HEALTH EMERGENCY PREPAREDNESS, RESPONSE and RECOVERY PLAN 2024

Municipality of Pototan

Pototan, Iloilo

RODINA P. MONDRAGON, MD.
Municipal Health Officer

HON. RAFAEL ENRIQUE LAZARO
Municipal Mayor

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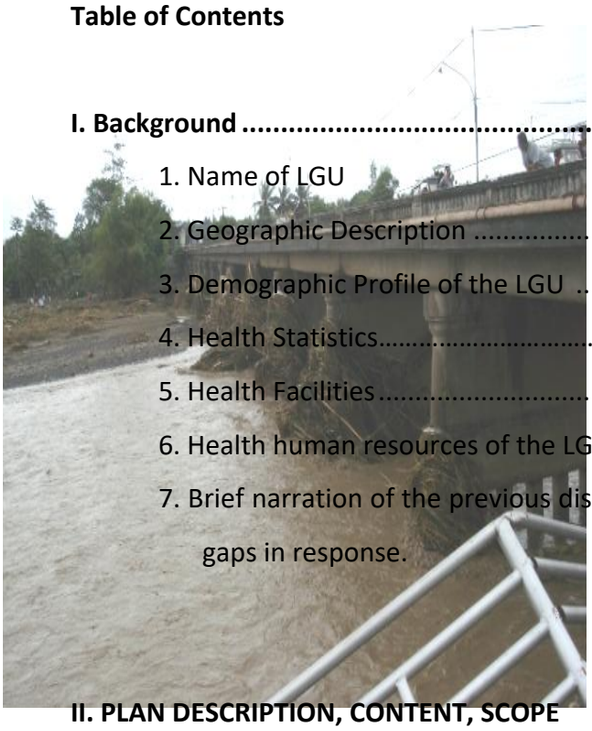

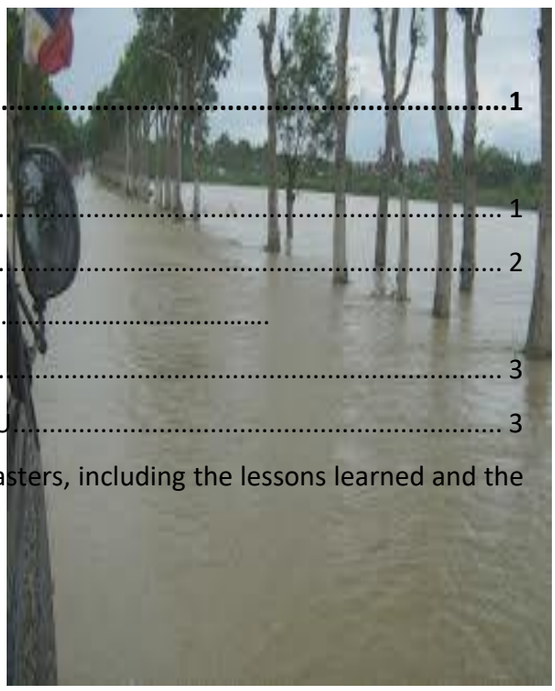

I. BACKGROUND

In any serious disaster a gap develops between resource needs and resource availability. In a severe pandemic this gap will be much worse due to global supply chain disruptions or delays and the fact that governments and aid organizations will be overwhelmed responding to all who need assistance at the same time. A plan must assume that there will be little or no assistance coming from outside the municipality. It is of prime importance that the municipal leaders read, discuss, and study their national, regional/state, and district pandemic response plans to understand: • What plans are already in place • What preparedness and response resources are available • How the municipal level plan fits into the national pandemic response structure As municipal leaders, they are responsible for keeping the population healthy, calm, and safe during the 6 to 12 weeks of each severe pandemic wave (there could be as many as three waves). Our actions can determine whether there are many deaths or relatively few.

Before Covid, our health system was fragmented because of devolution. The health system issues have become even more glaring during Covid. Before the pandemic started, the Universal Health Care (UHC) law was passed so there was health system support buy-in from stakeholders, health leaders, and government. Because of that, officials were better prepared to implement Covid response actions because they had been discussing health system and UHC issues for a long time. The UHC preparations created more dialogue between actors at different levels of the health system. We've worked with health system leaders to show them how innovations they've implemented for the Covid response can be applied to addressing universal health care challenges.

A large challenge is that social media is a hotspot for misinformation. Everyone thinks they're an expert in epidemiology and medicine! Misinformation has been a challenge in the face of disseminating accurate information about Covid. One of the largest problems is that misinformation around vaccines on social media contributes to vaccine hesitancy. In any serious disaster a gap develops between resource needs and resource availability. In a severe pandemic this gap will be much worse due to global supply chain disruptions or delays and the fact that governments and aid organizations will be overwhelmed responding to all who need assistance at the same time. Your plan should assume that there will be little or no assistance coming from outside the municipality. It is of prime importance that the municipal leaders read, discuss, and study their national, regional/state, and district pandemic response plans to understand: • What plans are already in place • What preparedness and response resources are available • How the municipal level plan fits into the national pandemic response structure As municipal leaders, you will be responsible for keeping the population healthy, calm, and safe during the 6 to 12 weeks of each severe pandemic wave (remember there could be as many as three waves). Your actions can determine whether there are many deaths or relatively few.

The Pototan Rural Health Unit in partnership with the people, non-government organizations, legislative bodies, the private sector and other government agencies is working towards self-reliance in the provision of basic health services in their respective localities.

2. Geographic Description

The Pototan Rural Health Unit is centrally located, and lies 50 kilometers away from Tinagong Dagat. It is also along the national railroad and bounded by Mina, Dingle, Janiauy, New Lucena and Zarraga. It is 3 kilometers away from the Iloilo Provincial Hospital, a province subsidize hospital. The RHU's work force totals to 431, which includes all health personnel and barangay health workers who works for the attainment of the **Vision: "All for Health towards Healthy Pototanons". For its Mission Statement: "Accessibility to a sustainable and Equitable Health".**

The Municipality is composed of 50 baranagys divided into 14 barangay health stations.

Province	Barangays	Municipalities	Cities	Congressional Districts
POTOTAN	50	1	0	3rd
REGION VI				

Table 1. Barangay per BHS

BHS	BARANGAY
BATUAN BHS	Abangay
	Batuan
	Cau-ayan
	Malusgd
	Zarrague
BONGCO BHS	Bongco
	Nanga
	Dongsol
CASALSAGAN BHS	Cahaguikican
	Casalsagan
	Dawis
	Rumbang
DAPITAN BHS	Cansilayan
	Dapitan
	Barasan
GUINACAS BHS	Tumcon Ilaya
	Purog
	Guinacas
IGANG BHS	Amamaros
	Igang
JAMABALUD BHS	Jebic
	Naga
	Jamabalud
LUMBOBHS	Bagacay
	Lumbo
	L.Jaena Ward (Pob.)
PALANGUIA BHS	Danao
	Intaluan
	Pitogo
	Palanguia
POBLACION BHS	P.Ledesma Ward (Pob.)
	F. Parcon Ward (Pob)
	San Jose Ward(Pob)
POLOT-AN BHS	Guibuanagn
	Callan
	Tuburan
	Polot-an
SINUAGAN BHS	Lay-ahan
	Nabitasan
	Naslo
	Sinuagan
TUMCON ILAUD BHS	Cato-ogan
	Pajo
	Culob
	Tumcon Ilaud
UBANG BHS	Iwa Ilaud
	Iwa Ilaya
	Macatol
	Fundacion
	Ubang

2. DEMOGRAPHIC PROFILE:

- Population: Pototan has a projected population of 79,7460 in CY 2023. Among the barangays Nanga and Igang has the highest population. Table 1 shows 50 barangays and its population.

Table 2. Total Population and Households per Province, City, Region VI, 2016

Province/City	**Population**	**Percent**
Abangay	932	
Amamaros	1,817	
Bagacay	1,759	
Barasan	2,180	
Batuan	1,836	
Bongco	1,481	
Cahaguikican	1,840	
Callan	652	
Cansilayan	1,384	
Casalsagan	1,245	
Cato-ogan	2,017	
Cau-ayan	2,767	
Culob	542	
Dapitan	2642	
Danao	877	
Dawis	1,326	
Dongsol	1,392	
Fundacion	280	
Guibuangan	828	
Guinacas	1,566	
Igang	3,905	
Intaluan	663	
Iwa Ilaud	929	
Iwa Ilaya	985	
Jamabalud	2,840	
Jebioc	723	
Lay-ahan	1,398	
P.Ledesma Ward (Pob.)	2,128	
L.Jaena Ward (Pob.)	1,395	
Lumbo	1,558	

Macatol	1,126	
Malusgod	2,478	
Nabitasan	916	
Naga	1,429	
Nanga	3,287	
Naslo	1,728	
Palanguia	1,674	
Pajo	605	
F. Parcon Ward (Pob)	1,807	
Pitogo	810	
Polot-an	1,303	
Purog	1,648	
Rumbang	2,588	
San Jose Ward(Pob)	1,565	
Sinuagan	1,251	
Tuburan	2,122	
Tumcon Ilaud	2,245	
Tumcon Ilaya	917	
Ubang	851	
Zarrague	1,257	
TOTAL POP.	**77,500**	

Table 3. Populations, by Sex, Region VI, 2016

Sex	POPULATION	**Percent**
Males and Females	77,500	

❖ Population Density: The Town's population density was calculated at persons per sq

A. ECOLOGICAL PROFILE

The Municipality of Pototan is situated at the central part of Western Visayas. It lays within 10050'00" and 11000'00" East Longitude and within 122034'00" and 122042'00" North Longitude. It is bounded on the North and Northeast by the Municipality of Dingle, in the East by the Municipality of Barotac Nuevo, on the South by the Municipality of Zarraga, on the Southwest by the Municipality of New Lucena, on the West by the Municipality of Mina, and on the Northwest by the Municipality of Badiangan. It is 29 kilometers North of Iloilo

City. Pototan is one of the forty three (43) municipalities in the Province of Iloilo. It is composed of fifty (50) barangays which are divided into two (2) categories: the lowland and the upland areas. In the lowland areas include the following barangays: Abangay, Amamaros, Bagacay, Barasan, Batuan, Bongco, Cahaguichican, Callan, Cansilayan, Casalsagan, Cato-ogan, Cau-ayan, Culob, Dapitan, Dawis, Dongsol, Fundacion, Guibuangan, Guinacas, Igang, Iwa Ilaud, Iwa Ilaya, Jamabalud, Jebioc, Lumbo, Naga, Nanga, Pajo, Polut-an, Purog, Rumbang, Tuburan, Tumcon Ilaud, Tumcon Ilaya, Zarrague, Lopez Jaena Ward, F. Parcon Ward, P. Ledesma Ward and San Jose Ward. In the upland areas include the following barangays: Danao, Intaluan, Lay-ahan, Macatol, Malusgod, Nabitasan, Naslo, Palanguia, Pitogo, Sinuagan and Ubang. Pototan is generally flat while some portions are hilly and rolling within the highest elevation of 30 to 50 meters above sea level. The dominant slope of the area ranges from 0-3% occupying an area of approximately 8,254.066 hectares while 1,456.599 hectares have slope of 3.1-5% There are three (3) kinds of soil types found in the Municipality of Pototan, namely: Alimodian Clay Loam, 818 hectares or 8.45; Sta Rita Clay, 6,773.46 hectares or 69.77% and Umigan Fine Sandy Loam, 2,118.7 hectares or 21.83%. In regards with mineral resources, Pototan have limestones that can be found in Barangay Igang and sand and gravel from Jalaur and Suague River, both commonly used for barangay road maintenance of the municipality. The town is traversed by two (2) rivers and nine (9) creeks. These rivers are Jalaur from the mountain of Calinog and Suague River from the mountain of Janiuay. Natural spring and ground water are common sources of potable water abundant in Barangays Danao, Amamaros, Tumcon Ilaud, Dawis, Bongco, Casalsagan, Lay-ahan, Palanguia, Pitogo, and Purog. Pototan, like other municipalities in the Province of Iloilo has two (2) seasons, namely; wet and dry. Years before, dry season occurs from the month of Janaury to April and wet during the rest of the year. But due to climate change, neither dry nor wet seasons has no fix month to take place. The Province of Iloilo is not within the country's typhoon belt area. However, typhoons occasionally occur all over the provincial area when the westerly winds from Sibuyan Sea began to unleash its strength.

B. RISK PROFILE

The Municipality of Pototan is a highly Risk Vulnerable Municipality. During the Assessment of Hazard conducted by the Municipal Disaster Risk Reduction and Management Services in all barangay indicates that there are 8 hazards to be anticipated four (4) of which has most likely occurrence with major impacts. Table below shows the types and ranking of hazards results from previous assessment.

Table **4.**

Rank	Type of Hazard	Probability	Impact
1	Flood	High Probability	High Impact
2	Typhoon	High Probability	High Impact
3	Earthquake	Perhaps	High Impact
4	Fire	Low Probability	Medium Impact
5	Vehicular Accident	High Probability	Medium Impact
6	Epidemic of Disease	High Probability	High Impact
7	Bomb Thread	Low Probability	Medium Impact
8	Stampede	Low Probability	Medium Impact

This assessment results from occurrence of hazard yearly to its calculated impact as per estimated damage to People, Economy, Infrastructure and lifestyle of constituents of each Barangay.

Tectonic originates from movements of massive plates on earth's crust found on the seabed of Oceans and Seas called Trench while boundary of plates found in land masses is called Fault.

Pototan is Vulnerable to earthquake as it already experiences an 8.2 Magnitude of Earthquake in 1948. Liquefaction was experience in some Barangays here in Pototan.

The threat of Earthquake in Pototan is clear. These types of hazard strikes without warning it could caught the area flatfooted and unaware.

What is the situation to prepare in a pandemic?

No one will be able to prevent a severe pandemic from coming to the municipality. However, everyone can play a key role in leading our municipality through a pandemic and reducing the number of deaths by having an organized disaster management system in place to respond to a pandemic by having a strong enough organizational structure to manage a pandemic in the municipality • Continually assess needs, identify resources, plan the response, and implement the plan • Keep the number of deaths to a minimum

What is the situation to prepare for on Earthquake?

The Philippine Archipelago is in between three major trenches which are considered active with slow movement of plates pushing each other these trenches are Philippine Trench located on the whole Eastern seaboard of the Archipelago.

The Negros Trench located on the Western side from Western Northern Mindanao to South Western tip of the Panay Island. Manila Trench also on the Western portion traverse from Seaboard of South Western Mindoro to Western Northern Luzon. If these

Trenches generate stronger magnitude the whole Panay Island will experience ground shaking. The biggest threat is the Negros and Manila Trench which is closer to Panay Island.

Aside from these trenches, fault lines are also present in all islands, but Palawan of the Philippines. Panay has its own fault line called the West Panay Fault and the Tablas Fault located on the Western portion of the Island. The West Panay fault runs from Anini-y Antique, San Joaquin, Miag-ao, Igbaras, Leon, Alimodian, Maasin, Janiuay, Lambunao and Calinog of Iloilo to Tapaz Capiz. The Tablas fault is from Tapz Capiz to Navas Aklan. Mentioned previously that an 8.2 magnitude earthquake generate from these fault line in the year 1948.

Several cracks were spotted in the Mountain of Igbaras, Leon and Alimodian shows that there is an active movement of plates on that area. These fault line measures directly more or less 100 kilometers from the Municipality of Pototan.

The other types of Earthquake origin is the volcanic where strong volcanic can create ground shaking to adjacent and nearby places. Mt. Kanlaon is an active volcano across Negros Island a powerful explosion can generate ground shaking and an Earthquake Magnitude. There are suspected In-active Volcano within the Panay Island such as Mt. Baloy in the Province of Antique, Mt. Bayoso in San Enrique Iloilo, and the Tinagong Dagat in Lambunao.

Evidence of volcanic eruption such as volcano rocks were observed and discover in the nearby area of these above mentioned. If there are really truth to the claims that they are indeed an Inactive Volcano, then these is also a threat to the Municipality with Mt. Bayoso and Tinagong Dagat is much closer to the Municipality.

The Vulnerable are the community with dilapidated establishment or not so strong to withstand 6.0 or higher magnitude of an Earthquake.

2.FLOOD RISK PROFILE and MITIGATION

The Municipality of Pototan, its Topography is generally plain Municipality. Its highest elevation is 30 to 50 meters above sea level. It is traverse by two major river system of the Province of Iloilo which is the Suage River and the Jalaur River. These two river system has major tributaries along the whole river basin. The Suage River has the Magapa River as one of its Major Tributary. The Jalaur Rivers include Asisig-Camonan River, Asisig River, Agutayan Creek, Ulian River and Abangay Creek. The Suage River drains it mouth to Jaluar River at Barangay Guibuangan of this Municipality. The head waters of the Suage and Jalaur River is located on the Mountains of Municipality of Janiuay, Lambunao and Calinog. There are also five (5) creeks within the Jurisdiction of the Municipality one (1) of which is the longest creek in the Province which is the Abangay creek from Lambunao and Calinog and traverses four other Municipalities before it drains to the Jalaur river here at Barangay Cau-ayan. These Bodies of Water makes the Municipality as the catchment area. If the headwaters of these River Basins and Creeks will experience intense to torrential rain of

more than four (4) to eight (8) consecutive hours . The Municipality will have a big threat of flooding.

Recorded floods with Great impacts are as follows

Year	Event	Impact
1975	Typhoon	half of the poblacion is flooded and 13 Barangays
1984	Typhoon Undang	11 Flood prone Barangay is flooded
1995	Typhoon	Flood water reaches the old market 18 Barangay is under flood water
2008	Typhoon Frank	38 Barangay experience flooding Whole Poblacion
2012	Tropical Depression Quinta	23 Barangay is affected by flooding
2013	Super Typhoon Yolanda	16 Barangay is under flood water

These were just recent recorded flooding mostly caused by Typhoon Damages to Agriculture, Barangay Roads and other Infrastructures reaches millions of pesos. Casualty recorded by the Municipality from Typhoon Frank to Super Typhoon Yolanda is three (3). Most expose to these hazards are communities traverse by Rivers and Creeks.

The presence of major tributaries and creeks within the river basin of the Suage and Jalaur Rivers, as well as the municipality's role as a catchment area, are important mitigating factors in managing and regulating water flow and quality. Here are a few ways in which these factors can contribute to mitigating potential issues:

1. Water Regulation: The major tributaries and creeks help regulate the flow of water within the river basin. During periods of heavy rainfall, these tributaries can absorb and distribute excess water, preventing flooding in downstream areas. Conversely, during dry spells, the stored water in these tributaries can help maintain a minimum flow in

the main river channels, ensuring a stable water supply for downstream users.

2. Sediment Control: Tributaries and creeks within the river basin act as natural filters, trapping sediments and pollutants that may otherwise be carried downstream. This sediment control helps maintain the water quality and prevents excessive sedimentation in the main river channels, which could negatively impact aquatic ecosystems.
3. Biodiversity Conservation: The presence of major tributaries and creeks creates diverse habitats within the river basin, supporting a variety of plant and animal species. This biodiversity is essential for the overall health of the ecosystem and can contribute to natural processes that help regulate water quality and quantity.
4. Watershed Management: The municipality, being a catchment area, plays a crucial role in watershed management. It can implement measures to protect and restore the natural vegetation cover in the upstream areas, which helps regulate water flow, reduce erosion, and improve water quality. Initiatives such as reforestation, soil conservation, and sustainable land use practices can be implemented to safeguard the integrity of the river basin.
5. Collaborative Efforts: The presence of multiple tributaries and creeks necessitates coordination and collaboration among different stakeholders within the river basin. This includes local communities, government agencies, and other relevant organizations. By working together, these stakeholders can develop and implement strategies for sustainable water management, including flood control, pollution reduction, and ecosystem conservation.

Overall, the presence of major tributaries, creeks, and the municipality's role as a catchment area provides opportunities for mitigating factors in managing and regulating the Suage and Jalaur Rivers. Through proper watershed management and collaborative efforts, the municipality can ensure the long-term sustainability of its water resources and the overall health of the river basin.

1.TYPHOON RISK PROFILE

The Philippines is a Typhoon with an average of 20-22 Typhoons every year and according to record 5 of which are devastating. Pototan and the whole province of Iloilo are not sparred from this.

Typhoon is ranked second on the assessment basing impacts and damages by the strength of the Typhoon especially damages brought by the strength of winds alone.

Constituents who are exposing to this type are those particularly living in the open area or field and their establishment is made of light materials or dilapidated.

Typhoon season usually starts during the month of August to January. The Municipality usually observes the rampage of typhoon during the fourth (4^{th}) Quarter of the Year. Typhoon usually associates flooding to its package. The capacity of tropical cyclones

that leaves devastation to the Municipality ranges from Typhoon to Super Typhoon category.

Here are recent list of Typhoon with Damaging wind strength

Name	Year
1. Typhoon Nitang	1984
2. Typhoon Undang	1984
3. Typhoon Ruping	1990
4. Typhoon Pepang	1995
5. Typhoon Frank	2008
6. Super Typhoon Yolanda	2013

The devastation of these Typhoon bring significant damages as it destroys houses, unroot and cut trees, unroofed stable structure, swipe flat on the ground rice fields, as well as cut of power and communication lines. Millions in damages were registered in the devastation of this type of Hazard.

The Philippines is prone to experiencing typhoons on an annual basis due to its geographical location in the western Pacific Ocean. While it is challenging to prevent typhoons from occurring altogether, there are several mitigating factors that can help minimize the impact and protect lives and infrastructure. Here are some strategies that can be employed:

1. Early warning systems: Establishing a robust early warning system is crucial. This includes the use of advanced meteorological technology to track and predict typhoons accurately. Timely and accurate information can help authorities and communities prepare and evacuate in advance.
2. Evacuation planning: Developing effective evacuation plans is essential. Identifying safe locations for people to evacuate to, establishing evacuation routes, and ensuring the availability of adequate shelters are critical for minimizing casualties.
3. Infrastructure resilience: Constructing resilient infrastructure can help mitigate the damage caused by typhoons. Building codes and standards should be enforced to ensure that buildings and critical infrastructure, such as hospitals and schools, are designed to withstand strong winds and flooding.
4. Coastal protection measures: Implementing measures to protect coastal areas is vital. Constructing seawalls, dikes, and breakwaters can help reduce the impact of storm surges and prevent flooding in vulnerable coastal regions.
5. Reforestation and watershed management: Preserving and restoring natural ecosystems, such as forests and watersheds, can help mitigate the effects of typhoons. Trees act as natural barriers, reducing the strength of winds and preventing soil erosion and landslides.
6. Public education and awareness: Conducting public education campaigns to raise awareness about typhoon preparedness and

response is crucial. Educating communities about evacuation procedures, emergency supplies, and safety measures can save lives and minimize damage.

7. International cooperation: Collaboration with international organizations and neighboring countries can enhance disaster preparedness and response. Sharing resources, expertise, and best practices can contribute to better planning and more effective disaster management.

It is important to note that while these measures can help mitigate the impact of typhoons, there will always be a level of risk involved due to the magnitude and unpredictability of these natural disasters. Continuous efforts and investments in disaster risk reduction and climate change adaptation are necessary to enhance resilience and protect vulnerable communities.

3.EARTHQUAKE RISK PROFILE

Philippine is located in the so called Pacific Ring of Fire where Earthquake generates. Origins of Earthquake are classified as Tectonic and Volcanic.

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The Mines and Geosciences Bureau assess that the Municipality can experience Intensity 8.0 or Magnitude 7.0 earthquake because of its loose and smooth soil type.

Mitigating factors for earthquakes refer to measures and strategies that can help reduce the impact and damage caused by seismic events. Here are some key factors that can contribute to mitigating the effects of earthquakes:

1. Building Codes and Regulations: Implementing and enforcing strict building codes and regulations can ensure that structures are designed and constructed to withstand seismic forces. This includes using appropriate materials, reinforcement techniques, and structural systems.

1. Seismic Retrofitting: Retrofitting existing buildings and infrastructure to enhance their resistance to earthquakes can significantly reduce damage. This involves strengthening key structural components, such as foundations, walls, and roofs, to improve their ability to withstand seismic forces.
2. Land Use Planning: Proper land use planning can help minimize the exposure of vulnerable infrastructure and population centers to earthquake hazards. This includes avoiding construction in high

4.FIRE HAZARD PROFILE

The Municipality of Pototan is fast becoming a widely urbanized Municipality. The Poblacion is the center of Urbanization dominated by Residential and Commercial establishment. The urbanization development is extending on the adjacent Barangays of the Poblacion like Brgy. Cato-ogan, Batuan, Malusgod, Rumbang, Tumcon Ilaya and Bagacay.

The area in poblacion is densely occupied that not more that 1% of the Poblacion is unoccupied commercial area lines up the major roads in the Poblacion and most of the remaining area is pre-dominantly residential establishment. Institutional establishment also exist within the poblacion. Adjacent Barangay is the expansion of Residential and

commercial establishment. Barangay Jamabalud, Palanguia, Tuburan and Bongco are fast rising urbanization growth.

Urbanization is a sigh of Development but it is also concern for the fire hazard. It is a threat to this type of Hazard because of its densification establishment are so close that they are almost attach to each other commercial establishment are equipped with firewall but residential structures particularly made of light materials (Bamboo and Woods). This structures could easily be raze up by flames if fire breaks out, although that the Municipality road network is easy access in the poblacion but because of so dense of this type of structure this could lead to Disaster level event that could result to declaration of state of calamity.

List of Barangay who have threat to Fire Hazard

Name of Barangay	Hazard Area
1. San Jose Ward	Riverside, Torres, Avenue, Boulevard, Sitio Riles
2. Lopez Jaena Ward	Sitio Riles, Railway Extension
3. P. Ledesma Ward	Narek, Motorpool, NFA
4. F. Parcon Ward	Boulevard, Jarden, Bolangan, Lapar
5. Brgy. Rumbang	Sitio Riles
6. Brgy. Bagacay	Sitio Pangpang
7. Brgy. Malusgod	Sitio Sinikway and Sitio Riles
8. Tumcon Ilaya	Proper
9. Brgy. Jamabalud	Jamabalud 1 and Jamabalud 2
10. Brgy. Polot-an	Proper and Orchid
11. Brgy. Amamaros	Sitio Riles

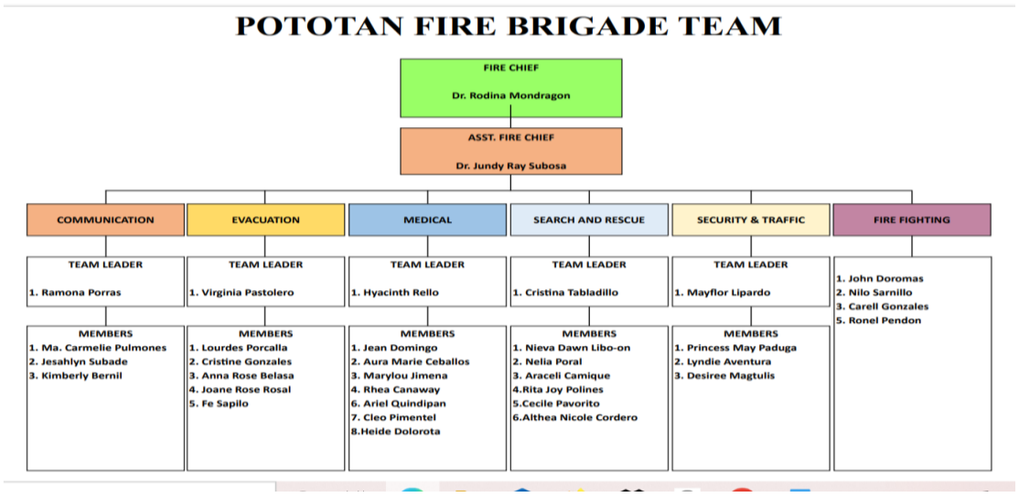
Recent list of Fire Incidence

Location	Year
1. T. Magbanua St. (Juan Felicima Building)	1977
2. San Jose Ward (Old Market Extension)	1996
3. San Jose Ward (Tres Bokales Restaurant to Old Market Extension)	1997
4. San Jose Ward (Residential Area)	1992
5. San Jose Ward (North Side Old Market)	1999

These are recent recorded incidence of Fire with impacts to damages. The Fire that includes Tres Bokales restaurant even claim the life of two persons and most damaging fire incidence happens mostly in the Poblacion Commercial Area.

A risk profile for fire hazards involves assessing the likelihood and potential impact of fire incidents occurring within a particular environment. Mitigation strategies aim to reduce the likelihood of fire incidents and minimize their potential impact. Here are some key elements to consider in assessing fire risk profiles and implementing mitigation measures:

1. Fire Risk Assessment:
    - Identify potential fire hazards: Assess the specific fire hazards present in the environment, such as flammable materials, ignition sources, electrical equipment, or inadequate fire protection systems.
    - Evaluate the likelihood: Determine the probability of a fire occurring based on factors like historical data, maintenance records, and the nature of the environment.
    - Assess potential impact: Consider the potential consequences of a fire, including property damage, loss of life, business interruption, and environmental impact.
2. Fire Mitigation Measures:
    - Fire prevention: Implement measures to prevent fires, such as regular inspection and maintenance of electrical systems, proper storage and handling of flammable materials, and adequate housekeeping practices.
    - Fire detection systems: Install reliable fire detection systems, including smoke detectors, heat sensors, or flame detectors, which can quickly identify and alert occupants about the presence of a fire.
    - Fire suppression systems: Depending on the environment, install appropriate fire suppression systems like fire sprinklers, fire extinguishers, or automated fire suppression systems to contain and extinguish fires in their early stages.
    - Emergency planning and training: Develop and communicate an emergency response plan, ensuring that occupants are aware of evacuation procedures, assembly points, and the location of fire exits. Conduct regular fire drills to reinforce preparedness and improve response times.
    - Building design and compartmentalization: Incorporate fire-resistant materials and design features into buildings, such as fire-rated walls, fire doors, and adequate ventilation systems to prevent the spread of fire and smoke.
    - Regular inspections and maintenance: Establish a routine inspection and maintenance program to ensure that fire safety equipment, systems, and infrastructure remain in optimal working condition.
    - Staff training: Train employees or occupants on fire safety protocols, including proper use of fire extinguishers, evacuation procedures, and awareness of potential fire hazards specific to their work environment.
3. Regulatory Compliance:
    - Familiarize yourself with local fire safety regulations, codes, and standards applicable to your environment. Comply with these requirements to ensure a safe working or living environment.



Remember, fire safety is an ongoing process that requires regular evaluation and updates as circumstances change. It's essential to involve fire safety professionals or experts when conducting risk assessments and implementing mitigation strategies to ensure comprehensive and effective fire hazard management.

5. VEHICULAR ACCIDENT

Narrative Risk Profile of Pototan Town, Iloilo, Philippines: A Focus on Vehicular Accidents, Particularly Motorcycle Accidents

Introduction: Pototan, a town located in the Province of Iloilo, Philippines, is known for its extensive highway that traverses the entire town. This highway serves as a vital transportation route for both local residents and travelers passing through the area. However, the town has been grappling with a concerning trend in vehicular accidents, with a significant majority of these accidents involving motorcycles. This narrative risk profile aims to shed light on the potential risks associated with the town's highway and the prevalence of motorcycle accidents, providing an overview of the contributing factors, impact on the community, and potential mitigation measures.

Overview of the Highway: Pototan's highway, one of the longest in the area, acts as a major thoroughfare connecting neighboring towns and facilitating commerce, trade, and transportation. The highway passes through densely populated areas, including residential zones, commercial establishments, and educational institutions. This high volume of traffic combined with various road conditions and characteristics poses potential risks and challenges for road users.

Prevalence of Motorcycle Accidents: Over the past years, the town has experienced a significant increase in vehicular accidents, with motorcycle accidents comprising the majority of reported incidents. Several factors contribute to the prevalence of motorcycle accidents, including:

1. High Motorcycle Usage: Motorcycles are a popular mode of transportation in the Philippines due to their affordability and accessibility. This popularity leads to an increased number of motorcycles on the road, raising the likelihood of accidents.
2. Limited Awareness and Education: Insufficient road safety education and awareness campaigns may contribute to the lack of proper knowledge and understanding of traffic rules and regulations among motorcycle riders. This knowledge gap can increase the probability of accidents.
3. Non-Compliance with Safety Measures: Non-compliance with safety measures such as helmet usage, speeding, reckless driving, and lack of protective gear are common factors in motorcycle accidents. Enforcement of traffic regulations and adherence to safety practices are crucial to mitigating these risks.
4. Road Conditions: The condition of the road, including potholes, inadequate lighting, and absence of proper signage, can contribute to motorcycle accidents. These factors may impede visibility, increase the chances of skidding or loss of control, and pose significant risks to motorcyclists.

Impact on the Community: The prevalence of motorcycle accidents in Pototan has had numerous adverse effects on the community, including:

1. Human Casualties and Injuries: Motorcycle accidents often result in severe injuries or fatalities, causing immeasurable grief and loss for affected families. These incidents can lead to a significant burden on healthcare facilities and resources.
2. Economic Consequences: The loss of lives and injuries due to accidents can impact the community economically. Medical expenses, rehabilitation costs, and loss of productivity due to disabilities or fatalities can strain families and the local economy.
3. Emotional Toll: The community members, witnesses, and first responders involved in these accidents may experience emotional trauma, which can have long-lasting effects on their mental well-being.

Mitigation Measures: To address the narrative risk profile and reduce motorcycle accidents in Pototan, the following mitigation measures can be implemented:

1. Education and Awareness: Launch comprehensive road safety campaigns, targeting both motorcycle riders and the general public. Promote responsible driving, helmet usage, adherence to traffic rules, and defensive driving techniques.

2. Enforcement of Regulations: Strengthen law enforcement efforts to ensure compliance with traffic rules and regulations. Implement strict penalties for traffic violations, especially those directly related to motorcycle safety.
3. Infrastructure Improvements: Conduct regular maintenance of the highway to ensure a safe driving environment. Install proper lighting, clear signage, and speed limit indicators. Repair potholes and address other road hazards promptly.

5. **EPEDEMIC OF DISEASES**.

Pototan, being flood-prone, faces a unique set of risks when it comes to the outbreak of epidemic diseases such as dengue, COVID-19, leptospirosis, and measles. Let's explore the risk profile for each of these diseases in Pototan:

1. Dengue: Due to its flood-prone nature, Pototan provides favorable breeding grounds for mosquitoes, the primary vectors of dengue. Stagnant water and poor drainage systems resulting from floods create ideal conditions for mosquito breeding. This increases the risk of dengue transmission in the area. Moreover, the town's warm climate and high humidity contribute to the proliferation of mosquitoes year-round. Lack of awareness about preventive measures and limited access to healthcare services may further exacerbate the risk of dengue outbreaks.
2. COVID-19: Floods can disrupt public health infrastructure, including healthcare facilities and sanitation systems, increasing the vulnerability of the population to COVID-19. Displacement of people due to flooding can lead to overcrowding in evacuation centers, where social distancing becomes challenging to maintain. Lack of proper sanitation and hygiene facilities can also facilitate the spread of the virus. Additionally, floods can hamper the delivery of essential medical supplies and hinder access to testing and treatment, making it difficult to control the spread of COVID-19.
3. Leptospirosis: Floodwaters contaminated with animal urine, including that of rats, pose a significant risk of leptospirosis in flood-prone areas like Pototan. The presence of rodents seeking refuge during floods increases the likelihood of human exposure to the bacteria causing leptospirosis. Open wounds, cuts, or abrasions coming into contact with contaminated water can lead to infection. Delayed or inadequate medical attention due to the overwhelmed healthcare system during floods can worsen the consequences of leptospirosis.
4. Measles: While flooding itself may not directly contribute to measles outbreaks, it can indirectly affect the risk profile. Disruptions caused by floods can lead to the displacement of people and overcrowding in temporary shelters or evacuation centers. This scenario creates ideal conditions for the rapid spread of measles, a highly contagious airborne virus. Limited access to healthcare services during floods may hinder vaccination campaigns and timely diagnosis and

treatment of measles cases, increasing the vulnerability of the population.

To mitigate these risks, it is crucial for Pototan to prioritize disaster preparedness and response measures, including:

1. Implementing effective mosquito control programs to reduce the breeding sites for dengue-carrying mosquitoes.
2. Enhancing public awareness campaigns about preventive measures for dengue, COVID-19, leptospirosis, and measles.
3. Strengthening healthcare infrastructure and ensuring sufficient medical supplies, including vaccines, to address the needs of the population during and after floods.
4. Establishing early warning systems and evacuation plans to minimize the impact of floods on public health.
5. Collaborating with national and regional health authorities to coordinate emergency response efforts and provide necessary support.

By addressing these risk factors and implementing appropriate measures, Pototan can better protect its population from the epidemics of diseases like dengue, COVID-19, leptospirosis, and measles, even in the face of its flood-prone nature.

6. BOMB THREAT and STAMPEDE

Pototan, a town known for its annual IWAG Festival, faces certain risks related to the event, particularly concerning bomb threats and stampedes. The festival draws around 5,000 guests to the town's coliseum every December. While the festival brings joy and excitement to the community, it's essential to assess and manage the potential risks associated with such a large gathering.

Bomb Threats:

1. High-profile event: The IWAG Festival attracts a significant number of guests, making it a potential target for individuals or groups seeking to cause disruption or harm. The large crowd and media attention make it an attractive opportunity for those intending to carry out a bomb threat.
2. Security vulnerabilities: Managing the security of a large event requires extensive coordination and resources. With thousands of people attending the festival, ensuring effective security measures, such as bag checks, metal detectors, and surveillance systems, becomes crucial to mitigating the risk of a bomb threat.
3. Risk of panic: In the event of a bomb threat, panic may ensue among the festival attendees, potentially leading to injuries or other hazards. It is essential to have well-trained security personnel and clear

evacuation plans to minimize panic and guide people to safety in case of an emergency.

Stampedes:

1. Crowd management: Handling a crowd of 5,000 people in a confined space like a coliseum can pose a risk of stampedes. If the festival lacks proper crowd management protocols, such as designated entry and exit points, crowd control barriers, and sufficient personnel to guide the attendees, it could increase the risk of stampedes during high-pressure situations or emergencies.
2. Unforeseen incidents: Large gatherings inherently carry a risk of unexpected incidents. Factors like overcrowding, sudden movements, or public disturbances can trigger panic among the attendees, leading to a stampede. It is crucial to have proper emergency response plans, trained staff, and clear communication channels to prevent and manage such incidents effectively.
3. Infrastructure limitations: The coliseum's physical layout and infrastructure might impact the risk of stampedes. Insufficient exits, narrow passageways, or inadequate seating arrangements could impede safe evacuation and increase the likelihood of a stampede.

Mitigation measures:

1. Risk assessment and planning: Conduct a thorough risk assessment to identify potential vulnerabilities and develop a comprehensive security plan. Collaborate with local law enforcement, security agencies, and event management professionals to ensure the safety of attendees.
2. Enhanced security measures: Implement stringent security measures, including bag checks, metal detectors, and surveillance systems to deter and detect potential threats. Trained security personnel should be present throughout the event to monitor the crowd and respond quickly in case of emergencies.
3. Crowd management protocols: Establish effective crowd management strategies such as designated entry and exit points, crowd control barriers, and trained personnel to guide attendees. Communicate clear instructions and emergency procedures to the crowd to prevent panic and ensure orderly evacuation if necessary.
4. Public awareness and education: Raise awareness among the public about security measures and emergency protocols. Educate attendees about their roles in maintaining a safe environment, emphasizing the importance of reporting suspicious activities and cooperating with security personnel.
5. Regular drills and exercises: Conduct regular drills and exercises to test emergency response plans and identify areas for improvement. This practice will enhance the preparedness of security teams and help familiarize the attendees with evacuation procedures.

By implementing these mitigation measures and maintaining constant vigilance, Pototan can ensure the safety and security of its residents and guests during the IWAG Festival, minimizing the risk of bomb threats and stampedes.

C. Situational Analysis

1. Disaster Prevention and Mitigation

Facilitating Factors

The Municipality has assessment of Hazards, which could help in the preparation for which type of hazard most probable and Higher Impact. Organize and Strengthening of MDRRMC, BDRRMC, and Action Team. Updated Comprehensive Land Use Plan of the Municipality Integrates the Disaster Plan, Policies and the Disaster Council. Resolve various Preparedness Policy.

Hindering

Prioritization of the DRRM Program and Activities is secondary level to Barangays. Unwillingness of the constituents to attend information program of the DRRM Personnel. The Municipality is financially constrained from flood prevention project like Riverbank control, water breaker and flood diversion other River embankment project.

Strategy of Action Points

The members of Municipal Disaster Risk Reduction and Management Councils continuous attendance to various capacity and capability Building conducted by Various National Government Agency such as DILG, DOST, DOH, DENR and others. The Municipality is a constant recipient of various information and technology equipments.

Challenges/Strategies

Pototan needs assistance in its Prevention and Mitigation to flood hazard. The National Government should address the continuing flood threat by constructing flood control such as riverbank control, water breaking and the most ambitious is the flood diversion project. Prioritization of the project is the necessity. The deforestation of the Headwater of the River Basin is other concern out of control of the Municipality. A concentrated effort by involving

LGU's and the National Government through the watershed Management council is not being given an emphasis. The National Government should enhance the capacity and capability of the Local Government to respond other hazard such as earthquake.

2. Disaster Preparedness

Facilitating Factors

The Municipality of Pototan has established an Operation Center equipped with trained Rescue Volunteer that is ready to respond in case of any emergency that calls for. The rescue group is also equipped with variety of rescue equipment for all types of hazards. This equipment was procured as per program projects charge to the Local Disaster Risk Reduction and Management Fund.

Heavy equipments of the Municipality are always ready if needed during the threat of hazard or Disaster together with Emergency vehicles and boats of the MDRRMC.

Relief Goods is available to local stores if in case there is an emergency needs it will be prioritize to be taken by the Local Government as per centered Memorandum of Agreement (MOA).

The Awareness to constituents of Barangay was conducted by the MDRRMO and also the conduct of earthquake and fire drills to various schools and establishment in cooperation with the PNP and BFP personnel. Monitoring and communication are centered in the operation center.

Hindering Factors

The Barangay is not capable to purchase necessary equipment for rescue needs does result to the dependency of Barangay to the Municipality during rescue operations.

The Local Government has not established a systematic and synchronized alarm system for its warning system. The local rescue group still needs to undergo specialized training for various rescue operation and to purchase equipment needed for specialization.

Constituents is reluctant to participate on awareness programs and drills conducted by the Local Government MDRRMO.

The Barangay Officials lacks training and seminars on Various Disaster Management issues.

The Information System for warning is up to the level of Barangay Officials. Direct information to constituents through gadgets such as cell phone, computer and other is not installed.

Advance information if there is threat of hazard, particularly Typhoon and Flood, is being feed through Internet Website. The DOST has established automated gauge equipment necessary for monitoring of the MDRRMO.

Continuous attendance of MDRRMC members to training and seminars for enhancement of capability and capacity were conducted by the DILG, DENR and DO of the National lever and the Provincial Government.

Strategy

The Local Government is planning for a synchronized alarm system for warning. The province wide communication system such as Base Radio in order to relay and monitor information from other Municipalities is a necessity to the Operation Center. The enhancement of the MDRRMO personnel on how to analyze and interpret data shown from websites of different agencies for monitoring also a priority needs.

These presented needs is a threat to the capability of the Local Government to its preparedness if these needs will be achieve, sophistication of Early Warning will be felt by the constituents. The Local Government could not implement this by his lonesome it needs resources such as financial, expertise and equipment from various agencies of the Provincial and National Government

3. Disaster Response

Facilitating factors

Personnel of various Action Team, MDRRMC members, MSWDO, Rescue Group, PNP, BFP and Health Services are the main strength of the Municipality during the Response to threat of Hazards and Disaster. They have already an assigned task to perform a manage and systematic Action during this operation

Goods are available from local stores and are ready to distribute strategically to those in immediate needs

Equipment from MDRRMO, PNP, BFP and Rescue Volunteer will be ready from warning to recovery periods Heavy Equipments of the Municipal Engineers Office will be on standby from ready for Evacuation, Rescue, Clearing and Recovery Operation Communication Equipment will make way for warning, emergency response, evacuation and rapid reporting.

Pre-emptive and voluntary evacuation policy resolve by the council calls for early evacuation.

Hindering Factors

During the rampage of hazard such as Flood and Typhoon five (5) Barangay, are always isolated. Rescue Operation is very difficult and relief operation is hampered because of strong current and high water level of floodwater. It will take two to three days to penetrate the area.

There is still inadequate rescue equipment such as rescue boat to cater 18-flood prone barangay during rescue operation of such hazard. These results to residence being trapped at the upper portion of their houses not reach by floodwater and isolated at the first strike of hazard. These are usually uncooperative and hesitant resident to the call of early evacuation.

The Local Government has entered into a Memorandum of Agreement with Local Store Owners with regards to availment of Goods during the needs in disaster situation. The capacity of local stores can only carries up to the first wave of relief distribution. The distribution sometimes reaches to third wave. The MSWDO with no other choice will for additional supply of goods ordered by local stores to commercial stocks in Iloilo City.

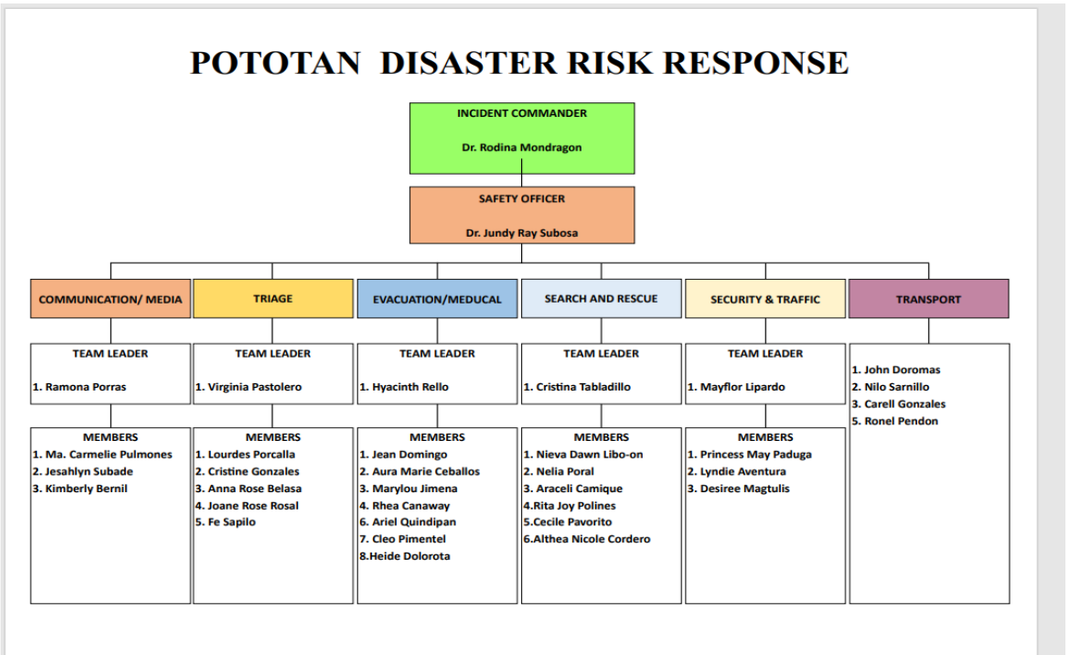
Strategy

The National Government particularly the DILG has previously commits other branch of service such PNP, BFP and BJMP to augment during rescue, relief and recovery operation. The DPWH also commits to help in clearing and restoration process after the rampage of calamity in a certain place. The National Government is also committed in the relief operation as well as International communities.

Concerned Civil Society Organization has donated Rescue Equipments to the Local Rescue Volunteer of Pototan as well as other needs in the Operation of the 24/7 Operation Center of the Municipality.

The National Food Authority always prioritizes Local Government needs of stock of rice during times of disaster as per executed Memorandum of Agreement with the Local Government.

The Provincial Government assistance to enhance the Capability of the Local Government to respond and deliver rescue operation and for proper management of Evacuation Center is a consistent and continuing process



Challenges

The issue of stockpiling of Goods by the Local Government remains hanging there is no clear opinion on the legality even it is states on the Memorandum Circular issued jointly by DILG, DBM and NDRRMC. The Local Government is reluctant to oblige on this circular because there is another circular, which restrains to do so particularly by the COA. This denies the Local Government capability to respond to immediate relief operation for it will rely on the availability of local stores to supply the needed goods. If goods were already in the stock room of the Local Government it will be easy to execute early relief operations especially to the identified isolated barangay.

The National Government inadequacies of Rescue Equipments to augment the Local Government where there are multiple areas of Province wide need to rescue operation is a challenge for Local Government to harness its frontlines in this operation.

The Local Government cannot standardize its evacuation center on its own resources. The National Government formulates for standardization of Evacuation Center equipped with needed facilities but could not cater to assist the Local Government to establish such facilities. This is a long previous problem during evacuation such as overcrowded in a room, sanitation issue and settings over all of assigned evacuation area this is sometimes the reason of constituents to stay put and do not pay attention to the call of early evacuation because of their convenient in staying in their homes than going to evacuation center.

Rehabilitation and Recovery

Facilitating Factors

The Post Disaster Program of the Local Government of Pototan indicates for Livelihood Restoration, Psycho Social Activity, Assistance, Clean Up Drive, Re-building. The Local Government has the manpower through its Engineering, Agriculture, Social Welfare and Health Personnel to implement Post Disaster Activity in accordance to its own resources such as Rehabilitation of damage Access Roads, Livelihood Assistance, Relief Assistance, Medical Assistance and Re-construction of Parts of damage Government buildings or structures.

The Local Government also has equipments in the clean up drive and the Rehabilitation of farm to Market Roads in particular as vital factor in the restoration program.

This capability of the Municipality is its initiative in its own resources to restore the Normal life Activity of its constituents.

Hindering Factors

Financial constraint is a hindrance to major recovery of the Municipality especially in the Infrastructure area such as total damage in Government Buildings, Roads, Bridges, Flood Control and Residential Building of the Municipality. The cost of Rehabilitation of such infrastructure is too much burden to the Local Government.

Strategy

The National Government is always at the forefront in assisting the Local Government in its Rehabilitation program in all sectors like livelihood with the program from Department of Labor and Employment, Department of Agriculture, the GSIS and SSS who offers loan to affected members in a very much less interest rate other who offer services are Banking Institution.

The DPWH assess the damage of Major Roads, Bridges, Flood Control, Government Buildings, and Schools. IT provides financial assistance to concern Local Government.

Provincial Government is likewise in its own capacity help it's Municipality in its jurisdiction in Rehabilitation and Recovery.

Other Local Government Assistance can also help in a little way in its effort to this endeavor. Private sector and International community makes its way in the building back process through various assistance to the Government.

Strategies

Despite the assistance committed by the National Government the concern on this effort is the delayed in the implementation. As experience from Super Typhoon Yolanda there are still proposed and assessed project this Local Government presented to the National Government but there is still no action of implementation after 2 years. Prioritization of the National Government to the implementation on rehabilitation of damage infrastructure will render or hamper the services of local sectors reliant or attach to the facility being damaged.

4. HEALTH STATISTICS

Table 5. Leading Causes of Morbidity

CAUSES	Grand		
	M	F	Total
1. Acute Respiratory Infection	419	**472**	891
2.Hypertension	249	**154**	403
3. SVI	98	**88**	186

4. UTI	19	**126**	145
5. Pneumonia	70	**62**	132
6.Peptic Ulcer Diseases	50	**70**	**120**
7. PTB	53	21	**74**
8. BA	27	**33**	60
9. COPD	34	**6**	40
10. OM	6	**37**	37

Table 6. Leading Causes of Mortality

CAUSE			**TOTAL**
	M	**F**	
1. PNEUMONIA	**20**	**18**	**38**
2. CAD	17	17	34
3. CPA	21	14	35
4. CVA	10	8	18
5. ARF	7	3	10
6. CVD	4	6	10
7.CARDIAC ARRYTHMIA	8	2	10
8. SEPSIS	4	4	8
9. ANEURYSM	2	1	3
10. ARDS	3	0	3
11. LUNG CA	3	0	3

	0-7 Days (early neonatal death)	0-28 days (neonatal death)	0-11 mos (infant death)	0-59 mos (Underfive death)
JAN	**0**	**0**	**0**	0
FEB	1	1	1	1
MARCH	0	0	2	2
APRIL	1	0	2	2
MAY	1	1	1	1
JUNE	0	0	1	1
JULY	1	1	1	1
AUG	0	0	1	2
SEPT	0	0	0	0
OCT	0	0	0	1
NOV	0	0	0	0
DEC	0	0	0	0
TOTAL	4	3	9	11

Table 7. CHILD Mortality Rate

F. Health Manpower

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
A																												
B	1	2		14										1	1					3	12	410						
C																												
D																												

Legend:

A- Government Hospitals

B - Local Government Unit

C - CHD RO6

D - Private Hospitals (Partial- 18 hospitals)

1 – Doctors 9 – Radiation Technicians 17 – Dental Technicians 25 – Malacologist

2 – Nurses 10 – Nutritionist/ Dieticians 18 – Occupational Therapists 26–Entomologists

3 – Nursing Aides 11 – Food Handlers 19 – Psychologists 27 – Physical Therapists

4 – Midwives 12 – Social Workers 20 – Engineer/ Sanitary Inspectors

5 – Institutional Workers 13 – Drivers 21 – Trained Birth Attendant

6 – Cook 14 – Medtech 22 - Barangay Health Workers

7 – Pharmacists 15 – Dentists 23 - Chemists

8 – Medical Technologists 16 – Dental Aides 24 – Food & Drug Regulation Officer

5. HEALTH FACILITIES:

Table 8. Health facilities

Particulars	Hospital Gov't	Hospital Private	RHU's	BHS
Abangay	0	0	0	0
Amamaros	0	0	0	0
Bagacay	0	0	0	0
Barasan	0	0	0	0
Batuan	0	0	0	1
Bongco	0	0	0	1
Cahaguikican	0	0	0	0
Callan	0	0	0	0
Cansilayan	0	0	0	0
Casalsagan	0	0	0	1
Cato-ogan	0	0	0	0
Cau-ayan	0	0	0	0
Culob	0	0	0	0
Dapitan	0	0	0	1
Danao	0	0	0	0
Dawis	0	0	0	0
Dongsol	0	0	0	0
Fundacion	0	0	0	0
Guibuangan	0	0	0	0
Guinacas	0	0	0	1
Igang	0	0	0	1
Intaluan	0	0	0	0
Iwa Ilaud	0	0	0	0
Iwa Ilaya	0	0	0	0
Jamabalud	0	0	0	1
Jebioc	0	0	0	0
Lay-ahan	0	0	0	0
P.Ledesma Ward (Pob.)	0	0	0	0
L.Jaena Ward (Pob.)	0	0	0	0
Lumbo	0	0	0	1
Macatol	0	0	0	0
Malusgod	0	0	1	0
Nabitasan	0	0	0	0
Naga	0	0	0	0
Nanga	0	0	0	0

Naslo	0	0	0	0
Palanguia	0	0	0	1
Pajo	0	0	0	0
F.Parcon Ward (Pob)	0	0	0	1
Pitogo	0	0	0	0
Polut-an	0	0	0	1
Purog	0	0	0	0
Rumbang	1	0	0	0
SanJose Ward(Pob)	0	0	0	0
Sinuagan	0	0	0	1
Tuburan	0	0	0	0
Tumcon Ilaud	0	0	0	1
Tumcon Ilaya	0	0	0	0
Ubang	0	0	0	1
Zarrague	0	0	0	0

D. HEALTH SERVICES:

- Technical assistance through capability building and logistic support
- Maternal and Child Health
- DOTS, MDA - Filariasis, Family Planning, IMCI
- Disease Surveillance and outbreak response
- Provision of adequate medicines
- PHIC-Indigency Program

7. Disasters That Have Occurred Including Lessons Learned and the Gaps in Response

1. Disasters Affecting Pototan

- Floods
- Typhoons
- Earthquakes
- Fire
- Epedemic of Disease
- Bomb Threat and Stampede

7.1. Lessons Learned During Typhoon

- Lack of water and sanitation facilities in evacuation centers is a major health concern that should be addressed by LGUs and other stakeholders

- Prompt establishment of surveillance system in evacuation centers and community prevents disease outbreaks.
- Capacity building of LGUs in responding to health emergencies should be strengthened.
- Radio communication system is still a reliable means of communication during health emergencies.

II. PLAN DESCRIPTION, CONTEXT, SCOPE

The Municipality of Pototan Health Emergency Preparedness, Response and Recovery Plan define the direction of the LGU in preparing for an effective and efficient response and recovery in the event of emergency or disaster. This embodies a set of strategies and activities based on an analysis of the hazards, risk and vulnerabilities of the LGU.

The Preparedness Plan contains strategies and activities that the LGU will carry out to build local capacity to respond to emergency or disaster, whereas the Response Plan lays down the strategies and activities in utilizing LGU resources for effective and efficient response during emergencies. The Recovery and Rehabilitation Plan contains the strategies and activities to develop the LGU post-emergency, and return to or exceed its original state. The HEPRRP shall be implemented by the LGU, led by members of the health sector concerned with emergency management, with close support from other sectors.

III. LGU GOALS AND OBJECTIVES

Goal: To enhance LGU capacity for effective and efficient response to and recovery from emergency or disaster.

Objectives:

- To strengthen the LGU Health Emergency Preparedness, Response and Recovery Plan.
- To develop systems for emergency management.
- To formulate or update existing guidelines, procedures, and protocols of developed emergency management systems.
- To upgrade LGU services for better emergency management.
- To ensure availability of logistics, funds, and other resources during disaster.

IV. PLANNING COMMITTEE

Proposed Composition of the LGU Planning Committee:

- Municipal Health Officer
- Municipal Disaster Risk Reduction and Management Officer

- HEMS Coordinator
- Municipal Planning and Development Officer
- Municipal Local Government Operations Officer
- Selected RHU staff
- NGO and PO representatives

Functions of an LGU Planning Committee:

1. Develops, review and updates the LGU HEPRRP plan after every drill or actual disaster. Ensure continued functionality and adaptability of the plan through drills and simulation activities.
2. Gathers required information and gain commitment of key people and organizations.
3. Integrate relevant HEPRRP activities into the Annual Operations Plan and other plans relevant to Health Emergency Management (e.g. MDRRM plan).

V. ROLES AND RESPONSIBILITIES OF THE HEMS COORDINATOR

In addition to the roles and responsibilities prescribed in the Municipal Disaster Risk Reduction and Management Plan (MDRRMP), the specific responsibilities of the HEMS coordinator are as follows:

Before Emergency

- Lead in the preparation of the Health Emergency Preparedness, Response and Recovery Plan of the LGU, as duly approved by the Mayor. Conduct dissemination of the plan to all staff, as well as regular testing, evaluation and updating of the plan.
- Prepare the annual work and financial plan and lead in the implementation of the health emergency activities.
- Ensure the training of the LGU and barangay staff in health emergency skills and management.
- Ensure the necessary drugs, medicines; supplies and other equipment are available and properly stocked for emergencies.

- Lead in information, education and communication (IEC) activities concerning emergencies and health.

During emergency

- Report directly to the Mayor in times of emergencies.
- Be available and accessible in times of emergencies. As such, he/she should be equipped with the necessary means of communication.

- Organize and dispatch Cluster teams to respond. A team should conduct rapid assessment and monitoring.
- Coordinate with the government agencies and NGOs responding to emergencies in the LGU.
- Follow the HEARS reporting and coordinate with the Provincial Operations Center for all emergencies and disasters.
- Document all emergency-related activities. This includes conducting a Post Incident Evaluation of each event, which will be submitted to the LGU Mayor, and a copy furnished to the HEMS Provincial and Regional coordinators and other relevant national government agencies.
- Oversee the distribution and utilization of donated items in the affected areas, and submit a utilization report to MDRRMC and DOH afterwards.

VI. EMERGENCY PREPAREDNESS PLAN (RISK REDUCTION PLAN)

HAZARD ASSESSMENT

The hazard assessment identifies all possible hazards that can affect the LGU. This also indicates the areas that may affect, predicts the vulnerabilities of the areas, and anticipates the possible consequences or risks of such hazards in these areas.

There are four categories of hazards that may affect the LGU. In Table 6.1, the specific hazards under each category or outlined

Type of Hazard	Specific Hazard	Check if Applicable	Name specific Barangays at risk
NATURAL	• Typhoon	/	50
	• Earthquake/ Tsunami	/	50
	• Volcanic Eruption	0	0
	• Flood	/	15
	• Landslide	0	0
	• Drought	/	50
BIOLOGICAL	• Water- borne diseases outbreak		50
	• Vaccine Preventable Diseases		50
	• Emerging/re-emerging diseases (SARS, etc.)		50
	• Red Tide		0
TECHNOLOGICAL	• Oil/chemical spill		0
	• Industrial/large scale accident (mass casualty event)		1
	• Fire	/	50
	• Gas explosion		11
	• Mercury poisoning		0
SOCIETAL	• Armed conflict		0

Table6.1 Hazard Assessment

VULNERABILITY AND RISK ASSESSMENT

The vulnerability and risk assessment identifies the factors that increase the risks arising from specific hazards. The presence of vulnerable people, properties, services. Environment and livelihood decreases the ability of the LGU to cope with the hazards. This process tries to anticipate the harm dealt to the LGU and determines the health needs before, during, and after an emergency.

We undertook a disaster scenario approach to identify vulnerabilities and assess the risk to these populations. As noted above, this involves identifying vulnerable areas and examining the health needs resulting from the disaster. For this purpose, we will follow these two steps:

1. Develop a disaster scenario to identify vulnerable populations and the impact of this disaster on the LGU.

2. List the health conditions that might arise from such an emergency and the health services to address these conditions. To facilitate the development of preparedness and response plans, group these services into relevant health response cluster categories.

In Step 1, we use the example of a typhoon – a frequent and often catastrophic event – to identify vulnerable communities and the expected impact of the event on these populations. While other hazards may produce a different analysis, there will be many similarities between vulnerable populations during typhoon, and those for other similar events (such as tsunamis or floods).

Table 6.2 outlines the typhoon disaster scenario. It first notes the geophysical characteristics of the emergency, which are important to understand the severity of the event and predict the impact. The existing vulnerability profile notes vulnerable populations across the LGU (children, pregnant women, persons with disabilities, elderly, indigenous people groups) and those vulnerable to the disaster due to geography or industry. The final column in the table is a pragmatic risk assessment based on geophysical characteristics and vulnerability profile, to predict the impact of the emergency on populations and infrastructure.

Table6.2: Vulnerability and Risk Assessment (Typhoon)

(Geophysical)	Existing Vulnerability Profile	Expected Impact of the

Characteristics		disaster
• Typhoon Strength • Amount of rainfalls • Severity of rain • Wind velocity • Storm surge • Rise of water level (rivers, dam) • Time of landfall Secondary events: flooding, landslide, storm surge, fire • Duration of severe weather / conditions	• Demographic profile • Population at risk (children, PWDs, elderly, IP's) • Presence of coastal communities • Topography of LGU / landfall area • Mining or logging (presence of denuded forests) • Historical timeline of major disasters (previous events)	• Barangays and population affected • Extent of population displacement • Infrastructure damage • Hospital and RHUs damaged/ destroyed • Extent of loss of power • Extent of loss of water supply

In Step 2. We identify the urgent health conditions following an emergency. To facilitate the development of preparedness and response plans, we first classify the urgent conditions by chronological order (first 24 hours, after 2-3 days, after 1 month). Next the services that are required to address these conditions are identified (See table 6.3). Finally, since the disaster health response is organized along four main 'clusters' (Medical services, WASH, Nutrition, and Mental Health and Psychosocial services), the required services are categorized accordingly (See Table 6.4).

Table 6.3: Health conditions and services require following a typhoon

TIMELINE	URGENT CONDITIONS FOLLOWING DISASTERS	OTHER CONDITIONS / PROBLEMS	SERVICES REQUIRED
First 24 hrs.	● Injuries ● Fracture ● Open wounds ● Hypothermia (chills) ● stroke ● Lack of food/water ● Missing persons ● Deaths ● Displacement of the family ● Child protection issues security, separated from the family, etc.) ● Lack of information o impact of typhoon ● No form of communication ● Health workers as victims	● Pregnancy ● Birth ● Security problems (violence against women and children, looting, robbery) ● Internally displaced populations ● Disrupted classes of school children	● Rapid Health Assessment ● Trauma / surgical care ● Dry linens for hypothermia ● Medical services ● Provision of relief goods (water & food) ● Food for affected specially the children ● Search and rescue ● Management of dead & missing ● Security services/ crowd control ● Temporary shelters / Evacuation services ● Emergency communication ●Psychological first aid ● Minimum Initial Service Package (MISP) for reproductive health
2 -3 days	● Lack of meds for chronic diseases ● Sporadic disease outbreak: Diarrhea, Upper Respiratory Infection, flu, tetanus (2-3 days: lengths vary) outbreak ● Lack of food and safe drinking water ● Logistic problems: fuel transportations, electricity, lack of essential meds in		● Chronic diseases care (maintenance meds) ● Mass immunization (measles polio, Vit. A) ● Treatment and preventive isolation of individuals with communicable diseases ● Sanitary survey ● Provision of JERRY Cans, water treatment solutions / tablets, toilet

	health facilities		facility, fogging the evacuation center (where appropriate) ● Provision of food and drinking water ● Infra/logistics (Rehabilitation of health facilities, restoration of power supply, emergency communication, emergency transportation) ● Minimum Initial Service Package (MISP) for reproductive health
1 week	●Sporadic diseases outbreak: Measles, dengue, leptospirosis ● Chaotic development of health volunteers (1wk – 3-6monts)of health ● Mental health problems (24 hours – 1 year) ● Wound infection	● Pregnancy ● Births ● Security problems (violence against women and children, looting, robbery) ● Internally displaced populations ● Disrupted classes of school children	● Treatment and preventive isolation of individual s with communicable diseases ● Assessments and coordination of health volunteers ● Psychosocial processing for responders / health workers, mental health & psychosocial support (MHPSS), Mental Health & personal well being ● Nutritional assessment using MUAC ● Supplementary feeding ● Promotion of breastfeeding ● Minimum Initial Service Package (MISP) for reproductive health
1 month	● Mental Health Problems ● Malnutrition		● Mental health services as above

			● Community Management of acute malnutrition (CMAM) ● Minimum Initial service Package (MISP) for reproductive

Table 6.4: Services grouped into health emergency response cluster categories

EMERGECY ESPONSE CATEGORY	GROUPING OF SERVICS REQUIRED
MEDICAL SERVICES ➢ **Maternal Newborn and Child Health** ➢ **Maternal & Child Health** ➢ **Injuries** ➢ **Prevention and Control Communicable diseases** ➢ **Life Threatening Chronic Conditions/Control of Non Communicable Dse**	• **Rapid health assessment (24 hrs)** **Prenatal, Breast Feeding, Vitamin K, Iron Supplementation, BP Monitoring, BCG and Hepatitis B** • **Minimum Initial Service Package (MISP) (continual)** ◦ Birthing services – delivery, newborn care ◦ Provision of FP services ◦ Pre/postnatal services – iron tab, TT, etc. ◦ Reproductive Health medical missions • **Trauma / surgical care** (first 24 hrs) • **Medical Services** (first 24 hrs) • Measles/vit. A / polio **mass immunization** • **Treatment and preventive isolation of** individuals with communicable diseases (2 -3 days onwards) • Provision of **Chronic disease care** (maintenance meds) (2-3 days onwards)
WASH and VECTOR CONTROL	• **Sanitation survey** (2-3 days and periodically) • **Water analysis and treatment** (2-3 days) • Provision of **JERRY Cans water treatment solutions**/tablets (2-3 days and onwards) • Provision of **toilet facility** (2-3 days and onwards) • **Fogging** the evacuation center (if appropriate 2-3 days and periodically) •
NUTRITION IN EMERGENCIES	• Provision of relief goods **(water & food)** (first 24

	hrs and onwards) • **Feeding of affected population** especially the children (first 24 hrs) • **Nutritional assessment using MUAC** (1 week) • **Supplemental feeding** for malnourished (1 week and onwards) • **Promotion of breastfeeding** practice, Vit. A Supplementation (2-3 days onwards)
MANAGEMENT OF ACUTE MALNUTRITION	• **Promotion of Breast Feeding** • **Supplemental Feeding (Mingo, Cooked Food, MNP)**
MICRONUTRIENT SUPPLEMENTATION	• **Vitamin A** • **Provision of Iodized Salt to Food** • **Supplemental Feeding (Mingo, Cooked Food, MNP)**
MENTAL HEALTH AND PSYCHOSOCIAL SERVICES	• **Psychological first aid** (PFA) (first 24 hrs) • **Psychosocial processing** for responders / health workers (first 24 hrs) • **Mental health & psychosocial support** (MHPSS) (1 week and ongoing) • **MH & personal well-being** (1 week and ongoing)
OTHER	• **Dry linens** for hypothermia • Claims processing in insurance/ other benefits • Cash for work program • Temporary shelters **/ evacuation services** • **Search and rescue** • **Management of dead and missing** • **Security services /** crowd control • Infra/logistics (rehabilitation of health facilities, restoration of power supply, emergency communication, transportation services) • Assessment and **coordination of health volunteers**

HEALTH PREPAREDNESS PLAN (incorporating vulnerability reduction and health emergency capacity plan)

During a disaster, the health system must have the capacity to respond to different challenges. The underlying strength of health facilities, staffing, and referral systems will

influence3 how an RHU can cope with an emergency and how quickly it can resume service delivery. There may be significant impact on the health system in terms of infrastructure damage, workforce (responders are also victims and may not be able to report to work), communication channels, and accessibility. After an emergency, the capacity of the system must 'surge' to meet the increasing demand for services (noted in Table 6.3 and 6.5 above).

As described before, we use the disaster scenario to understand the local situation, identify potential problems with service delivery, and develop strategies for the system to rapidly expand services to meet the increased demand. In other words, the disaster scenario is used to develop a preparedness plan to improve the LGU 'surge capacity' following a disaster.

To facilitate integration with other health plans and ensure all aspects of the health system are considered, we use the WHO Health Systems Building Blocks[2] as a framework to identify possible constraints to providing health services following a disaster. In addition, the building block 'Community Resilience' is necessary, as barangays are often the first responders and need to develop capacity to help themselves, particularly in the first 24 hours post-disaster.

Table 6.5 (Health Preparedness Plan) below presents the evidence behind the proposed preparedness strategies organized along building blocks. The first column represents the existing capacity, or the strength and resources currently available. The second column examines the impact of disaster on the existing capacity. The third column identifies the gaps and problems in delivering the required services during the surge. The final column recommends strategies to address these identified gaps.

The strategies outlined in Table 6.5 are used to develop a Capacity Development Plan (Table 6.6) as required for their effective implementation. It answers the following questions:

- What is the timeframe?
- What resources are required?
- What funding source can be tapped for strategy?
- Who is responsible for leading the implementation of the strategy?

Eisenhower

DO IT	**SCHEDULE IT**
• First 24 hours on MISP-Sexual and Reproductive Health • Management of Injuries • Prevention and Control of Communicable Disease • Prevention and Control of NonCommunicable Disease • MAM • WASH	• MHPSS • Micronutrient Supplementation Considerations • Psychosocial /Psychological First Aid
DELEGATE IT	**ELIMINATE IT**
• Control of non-Communicable Disease	

Table 6.5: Health Preparedness Plan

BUILDING BLOCK: HEALTH WORKFORCE				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
CROSS - CUTTING	• Municipal DRRM & BDRRR Rescue team • Municipal & Barangay designated personnel in charge at the evacuation center • MDRRMO Ratio of Staff to Pop • 1 MD, 1 Dentist,1 Medtech, • 3 RSI, 3 PHN • 408 BHW	• 100% health workforce are affected • Responders cannot report to their areas of assignment • Competing demands of family and work • Burn-out due to low numbers of staff and high demand of	• Inadequate mechanism to mobilize response staff • No incentives for responder during emergencies • Insufficient psychosocial support for health staff • No reliever for RHU	• Craft policies on team organization and deployment and evaluate staff mobilization drill • Incentive program for emergency responders • Program that provides MHPP for staff • Mechanism: Request HR from external partners as interim measure

	• 50 BNS • 1 Ambulance • 1 MDRRMC Detailed • 3 MDRRMC staff • 1 MDRRMC driver	service • 100% health workforce are victims • 80% of RHU staff cannot report • Burn-out of staff	personnel • No reliever for MDRRMC personnel • Lack of knowledge and skills on first aid in the community	• Program: Recruitment and training of first aid volunteers in the community
HEALTH SERVICES INURIES COMMUNICABLE DSE. LIFE-THREATENING CHRONIC CONDITIONS	• Ambulance No. Health Staff trained on BLS • Availability of essential medicines at the RHU	Increase in the demand of vaccines & supplies	• Lack of ambulance • Lack of Emergency Meds / Logistics • Inadequacy of medicines & supplies	• Policies to ensure adequacy & sustainability • Capability building for health personnel / responders

WASH	• RSI trained on WASH during emergencies • % of HH with access to potable water • % of HH with sanitary toilets	• RSI has to work over-time • Congestion of evacuees in the evacuation centers	• No compensation for overtime worked by RSI • Not all evacuation center have access to safe water	• Include RSI in provision of incentives • System to ensure the sustainability of safe water in all evacuation centers
NUTRITION	• Functional MNC & BNC • MNAO and BNS trained on Community Management of acute malnourished (CMAM) & IYCF	• MNC and BNC can also be a victim • BNS not mobilized following disaster • Burn-out of staff	• Lack of MNC personnel / BNC member • BNS not oriented on responding following disaster	• Enhance nutrition program • Policies to ensure sustainability • Policies to ensure food • Include BNS in deployment of responders • Orient BNS to respond following disasters

BUILDING BLOCK: HEALTH WORKFORCE				
Emergency Response Cluster Category	**Existing**	**Impact Of Disaster**	**Gaps**	**Strategy**
MENTAL HEALTH	• MHO & MSWDO trained on Psychosocial Rehabilitation • Few trained staff on psychosocial support • Allocated budget for mental health Program	• 100% health workforce are victims • Increased demand for staff providing psychosocial support • Burn-out staff	• Lack of trained health personnel, social workers, MDRRMO on PFA / MHPSS	• Capability building of untrained personnel / Staff

BUILDING BLOCK: MEDICINES AND TECHNOLOGIES				
Emergency Response Cluster Category	Existing	Impact Of Disaster	Gaps	Strategy
CROSS-CUTTING	presence of ICT updated hazard map Existing rain gauge presence of power supply	Shutdown services of ICT service providers absence of rainfall monitoring high risk of number of casualties	Delayed reporting delayed evacuation shortage of food	Procurement of emergency communication equipment resort to use of manual rain gauge pre-positioning of non perishable foods
HEALTH MNCHN INJURIES COMMUNICABLE DSE, LIFE-THREATENING CHRONIC CONDITIONS	Medicine , vaccines, birthing center • Availability of essential medicines and supplies at the RHU	Insufficient fund allocation absence of essential medicines for immediate treatment of victims	Low budget for health services less prioritization for birthing supply • Inadequacy of medicines & supplies	Prioritized health program by additional health budget • Increased LGU budget for medicines • pre-positioning of medicines in flood prone area
WASH	Existing of Pototan-dingle water	• Contaminated source of water	• Absence of water supply	• Network with the NGOs for immediate supply of safe water

BUILDING BLOCK: MEDICINES AND TECHNOLOGIES

Emergency Response Cluster Category	Existing Capacity	Impact Of Disaster	Gaps	Strategy
NUTRITION	• Belong in ASAPP municipality • existing nutrition program	• Inadequate funding for nutrition supplementation and malnourished rehabilitation	• Absence of inadequate funding from LGU	• Partnership with the NGOs
MENTAL HEALTH	• 30 Day Care workers underwent to psychosocial rehab • WAPR membership	• Absence of mental health intervention	• Non functional WAPR	• Partnership with WAPR and Cnet PSR

BUILDING BLOCK: SERVICE DELIVERY				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
CROSS-CUTTING	• **Functional Service Delivery Network**	• **Damaged roads** • **Access to health services hampered** • **Damaged Infra-Health Center, School, building & others.** • **Health seeking behavior affected**	• **Setting up of satellite health centers for continuous service**	• **Partnership with DSWD & DepED in use of evacuation center**
HEALTH MNCHN INJURIES COMMUNICABLE DSE. LIFE-THREATENING CHRONIC CONDITIONS	• Existing Birthing center • 1 MHC • 14 BHS	• Damaged facilities, power & communication problems	• Setting up of satellite health centers for continuous service	• Partnership with DSWD & DepED in use of evacuation center

BUILDING BLOCK: SERVICE DELIVERY				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
NUTRITION	• Existing MNC, LHB, Multi Stakeholder involvement	• MNC, LHB cannot convene	• No regular meeting	• Hold a regular meeting
MENTAL HEALTH	• Monthly consultation & provision of free meds & services	• Survivor will have cases of mental problems including responders	• Insufficient training	• Mental health gap training for nurses and midwives
WASH	• Number of barangays w/ ZOD Cert. • Regular Bacteriological testing	• Outbreak of food & water borne diseases	• Absence of portalets • insufficient chlorine supply	• Preposition of portalets in high risk areas • purchase of chlorine for drinking water

BUILDING BLOCK: INFORMATION AND RESARCH				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
CROSS-CUTTING	• Presence of service program for ICT • Update hazard Maps • IEC Materials • Early Warning signs	• Shut down services of ICT Service Providers • Destruction of materials / equipment	• Delayed reporting • Lack of safe storage for IEC materials & equipment • delayed reporting	MS reporting construct of typhoon safe storage provide warning map via SMS

HEALTH MNCHN
INURIES
COMMUNICABLE DSE,
LIFE-THREATENING
CHRONIC CONDITIONS
	• Adequacy of medicines and supplies
	• Field health information system
	• Surveillance system
	  • SPEED
	  • PIDSR
	  • ESR
	  • iClinic System
	  • CHITS
		• Adequate supply of medicines due to donated dugs
		• Power outage
		• Increased demand for reports
		• Destruction of files and database
			• Low LGU budget for medicines
			• Lack of back up files
			• No incharge persons to manage data base
				• Increased LGU budget for medicines from advocacy with LHB
				• Establish manual to back up files
				• Hiring of trained person to manage data base system

BUILDING BLOCK: INFORMATION AND RESARCH				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
WASH	• FHSIS • Monthly Accomplishment Report • Case Investigation Form	• Lost of masterlist and accomplishment	• Delayed reporting	• Implement eFHSIS
NUTRITION	• Operation Timbang	• Lost of masterlist	• Delayed intervention • Deepen the severity	• Supplemental Meal Feeding
MENTAL HEALTH	• PWD Registry	• Increase the psychosis • Increase severity	• No compliance to medication	• Pre disaster positioning of anti psychotic medicines

BUILDING BLOCK: HEALTH FINANCING				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
CROSS-CUTTING	Proposed Budget for • Medicine • Mental Health • Nutrition • WASH • Meds/supplies • Equipment • Insurance premium	• Insufficient fund allocation	• Low budget for health services/program • Less prioritization • Less prioritization for medical Supplies & equipment • Less budget for insurance	• Prioritize Health Program by additional budget from 5% GAD, 5% MDRRM & Health budget from the General Fund • Additional budget for medical supply & equipment • Formulate policy for ensuring additional volunteers
HEALTH MNCHN INJURIES COMMUNICABLE Diseases LIFE-THREATENING CHRONIC CONDITIONS	• Budget for mother & child immunization • Budget for medicines	• Insufficient fund allocation • Insufficient fund allocation	• Increase mother & child in the community • Increase transmission of communicable diseases	• Increase fund from the health budget of the general fund. • Additional allocation of budget from 5% calamity fund & health budget

	• Budget for medicines	• Insufficient supply due to sudden influx of patients	• Lack of budget allocation	• Pass resolution for additional budget allocation

BUILDING BLOCK: HEALTH FINANCING				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
WASH	• Budget for chlorination, water bacteriological testing	• Insufficient fund allocation	• Environmental chaos	• Additional budget & purchase of bacteriological testing machine
NUTRITION	• Budget for supplementary feeding & budget for micro	• Insufficient fund allocation	• Increase # of feeding recipient	• Provide sufficient fund allocation from MSWD

	Nutrient supplementation			
MENTAL HEALTH	• Budget for psychosocial assistance	• Insufficient fund allocation	• Increase cost of medicine	• Provide sufficient fund allocation from MSWDO

BUILDING BLOCK: LEADERSHIP AND MANAGEMENT				
Emergency Response Cluster Category	**Existing**	**Impact Of Disaster**	**Gaps**	**Strategy**
CROSS-CUTTING	• Existing MDRMMC Office	• Initial chaos due to lost of central command	• temporary cut off of relief goods	• Transfer if Command Center to LGC (another building
HEALTH MNCHN INURIES COMMUNICABLE DSE, LIFE-THREATENING CHRONIC CONDITIONS	• Main Health and Birthing Center Main Health center and BHS Iloilo Provincial Hospital Main Health center and BHS	• Increase in mortality of victims	• Temporary absence of existing drugs and supply for victims , injured community ,TB patients and pregnant women about to deliver	• Make Plan B wherein pre position other logistics to evacuation area.
WASH	• Main Health Center Equipped with jerry cans and chlorine tablets ready for distribution	• Temporary absence of logistics for distribution	• Insufficient jerry cans and chlorine tablets ready for distribution	• Make Plan B wherein pre position other logistics to evacuation area.
NUTRITION	• Main Health Center Equipped with non perishable supplies and food	• Temporary absence of food relief for distribution.	• Insufficient Budget for all victims	• Make Plan B wherein pre position other logistics to evacuation area. • Make agreement with

				existing stores around the town for logistics
MENTAL HEALTH	• Main Health Center	• Non availability of anti psychotic drugs	• Absence of MOA for immediate purchase of anti psychotic drugs	• Make Plan B wherein pre position other logistics to evacuation area. • Make agreement with existing drugstores around the town for logistics

BUILDING BLOCK: COMMUNITY RESILIENCE				
Emergency Response Cluster Category	**Existing**	**Impact Of Disaster**	**Gaps**	**Strategy**
CROSS-CUTTING	• Presence of masterlist of vulnerable	• Not all are attended to or given assistance	• Incomplete masterlist	• Regular masterlist of vulnerable roup (PWDs, Senior Citizen, Pregnant mother, Children)
HEALTH MNCHN	• Birth Facilities presence in the Main Center	• Physically inaccessible due to unpassable road during flood	• Disrupted maternal services to cater expectant mothers	• Ensure readily & facility at the evacuation center
INJURIES LIFE-THREATENING CHRONIC CONDITIONS	• BHS in 14 barangays	• Physically inaccessible due to flooding/road condition	• Unoperational BHS, disrupted health services to cater to vulnerable groups	• Ensure installation of clinics at the center with personnel incharge
COMMUNICABLE DSE,	• HPN & DM club availability of meds	• Illness may succumb result to stroke and death	• Not readily attended to	• Ensure personnel incharge

	Available NCPAM drugs at MHC	Increase spread of disease like TB and ARI	Insufficient drugs	• Make Plan B wherein pre position other logistics to evacuation area. Make agreement with existing drugstores around the town for logistics

BUILDING BLOCK: COMMUNITY RESILIENCE				
Emergency Response Cluster Category	**Existing Capacity**	**Impact Of Disaster**	**Gaps**	**Strategy**
WASH	• Level 1 & 2 water system available	• Water system damaged & contaminated	• Existing water sources cannot be use	• Prepare water disinfectant • Ensure to capacitate vulnerable brgy. To set aside water for
	• Presence of CR in evacuation center	• Un hygiene due to over used or Increase number of evacuees	• CRs not maintained and insufficient water	• Ensure availability of portalets / water to use
NUTRITION	• Availability of farm product	• Damaged products (crops)	• Insufficient food supply	• MOA to business sectors
MENTAL HEALTH	• High regard for spiritual as coping mechanism	• Faith is challenge	• Not given attention	• MOA with existing

Table 6.6.1: Capacity Development Plan

LEADERSHIP AND GOVERNANCE					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
1.Increase service efficiency of MHC	**1.a Increase FIC Vaccination to all senior citizen**	**January-Dec. 2020**	**EPI vaccines**	**DOH**	**MHO**
		January-Dec. 2020	**Flu and Pneumo Vaccine**	**DOH**	**MHO**
	Increase TT coverage for pregnant mothers	**January-Dec. 2020**	**TT vaccine**	**DOH**	**LCE**
2.Disaster ready Community	**1.bQuarterly Evacuation Drill with single ICS to include all stake holders**	**January-Dec. 2020**	**Drill Plan**	**MDRMMC**	**MDRMO**
3.Strong leadership on enforce evacuation to lessen morbidities	**Plan out Teams for immediate road and bridge repair**	**January-Dec. 2020**	**Repair plan and team**	**Engineering**	**ME**
	1.c Enforce disaster ready buildings by ordinance	January-Dec. 2020	Early warning and penalty to those who refuse	Engineering	ME
	Annual inspection and Abandon structures that are non habitable especially school building	January-Dec. 2020	Force enforcement of abandonment of building	Engineering	ME

6.6.2

HEALTH WORKFORCE					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
CROSS - CUTTING	• Quarterly drills of Municipal DRRM & BDRRR Rescue team • Training of Municipal & Barangay designated personnel in charge at the evacuation center Training of • MDRRMO Quarterly Simulation Drill • 1 MD, 1 Dentist,1 Medtech, • 3 RSI, 3 PHN • 408 BHW • 50 BNS • 1 Ambulance • 1 MDRRMC Detailed	**Q3-Q4 2020**	**Trainnors Fee** **Food** **Accommodation if necessary** **Office Supplies** **Training Materials** **Trainnors Fee** **Food** **Accommodation if necessary** **Office Supplies** **Training Materials**	**5% calamity fund** **5% calamity fund**	**MDRMO** **MHO, MDRMO**

	• 3 MDRRMC staff • 1 MDRRMC driver				
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
HEALTH SERVICES	Mop Up Immunization Strategy for 95% FIC	April 2020	Vaccine, syringe, flyers, forms	DOH, LGU Health Partners	MHO
	Family Planning Advocacy and Commodity Offering	February 2020	FP Commodities, Snacks, Venue, forms	DOH, LGU Health Partners	MHO/PHN?RHM/HHRDP
	Mass Flu and pneumonia vaccination				
	Buntis Congress	March 2020	vaccines, syringes, flyers, form	DOH,LGU	MHO/PHN?RHM/HHRDP
MENTAL HEALTH	Basic Training on Psychosocial Rehabilitation	May 2020	Trainers fee, manual, venue, accommodation, snacks	DOH,LGC, Health Partners	MHO
INJURIES	Refresher course on BLS and First AID	May 2020	Trainers fee, manual, venue, accommodation ,snacks	DOH, LGC, Health Partners	MHO

COMMUNICABLE DISEASE	Training of BHW for sputum collection to Increase TB Cure Rate and Case Detection Rate	January 2020	Trainers fee, manual, venue, accommodation ,snacks	DOH, LGC, Health Partners	MHO
Chronic Illness	Healthy Lifestyle Advocacy No smoking ordinance	January 2020	IEC Materials	DOH, LGC, Health Partners	MHO
	FBS Screening	January 2020	IEC Materials	DOH, LGC, Health Partners	MHO
NUTRITION	ECCD First 1000 days -meal feeding -behavioral change -self sufficiency	January 2020	Multivitamins, food ingredients ,IEC materials, seedlings	DOH, LGC, Health Partners	MHO,DA,DSWD

6.6.3

INFORMATION AND RESEARCH					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
CROSS-CUTTING	• Strengthening of service program for ICT Orientation on hazard Maps And Early Warning signs	January 2020 January 2020	computer Snack and accommodation Printed Forms	LGU LGU LGU	MDRMO, MHO MDRMO, MHO MDRMO
HEALTH MNCHN	• Purchase of medicines and supplies to ensure adequacy • Refresher on Field health information system	January 2020 January 2020	Medicines Survival Kits FHSIS	LGU DOH, PHO	MHO DMO, PHO Staff
COMMUNICABLE DISEASE	• Refresher on Surveillance system • SPEED • PIDSR • ESR • iClinic System • CHITS	January 2020	Snack and accommodation manual	DOH	DOH Staff

WASH	• ZOD Implementation • Case Investigation Form	January 2020	Gasoline Office supplies	LGU	RSI
NUTRITION	Training on Food Production	January 2020	Trainors fee, Food Ingredients. venue, snacks and accommodation	TESDA,DSWD,DA	DSWDO,MAO
LIFE THREATENING CONDITION	Refresher on BLS	March 2020	Trainors fee, Food Ingredients. venue, snacks and accommodation, stretcher	REDCROSS,DOH	Redcross Staff, DOH staff
CHRONIC ILLNESS	Advocacy	January 2020	Availability of maintenance medication	NCPAM	RHU staff

6.6.4

MEDICINES AND TECHNOLOGY					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
NUTRITION	**Efficient implementation of first 1000 days**	**January 2020**	**MTV, Meal supplementation**	**DOH,NNC**	**NNC head**
MENTAL HEALTH	Strengthen networking with psychiatrist in Iloilo Basic Training on Mental Health for RHM	January 2020			

6.6.5

HEALTH FINANCING					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
PhilHealth for All Pototanons	Adopt an Indigent Program	January 2020	Philhealth Enrollment	Public Private Partnership	MHO

6.6.6

SERVICE DELIVERY					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
CROSS-CUTTING	Annual Facility and road inspection and maintenance to ensure Functional Service Delivery Network	January 2020	Gasoline Building materials	Pre disaster Calamity Fund	ME
HEALTH MNCHN INJURIES COMMUNICABLE DSE. LIFE-THREATENING CHRONIC CONDITIONS	Semi Annual Caravan of Services for Vulnerable Groups Ensure 95% vaccinations of vulnerable groups Continuous skill building of MDRMMC field personnel for life saving activity	January 2020 January 2020 January 2020	Venue, accommodation, flyers, medicines Vaccines Snacks, transportation	LGU DOH LGU	MHO MHO,PHN MDRMO
NUTRITION	Implementation of first 1000 days	January 2020	food	LGU	
MENTAL HEALTH	Training on Mental Health Gap	January 2020	TEV	PHO	LGU

WASH	Increase access to sanitary toilet and water Provision of toilet bowl and	January 2020	Toilet bowl	LGU	MHO

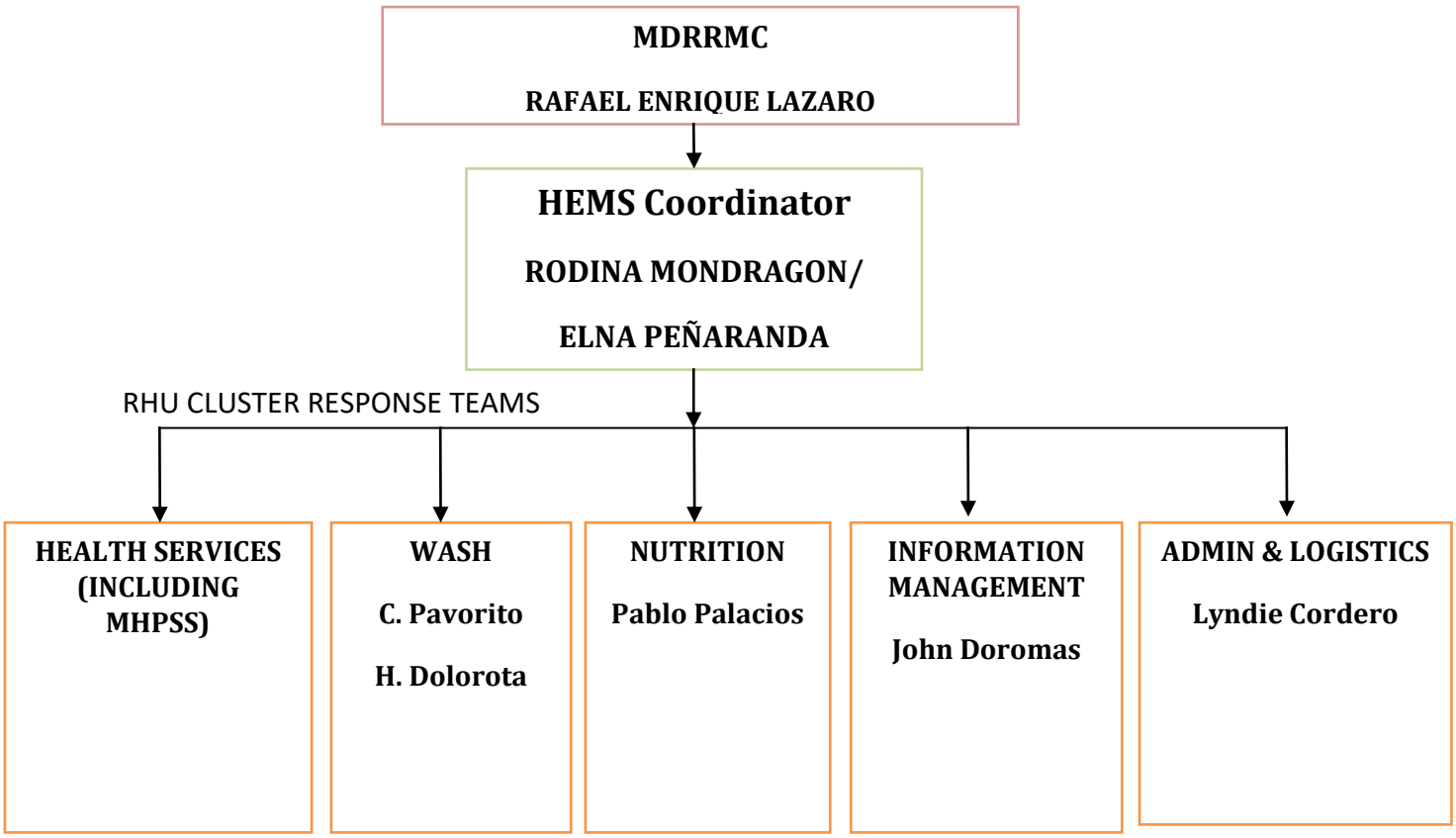
6.6.7

COMMUNITY RESILLIENCE					
Strategy	**Activities**	**Time Frame**	**Resources required**	**Funding source**	**Person in charge**
CROSS-CUTTING	• Master listing of vulnerable groups	**January 2020**	**Snacks, office supplies**	**LGU**	**BHW**
HEALTH MNCHN INJURIES LIFE-THREATENING CHRONIC CONDITIONS COMMUNICABLE	• Birth Facilities accreditation and building maintenance. • Annual bulding maintenance BHS in 14 barangays	annual	Cabinets, chairs and tables, building materials	Philhealth Capitation General Fund	

DSE,	• Strenghtening of HPN & DM club Ensure Availability of NCPAM drugs at MHC				

VII. HEALTH EMERGENCY RESPONSE PLAN

A. Management structure for the response



B. Roles and Responsibilities during the response

Mayor

- Convene the LGU disaster risk reduction management council (MDRRMC).
- Activate and terminate emergencies through the MDRRMC.
- Provide overall strategic guidance on the different phases of the emergency.
- Review and approve all official reports.

HEMS Coordinator

- Activate and terminate the Health OPCEN.
- Coordinate health-related clusters (Medical services, WASH, Nutrition, and MHPSS) in providing health service in evacuation centers and designated areas.
- Organize patient referral to higher level facilities.
- Coordinate with DOH, such as PHO for medical volunteers, donations, and other concerns, and agencies and NGOs involved in response.

- Review and approve official Health reports, including RHA, HERAMS, HEARS, SPEED, and Cluster reports.
- Confirm deaths and injuries.

Health Team

- Ensure minimum standard package of health interventions in emergencies, including (1) Prevention and management of communicable diseases and childhood illness, (2) Outbreak detection and response, (3) Provision of sexual and reproductive health services, (4) Injury care, and (5) Essential health services for non-communicable diseases.

WASH team

- Ensure provision of sufficient water safe for drinking, cooking and personal and domestic hygiene.
- Ensure availability of water containers to collect and store water safely.
- Protect water supply from contamination
- Ensure access to safe and adequate latrines/toilet facilities.
- Collect data for health reports.

Nutrition team

- Identify and support vulnerable groups (with greatest nutritional needs and numerous underlying factors that can negatively affect nutritional status).
- Undertake integrated multi-sectoral interventions to support safe and appropriate infant and young child feeding (IYCF).
- Support and promote exclusive breastfeeding for lactating mothers with child aged 0-24 months.
- Provide timely, safe, adequate, and appropriate complementary feeding.
- Collect data for health reports.

MHPSS team

- Enable community members, including marginalized, to strengthen community self-help and social support.

- Ensure the community workers, including RHU staff and volunteers, offer psychological first aid to people in acute distress.
- Ensure there is at least one staff member in each health facility who can manage diverse mental health problems in adults and children.
- Address the rights (safety, basic needs, etc.) of people with mental health problems in institutions.
- Collect data for health reports.

Health Information team

- Ensure that data collection, information sharing and utilization are carried out to support decisions and activities.
- Consolidate data and prepare health emergency reports.

Administration and Logistics

- Ensure that the appropriate resources are in the right place at the right time, through the most efficient means possible. Resources include medicines, supplies, and equipment needed in response.
- Manage donations (medicines, supplies, equipment, and cash) from external agencies.
- Ensure cold storage of vaccines through power generation sets, which must be available in case of breakdown of utilities.

C. Core Response Activities

1. Activate the Alerting Process and the LGU Health OPCEN using the DOH Code Alert System as a guide.
    - Activate the Incident Command System through the Municipal Disaster Risk Reduction Management Council (MDRRMC) – role of Incident Commander/Mayor
    - Activate the Health OPCEN, including staff mobilization (through text blast/call) – role of MHO
2. Disseminate health emergency messages.
3. Distribute Health Emergency Logistics to RHU and BHS.

4. Activate the Health Emergency Reporting System:
    a. Conduct Rapid Health Needs Assessment (RHNA) within 48 hours.
    b. Prepare a Health Event Assessment Report (HEARS) within 24 hours to notify DOH and other national government agencies.
    c. Prepare Health Resources Availability Mapping System (HeRAMS) post-impact, and again after 6 months.
    d. Active SPEED based on existing guidelines and protocols.
    e. Prepare cluster reports (as needed by the clusters).
5. Verify and prepare report of casualties (dead, missing, and injured) to be submitted to the MDRRMC and DOH.
6. Restore necessary facilities to provide continuous services.
7. Deliver minimum standard package of interventions for health and nutrition in disasters at the main health center.
8. Mobilize mobile medical clinics or outreach services to affected areas.
9. Provide health and nutrition services at evacuation centers, such as vaccination for measles, vitamin A supplementation, WASH, IYCF/Nutrition, and MCH services.
10. Conduct coordination meetings for different health clusters, and participate in multi-sectoral meetings.
11. Coordinate with referral hospitals for management of casualties and ensure continuing operations.
12. Implementation of Declaration and Notification Process for:
    - Continuation of or change in alert status (extension of services)
    - Termination of Command Post/Operations Center

VIII. HEALTH EMERGENCY RECOVERY AND RECONSTRUCTION PLAN

The Recovery and Reconstruction Plan in Health lays down the activities needed to restore services and replace damaged elements. Recovery and reconstruction covers the return of health services to pre-disaster status, or advancement to a better level of access and performance. A Recovery and Reconstruction Plan includes the following activities:

- Damage Assessment and Needs Analysis
- Psychosocial interventions for direct, indirect, and hidden victims
- Repair of damaged health facilities and lifelines
- Post Incident Evaluation
- Documents of lessons learned
- Review and update of the HEPRRP
- Inventory, return and replenishment of utilized health resources
- Awarding and recognition of key responders
- Provision of overtime compensation to the responders
- Continuing surveillance

IX. MONITORING, EVALUATION, AND UPDATING

Once finalized and approved the Health Emergency Preparedness, Response and Recovery Plan (HEPRRP) needs continuous monitoring, evaluation and updating to maintain its viability. Monitoring and evaluation of LGU response and recovery must also be performed service delivery in the future.

Monitoring:

To facilitate a pragmatic approach for monitoring that focuses on key indicators, this year, our monitoring will focus on core competencies for resilient health systems as outlined in Table 9.1 below. These core competencies are the minimum standards that should be applied to health systems, to enable an adequate health service response following emergencies.

Table 9.1: Progress towards core competencies for resilient health system

Fully Achieved (all measurements)	**Partially achieved (one or more measurements)** *Provide details of measures yet to be achieved*	**Not Achieved (no measurement)**

BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**
LEADERSHIP & GOVERNANCE	1. HEPRRP prepared and approved		• Formulated, Updated and disseminated annually.	• Copy of the updated / approved HEPRRP.			
			• Endorsed / approved by Sangguniang Bayan.	• Copy of updated / approved HEPRP.			
			• Integrated into other local health plans and the MDRRM Plan.	• Check copies of AOP / AP and MDRRM Plan.			
NOTES FOR L&G							

1.							
	2.Municipal DRRM ordinance adoption of RA 10121 + AO168 and other policies on HEMS		• Presence of Municipal ordinance (approve)	• Copy of ordinance.			
NOTES FOR L&G 2.							
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**
	3. ICS organizational		• Presence of Executive Order on Incident Command System (ICS) organization (members, positions roles and functions etc.)	• Copy of Executive Order			
NOTES FOR L&G 3.							

	4. Functional MDRRMC		• Regular meeting conducted quarterly	• Minutes of Meetings			
			• Ordinance Creating the MDRRMO/Designating Focal Person for DRRM	• Designation or office order.			
NOTES FOR L&G 4.							
	5. Effective M&E established		• Presence of monitoring and evaluation tool	• Monitoring tool			
			• Drill and PIE conducted (meetings, reports and docs submitted)	• Drill plan / after action report / improvement plan, PIE documentation			
NOTES FOR L&G 5.							

BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**	**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply		**Year 1**	**Year 2**	**Year 3**

	6. Local Chief Executive oriented		• **Local Chief Executive effectively oriented on HEPRRP**	• Minutes of orientation meeting			
NOTES FOR L&G 6.							
HEALTH WORKFORCE	1. Highly capable health manpower		• Appropriately trained health manpower on HEMS related courses (all staff have BLS, WASH team-leader has WASH in emergencies training; Nutrition team- leader has Nutrition in emergencies ; MHPSS team- leader has MHPSS in emergencies; HEMS team- leader has HEMS in emergencies	• Inventory of trainings attended • Certificates of training			

			• Participation in drills				
NOTES FOR HWF 1.							
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**
	2. Adequate number of health manpower		• Response teams organized (cluster point person) and HEMS coordinator designated.	• Designation. Office order, special order.			
			• Established network with other LGUs, NGOs etc.	• MOAs and other documentation of networks.			
			• Designated and functional MDRRMO	• Designation, executive order and documentation of quarterly meetings			
NOTES FOR HWF 2.							
	3. Highly motivated local		• Awards and recognition	• Executive order or ordinance on			

	health implementers		systems in place	awards and recognition system			
NOTES FOR HWF 3.							
	4. Organized volunteers for emergency response.		• Existence of trained volunteers	• Directory of volunteers / Executive order or office order recognizing volunteers			
			• Partnership meeting for volunteers				
NOTES FOR HWF 4.							
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**
INFORMATION & RESEARCH	1. Presence of an updated Hazard Map		• Availability of hazard map	• Hazard map for all applicable hazards			
NOTES FOR I&R 1.							
			• Accessible & appropriate EWS in	• Photos, documentation of EWS			

	2. Early Warning System		place				
			• Presence of signs in 'high traffic' area.	• Photos, documentation of EWS			
			• Majority of brgys. with established mechanisms for dissemination of EWS information.	• Photos, documentation of EWS			
NOTES FOR I&R 2.							
	3. Information Management		• Annually updated database on: ◦ Vulnerable populations ◦ Health manpower ◦ Mapping of health facilities or service delivery network ◦ Directory of responders ◦ Basic program indicators ◦ Vital statistics	• Copy of database			
			• Back-up electronic system for emergencies	• Protocol for electronic back-up of files			

NOTES FOR I&R 3.						
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**	
		Check which apply			**Year 1**	**Year 2**	**Year 3**
COMMUNITY RESILIENCE	1. Profiling of vulnerable groups		• Profiling of vulnerable groups (e.g. U5, pregnant & lactating women, people with disability (PWD), Indigenous Peoples (IPs) elderly, remote areas)	• Copies of profiles of vulnerable groups			
			• Barangay Officials particularly Barangay Captain and Secretary lead in mobilizing volunteers (including tanods, BHWs and senior high school and college student-residents) in conducting profiling and updating database	• Barangay profile and master list			

			• Regular feedback (annually) conducted with the communities (at the purok level of barangay level depending on geographic locations) for data validity and recommendations	• Documentation of barangay meetings			
NOTES FOR CR 1.							
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**
COMMUNITY RESILIENCE	2. Barangay DRRM Plans have provisions to address urgent and basic needs of vulnerable groups to survive and		• Local DRRM Plans have identified and prioritized needs, especially health needs, of the vulnerable groups; and, able to realize interventions that would answer the vulnerable groups essentials	• Copy of the DRRM plan			

	sustain life		• Local DRRM plan is consulted at the purok level through discussion, and, approved by the barangay through its barangay assembly / public hearing	• Minutes of consultation meetings			
			• Evacuation plans developed and disseminate	• Documentation of evacuation plan			
NOTES FOR CR 2.							
	3. Drill of the community		• Barangays officials and BHWs re-echoed family preparedness for disaster at the purok level	• Documentation on the re-echo training			
			• Drill annually conducted in all barangays	• Drill plan, after action report. Improvement plan.			
NOTES FOR CR 3.							
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**

HEALTH FINANCING	**1. Utilization of DRRM fund**		• **Not less than 15% of total DRRM fund will be allocated to health**	• **MDRRM Fund utilization report**			
			• **Policy support for DRRM fund for health**	• **Copy of policy**			
NOTES FOR HF 1.							
	2. 100% of health workers insured		• **All health workforce and (accredited) responders covered with accident insurance**	• **Copy of insurance policy**			
NOTES FOR HF 2.							
	3.HEPRRP fully financed		• **HEPRRP plan financed by DRRM and other sources**	• **Copy of budgeted DRRM, health and other plans**			
NOTES FOR HF 3.							
MEDICINES AND TECHNOLOGY	**1. Availability of basic supplies on site**		• **Prepositioned stocks of basic health emergency kits (good for 100 persons)**	• **Supply or inventory report**			

NOTES FOR M&T 1.							
BUILDING BLOCKS	**CORE COMPETENCIES/ MAJOR INDICATORS**	**MEASUREMENT**		**MEANS OF VERIFICATION**	**Make an assessment on MAJOR INDICATORS each year according to the color codes**		
		Check which apply			**Year 1**	**Year 2**	**Year 3**
HEALTH SERVICE DELIVERY	**1. Deployment of health emergency team to disaster area**		• **Response time is within 15 mins after clearance from safety officer**	• **Protocols for response. Drill reports (if disaster occurs)**			
			• **Organized response team using the cluster approach**	• **Designation, office order**			
NOTES FOR HSD 1.							
	Two-way referral system (in times of		• **Functional two-way referral system (in times of emergency)**	• **Protocol of referral and back – referral in emergencies** • **Documentation of referral**			

	emergency)			**and back-referral**			
			•	•			
NOTES FOR HSD 2.							

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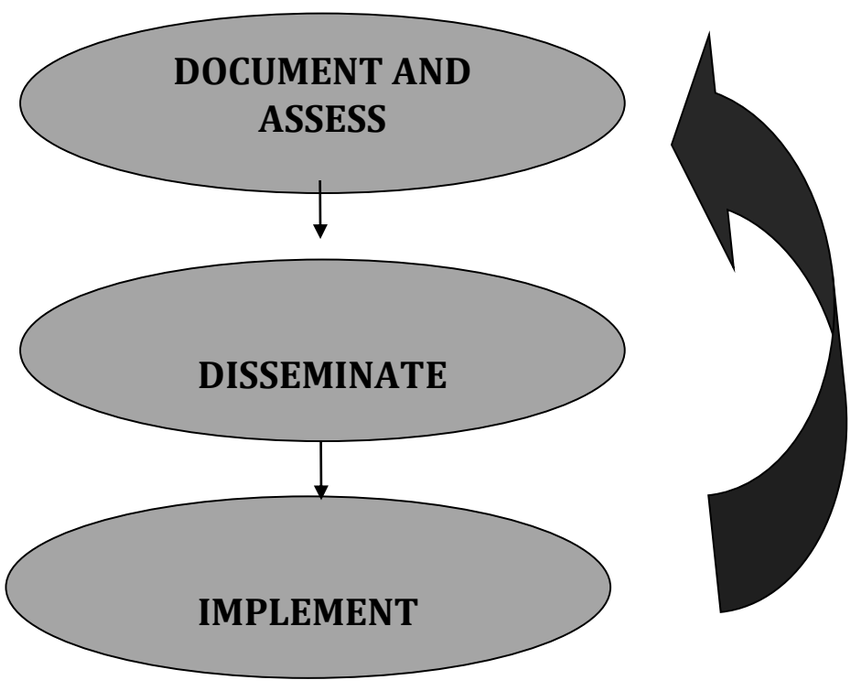
EVALUATION AND UPDATING

Evaluations can be done for specific aspects of the plans or for the plan as a whole. Activities for evaluation build from simplex to complex, from narrow to broad, from least expensive to most costly. The minimum requirements for validating a plan are simple orientation seminars, aimed at familiarizing participants with plans, roles and procedures. Drills are exercises to develop, evaluate and maintain skills in specific procedures, such as alerting and notification. Drills can focus on one procedure or more complex system of response. The critiquing of the procedure/s being tested during a drill from the basis for updates and improvements for response during disasters. Table-top exercises are a process in which assigned personnel examine and discuss simulated emergency situations. This HEPRRP was developed using two table-top exercises; Disaster scenario analysis and identification of surge capacity of services (See Tables 6.2 and 6.5 above).

Each of the activities above may be used to evaluate and update the various aspects of the HEPRRP. It is important that all phases of the evaluation cycle are included. See Figure 9.1 below. Evaluation should be seen as a continuous process of improvement to maintain the quality and relevance of plans and disaster response.

Figure 9.1: The Monitoring and Evaluation Cycle



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As a first step in Evaluating plans a drill for staff mobilization for health emergency (staff call-down) for the LGU has been developed (see Annex). The details of the drill, including the process, the methods for documentation, dissemination and implementation is included. The purpose of this exercise is primarily to evaluate the capacity of LGUs to contact and mobilize the required staff to perform their duties during an emergency response. Secondly, it covers the full cycle of monitoring and evaluation (M&E) of a disaster response activity. This drill will be performed in the next six months and an after-action report and improvement plan will be developed outlining the following:

- What worked well? Why did these work well?
- Why did not work well?
- What are the recommendations for the future response work?
- How should the call-down procedure be changed?

In the event of a disaster, the same principles will be applied to evaluate the response to the disaster in a post incident evaluation. (PIE)

X. ANNEXES

- Glossary
- Abbreviations
- Interface of Health System Building Blocks and the 10Ps
- Hazard Maps
- Directory of contact persons for health response teams
- Plan for staff mobilization for health emergency (staff call-down) drill
- Other information as desired

Interface of 6 Building Blocks and 10 Ps

6 building blocks (+community resilience)	**10 Ps**
Leadership and governance	Policies, Protocols, Guides, and Procedures Plans

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Health Information	Promotion and Advocacy
Health Financing	Peso and Logistics
Health Human Resources	People, Practices
Medicines and Technologies	Package of Services
Service Delivery	Physical Project development Package of Services
Community Resilience	Partnership building

❖ **References**

1. RA 10121 **"The Philippine Disaster Risk Reduction and Management Act of 2010"**

   Section

   Adopt a disaster risk reduction and management approach that is holistic, comprehensive, integrated and proactive in lessening the socio economic and environment impacts of disasters including climate change and promote involvement and participation of all sectors and all stakeholders concerned at all levels especially the local community.

2. RA 7929 **"The Climate Change Act of 2009"**

   Section 2

   Recognizing the climate change and Disaster Risk Reduction are closely interrelated and effective Disaster Risk Reduction will enhance climate change adoptive capacity, the state shall integrate disaster risk reduction into climate change programs and initiatives.

3. NDRRM Framework

a.) Ensure that Disaster Risk Reduction is a national and local priority with a strong institutional basis for implementation

b.) Identify, assess and monitor disaster risk and enhance early warning

c.) Use knowledge, innovation and education to build culture and safety and resilience at all levels

d.) Reduce the underlying risk factors

e.) Strengthen disaster preparedness for effective response at all levels

4. NDRRM Plan – Safer, adoptive and disaster resilient Filipino communities towards sustainable development. The NDRRM Plan sets down the expected outcomes, outputs, key activities, indicators, lead agencies, implementing partners and timelines under each of the four distinct yet mutually reinforcing thematic areas.

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Republic of the Philippines

Province of Iloilo

Municipality Of Pototan

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OFFICE ORDER 2021-024 CREATING HEALTH EMERGENCY RESPONSE TEAM

RURAL HEALTH EMERGENCY UNIT

HEALTH EMERGENCY RESPONSE TEAM

PRE -POSISSIONING OF HEALTH & NUTRITION LOGISTICS

TO identified Evacuation Center - --------- 500, 000.00 – Health Nutrition

PUBLIC HEALTH EMERGENCY MANAGER: RODINA P. MONDRAGON, MD. – Cel.# 09178531616

DRIVER:

CLEO PIMENTEL – 09086780871

RHYS – 09078027670

CARELL GONZALES – 09297030001

TEAM A: DAY 1

EMERGENCY OFFICER ON DUTY1 – LOURDES P. PORCALLA – Cel.# 09209013493

-Identification of problem, analysis and immediate solution

-reports

EMERGENCY OFFICER ON DUTY2 – ARACELI CAMIQUE

- Identification of problem, analysis and immediate solution.

-reports

MEMBERS: LOURDES PAPILOTA– Cel. # 09205830116

RAMONA A. PORRAS - mass immunization

- Treatment of different diseases

NELIA PORAL

ANNA ROSE ILISAN - transport of supply

-vector control

- Waste disposal

EVELYN PENUELA - Health Education at evacuation center

- oversees safe water

- Food hygiene

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- Waste disposal

TEAM B: DAY 2

EMERGENCY OFFICER ON DUTY 1– ELNA PEÑARANDA – Cel.# 09176340428

- Identification of problem, analysis and immediate solution.

-reports

EMERGENCY OFFICER ON DUTY 2– CRISTINA GANDO – Cel.# 09176339843

-Identification of problem, analysis and immediate solution.

-reports

MEMBERS: HELEN PARREÑO

MARIA CARMELI PULMONES - mass immunization

- Treatment of different diseases

PRINCESS MAY PADUGA – transport of supply

- Vector control

- Waste disposal

CECIL PAVORITO - Health Education at evacuation center

- oversees safe water

- Food hygiene

- Waste disposal

TEAM C: DAY 3

EMERGENCY OFFICER ON DUTY – VIRGINIA G. PASTOLERO - Cel.# 09086779623

- Identification of problem, analysis and immediate solution.

-forward report to SPEED

-reports

EMERGENCY OFFICER ON DUTY – MA. FE SA4PILO – Cel. # 09072223277

- Identification of problem, analysis and immediate solution.

-reports

MEMBERS: CHRISTINE S. GONZALES – Cel. # 09095172487

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RITA JOY POLINES - mass immunization

- treatment of different diseases

HYACINTH S. RELLO- Health Education at evacuation center

- oversees safe water

- Food hygiene

- Waste disposal

- update REDCROSS Project 143

JEAN DOMINGO - transport of supply

- Vector control

- Waste disposal

OPERATION CENTER - MAIN HEALTH CENTER-

LOGISTIC OFFICER: Dr. Rogielyn D. Talamera, Renely Paredes

Heide Dolorota & Lyndie Cordero - report consolidation/encoding

Inventory of supply and release

RODINA P. MONDRAGON M.D

MHO

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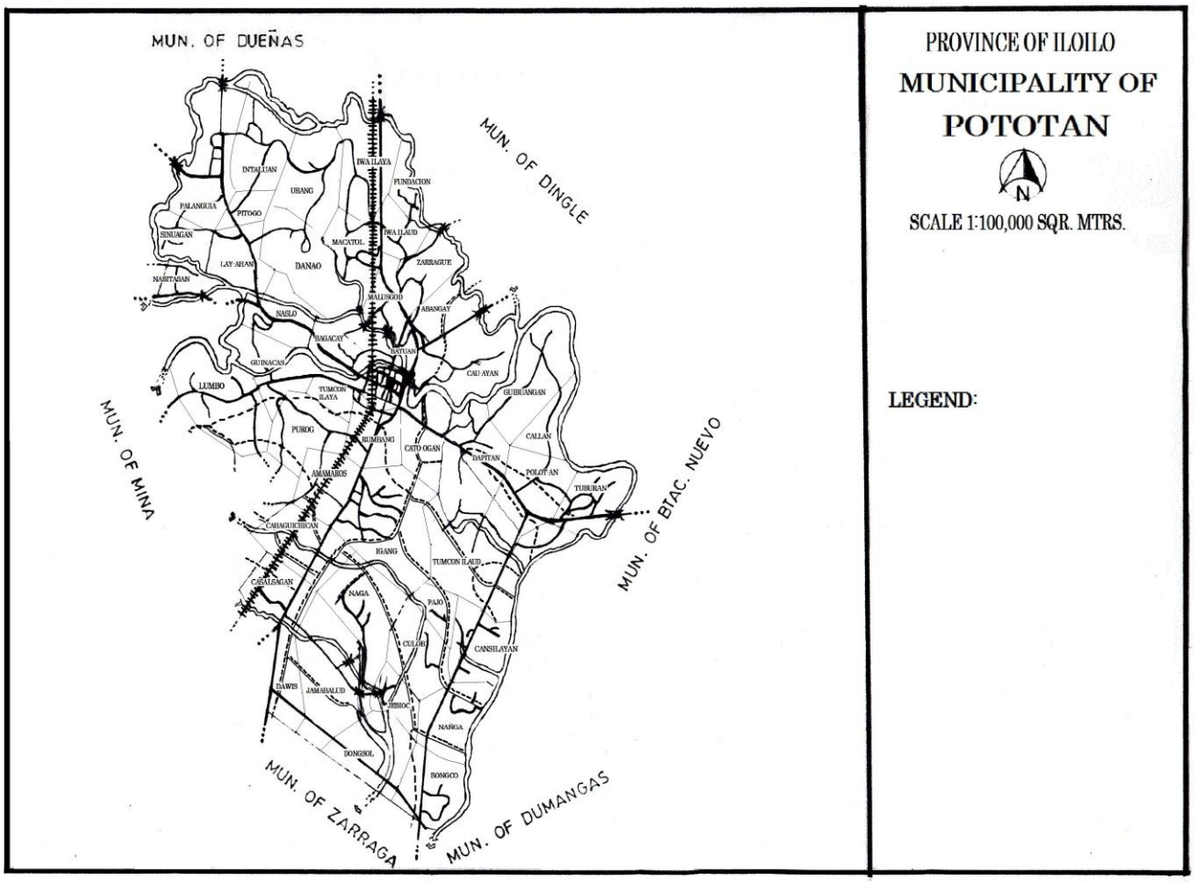

VIII. LEGAL BASIS: National Policy framework on Health Emergencies and Disasters (A.O. No. 168 s 2004;

Joint AO. No. 2007 – 001b)

"All health facilities are to have a Health Emergency Program, under the supervision of the highest officer, such as the regional Director/Chief of Hospital or its equivalent officer, to ensure faster decision-making in time of emergencies or disasters."

Policies and Guidelines on the Establishment of Operation Center for Emergencies and Disaster. (A.O. No. 2010 – 0029)

"Local Government Units and other institutions, whether government, non- government or private, who are involved in health emergency and disaster response shall observe the provided policies and guidelines in the establishment of Operation Center (OPCEN)."

Implementing Guidelines for Managing Mass Casualty Incidents during Emergencies and Disasters. A.O. No 155 s. 2004

Guidelines on the Acceptance and Processing of Foreign and Local Donations during Emergency and Disaster Situations. A.O. No. 2007 – 0017

National Policy on the Management of the Dead and the Missing Persons during Emergencies and Disasters. A.O. No. 2007 – 0018

Adoption and Institutionalization of an Integrated Code Alert System within the

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health sector. A.O. No. 2008 – 0024

Policy and Guidelines on Logistics Management in Emergencies and Disasters. A.O. No. 2012 – 0013

Policy and Implementing Guidelines on Reporting and Documentation in Emergencies and Disasters. A.O No. 2012 – 0014

INTRODUCTION TO DISASTER

A. INTRODUCTION:

As time passes by, human population inevitably increases in size. Societies become more complex thus damages caused by disasters are more extensive. Even though people can easily adapt from such predicaments, their effects however, are deeper and long-lasting.

Scope of disasters is not limited to its economic effect but also to its political, social and geographical consequences. Whatever type of disaster, it should be understood that there are immediate and long-term effect on public health. In order to lessen its calculated risks, we are expected to lay down actions and programs that will mitigate these adverse consequences which is not only beneficial to a group of people who are directly affected but to other stakeholders/entities that will extend their hands to give their support and assistance.

B. DEFINITION OF “DISASTER”

Disaster is defined as a severe event that causes damage to infrastructure,

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economic and social structures or human health and requires external assistance. The United Nations Department of Humanitarian Affairs, the World Health Organization and Gunn's multilingual Dictionary of Disasters Medicine and International Relief, all define a disaster as the following: A disaster is a serious disruption of the functioning of society, causing widespread human, material or environmental losses that exceeds the local capacity to respond, and calls for external assistance.

Disasters most of the time are not preceded by warning signs. It can be a result from a natural phenomenon or a human-related activities. Thus, disasters are classified into either: [1]

Natural disasters– This category of disasters include those caused by hydro meteorological like flood or El Nino, geological which includes include earthquakes, landslides or mudslides, and volcano eruptions, and biological hazards. There are some disasters however that overlap like a mudslide/landslide as a result of flash flooding or storm. Biological disasters on the other hand includes spread of diseases either as an endemic, outbreak, epidemic and pandemic.

Technological or human-induced disasters – technological advancement can result to both intentional and unintentional disasters. It could be attributed to human intent, error or negligence. An example of which is flashflood due to extensive human activities resulting to deforestation. Another notable example is settlement of communities in flood prone areas like coastal areas which increases their susceptibility to floods.

Complex emergencies – Complex emergencies, which result from internal or external conflict, can be slow to take effect and can extend over a long period. In a complex emergency, there is the total or considerable breakdown of authority which may require a large-scale response beyond the mandate or capacity of any one single agency, especially in resource limited countries. Complex emergencies are categorized by extensive violence and

loss of life; displacements of populations; widespread damage to societies and economies; need for large-scale, multi-faceted humanitarian assistance; hindrance or prevention of humanitarian assistance by political and military constraints; or significant security risks for humanitarian relief workers in some areas.

In WHO (2002) Environmental health in emergencies and disasters: a practical guide, complex emergency is defined as the following: Situations of disrupted livelihoods and threats to life produced by warfare, civil disturbance and large-scale movements of people, in which any emergency response has to be conducted in a difficult political and security environment.

Table 29: Example of Different Types of Disasters

Natural Disaster	Technological/Human	Complex Emergencies
Landslides	Accidental release of hazardous chemicals	War

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Extreme Hea	Oil Spills	
Floods	Bioterorism	
Landslides	Bombings	
Wild Fires	Infectious Disease Outbreaks	

C. EFFECTS OF DISASTERS

Any disaster whether it is natural or technologic/human induced events

become a disaster only when it reaches a scope which is beyond the capacity of the

local authorities to contain such event and needs external assistance to cope. Any

disaster of the same magnitude occurring in different places may have different

damaging effect depending on the level of preparedness, resiliency and mitigation

efforts of the community. A disaster in one community may not be a disaster in

another. A community with a warning system may sustain less of an effect compared

to an area without any warning system. Thus poverty, health and nutritional status of

the members of the community, access to health service and environmental

conditions are some of the factors that may contribute to the community's

vulnerability to a disaster. There are several categories of disaster's effect (CDC, Public Health Surveillance for Disaster-related Mortality. 2012)

Infrastructure Damage – Damage may occur to houses, business centers, hospitals, and transportation services. The local health infrastructure may be destroyed, which can disrupt the delivery of routine health services to an affected population. People who vacate damaged housing and other buildings may be without adequate shelter. Roads may be impassible or damaged, hindering relief efforts, limiting access to needed medical supplies and care, affecting the distribution of food throughout the country, and increasing the risk of injuries as a result of motor vehicle incidents. Environmental hazards can cause a disruption to utility services (e.g., power, telephone, gas) and to the delivery of basic services.

Human impact – Injury or death are the most immediate effects of disasters on human health. In the wake of a disaster and the ensuing infrastructure and societal damage, morbidity rates for a variety of illnesses

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may increase as populations become displaced and relocated to areas where health services are not available. Or populations can find themselves in areas not equipped to handle basic needs at the level necessary to manage a surge of patients. Damage to infrastructure can lead to food and water shortages and inadequate sanitation, all of which accelerate the spread of infectious diseases. Loss of loved ones, social support networks, or displacement can result in psycho-social problems. Proper management of dead bodies also becomes a challenge and every effort should be taken to identify the bodies and assist with final disposal in accordance with surviving family member wishes and the religious and cultural norms of the community.

Environmental hazards – During natural or human-induced disasters, technological malfunctions may release hazardous materials into the community. For example, toxic chemicals can release and be dispersed by strong winds, seismic motion, or rapidly moving water. In addition, disasters resulting in massive structural collapse or dust clouds can cause the release of chemical or biologic contaminants such as asbestos or mycotic (fungal) agents. Flooded or damaged sewers or latrines may force people to use alternative methods for disposing human waste, potentially introducing additional environmental hazards into a community. Increase in vector populations, such as mosquitoes or rodents can pose a risk to human health.

Any of the above will seriously disrupt the functioning of society and creating widespread losses exceeding the capacity of the local authority to respond thus requiring external assistance.

D. DISASTER-RELATED HEALTH EFFECTS AND PUBLIC HEALTH IMPLICATIONS

Several factors determine the public health effects of a disaster, including the nature and extent of the disaster itself, population density, underlying health and nutritional conditions of the affected population, level of preparedness, and the preexisting health infrastructure.

Defining the relationship between a disaster and its specific health effects requires broad scientific investigation. Nevertheless, using available and reliable evidence and information, we can classify a disaster's health effects as either direct or indirect.

Direct health effects – Caused by the disaster's actual, physical forces. Examples of a direct health effect include drowning during flooding or injury caused by falling debris during earthquakes.

Indirect health effects – Caused by unsafe/unhealthy conditions that develop due to the effects of the disaster or events that occur from anticipating the disaster. This type of effect may not visibly apparent during or right after a disaster but instead may occur days, weeks or even months after the event. Sometimes, it may occur prior to an event.

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Table 30: Disaster-related Health Effects and Public Health Implications

Types of Disaster	Direct Health Effects	Indirect Health effects
Typhoon	Drowning Injuries from flying debris Injuries from submerged debris or structure	Worsening of chronic disease Water-borne diseases Vector-borne disease Disease outbreak Mental health concerns
Earthquake	Injuries from falling debris Drowning if tsunami ensues	Worsening of chronic disease Water-borne diseases Vector-borne disease Disease outbreak Mental health concerns
Volcanic Eruption Fire	Suffocation from ashes or toxic gases Injuries including burn Drowning form ensuing tsunamis Suffocation from gases Injuries from burns	Worsening of chronic disease Water-borne diseases Vector-borne disease Disease outbreak Mental health concerns Worsening of chronic disease Water-borne diseases Vector-borne disease Disease outbreak Mental health concerns

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E. PUBLIC HEALTH CONCERNS FOLLOWING A DISASTER

Communicable diseases or new illness are inevitably an effect of disasters. Damage to health care facilities, food supply system and/or water system can increase the risk of disease outbreak. If displacement of people is necessary, there is an increased opportunity for disease transmission.

During disasters, there is inevitably a disruption of environment which increases

human exposure to vectors such as mosquitoes, rodents, or other animals. However,

outbreaks do not spontaneously occur after a disaster. The risk of an outbreak of a

communicable disease to occur is minimal unless the disease is endemic in an area before

the disaster for obvious reason. Therefore, improved sanitary conditions can greatly

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reduce the chances of an outbreak. (Pan American Health Organization. Natural Disasters: Protecting the Public's Health. Washington (DC); 2000. Report No.: 575.)

Aside from communicable diseases, worsened non-communicable diseases, mental health, injuries and even mortality are big concerns. After the initial phases of a disaster, the overall public health response effort gradually shifts from providing emergency care to providing primary and routine health services and resolving environmental health concerns.

Mental health problems can become a major public health concern following a disaster. The lack of mental health services or increase in stress may result in a rise of suicide attempts, domestic violence, safety concerns for family and friends, and a feeling

of anxiety attributed to the monumental task of rebuilding a life. University of North Carolina. Public health consequences of disasters. Haiti Field Epidemiology Training Program, Intermediate, Module 6; no date [cited 2014 Oct 16].

F. THE DISASTER CYCLE

Disasters are often thought of as happening in a cyclical manner, consisting of four phases: preparedness, response, recovery, and mitigation (Figure 1).It is important to note

that the activities that take place within the disaster cycle are interrelated and may happen concurrently.

Figure 1: Adapted from UN/OCHA. Disaster Preparedness for Effective Response Guidance and Indicator Package for Implementing Priority Five of the Hyogo Framework, Geneva.2008.

F.1. PREPAREDNESS PHASE– This phase includes the development of plans designed to save lives and to minimize damage when a disaster occurs. Disaster prevention and preparedness measures should be developed based on the identified potential disasters and related risks.

F.2. RESPONSE PHASE– ACTIVATION OF THE PLAN. This phase begins immediately after a disaster has struck. Plans developed during the Preparation Phase are put into action. Primary focus is to take an action to reduce further morbidity or mortality.

F.3. RECOVERY PHASE– As the immediate needs of the disaster are addressed and the emergency phase ends, the focus of the disaster efforts shifts to recovery. The recovery phase includes the actions taken to return the community to normal following a disaster.

F.4. PREVENTION AND MITIGATION PHASE

Prevention – the outright avoidance of adverse impacts of hazards and related disasters. It expresses the concept and intention to completely avoid potential adverse impacts through action taken in advance such as construction of dams or embankments that eliminate flood risks, land-use regulations that do not permit any settlement in high-risk areas that ensure the survival and function of a critical building in any likely earthquake.

Mitigation – It is a sustained action or development of policies that reduce or

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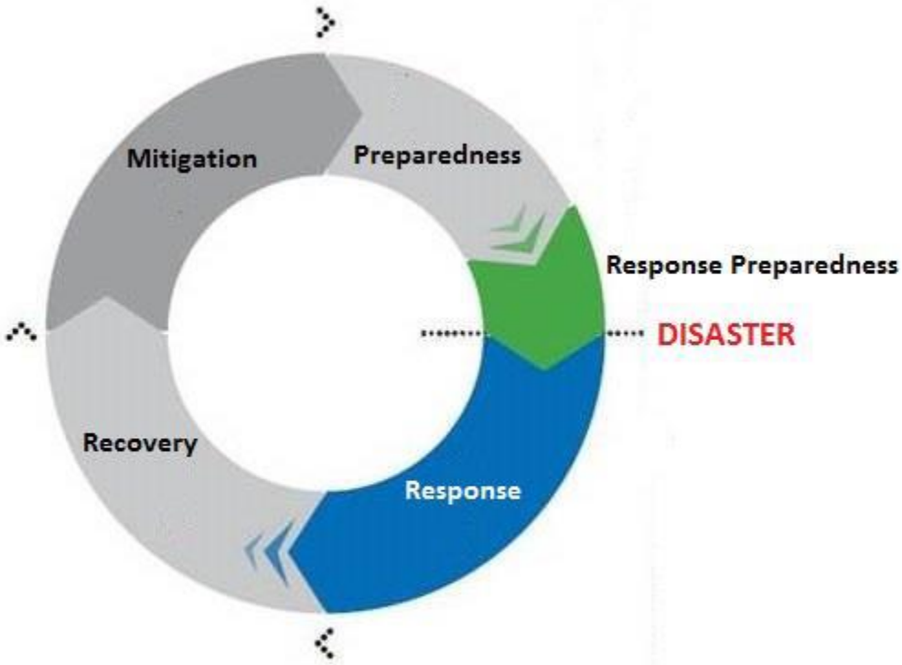
eliminate risk to people and property from a disaster. Strategies to prevent reoccurrence of the same type of disaster or limit the effect from a repeat disaster.



(Source: UNOCHA)

HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY PLAN

Preparedness Plan

Plan	Action	Time Frame
I	Policy Development	
1.1	Reconstitution of MRRMC Establishment of Health Planning Committee	
1.2	Reconstitution of the Health Emergency	

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1.3 1.4 1.5 1.6	Management Committee (HEMC) Reconstitution of the Health Assessment and Response Team Reconstitution of the Crisis and Consequence Management Committee Adoption of Health Policies, Guidelines and/or Protocols during Emergencies or disasters Develop a Health Emergency Preparedness Response and Recovery Plan	
II 2.1 2.2	Hazard Mapping/ Assessment and Prevention Plan Update of Hazard Mapping and Assessment Update of Hazard Prevention Plan a. Update and keep an up-to date set of documents b. Conduct/re-orientation of various capacity building activities c. Institutionalize Networking and Social Mobilization d. Resource Mobilization e. Continue Health Information and Advocacy f. Strengthen procedures on disaster	

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	communication Physical Infrastructure Development a. Upgrade Health Emergency Management Office or Operation Center 24/7 Conduct regular review of Hazard Prevention Plan III.Vulnerability Assessment and Reduction Plan Update Vulnerability Assessmen Update Vulnerability Reduction Plan IV.Update Risk Assessment V.Update Preparedness Plan VI.Finalize Preparedness Plan Conduct quarterly review of Preparedness Plan	

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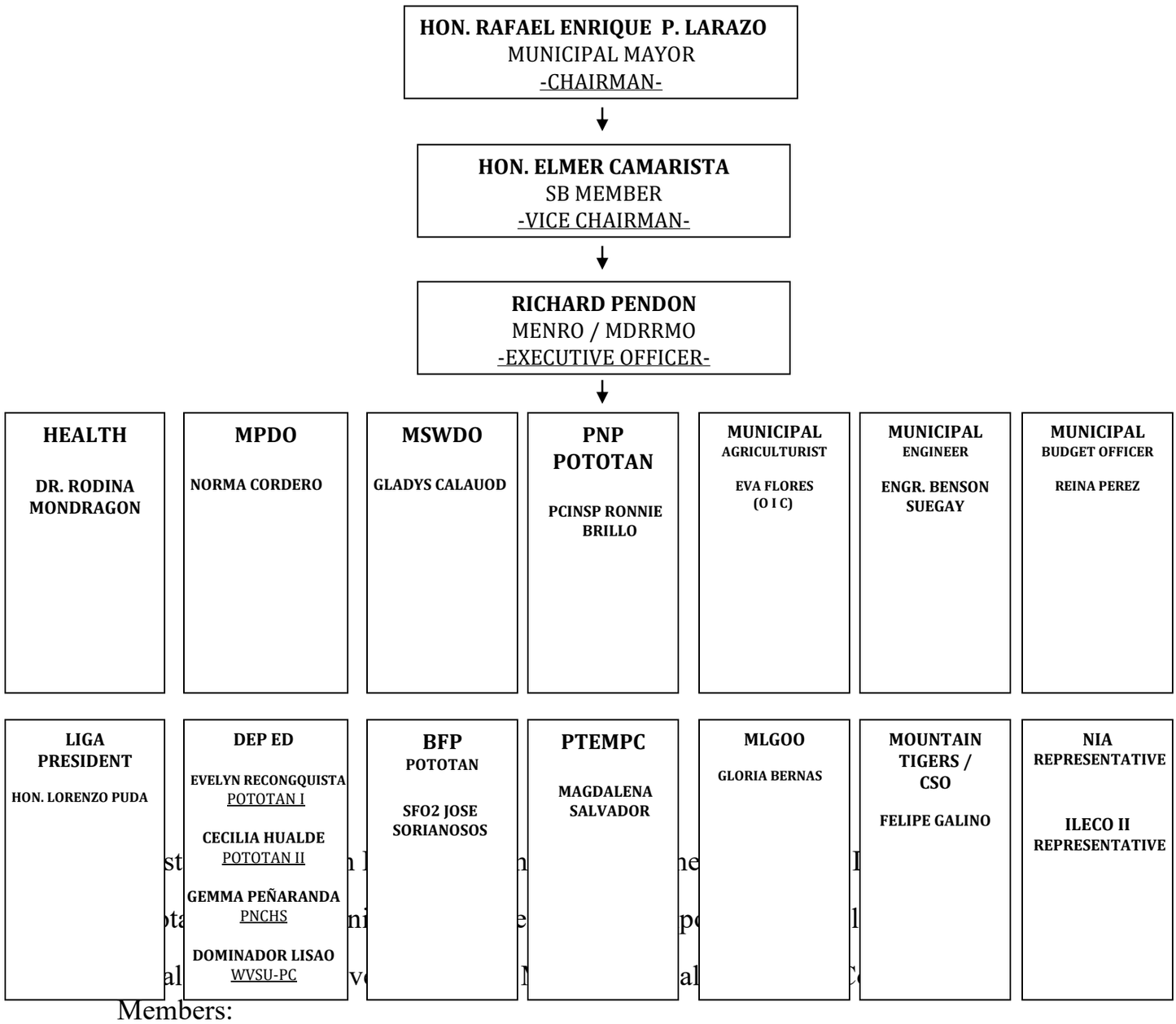
Plan 1: Policy Development

PLAN 2: RECONSTITUTE MUNICIPAL RISK REDUCTION COUNCIL



Members:

President of the Alliance of Barangay Captains President of the Barangay health Workers Sb Chairman on Health Development Management Officer - DOH RHU Staffs

Office of the MDRRMO

Roles and Responsibilities:

Generally, the responsibility of the committee is to create a comprehensive health emergency preparedness, response and recovery plan. It is imperative to note their role in testing, evaluating and update the same.

HEALTH PLANNING COMMITTEE

CHAIRMAN: RODINA MONDRAGON

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VICE CHAIRMAN: JOHN DOROMAS
MEMBERS: Elna Penaranda
Virginia Pastolero
Lourdes Porcalla
ALL RHM
RSI
TWG: Lyndie Cordero
Nieva Dawn Liboon

The External health Planning Team is responsible for the gathering of data from the community.
The Internal health Planning Team is responsible for the planning of the different Health Care Services during Emergencies and Disasters.

The Editorial Staffs are responsible for the consolidation of the data and the finalization of the plan.

1. Initial meeting with the members of the proposed Health Planning Team regarding the following:

a. creation of the Health Planning Team b. orientation on their roles and responsibilities c. quarterly meeting with members and other stakeholder

1. Initial meeting with the members of the proposed Health Planning Team regarding the following:

a. creation of the Health Planning Team b. orientation on their roles and responsibilities c. quarterly meeting with members and other stakeholders

2. Lobby with the Local Chief Executive regarding the passage of an

Executive Order regarding the creation of a Health Planning Team for Emergencies and Disasters.

1.2. Reconstitution of the Health Emergency Management and Response Committee

The management structures in Health Emergencies and Disasters in the Municipal Health office are provided for in A.O. 168 s. 2004 (Section V. Policy Statement, Organizational Structure) which states that:

All health facilities should have an Emergency Preparedness and Response Plan & a Health Emergency Management Office/Unit/Program. Such offices, units or programs shall be under the supervision of the highest officer such as MHO/CHO or equivalent officer so as to ensure faster decision-making in times of emergencies or disasters.

All health facilities shall establish a Crisis & Consequence Management Committee to handle major emergencies and disasters composed of people from operations, logistics and finance group.

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An emergency coordinator shall be designated in all health facilities. He/she should be an integral member of any crisis or consequence management in his/her respective facility or institution. As such, he/she shall coordinate directly with higher officials for technical aspects during emergencies, and administratively, shall be answerable to his/her mother unit. He/She shall be given proper authority & support (personnel & material) by the management during operations.

An official spokesperson that is accessible and available to media shall also be designated. He shall be responsible for disseminating information that is accurate and updated.

HEALTH EMERGENCY MANAGEMENT AND RESPONSE COMMITTEE is made up of the following members:

- Municipal Mayor – RAFAEL ENRIQUE LAZARO
- Municipal Health Officer -Rodina Mondragon
- MDRRMC – Vice Chairman -Richard Pendon
- Provincial Health Office Representative (DMO)
- Health Information Officer (Representative from the MHO) –Virginia Pastolero
- Search and Rescue Team -MDRMC

ROLES and FUNCTIONS of members of POTOTAN HEALTH EMERGENCY MANAGEMENT RESPONSE COMMITTEE:

1. The Local Chief Executive - Municipal Mayor

- He generally oversees the discharge of functions of each member of the Committee and provide suggestions and other activities when deemed necessary.

2. The Municipal Health Officer

- He is the Chairman of the Municipal Health Emergency Disaster Management Response Team and Crisis Management Committee of the municipality
- Member of the MDRMMC
- Act on request for medical assistance from the public in coordination with HEMS.
- Shall ensure that the concerned committee implement policies and guidelines set by HEMS

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- Inform the mayor in any emergency/status of emergency requiring immediate higher level of intervention.

- Oversee the implementation of the health services & make recommendations for the improvement of the service.

- Make recommendation of some actions for the formulation of policies and guidelines of Health Emergency Management and submit to the committee for review and approval.

- Develop a long range plan integrated HEPRR for the municipality on consultation with the MHO.

- Develop a HEPRRP Short-range, medium term plan and annual operational plan based on a long-range plan in consultation with Health Emergency Management staff.

- Responsible for the training of health personnel in the municipalities including the communities, relative to health emergency skills and management.

- Responsible for the organizational and dispatching of teams to respond to emergencies and disasters as embodied in the plan. The team coming from the municipality/city should lead in the rapid assessment, monitoring, social advocacy and other public health activities

- Reports to the PHO HEMS on all emergencies and disasters and any incident with the potential of becoming an emergency.

- Identifies an official spokesperson to answer concerns by the public and the media.

- Maintain an operation center to serve as the municipal repository of events for the health sector.

- Documents all health emergency events and conducts researches to support policies and program development.

- Network with members of the health sector responding to emergencies and disasters within the municipality/city/barangays and communities as well as with other agencies responding to emergencies and disasters

MDDRMC- Vice Chairman

Provincial Health Office Representative (DMO)

Health Information Officer

- Provide and maintain effective communication system

- Monitor and document all communications sent and receives consolidate reports, assess & evaluate the report before forwarding them to higher office

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- Responsible of the dissemination of reports
- Issues appropriate warning to the public on the occurrence of epidemics or other health hazards;
- Responsible for press releases of the Municipal Health Officer

Search and Rescue Officer

1.3 Establishment of a Health Assessment and Response Team

HEALTH ASSESSMENT AND RESPONSE TEAM

MESU-RODINA MONDRAGON

HEMS- ELNAPENARANDA

NUTRITION COORDINATOR-PABLO PALACIOS

SANITARY INSPECTOR- C.PAVORITO, H. DOLOROTA

POTOTAN HEALTH ASSESSMENT AND RESPONSE TEAM is made up of three (3) sub- groups namely,

1. Rapid Health Assessment/Surveillance Team which is composed of the following members;

MESU

HEMS Coordinator

Nutrition Coordinator

Sanitary Inspector

2. **Medical/Mental Health and Psychosocial Response Team** which is composed of the following members;

Public Health Nurse

Rural Health Midwive

HEALTH ASSESSMENT AND RESPONSE TEAM is made up of three (3) sub- groups namely,

1. Rapid Health Assessment/Surveillance Team which is composed of the following members;

- MESU
- HEMS Coordinator
- Nutrition Coordinator

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- □Sanitary Inspector 2. Medical/Mental Health and Psychosocial Response Team which is composed of the following members;
- □Public Health Nurse
- □Rural Health Midwives
- □Barangay Health Workers
- □Other RHU Staffs Rehabilitation and Development Plan Team which is composed of the following members,

• MDRRMC members • DOH • Other Government Agencies

ROLES and FUNCTIONS of members of POTOTAN HEALTH EMERGENCY MANAGEMENT RESPONSE COMMITTEE:

1. MESU

Conduct rapid assessment and make necessary recommendation.

Facilitate Set-up Disease Surveillance in evacuation center.

Responsible for making reports about the health conditions in the camp.

Monitor all disease with the potential of developing into an epidemic and recommend necessary preventive & control measures.

Conduct epidemiologic investigation and nutritional survey in coordination with the Nutrition Council in the region & province.

2. HEMS Coordinator

- □Coordinates all HEMS response activities to avoid duplication of service;
- □Oversee the operation of the Operation Center for reporting response activities;
- □Ensure that necessary equipment, supplies and medicines are properly stocked and available for emergencies in coordination with supply officer.
- □Ensure the availability of health personnel to involve in the delivery of health services during disasters/calamities.
- □Establishes linkage with the MDRRMC in the conduct of response operation.
- □Document all response activities for the submission of report.
- □Member of the TWG-MDRRMC.
- □Makes himself/herself available and accessible in times of

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emergencies and disasters; hence must equip himself/herself with the necessary means of communication

- • □Ensures that the necessary drugs, medicines, supplies and other necessary equipment are available and properly stocked for emergencies and disasters.
- • □Takes the lead in public information and awareness activities concerning disasters and emergencies.
- • □Follow the HEARS reposting and coordinates with the POPCEN for all emergencies and disasters.
- • □Documents all related activities, including a Postmortem Evaluation of each event responded and reports to POPCEN and MDRRMO & MHEMS Coordinator
- • □Develops research proposals that would aid the service in policy direction, implementation and improvement.
- • □Review ad or update with the MHO annually the HEPR Plan
- • □Monitor and evaluate with the MHO the implementation of the plan.

3. Nutrition Coordinator

• □Conduct rapid assessment of the nutritional status of the children and possible supplemental feeding program.

• □Coordinate with other programs, particularly food/meal distribution program.

• □Conduct feeding surveillance with technical assistance from MESU.

• □Undertake preventive/control measures at the evacuation center such as Vitamin A and other type supplementation.

• □Conduct nutrition education.

Sanitary Inspectors

• □Conduct sanitary vulnerability assessment and environmental hazard identification and hazard mapping of communities.

• □Assess the environmental conditions of the disaster area and the safety of rescuer, sanitary preservation and disposal of the dead.

• □Apply environmental engineering measures, as the case may require.

• □Assess buildings and premises as to life and safety requirement.

• □Evaluates fitness of evacuation centers for human habitations.

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- Identify water demand requirement of evacuees and the purification process to be applied.

- Collection and disposal of sewage, drainage and ecological solid waste management, vermin abatement program to be implemented, sanitary food storage and enforcement of other environmental health engineering control in evacuation centers.

Rural Health Team (PHN, RHW, RN, BHW)

- Serves as the mobile medical team of the Municipal Health emergency Management response Team.

- Strengthen linkage with LGU's in the institutionalization of health emergency preparedness and response.

- Serve as liaison between the MHO, PHO and the various LGU's within the region.

- Initiate the risk/vulnerability assessment of the communities.

- In coordination with Local Health Group, establish the local incident Command Post, which will serve as link to the Municipal incident Command post & other cooperating agencies.

- Help identify the need of setting a field health facility.

- Facilitate and assist in supplemental feeding to the identified under nourish children.

- Provide psychosocial care to identified high-risk individuals.

- Assist the LGU in their HEPRRP.

- Extend the technical assistance in the identification and designation of evacuation center or vulnerable communities.

- Facilitate assistance to the evacuation center.

- Ensures the implementation of health operation in the identified area.

- Coordinates with the OPCEN & submits report on the health operation conducted.

Establishment of a Crisis and Consequence Management Committee

CRISIS AND CONSEQUENCE MANAGEMENT COMMITTEE

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Roles and Responsibilities of members of the Crisis and consequence Management Committee

XXXXXXXXXXXXXX 1.5 Adoption of Health Policies, Guidelines and/or Protocols during emergencies or disasters.

Nutrition in Emergencies – Reference Manual for LGU. DOH WFP, October 2013

Manual on Treatment Protocols of Common Communicable Diseases and other ailments During Emergencies and Disasters. DOH.

Implementing Guidelines for Managing Mass Casualty Incidents during Emergencies and Disasters. A.O. No 155 s. 2004

Guidelines on the Acceptance and Processing of Foreign and Local Donations during Emergency and Disaster Situations. A.O. No. 2007 – 0017

National Policy on the Management of the Dead and the Missing Persons during Emergencies and Disasters. A.O. No. 2007 – 0018

Adoption and Institutionalization of an Integrated Code Alert System within the health sector. A.O. No. 2008 – 0024

National Policy on Ambulance Use and Services. A.O. No. 2010 – 0003

Framework on Health Sector Response to Terrorism. A.O. No. 2011 - 0006 Policy and Guidelines on Logistics Management in Emergencies and

Disasters. A.O. No. 2012 – 0013 Policy and Implementing Guidelines on Reporting and Documentation in

Emergencies and Disasters. A.O No. 2012 – 0014 1.6 Develop a Health Emergency Preparedness Response and Recovery Plan

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Plan 2: Risk/Hazard Mapping and Assessment Hazard Assessment

Hazard Reduction/Prevention Plan

Vulnerability Assessment

Vulnerability reduction plan

Critical Route

Health Facility Floor Plans with location of ingress and egress

Health Facility Floor Plans with priorities for salvage marked on floor-plans

Areas for Evacuation

NEW Include the different hazards in each service area (number or color codes)

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Plan 3: Prepare and Keep an up-to-date set of documents The following documents shall be prepared and regularly updated.

List of Supplies, Equipment and other available resources required in a disaster.

List of names, addresses and telephone numbers of personnel with emergency responsibilities.(Annex 10 P. 70)

List of Personnel involve in Pre-emptive Evacuation with contact numbers. (Annex 11 p. 71)

List of names, addresses and telephone numbers of members of Health Assessment and Response Team. (Annex 12 p.72)

List of names of national offices involve in emergencies and disasters. (Annex 13 p. 73)

List of Equipment/Materials necessary for dispatched Health Assessment and Response Team. (Annex 14 p.74)

Plan 4: Conduct various Capability building activities Training on the following:

1. Health Emergency Preparedness 2. Basic Life Support 3. Advance Cardiac Life Support/ Pediatric Cardiac Life Support 4. Mass Casualty Management 5. Public Health Emergency and Management (PHEMAP) 6. EMT – Basic 7. Health Emergency Response Operation (HERO)

Plan 5: Networking and Social Mobilization Building up network (Internal and External Network establishment) Networking meetings and other activities (multi-stakeholders dialogue) Multi-Sectoral Activities like regular conduct of coordination Establishment of MOAs Conduct o sectoral actives like drills, skills benchmarking

Plan 6: Resource Mobilization Allocation for Preparedness activities from annual budget Allocation of Fund for emergency operations Availability of petty cash for emergency purchase of drugs, medicines and

supplies

Plan 7: Health Information and Advocacy Activities informing the public on prevention and preparedness during

emergencies and disasters (IEC Materials)

Training on Basic First Aid in managing emergencies at home, schools, work place etc.

Activities empowering the community through health education and promotion

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Plan 8: Existence of Procedures on disaster communication Procedures on Disaster Communication (Annex ___) Monitoring of daily communication protocol (Annex ___)

Plan 9: Physical Infrastructure Development Establish a Health Emergency Management Office and/or Operation

Center 24/7 based on Policies and Guidelines on the Establishment of Operation Center for Emergencies and Disasters. (A.O. No. 2010 – 0029) (Annex 15 pp. _____)

A. Physical Attributes of Rizal Operation Center B. Rizal Operation Center Organization Chart C. Responsibilities of Personnel of OPCEN D. Endorsement Protocol

E. Operation Center Checklist F. DOH – HEMS Emergency Health Kit

Plan 10: Conduct regular review of contingency plans Quarterly review of contingency plans

Semi- annual testing of plans/ drills.

Documentation of the experiences

RESPONSE PLAN

A. EMERGENCY/DISASTER RESPONSE STANDARD OPERATING PROCEDURES

ALERT PHASE		
Plan #	**Action or Program**	**Time Frame**
1	Updating of Resource Inventory which includes but not limited to medicines and medical supplies	Before the event
2	Activation of CODE ALERT SYSTEM	Before the event
PRE-EMPTIVE EVACUATION PHASE		
	Response And Assessment Team	_____

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3	Activation	Before the event
DISASTER/EMERGENCY PHASE		
4	Activation of Health Response and Assessment Team	0-2 hours
5	Management of Public Health Services	2 – 12 hours
6	Initiation of links and management of media through identified spokesperson	12-24 hours
7	Initiation and maintenance of coordination and networking for referral of cases and for logistic support	12-24 hours
8	Initiation and maintenance of Mental Health and Psychosocial support Services for casualties, bereaved and other responders	12-24 hours
9	Management of information	Anytime
10	Activation of plan for takeover of health services from LGUs in the event of disasters beyond the capacity of the affected units	Beyond 24 hours
11	Activation of plan in the event of complete isolation of CHD for auxiliary power, water and food rationing, medication, dressing rationing, waste garbage disposal, staff morale	Beyond 24 hours
12	Conduct of post-incident evaluation	Beyond 24 hours
13	Review and updating of plan, including amendments to policies and procedures.	Beyond 24 hours

Plan 1: Quarterly Updating of Resource Inventory which includes but not limited to

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medicines and medical supplies.

Plan 2: **Activation of CODE ALERT and EARLY WARNING SYSTEM** The Code Alert System of the DOH is a mechanism for the provision of health

services during emergencies and disasters. It describes the conditions that govern the expected level for preparation and the most suitable responses by all concerned, particularly during mass casualty.

XXXXXX include code alert XXXXX

Plan 3: **Response and Assessment Team Activation**

Orientation before deployment Physical and psychological fitness

Plan 4: Activation of Health Response and Assessment Team

1. Assess using the following forms:

a. Rapid Health Assessment

b.Rapid Health Assessment MCI

c.Rapid Health Assessment Outbreak ***(Annex 18 p.85)***

d.Nutrition Assessment

1.Establish Command Post and conduct measures for site safety.

2.Evacuation and Transport

3.Establish Field Evacuation Site

4.Triage

5.Evaluation, care and stabilization of casualties at impact site

6.Continuing coordination with the Regional DOH Operation Center, hospitals and other LGU

7.Extension of services or Termination of operations

8.Post-mission debriefing

9.Coordination with receiving hospitals for management of casualties and provision for continuing operations/services

10.Maintenance of a 24-hour supply of drugs and other medical supplies

11.Management and use of emergency transport vehicle in coordination with the hospital and response team members

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12.Assessment and maintenance of security services, particularly the protection of critical services

13.Assessment and maintenance of communication services

14.Management of volunteers for medical and other services

Plan 5: **Management of Public health Services**

- Establishment and maintenance of Epidemiologic Surveillance System
- Immunization and Nutrition
- Environmental sanitation – Water, excreta disposal, garbage disposal
- Laboratory services
- Communicable disease prevention and control
- Management of dead (search and recovery, Identification of the Dead, final arrangements for the dead
- Health Promotion and advocacy

Plan 6**: Initiation of links and management of media through identified spokesperson**

Plan 7: **Initiation and maintenance of coordination and networking for referral of cases**

and for logistic support

Plan 8**: Initiation and maintenance of Mental Health and Psychosocial support Services for casualties, bereaved and other responders**

Plan 9**: Management of information**

Recording and reporting procedures

1. Op Cen Emergency Calls Logbook
2. 2. Major Event Monitoring Sheet*)*
3. 3. Health situation Update Form
4. 4. Health Situation Update MCI Form .
5. Health Situation Update Outbreak
6. 6. List of Casualties Form
7. Status Monitoring Board for Active Cases

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7. Summary of Emergencies/Disasters Monitored at OpCen

8. Documentation of processes

Plan 10: **Activation of plan for takeover of health services from LGUs in the event of disasters beyond the capacity of the affected units**

Plan 11: **Activation of plan in the event of complete isolation of CHD for auxiliary power, water and food rationing, medication, dressing rationing, waste garbage disposal, staff morale**

Plan 12: **Conduct of post-incident evaluation** Plan 13: **Review and updating of plan, including amendments to policies and procedures.**

OUTBREAK OF DISEASES PLAN

Table 34: Outbreak of Disease Plan

Plan 1: **Health Response**

Case Definition and Admission Criteria Case Confirmation Case Management Discharge Criteria

Plan #	Action or Program	Time Frame
1	Health Response	
2	Contact Tracing	_____
3	Vector and Environmental Control	
4	Activation of Surveillance System	_____
5	Activation of Referral System	_____
6	Public Information and Awareness Plan	_____

Plan 2: **Contact Tracing**

Plan 3: **Vector and Environmental Control**

Plan 4: **Activation of Surveillance System**

Plan 5: **Referral System**

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Plan 6: **Public Information and Awareness Plan**

RECOVERY

RECOVERY STANDARD OPERATING PROCEDURES

Plan	Action or Program
1	Damage Assessment and Needs Analysis (follow-up of rapid Assessment Survey)
2	Restoration and/or Provision of Public Health Services
3	Provision of Mental Health and Psychosocial Support Services for casual ties, bereaved, and other responders
4	Management of logistics
5	Management of human resources
6	Maintenance of coordination
7	Information management
	Conduct post-disaster analysis
8	Review and update of plan and procedures
9	Develop Human Resources: Upgrade of knowledge and skills, attitude change
10	Health Information campaigns/health education programs

Plan 1: Damage assessment and Needs Analysis

Plan 2: Provision of Public Health Services

Establishment and maintenance of Epidemiologic Surveillance System

Immunization and Nutrition

Environmental sanitation – Water, excreta disposal, garbage disposal

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Laboratory services

Communicable disease prevention and control

Management of dead (search and recovery, Identification of the Dead, final arrangements for the dead

Health Promotion and advocacy

Plan 3: Provision of Mental Health and Psychosocial Support Services for casual ties, bereaved and other Responders

Plan 4: Management of logistics

Plan 5: Management of Human Resources

Plan 6: Maintenance of coordination

Plan 7: Information Management

Plan 8: Review and Update of Plan and Procedures

Plan 9: Develop Human Resources: Upgrade of knowledge and skills, attitude change

Plan 10: Health Information campaigns/health education program

List of Equipment/materials necessary for dispatched members of the Health Assessment and Response Team:

No.	Resources	Quantity
1	Mission order	
2	Identification Card	
3	Emergency call Directory/ List of contact persons	_____
4	Mission Area Map	
5	Communication Equipment (handheld radio, etc.)	
	Notebook and ball pen	_____

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7	Basic PPE (cap, mask, gloves)	_____
8	Water and Food	
9	First Aid Kit	_____
10	Flashlight/candles and matches	
11	Pocket Knife	_____
12	Mosquito Repellant	
13	Digital Camera	_____
14	Pocket Emergency Tool	

POTOTAN OPERATION CENTER

A. Physical Attributes of POTOTAN OPERATION CENTER

Rizal Operation Center will be located at the 1st floor of the POTOTAN RHU with approximately 10 sq. meters in area. This will serve as the center for health concerns during emergencies or disasters.

The POTOTAN Operation Center (POTOTAN OPCEN) will be guided with the following protocols below:

Safe from hazards

Adequate electrical, water and sewage systems

Sufficient space for all functions – a mix of open and closed work spaces

Secured storage area

Open work space for management, operations, logistics and planning functions

Closed work space available for teleconferences, break-out groups, policy group meetings. (This is located right across the OPCEN (Rizal RHU conference room).

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Data telephone and electrical connections

Adequate wall space for big whiteboards or equivalent

Adequate lightning, ventilation, heating and cooling capacity

Equipped with:

Floors plans, mapping or work stations, and wiring

Well-posted fire evacuation plans and assembly areas

With available EOC protocol plans (flowcharts) (hard and soft copies)

Staff roles and standard operating procedures

Toilet/personal hygiene area is located at the nearby building.

B. POTOTAN OPERATION CENTER ORGANIZATIONAL STRUCTURE The Rizal OPCEN will be manned by the following staffs:

One supervisor

Emergency Office on Duty (EOD) – Two persons for every 24 hours

One Administrative Aide

PRE -POSISSIONING OF HEALTH & NUTRITION LOGISTICS

TO identified Evacuation Center - --------- 500, 000.00 – Health Nutrition

PUBLIC HEALTH EMERGENCY MANAGER: RODINA P. MONDRAGON, MD. – Cel.# 09178531616

DRIVER:

CLEO PIMENTEL – 09086780871

RHYS – 09078027670

CARELL GONZALES – 09297030001

TEAM A: DAY 1

EMERGENCY OFFICER ON DUTY1 – LOURDES P. PORCALLA – Cel.# 09209013493

-Identification of problem, analysis and immediate solution

-reports

EMERGENCY OFFICER ON DUTY2 – ARACELI CAMIQUE

- Identification of problem, analysis and immediate solution.

-reports

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MEMBERS: LOURDES PAPILOTA– Cel. # 09205830116

RAMONA A. PORRAS - mass immunization

- Treatment of different diseases

NELIA PORAL

ANNA ROSE ILISAN - transport of supply

-vector control

- Waste disposal

EVELYN PENUELA - Health Education at evacuation center

- oversees safe water

- Food hygiene

- Waste disposal

TEAM B: DAY 2

EMERGENCY OFFICER ON DUTY 1– ELNA PEÑARANDA – Cel.# 09176340428

- Identification of problem, analysis and immediate solution.

-reports

EMERGENCY OFFICER ON DUTY 2– CRISTINA GANDO – Cel.# 09176339843

-Identification of problem, analysis and immediate solution.

-reports

MEMBERS: HELEN PARREÑO

MARIA CARMELI PULMONES - mass immunization

- Treatment of different diseases

PRINCESS MAY PADUGA – transport of supply

- Vector control

- Waste disposal

CECIL PAVORITO - Health Education at evacuation center

- oversees safe water

- Food hygiene

- Waste disposal

TEAM C: DAY 3

EMERGENCY OFFICER ON DUTY – VIRGINIA G. PASTOLERO - Cel.# 09086779623

- Identification of problem, analysis and immediate solution.

-forward report to SPEED

-reports

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EMERGENCY OFFICER ON DUTY – MA. FE SA4PILO – Cel. # 09072223277

- Identification of problem, analysis and immediate solution.

-reports

MEMBERS: CHRISTINE S. GONZALES – Cel. # 09095172487

RITA JOY POLINES - mass immunization

- treatment of different diseases

HYACINTH S. RELLO- Health Education at evacuation center

- oversees safe water

- Food hygiene

- Waste disposal

- update REDCROSS Project 143

JEAN DOMINGO - transport of supply

- Vector control

- Waste disposal

OPERATION CENTER - MAIN HEALTH CENTER-

LOGISTIC OFFICER: Dr. Rogielyn D. Talamera, Renely Paredes

Heide Dolorota & Lyndie Cordero - report consolidation/encoding

Inventory of supply and release

C. RESPONSIBILITIES OF PERSONNEL OF OPCEN

Operations Center Supervisor

Oversee the operations of the OpCen.

Review, analyze and correct reports.

Accomplishment report of EODs.

Review the following:

Endorsement logbook

Radio check monitoring checklist

Incoming and outgoing communications logbook

Incoming and outgoing text messages logbook

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Attend the endorsement of EODs.

Prepare the duty schedule of the OpCen staff.

Report directly to the Division Chief for any problems encountered at OpCen.

Emergency Officer on Duty (EOD)

Duties and Responsibilities	EOD 1	EOD 2
Assumption of Duty	Receive endorsements form the outgoing EODs and lead in the endorsement to incoming EODs Orient him/herself in what transpired in the past few days. Review the following: Endorsement logbook Previous HEARS Plus Know the DOH Officer on Duty during weekends and holidays. Be aware of the stock level of logistical supply of the office. Answer/log incoming and outgoing telephone, cell phone, calls, radio and text messages. Answer all calls coming from superiors and important persons. Answer inquiries from the public and refer accordingly when necessary. Decide on all issues in coordination with EOD2 or with superiors if necessary. Refer matters that need the attention or action of the Division Chief or	Together with EOD1 receive endorsements form the outgoing EODs. Review the endorsement logbook and previous HEARS on what have transpired during the past few days. Know the DOH Officer on Duty during weekends and holidays. Answer/log incoming and outgoing telephone, cell phone calls and radio messages. Answer inquiries from the public and refer to superior accordingly when necessary. Relay information/matters that need immediate action to the EOD1 Perform functions in close coordination with the EOD1

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	designate. Review the completeness of the reports prepared by the EOD2 Report and document any problems encountered during the tour of duty to the Division Chief or designate. Personally have the HEARS signed by the Directors or designate and answer any inquiries on the HEARS.	
Monitoring	Monitoring the following: Reports coming from UHF/VHF radio Telephone calls requiring DOH intervention Emergencies and disasters by personally calling regions, hospitals and other agencies affected. Internet reports related to health form local as well as international sources. OCD website, GMA, ABS-CBN and other TV and radio network websites	Monitor the following: Radio Television News/print media Status of communication by conducting daily radio check; refer any radio communication problems encountered during the tour of duty to the Communication Officer/designate
Reporting/Documentation	Report to Division Chief at 6:00am and 6:00pm and to the Director at 8:00am and 8:00pm, with or without monitored events. In coordination with the EOD2, prepare the following reports: Flash Reports, HEARS, Typhoon Alerts.	Report to EOD1 on the incidents he/she had monitored. Prepare the following reports for review by EOD1 for its completeness and veracity: Daily HEARS Plus Flash Report Memorand

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	Review, analyze and evaluate, for 24 hours, rapid assessment reports, follow- up reports, delayed reports and other reportable events. Determine necessary data to be incorporated into all reports, if needed, verify reports. Ensure proper documentation of all reportable events, including the updating of the monthly monitoring board.	um, etc. File and update documents and data. Make detailed documentation of all reportable events. Put detailed important information on the white board on all ongoing operations
Coordinating and Dispatching	Be responsible for coordinating with the following: ·DOH Central offices ·DOH implementing arms: regions and hospitals FieldMedical Commanderincase of Mass Casualty Incident ·Other member of the NDCC family ·Private hospitals regarding status of patients including needs/concerns. ·Other GOs, NGOs, private organizations, etc. For Iloilo City, lead in the dispatching of teams for MCI to the site in coordination with the Medical Controller or Division Chief; for regions, lead in the dispatching of rapid assessment teams.	Assist the EOD1 in contracting agencies and facilities. Update database of important facilities and organizations. Get continuous updates until final reports is submitted.
Admin on Duty	Be responsible for other administrative concerns after	Be responsible for faxing,

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	office hours, during weekends and holidays, such as: ·Signing of trip tickets for urgent/official trips ·Approval of the Requisition & Issue Request of drugs/medicines & other medical supplies ·Preparing Department Personnel Orders (DPOs) of team dispatched Perform other duties stated in the endorsement checklist.	documenting reports, memorandums, etc. To concerned agencies. Check/record cell phone account balance and incoming text messages Follow up status of the following: Department Order Memorandum Update report, etc. Encode PLDT bills. Cut newspaper clippings Prepare Request & Issuance Slip (RIS) Prepare daily accomplishment report.

Administrative Aide/Driver

Evaluate pre-need of vehicles for maintaining good condition.

Transport officials and staff on official travel and during emergencies and disasters.

Prepare report of gasoline expenses (RIS, trip tickets and summary report)

Maintain and ensure the serviceability of the vehicles.

Perform other related functions as may be assigned.

Other Responsibilities:

Assist the EOD in monitoring

Answer telephone and radio transceivers.

Report to the EOD on the incidents he had monitored.

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Operation Center Checklist

Use this checklist as a guide to determine the availability of essential items. Mark available items with a / on the space provided. When you have accomplished the checklist, make a separate list of the items and corresponding quantity that must be acquired.

Infrastructure

____ Lighting (to include emergency lights) ____

Fire extinguishers ____

Book shelves/File System Box

General Office and Communication Equipment ____

Telephones

Number of handsets ____

Number of lines ____

Switchboard ____

Cellular Phones ____

____ Desktop computers

____ Digital/video camera

____ Television set (cable ready with cable

connections)

____ AM/FM radio

____ Tape recorders

____ Extension cords

____ Tables

____ Chairs

____ Power bars/batteries for base radio _

___ UHF/VHF handheld radio with standby batteries

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Air conditioning unit ____

Electric fan

____ Wall Clock

Office Equipment and Supplies ____

Bulletin boards ____

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Display boards ____

In/Out boxes ____

Maps and Maps pen (8 colors)

____ Stamps

____StandardStaplers

____Staplerremover ____

Clear plastic mylar

____ Scissors

____ Flip chart easels

____ Flip chart pads ____

Envelopes of various sizes

____ Pushpins

____ Paper clips

____ 1” masking tape

____ Writing pads

____ Pencils

____ Pens, black, blue, red ink

____ Assorted rubber bands

____ Scotch tape ____

Standard file folders ___

_ Fastener ____

Flashlights with spare batteries

____ Printer paper

____ Function log sheet

____ Post-it pads- small, medium, large

____ Legal size writing pads

____ Waste baskets/recyclable containers

____ Flash disk/CDs

____ Reference materials

____ Forms for all functions

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____ White board

____ White board eraser

____ Puncher

____ Permanent Pentel pen (broad; fine) (red, blue, black)

____ Cartolina/

___ Manila paper

_____Heavydutystaples

F. DOH-HEMS Emergency Health Kit

Below is a list of the contents of an Emergency Health Kit prescribed by the Department of Health-Health Emergency Management Staff (DOH-HEMS). One kit is good for 100 people.

Amoxicillin 500 mg. capsule (as trihydrate)	2 bxs.
Amoxicillin 250 mg. 5 ml. powder/suspension, 60 ml. bottle (as trihydrate)	10 bottles
Cloxacillin 500 mg. capsule (as sodium salt)	2 bxs.
Cloxacillin 125 mh. 5 ml. powde for syrup/suspension 60 ml. bottle (as sodium salt)	6 bottles
Cotrimoxazole 800 mg. sulfamethoxazole + 160 mg. trimethoprim per tablet	3 bxs.
Cotrimoxazole 200 mg. sulfamethaxazole + 40 mg. trimethoprim per 5 ml.	12 bottles
Suspension, 60 ml. bottle	30 tablets
Metropolol 100 mg. tablet	
Gentamycin eyedrops	1 bottle
Zinc Sulfate 20 mg. tablet	20 tablets
Prednisone 5 mg. tablet	150 tablets
Oral Rehydration Salts (ORS 90 replacement) (1 sachet per liter water	120 sachets

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Paracetamol (acetaminophen) 500 mg. tablet	5 bxs.
Paracetamol (acetaminophen) 250 mg. 5ml. syrup, 60 ml. bottle	12 bottles
Chloperamine maleate 2.5 mg. syrup, 60 ml. bottle	10 bottles
Hyposol (water purification) 100 ml.bottle	32 bottles
Vitamin B1 B6 B12 tablet	2 bxs.
Mefenamic acid 500 mg. capsule	3 bxs.
Lagundi 300 mg. syrup, 60 ml. bottle	10 bottles
Lagundi 300 mg. tablet	2 bxs. 25 mg.
Thiazide diuretic Silver	tablet
sulfadizine 1% cream 2 grams tube	10 tubes
Sambong 500 mg. tablet	1 bx. 1 bottle
Povidone iodine 10% solution, 120 ml. bottle	1 bottle
Chlorhexidine 4% solution, 50 ml. bottle (as gluconate)	1 bx.
Vitamin B complex tablet	11 capsules
Vitamin A (retinol palmitate) 200, 000 IU capsule	1 bottle
MEDICAL SUPPLIES ITEMS SPECIFICATION	
Kidney basin,	1 pc.
plastic Dressing tray,	1 pc.
stainless steel, with cover and handle	1 pc.
Surgical scissors, stainless	1 pc.
Pick-up forceps	2 rolls
Elastic bandage 10cm. x 4 m.	2 rolls
Surgical tape 1⁄2 inch	2 pcs.
Pean forceps 16”	1 pc.
Stethoscope ALP – K2 Sphygmomanometer anaeroid	1 pc.
Gauze pad 2 x 2	120 pads
Gauze pad 4 x 4	120 pads

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Surgical gloves 6 1⁄2 size Surgical gloves 7 size Surgical gloves 7 1⁄2 siz e Cotton, absorbent 100 grams	10 pairs 10 pairs 10 pairs 1 roll
Hand towel cotton White envelope legal size Plastic envelope Tape measure Toilet soap	1pc 1pc 1pc 1pc 1 pc

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Republic of the Philippines

Province of Iloilo

Municipality of Pototan

September 9,2021

OFFICE ORDER

To: Elna L. Penaranda

From: Rodina P. Mondragon M.D

Subject: Designation as NDRRMC

In line with the Disaster Preparedness of the Municipality of Pototan and the need to implement such in preparation and during the disaster.

I hereby appoint ELNA L. PENARANDA as NDRRMC manager.

RODINA P. MONDRAGON

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