PHILIPPINE COVID-19
EMERGENCY RESPONSE
PROJECT

MONITORING & EVALUATION SYSTEM MANUAL

2020-2022
VERSION 3

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LIST OF ABBREVIATIONS

AEFI	Adverse Event Following Immunization
AO	Administrative Order
API	Application Programming Interface
ASTM	American Society of Testing & Materials
BHW	Barangay Health Worker
BI	Business Intelligence
BIHC	Bureau of International Health Cooperation
CCE	Cold Chain Equipment
CESU	City Epidemiological Surveillance Unit
CHD	Center for Health Development
COVID	Coronavirus Disease
COS	Contract of Service
DC	Department Circular
DO	Department Order
DBM	Department of Budget Management
DICT	Department of Information & Communications Technology
DILG	Department of Interior & Local Government
DOH	Department of Health
DOH-CO	Department of Health - Central Office
DM	Department Memorandum
DPCB	Disease Prevention & Control Bureau
EB	Epidemiology Bureau
ESF	Environmental & Social Framework
ESS	Environmental & Social Safeguards
FDA	Food & Drug Administration
FFP	Filtering Facepiece
FICT	Field Implementation & Coordination Team
GOP	Government of the Philippines
GRM	Grievance Redress Mechanism
HCW	Health Care Worker
HESU	Hospital Epidemiology Surveillance Unit
HFEP-MO	Health Facilities Enhancement Program - Management Office
HHRDB	Health Human Resource Development Bureau
HMIS	Health Management Information System
HTML	Hypertext Markup Language
IPC	Infection Prevention & Control
ISO	International Organization for Standardization

ISR	Implementation Status & Results
JO	Job Order
JAO	Joint Administrative Order
KMITS	Knowledge Management & Information Technology Service
LIGTAS	Local Isolation General Treatment Areas
LGU	Local Government Unit
MC	Memorandum Circular
M&E	Monitoring & Evaluation
MESU	Municipal Epidemiology & Surveillance Unit
NCOV	Novel Coronavirus
NHFR	National Health Facility Registry
NIOSH	National Institute for Occupational Safety & Health
NVOC	National Vaccines Operation Center
PCR	Polymerase Chain Reaction
PCERP	Philippine COVID-19 Emergency Response Project
PDO	Project Development Objective
PH	Philippines
PHST	Public Health Services Team
POM	Project Operations Manual
PPE	Personal Protective Equipment
PPMP	Project Procurement Management Plan
PSGC	Philippine Standard Geographic Code
PUI	Patients Under Investigation
QC	Quezon City
QMMC	Quirino Memorial Medical Center
RESU	Regional Epidemiology & Surveillance Unit
RITM	Research Institute for Tropical Medicine
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARI	Severe Acute Respiratory Infection
SARO	Special Allotment Release Orders
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SCMS	Supply Chain Management Service
STG	SubTask Group
SWS	Social Weather Station
TB	Tuberculosis
TG	Task Group
TWG	Technical Working Group
VAC	Vaccination Approval Criteria
WB	World Bank
WHO	World Health Organization

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THE PROJECT

1.1 GENERAL INFORMATION

Project Title	Philippines COVID-19 Emergency Response Project (PCERP)
Funding Agency	World Bank
Implementing Agency	Department of Health
Implementation Period	May 6, 2020 – December 29, 2023
Loan Number	9105-PH for Parent Project, 9220-PH for Additional Financing 1 and 9328-PH for Additional Financing 2
Loan Amount	Nine Hundred Million Dollars ($900,000,000)

1.2 PROJECT DEVELOPMENT OBJECTIVE

The overall objective is to strengthen the Philippines' capacity to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

THE MONITORING & EVALUATION SYSTEM

2.1 THE RATIONALE BEHIND THE INSTALLATION OF THE M&E SYSTEM

The M&E system is one of the key components of the implementation phase of the Project. Under the Intermediate Results Indicator No. 3, the Department of Health – PCERP is required to set up an M&E System exclusively to monitor its implementation. The monitoring unit will be under the direct supervision of the Health Facilities Enhancement Program – Management Office (HFEP-MO) of the DOH. It shall look closely at the actual performance of the recipient DOH and Local Government Unit (LGU) hospitals, quarantine facilities, and national and sub-national reference laboratories throughout the three-year implementation period, in coordination with the Bureau of International Health Cooperation (BIHC) and other relevant DOH Bureaus.

2.2 SCOPE AND TARGET AUDIENCE OF THE M&E ACTIVITIES

The M&E activities will ensure that Project Development Objective (PDO) indicators will be attained and bring about the identified intermediate outcomes within the target period of three (3) years. The reports will be submitted to the Department of Health-Office of the Secretary, and the World Bank as the funding agency.

2.3 THE RESULTS FRAMEWORK OF INDICATORS

The Results Framework of Indicators for the PCERP was updated last December 2021 to include the additional indicators under Additional Financing 2. The framework can also be found in Chapter 9 of the Project Operations Manual (POM) approved last January 2022.

See Table 1, 2, and 3 for the detailed description of indicators and targets per year.

TABLE 1. PROJECT DEVELOPMENT OBJECTIVE (PDO) INDICATORS

Indicator Name	Baseline (May 2020)	2021 Target (May 2021)	2022 Target (May 2022)	End Target (May 2023)
1. Percentage of hospitals with personal protective equipment and infection control products and supplies according to DOH requirements, without stock-outs in preceding one month (Percentage)	55%	65%	80%	90%
2. Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents, without stock-outs in preceding one month (Percentage)	20%	50%	80%	90%
3. Number of acute healthcare facilities with isolation capacity according to DOH-established standards (Number)	30	40	50	60
4. Percentage of project-targeted health care workers (HCW) received primary doses of COVID vaccine (Percentage)	-	0	80%	80%
5. Percentage of project-financed vaccines administered and reported in line with the DOH's protocol (Percentage)	-	0	95%	70%

TABLE 2. INTERMEDIATE RESULTS (IR) INDICATORS BY COMPONENTS

Indicator Name	Baseline (May 2020)	2021 Target (May 2021)	2022 Target (May 2022)	End Target (May 2023)
STRENGTHENING EMERGENCY COVID-19 HEALTH CARE RESPONSE				
1. Standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients is finalized (Yes/No)	No	Yes	Yes	Yes
2. Number of ventilators provided to hospitals (Number)	0	100	200	300
3. Number of health staff trained in infection prevention and control per DOH-approved protocols (Number)	0	15,000	15,000	15,000
4. Percentage of hospitals designated as vaccination sites in project areas having adequate and functioning cold chain equipment (CCE) maintaining the temperature required for the COVID-19 vaccine assigned (Percentage)	-	0	100%	100%
5. Percentage of project-targeted vaccinated population and parents / guardians of individuals aged 12-17 who rated as satisfactory the COVID-19 vaccination service received (Percentage)	-	0	80%	80&
6. Percentage of serious AEFI cases who have received treatment according to DOH's protocol, disaggregated by adults and individuals aged 12-17 (Percentage)	-	0	80%	80%
7. National COVID-19 vaccination tools developed (Yes/No)- vaccination card/certificate - facility-based nominal registers and/or tally sheets, vaccination reports (paper and/or electronic) and analytical tools to monitor progress and coverage among different at-risk categories (Yes/No)	-	No	Yes	Yes

Indicator Name	Baseline (May 2020)	2021 Target (May 2021)	2022 Target (May 2022)	End Target (May 2023)
8. Eligibility for vaccination criteria include barangay health workers (BHWs) among priority group (Yes / No)	-	No	Yes	Yes
9. Number of vaccine doses procured by the project (Number)	-	-	38,000,000	38,000,000
10. Percentage of project-targeted individuals aged 12-17 who received primary dose of vaccines as per the government plan and the Bank's VAC, disaggregated by sex (Percentage)	-	-	60%	60%
11. Percentage of project-targeted vulnerable population that received additional / booster doses of COVID-19 vaccine as per the government plan, disaggregated by sex and age (Percentage)	-	-	70%	70%
12. Percentage of project-targeted health workers that received booster doses as per government plan, disaggregated by sex and age (Percentage)	-	-	70%	70%
13. Percentage of population willing to get vaccinated, disaggregated by sex (Percentage)	-	-	70%	70%
STRENGTHENING LABORATORY CAPACITY AT NATIONAL AND SUB-NATIONAL LEVEL				
14. Daily capacity of a designated national laboratory (RITM) in conducting COVID-19 diagnostic tests (Number)	300	1,200	1,200	1,200
15. Daily capacity of a designated sub-national laboratory (Davao) in conducting COVID-19 diagnostic tests (Number)	20	500	500	500
16. Daily capacity of a designated sub-national laboratory (Cebu) in conducting COVID-19 diagnostic tests (Number)	20	500	500	500

Indicator Name	Baseline (May 2020)	2021 Target (May 2021)	2022 Target (May 2022)	End Target (May 2023)
IMPLEMENTATION MANAGEMENT AND MONITORING AND EVALUATION				
17. M&E system established to monitor project activities (Yes/No)	No	Yes	Yes	Yes
18. A functional asset management system is in place, independently reviewed on a 6-monthly basis (Yes/No)	No	Yes	Yes	Yes
19. Percentage of grievances resolved to the satisfaction of the complainant within timeframe specified in the GRM for stakeholders (Percentage)	0	80%	80%	80%

THE PERFORMANCE MONITORING FRAMEWORK

The Technical Team under HFEP-MO is tasked to facilitate the implementation of the M&E system. The activities will include site visits, data processing, and consolidation of reports. The reports will be prepared on a monthly, semi-annual and annual basis. Implementation support missions will be conducted at least four (4) times for the first year and two (2) times the following years as part of the evaluation process.

3.1 Project Beneficiaries

The data collection will commence right after the Special Allotment Release Order (SARO) is released by the Department of Budget and Management (DBM) and has been downloaded to the implementing agency. As presented in the Project Operations Manual (POM), the target recipients will receive the following:

TABLE 3. TARGET RECIPIENTS WITH CORRESPONDING PROJECT INVESTMENT

	SUPPLY			EQUIPMENT					AMBULANCE		
TYPE	PPEs	RT -PCR COMPATIBLE TESTING KITS	VACCINES	MECHANICAL VENTILATORS	PORTABLE X-RAY	INFUSION PUMPS	RT-PCR MACHINES	CIVIL WORKS	TYPE 1	TYPE 2	SEA AMBULANCE
DOH hospital	✓	✓	✓	✓	✓	✓	✓	✓		✓	
LGU/Provincial hospital	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Testing laboratory /facility	✓	✓						✓			✓
Quarantine Facility								✓	✓		
Treatment and Rehabilitation Centers									✓		

Once the approved budget has been released, the Director of the HFEP-MO will issue a memorandum informing the recipient facilities and hospitals of their site readiness, allocation and frequency of reporting. It is to be noted that there are items that will be monitored on a monthly, semi-annual, and annual basis.

3.2 DATA COLLECTION AND DESIGN

FIGURE 1. FREQUENCY OF DATA COLLECTION

Monthly

-No. of PPEs and masks (supplies)
-No. of infection control products
-No. of test kits
-No. of tests conducted
-Status of the isolation facility
-No. of cases resolved through GRM
-No. of vaccines deployed and administered

Quarterly

-No. of hospitals with cold-chain equipment

Semi-annually

-Status of medical supplies, equipment and isolation facilities by the Functional Asset Management consultation
-No. of trained staff for IPC

Annual

-Overall project status per PDO
-Environmental social, health, and safety performance

TABLE 4. PDO AND IR INDICATORS DATA COLLECTION

MONITORING & EVALUATION PLAN: PDO INDICATORS

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Percentage of hospitals with personal protective equipment and infection control products and supplies according to DOH requirements, without stock-outs in preceding one month	This indicator will help track the performance of 70 DOH hospitals across the country to ensure that they have personal protective equipment and infection control products and supplies according to DOH requirements, without stock-outs. DOH has prepared a checklist of personal protective equipment and infection control products and supplies as minimum standard that each hospital needs to make available to address COVID-19.	The indicator is officially tracked twice a year during the Bank's implementation status and results support (ISR) mission. The Department of Health tracks the indicator on a monthly basis, and updates the Bank accordingly.	HFEPMO - Department of Health	Data is collected through HMIS of DOH. DOH has prepared a list of personal protective equipment and infection control products and supplies as a minimum standard that each hospital needs to make available to address COVID-19.	HFEPMO - Department of Health

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents, without stock-outs in preceding one month	This indicator tracks the performance of designated laboratories to ensure that they have COVID-19 diagnostic equipment, test kits, and reagents, without stock-outs. The denominator is seven DOH-operated laboratories, as follows: 1. national reference laboratory - Research Institute for Tropical Medicine (RITM), and the following six sub-national and public health laboratories; 2. Lung Center of the Philippines (QC); 3. San Lazaro Hospital (Manila); 4. Baguio General Hospital (Baguio); 5. Vicente Sotto Memorial Medical Center (Cebu); 6. Caraga Regional Hospital (Surigao City); 7. Southern Philippines Medical Center (Davao).	The indicator is officially tracked twice a year during the Bank's implementation status and results support (ISR) mission. The Department of Health tracks the indicator on a monthly basis, and updates the Bank accordingly.	HFEPMO - Department of Health	Data will be collected through DOH HMIS, on a monthly basis.	HFEPMO - Department of Health
Number of acute healthcare facilities with isolation capacity according to DOH-established standards	This indicator helps track performance of 53 DOH hospitals and 48 LGU, 1 Military Hospital and 1 COVID Referral (QMMC) hospitals to ensure that they meet DOH established standards of isolation capacity to manage Severe Acute Respiratory Infections (SARI) patients. The standards will be based on the standard design of isolation facilities in managing SARI patients including intensive care to be prepared by DOH.	The indicator is officially tracked twice a year during the Bank's implementation status and results support (ISR) mission. The Department of Health tracks the indicator on a monthly basis, and updates the Bank accordingly.	HFEPMO - Department of Health	Monitoring system by Department of Health. This will be based on the standard design of isolation facility in managing SARI patients including intensive care to be prepared by DOH.	HFEPMO - Department of Health

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Percentage of project-targeted health workers that received primary doses of COVID vaccine	This indicator tracks the progress of implementation of the GOP's National Strategic Framework for COVID-19 Vaccine Deployment and Immunization in general and the DOH's Strategic Plan for COVID-19 Vaccination in particular. This indicator tracks program implementation for health workers in both the public and private sector, health workers being one of the priority groups for COVID-19 vaccination. The indicator will be reported disaggregated by gender - share of males and share of females "Project-targeted" refers to vaccination results in DOH regions that receive project vaccines.	Monthly	NVOC-DICT	Department of Health's monitoring system	FICT; HHRDB; DPCB; Subtask Group (STG) on Registry, Data Management, and Monitoring and Evaluation
Percentage of project-financed vaccines administered and reported in line with the DOH's protocol	Percentage of PCP-funded COVID-19 vaccines that were inoculated to intended recipients and reported in line with existing protocols of the DOH. Disaggregation: Sub-national (by region, 17 administrative regions) Numerator: Number of PCERP-funded COVID-19 vaccines that were intended recipients and reported in line with existing protocols of the DOH, by region. Denominator: Number of PCERP-funded COVID-19 vaccines that were deployed, by region	Monthly	NVOC-DICT	DOH's monitoring system	Department of Health

TABLE 5. INTERMEDIATE RESULTS INDICATORS DATA COLLECTION

MONITORING & EVALUATION PLAN: INTERMEDIATE RESULTS INDICATORS					
Indicator Name	**Definition/Description**	**Frequency**	**Data source**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients is finalized	This indicator helps ensure that the Government has produced a standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients that will be used by health facilities nationwide.	One-off. The standard can be adjusted over the course of project duration, per arising technical requirements.	Department of Health	The Department of Health is to finalize the standard design guidance note.	Department of Health
Number of ventilators provided to hospitals	This indicator helps track the number of ventilators, which is essential medical equipment supported by the project, that have been distributed to health facilities.	Monthly With monthly and semi-annual reporting	Department of Health	Monitoring by Department of Health	Department of Health
Number of health staff trained in infection prevention and control per DOH-approved protocols	Health staff in 39 DOH Level 3 hospitals and 8 DOH Level 2 hospitals are trained on infection control per DOH-approved protocols The indicator will help ensure that an adequate number of health staff are trained in infection prevention and control per DOH-approved protocols in DOH hospitals.	Semi-annual. The indicator will be officially reported to the World Bank during the six-monthly implementation status and results support missions.	Department of Health	Department of Health's monitoring system	Department of Health
Percentage of hospitals designated as vaccination sites in project areas having adequate and functioning cold chain equipment (CCE) maintaining the temperature required for the COVID-19 vaccine assigned	This indicator evaluates the integrity of the cold chain system in hospitals designated for COVID-19 vaccine deployment in identified vaccination sites.	Quarterly	Task Group (TG) on Cold Chain and Logistics Management; DOH-SCMS	Department of Health's monitoring system	Task Group (TG) on Cold Chain and Logistics Management

MONITORING & EVALUATION PLAN: INTERMEDIATE RESULTS INDICATORS

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Percentage of project-procured vaccinated population and parents/guardians of individual aged 12-17 who rated as satisfactory the COVID-19 vaccination service received	This indicator tracks client satisfaction after receiving the 2nd or last dose of the COVID-19 vaccine. Number of PCERP-funded COVID-19 vaccinated population surveyed (including parents/legal guardians of COVID-19 vaccinated pediatric population) who rated as satisfactory over total number of surveyed vaccinated population, including parents/legal guardians of individuals aged 12-17 years old x 100.	End of the vaccination campaign	Report of the third party firm who will conduct the satisfaction survey	Department of Health's monitoring system	Department of Health; STG on Demand Generation and Communication; STG on Program Implementation; Third party contractor
Percentage of serious AEFI cases who have received treatment according to DOH's protocol, disaggregated by adults and individuals aged 12-17	Numerator: Number of suspected individuals with severe adverse reaction from project-financed vaccines who have received treatment according to DOH's protocol Denominator: Number of suspected individuals with severe adverse reaction from project-financed vaccines	End of vaccination campaign	FDA Vigiflow Reporting units Philhealth	DOH's monitoring system	EB, RESUs/ MESUs/ CESUs/ HESUs; STG on Safety Surveillance and Response; STG on Registry, Data Management, and M&E
National COVID-19 vaccination tools developed	National vaccination tools developed: vaccination card/certificate - facility-based nominal registers and/or tally sheets, vaccination reports (paper and/or electronic) and analytical tools to monitor progress and coverage among different at-risk categories	One-off. Can be adjusted over the course of project duration, per arising technical requirements.	Department of Health	The tools are endorsed and used by Department of Health	Department of Health. STG on Program Implementation; STG on Registry, Data Management, and M&E

MONITORING & EVALUATION PLAN: INTERMEDIATE RESULTS INDICATORS

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Eligibility for vaccination criteria include barangay health workers (BHWs) among priority group	This indicator emphasizes the importance of BHWs, which is composed mainly of women, as priority for vaccination.	During preparation for the vaccination campaign	National Deployment and Vaccination Plan for COVID-19 Vaccines	Verification with official policy issuances of DOH	HHRDB; DPCB; STG on Program Implementation
Number of vaccine doses procured by the project	Number of vaccine doses procured by the project	Monthly	NVOC-DICT	DOH's monitoring system	Department of Health
Percentage of project-targed individuals aged 12-17 who received primary dose vaccines as per the government plan and the Bank's VAC, disaggregated by sex	Number of project-targeted individuals aged 12-17 years old inoculated with COVID-19 primary vaccines over the total number of master listed pediatric population x 100	Monthly	NVOC-DICT	DOH's monitoring system	Department of Health
Percentage of project-targeted vulnerable population that received additional / booster doses of COVID-19 vaccine as per the government plan, disaggregated by sex and age	Number of project-targeted vulnerable population vaccinated with COVID-19 vaccines over the total number of eligible vulnerable population for COVID-19 vaccines x 100 Vulnerable populations are operationalized as senior citizen aged 60 and above and persons with comorbidities "Project-targeted" referes to vaccination results in DOH regions that receive project vaccines	Monthly	NVOC-DICT	DOH's monitoring system	Department of Health

MONITORING & EVALUATION PLAN: INTERMEDIATE RESULTS INDICATORS

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Percentage of project-targeted health workers that received booster doses as per the government plan, disaggregated by sex and age	Percentage of project-targeted health workers that received booster doses as per the government plan, disaggregated by sex and age. "project-targeted" refers to vaccination results	Bi-monthly	Department of Health	DOH's monitoring system	Department of Health
Percentage of the population willing to get vaccinated, disaggregated by sex	Number of respondents who reported willingness to be vaccinated (and those who were already vaccinated) / total number of respondents interviewed x 100	Quarterly	DOH - Health Promotions Bureau John Hopkins center for communication programs SWS, Pulse Asia	DOH's monitoring system	Department of Health
Daily capacity of a designated national laboratory (RITM) in conducting COVID-19 diagnostic tests	The indicator tracks daily capacity of a designated national laboratory (RITM) in conducting COVID-19 diagnostic tests, with the expectation that the COVID-19 testing capacity will increase overtime with project support.	The indicator is officially tracked twice a year during the Bank's implementation status and results support (ISR) mission. Department of Health tracks the indicator on a regular basis	Department of Health	Monitoring by Department of Health	Department of Health
Daily capacity of a designated sub-national laboratory (Davao) in conducting COVID-19 diagnostic tests	This indicator tracks the daily capacity of a designated sub-national laboratory in conducting COVID-19 diagnostic tests.	The indicator is officially tracked twice a year during the Bank's implementation status and results support (ISR) mission. Department of Health tracks the indicator on a regular basis	Department of Health	Monitoring by Department of Health	Department of Health

MONITORING & EVALUATION PLAN: INTERMEDIATE RESULTS INDICATORS

Indicator Name	Definition/Description	Frequency	Data source	Methodology for Data Collection	Responsibility for Data Collection
Daily capacity of a designated sub-national laboratory (Cebu) in conducting COVID-19 diagnostic tests	This indicator tracks the daily capacity of a designated sub-national laboratory in conducting COVID-19 diagnostic tests.	The indicator is officially tracked twice a year during the Bank's implementation status and results support (ISR) mission. Department of Health tracks the indicator on a regular basis	Department of Health	DOH's monitoring system	Department of Health
M&E system established to monitor project activities	This indicator is to ensure that DOH has established an M&E system to monitor, track progress, and evaluate project activities.	The M&E system report will be submitted by DOH to the World Bank as soon as the project is effective.	Department of Health	The M&E system is to be prepared by the project implementation team at the Department of Health.	Department of Health
Functional asset management system is in place, independently reviewed on 6-monthly basis	The purpose of this indicator is to ensure that there is a functional asset management system in place, given that the project will provide significant support in medical equipment and supplies to health facilities across the country. It is important that there is an independent review of assets supported by the project on a 6-monthly basis.	Every six months	Independent team to be contracted by the Department of Health, with resources from Component 3 of the Project.	Asset review by an independent technical agency to be hired by DOH, e.g. university research team.	Department of Health
Percentage of grievances resolved to the satisfaction of the complainant within timeframe specified in the GRM for stakeholders	This indicator will monitor the resolution of grievances through the Project GRM and the Contractor's Personnel GRM.	Monthly	Department of Health, Project recipients, Civil works contractor/s	Monitoring by the Department of Health.	Department of Health

For the monthly monitoring, hospitals and quarantine facilities are expected to submit to the HFEP-MO monitoring team the status of their supplies, equipment and civil works. These reports will also be validated by the Centers for Health Development (CHDs) or the DOH Regional Offices, as the main monitoring partner of HFEP-MO on the ground. The CHDs have designated one (1) architect and one (1) administrative staff specifically to monitor the COVID-19-related projects all over the country.

Similarly, reference laboratories are expected to report the number of tests they have administered and the utilization of COVID-19 equipment and supplies. Data are expected to be disaggregated to male and female patients, if applicable.

As part of the Environmental and Social Standard (ESS) 10 or the Stakeholder Engagement and Information Disclosure of the Project, the implementing agencies or the recipient facilities should provide the stakeholders relevant, understandable, and accessible information about the Project. Recipient facilities and LGUs should also monitor and address the complaints received through the Grievance Redress Mechanism (GRM). The GRM aims to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions.

Grievances will be handled at the local level by the respective health facility or LGU, by the Centers for Health Development at the regional level, and at the national level by the Department of Health Central Office. Once all possible redress has been proposed and if the complainant is still not satisfied, they should be advised of their right to legal recourse.

For the uniformity of reports, recipients will use the prescribed templates (see Annex A & B) to be attached to the memorandum. The reports will be fed into a database managed by the technical team from HFEP-MO. Each recipient facility will be given an ID number for easy documentation. Alongside the progress reports, an online map located on the Project page on the DOH website will be part of the M&E system, which will provide a visual representation of the geographic distribution of recipients. The reports will be consolidated by the monitoring team under the HFEP-MO for submission to the Bureau of International Health Cooperation (BIHC). The reports on the GRM will also be coordinated with the Disease Prevention and Control Bureau (DPCB).

As part of the evaluation, an independent review of medical and laboratory equipment and civil works will be handled by a functional asset management consultant every six (6) months. The four (4) implementation support missions mentioned previously will be led by the BIHC, DPCB and the HFEP-MO. Representatives from the World Bank, the DOH, and other relevant partners will also be invited to provide feedbacks on the project implementation.

Digital Strategy

The project team together with the World Bank, formulated a digital strategy to facilitate the reporting of project outcomes and to support the current M&E system. The digital strategy has 3 components: 1.) the collection and extraction of data regarding project indicators, 2.) the creation of project dashboards and, 3.) the deployment of a project page in the DOH website.

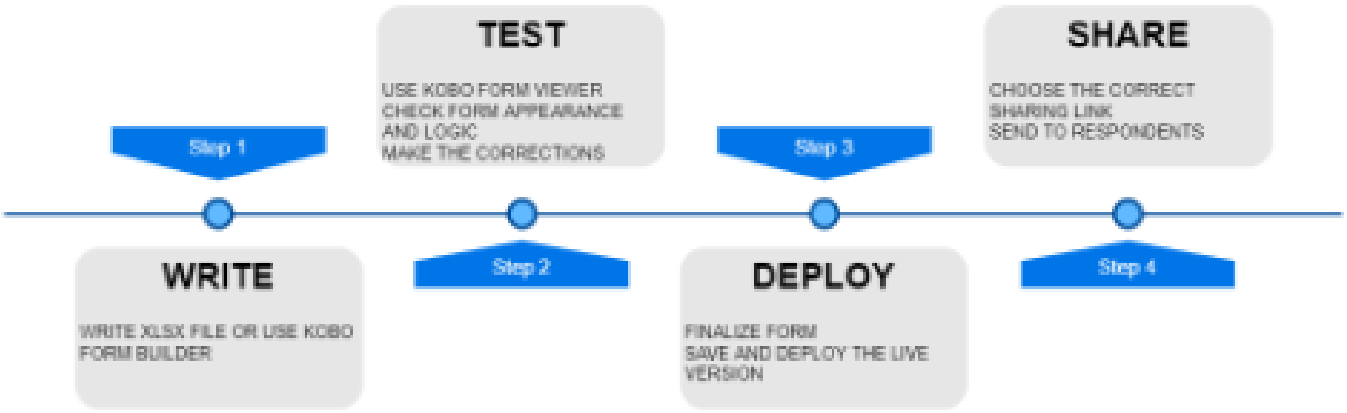
Digital Data Collection

Gathering relevant data on project indicators requires the mobilization of recipient facilities and constant monitoring of facility supplies. The team opted to use KoBo Toolbox as its primary platform in collecting data from recipient facilities since the beginning of the Project in 2020. This decision is informed by multiple advantages:

- The service is end-to-end and free - KoBo provides free service that can accommodate the needs of the project while other services like Survey CTO are not free.
- It harnesses the well-documented XLSXForm specification in the writing and rendering of online forms. The initial design for the data collection tools are possible only in XLSXForms. Other services such as Google Forms do not support the specified design.
- KoBo Toolbox provides API access to collected data. Data can be pulled and refreshed into desktop, Google Sheets, Power BI among others without the need to download manually.
- Some project areas may have poor connectivity. KoBo has a feature that caches data in the absence of internet connection, upon detection of an internet connection data is sent automatically. In case of field work this feature will prove useful. Data collection forms that would have to be in paper can be deployed in the field as digital forms. It gets rid of the need to encode the written responses.

The process of creating data collection tools is convenient. The team prefers to write the forms as .xlsx files first then upload and deploy in KoBo. The correct form links (online-offline encoding, online only or single submission) are sent to the respondents. Depending on the length and complexity of the questionnaire writing the xlsx file can take a few minutes to hours. In the event that revisions are necessary changes in the xlsx files have to be made and the new version of the file has to be uploaded and deployed. Respondents using a cached webform will have to refresh the page to get the latest version. The monitoring team created a separate guide on how to create and deploy forms and, export collected data from KoBo.

FIGURE 2: STEPS ON MONITORING GUIDE



Facility submissions have to be acknowledged upon receipt. The team scripted this task in Google Scripts to compensate for the lack of staff. Each form is checked for new responses twice a day. If a new submission is detected, Google Script will send a confirmation email to the respondent.

FIGURE 3: CONFIRMATION EMAIL FLOWCHART

To ensure the correctness of each submission the team will implement a data validation process. Presently, multiple submissions are dealt with by only including the facility's latest submission in the report. In case of updates, old submissions are standardized to conform with the new version. The team is yet to decide on the formal process of data validation each month as performing manual checks on each response is time-intensive.

Data Processing

Progress reports submitted to the World Bank every month are generated from the data collected from the recipient facilities. The process of generating a report starts from importing the necessary datasets or contacting the bureaus holding the statistics for the indicators. The datasets from the form responses and DOH data drop are standardized and reshaped to get the desired indicator.

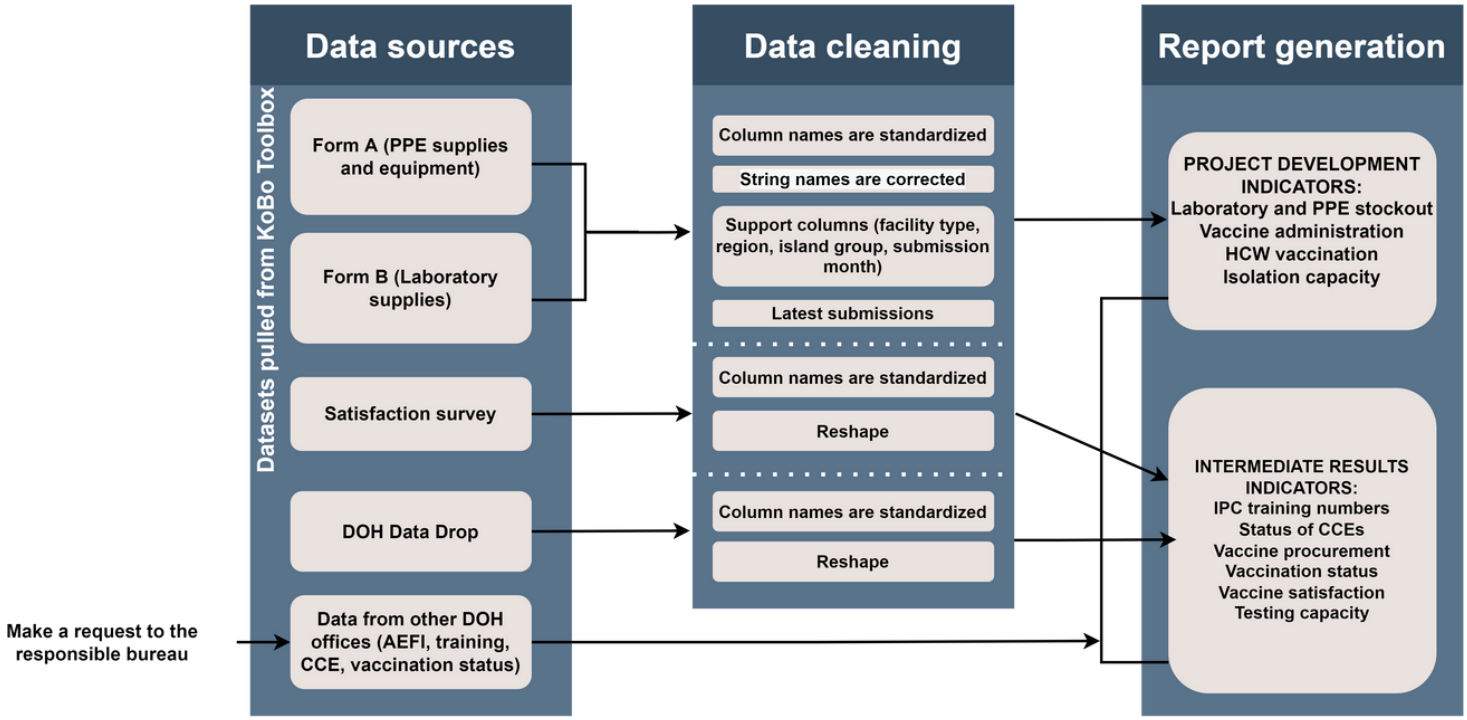


FIGURE 4: DATA PROCESSING

Project Dashboards

Project staff can view the status of project indicators and ESF compliance in the project dashboards tabs on the Project Power BI account. Data collected by the ESF and the HFEPMO monitoring team are made available in the Power BI account handed over by the DOH-KMITS. Staff interested in connecting project data to their own Power BI reports can refer to the Kobo to PBI extraction guide.

FIGURE 5: PROJECT DASHBOARD IN POWER BI FORM A

A version of the summarized project dashboard especially made for public viewing is available on the project page.

Project Page

The project page is deployed as set of pages on the DOH's website (https://doh.gov.ph/COVID-19/emergency-response-project/). The project page was initially deployed as a single page, and it was until March 2022 that the layout was changed. The project page is deployed as a set of pages on the DOH's website. You can now access the Project page under the name "Philippines COVID-19 Emergency Response Project" tab located on the right side of the main website of the DOH.

For convenience, there are two ways to update the pages depending on how frequently it has to be updated.When an update is necessary the team has to generate an updated HTML file then make a web posting request for KMITS to upload the new version. The HTML files are generated from an R Markdown document. Documentation on the project page's R Markdown file is in a separate document.

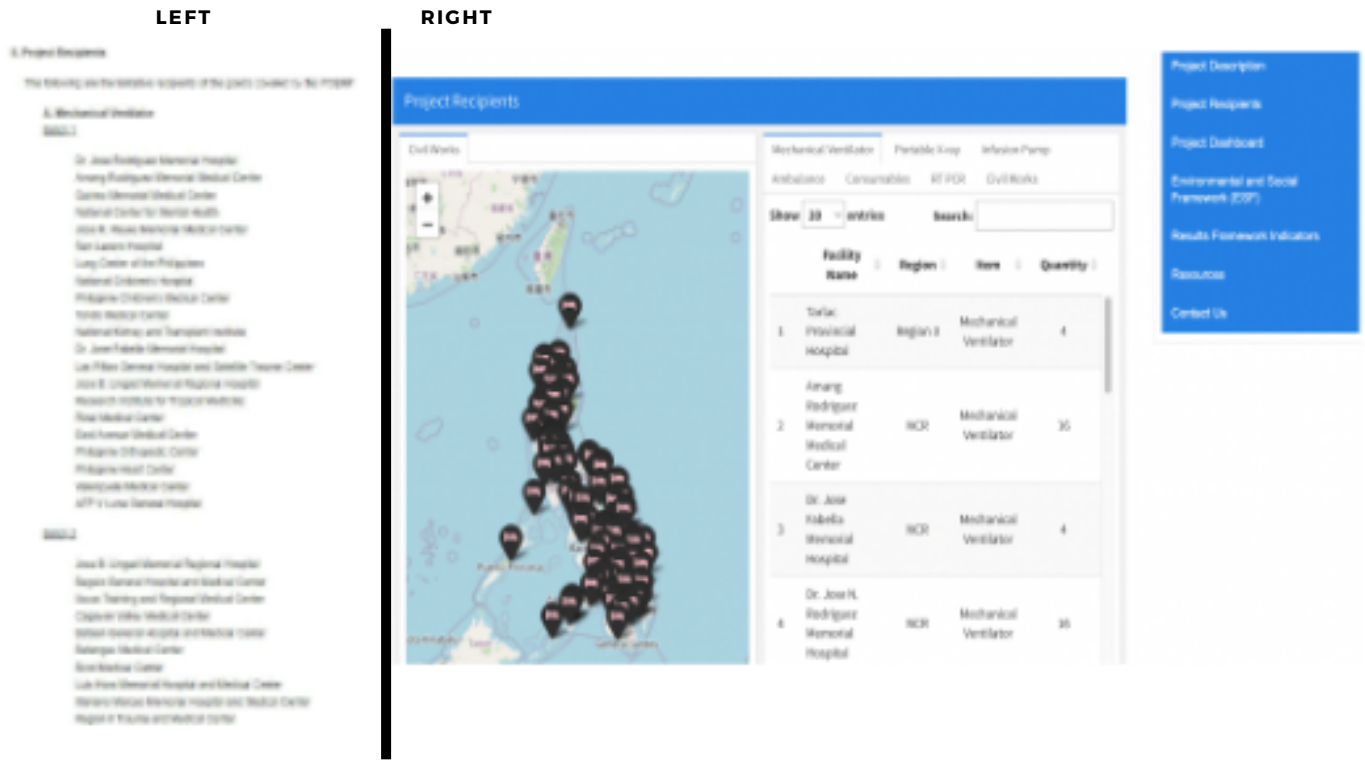


FIGURE 6: OLD AND NEW PROJECT WEBPAGE

(Left snapshot of project recipients in old project page - Right snapshot of project recipients in new project page)

Each section from the old version was made into separate tabs. The dashboard and recipients tab is separately updated by the Project team and does not need a webpost request from KMITS.

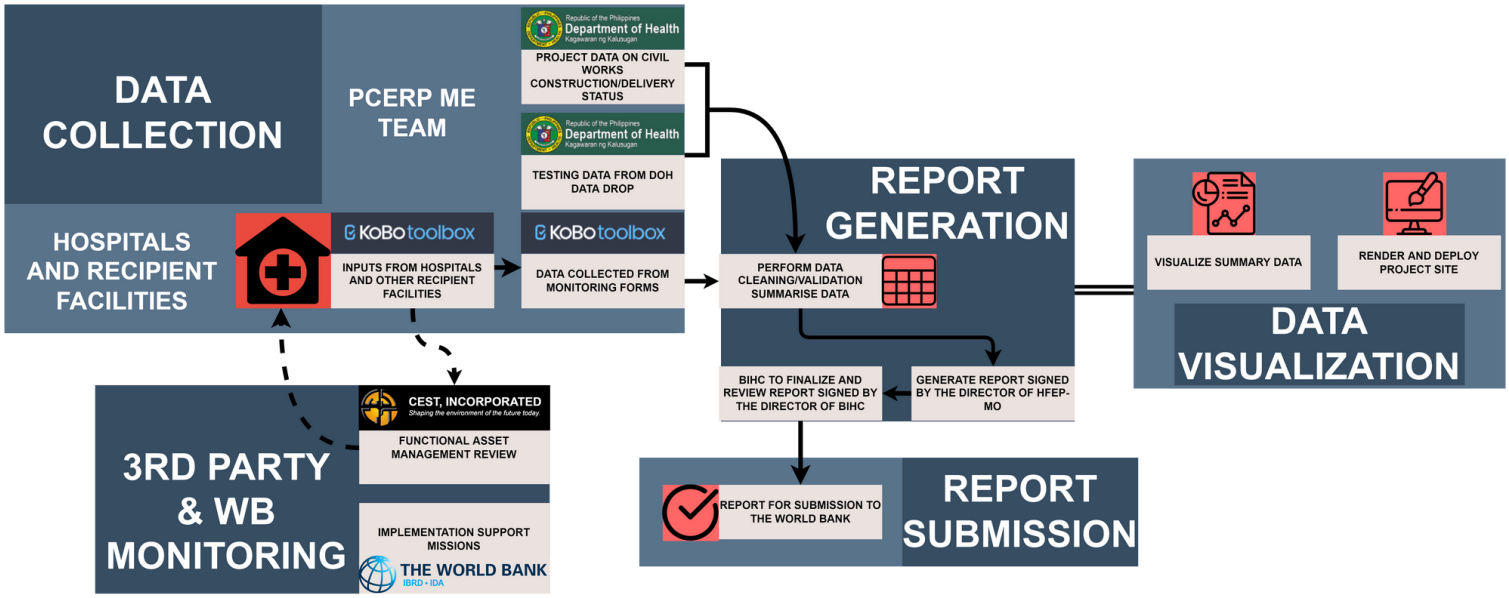
TABLE 6. PROJECT TABS AND WEBPOSTING

Tab name	Description	Needs webpost request?
Project Description	Details on project components	Yes
Project Recipients	A map and table of project recipients, allocated items and item cost	No, must update the html file in this repository: https://github.com/markbenedictmortera/PCERPRecipientsSite
Project Dashboard	A collection of PBI dashboards generated from ESF and monitoring team data	No, must update the html file in this repository: https://github.com/markbenedictmortera/PCERPProjectDashboardSite
Environmental and Social Framework (ESF)	List of ESF objectives	Yes
Results Framework Indicators	Status of project indicators as of the latest progress report	Yes
Resources	Public link to project documents	Yes
Contact Us	List of point persons for each project activity Can also submit queries related to the Project	Yes

3.3 Reporting mechanism

For the monthly deliverables, hospitals and laboratories are requested to submit their filled-up templates to the HFEP-MO monitoring team on or before the **tenth- day** of the following month. The consolidated reports will be submitted to the BIHC every **fifteenth-day** of the month - for submission to the World Bank.

FIGURE 7: M&E ENVIRONMENT OF PCERP



Below are the reports needed to be submitted by the DOH implementing agency to the World Bank with specific target dates:

TABLE 7. REPORTS TO BE SUBMITTED THROUGHOUT THE PROJECT IMPLEMENTATION

Type of Report	Target Submission Date
A. Project Report (Semestral)	No later than 45 days after the end of each calendar month, i.e.: • August 15, 2020: covering Project Effectiveness to June 30, 2020 • February 15, 2021: covering July 1 to Dec 31, 2020 • August 15, 2021: covering January 1 to June 30, 2021 • February 15, 2022: covering July 1 to Dec 31, 2021 • August 15, 2022: covering January 1 to June 30, 2022 • February 15, 2023: covering July 1 to Dec 31, 2022 • August 15, 2023: covering January 1 to June 30, 2023 • February 15, 2024: covering July 1 to Dec 31, 2023
B. Annual Report on the overall status of PDO indicators and environmental social, health, and safety performance	No later than 45 days after the end of each calendar month, i.e.: • June 15, 2021: covering Project Effectiveness to May 30, 2020 • June 15, 2022: covering Project Effectiveness to May 30, 2021 • June 15, 2023: covering Project Effectiveness to May 30, 2022 • June 15, 2024: covering Project Effectiveness to May 30, 2023
C. Midterm Report	• About April 2022 (or about 23 months after the Effective Date of the Project)

GUIDANCE NOTES

An integral part of this Manual is a set of Guidance Notes (Notes) that were developed in collaboration with relevant DOH bureaus and units. These Notes support project implementation and M&E on the following topics:

- Standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients that will be used in health facilities across the country to ensure standard and quality of COVID-19 health care services
- Minimum requirement of personal protective equipment and infection control products and supplies at health facilities according to DOH requirements (to assess no stock-out)
- Minimum requirement of COVID-19 diagnostic equipment, test kits, and reagents by designated laboratories according to DOH requirements (to assess no stock-out)
- Minimum requirement to measure daily capacity of designated national laboratory (RITM) as well as sub-national laboratories in conducting COVID-19 diagnostic tests, with scenarios of having active COVID-19 cases as well as no active COVID-19 cases (capacity preparedness)

These Notes may be updated whenever the need arises in the course of project implementation.

4.1 GUIDANCE NOTE ON THE MINIMUM REQUIREMENT TO MEASURE DAILY CAPACITY OF DESIGNATED NATIONAL LABORATORY (RITM) AND SUB-NATIONAL LABORATORIES CONDUCTING COVID-19 DIAGNOSTIC TEST

General Background

This is the resource document for the project indicator monitoring of the Philippine COVID-19 Emergency Response Project (PCERP) of the DOH funded by The World Bank. This document is an integral part of the Project's Monitoring and Evaluation System document and may be revised as needed as the project progresses.

The three intermediate results indicators being monitored measure the project component on Strengthening Laboratory Capacity at National and Sub-National Level.

The intermediate results indicators being monitored are the following:

- Daily capacity of a designated national laboratory (RITM) in conducting COVID-19 diagnostic tests
- Daily capacity of a designated sub-national laboratory (Davao) in conducting COVID-19 diagnostic tests
- Daily capacity of a designated sub-national laboratory (Cebu) in conducting COVID-19 diagnostic tests

This document draws on the information contained in the following relevant DOH issuances:

TABLE 8. DEPARTMENT OF HEALTH MEMORANDUM ISSUANCES

AO 2020-0014	April 07, 2020	Guidelines in securing a license to operate a COVID-19 testing laboratory in the Philippines
DM 2020-0188	April 23, 2020	Interim Guidelines on the Zoning of COVID-19 laboratories
AO 2020-0016	May 4, 2020	Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies
DC 2020-0205	May 7, 2020	Recognizing Subnational laboratories as Training providers for hands-on PCR training
DC 2020-0203	May 11, 2020	Clarification on the Financing of Proficiency testing in Certification of COVID-19 Testing Laboratories
AO 2020-0014-A	May 20, 2020	Amendment to the Administrative Order No. 2020-0014 "Guidelines in securing a license to operate a COVID-19 testing laboratory in the Philippines"
DC 2020-0227	May 26, 2020	Additional requirement in the licensing of a COVID-19 testing laboratory
DM 2020-0271	June 2, 2020	Interim Guidelines on the Mandatory Reporting of Testing Capacity and Supply Inventory of Licensed COVID-19 Laboratories
DM 2020-0294	June 16, 2020	Revised Interim Guidelines on the Zoning of COVID-19 Testing Laboratories

This Note presupposes that the designated COVID-19 testing laboratory has already fulfilled all the requisite administrative and structural requirements in developing the testing laboratory and has secured a License to Operate from the Department of Health for a real-time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), as well as attended the Hands-on PCR training for the sub-national laboratories.

Guidelines on Testing Capacity and Reporting

TABLE 9. RISK-BASED ACTIONS FOR COVID-19 RESPONSE

Pandemic Phase	Recognition	Initiation	Acceleration	Declaration	Preparation
Stage of Transmission	Stage 1. Zero Cases or Importation	Stage 2. Localized Transmission	Stage 3. Community Transmission	Stage 4. Post Peak	Stage 0. No new case observed
Laboratory Testing	Test all individuals fitting the case definition and a subset of identified close contacts Test any SARI patient with severe clinical presentation If testing capacity allows, systematically select specimens from reported SARI or ILI cases	Test all individuals fitting the COVID-19 case definitions	Provide laboratory confirmation of cases fitting COVID-19 surveillance criteria, prioritizing severe, critical, and highly vulnerable cases, symptomatic health workers, and first few symptomatic individuals in special settings	If resources will be adequate, test all individuals fitting the COVID-19 case definitions and a subset of identified close contacts	Strengthen laboratory capacity and develop a testing strategy

A. Below are the general guidelines by the DOH regarding reporting of testing capacity and supply:

- All laboratories shall submit the necessary information to DOH through the dedicated online platforms to be provided to the Data Encoders by the DOH.
- The data encoders shall only use these platforms to report laboratory testing and supply data. Further, only the dedicated encoder/s are provided access to the only form.
- The data submitted shall conform with the questions or data asked in the reporting tool. Reports must be submitted daily on or before 12:00 NN. Failure to submit will result in "NO REPORT" in official DOH reports, releases, platforms, and documents.
- If there are noted corrections on submitted data of the day, these may be submitted again before 12NN. Corrections to daily or historical data made and notified to DOH after 12NN will be reflected already on the following day's report.
- It is the responsibility of the sending laboratory to ensure the accuracy of the report before submission. Editing of historical data after the grace period of until 12NN is discouraged.

B. Maximum and Minimum Capacity of Laboratories

The following Table issued by the Public Health Services Team (PHST) – DOH details the rated minimum and maximum capacity of the licensed laboratories dated 15 June 2020.

The rated minimum and maximum capacity DOH's based on the DOH's determination for machine capacity. The minimum capacity of reference laboratories can cater to "no cases to mild cases" scenario (pre to onset of COVID-19 cases). This serves as the basis for maximum capacity determination in the event that there will be another wave or surge of cases just like what happened in Wuhan, China months after the peak of COVID-19 cases. On the other hand, maximum capacity refers to the capacity of laboratories during "severe to peak cases" of COVID-19.

TABLE 10. RATED MINIMUM AND MAXIMUM CAPACITY OF LABORATORIES

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
Allegiant Regional Care Hospital	88	132
Asian Hospital and Medical Center	176	264
Baguio General Hospital and Medical Center	352	1552
Bataan General Hospital and Medical Center (Genexpert)		32
Bicol Medical Center		32
Bicol Regional Diagnostic and Reference Laboratory	88	1284
Cagayan Valley CHD (Geneexpert)		64
Cebu TB Reference Laboratory – Molecular Facility for COVID-19 Testin		
Chinese General Hospital	88	132
Cotabato Regional and Medical Center		64
Davao One World Diagnostic Center Incorporated	88	132

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
Davao Regional Medical Center (Genexpert)		64
De La Salle Medical and Health Sciences Institute	176	1288
Detoxicare Molecular Diagnostics Laboratory	176	1288
Divine Word Hospital	88	132
Dr. Arturo Pingoy Medical Center (Genexpert)		32
Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium (Genexpert)		32
Eastern Visayas Regional COVID Testing Center	88	132
Green City Medical Center	88	132
Hi-Precision Diagnostics (QC)	88	132
Ilocos Training and Regional Medical Center	88	132
Jose B. Lingad Memorial General Hospital	88	4036
Lucena United Doctors Hospital and Medical Center	88	132
Lung Center of the Philippines	176	1800
Lung Center of the Philippines (Genexpert)		192
Makati Medical Center (MMC)	88	132
Mariano Marcos Memorial Hospital (RT-PCR)		
Mariano Marcos Memorial Hospital Genexpert laboratory		32

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
Marikina Molecular Diagnostics Laboratory (MMDL)	88	132
National Kidney and Transplant Institute	176	264
Northern Mindanao TB Regional Center	254	396
Northern Mindanao Medical Center Genexpert Laboratory		32
Oriental Mindoro Provincial Hospital Genexpert Laboratory		32
Ospital ng Imus	0	1024
Ospital ng Palawan genxpert Laboratory		32
PNP Crime Laboratory	88	644
Philippine Red Cross (PRC)	2000	4096
Philippine Red Cross – Port Area	2000	3072
Philippine Red Cross Logistics and Multipurpose Center	2000	4096
Region 1 Medical Center Genexpert Laboratory		32
Research Institute for Tropical Medicine (RITM)	792	3812
Safeguard DNA Diagnostics, Inc.		1024
San Lazaro Hospital (SLH)	264	1420
Singapore Diagnostics	88	178
Southern Philippines Medical Center (SPMC)	176	2312
St. Luke's Medical Center - BGC	264	396

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
St. Luke's Medical Center – QC	176	264
Teresita Jalandoni Provincial Hospital	88	1156
The Medical City	88	132
Tondo Medical Center genexpert Laboratory		64
Tropical Disease Foundation	88	1156
UP National Institutes of Health	176	1800
UP Philippine Genome Center	88	1668
UP-PGH Molecular Laboratory	164	396
Vicente Sotto Memorial Medical Center	352	4432
Victoriano Luna –AFRIMS	88	132
Western Visayas Medical Center	176	1288
Zamboanga City Medical Center – DA Satellite Laboratory	88	1156
Zamboanga City Medical Center Genexpert laboratory		64
Total:	12,326	50,606

Monitoring and Evaluation:

- The HFEP MO PCERP M&E team is responsible for collecting the monthly data from the DOH COVID-19 Tracker, COVID-19 Situationer, and DOH Data Drop.
- The HFEP-MO will be responsible for collecting the data from the ff. laboratories above.

4.2 GUIDANCE NOTE ON THE MINIMUM REQUIREMENT OF COVID-19 DIAGNOSTIC EQUIPMENT, TEST KITS, AND REAGENTS IN DESIGNATED LABORATORIES ACCORDING TO DOH REQUIREMENTS

General Background

This document is the resource document for the project indicator monitoring of the Philippine COVID-19 Emergency Response Project (PCERP) of the DOH funded by The World Bank. This document is an integral part of the Project's Monitoring and Evaluation System document and may be revised as needed as the project progresses.

The indicator being monitored is one of three indicators contributing to the attainment of the project's Project Development Objective indicator of Strengthening the Philippines' capacity to prevent, detect, and respond to the threat posed by COVID-19.

The specific indicator being monitored is:

- Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents, without stock out in the preceding one month

This document enumerates the minimum requirements in terms of diagnostic and/or laboratory equipment, test kits, reagents, and other laboratory requirements for such testing capability. These requirements apply to all private and government COVID-19 molecular laboratories whether hospital-based or non-hospital-based.

This document draws on the information contained in the following relevant DOH issuances:

TABLE 11. DEPARTMENT OF HEALTH MEMORANDUM ISSUANCES

DC 2020-0136	March 25, 2020	Interim Guidelines on harmonized and daily health facility reporting of COVID-19-related essential resources and supplies using DOH DataCollect application
DC 2020-0158	March 27, 2020	Reiteration of the Department Memorandum No. 2020-0136 entitled "Interim Guidelines on harmonized and daily health facility reporting of COVID-19-related essential resources and supplies using DOH DataCollect application"
AO 2020-0014	April 07, 2020	Guidelines in securing a license to operate a COVID-19 testing laboratory in the Philippines
DC 2020-0187	April 18, 2020	Guidelines in the interim use of the laboratories of the National TB Control Program as COVID-19 testing laboratories performing rapid PCR testing for SARS-CoV-2
AO 2020-0016	May 4, 2020	Minimum Health System Capacity for COVID-19 Preparedness and response strategies
AO 2020-0014-A	May 20, 2020	Amendment to the Administrative Order No. 2020-0014 "Guidelines in securing a license to operate a COVID-19 testing laboratory in the Philippines"
DC 2020-0227	May 26, 2020	Additional requirement in the licensing of a COVID-19 testing laboratory

This Note presupposes that the designated COVID-19 testing laboratory has already fulfilled all the requisite administrative and structural requirements in developing the testing laboratory and has secured a License to Operate from the Department of Health either for a real-time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) or a Rapid PCR Testing for SARS-CoV-2.

A. List of Diagnostic equipment, test kits and reagents

Based on Administrative Order No. 2020-0014-A "Amendment to the AO No. 2020-0014 "Guidelines in Securing a License to Operate a COVID Testing Laboratory in the Philippines, below is the minimum list of equipment of every reference laboratory:

1. Laboratory Equipment, Furniture and Supplies Required

1.1 For reagent preparation

The following minimum recommended equipment for this workstation:

- PCR cabinet/laminar flow
- Biomedical refrigerator for reagents
- Biomedical freezer for reagents
- Cold rack for PCR tube
- Gloves (different size: S, M, L)
- Microcentrifuge
- Micropipette tips
- Minifuge
- Set of four adjustable-volume micropipettes with rack: 100-1000 l, 20-200 ul, 2-2- ul, and 0.5-10ul
- Vortex mixer

The quantity of the above-mentioned may be increased depending on the purpose, manpower, and workload of the laboratory.

1.2 For specimen handling/sample preparation

The following are minimum recommended equipment for this workstation:

- Biological Safety Cabinet Class II A2
- Biomedical refrigerator with freezer for nucleic acid extracts
- Cold rack for PCR tube
- Computer and printer for accessioning
- Gloves (different size: S, M, L)
- Microcentrifuge
- Micropipette tips
- Minifuge
- Set of four adjustable-volume micropipettes with rack: 100-1000 l, 20-200 ul, 2-20 ul, and 0.5-10 ul
- Vortex mixer

The quantity of the above-mentioned may be increased depending on purpose, manpower and workload of the laboratory.

B. Diagnostic Supplies

1. Triple packaging boxes
2. Swab and viral transport medium
3. Safety box
4. RT-PCR reaction kit (manual)
5. Test kits – high throughput PCR
6. Personal Protective Equipment

This Guidance Note does not include list of equipment for a laboratory using Rapid PCR Testing for SARS-CoV-2 (from DC 2020-0187 Annex A: Assessment tool for licensing a COVID-19 testing laboratory performing Rapid PCR Testing for SARS-CoV-2 assay).

C. Capacity

Based on Administrative Order No. 2020-0016 "Minimum Health System Capacity for COVID-19 Preparedness and response strategies, below are the required number of days for diagnostic equipment and supplies:

- At least 30 days buffer supply of PPE for all health facilities available
- At least 30 days supply of testing kits, swabs, reagents, and other commodities for testing laboratories

D. Stockout Scenario

Below is the sample computation using the World Health Organization COVID-19 Essential supplies forecasting Tool. Using the data available for the Philippines, below are the total number of laboratory equipment and supplies needed for the following scenarios:

TABLE 12. STOCK-OUT TABLES

A. NATIONAL-LEVEL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

DTotal Population	109,581,000
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	409,269
Total number of hospital beds in-country	109,581
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	6,576	197,280
Swab and Viral transport medium	Unit	203,574	142,502
Safety box	Each	44,104	35,283
Extraction kit	Unit	51	48,960
RT-PCR reaction kit (manual)	100T/kit	126	32,760
Test kits - high-throughput PCR	1T/kit	10,350	155,250
For near patient PCR machine - RT-PCR cartridge	1T/kit	181,944	3,638,890
		Total	**4,250,925**

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	**109,581,000**
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	409,269
Total number of hospital beds in-country	109,581
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	28	840
Swab and Viral transport medium	Unit	2,303	1,612
Safety box	Each	88	70
Extraction kit	Unit	1	960
RT-PCR reaction kit (manual)	100T/kit	2	520
Test kits - high-throughput PCR	1T/kit	117	1,756
For near patient PCR machine - RT-PCR cartridge	1T/kit	2,058	41,162
		Total	**46,920**

Note: The following supplies are based on the WHO guidelines

B. LEVEL 3 HOSPITAL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	2,936,116
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	8,185
Total number of hospital beds	5,405
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	652	19560
Swab and Viral transport medium	Unit	11280	7896
Safety box	Each	5216	4173
Extraction kit	Unit	51	48960
RT-PCR reaction kit (manual)	100T/kit	126	32670
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	800	16,000
		Total	**114,94**

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	2,936,116
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	8,185
Total number of hospital beds in-country	5,405
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	52	1560
Swab and Viral transport medium	Unit	2275	1593
Safety box	Each	160	128
Extraction kit	Unit	11	10560
RT-PCR reaction kit (manual)	100T/kit	26	6760
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCF cartridge	1T/kit	151	3014
		Total	**23,615**

C. LEVEL 2 HOSPITAL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	194,137
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	579
Total number of hospital beds	500
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	60	1800
Swab and Viral transport medium	Unit	7258	5081
Safety box	Each	264	211
Extraction kit	Unit	33	31680
RT-PCR reaction kit (manual)	100T/kit	81	21060
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	0	0
		Total	59,844

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	194,137
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	579
Total number of hospital beds in-country	500
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	32	960
Swab and Viral transport medium	Unit	1940	1358
Safety box	Each	120	96
Extraction kit	Unit	9	8640
RT-PCR reaction kit (manual)	100T/kit	22	572
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	0	0
		Total	16,774

D. LEVEL 1 HOSPITAL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	163,879
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	386
Total number of hospital beds in-country	125
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	16	480
Swab and Viral transport medium	Unit	5963	4174
Safety box	Each	72	58
Extraction kit	Unit	27	25920
RT-PCR reaction kit (manual)	100T/kit	67	17420
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	0	0
		Total	48,052

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	163,879
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	386
Total number of hospital beds in-country	125
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
Diagnostics			
Triple packaging boxes	Unit	16	480
Swab and Viral transport medium	Unit	1885	1319
Safety box	Each	72	58
Extraction kit	Unit	9	8640
RT-PCR reaction kit (manual)	100T/kit	21	5460
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	0	0
		Total	15,957

Notes:

- Philippine Standard Geographic Code (PSGC) data used for determining the catchment population.
- National Health Facility Registry (NHFR) data for beds (sum of beds) and local/national population for health care workers.
- For the levels, the following hospitals were used as a sample reference health facility. Quezon City is level 3, Surigao City is level 2 and Catbalogan City is level 1 – DOH hospitals.

Monitoring and Evaluation:

- The indicated minimum requirements (Part II) will be assessed monthly for the occurrence or non-occurrence of stock-outs.
- Data will be collected not only at DOH laboratories but also DOH hospitals that provide COVID-19 testing, particularly those that receive RT PCR machines and test kits from the project (ongoing validation for the recipient facilities).

4.3 GUIDANCE NOTE OF PERSONAL PROTECTIVE EQUIPMENT AND INFECTION CONTROL PRODUCTS AND SUPPLIES AT HEALTH FACILITIES ACCORDING TO DOH REQUIREMENTS

General Background

This document is the resource document for the project indicator monitoring of the Philippine COVID-19 Emergency Response Project (PCERP) of the DOH funded by The World Bank. This document is an integral part of the Project's Monitoring and Evaluation System document and may be revised as needed as the project progresses.

The indicator being monitored is one of three indicators contributing to the attainment of the project's Project Development Objective indicator of Strengthening the Philippines' capacity to prevent, detect, and respond to the threat posed by COVID-19.

The specific indicator being monitored is:

- Percentage of hospitals with personal protective equipment and infection control products and supplies according to DOH requirements, without stock out in preceding one month

This document enumerates the minimum requirements in terms of PPEs and infection control products and supplies of hospitals supported by the PCERP. These requirements apply to all DOH, provincial, and regional and local government hospitals. This document draws on the information contained in the following relevant DOH issuances:

TABLE 13. DEPARTMENT OF HEALTH MEMORANDUM ISSUANCES

DC 2020-0136	March 25, 2020	Interim Guidelines on harmonized and daily health facility reporting of COVID-19-related essential resources and supplies using DOH DataCollect application
DC 2020-0158	March 27, 2020	Reiteration of the Department Memorandum No. 2020-0136 entitled "Interim Guidelines on harmonized and daily health facility reporting of COVID-19-related essential resources and supplies using DOH DataCollect application"
DM 2020-0176	April 2, 2020	Interim Guidelines on the Rational Use of Personal Protective Equipment for Coronavirus Disease 2019
DM 2020-0186	April 7, 2020	Interim Guidelines on the Operations of Converted Public and Private Spaces into Temporary Treatment and Monitoring Facilities for COVID-19
DC 2020-0197	April 28, 2020	Optimal Use of Personal Protective Equipment (PPE) during severe shortage of supplies
AO 2020-0016	May 4, 2020	Minimum Health System Capacity for COVID-19 Preparedness and response strategies

List of Personal Protective Equipment

TABLE 14. TECHNICAL SPECIFICATIONS OF PPES

Item	Technical Specifications
N95 Mask/ Respirator	Mask, disposable with respirator, unvalved and with seamless headband that can be adjusted for optimum fit. Flared soft edges to fit facial contour, with adjustable nose clip to ensure excellent individual fit and secure positioning. Certified in accordance with NIOSH N95, EN 149, FFP2 or its equivalent
Gown	Examination gown, disposable, non-sterile, SMS/PE coated polyethylene material, fluid-resistant, solid-front and rear opening, long-sleeved with elastic cuffs, conforms to ASTM F1671 standard or equivalent, individually packed
Coverall	Disposable, non-sterile, polyethylene or similar laminate film, fluid-resistant, low-tinting, non-woven, two-way zipper, elastic waist and ankle with knitted cuffs, conforms to ASTM F1671 standard or equivalent, individually packed
Gloves	Examination gloves, disposable, non-sterile, latex, powder-free, ambidextrous, rolled bead cuff, finger-textured, length at least 24 cm, conforms to EN 374 standard or equivalent
Face shield	Full face shield, anti-fog, latex-free, one-size-fits-all, soft head foam, comfort stretch band, disposable, conforms to EN 166 standard or equivalent
Goggles	Goggles or laboratory safety goggles, polycarbonate lens, soft, flexible, adjustable head strap, anti-fog, conforms to EN 166 standard or equivalent
Head Cover	Disposable, non-woven, polypropylene, double-stiched, elastic band, conform to ISO 4007:2018 or equivalent
Aprons	Fluid-resistant shield, disposable, polyethylene, no seams, with tie closure, conforms to EN467 or equivalent
Medical or Surgical Mask	Medical or surgical mask, disposable, earloop, 3-ply, conforms to EN 14683 rating type 2 standard or equivalent
Shoe Cover	Non-woven, disposable, conforms to Class 100 FS 209E standard or equivalent

*The list of infection control products and supplies from the World Bank loan is yet to be determined.

A. Capacity

Based on Administrative Order No. 2020-0016 "Minimum Health System Capacity for COVID-19 Preparedness and response strategies, below are the required number of days for diagnostic equipment and supplies:

- At least 30 days buffer supply of PPE for all health facilities available
- At least 30 days supply of testing kits, swabs, reagents, and other commodities for testing laboratories

B. Stockout Scenario

Below is the sample computation using the World Health Organization COVID-19 Essential supplies forecasting Tool. Using the data available for the Philippines, below are the total number of PPE and infection control products and supplies needed for the following scenarios:

E. NATIONAL-LEVEL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	109,581,000
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	409,269
Total number of hospital beds in-country	109,581
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
A. PPEs			
Gown, heavy-duty	Each	4,733,628	3,786,902
Scrubs, tops	Each	155,338	403,878
Scrubs, pants	Each	155,338	403,878
Apron, disposable	Each	2,836,415	567,283
Apron, heavy-duty, reusable	Each	28,990	115,962
Gumboots	Pair	28,990	133,356
Gloves, heavy-duty	Pair	27,676	49,816
Gloves, examination	Pair	134,030,301	8,041,818
Gloves, surgical	Pair	2,836,415	1,134,566
Goggles, protective	Each	159,342	446,157
Face shield	Each	3,725,093	2,235,056
Respirator	Each	2,836,415	4,254,623
Mask, medical/surgical for health worker	Each	47,644,400	33,351,080
Mask, medical/surgical for patient	Each	34,477,960	24,134,572
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	6,444	51,555,669
Medical supply consumables, 40 patients (severe + critical)	Each	6,444	11,600,025
		Subtotal A	79,058,947
		Subtotal B	63,155,694
		Grand Total	**142,214,641**

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	109,581,000
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	409,269
Total number of hospital beds in-country	109,581
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
A. PPE			
Gloves, heavy-duty	Pair	424	764
Gloves, examination	Pair	828,991	49,739
Gloves, surgical	Pair	20,432	8,173
Goggles, protective	Each	3,964	11,101
Face shield	Each	101,711	61,027
Respirator	Each	20,432	30,648
Mask, medical/surgical for health worker	Each	268,726	188,109
Mask, medical/surgical for patient	Each	30,486	21,340
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	29	232,547
Medical supply consumables, 40 patients (severe + critical)	Each	29	52,323
		Subtotal A	370901
		Subtotal B	284,870
		Grand Total	655,771

Note: The following supplies are based on the WHO guidelines

F. LEVEL 3 HOSPITAL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	2,936,116
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	8,185
Total number of hospital beds in-country	5,405
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
C. PPEs			
Gown, heavy-duty	Each	19,7184	157,748
Scrubs, tops	Each	6,345	16,497
Scrubs, pants	Each	6,345	16,497
Apron, disposable	Each	123,625	24,725
Apron, heavy-duty, reusable	Each	1,434	5,736
Gumboots	Pair	1,434	6,596
Gloves, heavy-duty	Pair	1,369	2,464
Gloves, examination	Pair	6,016,856	361,011
Gloves, surgical	Pair	123,625	49,450
Goggles, protective	Each	6,478	18,137
Face shield	Each	163,942	98,365
Respirator	Each	123,625	185,437
Mask, medical/surgical for health worker	Each	2,183,657	1,528,560
Mask, medical/surgical for patient	Each	1,637,956	1,146,569
D. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	317	2,535,486
Medical supply consumables, 40 patients (severe + critical)	Each	317	570,484
		Subtotal A	3,617,793
		Subtotal B	3,105,970
		Grand Total	6,723,762

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	2,936,116
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	8,185
Total number of hospital beds in-country	5,405
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
A. PPE			
Gloves, heavy-duty	Pair	122	219
Gloves, examination	Pair	150901	9054
Gloves, surgical	Pair	5885	2354
Goggles, protective	Each	747	2092
Face shield	Each	7301	4381
Respirator	Each	5885	8828
Mask, medical/surgical for health worker	Each	33460	23422
Mask, medical/surgical for patient	Each	8773	6141
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	8	66888
Medical supply consumables, 40 patients (severe + critical)	Each	8	15050
		Subtotal A	56491
		Subtotal B	81938
		Grand Total	**138,429**

Note: The following supplies are based on the WHO guidelines

G. LEVEL 2 HOSPITAL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	194,137
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	579
Total number of hospital beds in-country	500
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
A. PPEs			
Gown, heavy-duty	Each	8804	7044
Scrubs, tops	Each	483	1255
Scrubs, pants	Each	483	1255
Apron, disposable	Each	5668	1134
Apron, heavy-duty, reusable	Each	135	541
Gumboots	Pair	135	622
Gloves, heavy-duty	Pair	129	233
Gloves, examination	Pair	184936	11096
Gloves, surgical	Pair	5668	2267
Goggles, protective	Each	498	1393
Face shield	Each	7853	4712
Respirator	Each	5668	8502
Mask, medical/surgical for health worker	Each	55369	38758
Mask, medical/surgical for patient	Each	31129	21791
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	15	121041
Medical supply consumables, 40 patients (severe + critical)	Each	15	27234
		Subtotal A	100602
		Subtotal A	148275
		Grand Total	**248,877**

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	194,137
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	579
Total number of hospital beds in-country	500
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
A. PPE			
Gloves, heavy-duty	Pair	70	125
Gloves, examination	Pair	85673	5140
Gloves, surgical	Pair	3229	1292
Goggles, protective	Each	381	1067
Face shield	Each	4201	2521
Respirator	Each	3229	4844
Mask, medical/surgical for health worker	Each	20287	14201
Mask, medical/surgical for patient	Each	6641	4649
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	6	46474
Medical supply consumables, 40 patients (severe + critical)	Each	6	10457
		Subtotal A	33839
		Subtotal B	56930
		Grand Total	**90,769**

Note: The following supplies are based on the WHO guidelines

H. LEVEL 1 HOSPITAL (MONTHLY)

*Worst-case scenario (Peak of COVID-19 Cases)

Total Population	163,879
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	386
Total number of hospital beds in-country	125
Clinical attack rate	High (30% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

Item	Unit	Total quantity	Estimated Price (in $)
A. PPEs			
Gown, heavy-duty	Each	2684	2147
Scrubs, tops	Each	176	458
Scrubs, pants	Each	176	458
Apron, disposable	Each	1720	344
Apron, heavy-duty, reusable	Each	34	136
Gumboots	Pair	34	156
Gloves, heavy-duty	Pair	32	58
Gloves, examination	Pair	53739	3224
Gloves, surgical	Pair	1720	688
Goggles, protective	Each	182	510
Face shield	Each	2344	1406
Respirator	Each	1720	2580
Mask, medical/surgical for health worker	Each	14870	10479
Mask, medical/surgical for patient	Each	7259	5081
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	3	26949
Medical supply consumables, 40 patients (severe + critical)	Each	3	6064
		Subtotal A	27727
		Subtotal A	33013
		Grand Total	**60,740**

*Few COVID-19 cases (Transitioning to normal operations)

Total Population	163,879
Cumulative Cases (#)	10
Total number of Health Workforce based on WB dataset	386
Total number of hospital beds in-country	125
Clinical attack rate	Very low (5% clinical attack rate)
Number of weeks to forecast equipment	4
Testing strategy	Targeted

	Item	Unit	Total quantity	Estimated Price (in $)
A. PPE				
Gloves, heavy-duty		Pair	32	58
Gloves, examination		Pair	50286	3017
Gloves, surgical		Pair	1771	708
Goggles, protective		Each	172	480
Face shield		Each	2417	1450
Respirator		Each	1771	2656
Mask, medical/surgical for health worker		Each	12933	9053
Mask, medical/surgical for patient		Each	5202	3641
B. Drugs and Consumables				
Drug modules 40 patients (severe + critical)		Each	4	29304
Medical supply consumables, 40 patients (severe + critical)		Each	4	6593
			Subtotal A	21,064
			Subtotal B	35,897
			Grand Total	**56,961**

Note: The following supplies are based on the WHO guidelines

Notes:

- Philippine Standard Geographic Code (PSGC) data used for determining the catchment population.
- National Health Facility Registry (NHFR) data for beds (sum of beds) and local/national population for health care workers.
- For the levels, the following hospitals were used as a sample reference health facility. Quezon City is level 3, Surigao City is level 2 and Catbalogan City is level 1 – DOH hospitals.

Monitoring and Evaluation:

- The indicated minimum requirements (Part II) will be assessed monthly for the occurrence or non-occurrence of stock-outs.
- HFEP-MO shall be responsible for collecting the data from the recipient DOH, LGU hospitals and laboratories

4.4 GUIDANCE NOTE ON STANDARD DESIGN FOR HOSPITAL ISOLATION AND TREATMENT CENTERS TO MANAGE SEVERE ACUTE RESPIRATORY INFECTIONS (SARI) PATIENTS

General Background

This document is the resource document for the project indicator monitoring of the Philippine COVID-19 Emergency Response Project (PCERP) of the DOH funded by The World Bank. This document is an integral part of the Project's Monitoring and Evaluation System document and may be revised as needed as the project progresses.

The indicator being monitored is one of three indicators contributing to the attainment of the project's Project Development Objective indicator of Strengthening the Philippines' capacity to prevent, detect, and respond to the threat posed by COVID-19.

The specific indicator being monitored is:

- Number of acute healthcare facilities with isolation capacity according to the DOH-established standards

This document also measures one Intermediate Results Indicator in the Component on Strengthening Emergency COVID-19 Health Care Response. The indicator is:

- Standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients is finalized.

This document draws on the information contained in the following relevant DOH issuances:

TABLE 15. DEPARTMENT OF HEALTH MEMORANDUM ISSUANCES

DM 2020-0062	February 4, 2020	Guidelines on the Standards of Airborne Infection Isolation Room and Conversion of Private Rooms Wards into Temporary isolation Rooms for 2019-nCov PUI
DM 2020-0062-A	April 30, 2020	Guidelines on the Standards of Airborne Infection Isolation Room and Conversion of Private Rooms Wards into Temporary Isolation Rooms for 2019-nCoV PUI
MC 2020-0020	April 23, 2020	DOH-DILG JAO 2020-0001 entitled "Guidelines on Local isolation and General Treatment Areas for COVID-19 Cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 cases
DM 2020-0208	April 27, 2020	Interim Guidelines on Enhancing the Infection Prevention and Control Measures through Engineering and Environmental Controls in All Health Facilities and Temporary Treatment and Monitoring Facilities during the COVID-19 Pandemic
DO 2020-0234	May 21, 2020	Guidelines for Provision of Isolation Quarantine Facility Outside DOH-CO for Officials and Employees Including COS, JO, Security and Utility Personnel Categorized as Suspect Probable COVID-19 Cases
DM 2020-0270	June 10, 2020	Guidelines in the Certification of LIGTAS COVID Community Isolation Units

This document enumerates the standard and minimum requirements in terms of design and capacity of isolation units for hospitals and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients.

A. Specific Guidelines

All health facilities and temporary treatment and monitoring facilities catering to COVID-19 patients shall apply the prescribed zoning in all areas where care for suspect, probable, and confirmed COVID-19 cases will be provided. These include, but are not limited to, the following: Emergency Department, Triage Area, and COVID-19 isolation Ward.

1. The prescribed zoning shall be the following:
- Contaminated Zone: serves as the area where patients admitted are contained.
- Buffer Zone (Potentially contaminated area): serves as an area for Personal Protective Equipment (PPE) donning and doffing, decontamination, and hand hygiene.
- Sterile Zone (Clean Area): serves as a holding area and entrance for healthcare workers.

2. Each Zone shall be divided by glass and steel. In cases that this is not feasible, the use of drywall and translucent material for the view window may be permitted to act as a viewing panel from the nurse's station to the patient's room or ward to provide an observation panel.
3. The buffer zone shall have negative pressure ventilation to ensure that the air flows from clean to the contaminated area (Annex B). If this is not feasible, dilution ventilation must be utilized, with air exhausted to an air space with no people.
4. The buffer zone shall be divided further into three levels, separated by partitions such as polycarbonate sheets, drywall, plywood, or any other construction material available. Donning and doffing processes will utilize two separate pathways with corresponding procedures per level.

TABLE 16. GUIDANCE ON PERSONAL PROTECTIVE EQUIPMENT

Level	Donning Area	Doffing Area
Level 1	Change from outside clothes to uniform	Misting (if applicable), removal and disposal of gloves and gown
Level 2	Hand Hygiene	Hand hygiene, removal of mask and goggles
Level 3	Wearing of complete PPE	Change from uniform to outside clothes

5. Footbath shall be utilized in transition areas from highly infectious to lower infectious. It shall be placed between offing and clean area, and at the exits of the health facilities.

The HFEPMO, which is the unit responsible for the upgrading of DOH and local government unit hospital facilities, treatment centers and quarantine facilities developed a standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients. This design was approved by the DOH- Technical Working (TWG) Group on World bank project last 5 August 2020. The members of the TWG are composed of the HFEPMO Director and representatives from the following DOH hospitals:

- Amang Rodriguez Memorial Medical Center
- Jose B. Lingad Memorial Regional Hospital
- Dr. Jose N. Rodriguez Memorial Hospital
- Quirino Memorial Medical Center
- Lung Center of the Philippines

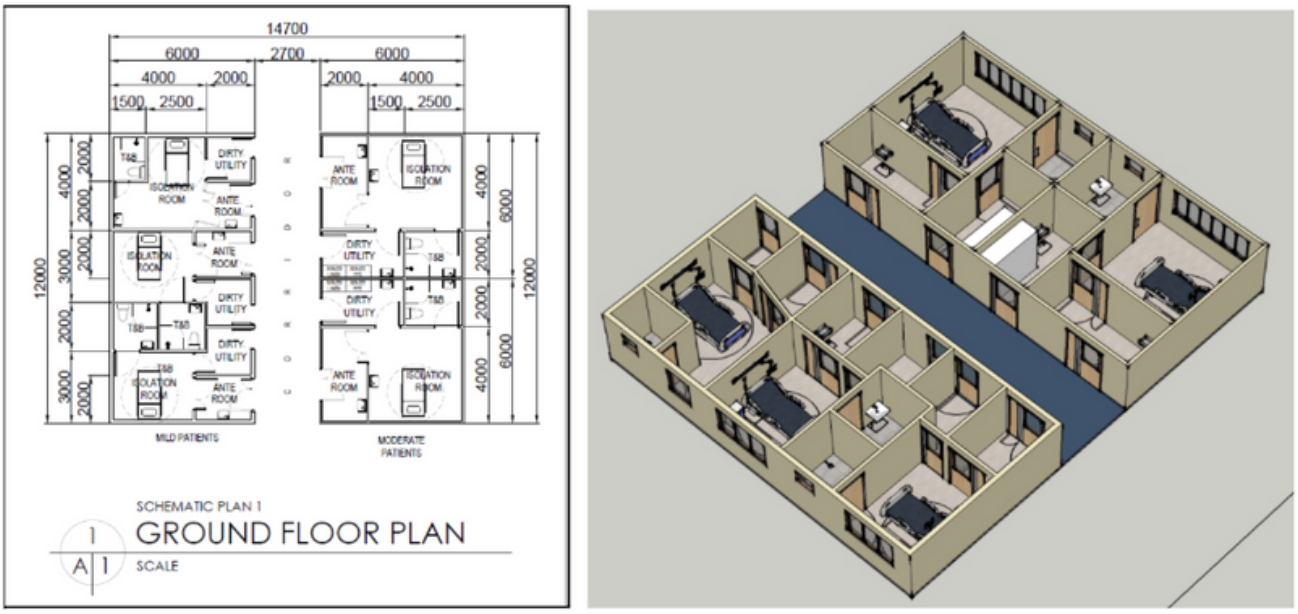


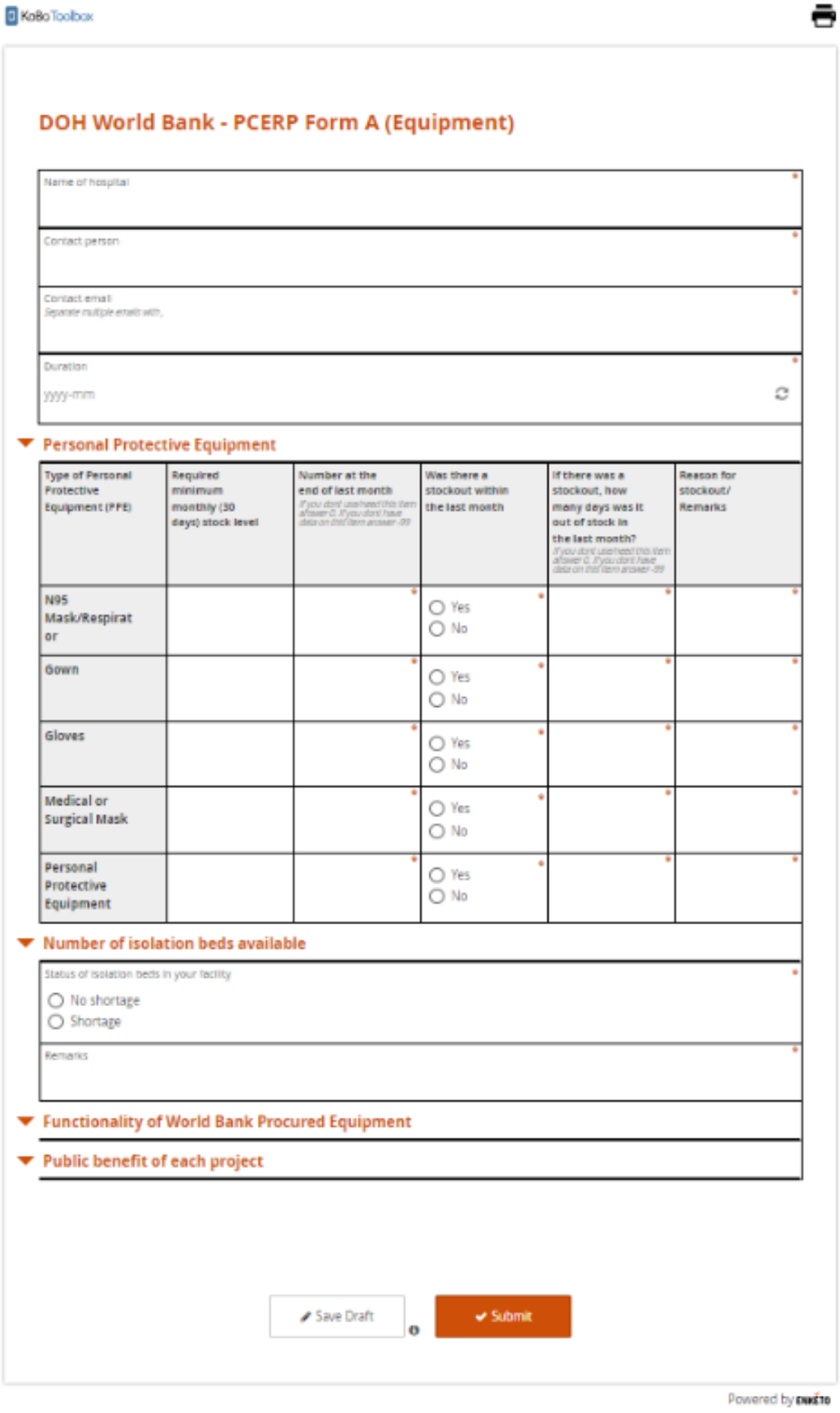
FIGURE 8: COVID-19 ISOLATION REFERENCE LAYOUT (SCHEMATIC PLAN OF THE 5-BED ISOLATION ROOM FACILITY = PHP 10M)

Monitoring and Evaluation:

- HFEP-MO will be responsible for the monitoring of the following facilities together with the CHDs or the DOH-Regional Offices (see Annex A for the list of civil works facilities)

ANNEXES

ANNEX A. KOBOTOOLBOX FORM A



KoBoToolbox

DOH World Bank - PCERP Form A (Equipment)

Name of hospital *

Contact person *

Contact email *
Separate multiple emails with ,

Duration *
yyyy-mm

Personal Protective Equipment

Type of Personal Protective Equipment (PPE)	Required minimum monthly (30 days) stock level	Number at the end of last month * If you don't use/need this item answer 0. If you don't have data on this item answer -99	Was there a stockout within the last month *	If there was a stockout, how many days was it out of stock in the last month? * If you don't use/need this item answer 0. If you don't have data on this item answer -99	Reason for stockout/ Remarks *
N95 Mask/Respirator			○ Yes ○ No		
Gown			○ Yes ○ No		
Gloves			○ Yes ○ No		
Medical or Surgical Mask			○ Yes ○ No		
Personal Protective Equipment			○ Yes ○ No		

Number of isolation beds available

Status of isolation beds in your facility *
○ No shortage
○ Shortage

Remarks *

Functionality of World Bank Procured Equipment

Public benefit of each project

Save Draft | Submit

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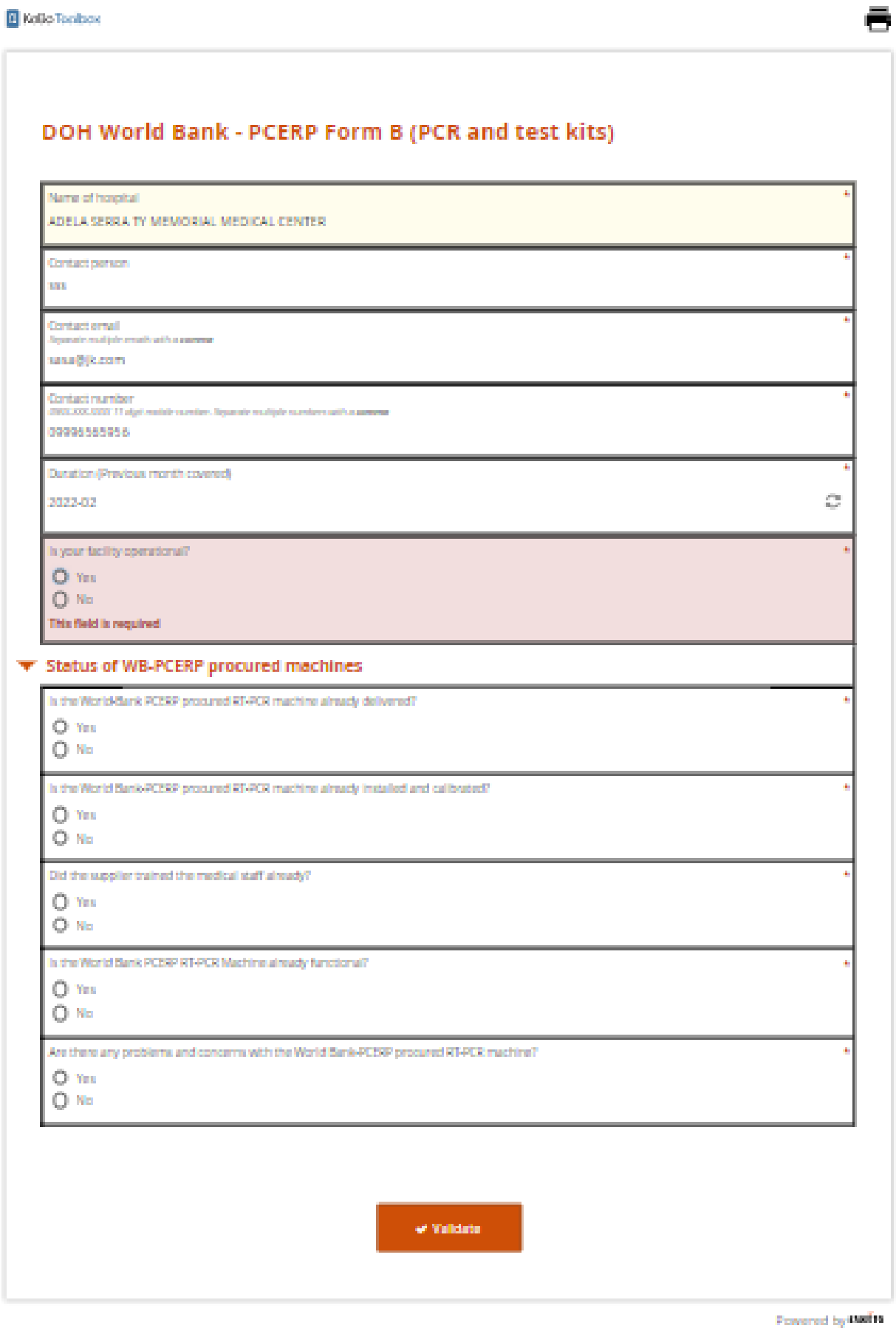
ANNEX B. KOBOTOOLBOX FORM B



KoBoToolbox

DOH World Bank - PCERP Form B (PCR and test kits)

Name of hospital
ADELA SERRA TY MEMORIAL MEDICAL CENTER

Contact person
sss

Contact email
sasa@jk.com

Contact number
09999585956

Duration (Previous month covered)
2022-02

Is your facility operational?
- Yes
- No

This field is required

Status of WB-PCERP procured machines

Is the WorldBank PCERP procured RT-PCR machine already delivered?
- Yes
- No

Is the World Bank-PCERP procured RT-PCR machine already installed and calibrated?
- Yes
- No

Did the supplier trained the medical staff already?
- Yes
- No

Is the World Bank PCERP RT-PCR Machine already functional?
- Yes
- No

Are there any problems and concerns with the World Bank-PCERP procured RT-PCR machine?
- Yes
- No

Validate

Powered by

ANNEX C. RECIPIENT FACILITIES FOR CIVIL WORKS

Civil works 2020	
Facility	Contract Amount
Dr. Jose N. Rodriguez Memorial Hospital	Php 11,700,000
Tondo Medical Center Valenzuela Medical Center	Php 16,157,659
Jose R. Reyes Memorial Medical Center Dr. Jose Fabella Memorial Hospital	Php 16,051,659
Philippine Orthopedic Center Philippine Children's Medical Center	Php 17,400,000
National Kidney and Transplant Institute Philippine Heart Center	Php 17,600,000
Amang Rodriguez Memorial Center National Children's Hospital	Php 17,250,000
National Center for Mental Health Rizal Medical Center	Php 16,560,000
RITM	Php 138,726,832
QMMC	Php 54,367,397
Adela Serra Ty Memorial Medical Center Caraga Regional Hospital	Php 17,913,250

Civil works 2021	
Facility	Current PPMP Cost
Talavera General Hospital	Php 5,100,000
Mariano Marcos Memorial Hospital and Medical Center	Php 9,000,000
Region 1 Medical Center	Php 9,200,000
Batanes General Hospital	Php 11,000,000
Cagayan Valley Medical Center	Php 9,200,000
Region 2 Trauma And Medical Center	Php 11,000,000
Southern Isabela Medical Center	Php 9,000,000
Conner District Hospital	Php 9,000,000
Far North Luzon General Hospital and Training Center	Php 9,000,000
Baguio General Hospital and Medical Center	Php 9,200,000
Southern Tagalog Regional Hospital	Php 9,000,000
Culion Sanitarium and General Hospital	Php 9,200,000
Ospital ng Palawan	Php 9,000,000
Bicol Regional Training and Teaching Hospital Bicol Medical Center	Php 18,250,000
Bicol Region General Hospital and Geriatric Medical Center	Php 9,000,000
Western Visayas Sanitarium	Php 9,200,000
Schistosomiasis Hospital	Php 9,000,000
Gov. Celestino Gallares Memorial Hospital	Php 9,100,000
Eastern Visayas Regional Medical Center	Php 9,000,000
Margosatubig Regional Hospital	Php 9,000,000
Zamboanga City Medical Center	Php 9,200,000
Mindanao Central Sanitarium	Php 9,300,000

Civil works 2021	
Facility	Current PPMP Cost
Dr. Jose Rizal Memorial Hospital	Php 9,000,000
Amai Pakpak Medical Center	Php 9,200,000
Cotabato Sanitarium	Php 9,200,000
Kalinga Provincial Hospital	Php 9,200,000
Masbate Provincial Hospital	Php 9,200,000
Josefina Duran Albay Provincial Hospital	Php 9,000,000
Dr. Catalino Gallego Nava Provincial Hospital	Php 9,200,000
Cebu Provincial Hospital (Carcar City)	Php 9,000,000
Cebu Provincial Hospital (Danao City)	Php 9,000,000
Misamis Oriental Provincial Hospital - Balingasag	Php 9,200,000
Zamboanga Del Sur Medical Center	Php 9,200,000
Siargao District Hospital	Php 9,000,000
Agusan Del Norte Provincial Hospital	Php 9,200,000
Surigao Del Norte Provincial Hospital	Php 9,000,000
D.O Plaza Memorial Hospital	Php 9,200,000
Cagayan Valley Medical Center	Php 9,200,000
Baguio General Hospital And Medical Center	Php 9,200,000
Tabaco Quarantine Station	Php 48,500,000
Kalibo Quarantine Station	Php 8,150,000
Cebu Quarantine Station	Php 14,450,000
Zamboanga Quarantine Station	Php 50,000,000
Cagayan De Oro Quarantine Station	Php 8,150,000
Davao Quarantine Station	Php 5,100,000
Lung Center of the Philippines	Php 70,000,000
Baguio General Hospital and Medical Center	Php 73,000,000
Caraga Regional Hospital	Php 30,900,000

Civil works 2021	
Facility	Current PPMP Cost
Baguio General Hospital and Medical Center	Php 9,200,000
Siargao District Hospital	Php 9,000,000
Cagayan Valley Medical Center	Php 9,200,000

Civil works 2022	
Facility	Current PPMP Cost
Sulu Sanitarium	Php 9,000,000
Mayor Hilarion A. Ramiro, Sr., Medical Center	Php 9,000,000
East Avenue Medical Center	Php 7,900,000
Don Emilio Del Valle Memorial Hospital	Php 9,000,000
Eversley Childs Sanitarium and General Hospital	Php 12,500,000
Nueva Vizcaya Provincial Hospital	Php 9,000,000
Dr. Cornelio T. Ramirez Sr. Memorial Hospital	Php 9,000,000
Cotabato Regional and Medical Center	Php 9,000,000
Vicente Sotto Memorial Medical Center	Php 15,600,000
Basilan General Hospital	Php 9,000,000
Quezon Medical Center	Php 9,000,000
Oriental Mindoro Provincial Hospital	Php 9,000,000
Gov. Roque B. Ablan Sr. Memorial Hospital	Php 9,000,000
Ilocos Sur Provincial Hospital - Gabriela Silang	Php 9,000,000
Quirino Province Medical Center	Php 9,000,000
Bontoc General Hospital	Php 9,000,000
Benguet General Hospital	Php 9,000,000
Aurora Memorial Hospital	Php 9,000,000
Diosdado P. Macapagal Memorial Hospital	Php 9,000,000
Marinduque Provincial Hospital	Php 9,000,000
Romblon Provincial Hospital	Php 9,000,000
Ciriaco S. Tirol Hospital	Php 9,000,000
Dr. Rafael S. Tumbokon Memorial Hospital	Php 9,000,000

Civil works 2022	
Facility	Current PPMP Cost
Roxas Memorial Provincial Hospital	Php 9,000,000
Iloilo Provincial Hospital	Php 9,000,000
Siquijor Provincial Hospital	Php 9,000,000
Biliran Provincial Hospital	Php 9,000,000
Samar Provincial Hospital	Php 9,000,000
Zamboanga Del Norte Medical Center	Php 9,000,000
Lanao Del Norte Provincial Hospital	Php 9,000,000
Camiguin General Hospital	Php 9,000,000
Davao De Oro Provincial Hospital - Montevista	Php 9,000,000
South Cotabato Provincial Hospital	Php 9,000,000
Maguindanao Provincial Hospital	Php 9,000,000
Pangasinan Provincial Hospital	Php 9,000,000
Gov. Faustino N. Dy Sr. Memorial Hospital	Php 9,000,000
Pres. Ramon Magsaysay Memorial Hospital	Php 9,000,000
Bulacan Medical Center	Php 9,000,000
Eduardo L. Joson Memorial Hospital	Php 9,000,000
General Emilio Aguinaldo Memorial Hospital	Php 9,000,000
Laguna Medical Center, Inc.	Php 9,000,000
Batangas Provincial Hospital	Php 9,000,000
Occidental Mindoro Provincial Hospital	Php 9,000,000
Teresita L. Jalandoni Provincial Hospital	Php 9,000,000
Garcia Memorial Provincial Hospital	Php 9,000,000
Northern Samar Provincial Hospital	Php 9,000,000
Salvacion Oppus Yniguez Memorial Provincial Hospital	Php 9,000,000

Civil works 2022	
Facility	Current PPMP Cost
Leyte Provincial Hospital	Php 9,000,000
Bukidnon Provincial Hospital - Maramag	Php 9,000,000
Davao Del Sur Provincial Hospital	Php 9,000,000
Davao De Oro Provincial Hospital - Pantukan	Php 9,000,000
Pasay Quarantine Station	Php 77,000,000
Manila Quarantine Station	Php 10,000,000
San Lazaro Hospital	Php 70,000,000
Eastern Visayas Regional Medical Center	Php 50,000,000
Southern Philippines Medical Center	Php 70,000,000
Vicente Sotto Memorial Medical Center	Php 60,000,000

PHILIPPINES COVID-19 EMERGENCY RESPONSE PROJECT
MONITORING AND EVALUATION MANUAL
VERSION 3

3/F BUILDING 4, DEPARTMENT OF HEALTH,
SAN LAZARO COMPOUND,
TAYUMAN ST. CORNER RIZAL AVENUE,
STA.CRUZ, MANILA 1003, PHILIPPINES

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