



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JUL 22 2020

ADMINISTRATIVE ORDER

No. 2020 - 0032

SUBJECT: National Policy on Water, Sanitation, and Hygiene (WASH) in Emergencies and Disasters

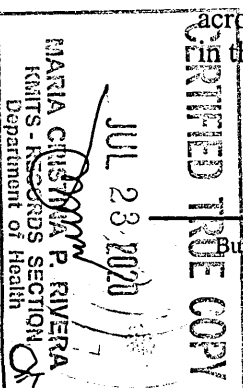
I. RATIONALE / BACKGROUND

Water, sanitation, and hygiene (WASH) conditions worsen in emergencies and disasters owing to the disruption, damage or loss of facilities and services. Potential outbreaks of vector- and water-borne diseases such as cholera, and typhoid fever, compounded by increased vulnerabilities from lack of adequate food and shelter, displacement, and overcrowding in evacuation centers, create new threats during disaster situations. Prevailing social structures and norms create more burdens for specific segments of the population, including women and children, indigenous peoples, older people, the internally displaced, and persons with disabilities, whose neglected WASH needs result in poor health.

The Department of Health (DOH) identifies that the development of a national policy and technical guidelines on WASH in Emergencies (WiE) is of utmost importance, in recognition of the Philippines' disproportionate vulnerability to emergencies and disasters. The country currently ranks third among the countries most at risk from both natural hazards and human-induced disasters (World Risk Index, 2018). Pursuant to Republic Act (RA) No. 10121, the *Philippine Disaster Risk Reduction and Management Act of 2010*, along with associated policies from the DOH and the National Disaster Risk Reduction and Management Council (NDRRMC), it is imperative to institutionalize and strengthen the cluster approach system. The DOH is mandated to lead the Health Cluster, with WASH as one of its sub-clusters, at all levels of governance, with continuing budget appropriations, to ensure the coordinated delivery of appropriate, effective, and timely WASH services.

Coordination between and among different government and non-government stakeholders shall be implemented in line with RA 11223, or the *Universal Health Care Act*, which aims to protect all Filipinos from hazards and risks that could affect their health; RA 10821, or the *Children's Emergency Relief and Protection Act*, which mandates a gender-sensitive and strategic program of action to provide children and pregnant and lactating mothers affected by emergencies and disasters with the support necessary for their immediate recovery and protection; and Administrative Order (AO) 2019-0046, the *National Policy on Disaster Risk Reduction and Management in Health (DRRM-H)*, which addresses the health needs of affected populations particularly the vulnerable groups-children, elderly, pregnant to include those persons deprived of liberty (PDL) through effective health emergency management.

The DOH articulates this national policy on WiE which shall be supported by guidelines across the preparedness, response, and early recovery phases that account for contextual factors in the Philippines such as behavioral norms, customs, and local practices.



II. OBJECTIVES

A. General Objective

To institutionalize and implement the WASH cluster approach at all levels of governance to ensure the coordinated delivery of appropriate, effective, and timely WASH services in emergencies and disasters.

B. Specific Objectives

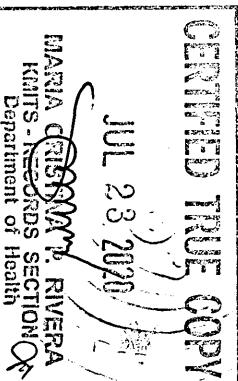
1. To strengthen WASH coordination structures and mechanisms at local, regional, and national levels that shall ensure the delivery of WASH services in emergencies and disasters;
2. To establish guidelines on WASH interventions across preparedness, response, and early recovery phases; and
3. To identify the roles and responsibilities of different stakeholders involved in the implementation of this Order.

III. SCOPE AND COVERAGE

This Order shall apply to DOH Central Office Bureaus, Services and Units; Centers for Health Development (CHDs); DOH hospitals including Treatment and Rehabilitation Centers (TRCs); public and private hospitals and other healthcare facilities; the Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM); local government units (LGUs), other National Government Agencies (NGAs) including Law Enforcement with detention facilities, the private sector, humanitarian and development partners and all other stakeholders whose mandates, functions, and activities contribute to WASH service delivery in emergencies and disasters. This AO shall cover all program activities and projects pertaining to WiE as a sub-program of Disaster Risk Reduction Management in Health.

IV. DEFINITION OF TERMS

- A. Cluster Approach** – refers to the method of addressing gaps and strengthening the effectiveness of disaster management through building equal partnerships, system-wide preparedness, and technical capacities to respond to emergencies and disasters.
- B. Coordination** – refers to the bringing together of organizations and stakeholders in order to ensure greater predictability, accountability, partnership; and the effective acquisition and application of resources.
- C. Disaster** – refers to 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.
- D. Disaster Risk Reduction and Management in Health (DRRM-H)** – refers to an integrated, systems-based, multi-sectoral process that utilizes policies, plans, programs, strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects, and lessen adverse impacts of hazards to address needs of affected population with emphasis on the vulnerable groups.

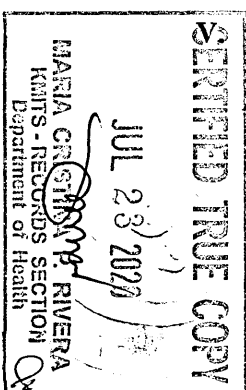


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- E. **Early Recovery** phase refers to the beginning of the post-disaster response or humanitarian relief setting immediately following a natural disaster or armed conflict, during which it is necessary to catalyze sustainable development opportunities, such as the restoration of basic services, livelihoods, shelter, governance, security and rule of law, health, and the reintegration of displaced populations.
- F. **Emergency** – refers to any situation in which there is imminent or actual disruption or damage to communities.
- G. **Health Cluster**- refers to DOH-lead services that aim to reduce preventable mortality and morbidity during emergencies and disasters. These services include Water, Sanitation and Hygiene (WASH), Nutrition in Emergencies(NiE), Mental Health and Psychosocial Services (MHPSS) and Medical and Public Health.
- H. **Incident Command System (ICS)** – refers to a standardized, on-scene, all-hazard incident management that allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents without being hindered by jurisdictional boundaries.
- I. **Preparedness** – refers to strengthening capacities to anticipate, cope, and ensure early recovery from the negative health impacts of emergencies and disasters.
- J. **Recovery** – refers to restoring and improving health facilities, health conditions, and organizational capacity of affected populations, and reduce disaster risks.
- K. **Response** – refers to preserving lives, reducing health impacts, and meeting the basic health needs of affected populations during or immediately after an emergency or disaster.
- L. **WASH Cluster** – refers to a group of agencies, partner organizations, and other stakeholders interconnected by their respective WASH mandates and are working together in partnership to ensure predictive leadership, coordinated delivery of assistance, and accountability to affected populations and people in need. In this Order, the term refers to the WASH Sub-cluster under the Health Cluster.
- M. **WASH in Emergencies (WiE)** – refers to all WASH strategies, interventions, facilities, or services related to WASH components during the preparedness, response, and early recovery phases in emergencies and disasters. For purposes of this Order, WASH components refer to water supply; sanitation to include excreta management, solid waste management, and vector control; and hygiene promotion.
- N. **WATSAN (iWaSH) Council** – refers to local oversight body on water supply, sanitation and hygiene matters of the whole locality; also serves as governance and coordination body for the implementation of Integrated, Safe Water, Sanitation and Hygiene (iWaSH) at the local level.

GENERAL GUIDELINES

- A. The institutionalization and implementation of the WASH Cluster approach at all levels of governance shall be guided by the following principles: people-centered, do no harm, community empowerment and resilience, accountability and evidence-based. (Annex 1)



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- B. The cluster approach to DRRM-H shall be adopted for the coordinated delivery of WASH services in emergencies and disasters.
- C. The interoperability of the Incident Command System (ICS) and the cluster approach to WiE shall be strengthened to attain effective operational planning, efficient task division, and comprehensive information sharing to better serve the WASH needs of affected populations.
- D. Technical guidelines on standards, key indicators, priority actions, and technical options for each WASH components across preparedness, response, and early recovery phases shall be established to guide WASH stakeholders. (Annex 2)
- E. Information management for WiE shall be aligned with the DRRM System at all levels to ensure quality, accessibility, and interoperability of datasets of different agencies.

VI. SPECIFIC GUIDELINES

A. Institutionalizing the WASH Cluster from National to Local Levels

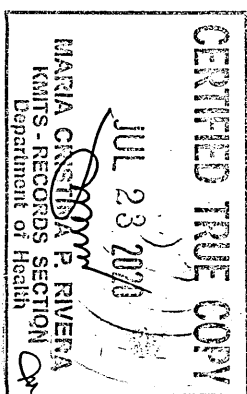
- 1. The National Disaster Risk Reduction Management Council (NDRRMC) has oversight function over the Health Cluster at the national level, the Regional Disaster Risk Reduction Management Council (RDRRMC) at the level of CHDs, and the respective Provincial/City/Municipal DRRRM Councils in the LGUs.
- 2. The DOH, as the Health Cluster Lead, is responsible for the coordinated delivery of medical and public health, WASH, mental health and psychosocial support (MHPSS), and nutrition in emergencies and disasters.
- 3. Specific to WiE, the institutionalization and implementation of the cluster approach shall be supported by WASH Lead, WASH Cluster Coordinator and WASH Cluster Focal Person. (Annex 3)

B. Interoperability of the Incident Command System and the Cluster Approach

This Order affirms and enhances the interoperability of the Incident Command System (ICS) and the cluster approach to WiE. Pursuant to NDRMMC Memorandum 2016-0043, and other guidelines strengthening coordination mechanisms between Incident Management Teams (IMTs) and the various response clusters, the WASH Cluster at all levels shall ensure strict observance of coordinating instructions and protocols.

C. Establishing Technical Guidelines on WiE

- 1. WASH interventions shall be intensified in low service coverage and/or high-risk areas, including those disproportionately affected by natural hazards and conflict, geographically isolated and disadvantaged areas (GIDAs), and Indigenous People (IP) areas.
- 2. To ensure appropriateness, ownership by affected populations, and sustainability, WiE interventions shall be coordinated and collaborated with LGUs so that affected populations, particularly marginalized communities, are able to contribute



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meaningfully to planning and delivery, and develop their capabilities to enable participation in decision-making processes.

D. Information Management for WiE

1. **Data Gathering.** Data and information gathered by WASH data collectors shall be disaggregated by age, gender, ethnicity, and special needs to ensure responsiveness to the needs and rights of affected populations, especially marginalized sectors, in accordance with RA 10821. The collection and processing of personal information shall be subject to strict compliance with RA 10173, or the *Data Privacy Act of 2010*, and other laws and policies that govern the management and disclosure of sensitive or classified information.
2. **Data analysis.** WASH field data and report gathered by pre-disaster and rapid damage assessment and needs analyses teams (e.g., Rapid Health Assessments), and other types of WiE assessment reports and performance frameworks shall be consolidated, analyzed, and processed by the WASH Cluster Coordinator, with support from WASH Cluster Focal Person, and submitted to the WASH Cluster Lead. The timing and frequency of such submissions shall be determined by the WASH Cluster. DOH-HEMB, in collaboration with KMITS, shall establish emergency information system for WiE and serve as data repository for WiE related reports.
3. **Data dissemination.** Any information used by the WASH Cluster to identify gaps, overlapping actions, and best practices shall be shared through regular WASH Cluster meetings and other coordination mechanisms, including those set by relevant IMTs, in line with the DRRM System.

VII. MONITORING AND EVALUATION

WASH Cluster Leads, with support from WASH Cluster Coordinators and Focal Persons, shall ensure that:

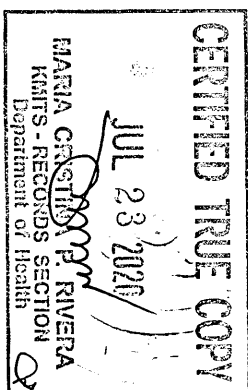
- A. WASH Cluster monitoring and evaluation are conducted from local to national levels, using appropriate tools and analytical frameworks, to ensure response and interventions are effective and consistent with relevant standards;
- B. WASH Cluster activities and interventions are considered in DRRM-H institutional and operational monitoring and evaluation;

VIII. ROLES AND RESPONSIBILITIES

The following are the roles and functions of the different groups of stakeholders that have critical roles in WASH in Emergencies.

A. Department of Health as the WASH Cluster Lead

1. **Public Health Services Team (PHST)**
 - a. **Disease Prevention and Control Bureau (DPCB)**, as the DOH's designated WASH Cluster Lead, shall have overall cluster management and oversight at



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the national level. Together with WASH Cluster members and stakeholders, the DPCB shall:

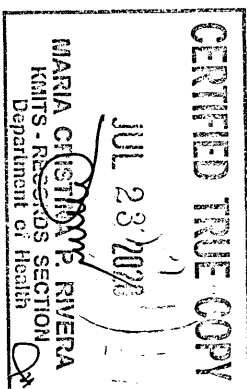
- 1) Develop cluster operational strategies covering the preparedness and response phases for emergency and disaster management;
- 2) Establish inter- and intra-cluster coordination, collaboration, and networking;
- 3) Establish reliable systems that will ensure effective implementation and continuous improvement of the cluster approach to WiE and disasters;
- 4) Build and strengthen the capacity of the WASH Cluster;
- 5) Coordinate with the relevant CHD, or the Regional WASH Lead, on the mobilization and deployment of national response action teams; and
- 6) Develop and maintain the directory of WASH Cluster members and partners, which shall be updated quarterly to ensure that information on services is accurate.

b. Health Emergency Management Bureau (HEMB), representing the Health Cluster and in support of National WASH Cluster Lead DPCB, and together with WASH Cluster members and stakeholders, shall:

- 1) Provide the communication linkage among DOH-CO and other concerned agencies, including the hospitals and the regions, during emergencies and disasters;
- 2) Develop policies, guidelines, and other related issuances pertaining to WiE;
- 3) Include WASH in the development of DRRM-H plan and the development of protocols, guidelines, and standards for health emergency management in emergencies and disasters;
- 4) Utilize various information and communication technologies (ICT) in the dissemination of early warning and other appropriate information to WASH Cluster members, stakeholders, and the public;
- 5) Mobilize resources of technical experts and health response teams, as well as tangible logistics that are needed locally and internationally;
- 6) Coordinate with the NDRRMC, through its Operations Center (OpCen), on the readiness of the WASH Cluster to deliver humanitarian assistance to the affected populations.
- 7) Propose recommendations to strengthen this Order and any subsequent policy issuance or guidelines relevant to WiE, based on new evidence, best available scientific information, and indigenous and local knowledge; and
- 8) Submit final evaluation reports to the NDRRMC for continuing policy improvement and organizational development including the updating of the National Disaster Response Plan

c. Health Promotion and Communication Service (HPCS)

- 1) Lead advocacy and campaign activities, including ensuring that this Order and other policies relevant to WiE are strategically disseminated at all levels and to affected populations;
- 2) Provide technical support in the development of risk communications for informed decisions in times of disasters; and
- 3) Provide technical support to WASH Cluster members in the development of information, education and communication (IEC) strategies.



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d. Epidemiology Bureau (EB)

- 1) Ensure vector- and water-borne diseases are included in disease surveillance and outbreak investigations during emergencies and disasters.

2. Field Implementation and Coordination Team (FICT)

a. Centers for Health Development (CHDs), in partnership with DOH Hospitals and other Healthcare Facilities, as the DOH-CO's designated Regional WASH Cluster Lead, shall have oversight over WiE and shall lead coordination within the Regional WASH Cluster, including:

- 1) Develop cluster operational strategies covering the preparedness and response phases for emergency and disaster management at the local and regional levels;
- 2) Establish inter- and intra-cluster coordination, collaboration and networking;
- 3) Establish responsive systems that will ensure effective implementation and continuous improvement of the cluster approach to WiE and disasters;
- 4) Develop and/or participate in relevant capacity- and evidence-building activities for WiE to ensure interventions are appropriate and accepted by affected populations; and
- 5) Support WASH Cluster agencies, LGUs, and other cluster partners in the provision of coordinated delivery of WASH services across all the phases of emergencies and disasters.
- 6) Advocate the inclusion of WiE activities through its Local Investment Plan for Health (LIPH) Coordinator and WASH Coordinator in the Investment Plan for Health of the LGUs.

3. Health Facilities and Infrastructure Development Team (HFIDT)

a. Knowledge Management and Information Technology Service (KMITS)

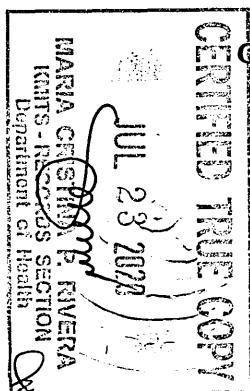
- 1) In collaboration with HEMB, establish, maintain, and utilize an emergency information system for WIE between and among the health sector and other relevant partners; and
- 2) A data manager shall be designated to support the WASH Cluster through inter- and intra-cluster dissemination of information.

B. Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH – BARMM)

1. Lead the provision of technical assistance in the adaptation and/or contextualization of the cluster approach to WiE in the BARMM, without prejudice to Articles VI and XII of RA 11054;
2. Develop and/or participate in relevant capacity- and evidence-building activities to ensure WASH interventions are appropriate and acceptable to affected populations; and
3. Support the WASH Cluster, LGUs, and other stakeholders in the provision of coordinated delivery of WASH services in emergencies and disasters.

C. Local Government Units

1. Include WiE in the development of a local DRRM-H plan that is responsive to the needs of the LGU and its constituents, compliant with the LGU scorecard, and is integrated with LIPH/Annual Operational Plan (AOP) and other relevant plans, strategies, and DRRM resources, which includes the annual Local Disaster Risk



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Reduction and Management Office (LDRRMO) plan and budget, and the proposed programming of the Local Disaster Risk Reduction and Management Fund (LDRRMF);

2. Ensure local health boards (LHBs) encourage the Sanggunian to translate local appropriations into a resolution for public health purposes which shall include WiE-related services and interventions;
3. Ensure that there is a designated WASH Cluster Coordinator and a pool of qualified WASH practitioners across the different levels of local governance;
4. Ensure availability of fund to shoulder costs relating to operations and maintenance of WASH facilities in the evacuation centers;
5. Ensure the provision and delivery of WASH goods and services in the evacuation centers
6. Coordinate with Department of Education for the provision of WASH in emergency facilities, especially if such are meant for internally displaced families, to ensure that educational services would not be severely disrupted; and
7. Assess the condition of WASH facilities in evacuation centers and temporary shelters as appropriate, before, during and after emergencies and disasters.

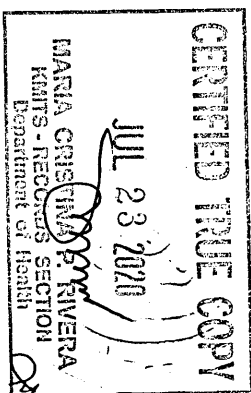
D. WASH Cluster Member Agencies and Partners

1. Department of the Interior and Local Government (DILG)

- a. Facilitate coordination with LCEs and other local government officials on WASH Cluster operations and interventions;
- b. Ensure support for and adoption of community engagement approaches by LGUs in planning, implementing, monitoring and evaluation of WiE interventions;
- c. Assist health emergency response teams in coordinating with LCEs and other local government officials; and
- d. To the extent applicable, ensure WATSAN (iWaSH) Councils integrate existing WASH interventions, including policy development and advocacy, in emergencies and disasters.

2. Department of Social Welfare and Development (DSWD)

- a. Augment and support the provision of technical assistance to LGUs in the procurement of safe water, hygiene kits, and other WASH-related commodities based on assessment results and upon request of the LGU concerned, in coordination with the WASH Cluster Lead or the head of the deployed health emergency response teams;
- b. Ensure that facilities in evacuation centers enable positive health outcomes and comply with the minimum requirements of RA 10821 (Children's Emergency Relief and Protection Act) and other laws that provide special consideration to vulnerable and marginalized groups, e.g., women and child-friendly spaces, gender-sensitive and culturally appropriate emergency latrines, bathing cubicles, handwashing facilities, priority lanes for special needs, among others;
- c. Ensure WASH-related issues are responded to and included in the formulation of any Comprehensive Emergency Program for Children implemented immediately after the declaration of a national or local state of calamity;
- d. Provide technical assistance to the camp managers on the formation of Camp Management Committee (CMC); and
- e. Provide technical assistance and resource augmentation (TARA) during the IDP transition from evacuation center to the transitory sites/areas.



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3. Department of Education (DepEd)

- a. Coordinate with the DOH on hygiene promotion and education initiatives to encourage learners to maintain good hygiene and prevent WASH-related diseases.

4. Department of Public Works and Highways (DPWH)

- a. Provide passable transport networks along national roads in the affected area within 24 hours or as early as possible to ensure safe, prompt, and coordinated delivery of WASH services;
- b. Assist in the delivery of WASH goods and services to and from evacuation centers and campsites;
- c. Provide technical support and personnel assistance to the WASH Cluster consistent with existing DPWH mandates; and
- d. Assist the LGUs in continuously monitoring and assessing the condition of WASH facilities in evacuation centers and campsites, after emergencies and disasters.

5. Local Water Utilities Administration (LWUA)

- a. Facilitate coordination with water districts on WASH Cluster operations and interventions; and
- b. Provide technical support and personnel assistance, including sewerage and wastewater systems project development and construction, to the WASH Cluster consistent with existing LWUA mandates.

6. Metropolitan Waterworks and Sewerage System (MWSS)

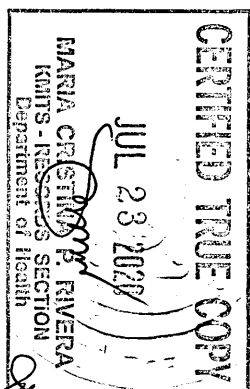
- a. Provide technical support to the WASH Cluster on the establishment, operation, and maintenance of waterworks systems in the context of emergencies and disasters; and
- b. Active participation in the local drinking water quality monitoring committees convened by local health authorities and the WASH Cluster leads during emergencies.

7. Bureau of Fire Protection (BFP)

- a. Assist the WASH Cluster in the distribution of potable water, cleaning of WASH facilities, and other WASH-related operations and interventions; and
- b. Submit reports on medical missions conducted, ensuring the inclusion of information relevant to WiE.

8. WASH Cluster Non-Government Partners

- a. Participate actively in WASH Cluster activities through information sharing, strategic planning, capacity building, and supporting monitoring and evaluation initiatives;
- b. Support WASH Cluster government agencies and LGUs in the provision of coordinated delivery of WASH services across all the phases of emergencies and disasters;
- c. Provide necessary technical assistance to all key stakeholders to ensure the complete institutionalization and implementation of the cluster approach to WiE;
- d. Participate in cluster meetings regularly and provide information on proposed and ongoing actions, as requested by the WASH Cluster Coordinator or Focal Persons; and
- e. Support the development, maintenance, and dissemination of a directory of key contacts, information on the package of services, and areas of operation which can



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be easily and quickly accessed by WASH Cluster members and stakeholders as reference during emergencies and disasters.

E. WASH Cluster Coordination with Other Government Agencies

The WASH Cluster shall establish coordination, collaboration, and networking within and among other government agencies and clusters on issues involving WiE, including, but not limited to, the provision of technical assistance; sharing of resources; development and/or participation in relevant capacity- and evidence-building initiatives; and other types of support that will strengthen coordination mechanisms of the WASH Cluster, LGUs, and other stakeholders.

F. WASH Cluster Coordination with Civil Society, the Private Sector, and other Non-Government Organizations

1. The WASH Cluster shall encourage and strengthen partnerships and linkages with local and international CSO/NGOs, the private sector, donors, and other development partners in addressing WiE.
2. In compliance with CSC DOH JMC 2010-01 and DOH DO 2018-0232, existing health policies, and relevant government codes of conduct of other national agencies on tobacco industry interference, this Order reiterates the strict prohibition against the acceptance of donations or sponsorships from, or any other unnecessary interaction with, the tobacco industry, including front groups and industry representatives, in the delivery of WASH services in all phases of emergencies and disasters.

IX. INTERPRETATION

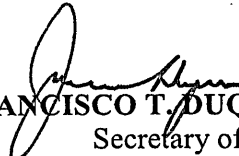
If any defined term or provision of this Order should admit of several meanings, it shall be resolved in favor of protecting and promoting health pursuant to Article II, Section 15 of the 1987 Constitution and protecting life and dignity pursuant to international humanitarian law.

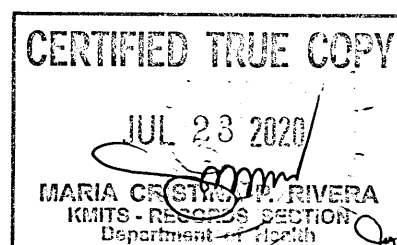
X. REPEALING AND SEPARABILITY CLAUSES

All other existing issuances inconsistent with this Order are hereby repealed or modified accordingly. If, for any reason, any portion of this Order shall be declared unauthorized or rendered invalid by any court of law or any competent authority, parts or provisions not affected shall be in full force and effect.

XI. EFFECTIVITY

This order shall take effect immediately after its publication in a newspaper of national circulation.


FRANCISCO T. DUQUE III MD, MSc
Secretary of Health



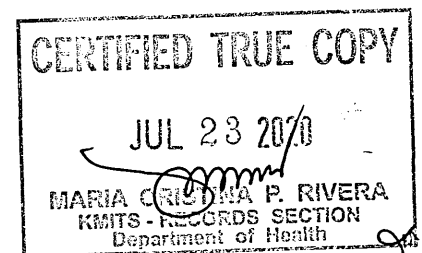
ANNEXES

ANNEX 1: GUIDING PRINCIPLES IN THE INSTITUTIONALIZATION AND IMPLEMENTATION OF THE WASH CLUSTER

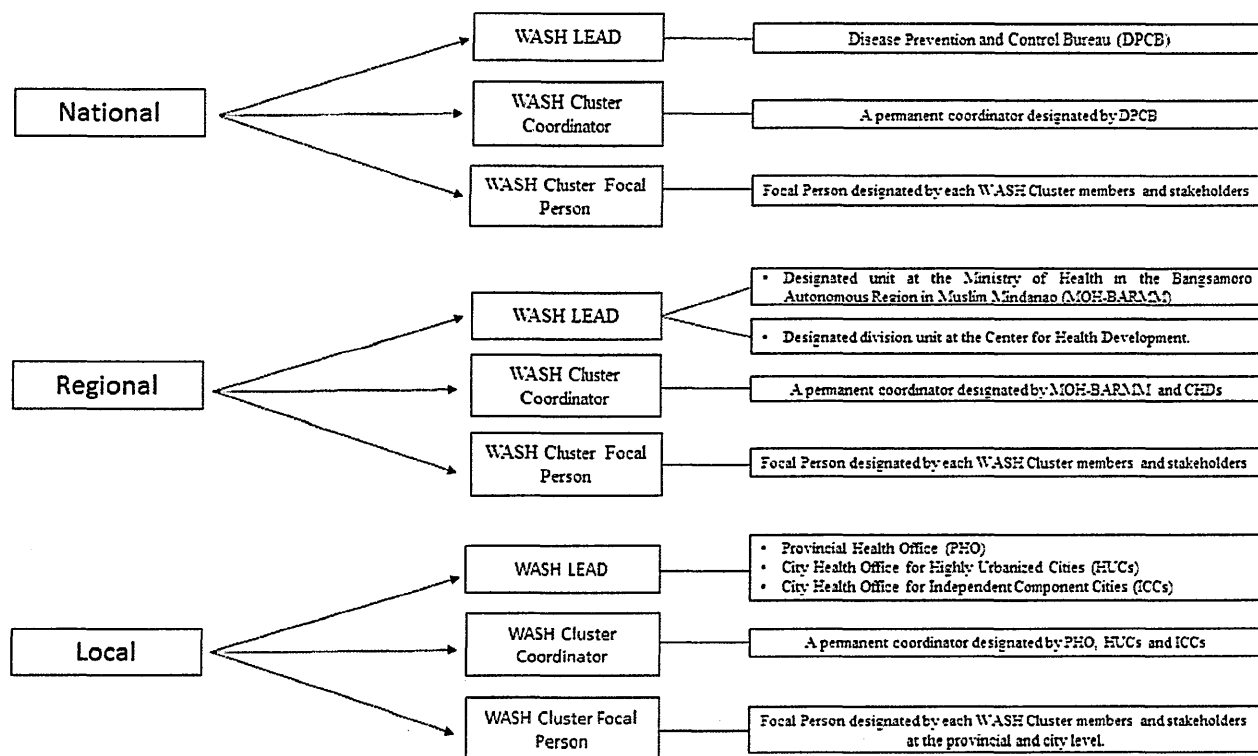
- A. People-Centered.** Affected populations are at the center of action to be undertaken and, as such, shall be appropriate, inclusive, and gender-sensitive to address the needs of affected populations, including women and children, indigenous peoples, older people, the internally-displaced, persons with disabilities, and other marginalized groups.
- B. Do No Harm.** All WASH Cluster members and stakeholders are obligated to prevent and mitigate any negative impact of their actions on affected populations, communities, and humanitarian staff. This includes protecting affected populations from violent attack or discrimination, managing data and information in a sensitive manner, ensuring that state-led protection measures do not diminish local capacities, and continuously adapting responses to local context.
- C. Community empowerment and resilience.** Community engagement and participation are necessary at all stages of decision-making to ensure that the needs of affected communities are met, interventions are accepted and owned by them, full participation in governance processes and decisions that affect their lives are encouraged, and community resilience is strengthened.
- D. Accountability.** All relevant WiE stakeholders shall ensure accountability in humanitarian action, which involves the responsible use of power, taking account of, and being held accountable by, different stakeholders, primarily those who are affected by the exercise of such power such as affected populations and the marginalized.
- E. Evidence-Based.** All WASH interventions must be based on the best available scientific information, integrated with indigenous and local knowledge, and acceptable to the local and global humanitarian community.

ANNEX 2: SCOPE OF TECHNICAL GUIDELINES AS TO STANDARDS, KEY INDICATORS AND PRIORITY ACTIONS FOR WASH COMPONENTS

- A. **Water Supply.** Provide affected populations access to adequate, clean, and safe water supply for drinking, cooking, personal hygiene, and other domestic uses. For example, repair or implementation of water systems, along with developing capacity to operate and maintain these; water quality monitoring; water storage; and treatment supplies.
- B. **Sanitation.** It includes three sub-components - Excreta Management, Solid Waste Management, and Vector Control.
1. **Excreta Management.** Provide affected populations access to safe and dignified means of excreta disposal, as well as emergency sanitation facilities and maintenance of sanitation facilities. This includes ensuring the proper use, maintenance, and rehabilitation of sanitation facilities; and proper wastewater disposal from bathing and washing facilities. Sludge removal and processing needs to be included in the design and implementation of sanitation facilities or use of existing.
 2. **Solid Waste Management.** Provide affected populations with a clean and healthy environment free from solid waste so as to control vermin and vectors that can spread disease. This includes ensuring appropriate waste management system to include proper segregation storage, collection, transport and disposal of solid wastes.
 3. **Vector Control.** Reduce or control, if not totally prevent, affected populations from contracting vector-borne diseases. Evidence-based approaches shall be applied to targeted vector control measures and environmental management to minimize exposure to nuisance vectors in emergencies and disasters.
- C. **Hygiene Promotion.** Promote and reinforce good hygiene practices among affected populations through the provision of hygiene supplies, access to WASH facilities, proper use as well as maintenance of WASH facilities, and the conduct of behavior change campaigns that account for local contextual factors, including language and local customs.



ANNEX 3: SELECTION OF MEMBERS TO INCLUDE THEIR ROLES AND RESPONSIBILITIES OF WASH LEAD, WASH CLUSTER COORDINATOR AND WASH CLUSTER FOCAL PERSON

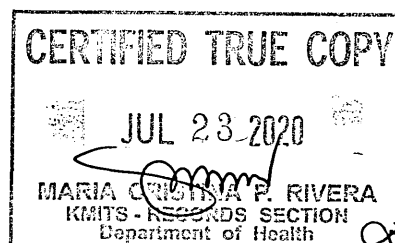


A. WASH Lead

1. The WASH Cluster shall be led by the Disease Prevention and Control Bureau (DPCB) at the national level; a designated division/unit at the Ministry of Health in the BARMM; a CHD-designated unit at the regional level; the City Health Office for Highly Urbanized Cities (HUC) and Independent Component Cities (ICC); and the Provincial Health Office at provincial level which shall cover the municipalities and Component Cities (CC) within its jurisdiction.
2. The WASH Cluster Lead shall be primarily responsible and accountable in facilitating partnerships, system-wide preparedness and coordination, and capacity-building to respond to emergencies and disasters.

B. WASH Cluster Coordinator

1. The WASH Cluster Lead at national, regional, and local levels shall designate a permanent WASH Cluster Coordinator from within its office, ensuring that the individual assigned shall have existing WASH-related functions, such as, but not limited to, Sanitary Engineers; Environmental and Occupational Health Program Coordinators; Sanitation Inspectors; and Health Officers. Designated WASH Cluster Coordinators shall facilitate inter- and intra-cluster coordination with all relevant stakeholders, as well as:

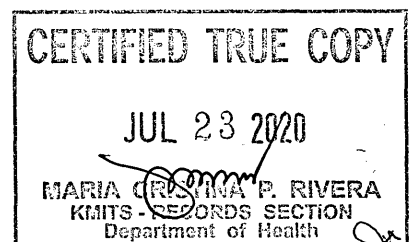



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- a. Facilitate processes in strategic emergency response planning through participatory and community-based approaches, with gender mainstreamed across all stages of development;
- b. Oversee the conduct of comprehensive needs assessments and gap analysis to inform strategic emergency response planning;
- c. Consolidate, analyze, prepare reports and documentation, and provide recommendations for appropriate actions;
- d. Initiate and facilitate the establishment of a monitoring and evaluation system, with support from the WASH Cluster Lead, Focal Persons, and members;
- e. Facilitate the active participation of all WASH Cluster members and stakeholders, including affected populations, in planning and decision-making; and
- f. Any other function necessary to fully institutionalize and implement this Order.

C. WASH Cluster Focal Person

1. The WASH Cluster Focal Person refers to various individual stakeholders, whether public or private, technical experts, or organizational representatives designated through a process of appointment, voluntary application, or nomination at local, regional, and national levels. Designations shall be made by relevant government agencies, departments, as well as local governments through Local Chief Executives (LCEs), to support WASH Cluster initiatives and operations.
2. Non-government stakeholders and partners, including civil society organizations, the private sector, development partners, the academe, and other relevant institutions whose functions and activities contribute to WASH service delivery may volunteer or nominate a representative to be a WASH Cluster Focal Person, subject to the appropriate notification and approval of the relevant WASH Cluster Leads at various levels of governance. Supporting evidence of experience implementing WASH interventions and a strong geographical and physical presence in the area assigned shall be submitted alongside all expressions of interest and nominations. Further, the appointment of a WASH Cluster Focal Person from the private sector shall be compliant with the provisions of RA 9184, or the *Government Procurement Reform Act* on the procurement of services of highly technical consultants.
3. A WASH Cluster Focal Person shall be primarily responsible for providing the WASH Cluster Lead, through the WASH Cluster Coordinator, with timely information, resources, or technical expertise within their specific mandates and responsibilities.




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