, conduct of social mobilization activities, and implement a communication plan.

The DOH shall strengthen public awareness and support a culture of prevention and education on MISP for SRH and implement gender sensitive plans and programs with adequate capacity building measures to empower women on their sexual and reproductive health rights. It

shall adopt specific risk reduction communication policies, lifesaving protective measures and strong community involvement through sustained public education campaigns and public consultations at all levels.

In collaboration with the DSWD, the DOH shall establish a system on logistics inventory, determining requirements and prepositioning of adequate supply of humanitarian goods and emergency supplies and in partnership with other relevant sectors ensure efficient transport, inspection and safe warehousing with a distribution plan and tracking system in place.

The DOH shall establish a Reproductive Health Coordinating Team (RHCT) tasked to:

- (a) Assess the progress and status of MISP for SRH implementation to define the service coverage indicators for SRH and develop the tools to be used by the Local RHCTs that should be integrated in the information management system of implementing government agencies for consolidation and analysis by the National RHCT and Gender-based Violence Sub-Cluster (GBVSC);
- (b) Develop a communication plan for the conduct of awareness raising through quad-media and conduct of consultations with target beneficiaries to ensure community engagement and guide and planning; and
- (c) Consolidate and analyze reports forwarded from the local RHCT/GBVSC.

### **Department of Social Welfare and Development (DSWD)**

The DSWD shall integrate the MISP training module on SRH and GBV in the standard training on camp coordination and management and ensure inclusion of MISP indicators in the assessment tools in coordination with DOH.

The DSWD shall ensure protective measures are in place inside the evacuation center including establishment of women and child-friendly space with basic services provided to promote physical security and safety to reduce women's exposure to risks of sexual violence.

The DSWD shall establish safe, confidential, transparent and accessible mechanisms to address complaints of sexual exploitation and abuse with referral to the health care service providers.

### **Department of Interior and Local Government (DILG)**

The DILG shall coordinate the conduct of MISP for SRH orientation sessions for LGUs and through the LGA include its modules in the Local Governance and Strategic Communication Training Courses.

The DILG shall promote real time access to reliable data, and the use of information and communication technology innovations to enhance the collection, analysis and dissemination of data on MISP for SRH.

The DILG shall issue appropriate policy supporting the MISP for SRH in the LGUs.

The DILG shall facilitate the implementation of the MISP for SRH at the local level through its integration into the target areas for the Seal of Good Local Governance.

### **Office of Civil Defense (OCD)**

The OCD shall ensure the integration of the MISP for SRH in the (National Disaster Risk Reduction Management Plan (NDRRMP) and (Local Disaster Risk Reduction Management Plans (LDRRMPs), support the conduct of MISP for SRH trainings for Levels II and III as well as the distribution of non-food items (e.g. Women's Kits).

The OCD shall promote the collection, analysis, management and use of relevant data, its dissemination and practical information on MISP for SRH for social mobilization activities.

The OCD shall conceptualize and organize complementing activities and events under its mandate to support the integration and implementation of the MISP for SRH.

## IX. Effectivity

This Joint Memorandum Circular shall take effect immediately. This circular is an evolving document and shall be reviewed and updated every five years or as deemed necessary.

  
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