



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 25, 2013

DEPARTMENT PERSONNEL ORDER

No. ~~2013-~~ 2007-2492-A
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SUBJECT: Amendment to Department Personnel Order 2007-2492 dated 30 August 2007 regarding the "Creation of the Health Cluster with Sub-clusters on Nutrition, Wash, and Health".

With the issuance of Republic Act (RA) 10121, 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, the Health Emergency Management Staff as the Department of Health's representative to the National Disaster Risk Reduction and Management Council (NDRRMC) and the designated government lead for the four (4) clusters namely: Health, Nutrition, Water Sanitation and Hygiene (WASH); and Mental Health and Psychosocial Support (MHPSS) Clusters under Memorandum No. 12 series of 2008 supports all related provisions to attain its goal of reducing preventable mortality and morbidity during emergencies and disasters.

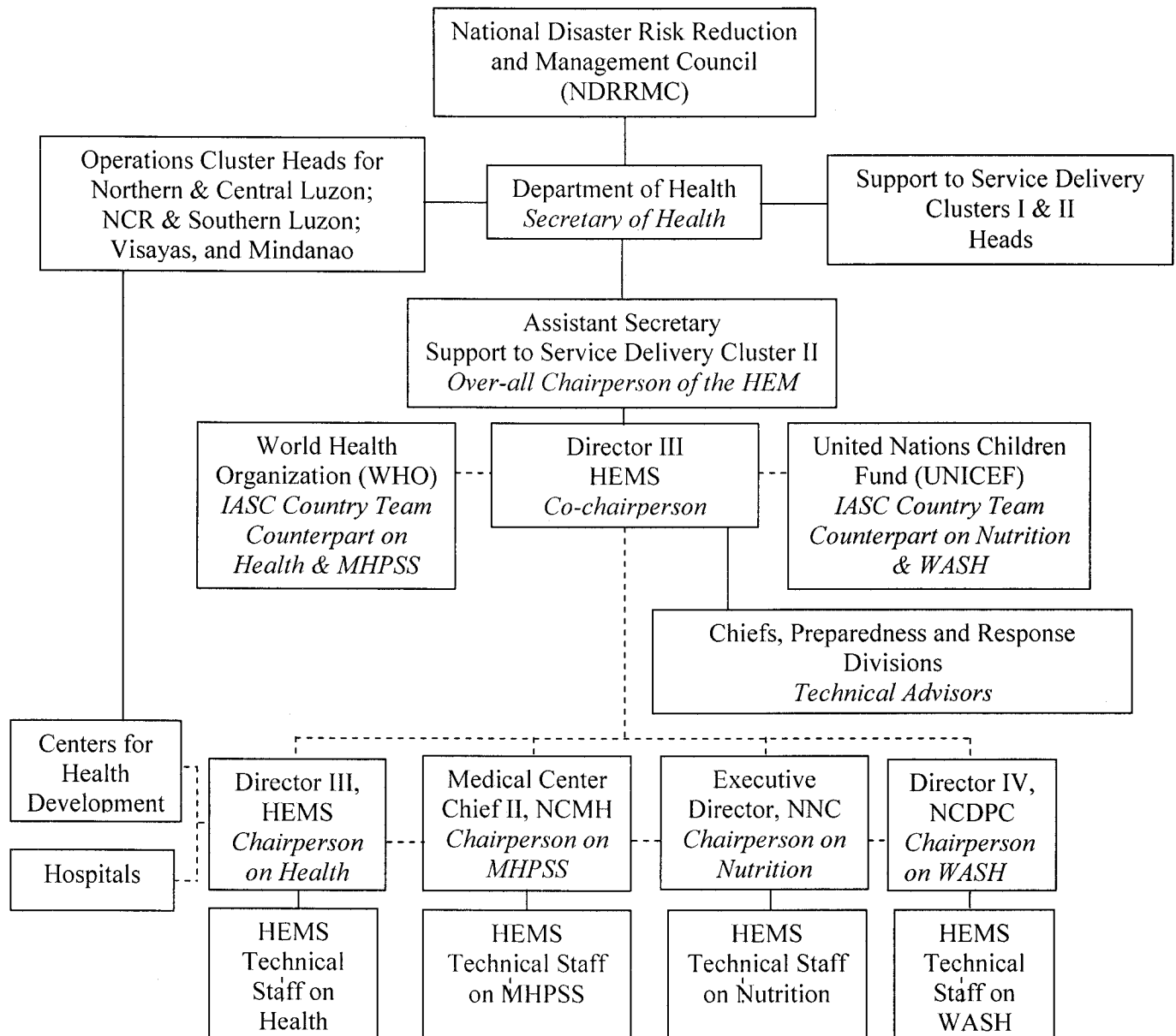
Adopting Section 2 of RA 10121, the DOH shall promote the involvement and participation of its program and technical offices and key sectors, partners and stakeholders at all levels, especially the local community to ensure a disaster risk reduction and management approach that is holistic, comprehensive, integrated, and proactive in lessening the health and health related impacts including environmental consequences of emergencies and disasters.

Specifically, the establishment of adequate preparedness and response mechanism that will guarantee timely, adequate and flexible delivery of minimum public health service packages with Inter-agency Standing Committee (IASC) Country Team Counterpart, United Nation Agencies, non-governmental organizations and government partners adopting a "lead organization concept" to cover critical gaps in providing protection and assistance to those affected by conflict or natural disasters.

Relative thereto, Department Personnel Order 2007-2492 dated 30 August 2007 regarding the "Creation of the Health Cluster with Sub-clusters on Nutrition, WASH, and Health" is hereby amended so as to reflect the following changes:

- A. To revise its title: "Creation of Health Emergency Management (HEM) Clusters"
- B. To update the advisers:
 - Susan P. Mercado, MD - Country Representative, WHO Philippines
 - Mr. Tomoo Hozumi - Country Representative, UNICEF
 - Mr. David Carden - Head, OCHA Philippines
 - Maj. Gen. Eduardo Del Rosario - Executive Director, NDRRMC

C. To define its structure:



Republic Act 10121 titled “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 thereof and for other purposes” enumerates the Secretary of the Department of Health (DOH) as among the National Disaster Risk Reduction and Management Council’s members. The Assistant Secretary of the Support to Service Delivery Cluster II (SSDTC II) being the Cluster Head of the Health Emergency Management Staff (HEMS) based on Department Order 2011-0188 is held responsible in taking directions from the Secretary of Health which in turn communicates these with direct authority and supervision over the Director of HEMS and Chairpersons for specific clusters (Health, MHPSS, Nutrition and WASH).

Under Executive Order # 102 s. 1999, the DOH being the lead agency in health emergency response services, including referral and networking systems for trauma, injuries and catastrophic events created the HEMS. HEMS shall report directly to SSDTC II Head based on this mandate and maintains no direct supervision but adequate interaction with the

Chairpersons for specific clusters and coordinate with and between the Centers for Health Development and Hospitals. The Chairpersons for specific clusters can directly communicate and coordinate with the SSDTC II Head, Secretary of Health, and IASC Country Team Counterparts.

The IASC Country Team Counterparts are designated under National Disaster Coordinating Council (NDCC) Circular # 5 s. 2007 to support organization, coordination and operations of the clusters at the country level. These maintain adequate interaction with SSTDC II Cluster Head, HEMS Director, and Chairpersons for specific clusters while they coordinate between themselves on cross-cutting issues and concerns.

- D. To include MHPSS among the clusters and update Core Cluster Member Agencies/Organizations of Health, WASH and Nutrition:

This section includes the agencies/organizations; the focal point persons and alternates are not mentioned because they can immediately change with changing administration and contract termination.

D.1. Health Cluster

The Health Cluster aims to ensure effective and predictable health response built on health priorities and related best practices. Towards strengthening system-wide capacities, the Health Cluster enables the Centers for Health Development, hospitals, and other participating organizations to work together and with local health authorities, harmonize efforts, effectively integrate cross-cutting issues, and use available resources efficiently within the framework of agreed objectives, priorities and strategies.

Specifically, it aims to:

- a. Provide guidance and tools and standards and policies;
- b. Conduct trainings and other various capacity building activities;
- c. Develop guidelines and infrastructure on surveillance of communicable, non-communicable and emerging diseases;
- d. Conduct rapid and comprehensive needs assessments in the affected areas;
- e. Establish effective coordination mechanisms specifically on health response activities based on reliable morbidity and mortality information;
- f. Advocate the provision of technical assistance, medicines and supplies, and essential equipment in order to support basic health services for the affected population;
- g. Build partnerships to promote the integration of cross-cutting issues and implement culture and gender sensitive health services; and
- h. Develop systems for planning, social mobilization, advocacy, surveillance, monitoring, evaluation and good reporting mechanisms within the health cluster.

Government Organizations	Cluster Partners
1. DOH-National Center for Disease Prevention and Control	1. World Health Organization
2. DOH-National Epidemiology Center	2. United Nations Children's Fund
3. DOH-National Center for Health Facility Development	3. Plan International
4. DOH-National Center for Health Promotion	4. Philippine Red Cross
5. DOH-Bureau of Local Health Development	
6. DOH-Bureau of International Health Cooperation	5. Save the Children

7. DOH–Health Human Resource Development Bureau	6. Medecins Sans Frontieres
8. DOH–National Center for Pharmaceutical Administration	7. World Vision Development Foundation
9. DOH - Philhealth	Merlin
10. DOH – Administrative Services	8. United Nations Population Fund

D.2. Nutrition Cluster

The Nutrition Cluster aims to ensure that the nutritional status of affected population especially the most vulnerable groups: infants, children, pregnant women and breastfeeding mothers, older persons, people with disabilities, and people living with debilitating conditions will not worsen or deteriorate due to the impact of emergency and disaster through linking with other cluster/sector groups and establishing capacities at all levels.

Specifically, it aims to:

- Conduct rapid nutritional assessment in the affected areas;
- Ensure the 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;
- Ensure that the foods provided and distributed are nutritionally adequate especially for the vulnerable groups;
- Conduct trainings and other various capacity building activities related to nutrition;
- Provide nutrition counseling to affected populations; and
- Establish and promote coordination, networking, planning, social mobilization, advocacy, surveillance, monitoring, evaluation and good reporting mechanisms within the nutrition cluster.

Government Organizations	Cluster Partners
1. DOH-National Center for Disease Prevention and Control(Family Health Office)	1. United Nations Children's Fund
2. DOH-National Nutrition Council	2. World Health Organization
3. DOH-National Center for Health Facility Development	3. Action Against Hunger (ACF International)
4. DOH-National Center for Health Promotion	4. Save the Children
5. Department of Health - Food and Drug Administration (FDA)	5. Plan International
6. DOST-Food and Nutrition Research Institute	6. World Food Program
7. Department of Social Welfare and Development (DSWD) - Disaster Risk Reduction and Response Operations Office	7. Philippine Red Cross
7. DSWD-Council for the Welfare of Children	8. Medecins Sans Frontieres
8. Department of Interior and Local Government	8. Child Fund
9. Department of Trade and Industry (DTI)	9. Merlin
10. Department of Education (DepED)	10. Hellen Keller International
11. Commission on Higher Education (CHED)	11. World Vision
	12. Arugaan

D.3. Mental Health and Psychosocial Support (MHPSS) Cluster

The MHPSS cluster envisions to be a proactive leader in the delivery of well-coordinated, responsive, effective and quality MHPSS services integrated at all levels. Its goals are twofold: 1. to prevent and reduce prevalence of negative mental health and psychosocial consequences of emergencies and disasters, and 2. to enhance community resiliency to psychosocial impacts of emergencies and disasters.

Specifically, it aims to:

- a. Formulate policies, develop plans, guidelines and protocols on MHPSS.
- b. Organize capability building activities addressing the needs of different service providers and stakeholders in MHPSS.
- c. Establish coordination and collaboration mechanisms among different partners and stakeholders.
- d. Develop systems to support MHPSS program implementation and service delivery such as information management, resource management, and monitoring and evaluation.
- e. Conduct MHPSS assessment and provide appropriate, timely, culture and gender-sensitive MHPSS services to affected groups during emergencies and disasters.

Government Organizations	Cluster Partners
1. DOH-National Center for Disease Prevention and Control (Degenerative Disease Office)	1. Philippine Red Cross
2. National Center for Mental Health	2. Action Against Hunger (ACF International)
3. Department of Social Welfare and Development (DSWD) - Disaster Risk Reduction and Response Operations Office	3. UNICEF
4. Department of Education	4. World Vision Development Foundation
5. Philippine National Police	5. Medecins Sans Frontieres
6. Armed Forces of the Philippines	6. Philippine Psychiatry Association (PPA)
7. University of the Philippines	7. Psychological Association of the Philippines (PAP)
	8. Philippine Mental Health Association

D.4. WASH Cluster

The WASH Cluster aims to provide predictive leadership in coordinating water, sanitation and hygiene programs designed to minimize public health risks among affected men, women, children, persons with disabilities and other marginalized groups. It shall complement the local government effort in reducing water, sanitation and hygiene related morbidity, mortality and disabilities during emergencies and disasters by reducing faeco-oral diseases and exposure to disease bearing vectors through the following: a) Provision of safe drinking water; b) Provision of temporary and semi-permanent sanitation facilities and c) hygiene promotion.

Specifically, the WASH Cluster aims to:

- a. Develop cluster operational strategies covering the preparedness and response phases for emergency and disaster management with special consideration to vulnerable populations;
- b. Establish coordination, collaboration and networking within and among clusters;
- c. Establish reliable systems that will ensure effective implementation and continuous improvement of the WASH Cluster Approach during emergencies and disasters;

- d. Ensure access to WASH services for affected populations such as safe and adequate water supply, proper and adequate sanitation in terms of excreta disposal, hygiene promotion and education, solid waste management and drainage, and vector control during emergencies and disasters; and
- e. Build and strengthen the capacity of the regional and local WASH clusters.

Government Organizations	Cluster Partners
1. DOH-National Center for Disease Prevention and Control (Environmental and Occupational Health Office)	1. United Nations Children's Fund
2. Department of Interior and Local Government	2. World Health Organization
3. Department of Education	3. Action Against Hunger (ACF International)
4. Department of Public Works and Highways	4. OXFAM Great Britain – Philippine Programme
5. Local Water Utility Administration	5. Plan International - Philippines
6. Bureau of Fire Protection	6. Save the Children
7. Metropolitan Water Works and Sewerage Services	7. A Single Drop for Safe Water
	5. Philippine Red Cross
	6. Spanish Red Cross
	7. Manila Water Company, Inc.
	8. Maynilad Water Services, Inc.
	9. Catholic Relief Services
	10. Adventist Development and Relief Agency
	11. Merlin
	12. World Vision
	13. Philippine Ecosan Network

Representatives from the academe and relevant agencies and professional organizations shall be on call as need arises.

- E. To revise the Terms of Reference into Roles and Responsibilities of the Chairperson and Cluster Members:

The Over-all Chairperson or his designated Co-chairperson shall assume the following duties/responsibilities:

1. Leads in setting the strategic objectives and outcomes, directions, and standards of DOH-led clusters;
2. Defines framework for the over-all coordination links, collaboration mechanisms, and information exchange among DOH-led clusters;
3. Promotes/supports capacity building of cluster partners and strengthens capacity building efforts at all levels;
4. Ensures that emergency responses will be integrated in the local health system through participatory and community-based approaches in terms of assessments, analysis, planning, monitoring, and evaluation;
5. Leads the advocacy, monitoring, and evaluation of activities of the DOH-led clusters;
6. Directs adequate contingency planning and preparedness for impending emergencies; and transition decisions from response to recovery; and
7. Promotes the localization of clusters founded on emergency management cycle.

The Technical Advisors provide guidance on technical issues as solicited by the Overall Chairperson on HEM and by the Co-chairperson.

The Chairperson for specific clusters shall assume the following duties/responsibilities:

1. Leads in the development of cluster's goal, objectives, plans and strategies; and supervises the activities in terms of policy development, assessment, situational analysis, program and project implementation, advocacy, resource mapping and mobilization, and monitoring and evaluation of the cluster;
2. Ensures that cluster partners apply and cascade existing government policy, guidelines, standards at all levels;
3. Leads in the transition activities from response to recovery in relation to concerned specific clusters; and documentation of best practices and lessons learned;
4. Establishes appropriate coordination and data management systems among the cluster members including established local focal points;
5. Ensures capacity development among the members at all levels; and
6. Represents the cluster in the IASC, inter-cluster, and relevant adhoc meetings; and ensure that cross-cutting issues are adequately reported and addressed by the other clusters.

The Technical Staff for specific clusters shall assume the following duties/responsibilities in coordination with the Chairperson:

- a. Provides technical inputs for decision making, planning and in operations.
- b. Coordinates the activities of the cluster which may include the following:
 - 1) Prepares agenda, minutes of the meeting and list of cluster members;
 - 2) Maintains the data management system for the exchange of information within the cluster;
 - 3) Prepares cluster updates for situation reports, response updates for HEARS and other partners concerned, and inter-cluster meetings through an established reporting system; and documentation of best practices and lessons learned;
 - 4) Assists in the establishment of local focal points; and implementation of transition activities from response to recovery;
 - 5) Monitors status of policy and other issues referred to the cluster for guidance and action;
 - 6) Follows-up various action points with reference to assessment, situational analysis, intervention implementation, coordination, monitoring and evaluation; and
 - 7) Follows-up the cluster members on the agreed agreements; and
- c. Assists the chairperson in the coordination within the cluster.

The Cluster Member Agency's Focal Point or Representative shall assume the following duties/responsibilities:

1. Supports in fulfilling the cluster's mission, namely to:
 - Participate in emergency preparedness, response and recovery activities;
 - Maintain coordination and partnership to prevent and reduce morbidity and mortality;
 - Implement standard or evidence-based interventions;

- Develop and adopt gap-filling and need-prioritization strategies; and
 - Perform with accountability predictable, timely, and effective emergency response activities.
2. Assists in building capacities among inter and intra-cluster members, namely to :
 - Participate in the establishment and maintenance of appropriate coordination mechanisms;
 - Establish an effective information management system;
 - Support convergence of enhancing competencies; and
 - Set arrangement for resource mapping, sharing and mobilization.
 3. Identifies and promotes core advocacy concerns namely to:
 - Advocate cluster's preparedness, response and recovery activities to donors and stakeholders;
 - Generate support in promoting transfer of skills to local cluster members;
 - Promote strict adherence to cluster priorities, guidelines and standards;
 - Facilitate the application of the technical standards collectively agreed within the cluster; and
 - Uphold flexibility in the delivery of cluster's service packages.

The IASC Country Team Counterpart shall assume the following roles and responsibilities to support cluster focal agencies:

1. Provides support in capacity building of agency partners and priority focal points at all levels;
2. Provides technical assistance on program standards, program management, implementation guidelines, monitoring and evaluation strategies, and other relevant areas;
3. Ensures that key humanitarian health partners are included in the cluster and establishing effective coordination mechanisms;
4. Assists in organizing and conducting joint cluster, rapid and comprehensive needs assessments;
5. Coordinates inter-agency emergency management planning;
6. Ensures that the cluster works closely with the Department of Health and other relevant national and local stakeholders in order to support national authorities in their response to the emergency;
7. Mobilizes logistics in augmentation to cluster agencies;
8. Develops joint plans to identified needs, gaps, and cross-cutting issues;
9. Supports the establishment of effective information management system;
10. Coordinates transition from response to recovery; and
11. Acts as provider of last resort.

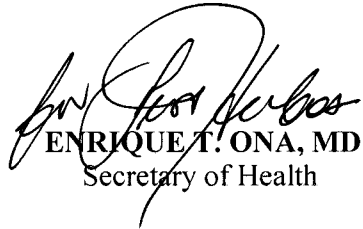
F. To include the following provisions:

The Health Emergency Management Staff shall act as the Over-all Secretariat with staff complement from the offices of the Chairpersons for Health, MHPSS, Nutrition, and WASH.

Individual clusters shall meet regularly at least once every quarter but quad cluster meetings, emergency meetings, and adhoc meetings can be called upon as applicable and as need arises. Chairpersons for specific clusters are responsible for determining, together with cluster partners, the frequency and types of meetings needed; and must ensure that cluster meetings are well managed and productive.

The meals/snacks and materials or supplies that will be used in the meeting shall be charged against the HEMS' Funds with all disbursements subject to the usual accounting and auditing rules and regulations.

As thus amended, all other provisions of Department Personnel Order 2007-2492 dated 30 August 2007 still stand in effect.



ENRIQUE T. ONA, MD
Secretary of Health