



REPUBLIC OF THE PHILIPPINES
NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL

National Disaster Risk Reduction and Management Center, Camp Aguinaldo, Quezon City, Philippines

DEC 18 2020

MEMORANDUM
No. 111, s. 2020

TO : ALL MEMBER AGENCIES AND OFFICES OF THE
DISASTER RISK REDUCTION AND MANAGEMENT
COUNCILS AT THE NATIONAL, REGIONAL AND
LOCAL LEVELS

SUBJECT : INTERIM GUIDELINES ON THE IMPLEMENTATION
OF NDRRMC DISASTER RESPONSE OPERATIONS
SIMULTANEOUS WITH COVID-19 RESPONSE
OPERATIONS

1. REFERENCES

- 1.1. Republic Act (RA) No. 10121 or The Philippine Disaster Risk Reduction and Management (DRRM) Act
- 1.2. Republic Act No. 11494 or The Bayanihan to Recover as One Act
- 1.3. National Disaster Response Plan (NDRP)
- 1.4. National Action Plan (NAP) for Coronavirus Disease 2019 (COVID-19)
- 1.5. Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) Resolution No. 76, s.2020
- 1.6. NDRRMC Memorandum No. 46, s. 2020: Alignment of the National Disaster Response Plan and the National Action Plan for COVID-19

2. RATIONALE

In view of the ongoing pandemic situation brought about by the Coronavirus Disease 2019 (COVID-19), the Philippines has been declared under State of Public Health Emergency. Such led to the implementation of various emergency measures and interventions across all levels of governance to address the health and other sectoral impacts brought about by the outbreak. Through the enactment of Republic Act (RA) 11469 or the Bayanihan to Heal as One Act, response efforts to address the COVID-19 situation have been optimized. Further, the National Action Plan (NAP) for COVID-19 has been implemented, thereby activating the Disaster Risk Reduction and Management Councils (DRRMCs) as Task Forces for COVID-19 from the national down to the local levels.

Months after the response operations that commenced at the first quarter of 2020, there is now the eminent requirement to recover and bolster the economic situation of the country, given the damages and losses incurred as a result of the pandemic. Hence, RA 11494 or the Bayanihan to Recover as One Act has been enacted to

set the direction for sustaining the health interventions while recovering from the economic impacts of COVID-19. This has also been the overall guidance of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) pursuant to Resolution No. 76, s.2020, issued on 02 October 2020. Moreover, in Phase III of the implementation of the NAP, the sustainment of interventions for health response and economic recovery are projected to continue until March 2021.

Given the above developments, the management of COVID-19 response and recovery will eventually be reverted to the original DRRMC structure, as provided for in RA 10121 or the Philippine Disaster Risk Reduction and Management (DRRM) Act, with recalibration on the current mechanisms and protocols. Specifically, for the thematic area of Disaster Response, it is also important to take into consideration the existence of other natural and human-induced hazards, in which the DRRMCs must be prepared to respond to, amidst this ongoing public health emergency. As the country collectively responds to COVID-19 situation, there should be clear guidelines for the NDRRMC to anticipate adjustments in the response activities considering the “new normal” condition.

In this regard, this NDRRMC Memorandum is hereby issued.

3. PURPOSE

The purpose of this NDRRMC Memorandum is to provide the interim guidelines on the disaster response operations of the NDRRMC simultaneous with COVID-19 response operations.

4. OBJECTIVES

The objectives of this NDRRMC Memorandum are as follows:

- 4.1. To prescribe the NDRRMC Response Cluster Organization Structure while simultaneously responding to the COVID-19 situation;
- 4.2. To specify the adjustments in reporting mechanisms of the NDRRMC;
- 4.3. To determine considerations for response coordination between and among the DRRMC member agencies, Response Clusters, and other stakeholders; and
- 4.4. To prescribe the general practices for mobilization of disaster responders, teams and resources following the recalibrated protocols issued by the NDRRMC Response Clusters.

5. SCOPE AND COVERAGE

This NDRRMC Memorandum shall apply to DRRMCs at all levels, which are simultaneously operating as Task Forces for COVID-19. The provisions shall cover the response operations for all disasters caused by natural and human-induced hazards while there is an ongoing public health emergency due to COVID-19

situation. While the provisions are intended for the current pandemic, the same response mechanisms can be considered when managing public health emergencies and other disasters that may simultaneously occur in the future. Upon lifting of the public health emergency and normalization of the situation, usual standards for disaster response activities shall be applied, as necessary.

6. DEFINITION OF TERMS

- 6.1. **Disaster:** a serious disruption of the functioning 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.
- 6.2. **Disaster Risk Reduction and Management (DRRM):** the systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and provided coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster. Prospective DRRM refers to risk reduction and management activities that address and seek to avoid the development of new or increased disaster risks, especially if risk reduction policies are not put in place.
- 6.3. **Disaster Risk Reduction and Management Council (DRRMC):** organized and authorized body of government agencies, to include civil society organizations and private sector, mandated to undertake DRRM activities from the national to local levels. The composition, powers and functions of the DRRMC are defined in RA 10121.
- 6.4. **Disaster Response:** the provision of emergency services and public assistance during or immediately after a disaster in order to save lives; reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected. Disaster response is predominantly focused on immediate and short-term needs and is sometimes called "disaster relief."
- 6.5. **Early Recovery:** multi-dimensional process of recovery that begins in humanitarian setting. It is guided by development principles that seek to build on humanitarian programs and catalyze sustainable development opportunities. It aims to generate self-sustaining, nationally-owned, resilient processes for post-crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions, including reintegration of displaced populations.
- 6.6. **Emergency Operations Center (EOC):** a designated facility that is staffed and equipped with resources to undertake multi-stakeholder coordination, manage information, and facilitate resource mobilization in anticipation of/an or to support incident operations.

- 6.7. **Essential Elements of Information (EEI):** the most critical information that officials and stakeholders need to help in decision making for disaster response.
- 6.8. **Hazard:** a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihood and services, social and economic disruption, or environmental damage.
- 6.9. **Incident Command System (ICS):** a standard, on-scene, all-hazard incident management concept that can be used by all DRRMCs, member agencies and response groups. It allows users to adopt an integrated organizational structure to match the complexities and demands of single and multiple incidents without being hindered by agency or jurisdictional boundaries.
- 6.10. **Incident Management Team (IMT):** a team composed of the Incident Commander and appropriate Command and General Staff personnel assigned to an incident or planned event. The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. The General Staff consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. The IMT members may be expanded as needed.
- 6.11. **Post-Disaster Needs Assessment (PDNA):** a coordinated consolidation of recovery and rehabilitation needs after a disaster. It involves detailed sectoral and cross-sectoral and inter-sectoral assessment of damages and losses, impacts of disaster and needs assessment based on field validation. It is data-intensive, geographically focused, time bound and employs a multi-stakeholder, participatory approach. Moreover, it will help expedite the formulation of an action plan or roadmap to Build Forward Better through the provision of a data-driven document as bases for the recovery strategy. It may also help harmonize the efforts of local and international support institutions toward recovery and rehabilitation assistance.
- 6.12. **Response Clusters:** part of the NDRRMC's strategic action for providing humanitarian assistance and disaster response services. These are organized groups of government agencies that are designated to undertake coordination functions at the strategic level and to provide resource support for tactical response.
- 6.13. **Rapid Damage Assessment and Needs Analysis (RDANA):** a disaster response tool that is used immediately during the early and critical state of a disaster as soon as the conditions allow disaster survey teams to operate. It aims to determine the immediate relief and response requirements and is dependent upon the type of disaster. It is broad in scope and focuses on overall patterns and trends. It identifies the magnitude of a disaster (without necessarily delivering exact figures) by focusing on the general impact on the society and the people's capacity to cope.

6.14. **Rehabilitation and Recovery Plan (RRP)**: provides for the rehabilitation and recovery framework, rehabilitation planning process and plan structure, institutional arrangements for plan coordination, implementation mechanisms, and proposed monitoring and evaluation arrangements. This will guide the National Government Agencies (NGAs) and Local Government Units (LGUs) in crafting and implementing Rehabilitation and Recovery Programs.

7. POLICY STATEMENT

Given the need to intensify response and recovery efforts for COVID-19 and the equally important sustainment of proactive DRRM measures, it is a policy of the NDRRMC to remain steadfast in its commitment to achieve safer, adaptive and disaster-resilient Filipino communities towards sustainable development. The attainment of community resilience against COVID-19 and other forms of disasters shall be emphasized as the NDRRMC's overall vision.

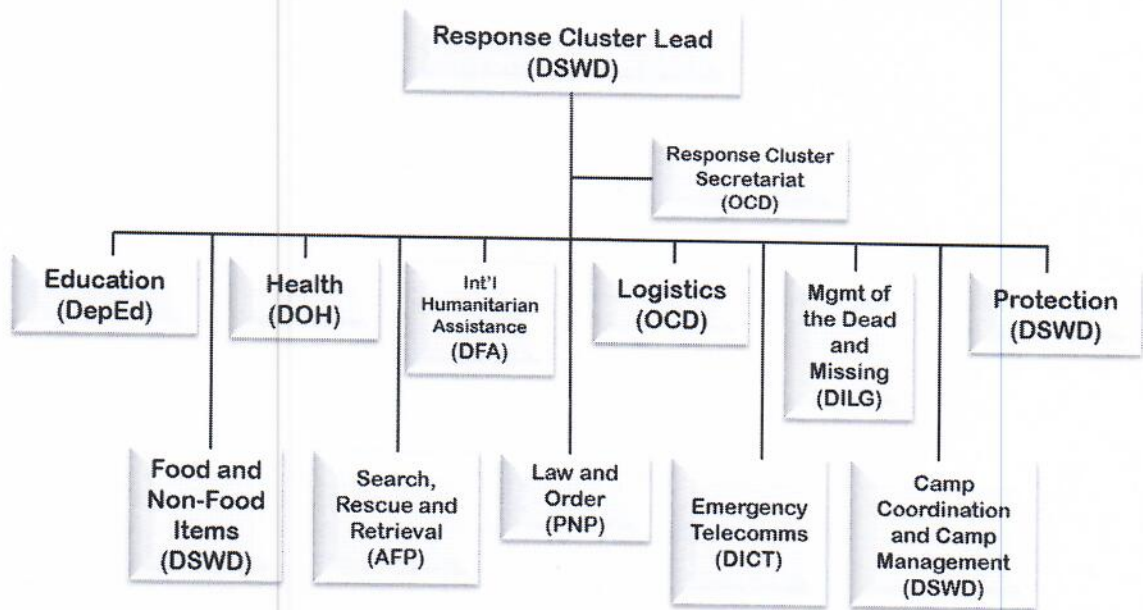
8. GENERAL GUIDELINES

- 8.1. As projected in Phase III of the NAP, the DRRMCs shall continue to operate as Task Forces for COVID-19 until March 2021, or as deemed as necessary, based on situation updates, directives and agreements from the National Incident Command (NIC), the National Task Force (NTF) Chairperson, the IATF-EID, and relevant authorities.
- 8.2. The OCD, being the Executive Arm and Secretariat of the NDRRMC, shall perform its response orchestration, consequence management, and coordination functions for all types of disasters, as provided for in RA 10121, while simultaneously responding to COVID-19.
- 8.3. The Department of Social Welfare and Development (DSWD), being the Vice Chairperson for Disaster Response, shall serve as the lead of the Response Cluster of the NDRRMC. When the NDRRMC is operating as NTF for COVID-19, the Department of Health (DOH) shall lead the Response Cluster under Emerging and Re-emerging Infectious Diseases.
- 8.4. During disaster response operations, including the conduct of field validation of disaster impacts such as the Rapid Damage Assessment and Needs Analysis (RDANA), all NDRRMC member agencies and partner stakeholders shall adhere to the minimum public health standards and local health protocols set by the DOH, the IATF-EID, and all relevant authorities.
- 8.5. Work from home arrangements, use of online technologies and other continuity strategies shall be implemented to ensure uninterrupted delivery of disaster response services amidst physical limitations due to COVID-19 situation.
- 8.6. The health, safety and welfare of the disaster responders, coordinators, managers, other response personnel, and the general public shall remain as the topmost priority during operations for both COVID-19 and other disasters.

9. SPECIFIC GUIDELINES

9.1. Response Cluster Organization Structure

9.1.1. The organization for the NDRRMC Response Cluster when responding to disasters simultaneous with the ongoing COVID-19 response operations:



9.1.2. During disaster response operations, the following Response Clusters shall simultaneously sustain the performance of respective functions for COVID-19 response, as required by the National Task Force (NTF):

9.1.2.1. **Health Cluster led by the DOH:** sustain the leadership for the Prevent-Detect-Isolate-Treat-Recover (PDITR) Strategy for COVID-19 response operations while providing the essential emergency health services for other disaster operations.

9.1.2.2. **Management of the Dead and Missing Cluster led by the Department of the Interior and Local Government (DILG):** ensure that universal, standard and transmission-based precautions and DOH recommended guidelines and procedures in handling human remains are followed to avoid further spread of diseases.

9.1.2.3. **Food and Non-Food Items Cluster led by the DSWD:** sustain provision of family food packs and other non-food items to families and individuals simultaneously affected by COVID-19 and other disasters.

- 9.1.2.4. **Law and Order Cluster led by the Philippine National Police (PNP):** maintain quarantine control points and enforce the Zoning Containment Strategy during disaster response operations.
 - 9.1.2.5. **Logistics Cluster led by the OCD:** provide the logistics support requirements for COVID-19 and other disaster operations.
 - 9.1.2.6. **International Humanitarian Assistance led by the Department of Foreign Affairs (DFA):** facilitate acceptance of international donations and other forms of assistance intended for COVID-19 and other disaster operations. Specifically, coordination will be made with the Department of Finance (DOF) in relation to Official Development Assistance (ODA) and foreign grants in cash or in kind, from governments of foreign countries, their agencies and instrumentalities or multilateral institutions or organizations.
- 9.1.3. Response Clusters at the RDRRMC and LDRRMC levels shall adopt the same organization structure specified in item 9.1.2 during response operations for other disasters (*with the exception of the International Humanitarian Assistance Cluster*).
- 9.1.4. The following Response Clusters previously organized at the RDRRMC and LDRRMC levels shall no longer form part of the Disaster Response Thematic Area:

Response Cluster	Remarks
Governance Cluster	To be implemented as part of Recovery Cluster of the RDRRMCs and LDRRMCs operating as RTFs and LTFs, respectively
Economy Cluster	
Crisis Communication Cluster	To be implemented by authorized information officers of the RDRRMCs and LDRRMCs operating as RTFs and LTFs, respectively

- 9.1.5. The NDRRMC, RDRRMCs and LDRRMCs may organize other Response Clusters and involve other agencies and offices based on the current and emerging needs of the situation.

9.2. Reporting Mechanisms

Reporting of various response operations shall be according to the following events:

- 9.2.1. Reporting of COVID-19 Response Operations (*without other disasters*)

- 9.2.1.1. The OCD shall prepare periodic NTF Situational Reports based on the data from the NTF Response Cluster led by the DOH.

- 9.2.1.2. The NTF Situational Reports prepared by the OCD shall be submitted to the NIC, NTF Chairperson, IATF-EID, and other principals.
 - 9.2.1.3. The NTF Response Cluster through the DOH and all concerned national government agencies shall have the primary responsibility of gathering and consolidating COVID-19 operational data from the respective regional and local counterparts.
 - 9.2.1.4. The consolidated RTF and LTF Situational Reports shall be maintained by the RDRRMCs and LDRRMCs, respectively, for perusal within Areas of Responsibility (AOR).
 - 9.2.1.5. Specific issues, needs and requests for resource augmentation for COVID-19 response may be elevated by the LTFs and RTFs to the NTF level or the IATF-EID, as needed.
- 9.2.2. Reporting of Disaster Response Operations simultaneous with COVID-19 Response Operations
- 9.2.2.1. The OCD shall prepare periodic NDRRMC Situational Reports for other disasters, simultaneous with the periodic NTF Situational Report.
 - 9.2.2.2. The preparation of the NDRRMC Situation Report shall follow the usual DRRMC reporting format and channels from the LDRRMCs going to the RDRRMCs and the NDRRMC.
 - 9.2.2.3. The NDRRMC Response Clusters led by the DSWD shall focus on providing resource augmentation based on the reported issues and resource needs of the RDRRMCs and LDRRMCs.
 - 9.2.2.4. The NDRRMC report format and timelines may be subjected to streamlining and recalibration, as necessary, to focus on the Essential Elements of Information (EEI). This is in consideration of the complexities and restrictions in physical movement brought about by the COVID-19 situation.

9.3. Response Coordination

- 9.3.1. All DRRMC member agencies, Response Clusters and partner response organizations at all levels shall operate in respective Emergency Operations Centers (EOCs) for remote coordination to minimize physical meetings and prevent unwanted exposures to COVID-19, as necessary and as appropriate.

- 9.3.2. Pre-Disaster Risk Assessment (PDRA), Response Cluster meetings, and other briefings shall be conducted using video teleconferencing (VTC) and other alternative means. Physical meetings shall only be conducted if VTC and other alternative means are not feasible, provided that minimum public health standards are strictly observed.
- 9.3.3. Paperless and online-based communications and issuance of instructions, directives, advisories, and warnings shall be maximized for response coordination, as appropriate and as allowed by availability of resources.

9.4. Response Mobilization

- 9.4.1. Incident Management Teams (IMTs) mobilized by the DRRMC to manage the tactical resources shall strictly adhere to the minimum public health standards to protect the health, safety and welfare of all checked-in responders and teams while providing disaster response services.
- 9.4.2. Mobilization and utilization of resources shall be maximized at the jurisdiction of the DRRMC starting at the local level, given the existing zonal restrictions, before considering the request for augmentation from higher level DRRMCs.
- 9.4.3. To prevent further spread of COVID-19, augmenting responders and resources from the regional and national levels shall undergo necessary medical clearances and complete relevant documentary requirements prior to entering and responding to the affected localities, unless otherwise the restrictions will be waived by the LGUs, the IATF-EID or other relevant authorities, given the urgency of the situation.
- 9.4.4. All responders at the national, regional and local levels shall adhere to protocols that have been recalibrated to the COVID-19 situation, based on all existing guidelines and issuances by the NDRRMC Response Clusters.
- 9.4.5. All responders shall strictly be self-sustaining and be provided with appropriate personal protective equipment (PPE), rations, medications, and other administrative and logistics support by the respective sending agencies and offices.
- 9.4.6. Operational and administrative expenses of augmenting responders shall not be shouldered by the affected LGUs or regions.
- 9.4.7. After mobilization and deployment for operations, all responders and the communities provided with assistance shall undergo mandatory COVID-19 testing, isolation, and treatment, as necessary.

9.5. Interface with Disaster Rehabilitation and Recovery: Pursuant to RA 10121, the conduct of Post-Disaster Needs Assessment (PDNA) shall be within the purview of the National Economic and Development of Authority (NEDA) in coordination with the OCD Rehabilitation and Recovery Management Service (RRMS). Substantial inputs from RDANA and regular Situation Reports will serve as initial damages and losses reports that will be validated during the conduct of PDNA and subsequently the crafting of the Rehabilitation and Recovery Plan (RRP).

10. INSTITUTIONAL ARRANGEMENTS

- 10.1. The DILG, as the Vice Chairperson for Disaster Preparedness, shall ensure the readiness and operational capacities of the LGUs as LDRRMCs to simultaneously respond to disasters while sustaining the efforts for COVID-19 response operations.
- 10.2. The DSWD, as the Vice Chairperson for Disaster Response, shall exercise leadership in the performance of response operations of the NDRRMC for disasters amidst the COVID-19 situation.
- 10.3. The DOH, as the lead of the Health Cluster, shall work with the NDRRMC Response Clusters to ensure adherence to minimum public health standards in all response activities.
- 10.4. The OCD, as the Executive Arm and Secretariat of the NDRRMC, shall work with the member agencies, Response Clusters and other stakeholders to develop the necessary tools, templates, procedures, and process flows to operationalize the provisions of this Memorandum.
- 10.5. The Heads of Response Clusters shall take the lead in the development of supplemental response guidelines and issuances that are recalibrated to the COVID-19 situation.
- 10.6. The NEDA, as the Vice Chairperson for Disaster Rehabilitation and Recovery, shall coordinate for early-recovery plans, programs and activities (PPAs) that can be sustained for short-, medium-, and long-term recovery and rehabilitation PPAs.
- 10.7. All member agencies and offices of the DRRMC at the national, regional and local levels shall implement the provisions stated in this Memorandum and undertake parallel dissemination to respective stakeholders.

11. REPEALING CLAUSE

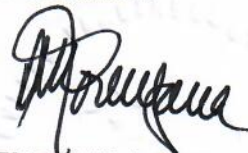
All existing issuances inconsistent herewith are hereby repealed or modified accordingly.

12. SEPERABILITY CLAUSE

In the event that any provision or part of this NDRRMC Memorandum is deemed invalid by a court of law or competent authority, the remaining provisions hereof which are not affected thereby shall continue to be in full force and effect.

13. EFFECTIVITY

This NDRRMC Memorandum shall be effective immediately until the lifting of the public health emergency or the normalization of situation.



DELFIN N. LORENZANA
Secretary, DND and
Chairperson, NDRRMC



DEPARTMENT OF
NATIONAL DEFENSE



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