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08 June 2020 **MASTER COPY**

CUSTOMS MEMORANDUM CIRCULAR NO. 148-2020

To: All Deputy Commissioners
The Assistant Commissioner
All Directors and Division Chiefs
All District/Port Collectors
And Others Concerned

SUBJECT: COVID-19/IATF MC #01, s. 2020/Interim Protocols for Humanitarian Assistance/Guidance for International Agencies

Attached is the *Memorandum Circular No. 01, s. 2020* of the Inter-Agency Task Force for the Management of Emerging Infectious Disease, National Task Force COVID19.

Item No. V.A.6 thereof states -

"International agencies and NGOs are strongly encouraged to inform the Resident Coordinator/Humanitarian Coordinator (RC/HC) through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), of any offers made or requests received, so these are consolidated and tracked."

For your information and guidance.

For record purposes, please confirm the dissemination of this circular throughout your offices within fifteen (15) days from receipt hereof.


REY LEONARDO B. GUERRERO

Commissioner

JUN 10 2020



CCC-20-31727

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CMC No. 148-2020 p. 2

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REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASE
NATIONAL TASK FORCE COVID19

To all USECs/CS/ASCs/HoAA CMC-20-31727

MEMORANDUM CIRCULAR
No. 01, s. 2020

MAY 20 2020

TO : ALL NTF COVID-19 TASK GROUPS
ALL REGIONAL TASK FORCE (RTF) AND LOCAL TASK FORCE (LTF) COVID-19
NATIONAL GOVERNMENT AGENCIES, AND HUMANITARIAN ASSISTANCE ACTORS (HAAs)

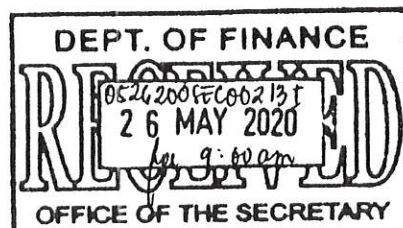
SUBJECT : INTERIM PROTOCOLS FOR HUMANITARIAN ASSISTANCE DURING COMMUNITY QUARANTINE

I. BACKGROUND AND RATIONALE

The Government has taken a number of measures to mitigate and respond to the spread of the disease since the first number of recorded COVID-19 cases in January 2020. Following the confirmation of community transmission and subsequent spike in the number of cases, the Government imposed a 30-day 'community quarantine' over the National Capital Region (NCR). This was subsequently upgraded to an Enhanced Community Quarantine (ECQ), where stringent physical distancing measures were implemented over the entirety of Luzon. The ECQ includes the suspension of classes and school activities, prohibition of mass gatherings, home quarantine with movement limited to accessing necessities, restriction on land, domestic air and sea travel, and imposition of curfew. The military and police were mobilized to enforce travel restrictions and border control and to maintain law and order. Likewise, military land, air and sea assets were made available to transport essential supplies, equipment and personnel.

On 24 March 2020, the National Action Plan (NAP) against COVID-19 was crafted to serve as the overarching national strategy to contain the spread, eliminate the threat, and to mitigate the social, economic and security impacts of COVID 19. It also provides the broad strokes in the implementation of a whole-of-society approach to overcome the situation of a public health emergency which the nation is facing.

In accordance with whole-of-society approach in the National Disaster Risk Reduction and Management System, one of the key sectors that continue to play an instrumental role is the non-government humanitarian sector or humanitarian assistance actors that include civil society organizations (CSOs), the private sector, International Humanitarian Organizations (IHOs) and individuals providing technical or humanitarian assistance to government instrumentalities. Under this protocol, humanitarian assistance actors (HAAs) will be allowed to operate when duly authorized and under specific protocols cognizant of the crisis and emerging realities on the ground.



Accordingly, EO No. 112 was issued, amongst others, that adopted the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines as prepared by the IATF-EID.

II. AUTHORITY AND RELATED ISSUANCES

1. Executive Order No. 112 s. 2020 dated 30 April 2020 - Imposing an Enhanced Community Quarantine in High-Risk Geographic Areas of the Philippines and a General Community Quarantine in the Rest of the Country from 01 to 15 May 2020, Adopting the Omnibus Guidelines on the Implementation Thereof, and for Other Purposes;
2. IATF Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines dated 29 April 2020;
3. Administrative Order No. 2020-0015 dated 27 April 2020 - Guidelines on the Risk-Based Health Standards for COVID-19 Mitigation;
4. Joint DOLE and DTI Interim Guidelines Workplace Prevention and Control of COVID-19 dated 29 April 2020;
5. DOH-DILG Joint Administrative Order No. 2020-0001 - Guidelines on Isolation and General Treatment Areas for COVID 19 Cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases;
6. DOTr Omnibus Public Transport Protocols/Guidelines dated 03 May 2020;
7. DPWH Department Order No. 35 series of 2020 – Construction Safety Guidelines for the Implementation of All DPWH Infrastructure Projects During the COVID-19 Public Health Crisis; and
8. NDRRMC Memorandum Circular No. 158, series of 2017 – Enhanced Philippine International Humanitarian Assistance (PIHA).
9. DILG Memorandum Circular No. 2020-081 – Enjoining the use of StaySafePh Application System for the Management of Coronavirus Situation.

III. PURPOSE

These protocols are issued to give life to the NAP, EO 112 and complement the Minimum Health Standards set by the Department of Health and guidelines issued by various agencies for the purpose of ensuring the **safe and effective whole-of-society approach in the management, risk mitigation and recovery from the effects of the COVID-19 pandemic** and other emergencies or disasters that may occur.

These protocols shall be the basis for the issuance of authority to HAAs and for them to conduct their operations during the duration of this public health crisis.

IV. COVERAGE

These protocols cover National Government Agencies (NGAs), Local Government Units (LGUs), Regional Task Force and Local Task Force, as well as HAAs.

These protocols also cover the mobilization and protection of HAAs in carrying out humanitarian and development mandates, while adhering to Core Humanitarian Principles of humanity, neutrality, impartiality, and independence.

These set of protocols also provides to use and improve existing monitoring, evaluation, accountability, and learning tools and mechanisms to consolidate actions and assessments and evaluation of ground operations.

The Humanitarian assistance activities covered by these protocols include, but are not limited to the following:

- a. Provision of assistance, whether cash, in-kind, or in services;
- b. Risk communication and information dissemination;
- c. Sensitization and community education activities in WASH, Health, Food Security and Agriculture, etc.;
- d. Climate change adaptation and disaster risk reduction activities for other hazards, in anticipation of potential disaster events that may happen during the crisis;
- e. Activities that can help start or support the recovery and rehabilitation of communities relative to or during the crisis; and
- f. Protection interventions for vulnerable sectors (women, youth, children, elderly, PWD, etc.), such as, but not limited to, mental health and psychosocial services, socio-economic assistance, educational assistance, health insurance, capacity-building interventions, legal assistance, and security.

These also authorize the said government instrumentalities to request for support, augmentation, and mobilization of CSOs, volunteer experts, private sector, and other non-state actors and stakeholders to support the efforts of the government against COVID-19.

V. OPERATIONAL GUIDELINES

A. Authorization, Coordination and Concurrence

1. All humanitarian activities must be duly authorized by the appropriate authority. The coverage of the humanitarian assistance to be provided shall determine the level of authorization, but always subject to the coordination and concurrence by the LTF which has jurisdiction over the community or area where activity(ies) are to be conducted. A template of the Authority Form is hereto attached as Annex "A".

1.1 Level of Authority

- .1.1. HAAs whose scope of operations cover multiple regions or the entire country such as international and local Non-Government Organizations (NGOs) shall seek authority from the (National Task Force) NTF or any of its concerned Task Group (TG), Sub-Task Group (STG), or Task Unit Heads; or through the

concerned Department's Central Office. Attached is the NTF, RTF and LTF Organizational Charts as **Annex "B"**.

- 1.1.2. HAAs that will conduct humanitarian assistance within only one (1) region but at least two (2) independent components thereof (combination of provinces, HUCs or ICCs) shall seek authority from the RTF or concerned cluster of its RTF including BARMM;
 - 1.1.3. HAAs that will conduct humanitarian assistance in one province, multiple cities or municipalities within the same province shall seek authority from the Provincial LTF;
 - 1.1.4. HAAs that will conduct humanitarian assistance in a single city or municipality, or in one or more barangays within the same, shall seek authority from the City or Municipal LTF; and
 - 1.1.5. HAAs involved with the rehabilitation and recovery of Marawi City and other affected areas of the Marawi Siege shall acquire such authorization from Task Force Bangon Marawi (TFBM) with the concurrence of the LTF of Marawi City or such other areas they will be conducting their activities.
- 1.2. For HAA activities that would involve the direct distribution of cash or kind or the construction of facilities of whatsoever kind in a particular community, such authority may be acquired from the NTF or RTF but with concurrence from the LTF concerned, or with the LTF concerned directly.
- 1.2.1. For HAA activities that would involve the direct distribution of cash or kind or the construction of facilities of whatsoever kind in a particular government institutions (i.e. Correctional Facilities such as Bilibid Prison), such authority should be acquired from the agency having jurisdiction over the same.
- 1.3. HAAs implementing development and humanitarian activities with existing Memorandum of Agreement(s) or Understanding(s) (MOAs/Us) with LGUs already in place may use these instruments as support to securing authorization in the Local Task Force.
- 1.4. Authorities previously issued to HAAs prior these protocols shall be honored.
2. The following may issue such authorization and IATF IDs, if necessary, based on their areas of operations:
- a. The Executive Officers of the NTF;
 - b. Chief Implementer and Deputy Chief Implementer of the National Incident Command of the NTF;
 - c. NTF Task Group and Sub Task Group Chairs;

- d. Regional and Local Task Force Chairs as well as the Heads of their respective Clusters that has jurisdiction over the activity of the HAA;
 - e. Heads of Agencies or the Regional Directors that such HAA is supporting relevant to the type of assistance to be provided; and
 - f. Task Force Bangon Marawi (TFBM) for all TFBM related activities.
3. Such authority that would be issued to HAAs must specifically provide:
- a. Nature of the activity;
 - b. Specific dates of the activity(ies) or operations, including those needed for preparations;
 - c. Identification details of those participating in the activity; details to include name of team leader, team members, position, age, sex; office address from where the staff is coming from; and contact details for reference;
 - d. Type/s of assistance to be provided; and
 - e. Targeted beneficiary(ies), with name/s, address, sex and age disaggregated data if possible.
4. The duly issued authority, coupled with the HAA identification cards and vehicle registration, shall serve as valid documents for travel and transport of goods. However, the same may duly apply for Rapid Pass from issuing authority.
5. Provision of humanitarian assistance that is offered or requested by NGAs and LGUs should, as much as possible, be made in writing, stating the required support, specific geographic areas, and targeted beneficiaries disaggregated by sex and age. To ensure a well-coordinated response, non-duplication of assistance, and provision of the most appropriate aid, any offers/requests should be submitted to the relevant Government Cluster lead agency of the Task Force concerned and, if applicable, HCT counterpart cluster focal point. A copy of HCT cluster focal points is hereto attached as Annex "C".
6. International agencies and NGOs are strongly encouraged to inform the Resident Coordinator/Humanitarian Coordinator (RC/HC) through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), of any offers made or requests received, so these are consolidated and tracked. OCHA will provide the National Task Force with regular updates on the assistance provided by international humanitarian agencies.
7. Companies or other private sector organizations who would wish to conduct humanitarian assistance activities are strongly encouraged to coordinate their requests and activities with the Philippine Disaster Resilience Foundation (PDRF).
8. HAAs that would be coming from other countries which entry was approved by the Government of the Philippines (GOP) shall satisfy the regulatory requirements and protocols such as pre-entry processes among others as

stipulated in the NDRRMC Memorandum Circular No. 158, series of 2017 or the Enhanced PIHA Guidelines. Moreover, the required clearances such as COVID-19 testing and completion of quarantine periods if applicable, among others, shall be imposed prior to the approval of the authority to provide humanitarian services.

9. HAAs that may need security assistance should also include the same in their request for authorization. The Task Force or agency issuing the same will then coordinate with the concerned Task Group or Cluster to provide the same on the requested dates.
10. All HAAs shall ensure that affected populations are at the center of action to be undertaken and, as such, shall be appropriate and gender-sensitive to address the differentiated needs of the affected and vulnerable populations, including women and children, the indigenous peoples, LGBTQI, the elderly, the internally displaced, persons with disabilities, and other marginalized groups.
11. To ensure acceptance, ownership, and sustainability of activities and interventions - HAAs at all levels shall support affected populations - through the prescribed coordination and collaboration measures, and ensuring their partner government.
12. Humanitarian assistance and interventions are encouraged to deliver in low service coverage areas, including those disproportionately affected by natural hazards and conflict, geographically isolated and disadvantaged areas (GIDA), and Indigenous People (IP) areas.
13. All activities to be conducted by HAAs, particularly in the distribution of relief or aid, should be overseen by the Safety Officer of the Incident Management Team of the Local Task Force. Such Safety Officer shall have the authority to put a stop to the activity should he or she deem that the same is being conducted in a manner that is unsafe or disorganized and may recommend to the issuing authority to prevent any further authority from being issued. Persons who refuses to adhere to the duly issued orders of the Safety Officers may be apprehended by law.

B. Operational Health Standards

In addition to the DOH's Minimum Public Health Standards for COVID-19 Mitigation and such other prescribed work standards, all humanitarian assistance personnel are strongly encouraged to adopt the following relative to the usual phases of their project management cycle:

1. Assessment

- 1.1. **Consider using reliable secondary information (as appropriate) to avoid physical visits to communities.**
- 1.2. **Consider conducting interviews and surveys over the phone, especially with communities where contacts have been previously**

established. All available technology applicable should be the first considered medium.

1.3. When household-level interviews in one-on-one format are absolutely necessary, aid workers should wear a face mask, maintain the least physical contact feasible, maintain at least 1.5 meter distance (in open spaces) and 2.0 meters in closed/room environment) between yourself and the interviewee, conduct interviews outside, when possible, avoid touching surfaces. Please refer to section 3 for more information on PPE and other minimum physical distancing requirements.

1.4. On the day of assessment, put appropriate labels/signs/notices to avoid formation of crowds and to ensure sufficient physical distancing. Instruct beneficiaries, and clearly mark out spaces to maintain at least 1.5-meter distance from each other. Ensure that there is no physical contact between beneficiaries, chairs and sufficient numbers of protective masks are provided to those who do not have masks.

2. Delivery Modalities

2.1. Cash Assistance

2.1.1. Consider delivery of aid using the cash modality to avoid physical contact upon two conditions – (i) sufficient evidence to confirm that markets are functioning and accessible; and (ii) if cash is identified as a preferred modality by your targeted beneficiaries.

2.1.2. In case the humanitarian actor utilizes a financial service provider (FSP, e.g. post office, bank, money remittance centers, etc.) in delivering cash, give extra thought to whether or not your FSP (as a minimum – not an exhaustive list for consideration):

2.1.2.1. Has business continuity capabilities in an environment where services may be at risk of discontinuation - in addition to solid presence and reach, ability to operate partly remotely, et al.

2.1.2.2. Has the ability to provide a service that requires less contact between the provider and the beneficiary e.g. electronic or mobile transfer options, contactless payments, et al.

2.1.2.3. Has the ability to provide guarantees for distribution or retrieval of cash transfers e.g. more retrieval points, ability to sequence payments on longer periods, etc., to prevent large crowds;

ensuring availability of hand sanitizing at ATMs, et al.

- 2.1.2.4. **Has sufficient capacities to handle increased caseloads and potential adjustments to transfer dates/amounts.**

2.2. Home Delivery (In-Kind Assistance)

- 2.2.1. **Avoid entering the house, apartment, entrance hallway if feasible, propose beneficiaries to meet outside.**
- 2.2.2. **If recommended physical distancing is not possible, consider alternative methods to deliver the assistance, such as drop-off at front door, street or household level distributions.**
- 2.2.3. **When handing over any items, put down the item, wipe it with an antiviral wipe, then stand back and ask the beneficiary to pick it up. If such wipes are not available, clean the item with soap and water and wipe dry with a disposable paper towel before handing it over with clean hands or gloves. Proper disposal protocols of PPEs must also be followed.**

2.3. Distribution Point (In-Kind Assistance)

- 2.3.1. **Visit potential distribution site/premises ahead of time to ensure the venue is safe, fit and spacious enough for use, with participants complying with physical distance measures and the minimum health standards as prescribed by the DOH and the authorizing agency.**
- 2.3.2. **Communicate field visits as well as eligibility to receive aid criteria in advance by phone – directly to the household or to the community leaders to avoid the congregation of people and any misperceptions or confusion.**
- 2.3.3. **Provide information or a briefing, preferably both orally and in writing, and the measures that organizers are taking to make the activity is safe for the staff, partners, and communities, as the case may be, and in the appropriate language understood by the beneficiaries**
- 2.3.4. **Ensure that beneficiaries observe minimum health standards, such as the wearing of protective masks and maintaining the prescribed distance of two (2) meters,**

- 2.3.5. **All staff are mandatorily required to wear face mask, avoid touching their face, perform hand sanitation regularly and follow general hygiene practices.**
 - 2.3.6. **Establish a clear route of distribution**– from a reception point, verification point, collection point and exit to channel traffic and ensure that people will not congregate in one area or bump into each other.
 - 2.3.7. **Set up hand washing points with adequate supply of water and soap or hand wash solution.** Alcohol-based hand sanitizer may be most practical. Establish an isolation room for participants who would feel unwell during the conduct of activities.
 - 2.3.8. **Directly deliver to households** of beneficiaries who are either elderly, pregnant or lactating women, people with disabilities and/or with pre-existing/chronic underlying conditions.
 - 2.3.9. **Upon arrival at the distribution site, direct beneficiaries to the supervised hand washing area and then to the health screening area** to have their body temperature assessed using a noninvasive (handheld/no-touch) thermometer.
 - 2.3.10. **If a beneficiary is detected to have a fever or shows flu-like symptoms, direct him/her for a follow up by a state healthcare official/worker, in line with national health response protocols.** Inform/assure beneficiaries who do not get cleared at the health screening / temperature check areas that they will receive rations irrespective of the results of the screening.
 - 2.3.11. **On completion of distribution, ensure that the distribution point (room/ area/ tarpaulin) is swept clean and, as much as possible, sprayed with disinfectant.**
- 2.4. Delivery of Service Assistance**
- 2.4.1. **Consider utilizing technology to facilitate remote service provision** as much as possible and as feasible such as consultation by phone.
 - 2.4.2. **If physical visit to communities is absolutely necessary, ensure the venue is safe/fit (spacious enough) for use and establish a clear route of traffic** to avoid congestion, e.g. screening of body temperature, establish a queue where people are separated by at least 1.5 meter distance while

waiting, putting in place a referral pathway in case a beneficiary presents with flu-like symptoms or fever.

2.4.3. **Set up hand washing area with adequate supply of hand wash solution.** Alcohol-based hand sanitizer may be most practical.

2.4.4. **All staff are mandatorily required to wear face mask, avoid touching their face, perform hand sanitation regularly and follow general hygiene practices.**

2.5. Delivery of Construction Services

Adherence to the guidelines that the DPWH may issue relative to the construction works and DOH minimum health standards shall be strictly enforced.

3. Common Requirements and Procedures for All Types of Activities and Delivery Modalities

3.1. **HAA's en route to their area of operations shall at all times adhere to physical distancing measures,**—limit passengers consistent with the number allowed by the guidelines issued by the DOTr for Road Transport Sector during GCQ, carry official identification, and wear face masks and face shields.

3.2. **The regular prohibitions and regulations** relative to milk and infant formula, formula-feeding paraphernalia, medical service, medicine (FDA-approved), medical equipment (as to quality), transportation, provision of food and medical assistance for animals and other kinds of assistance shall be strictly implemented.

3.3. **HAA's shall not undertake any action or activity that is in contravention with government's COVID-19 protocols and procedures.** Appropriate Personal Protective Equipment (PPE) use and distribution procedures must be strictly followed to prevent human-to-human transmission, as well as to reduce secondary infections among humanitarian workers and beneficiaries, and to negate any perception of aid workers being a vehicle for transmission of the virus.

3.4. **All HAA's shall ensure that their activities will enhance the safety, dignity and rights of their beneficiaries and avoid exposing them to further harm.** Interventions must be ensured as gender-, conflict- and culture-sensitive and peace promoting to avoid inducing any issues and concerns between and among the beneficiaries and to maximize positive impacts and avoid negative unintended impacts of the interventions. This includes protecting affected populations from violent attack or discrimination; managing data and information in a sensitive manner; and ensuring that

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humanitarian assistance activities empower and do not diminish local capacities nor cause conflict between and among the different stakeholders.

- 3.5. **All staff are mandatorily required to wear face masks, avoid touching their faces, perform hand sanitation regularly and follow general hygiene practices.**
- 3.6. **All activities should be accompanied by COVID-19 related awareness-raising information and, subject to available of material, distribution of information, education and communication (IEC) and risk communication materials that are in line with the national guidelines, and account for contextual factors in the Philippines, including behavioral norms, customs, and local practices, in anticipation of potential emergency or disaster events that may happen during the crisis.**
- 3.7. **Ensure community engagement and participation, clear communication and feedback mechanisms (preferably phone, emails) are in place. Community engagement and participation are necessary at all stages of decision-making to ensure that affected populations' needs are met; they accept and own the interventions; there is equal participation in governance processes and the decisions that affect their lives; and community resilience is strengthened.**
- 3.8. **Limit administrative documentation requirements that require physical contact such as signing of receipt forms etc.**

C. Reporting of Illnesses

Humanitarian actors shall upon receipt of information, immediately report illnesses that its members may contract or suffer from after their activities to the concerned Task Force or agency. The concerned individual must be ready to cooperate in contact tracing efforts of the government.

Designated safety officers for humanitarian assistance actors must also ensure frequent regular monitoring of its staff and partners in addition to weekly reporting of illnesses, to detect any clustering of cases or trending of certain illnesses that is epidemiological in significance.

All HAA team members are highly encouraged to utilize with StaySafePh and regularly update the name, or to such contact tracing application that the government may subsequently decide to utilize.

D. Reporting and Information Management

Humanitarian activity reports should be submitted by the HAAs to the Task Force, department or government institutions that issued such authority. If it be a department that issued such authority, a copy of the report should be

submitted to the concerned Task Force as well. Failure to submit such reports may serve as grounds for the TGRML or respective R/LTF Logistics Cluster to rescind existing or refuse to issue subsequent authorization.

Minimum information included in the reports include assistance provided, total number of beneficiaries or covered households, and sex and age disaggregated data, following the NDRRMC's 3Ws format. A copy of the 3Ws format is hereto attached in Annex "D".

The Sub-Task Group for Resource and Finance (STGRF) of the NTF Task Group Resource Management and Logistics (TGRML) and the Logistics Cluster of R/LTFs shall be the designated management and reporting units for such HAAs.

All TGs, regional and local clusters and agencies engaging the assistance of HAA shall directly report the same to the said designated management units for humanitarian assistance activities.

VI. REPEALING CLAUSE

These protocols may be amended or superseded by the IATF or the NTF.

VII. EFFECTIVITY

These protocols shall take effect immediately.

FOR THE CHAIRPERSON, NDRRMC:


UNDERSECRETARY RICARDO B JALAD
Executive Director, NDRRMC