



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAY 23 2017

ADMINISTRATIVE ORDER

No. 2017 - 0007

SUBJECT: Guidelines in the Provision of the Essential Health Service Packages in Emergencies and Disasters

I. BACKGROUND AND RATIONALE

Republic Act No. 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010 (DRRM Act) defines the National Disaster Response Plan (NDRP) and mandated the Department of Health (DOH) as member of the Council to manage the health consequences of disasters through the provision of health services. Based on this mandate the DOH has developed the National DRRP for Health and capacitated all the regional offices. It was during the onslaught of the super typhoon Yolanda that this plan was tested. The DOH led the Health Cluster in the provision of essential services for its four sub-clusters namely medical and public health, water and sanitation hygiene, nutrition in emergencies, and mental health and psychosocial support.

However, despite the concerted efforts for a multisectoral response several post-Yolanda evaluation workshops and reports found gaps in the capacity and capability of the government, including the health system. There are identified areas without clear policies, guidelines, and standards that caused ineffective policy implementation and weak coordinating mechanisms. Hence, there is a need to formalize the guidelines in the provision of the essential service packages for the four sub-cluster through this Order to set standards in the delivery of health services for emergencies in disasters to be reinforced and complied by all implementing agencies.

II. OBJECTIVES

To set the standards for the effective, efficient and timely delivery of essential health services in emergencies and disasters.

Specifically:

- a. Set guidelines in the delivery of essential health services in emergencies and disasters.
- b. Define the essential service components for health, nutrition, water and sanitation hygiene, and mental health and psychosocial support that need to be available and accessible before, during, and after emergencies and disasters.
- c. Delineate the roles and responsibilities of concerned offices, stakeholders, and partners in the delivery of essential health service packages.

III. SCOPE AND COVERAGE

This Order is issued for the guidance of the health sector both government and private, which includes DOH Central and Regional Offices, its attached agencies, hospitals and other healthcare facilities, local government units, other national government agencies, international and local non-government organizations, development partners, professional societies, and other

A handwritten signature in black ink, appearing to be "MMA" followed by a flourish.

stakeholders involved in disaster risk reduction and management, emergency preparedness and response operations.

IV. GENERAL GUIDELINES

1. The EHSP shall be implemented in all humanitarian crises guided by the principles of humanity, neutrality and impartiality and likewise implemented at the onset of an emergency or disaster and shall continue until restoration of the regular health services.
2. The EHSP in Emergencies and Disasters shall set standards of minimum services relative to promotive, preventive, diagnostic, and curative phases during emergencies and disasters at all levels. It shall be made available and accessible to the affected population with the same need, regardless of their age, gender, creed and ethnic origin.
3. The package of essential health services will focus on the four (4) DOH-led clusters or Health sub-clusters namely Medical and Public Health, Nutrition, Water and Sanitation Hygiene, and Mental Health and Psychosocial Support.
4. All levels of governance shall allocate budget for capacity building, human and non-human resource mobilization, and localized promotion and advocacy materials (See Annex B) for the implementation of the EHSP out of the funds of the national government agencies allotted in the national DRRM fund and General Appropriations Act (GAA) and LGUs' fund through the local DRRM fund, and/or through the Disaster Management Assistance Fund.
5. The Local Government Units shall have the primary responsibility and accountability in providing the essential health service package with assistance from stakeholders that are involved directly or indirectly in the delivery of health services.

V. SPECIFIC GUIDELINES

A. Essential Health Service Package

The four (4) Health sub-cluster Essential Service Packages (ESP) aim to provide a focused approach for all affected individuals especially the vulnerable and marginalized populations during emergencies and disasters. The priority in providing the ESPs may change as required by the nature of the emergency (e.g. Complex Emergencies) or disaster and the local context. This package of services is assumed to cover the anticipated and historical health needs of the affected population but shall always be informed by assessments.

1. Medical and Public Health ESP

a. Description

The health requirements of the general population and vulnerable groups shall be met primarily through the following component services: Maternal and Child Health, Prevention and Control of Communicable Diseases, Sexual and Reproductive Health, Management of Injuries, and Control of Non-Communicable Diseases in accordance with accepted national and international standards.

b. Components

1. Health Services for saving lives including those that are needed for search and rescue right after disaster strikes such as Basic Life Support, Standard First Aid, and Pre-hospital Care. Also includes prepositioned first-aid/survival/family health kits and breastfeeding kits.

2. Health Services to prevent and control disaster-related morbidities including communicable diseases and vaccine preventable diseases.

- i. Provision of effective injury and proper wound care.
- ii. Provision of prophylaxis for flood-borne diseases such as leptospirosis and acute watery diarrhea.
- iii. Provision of tetanus toxoid to those with dirty wounds and those involved in rescue or clean-up operations

3. Health Services that need to be continued in the disaster sites including non-communicable diseases (e.g. lifestyle-related diseases, and degenerative diseases.)

4. Maternal, Newborn and Child Health, Essential Intrapartum and Newborn Care (EINC), Basic Emergency Obstetric and Newborn Care (BEmONC) including ensuring clean and safe deliveries, infant and young child feeding counseling, measles and OPV immunization for children aged 6 months to 15 years, vitamin A supplementation for children 6 months to under-five years old, iron-folic acid supplementation for pregnant and lactating women, under-five children feeding support, and provision of safe havens (child-friendly space and woman-friendly space.)

5. Sexual and Reproductive Health (SRH) services in the evacuation centers/communities with, and treatment, prevention and support services, provision of breastfeeding and counseling support to human-immunodeficiency virus (HIV) and sexually-transmitted infections (STIs). Refer to AO 2016-0005 on MISP for SRH.

6. Early treatment and continuation of essential therapies for acute/ chronic conditions/exacerbations including trauma and injuries, skin infections, non-communicable diseases (e.g. lifestyle-related diseases, degenerative diseases, bronchial asthma, pulmonary tuberculosis, cardiovascular disease, diabetes mellitus and other endemic diseases.)

7. Health Support Services for the vulnerable population:

- i. Services for older persons (OP), people with disabilities (PWDs), people with special needs (PWSNs), and people with pre-existing mental illness.
- ii. Services for the clinical and legal assistance for survivors of sexual violence.
- iii. Systems of referral, communication, and safe transport and pre-hospital care of patients requiring definitive care.

2. Nutrition ESP

a. Description

In coordination with the Food and Non-food Items (NFI) Cluster, the nutritional requirements of the general population and vulnerable groups shall be met primarily through nutrition assessment, infant and young child feeding, food assistance, management of acute malnutrition, and micronutrient supplementation in accordance with accepted national and international standards. These must be supported with nutrition education as well as interventions related to food, health, mental health and psychosocial support, water, sanitation, and hygiene, social welfare, food security and livelihood.

b. Components

1. Mobilization of community health and nutrition volunteers and peer support groups within 24 hours.
2. Conduct of infant and young child feeding (optimal and appropriate breastfeeding and complementary feeding) assessment and counselling within 24 hours.
3. Conduct of rapid nutrition assessment after 72 hours. Mid-upper arm circumference (MUAC) measurement (including clinical examination for the presence of bilateral edema) must be conducted if weight and height measurements are not possible.
4. Immediate provision of high-dose vitamin A supplements to target groups unless a similar dose was given in the past four weeks and iron-folate within 24 hours as defined in the current guidelines for micronutrient supplementation. Likewise the provision of Micronutrient Supplement Powder to children 6-23 months within 72 hours. Refer to DM 2011-0303.
5. Posting and distribution of nutrition promotion and advocacy materials within 24 hours.
6. Appropriate management and referral of severe acute malnutrition cases with complications appropriately within 72 hours.
7. Organization of targeted supplementary feeding covering children 6-59 months, pregnant, and lactating women within 72 hours and beyond, when the prevalence of global acute malnutrition (GAM) is 10-14%.
8. Nutritional assessment and appropriate response interventions and management of acutely malnourished children, pregnant and lactating women, children with micronutrient deficiencies and those children who are stunted.
9. Provision of counselling services and supportive nutrition care for promotion,

protection, and support to infant and young child feeding practices, such as exclusive breast feeding, re-lactation, and special dietary restrictions within 72 hours.

10. Monitoring of any act that is against the Milk Code, particularly the prohibited distribution or marketing of infant formula and milk donations as well as promotion materials in any form.

3. Water, Sanitation and Hygiene (WASH) ESP

a. Description

The WASH requirements of the general population shall be met primarily through the following component services: Hygiene Promotion, Water Supply, Excreta Disposal, Vector Control, Solid Waste Management, and Drainage in accordance with accepted national and international standards.

b. Components

1. Assessment and evaluation of the WASH conditions in the pre-identified evacuation centers within 0-2 hours upon arrival to the area.
2. Provision of safe water and adequate water storage facilities and protection of water supply sources within 3-6 hours upon arrival to the affected area.
3. Hygiene promotion to encourage proper behavior through hand washing, hygiene practices and use of WASH facilities within 12 hours.
4. Implement non-harmful vector control measures (such as bed nets, repellent lotions, etc.) within 24 hours.
5. Provision of receptacles/bins and storage facilities for solid waste management within 24 hours.
6. Provision of sanitation facilities, excreta disposal facilities, and implementation of sanitation techniques within 24 hours.
7. Conduct of water quality surveillance, disinfection and treatment within 24 hours and regularly thereafter.
8. Implement drainage of WASH facilities to prevent contamination of water sources and vector breeding places within 24 hours and regularly thereafter.
9. Immediate provision of separate toilet facilities for males and females that are easily accessible, adequate in number, well lighted and sufficiently close to dwellings.

4. Mental Health and Psychosocial Support (MHPSS) ESP

a. Description

The mental health and psychosocial support requirements of the general population and vulnerable groups shall be met primarily by ensuring that social considerations are taken into account in all relief efforts, as well as by providing psychological first aid and graduated psychological interventions in accordance to the accepted national and international standards. (e.g. IASC 2007 Guidelines for mental health and psychosocial support in emergency settings.) These considerations and interventions must be supported

with activities – services, promotion and education – related to food, health, water, sanitation, and hygiene, and livelihood.

b. Components

1. Provision of support to staff who experienced extreme events upon manifestation of significant behavioral changes.
2. Referral of more severe, complex or high risk cases to specialists and facilities within 12 hours.
3. Utilization of existing communal, cultural, spiritual and religious healing practices as approaches to MHPSS, as appropriate within 12 hours.
4. Community Mental Health Education through fliers, fora and other information, education and communication (IEC) materials within 24 hours.
5. Coordinated assessment of mental health and psychosocial issues using global assessment tools and guidelines (e.g. WHO/UNHCR 2012 MHPSS assessment toolkit, IASC 2013 Assessment guide.)
6. MHPSS interventions for survivors of sexual violence if requested by the survivor and supported with significant signs and symptoms based on the assessment tool.
7. Protection and promotion of responder's well-being during preparation, deployment and follow-up phases.
8. Provision for psychotropic medications and sedatives when necessary.
9. Provision of psychological first aid for the general population, and provision of access and referral to a graded and specific MHPSS interventions. Access to such MHPSS supports and interventions should be ensured for vulnerable groups. The affected population should be provided with, regular updates on information including disaster/emergency status, relief efforts, and legal rights.

B. Roles and Responsibilities

1. DEPARTMENT OF HEALTH CENTRAL OFFICE (DOH-CO) AND ITS ATTACHED AGENCIES

a. Health Emergency Management Bureau (HEMB)

- 1) Oversee the management of the EHSP during emergency and disaster.
- 2) Develop, review and update policies, plans, guidelines, protocols, and standards on the provision of essential health service packages in emergencies and disasters in coordination with members of the health sector.
- 3) Provide technical assistance and allocate funds to augment financial and logistical needs of implementing offices/agencies. (Refer to Annex A)
- 4) Coordinate with the DOH Regional Offices, LGUs and other implementing agencies the integration of EHSP in their operational plans and programs.
- 5) Monitor the implementation of the EHSP and ensure its compliance to standards.

b. Disease Prevention and Control Bureau (DPCB)

- 1) Assist HEMB develop, review and update policies, plans, programs, guidelines, protocols, and systems related to the provision of essential health service package.
- 2) Ensure that the essential health service package are mainstreamed in the program plans and allocate funds hereof.

c. Epidemiology Bureau (EB)

- 1) Develop policies, plans, programs, guidelines, protocols and tools to support reporting and monitoring of the essential health service package in emergencies and disasters.
- 2) Conduct studies and disseminate findings of such to build evidence to improve and support uninterrupted delivery of health services.

d. Health Promotion and Communications Service (HPCS)

- 1) Lead in the development and implementation of health promotion, advocacy, and risk communication plans, IEC materials and advisories/bulletins for essential health service packages with technical assistance from HEMB and DPCB.
- 2) Conduct stakeholders' analysis for promotion and advocacy.

e. Health Facility Development Bureau (HFDB)

- 1) Lead in the implementation of the policy on Hospitals Safe from Disasters. Refer to AO 2013-0014.
- 2) Support implementation of the rules and regulations governing the licensure of ambulances and ambulance service providers.
- 3) Ensure implementation of guidelines on safe ambulance services and mobilization of blood and its components.
- 4) Provide technical assistance to all health facilities in planning and facility enhancement and support the upgrading of national referral hospitals and laboratories.

f. Bureau of Local Health Systems Development (BLHSD)

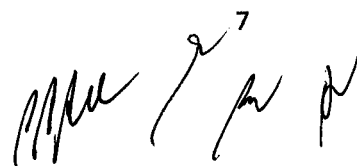
- 1) Provide technical assistance in the development of and strengthening mechanisms for delivering essential health service packages at the regional and local levels.

h. Health Facilities Services Regulatory Bureau (HFSRB)

- 1) Ensure that licensing requirements for health facilities include standards development and quality assurance policies related to disaster risk reduction and management in health.

i. Health Human Resource Development Bureau (HHRDB)

- 1) Support the development training programs, designs, manuals for various stakeholders



- and partner on EHSP.
- 2) Identify and coordinate with institutions that can support capacity building activities that will support EHSP.

j. Bureau of International Health Cooperation (BIHC)

- 1) Lead in the facilitation and coordination of international humanitarian assistance related to the four (4) Health sub-clusters.
- 2) Assist in mobilizing fund support for the EHSP among potential international humanitarian partners.

k. Logistic Management Division- Administrative Service (LMD-AS)

- 1) Preposition an adequate supply of EHSP goods and commodities.
- 2) Track the timely distribution of EHSP goods and commodities.
- 3) Develop partnerships with private sector for the transport and safe warehousing of EHSP supplies.

l. National Nutrition Council (NNC)

- 1) Develop appropriate policies, plans, programs, guidelines, protocols, and systems on food and nutrition during emergencies and disasters.
- 2) Provide technical assistance to implementing agencies and LGUs on nutrition management in emergencies and disasters.
- 3) Ensure that nutrition programs and local nutrition action plans contribute to emergency preparedness, mitigation, response, and recovery activities.
- 4) Facilitate the coordination of the delivery of nutrition services in areas affected through the national and local nutrition cluster.
- 5) Coordinate with other Health-sub clusters and with other relevant clusters, i.e. Food and Non-food Item (NFI), and Camp Management for concerns related to nutrition in emergencies response operation.

m. Philippine Health Insurance Corporation

- 1) Support affected population in emergencies and disasters including, but are not limited to : ambulatory care (out-patient services), clinics, ambulance services and hospital care packages, reimbursements, and services in non-PhilHealth accredited institutions or health service providers.

2. DOH REGIONAL OFFICES (ROs) and DOH ARMM

- 1) Oversee the implementation of these policies within the region.
- 2) Formulate and develop plans, procedures and protocols to implement and adopt this policy and guidelines and allocate funds.
- 3) Implement a mechanism of coordination and collaboration with hospitals, LGUs, and other stakeholders to ensure timely and effective delivery of the EHSP.

8


- 4) Provide technical assistance and augment logistics to LGUs and other implementing agencies.
- 5) Monitor EHSP implementation of LGUs and provide feedback and policy recommendations to the Secretary of Health thru the Area Cluster Head.
- 6) Conduct rapid and comprehensive needs assessment pre and post-disaster in the provision of essential health service packages.

3. DOH HOSPITALS

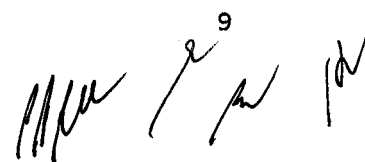
- 1) Formulate plans, procedures and protocols to implement this policy and guidelines and integration of the provisions.
- 2) Ensure availability of funds to support implementation of the EHSP.
- 3) Implement a mechanism of coordination and collaboration with other hospitals (both government and private), partners, and other stakeholders, to ensure timely and effective service delivery.
- 4) Deploy medical response teams as necessary.
- 5) Act as receiving facility and referral center.
- 6) Submit reports; provide feedback and policy recommendations to the RO.

4. LOCAL GOVERNMENT UNITS (LGU)

- 1) Formulate plans, procedures and protocols to implement and adopt these guidelines and provide funds thereof.
- 2) Ensure that the EHSP are pre-positioned before external aid comes in during emergencies and disasters.
- 3) Ensure EHSP implementation and service delivery such as information management, resource management, and monitoring and evaluation.
- 4) Establish coordination and collaboration mechanisms among different partners and stakeholders.
- 5) Maintain a service delivery network with hospitals for referral of treatment and care of special cases through mutually agreed arrangements such as Memorandum of Understanding/Agreement.
- 6) Sustain a pre-hospital care system in emergencies and disasters.
- 7) Submit reports; provide feedback, suggestions, and policy recommendations to the PHO/RO.

5. OTHER GOVERNMENT AGENCIES/NON-GOVERNMENT ORGANIZATIONS/ AGENCIES, DEVELOPMENT PARTNERS, PRIVATE SECTOR, AND CIVIL SOCIETY ORGANIZATIONS (CSOS)

- 1) Adhere to and observe all requirements, policies and standards on EHSP during emergencies and disasters.
- 2) Coordinate and participate in inter-agency activities with the Department of Health on Health Emergency Management.

9



- 3) Support the DOH/Regional Offices/LGUs/Hospitals in needs assessments, planning and mobilize own resources and help build capacities.
- 4) Provide feedback and report to Health sub-cluster where they belong.

~~VII.~~ REPEALING CLAUSE

Upon review of related orders and issuances, there is none found that is inconsistent with the provisions cited in this Administrative Order. Hence, statements in this issuance shall hold true and firm.

~~VIII.~~ EFFECTIVITY

This Order shall take effect immediately.


PAULYNN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health

ANNEX A

Table 1. Logistics Support

Health Sub-cluster	Medical & Public Health	Water, Sanitation and Hygiene	Nutrition in Emergencies	Mental Health and Psychosocial Support
Commodities	<ul style="list-style-type: none"> -Financial sub-allotment as the need arise -Assorted medicines -CAMPOLAS kit -First Aid kit -Family kit -Trauma kit -Medical supplies -IV fluids -Cadaver bags -Collaterals (i.e. vest, bull cap, raincoat, rubber boots) 	<ul style="list-style-type: none"> -Financial sub-allotment as the need arise -Trosclose Sodium -Calcium Hypochlorite -Diethyl Paraphenylene Diamine (DPD) No. 1 -Enzyme/ chromogenic substrate agar -Portable microbiological enzyme chromogenic agar -Drinking water container -Water testing kits -Hygiene Kit -Incubator 	<ul style="list-style-type: none"> -Financial sub-allotment as the need arises A. Equipment & tools for Rapid Nutrition Assessment (RNA) <ul style="list-style-type: none"> - Mid-Upper Arm Circumference (MUAC) Tapes - Salter Weighing Scale - Infantometer B. Micronutrient Supplements <ul style="list-style-type: none"> -Vitamin A Capsules -Iron with Folic Acid -Zinc -Multiple Micronutrient Powder C. CMAM Commodities <ul style="list-style-type: none"> - Ready-to-use supplementary foods - Ready-to-use therapeutic foods D. Infant and Young Child Feeding Support <ul style="list-style-type: none"> - Breastfeeding Kit (sabay, hygiene kit, container with cover) 	<ul style="list-style-type: none"> -Financial sub-allotment as the need arise -Psychosocial First Aid Kit -Psychotropic medicines
Office/Agency	National Offices (HEMB; DPCB) – augmentation Regional Offices – augmentation LGUs – primary provider			

ANNEX B

Table 2. IEC Materials Development and Reproduction

Sub-Cluster	Office/Agency	Topics
Medical & Public Health	Health Emergency Management Bureau (HEMB)	-Meteorological hazard preparation -Minimum initial service package in emergencies and disasters (i.e. gender-based violence (GBV), sexually-transmitted infections (STIs), etc.)
	Disease Prevention and Control Bureau (DPCB)	-Water-borne diseases -Vector-borne diseases -Communicable diseases -Non-communicable diseases
Water, Sanitation and Hygiene	HEMB	-Water sanitation -Personal hygiene/ hand washing -Garbage disposal -Vector control and drainage
Nutrition in Emergencies	HEMB National Nutrition Council (NNC)	- Infant and Young Child Feeding - Food safety and security - Community-based Management of Acute Malnutrition (CMAM)
Mental Health and Psychosocial Support	HEMB DPCB National Center for Mental Health (NCMH)	-Psychological First Aid (PFA)

h p