Republic of the Philippines

Department of Health

Philippines COVID-19 Emergency Response Project (P173877) and First and Second Additional Financing Projects (P175953 and P177884)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

[November 2021]

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1.0 Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 26, 2020, the outbreak has resulted in an estimated 416,686 cases and 18,589 deaths in 197 countries and territories.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use and pre-existing chronic health problems that make viral respiratory infections particularly dangerous. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough, and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

1.1 Philippine COVID-19 Emergency Response Project (PCERP): Parent Project and Additional Financing

The Philippines COVID-19 Emergency Response Project (P173877), in the amount of US$100 million, was approved by the World Bank on April 22, 2020. It was prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility, which provided up to US$14 billion in immediate support to assist countries coping with the impact of the global outbreak. The objectives are aligned with the results chain of the Bank's COVID-19 Strategic Preparedness and Response Program (SPRP). The Project Development Objective (PDO) 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.

Despite recent progress, the Philippines remains one of the countries most affected by the COVID-19 in East Asia and Pacific, rendering vaccine purchase and deployment a national priority. With the availability of vaccines, the Philippines now has an opportunity to add a significant new layer to its COVID-19 emergency response. Procuring and administering vaccines is critical to reducing mortality from COVID, opening the economy in earnest and arresting the decline in GDP, employment and incomes. Hence, Additional Financing (AF) was sought by the country. The Additional Financing currently forms part of an expanded health sector response to the COVID-19 pandemic. The AF which is the amount of

additional US $ 500 million supports the costs of expanding activities of the Philippines COVID-19 Emergency Response Project (P173877, the Parent Project) to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in the country through enhanced vaccination system strengthening and to further strengthen preparedness and response activities under the parent project. The project development objective of the Parent Project "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", with the project's component structure remains unchanged but new activities are incorporated to scale-up the support related to COVID-19 vaccines procurement and deployment with the additional financing. The Parent Project SEP has been updated to reflect the activities under the Second Additional Financing and the additional issues noted in line with the template provided by the Bank.

1.2 PCERP Proposed Second Additional Financing (PCERP-AF2)

The purpose of the proposed second additional funding for PCERP (PCERP-AF2), in the amount of US$300 million, is to support the GOP scaling up the national vaccination program to cover procurement and delivery of: (i) primary doses to children aged 12-17; (ii) additional doses, as part of primary vaccination series, for at-risk population sub-groups, including immunocompromised individuals and senior citizens, who were not fully protected with the initial two dose or single dose regimens; (iii) booster doses for health workers and the wider population in 2022. Subject to vaccine development, regulatory approvals, and data on safety, the PCERP-AF2 will also finance primary doses for children under 12. The PCERP-AF2 is expected to provide approximately 25.6 million vaccine doses.

The changes proposed for the expanded AF entail expanding the scope and scale of activities under the PCERP, and there will be no changes to the overall design. The PDO will remain unchanged as the proposed activities to be funded under the expanded AF are aligned with the original PDO. The closing date of the expanded AF will remain aligned with the closing date of the parent project, i.e., December 29, 2023.

1.3 PCERP Project Components

The Project is comprised of four components:

Component 1: Strengthening Emergency COVID-19 Health Care Response (Total US$ 581,000,000): The aim of this component is to strengthen essential health care service delivery system to be able to respond to a surge in demand as a result of anticipated rise in the number of COVID-19 cases in the coming months. As COVID-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to equip selected health facilities prioritized by DOH for the delivery of critical medical services and to cope with increased demand.

Health system strengthening efforts will therefore focus on provision of medical and laboratory equipment, PPE, medical supplies as well as essential inputs for treatment such as oxygen delivery systems and medicines to selected hospitals and health facilities. Local containment will be supported through the establishment of local temporary isolation units. The component will also finance requirements of infrastructure of quarantine facilities. It is anticipated that any construction involved under this component will be conducted at existing facilities; activities requiring land acquisition or involuntary resettlement are not eligible.

This component also supports the Department of Health in preparing a guidance note on 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. The component has three sub-components.

(a) **Sub-component 1.1. Provision of medical and laboratory equipment and reagents**[2] **(current allocation: US$ 34.5 million):** This sub-component supports selected DOH hospitals and provincial hospitals with laboratory equipment (e.g. Polymerase Chain Reaction machines), test kits, reagents, as well as to upgrade diagnostics and treatment of COVID-19 infection capacity through procurement of such intensive care unit equipment and devices as mechanical ventilators, cardiac monitors, portable x-ray, extracorporeal membrane oxygenation (ECMO) machine, portable oxygen generator machine, and continuous positive airway pressure (CPAP). The sub-component also supports provision of oxygen, emergency beds, laboratory reagents, and waste management facilities. Moreover, this subcomponent supports short trainings on the use of equipment, devices, and tests for health providers and technicians; and to support the necessary logistics and supply chain to ensure that the equipment will reach frontline health facilities without delays. No new additional activities are proposed but the amount has been revised to be aligned with updated costing of activities by the DOH.

(b) **Sub-component 1.2. Provision of medical supplies, including Personal Protective Equipment (PPE), COVID-19 vaccines, medicines, and ambulance (current allocation: US$521.3 million)**: This subcomponent supports the health system with supplies including PPE such as masks, goggles, gloves, gowns, etc. It also supports medical countermeasures and medical supplies for case management and infection prevention, through the procurement of COVID-19 vaccines, drugs such as antivirals, antibiotics, and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes, as well as assistance to support the Borrower's advance purchase mechanisms. In addition, this subcomponent supports short trainings on the use of medical supplies for health providers and technicians as needed; and support to the necessary logistics and supply chain to ensure that the medical supplies and PPE will reach frontline health facilities without delays. Small part of this sub-component may also support ambulance vehicles to address COVID-19 response, as needed. The AF supports COVID-19 vaccines purchase through this sub-component.

(c) **Sub-component 1.3. Enhancing isolation/quarantine facilities (current allocation: US$25.2 million):** This sub-component supports the establishment, construction, retrofitting/refurbishment of quarantine facilities in major points of entry, increase number of regular isolation rooms in DOH and provincial hospitals as well as establishment of negative pressure isolation rooms in DOH and provincial hospitals. It also supports setting up of first line decontamination facilities in international airports (holding areas) as well as establishing isolation tents for triaging in health facilities. The increased amount for the component restores financing which had been re-allocated to sub-component 1.2 to finance COVID-19 vaccines during the December 2020 restructuring.

(d) **Sub-component 1.4. Deployment of COVID-19 vaccines** (also financed by counterpart funding from the GOP: US$155.5 million). The sub-component is financed primarily through the GOP's counterpart funding to support the deployment of World Bank-financed and eligible COVID-19 vaccines. The sub-component finances the planning and management of the COVID-19 vaccines procured by loan proceeds from

[2] Laboratory support under Sub-Component 1.1 is short-term and includes PCR machines and test kits for selected DOH hospitals and provincial hospitals. Component 2 supports strengthening of reference laboratories at both national and sub-national levels to address EIDs in the short and medium term.

the AF and deemed eligible by the World Bank, as part of the national COVID-19 vaccination campaign, through enhancing systems and capacity for planning, regulation, and M&E. In addition, the sub-component finances safe and effective deployment of COVID-19 vaccines procured by loan proceeds from the AF and deemed eligible by the World Bank, including delivery, cold chain and logistics system, disposal of healthcare wastes, risk and communication, as well as surveillance and adverse events monitoring.

Component 2: Strengthening laboratory capacity at national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response (Total US$ 11,500,000): The component supports the establishment of national reference laboratories as well as selected subnational and public health laboratories. It includes improving, retrofitting, and refurbishing national reference laboratory – Research Institute for Tropical Medicine (RITM) as well as six sub-national and public health laboratories in Baguio, Cebu, Davao, Surigao City, and Manila.[3] The sub-component may also support constructing and expanding laboratory capacity in priority regions that currently do not have necessary laboratory capacity. The sub-component also supports necessary laboratory equipment, laboratory supplies, reagents, as well as capacity building for relevant laboratory staff. It is anticipated that any construction involved under this component will be conducted at existing facilities, and that no new land acquisition or involuntary resettlement are expected.

Component 3: Implementation Management and Monitoring and Evaluation (Total US$ 7,500,000):
Project Management. The component supports the Department of Health (DOH) as the implementing agency of the project. DOH is responsible for the coordination, management, and implementation of the project at the national and sub-national levels, financial management and procurement. The project is implemented through mainstream DOH processes and does not involve a parallel project implementation unit or secretariat. The Project is strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, PCERP would support costs associated with project coordination, management, and implementation. This component also supports costs related to the management of environmental and social risks under the Bank's ESF, including the implementation of this ESMF and Stakeholder Engagement Plan (SEP).

The implementation arrangements of the Parent Project was adjusted to enhance the capacity of DOH for implementation related to vaccine procurement, cold chain strengthening, and vaccination delivery support, as well as human resource strengthening in risk communication and community mobilization and M&E. Additional expertise and capacity was added as required by the initial additional financing. Specifically, the COVID-19 vaccination initiatives were strengthened by the development of the National Deployment and Vaccination Plan (NDVP) and the hiring of a (i) Vaccine Specialist, (ii) M&E Specialist, and a (iii) second Procurement Specialist.

Monitoring and Evaluation (M&E). This component would also support monitoring and evaluation of project implementation, prevention and preparedness, building capacity for clinical and public health research, and joint learning across and within countries. Furthermore, the M&E includes a mechanism to review the capacity of the national health systems to deploy vaccines universally and to reach isolated and marginalized communities and those difficult to reach. It includes the maintenance of daily records documenting who received the vaccine from which vial as well records of any adverse vaccination effects. The

[3] Subnational and public health laboratories include (i) Lung Center of the Philippines (QC); (ii) San Lazaro Hospital (Manila); (iii) Baguio General Hospital (Baguio); (iv) Vicente Sotto Memorial Medical Center (Cebu); (v) Caraga Regional Hospital (Surigao City); (vi) Southern Philippines Medical Center (Davao).

M&E system includes data and information disaggregated by gender, demography, race-ethnicity, location-residence, socioeconomic status, and disability.

As may be needed, this component would also support third-party monitoring of progress and efficient utilization of project investments. The Philippines COVID-19 Emergency Response Project (the Project) has been prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10 Stakeholder Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, and intimidation.

Component 4: Contingent Emergency Response Component (CERC) (US$0): In the event of an Eligible Crisis or Emergency, the project would contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds.

1.4 Project Accomplishments

1.4.1 Deployment of COVID-19 Vaccines

According to the coverage report provided by the National COVID-19 Vaccination Operations Center (NVOC) during the regular NVOC Meeting on October 22, 2021, a total of 77,131,110 doses of COVID-19 vaccines of various brands have been delivered and received by the Philippines. This number include those vaccines donated, procured or sourced through tripartite agreements.

As of October 24, 2021 a total of 4.73 million doses of Moderna COVID-19 vaccines have been delivered in the Philippines that were procured through the PCERP fund, staggered in eight tranches. The latest delivery of 885,700 doses were received on October 9,2021. The doses delivered per tranche is shown on **Table 1.**

Table 1. Summary of PCERP-Funded COVID-19 Moderna Vaccine Doses Received and Delivered (as of October 24, 2021)

Tranche	TOTAL	Delivered, Full	% Delivered
1st Tranche	150,000	150,000	100%
2nd Tranche	194,400	194,400	100%
3rd Tranche	224,400	224,400	100%
4th Tranche	319,200	319,200	100%
5th Tranche	712,800	697,750	97.9%
6th Tranche	863,800	863,300	99.9%
7th & 8th	2,269,980	2,114,280	93.1%
Total	**4,734,580**	**4,563,330**	**98.7%**

Almost 99% of the doses delivered were already deployed to the intended warehouse and/or vaccination center recipients for storage and eventual vaccine administration. The remaining 1% serves as a buffer dose present in the Centers for Health Development and NVOC that are still to be delegated to the LGUs.

The distribution of the Project funded vaccines followed the national strategy on prioritization and geographical allocation.
In terms of regional distribution (**Figure 1**), Region IVA or CALABARZON received the highest number of doses, followed by Region 3, NCR and Region 6. The regions with the least number of doses are CARAGA, CAR and BARMM.

Figure 1. Regional Distribution of PCERP-Funded COVID-19 Moderna Vaccines

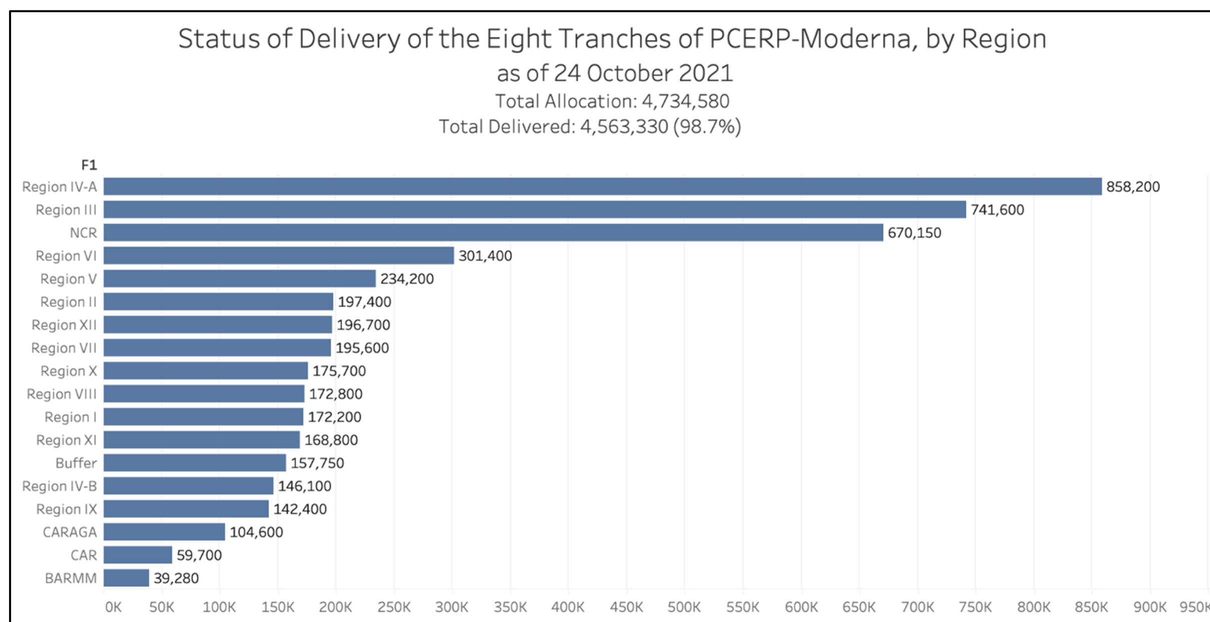


Photo: Arrival of Moderna Vaccines

For the distribution of the vaccines per LGU and facility, all regions were deployed with the Project funded vaccine, including all of the 16 administrative regions and BARMM. A total of 14 CHDs received the vaccines, 66 provincial LGUs, 93 city LGUs, and 96 municipal LGUs. There were also 24 health facilities and 14 other agencies that received the vaccines. Other agencies include NGOs like the Philippine Red Cross, Nayong Filipino Foundation, Amosup, and other government agencies like the DFA, DOST and Office of the President. A table of vaccine distribution per facility, per tranche received is summarized in **Table 2.** A map of the areas reached by the Project funded vaccines is shown on **Figure 2** below.

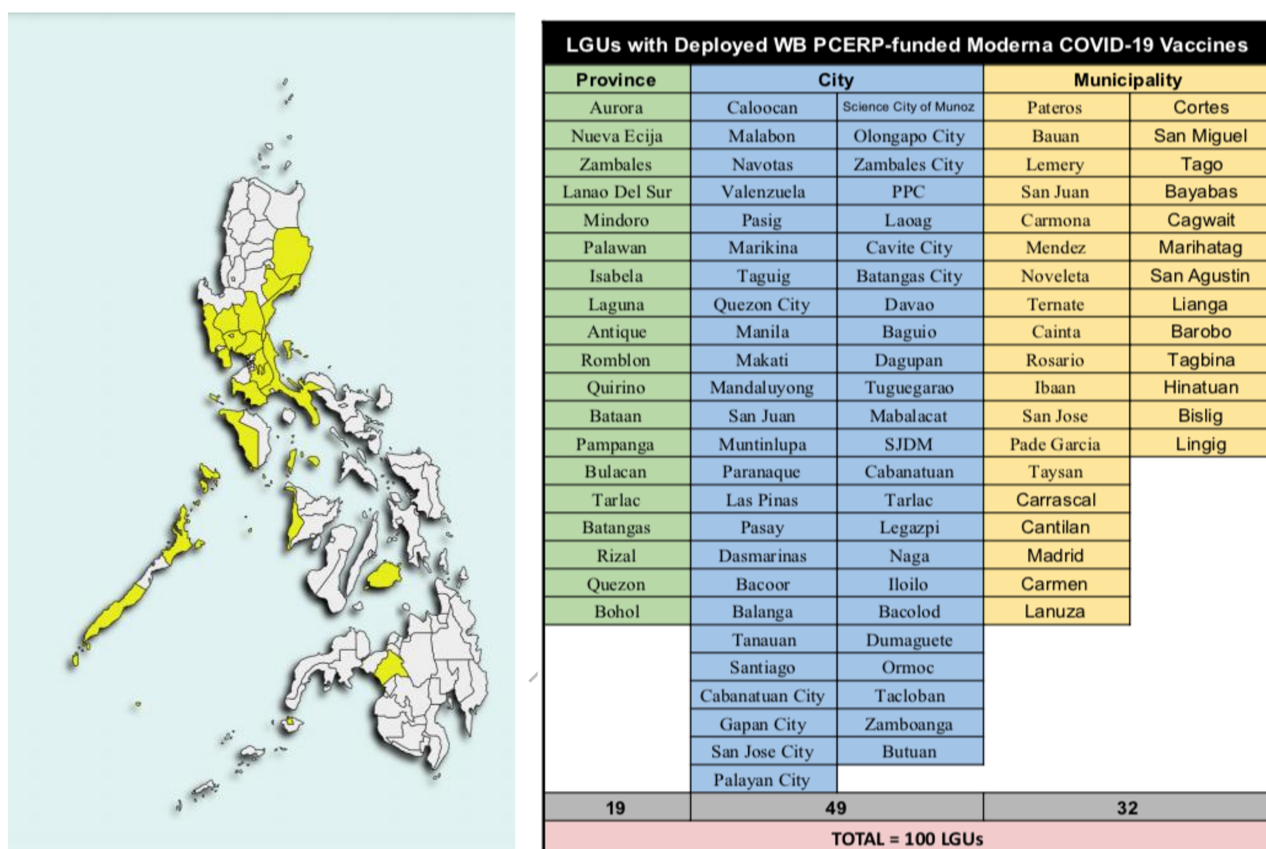
Table 2. Deployment of PCERP-Funded Moderna COVID-19 Vaccines per Recipient Facilities

Tranche	No of Recipient Regions	Direct to Region (CHD)	Direct to Province (PHO)	Direct to City (CHO)	Direct to Municipality (MHO)	Direct to Hospital or BOQ	Others
1st	3	0	1	16	1	9	1
2nd	17	13	10	6	7	5	9
3rd	9	2	7	18	24	4	2
4th	16	4	14	23	1	3	2

Tranche	No of Recipient Regions	Direct to Region (CHD)	Direct to Province (PHO)	Direct to City (CHO)	Direct to Municipality (MHO)	Direct to Hospital or BOQ	Others
5th	16	3	61	58	4	11	2
6th	3	1	5	38	48	0	3
7th & 8th	17	10	23	48	38	8	1
Total	17	14	66	93	96	24	14

Others: NGOs (Amosup, PRC, etc.); military facilities; other government agencies (DFA, OP, DOST, etc.)
Total for all facilities are not additive; some areas were allocated with vaccines in multiple tranches.

Figure 2. Distribution Map of PCERP-Funded COVID-19 Moderna Vaccine Recipients



LGUs with Deployed WB PCERP-funded Moderna COVID-19 Vaccines

Province	City		Municipality	
Aurora	Caloocan	Science City of Munoz	Pateros	Cortes
Nueva Ecija	Malabon	Olongapo City	Bauan	San Miguel
Zambales	Navotas	Zambales City	Lemery	Tago
Lanao Del Sur	Valenzuela	PPC	San Juan	Bayabas
Mindoro	Pasig	Laoag	Carmona	Cagwait
Palawan	Marikina	Cavite City	Mendez	Marihatag
Isabela	Taguig	Batangas City	Noveleta	San Agustin
Laguna	Quezon City	Davao	Ternate	Lianga
Antique	Manila	Baguio	Cainta	Barobo
Romblon	Makati	Dagupan	Rosario	Tagbina
Quirino	Mandaluyong	Tuguegarao	Ibaan	Hinatuan
Bataan	San Juan	Mabalacat	San Jose	Bislig
Pampanga	Muntinlupa	SJDM	Pade Garcia	Lingig
Bulacan	Paranaque	Cabanatuan	Taysan	
Tarlac	Las Pinas	Tarlac	Carrascal	
Batangas	Pasay	Legazpi	Cantilan	
Rizal	Dasmarinas	Naga	Madrid	
Quezon	Bacoor	Iloilo	Carmen	
Bohol	Balanga	Bacolod	Lanuza	
	Tanauan	Dumaguete		
	Santiago	Ormoc		
	Cabanatuan City	Tacloban		
	Gapan City	Zamboanga		
	San Jose City	Butuan		
	Palayan City			
19	49		32	
TOTAL = 100 LGUs				

1.4.2 Equipment Procurement

Provision of medical and laboratory equipment and reagents (Sub-component 1.1)

The Project has completed the procurement and delivery of 500 mechanical ventilators. 119 units of portable X-ray machines, and 70 units of infusion pumps. An ocular inspection was done at selected recipient hospitals and it was observed that all equipment are functional and in use. Utilization and performance status of all the equipment will be continuously monitored.

The delivery of 50 units of RT-PCR machine and 1.5 million units of RT-PCR testing kits are expected to arrive by October 31, 2021. The latter will include, as consumable items, 1000 microliter filter tips and the magnetic racks.

Ten units of GenExpert Machines are currently ongoing the procurement process. Ancillary equipment also to be procured for the machines include 10 units of each of autoclave, biosafety cabinets, biomedical refrigerators for reagents and another 10 refrigerators for the testing kits.

Photo: DOH Undersecretary Mario Villaverde during his Ocular Inspection of the medical equipment delivered and in use at Quirino Memorial Medical Center (QMMC)

Provision of medical supplies, including Personal Protective Equipment (PPE), COVID-19 vaccines, medicines, and ambulance (Sub-component 1.2)

All of the Personal Protective Equipment funded by the Project was successfully delivered to the hospital beneficiaries. This included 1.5 million units of N-95 masks, 17 million units of surgical masks, 1.2 million units of surgical gowns, and 17 million pairs of surgical gloves.

Forty three out of the 44 Type 2 Ambulance units procured under the Project were delivered to the recipient hospitals. The remaining 1 unit is scheduled for pick-up on November 05, 2021. The delivery of the 23 units of Type 1 ambulance remains pending due to issues on previous procurement contract. The contract for a new ambulance unit provider is targeted to be issued by the end of November 2021. The construction of the sea-ambulance is still in progress.

Photo: DOH Undersecretary Mario Villaverde during his Ocular Inspection of the Type 2 ambulance delivered at Quirino Memorial Medical Center (QMMC)

Finally, under component 1.2, contract finalization for the construction of swabbing facilities is also underway. The Notice to Proceed is expected to be awarded by the 1st week of November.

Photo: Construction of Sea Ambulance

1.4.3 Civil Works Project

A total of 21 civil works project are being implemented and monitored by the Project as of October 28, 2021.

Included in the projects under ongoing implementation are the 13 isolation facilities and 1 COVID-19 Referral facility, all for construction of with isolation rooms with negative pressure, under the CY 2020 civil works project. They commenced their construction activities between June 28 and July 6, 2021. Five facilities have reported more than 90% completion in their construction activities as of October 25, 2021. There were also some projects that were recorded with negative slippages, in which DOH-HFEPMO issued warning to the contractors to submit a detailed catch-up plan on a weekly and daily basis to eliminate the slippage. HFEPMO conducted site visits and consecutive management meetings with the hospital recipients and contractors last September and October 2021. A summary of the construction progress of the construction work listed under CY 2020 is summarized in **Table 3.**

Three facilities listed under CY 2020 civil works project recipients remain unimplemented. These include 1 National Reference Laboratory waiting for Notice of Issuance, and 2 Isolation facilities which have just started their mobilization.

Table 3. Reported Progress of the Ongoing CY 2020 Civil Works Project (as of October 28, 2021)

2020 Civil Works Health Care Facilities	Contractor	Start Date of Construction	Completion Date	% Completion[1]
A. Upgrading of Isolation Rooms to Negative Pressure (13 Facilities)				
1. Dr. Jose N. Rodriguez Memorial Hospital	PL Juan Construction Inc	August 12, 2021	December 10, 2021	33.95 %
2. Valenzuela Medical Center		July 14, 2021	November 12, 2021	94.64 %

3. Tondo Medical Center	Trilex Builders and Construction Supply, Inc.	July 9, 2021	November 7, 2021	78.71 %
4. Jose R. Reyes Memorial Medical Center	Trilex Builders and Construction Supply, Inc.	July 7, 2021	November 5, 2021	90.40 %
5. Dr. Jose Fabella Memorial Hospital		July 9, 2021	November 7, 2021	94.30 %
6. Philippine Orthopedic Center	PL Juan Construction Inc	July 12, 2021	November 10, 2021	77.06 %
7. Philippine Children's Medical Center		July 8, 2021	November 6, 2021	66.97 %
8. National Kidney and Transplant Institute	PL Juan Construction Inc	July 12, 2021	November 10, 2021	27.14 %
9. Philippine Heart Center		July 15, 2021	November 13, 2021	93.76 %
10. Amang Rodriguez Memorial Medical Center	PL Juan Construction Inc	July 14, 2021	December 11, 2021	16.09 %
11. National Children's Hospital		July 15, 2021	November 13, 2021	73.76 %
12. National Center for Mental Health	PL Juan Construction Inc	July 12, 2021	November 10, 2021	88.52 %
13. Rizal Medical Center		July 13, 2021	November 11, 2021	92.10 %
B. COVID-19 Isolation Rooms and Intensive Care Unit Facility (1 Facility)				
1. Quirino Memorial Medical Center	Welcome Builders	July 12, 2021	April 28, 2022	44.37 %

Note: 1. As reported by HFEP-MO during October 28, 2021 Fortnightly Meeting

Photo: DOH Undersecretary Mario Villaverde during his Ocular Inspection of the construction activities at the Quirino Memorial Medical Center (QMMC)

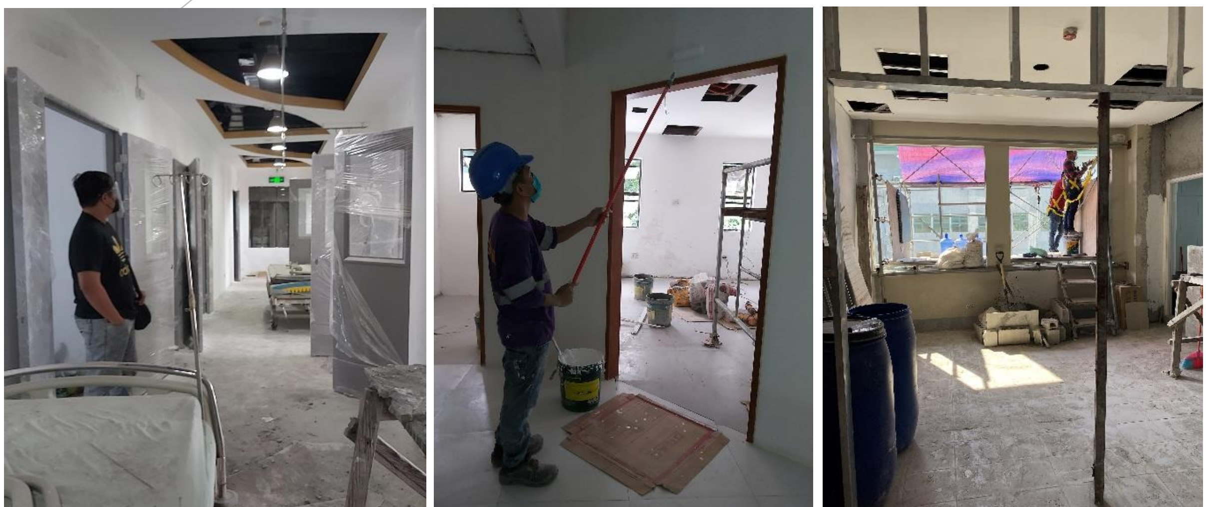


Photo: Ocular Inspection of the construction activities (L-R) Valenzuela Medical Center, National Center for Mental Health, and Rizal Medical Center

Under the CY 2021 civil works projects, 12 out of the 47 target construction sites have commenced with the construction last September 2021. These include 7 isolation facilities for upgrading with isolation rooms with negative pressure; 3 Quarantine Stations for refurbishing; and 2 Sub-national reference laboratories for retrofitting. A summary of the construction progress of the construction work projects listed under CY 2021 is summarized in **Table 4.**

Table 4. Reported Progress of the Ongoing CY 2021 Civil Works Project (as of October 25, 2021)

2021 Civil Works Health Care Facilities	Contractor	Start Date of Construction	Completion Date	% Completion[1]
A. Upgrading of Isolation Rooms to Negative Pressure (4 Facilities)				
1. Mariano Marcos Memorial Hospital and Medical Center	Cisco Engineering Industries	October 4, 2021	February 2022	8.02 %
2. Talavera General Hospital	Cisco Engineering Industries	October 4, 2021	February 2022	17.33 %
3. Ospital ng Palawan	E.M Abin Trading and Construction	September 20, 2021	January 2022	23.92 %
4. Governor Celestino Gallares Memorial Hospital	Jodans Engineering	October 3, 2021	February 2022	23.37 %
B. Refurbishing of Subnational Laboratories (2 Facilities)				
1. Lung Center of the Philippines	Jodans Engineering	October 4, 2021	February 2022	-
2. Baguio General Hospital and Medical Center	Jodans Engineering	October 4, 2021	February 2022	1.34 %
C. Refurbishing of Bureau of Quarantine (BOQ) Stations (1 Facility)				
1. Tabaco Quarantine Station	Jodans Engineering	October 4, 2021	February 2022	8.40 %

Note: 1. As reported by HFEP-MO during October 28, 2021 Fortnightly Meeting

Under CY 2021 Projects are 10 facilities for issuance of Notice to proceed; 4 facilities for issuance of Notice of Acceptance; and 21 facilities with bidding documents for clarification, evaluation, and for procurement.

1.5 Stakeholder Engagement Plan (SEP) of PCERP

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and it includes a mechanism by which they can raise concerns, provide feedback, or make complaints about the project and its related activities. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between the project staff and local communities and to minimize and mitigate the environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, especially in remote areas, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination, and corruption.

2.0 Stakeholder Identification and Analysis

Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project- related information and as a primary communication or liaison link between the Project and targeted communities and their established networks.

Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. The DOH, through the National Vaccine Operations Center (NVOC), has been coordinating with other government agencies and non-government organizations to know the concerns and challenges in reaching the marginalized and vulnerable sectors for the vaccination program. To date, its involvement with the Philippine Disaster Resilience Foundation (PDRF) has been instrumental in identifying the risks and barriers of these groups in accessing the COVID-19 vaccines. Moreover, NVOC is able to solicit sectoral recommendations for the prioritization and mitigation strategies providing the appropriate redress and remedy. Among the advocacies being supported by these activities are vaccine equity for the urban poor women, gender-based violence survivors, homeless people, and other vulnerable groups.

For Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples' organizations and traditional authorities in coordination with the National Commission on Indigenous Peoples (NCIP). Among other things, they can provide help in understanding the perceptions of Indigenous Peoples on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution.

DOH also recognized the important role of religious institutions and faith-based organizations to further the information dissemination network. In this regard, the Department has requested an audience with representatives of this sector such as the Muslim imams and ulama in coordination with the National Commission on Muslim Filipinos (NCMF). The Commission has consulted the Muslim communities to promote and explain the COVID-19 vaccination program and the benefits to the people.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

Verification of stakeholder representatives, i.e., the process of confirming that they are legitimate and genuine advocates of the community they represent, remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean

that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the Project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the Project is inclusive. All stakeholders are at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of indigenous peoples and diverse ethnic groups.
- *Protection of safety and confidentiality*: relevant measures to protect individual safety and confidentiality will be provided, particularly for grievance reporting and whistle blowing. Consent will be sought if there is a need to disclose personal identifying data.

For the purposes of effective and tailored engagement, stakeholders of the proposed Project can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the Project and/or who could affect the Project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the Project as compared with any other groups due to their vulnerable status[4] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2 Affected Parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

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[4] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- COVID-19 patients and infected people
- Communities with COVID-19 infected people
- People under COVID-19 quarantine
- Family members of COVID-19 infected people or people under COVID-19 quarantine
- Frontline health workers particularly those dealing with COVID-19 patients
- Population who are eligible for COVID-19 vaccination, including population groups aged 12 – 17 and their custodians (i.e., parents, teachers, etc.)
- Population who has received their COVID-19 vaccination
- Local government units where isolation/quarantine/screening facilities will be located and the vaccination activities will take place
- Health facilities where vaccines will be administered
- Security/uniformed personnel or local government unit-designated officers tasked to maintain peace and order during the vaccination activities
- Security/uniformed personnel involved in ensuring the proper and safe logistics and distribution of the vaccines
- Communities around proposed isolation/quarantine/screening facilities
- Municipal waste collection and disposal workers
- Waste transporters and transport, storage, and disposal (TSD) service providers handling hazardous healthcare wastes
- Workers supporting the renovation/rehabilitation/construction of health care facilities, quarantine centers and screening posts.
- Department of Health (DOH) and other public health agencies
- Workers coming back to the Philippines from abroad; and
- Business entities and individual entrepreneurs supporting and/or supplying key goods and services for prevention of and response to COVID-19
- Pharmaceutical companies particularly those involved in the COVID-19 vaccine development and supply
- Private companies with cold storage facilities and transport and/or engaged in dry storage and cold chain services

The affected parties of the COVID-19 vaccination activities are consisted mostly of the preliminary identified priority eligible population for vaccination, based on existing ethical principles and recommendations of the World Health Organization's Strategic Advisory Group of Experts (WHO SAGE) Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply and the WHO SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination, and the recommendations of the recommendations of the National Immunization Technical Advisory Group (NITAG).

The DOH Administrative Order No. 2021-0005 entitled "National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization" provides the Decision Matrix in determining priority eligible population groups based on the principles of the abovementioned WHO SAGE Guidelines and NITAG recommendations. **Table 5** below outlines the priority groups based on the said principles.

Table 5. Decision Matrix in Determining Priority Eligible Population Groups

Principles	Objectives	Population Groups
Human well-being	• Reduce deaths and disease burden • Protect those in the health services and essential services	• Health workers • Older adults (senior citizens with or without comorbidities) • Persons with comorbidities • Personnel in government agencies providing essential services (DSWD, DeEd, DILG, BJMP & Bureau of

		Correction, PNP, AFP, PCG, BFP, CAFGU) • Government workers, teachers and students, essential workforce (agriculture, tourism, transportation, food industry, tourism, manufacturing, construction, among others) • All workforce
Reciprocity	• Protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others	• Health workers (all) • Essential workers outside the health sector, those with high-risk of exposure, such as contact tracers, social workers providing social services, among others
Equal respect	• Treat the interest of all individuals and groups with equal consideration as allocation and priority setting • Vaccinate all citizens	• All citizens based on the availability of vaccines
National equity	• Ensure that vaccine prioritization takes into account vulnerabilities, risks and needs groups because of underlying societal, geographic or biomedical factors	• People living in poverty (indigent population) • Disadvantaged groups (PWD, PDLs, among others) • Low-income workers • Hard-to-reach areas • Overseas Filipino Workers

This was followed by the issuance of The Interim Omnibus Guidelines for the Implementation of Vaccine Deployment Plan for COVID -19 (DOH Memorandum No. 2021-0099) which provided the prioritization criteria to be used in the vaccination allocation in the country. A phased implementation is adopted in anticipation of a low vaccine starting supply, which is expected to increase gradually. The phased approach ultimately follows the objective of ensuring reduction of mortality from COVID-19 and preserving the health system capacity. The demand of priority populations to the expected vaccine supply is aligned in three phases:

Phase 1: Potentially limited supply of COVID-19 vaccine doses available- Concentrating efforts on critical populations based on risk exposure and mortality

Phase 2: Large number of vaccine doses available- Ensuring access for the general population, particularly to the working population; and

Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)- Ensuring equitable access to all populations, monitoring uptake and coverage, and re-strategizing to increase uptake in populations with low coverage.

Ultimately, the prioritization of population groups is based on the following goals:

<u>Primary Goals</u>

- Direct reduction of morbidity and mortality.
- Maintenance of most critical essential services.

<u>Secondary Goals</u>

- Substantially control transmission
- Minimize disruption of social, economic and security functions.

Tertiary Goal

- Resumption to near normal.

The priority population groups for COVID-19 immunization are shown in **Table 6.** The original list from DM 2021-0099 has been expanded through DOH issuances and related advisories released by the National Vaccination Operations Center (NVOC).

Table 6. Priority Eligible Groups for COVID-19 Vaccination

Priorities	Population Group	Definition of Terms
Priority Eligible Group A		
A1	Workers in Frontline Health Services	Frontline workers in health facilities, both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health workers, etc. Sub-prioritization are as follows: • A1.1- COVID-19 referral hospitals designated by the DOH; • A1.2- Public and private hospitals and infirmaries providing COVID-19 care, as prioritized based on service capability, starting from level 3 hospitals, to level 2 hospitals to level 1 hospitals, and then infirmaries; Among hospitals with a common service capability, the order of priority shall be from facilities owned by the DOH, then facilities owned by LGUs, then facilities owned by private entities; • A1.3- Isolation and quarantine facilities such as temporary treatment and monitoring facilities and converted facilities (e.g. hotels, schools, etc) that cater to COVID-19 suspect, probable, and confirmed cases, close contacts, travelers in quarantine; • A1.4- Remaining hospitals including facilities of uniformed services not catering to COVID-19 cases; • A1.5- Government owned primary care-based facilities such as Urban Health Centers, Rural Health Units and Barangay Health Stations, birthing homes, and Local Health Offices to include members of BHERTS, contact tracers, social workers; • A1.6- Stand-alone facilities, clinics and diagnostic centers, and other facilities otherwise not specified (e.g. clinics, dialysis centers, dental clinics, and COVID-19 laboratories), dealing with COVID-19 cases, contacts, and specimens for research purposes, screening and case management coordinated through their respective local government units; • A1.7- Closed institutions and settings such as, but not limited to, nursing homes, orphanages,

		jails, detention centers, correctional facilities, drug treatment and rehabilitation centers, and Bureau of Corrections.
	Expanded Priority Group 1A	• Overseas Foreign Workers leaving the country within four (4) months • Adults living in the same household as the healthcare workers, including immediate family members, housemates, helpers, and drivers) • Additional Priority Group A1 (new hires, new rotating interns and residents, among others)
A2	All Senior Citizens	Senior citizens aged 60 years old and above • A2.1- Institutionalized senior citizens including those in registered nursing homes and other group homes with elderly working together (e.g. convents). • A2.2- All other senior citizens, including bed-ridden senior citizens at home
A3	Persons with Comorbidities	• Adults with any clinically controlled comorbidities that are among the top causes of COVID-19 and national morbidity and mortality (e.g., chronic respiratory disease, hypertension, cardiovascular disease, chronic kidney disease, cerebrovascular disease, malignancy, diabetes, obesity, chronic liver disease, neurologic disease, and immunodeficiency state), not otherwise included in the preceding categories. • Pregnant women (expanded A3) • Population between ages 12-17, with co-morbidities (Pediatric A3)
A4	Frontline personnel in essential sectors, including uniformed personnel	Frontline personnel in essential sectors both in public and private sectors, including uniformed personnel, and those in working sectors identified by the IATF that are directly client facing and cannot dutifully meet minimum public health standards. • A4.1- Private sector workers who work outside their homes. • A4.2- Employees in government agencies and instrumentalities, government-owned or controlled corporations (GOCC) and local government units • A4.3- Informal sector workers and self-employed who work outside their homes and those working in private households.
A5	Indigent Population	Poor population based on the National Household Targeting System for Poverty Reduction (NHTS-PR) not otherwise included in the preceding categories.
Priority Eligible Group B *(Now classified as part of the Rest of Adult Population, ROAP)*		
B1	Teachers and social workers	
B2	Other government workers	
B3	Other essential workers	

B4	Socio-demographic groups at significant higher risk other than senior citizens and poor populations based on the NHTS-PR	
B5	Overseas Filipino Workers (OFWs)	
B6	Other Remaining Workforce: All remaining Filipino workforce as determined by the DOLE, DTI and CSC	
Priority Eligible Group C *(Now classified as part of the Rest of Adult Population, ROAP)*		
C	Remaining Filipino Citizens	Rest of the Filipino population not otherwise included in the above groups
Rest of Pediatric Population (ROPP)		
Population groups aged between 12-17 (without comorbidities)		

References:

1. *DOH Memorandum 2021-0099: The Interim Omnibus Guidelines for the Implementation of Vaccine Deployment Plan for COVID -19*
2. *DOH Memorandum 2021-0157: Implementing Guidelines for Priority Group A3 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines*
3. *DOH Memorandum 2021-0406: Further Clarification on the Priority Population Groups*
4. *NVOC Advisory No. 20: Additional Guidance on the Prioritization Framework for Priority Group A1*
5. *NVOC Advisory No. 63: Guidance on the Estimation of Target Populations for each Priority Group*
6. *NVOC Advisory No. 96: COVID-19 Vaccination of the Adult Population Nationwide:*
7. *DOH Circular 2021-0464: Interim Operational Guidelines on the COVID-19 Vaccination of the Pediatric Population Ages 12-17 Years Old with Comorbidities*
8. *DOH Circular 2021-0483: Interim Operational Guidelines on the COVID-19 Vaccination of the Rest of the Pediatric Population Ages 12-17 Years Old*

All Filipinos, including OFWs, and foreign nationals (i.e., all nationals who are not Filipino citizens under the Philippine law, regardless of immigration status, including refugees, asylum seekers, and stateless person residing within the Philippine territory) shall be included in the priority group appropriate to their circumstance. Eligible adults meeting the eligibility criteria for priority group A2 (senior citizens) or A3 (adults with controlled comorbidities) may register with their respective LGUs subject to supply availability.

Vaccination is generally provided to the identified population grouping above, following the prioritization schedule recommended by National Task Force (NTF) for COVID-19 and DOH. However, given the limited supply of vaccine, sub-prioritization is determined by the DOH upon the recommendation of NITAG. Geographical considerations are now factored in the supply allocation, based on the COVID-19 burden of disease (measured as active cases, attack rate per 1000,000 population in the past month and population density); and the supply chain capability of the LGU (e.g., availability of cold chain storage facility, vaccination sites, access road, etc.) to mount a vaccination campaign. The risk classification of LGUs is based on the data of the Regional Epidemiology and Surveillance Unit, while the availability of vaccination and storage facilities are monitored by DOH. The national strategy during June through September 2021 was to prioritize areas NCR+8 Areas (i.e., NCR, Metro Cebu, Metro Davao, Bulacan, Batangas, Cavite, Laguna, Pampanga, and Rizal) which are determined to have highest risk in transmission given their population density, with high burden of disease and loci or economic activities.

Third and final sub-prioritization criteria, based on exposure and mortality risk, will be further employed if scarcity of supply is still present even after sub-prioritization on geographical location is considered.

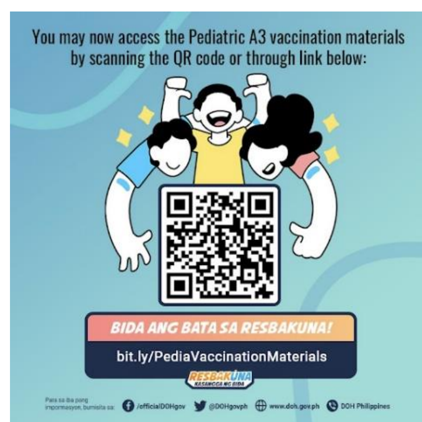
After the roll out of Priority Groups A1 through A5, the COVID-19 vaccination for the rest of adult population (Priority Eligible Groups B and C) has commenced on October 07, 2021,

making all adult population nationwide now eligible for vaccination. Vaccination activities is further expanded on October 15, 2021, to include population ages 12-17 years old with vaccines granted Emergency Use Authorization by the Food and Drug Administration (FDA). Pilot implementation has commenced for population ages 12-17, with comorbidities, in selected hospital vaccination sites in Metro Manila.

More recently, the DOH Health Technology Assessment Unit (HTAU) also released their recommendation regarding the administration of booster shots and additional doses for healthcare workers, elderly seniors, and immunocompromised starting fourth quarter of Year 2021. Another significant recommendation to be considered by DOH is from SAGE and the Emergency Use Authority from FDA. According to the recommendation, the boosters will start with the healthcare workers (A-1) and senior citizens (A-2). Afterwards, the booster implementation will follow the same prioritization among eligible groups. The complete guidelines on booster shot and additional doses administration is yet to be released by the DOH. Once finalized, DOH will be conducting information campaigns and consultation meetings to disseminate the guidelines to the public.

2.2.1 Vaccination of the Population Groups Aged between 12 - 17

Upon the recommendation of the Strategic Advisory Group of Experts (SAGE) on Immunization of the World Health Organization (WHO), DOH and IATF approved the commencement of the COVID-19 vaccination of the population ages 12 – 17 on September 22, 2021. For this purpose, Department Circular No. 2021-0464 on the Interim Operational Guidelines on the COVID-19 Vaccination of the Population Ages 12-17 with Comorbidities was issued for the pilot implementation. This particular policy directive does not cover the vaccination of the rest of the population ages 12 - 17. Simultaneously, interim guidelines were released for the utilization of other allied health practitioners as vaccinators.



The DOH, through NVOC, has initiated several meetings with key stakeholders for the vaccination of the population ages 12 - 17 since October 2021. They have been coordinating with the parents and guardians, HCFs' medical chiefs and spokespersons, data managers and encoders, vaccination teams, among others. Hospitals that conducted the pilot implementation were required to provide daily reports on the progress of the population ages 12 – 17 including AEFI cases, if any. The Health Promotion Bureau has developed related Information and Education Content to be used in the promotion of the said vaccination program.

Eligible Population

1. Eligible vaccine recipients ages 12 – 17 with co-morbidities shall be categorized as part of Priority Group A3: Individuals with Comorbidities and shall be reported as "Pediatric A3".
2. The defined comorbidities in the "Pediatric A3" shall be as follows:
   a. Medical complexity: long term dependence on technical support e.g. tracheostomy associated with developmental delay and/or genetic anomalies.
   b. Genetic conditions: Down's Syndrome (Trisomy 21), Glucose-6-phosphate dehydrogenase deficiency (G6PD), genetic disorders affecting the immune

systems such as primary immunodeficiency disorders, thalassemia, and other chromosomal abnormalities.

c. Neurologic conditions: Seizure Disorder, Autism Spectrum Disorders (ASDs), Cerebral Palsy, Stroke in the Young, Chronic Meningitis e.g. Tuberculosis, chronic neuromuscular diseases, and chronic demyelinating diseases.
d. Metabolic/endocrine diseases: Diabetes Mellitus (DM), Hypothyroidism, Diabetes Insipidus (DI), Adrenal insufficiency, Hypopituitarism, and other hereditary metabolic diseases.
e. Cardiovascular diseases: Hypertension, Congenital Heart Diseases (CHDs), Cardiomyopathy, Rheumatic Heart Disease (RHD), Mitral Valve Disease, Pulmonary Hypertension with Right Heart Failure.
f. Obesity: BMI > 95th percentile for age and height.
g. HIV infection
h. Tuberculosis: Pulmonary (collapse/consolidations, with empyema, and miliary), Extrapulmonary, (pleural effusion, pericarditis, abdominal, genitourinary, central nervous system, spinal column, bone, joint, cutaneous, ocular and breast), and Disseminated (involvement of two (2) or more organs).
i. Chronic Respiratory Diseases: Chronic Lung Diseases (Bronchiectasis, Bronchopulmonary Dysplasia, Chronic Aspiration Pneumonia), Congenital respiratory malformation, Restrictive Lung Diseases, neuromuscular disorders, syndromic with hypotonia, skeletal disorders, chronic upper and lower airway obstruction (Severe Obstructive Sleep Apnea, Tracheomalacia, Stenosis, Bronchial Asthma).
j. Renal Disorders: Chronic Kidney Diseases, Nephrotic Syndrome, End-Stage Renal Disease (ESRD), patients on dialysis and continuous ambulatory peritoneal dialysis (CAPD), Glomerulonephritis (e.g. lupusnephritis), Hydronephrosis.
k. Hepatobiliary Diseases: Chronic Liver Disease, Cirrhosis, Malabsorption Syndrome.
l. Immunocompromised state due to disease or treatment: Bone marrow or stem cell transplant patients, solid organ transplant recipients, haematological malignancies (leukemia, anemia, thalassemia), cancer patients on chemotherapy, severe aplastic anemia, autoimmune or autoinflammatory disorders requiring long-term immunosuppressive therapy (e.g. Systemic Lupus Erythematosus, Rheumatoid Arthritis), patients receiving immune-modulating biological therapy [e.g. Anti – Tumor Necrosis Factor (TNF), rituximab, among others], patients receiving long term systemic steroids [> one (1) month], functional asplenia, patients who underwent splenectomy.

Photos: Roll-out of the vaccination program to the population ages 12 - 17 in the Philippine Heart Center and National Children's Hospital

Implementation of Vaccination Roll-out

The COVID-19 vaccination rollout to the population ages 12-17 years old with comorbidities shall be implemented in a phased approach as determined by the regions while also prioritizing the vaccination of Priority Group A-2 and A-3.

1. There shall be four (4) phases in the COVID-19 vaccination rollout to the population ages 12-17 years old with comorbidities:
    a. First Phase: vaccination rollout in selected hospitals in the National Capital Region (NCR) as determined by DOH, where the hospitals shall vaccinate their patients/cohorts.
    b. Second Phase: vaccination rollout in hospitals as identified by the 17 LGUs of the NCR. Each LGU shall select at least one hospital for the rollout, either an LGU-managed or a private-owned hospital.
    c. Third Phase: vaccination rollout in hospital based and non-hospital-based vaccination sites identified by the Centers for Health Development (CHDs) in 15 regions and in the BARMM.
    d. Fourth Phase: as determined by NVOC, the vaccination rollout to regions may be expanded utilizing regular vaccination sites.
2. The commencement of the vaccination roll-out by region shall be determined by the Regional Director of the CHD, in coordination with the NVOC.

2.3 Other Interested Parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- General public who are interested in understanding the Government's prevention and response to COVID-19;
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labor authorities;
- Government offices that oversee the policy directives on sectoral groups such as the National Commission for Indigenous Peoples (NCIP), National Council for Disability Affairs (NCDA), National Commission for Muslim Filipinos (NCMF), Philippine Commission on Women (PCW) among others;
- Development partners and civil society organizations at the global, regional, and local levels that may become partners of the project, including those representing Indigenous Peoples, peoples with disabilities, gender-based advocacy organizations, marginalized sector, among others;
- Business owners and providers of services, goods and materials that will be involved in the project's wider supply chain or may be considered for the role of project suppliers in the future;
- Mass media and associated interest groups, including local, regional, and global printed and broadcasting media, digital/web-based entities, and their associations;
- Religious groups and other faith- based organizations which may disseminate information to their members regarding COVID-19 and vaccines; and
- The academe and professional organizations with interest in COVID-19.

2.4 Disadvantaged / Vulnerable Individuals or Groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. It is important to ensure that awareness raising (on infectious diseases and medical treatments in particular) and stakeholder engagement with disadvantaged or vulnerable individuals or groups be adapted to take into account such groups' or individuals' particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from the person 's origin, gender, age, ethnicity, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- elderly;
- children, particularly those who are malnourished and have high susceptibility to diseases;
- those with underlying health conditions e.g., HIV/AIDS, diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others;
- persons with disabilities including physical and mental health disabilities;
- poor, economically marginalized, and disadvantaged groups including women, children, LGBTQ+ and religious and ethnic minority groups;
- population living in geographically challenged areas (e.g., conflict area, areas with poor accessibility, hazard prone areas)
- Indigenous Peoples.

Among the Project identified vulnerable and disadvantaged groups, the national vaccination program has identified the senior citizens and indigent population as priority groups under Priority Eligible Group A, sub-category A-2 and A-5, respectively. Other groups, unless they identify themselves as eligible under sub-categories of Group A, belong to the rest of adult population which is last in the priority list.

In terms of data collection to deduce the vaccine coverage among the Project identified vulnerable and disadvantaged groups, there is also limited information available as the profiling of the vaccinees does not include all of the Project identified vulnerable group categories. Vulnerable group identifiers that may be deduced from the vaccinee profile include sex, age, indigent status, employment, and comorbidity. Senior Citizen ID and PWD ID may be presented as proof of identification.

There is an indirect risk of social exclusion, in particular, the most vulnerable and marginalized groups such as the Indigenous Peoples in remote areas from access to the COVID-19 vaccines. Persons underlying medical conditions, though included in the priority populations to be vaccinated, may have limited access to the vaccines due to reduced mobility. For senior citizens, national efforts to ensure increase in their vaccination coverage is in place, through the ***Tutok A-2*** Initiative launched by DOH. The program provided strategies to intensify vaccination demand generation, better communication, improved access to vaccination sites to the elderly, and simplify the vaccination process. The LGUs and Local Vaccination Operation Centers (LVOCs) are also encouraged to adopt other strategies that is suitable to the local needs such as house to house vaccination, among others.

The information materials available on the COVID-19 vaccine could exclude the most vulnerable or if not developed in a way that is not sensitive to the needs and access of these different groups.

In terms of distribution across regions, BARMM has the lowest Project vaccine allocated and delivered. This is consistent with the distribution pattern of the rest of the vaccines in the country. DOH cited its inherent low population, as well as the logistical challenges that affected the allocation of the vaccine in the region (e.g., limited flights to deliver the vaccines, the availability of cold chain facility to store the vaccines, peace and security concerns, and recurring power interruption).

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate.

Issues on accessibility of the vaccines can be addressed through the identification of strategic locations for vaccine administration or transport assistance for vulnerable groups for increased access to vaccination sites. In addition, risk communication materials to be developed will be made clear and concise and in a format or language that is understandable to all people, in particular the most vulnerable. This may require different types of media (print, broadcast, and digital or new media) as well as engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc.).

On a national scale, efforts to expand the vaccination coverage in lagging region include the conduct of regular hand holding sessions to closely monitor the vaccination activity in the LGUs, allowing sharing of best practices and strategies among members of the Regional/Local Vaccination Operations Center in addressing vaccination operations concerns. Support on additional manpower and equipment is also being provided by DOH. Finally, the latest vaccine supply utilization scheme announced by DOH (through DOH Memorandum 2021-0449) in administering vaccines to the rest of the adult population is towards prioritization of the LGUs based on unvaccinated individuals.

Description of the methods of engagement that will be undertaken by the Project is provided in the following sections.

3.0 Stakeholder Engagement Program

3.1. Summary of Stakeholder Engagements Conducted

Given the urgency of this COVID-19 operation there were no stakeholder engagements conducted in the preparation of the first draft of the SEP. Discussions on project design and the SEP were only held between representatives from DOH and the World Bank. Stakeholder engagements were conducted after project approval to inform a revision of the SEP during implementation.

The National Stakeholders Consultation on the Parent Project was conducted on August 18-19, 2020 and the results and key feedback are provided in **Annex A**. Due to the physical distancing and large gathering restrictions, the engagement process was conducted virtually through a series of meetings. Local consultations with affected and interested stakeholders at recipient health facilities will be conducted during implementation, including for the civil works components. Further information on the approach for the said consultations is provided in Section 3.4.

The DOH-DPCB has conducted the online Public Consultation on the National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization on December 7, 2020 and

January 8, 2021 which was participated by national government agencies, DOH CHDs, health care facilities, professional organizations, the academe, civil society organizations, private sector (health insurance corporation), and development partners. These had also been an avenue for orientation and policy advocacy to the Local Chief Executives and local leaders in line with the cascading of policies from the national to regional level to local levels. The proceedings of the open forum of these consultations are in **Annexes B and C**. The DOH HPB is also conducting Town Hall Meetings (https://bit.ly/TownHallVaccination). The proceedings of which will be requested.

Listed below are other activities conducted with key stakeholders:

- Consultations with PWD and gender- based groups on the PCERP were conducted on 5 and 30 October 2020, respectively. ***(Annexes D and E)***
- Consultation with the NCIP, NCIP Health Workers in Community Service Centers (nurses, midwives), IP Mandatory Representatives (IPMR), and IP leaders on the PCERP was held on 23 February 2021 which was attended by 300 participants nationwide. ***(Annex F)***
- Town hall consultations with the uniformed personnel for the security of the vaccines and vaccine implementation and with Indigenous Peoples and their representatives, the National Commission Indigenous Peoples (NCIP), and other relevant CSOs were conducted by the DOH-HPB on 23 and 26 February 2021 and 16 March 2021, respectively.
- Townhall consultation with IPs/ICCs was held on16 March 2021 included NCIP- hired nurses and midwives in the community service centers (LGUs), doctors in the NCIP Regional Offices, IP regional representatives, IP Mandatory representatives (IPMR), IP leaders, and communities.
- Community consultations on the construction activities for the RITM, 14 NCR hospitals, and Quirino Memorial Medical Center were participated by the DOH Central Office (BIHC, DPCB, HFEPMO); Metro Manila Center for Health Development - HFEP Counterpart; health facilities' administrative and planning department, engineering department, and infrastructure committee; local government units (Building Official, Engineering Department, City Health Office, City Environmental and Natural Resources Office [CENRO], Barangay Officials); and the World Bank were held on 27 October 2020, 28 October 2020, and 23 February 2021, respectively. ***(Annexes G to J)***
- Community Consultation on the upgrading of Isolation Facilities in DOH and LGU Hospitals outside National Capital Region (NCR) held on July 29-30, 2021 ***(Annex K)***
- Community Consultation on the refurbishing of Reference Laboratories held on July 30, 2021
- The learning development interventions for uniformed personnel on the Code of Conduct and Environmental and Social Standards were held on 29 April 2021 for the Armed Forces of the Philippines and on 30 April 2021 for the Philippine National Police. A total of 892 participants attended both activities. ***(Annex L and M)***
- Consultations with stakeholders on the PCERP Grievance Redress Mechanism (GRM) were held from 24 and 25 June 2021 with a combined total of 139 participants. ***(Annex N and O)***
- Regular coordination meetings conducted on the Civil Works component on procurement and Environmental and Social Framework with health care facilities and contractors. ***(Annex P)***
- Regular ESF Training conducted for healthcare facilities and contractors of upcoming Civil Work Projects. Three trainings conducted this year, each on June 17, August 20, and October 11, 2021. ***(Annex Q)***
- Regular ESF Coordination Meeting for ongoing Civil Works projects which started on October 11, 2021***(Annex R)***
- Regular Bi-weekly Fortnightly Meetings

- Town hall meetings on vaccination of population Ages 12 – 17, with concerned groups such as parents and guardians, vaccination teams, data managers and encoders, spokespersons and medical chiefs started on October 12, 2021
- Town halls for other allied health practitioners such as midwives, dentists, and pharmacists to utilize them as vaccinators were also conducted on various dates.

Since PCERP is embedded within the DOH structure, processes and programs, the Project would continue to coordinate with concerned offices and other government agencies that could support its components and activities. By doing so, this would help in expanding the reach to various stakeholders especially those from the vulnerable sectors.

On such initiative is the improvement of accessibility for vulnerable groups in the Health Care Facilities services. The previous National Stakeholders Consultations resulted to a request of the CSOs representing persons with disabilities (PWDs) to improve their access to services and programs in Health Care Facilities (HCFs) such as virtual sign language interpretation services, active observance of gender and development (GAD), and accessibility of health services to Indigenous Cultural Communities/ Indigenous Peoples (ICCs/IPs). In order to gather baseline data on the capacity of HCFs to provide accessible health services to vulnerable groups and to determine areas of support and cooperation, the Project, with technical guidance from DOH offices, developed the Health Care Facility Capacity Self-Assessment Tool on the Accessibility of Services for Vulnerable Groups.

Results of the HCF self-assessment resulted to the conception of the Action Plan to Improve Accessibility of Services to Vulnerable Groups in HCFs. The action plan identified the HCFs' needed support to provide better services for the vulnerable group. These two outputs were coordinated with concerned DOH offices for their inputs to further improve the Self-Assessment Tool and Action Plan based on their respective functions and mandates to successfully endorse and implement these among HCFs.

Another intervention is the study on the vaccination coverage among the IPs/ICCs in partnership with the World Bank, Disease Prevention and Control Bureau, Bureau of International Health Cooperation, and the National Commission on Indigenous Peoples. Entitled, *Technical Assistance for Conducting a Mixed-methods Longitudinal Prospective Study (household surveys) on Indigenous Peoples Vaccination Coverage*, the study aims to determine the extent of prioritization given to the IP groups in the government's COVID-19 vaccination program through its accessibility, the challenges encountered in reaching them, and other interventions needed to enable them to have better access to vaccines against COVID-19.

3.2. Proposed Strategy for Information Disclosure

The Environmental and Social Commitment Plan (ESCP) and the first draft of the SEP were disclosed on April 2, 2020 at the DOH website and at the World Bank's external website on April 8, 2020. Subsequent revisions of SEP, ESCP, and the Environment and Social Management Framework (ESMF) were disclosed in the same websites on 4 August 2020, 09 October 2020, 25 November 2020, 8 January 2021, 4 February 2021, and 23 March 2021. The March 2021 version reflected the updates related to the PCERP Additional Financing. For the Second Additional Financing, updated versions of the SEP, ESCP, and ESMF will also be disclosed on the same websites starting this November 2021.

The existing strategies for Project information disclosure that will be continuously be implemented throughout the Project life is shown in **Table 7.**

Table 7. Strategies for Information Disclosure per Project Stage

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	• Government agencies including DENR, Office of the President, and NDRMMC • Health agencies • NCIP • General public • Civil society organizations • IP organizations • Development partners • Mass media	• Project objectives and activities • Environmental and Social Management Framework (ESMF). • Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). • Environmental and Social Commitment Plan (ESCP).	Disclosure on World Bank and DOH websites
Project Implementation	• Government agencies including DENR, Office of the President, and NDRMMC • Health agencies • NCIP • LGU, neighboring communities of the civil work projects • Health facilities and civil works contractors • Professional Associations • Municipal waste collection and disposal workers • Business owners and providers of services, goods and materials • General public, including representatives of custodians of vaccination age groups between 12 - 17 • Civil society organizations, including organizations representing people with disabilities, • IP organizations / representatives • Development partners • Mass media	• Updated ESF instruments. • Feedback of Project consultations. • Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement. • Status of compliance to ESS and contract agreements.	• Updated ESF documents were disclosed by DOH and World Bank. Any subsequent updated versions will also be disclosed • Project updates, issues, and status of compliance, • Regular Consultation and Coordination Meetings with Project beneficiaries • Locality's ways of disseminating information through the LGUs' system and community network • Information leaflets and brochures to be distributed with sufficient physical distancing measures • National Deployment and Vaccination Plan implementation updates regularly released by NVOC and the DOH vaccination awareness program through online platform.

In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing of the Philippines COVID-19 Emergency Response Project is to reach 20% of the population in the first year in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine. Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects. Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.
- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

PCERP will continue to engage with the vulnerable groups such as persons with disabilities and indigenous peoples through mandated government agencies that provide policy guidance and technical assistance such as the National Council on Disability Affairs (NCDA) and National Commission on Indigenous Peoples (NCIP), respectively. The Project will coordinate with them for the concerns and feedback on the vaccination roll-out. Activities such as consultations / town halls on vaccination will be conducted for these identified stakeholder groups, through DOH.

Further, as part of the vaccination campaign for the general population groups aged between 12 – 17, the DOH has been engaging associations of Pediatricians to share existing knowledge and prepare an information brief for policy makers at provincial and LGU levels.

Going forward, information dissemination and consultations as well as virtual townhall sessions are expected to be organized to engage parents, relevant non-government organizations and civil society organizations (NGOs and CSOs) as well as general public about benefits of vaccinating adolescents and relevant AEFI management.

The consultation / town hall meetings will target to solicit the concerns and feedback on the ongoing vaccination program. It will also identify recommendations to move forward the agenda of scaling-up the vaccinations to the rest of the population and in the remote areas.

Based on the results from these activities with key stakeholders, recommendations can be made to address the concerns of the vulnerable groups.

At the local level, LGUs can initiate partnerships with NGOs/CSOs/CBOs/private sector to assist in the implementation of their programs and projects such as deployment of additional vaccinators, community organizers / facilitators, as needed. PCERP can further validate the involvement of these groups in the vaccination roll-out.

3.2.1 Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines (NDVP)

The Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines was drafted for the purpose of providing operational guidance in the implementation of the COVID-19 vaccine deployment and vaccination program. It is a living plan to be updated as more information becomes available or as recommendations are provided by international and national organizations. Its development has involved the participation of various government agencies to ensure alignment of policies and plans among agencies and integration of the said plans into national governance mechanisms. The development process for this Plan was participatory and involved various stakeholders led by the COVID-19 Vaccine Cluster and its Task Group (TG) and Sub-Task Group (STG) members. These TGs and STGs were composed of various Departments and Agencies as outlined in the section of Governance. The TGs and STGs under the COVID-19 Vaccine Cluster developed briefs to guide the implementation of the vaccine. Key Informant Interviews were also conducted to understand various perspectives in addition to various rapid assessments. A short-term technical assistance staff was hired to collate the briefs/guides developed by each of the TGs and STGs. A series of meetings were held to review and enrich the plan. The final draft of the NDVP was presented to the DOH Executive Committee, COVID-19 Vaccine Cluster of the National Task Force for endorsement. On 20 September 2021, DOH issued Department Circular 2021-0449 on the Interim Operational Guidelines on the Roll-out of the National COVID-19 Vaccine Deployment and Vaccination Program to the Rest of the Adult Population to set out additional directives for the implementation.

The target audience includes policy makers, planners, program and project implementers, development partners, health service providers, partners in public and private sector, civil society organizations, health consumers, and the general public. The NDVP was approved and ratified by the IATF Resolution no. 95 and further reinforced by the NTF Against COVID-19 Memorandum Circular no. 5 series of 2021.

Disseminating the NDVP to the different audiences in a meaningful way that will engage the audience and enable action will require that there are different versions and formats of this plan. **Table 8** below summarizes the proposed dissemination of the NDVP.

Table 8. Proposed Dissemination Strategy for the NDVP

Users	Needs	Dissemination
Government at all levels Development partners International agencies Private Sector Academic and Research Institutions General Public	Taking stock Any changes / updates in the plan Follow-up Planning and Projections Sector analysis Buy-in	**Contents (what)** Tables Graphs and maps Analysis Policy briefs and briefers Powerpoint presentations **Media (How)** Hard copy of the plan Soft copy of the plan Media (TV, newspapers) Workshops and seminars Government's knowledge management website.

3.3. Stakeholder Engagement Plan – Project Implementation

The Government of the Philippines, with the lead of the DOH and guidance of the COVID-19 Vaccine Czar's Office, will design and distribute a social mobilization and engagement strategy/demand plan and information awareness program, such as through advocacy, communications, social mobilization, risk and safety communications, community engagement, and training, to generate confidence, acceptance and demand for COVID-19 vaccines, including for engaging with national and local media, NGOs, social platforms, etc. and human resources for community outreach and risk communication management that also explains how complaints may be lodged and how they will be resolved, are available at all levels. This is being coordinated by the DOH- HPB with the Philippine Information Agency (PIA) and private sector partners. In response, community organizers will be hired and technical assistance on crisis communications and preparedness planning will be sought.

For public communications, the assigned Task Group is the TG on Demand Generation and Communications that has the following functions: (a) design a demand and risk communication plan, (b) implement social mobilization and community engagement activities, and (c) ensure social preparation of target population groups and geographical areas prior to vaccination.

The DOH through the Health Promotion Bureau (HPB), as member of the TG on Demand Generation and Communications headed by the Presidential Communications Operations Office (PCOO), together with the Philippine Information Agency (PIA), the National Telecommunications Commission (NTC), and the Department of the Interior and Local Government (DILG), will develop key messages and materials for public communications and advocacy aligned with the demand generation plan. The developed materials will be pre-tested in communities and will be subsequently rolled-out to the regional and local levels through learning development interventions of the Health Education and Promotion Officers (HEPOs). Moreover, the task group provided the LGUs a Demand Generation Playbook (https://tinyurl.com/DemGenPlaybook) which they can refer to when developing their respective micro-plan on demand generation.

Working alongside with the HPB, the DOH-Communications Management Unit (CMU) is in charge of addressing vaccine hesitancy through surveys and various communication efforts through infographics and FAQs disseminated in various social media.

The National Demand Generation and Communications Plan for COVID-19 Vaccines was developed and to be updated by the DOH-HPB for the COVID-19 immunization program and integrated in the NDVP. It is guided by a whole-of-government, whole-of-system, and whole-

of-society approach which encompasses general information on (i) COVID-19 and the need for sanitation and hygiene practices, (ii) COVID-19 vaccine basic information, (iii) trials results and procurement, and (iv) vaccine program roll-out. The WHO risk communication and community engagement readiness and response to coronavirus disease (COVID-19) released on 19 March 2020 will also be used as reference in the development of messages and planning of risk communication and community engagement (RCCE) activities.

A summary of the stakeholder strategy during the Project implementation is provided in **Table 9.**

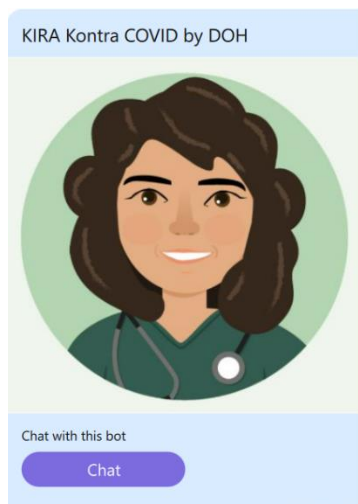
Table 9. Stakeholder Engagement Strategy

Topics	Methods	Target stakeholders	Responsible
• The Project, its activities and locations, potential impacts and mitigation measures. • Vaccination Program and Status Updates, including relevant policies and regulations • COVID-19 Infection Prevention and Control • Introduction of the Project's ESF instruments. • Updates in Project's ESF instruments. • Introduction of the SEP and the Grievance Redress Mechanism • Validation of the GRM steps/process • Feedback from Project consultations • Capacity Building of health workers and other frontline workers on communication and engagement • Information on Project activities in line with the World Health Organization	• Online meetings • Targeted consultations (virtual or with physical distancing in case of face to face) with relevant key stakeholder groups, in a culturally appropriate and health-conscious manner (e.g., consultations for the civil works components; community consultations for the vaccination activity; consultations with vulnerable groups • Awareness and engagement through unified messaging across multiple but streamlined communication platforms or spokespersons. (e.g., correspondence by phone/email, letters, social media, online messenger, online/virtual discussion, etc. • Site visits (with social distancing and use of personal protective equipment) • Locality's ways of engaging with constituents • Feedback listening from social media/ any online platform; rumor management • Feedbacks from survey • Learning Development Interventions (LDI) • Information Management • Existing or new community communication systems	• Affected people, priority eligible population for vaccination, and other interested parties as appropriate. • Relevant government agencies working in, or with an interest in health sector and COVID-19. • DOH Units (CHDs, PHO, RHU, CHO) • IPOs, NGOs and CSOs may also be included. • Local Government Units, Local Chief Executives (LCEs) • Recipient health facilities; Project beneficiaries • Host and neighboring communities where civil work projects will be located • Health facilities and their workers • Contractors engaged in Project implementation • Municipal waste collection and disposal workers • Business owners and providers of services, goods and materials • General public, including representatives of custodians for vaccination age groups between 12 – 17 • CSOs and NGOs • IP organizations / representatives • Development partners	DOH

(WHO) COVID19 guidance on risk communication and community engagement.			

The line-up of activities includes a series of consultations to be conducted with the implementers of the Grievance Redress Mechanism (GRM) and with the implementers and stakeholders of the COVID-19 vaccination activities, in consultation with and per directive of the COVID-19 Vaccine Cluster Organizational Structure.

Targeted consultations directed at relevant key industry stakeholders such as private sector engaged in cold chain storage and transportation, health care waste management (e.g., waste transport, storage and disposal service) and others, will be also conducted to ensure understanding of the quality of service required consistent with government regulations and the environmental and social standards of the Banks' ESF. These consultations should involve the Centers for Health Development, the Food and Drug Administration, local government units (LGUs), the recipient health facilities, and priority eligible population for vaccination, and the private sectors involved in cold chain management.



Another strategy is to set-up data collection systems including (a) social media listening and rumor management and (b) assessment of behavioral and social data will be established. Currently, the frequently asked questions (FAQs) on COVID-19 and the vaccines are being reviewed and updated based on possible scenarios. Using the revised information, the KIRA ChatBot backend will be updated. To be able to effectively develop and implement the above data collection systems, the following human resource strengthening, and re-enforcement activities will be conducted: (i) contracting of third party for the conduct of surveys, (ii) hiring of regional staff, at least 1 per region, (iii) contracting of technical assistance provider on infodemic management, (iv) contracting of technical assistance provider on in-house social listening, and (v) learning development interventions of regional and local HEPOs.

Included in the National Demand Generation and Communications Plan for COVID-19 Vaccines is the component on risk communication and community engagement for the effective delivery and deployment of the COVID-19 vaccines. It has the following objectives for the citizens:

- Understand, feel confident in the government's approach to roll-out COVID-19 vaccines, and believe that it is fair;
- Maintain trust in, and demand for, COVID-19 vaccine and routine immunization;
- Understand the importance of physical and mental resilience and continued practice of other preventive health behaviors (hand washing, mask wearing, and physical distancing); and
- Rely on government-initiated platforms as the authoritative source of information on COVID-19 vaccines deployment.

The specific objectives are as follows:

- Adults, caregivers, and parents understand the threat of COVID-19 and the need for herd immunity to protect their families;
- Eligible Filipinos are aware of the COVID-19 deployment plan (authorization for safety and efficacy, prioritization of recipients) and implementation plan (schedule, venue, and requirements for safe vaccination before the deployment start date);
- All Filipinos understand the key difference of the COVID-19 vaccine clinical trials and the government-led roll out of the COVID-19 vaccines;
- Health workers, community volunteers, and other frontline workers are able to communicate key messages of the campaign, respond to concerns regarding the campaign, and verify information appropriately; and
- Private sector, civil society organizations, Local Chief Executives, and other key stakeholders are engaged to champion the immunization activities through provision of accurate and timely information and of resources for community mobilization.

The approaches and strategies will include the following:

- Raising awareness and engagement through unified messaging across multiple but streamlined communication platforms or spokespersons.
- Ensuring feedback loops from monitoring of platforms to inform calibration of messages.
- Strengthening capacities of health workers and other frontline workers on communication and engagement
- Advocacy and engagement of partners and influencers, including Local Chief Executives (LCEs)
- Media engagement and management

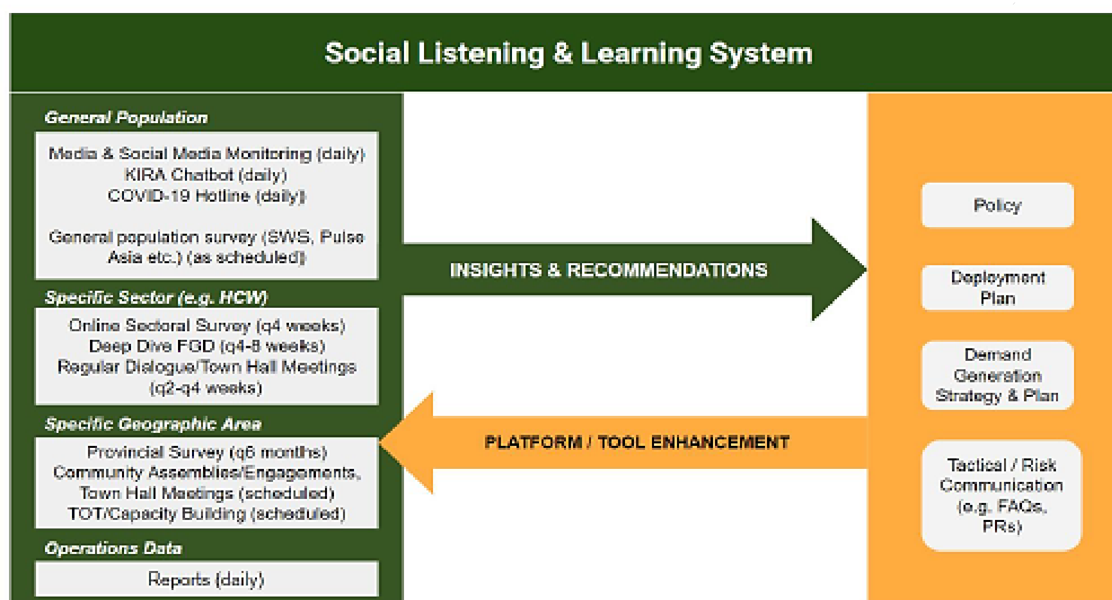
Table 10. Overview of the Key Messages Per Phase

Phases	Pre Roll-Out	Deployment	Post Deployment
Themes for General Public	1. Benefits of Vaccine and Urgency of Deployment 2. Prioritization and Timing 3. Rigorous Development, Approval and Monitoring 4. Global Cooperation	Patient responsibility and follow through Patient responsibility and follow through Continuous monitoring and responsible reporting	Legitimate sources of vaccines and reliable vaccination posts Sense of community

Social listening allows the COVID-19 vaccine communication team to prioritize and evaluate feedback from the different sources of information in order to create messages with relevant content for target audiences. Through this, communication can be adjusted based on trends and continuously shift strategies to fit the current needs of the target audiences. Social listening activities will generate insights and recommendations that will guide the development of policies, demand generation plans, creation, and dissemination of frequently asked questions (FAQs) and other communication materials regarding COVID-19 vaccines, and the overall COVID-19 vaccine deployment plan and strategies.

The social listening framework is shown in **Figure 3**, and the strategy recommended per geographic area level is in **Table 11.** The critical topics that are recommended to be covered per target group of stakeholders is shown in **Table 12.**

Figure 3. Social Listening Framework for the COVID-19 Vaccination



The DOH Health Promotion Bureau (HPB) regularly convenes with the Office of the Vaccine Czar, with the following schedule:

- Mondays at 8:00 AM, with the Boston Consulting Group, Vaccine Czar, and leads of the Task Group (TG) Demand Generation and Communications
- Tuesdays at 6:00 PM, the Vaccine Cluster Meeting with other Task Groups (TGs) and Sub-task Groups (STGs)

Together with the Office of the Vaccine Czar, the DOH HPB holds the 'Laging Handa: COVID-19 Vaccines Explained' as information and demand generation campaign for the COVID-19 vaccines. The other platforms of interface include chat group with NTF, PIA, and DOH for issues management. The health promotion campaign of the HPB for the COVID-19 response (**Figure 4**) and the vaccination (**Figure 5**) may be summarized in the following figure:

Table 11. Social Listening Strategy per Geographic Area Level

Tool	Level	Task	Output
Community Events	Regional	Communications with local counterparts through established communication channels/ social media groups; identify and consolidate relevant concerns	Weekly reporting to national Social Listening Sub-task Group (every Friday, starting February)
	Local	Organize community assemblies, Town Hall Meetings, or Community Engagement Activities; gather relevant concerns and respond to queries and concerns	Weekly feedback to the CHD/ Regional VOCs.
COVID-19 Vaccine Online Survey	Regional	Disseminate the online survey to more than 345 healthcare workers in the region.	
	Local	Help in the regional in disseminating the online survey to healthcare workers in the localities.	
COVID-19 Vaccine Provincial face to Face Survey (General Adult Population)	Regional	Oversee and coordinate survey dissemination and data gathering activities; Communicate regularly with local counterparts to update on survey status through established communication channels/ social media groups; Feedback regular updates on survey status to national Social Listening team.	Monitoring of data encoded and submitted online by local counterparts
		Conduct face to face data gathering for more than 500 adult respondents per province and independent city; Feedback regular updates on survey status to CHD/ RVOC.	Encode and submit data online on March and September.

Table 12. Topics for Targeted Stakeholders for Demand Generation of the COVID-19 Vaccines

Non HCW community Frontliners	Overview of the Vaccine Deployment Plan	Demand Generation: Framework for Action	Demand Generation: Playbook	Feedback Mechanisms and Social Listening	Vaccine Reportage and Communications
TARGET GROUPS at the NATIONAL LEVEL					
CHDs, HEPOs, Provincial/ Municipal Information Centres, LGU HEPOs, Province/City Health Officer, PDRRMO	X	X	X	X	X
LCE/LGUs through ULAP)	X	X	X	X	X
Key NGAs (e.g., DILG, DepEd, AFP, PNP, NDRRMC, etc.)	X	X	X	X	X
Medical Societies	X	X	X	X	
Media	X				X
Faith based groups	X				
PROVINCIAL/ REGIONAL/ LOCAL FOCAL POINTS (Capacity Building or cascading by Priority National Target Groups)					
Barangay LGU Officials	X	X	X	X	
BHWs/ BHERT	X	X	X	X	
Public and private primary and secondary school teachers	X	X			
Medical societies and network	X	X			
Faith based groups	X				
Community leaders	X				
Youth-based groups	X				

Figure 4. Health Promotion Campaign Strategy of DOH for the COVID-19 Response

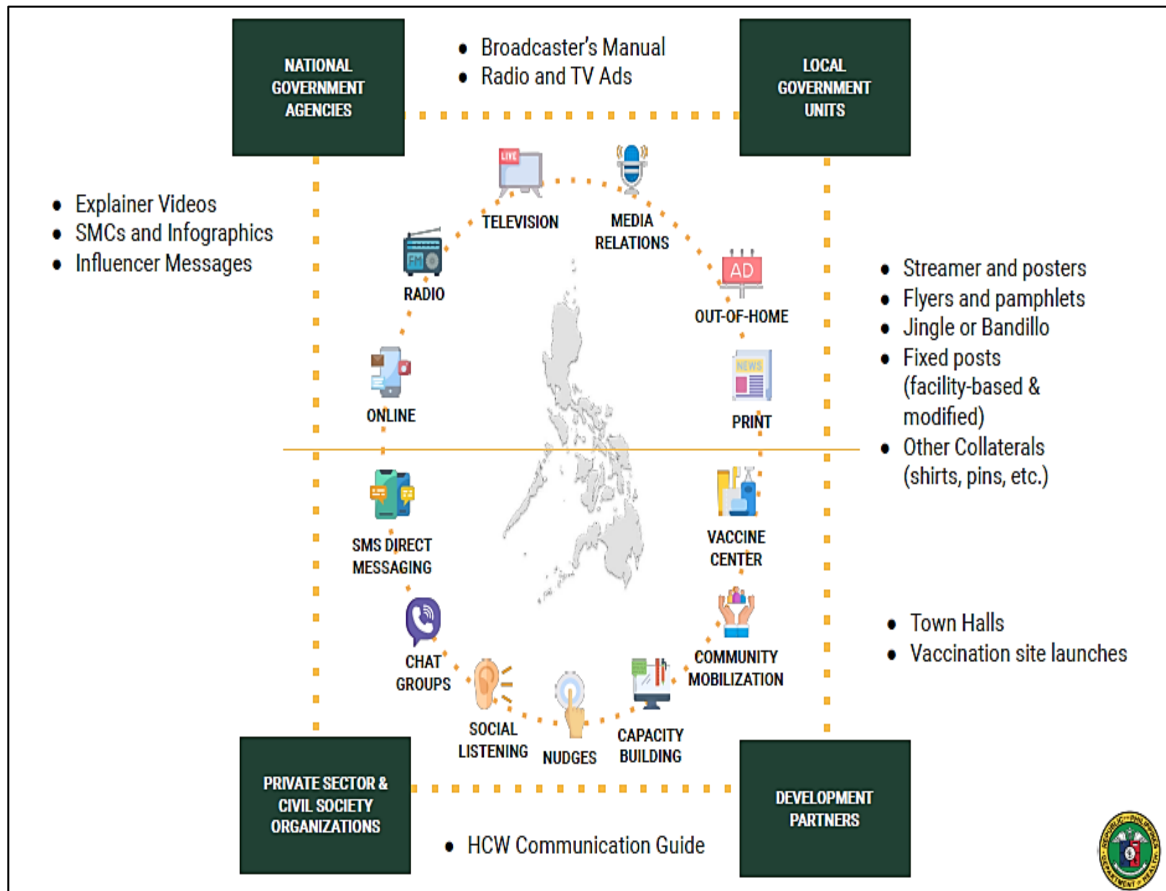
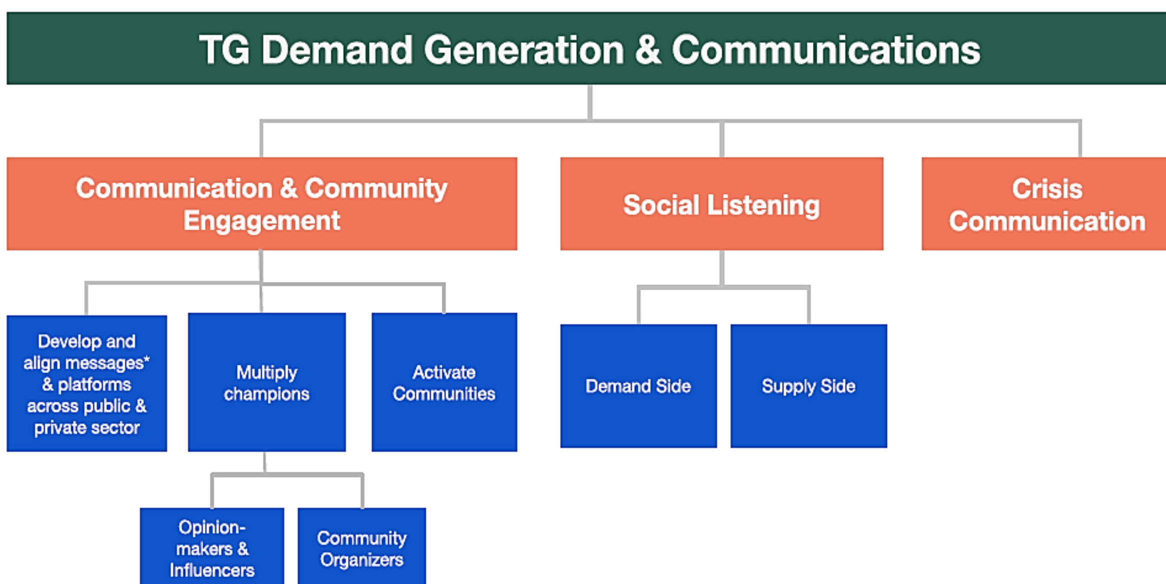
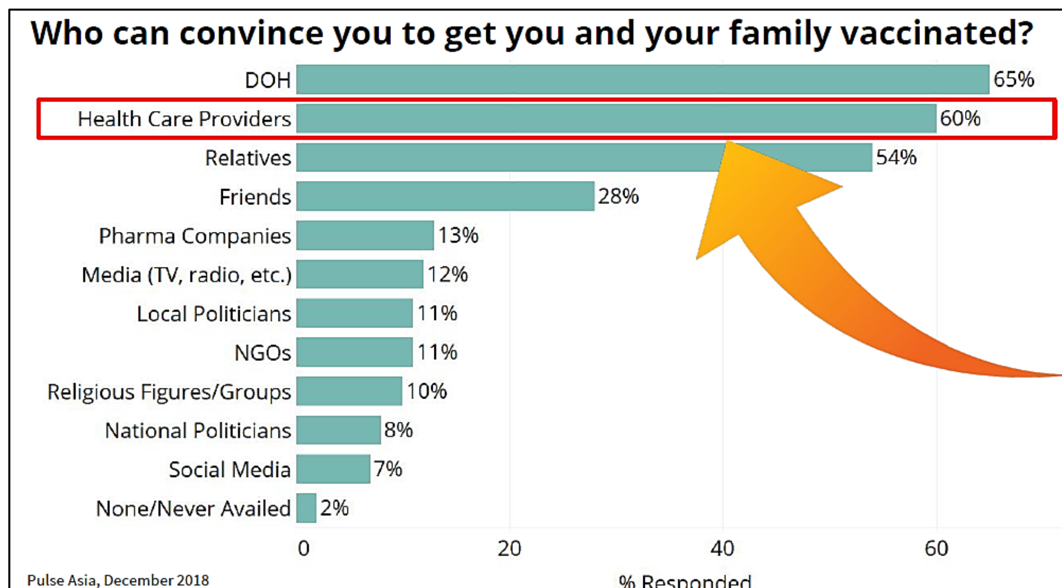


Figure 5. Health Promotion Campaign Strategy of DOH for the COVID-19 Vaccination



The Pulse Asia has conducted a survey last December 2018 on who can get an individual vaccinated and it is shown that health care providers, relatives, and local government units play a crucial role, considering the devolved nature of health care in the country (**Figure 6**). It is important to note, however, that this survey is not in the context of COVID-19.

Figure 6. Pulse Asia Survey on Vaccination Positive Influencers (2018)



The HPB also has been conducting a series of Town Halls wherein various stakeholder groups are invited to consult on the COVID-19 vaccination. Consultations with the Philippine Medical Association (PMA) last 14 January 2021, Philippine Nurses Association (PNA) last 16 January 2021, with pharmacists last 23 January 2021, and with midwives last 30 January 2021 show the vaccine acceptance of these groups (**Figure 7**) upon the poll on the question "How likely are you to get the COVID Vaccine if available, with safety and effectiveness comparable to other common vaccines, and with FDA approval for public use?".

Figure 7. Vaccination acceptance results during the Town Halls led by the HPB (2021)

	Town Hall with PMA (14 Jan 2021)		Town Hall with PNA (16 Jan 2021)		Town Hall with Pharmacists (23 Jan 2021)		Town Hall with Midwives (30 Jan 2021)	
	Entry Poll (N=301)	Exit Poll (N=293)	Entry Poll (N=298)	Exit Poll (N=314)	Entry Poll (N=534)	Exit Poll (N=723)	Entry Poll (N=322)	Exit Poll (N=495)
Highly Likely	84%	94%	67%	83%	58%	88%	47%	75%
Not Likely	2%	1%	4%	4%	10%	3%	15%	5%
Not Sure	17%	7%	29%	13%	33%	9%	38%	20%

Various health trainings on COVID-19 and vaccination are also made available at the DOH Academy E-Learning Platform (https://learn.doh.gov.ph/). The module on health promotion for COVID-19 vaccines includes the following topics shown in **Table 13.**

Table 13. Health Promotion Module for COVID-19 Vaccines in the DOH Academy E-Learning Platform

Topic	Target Audience
1: Overview of the Vaccine Deployment Plan: 10 Things You Need to Know	Communicators, General Public
2: Demand Generation: Framework for Action	Communicators
3: Demand Generation: Playbook	Communicators
4: Feedback Mechanisms and Social Listening	Communicators
5: Vaccine Reportage and Communications	Communicators

The Project would continue its active participation in the initiatives carried out the National Task Force Against COVID-19 and the DOH. The information would then serve as inputs to the interventions from the components such as assessment tools, studies and learning development initiatives for the various stakeholders PCERP works with.

3.4. Proposed Strategy to Incorporate the View of Vulnerable Groups

The Project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with indigenous peoples and women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation.

Examples may include the following approaches for each group:

a. Women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities;
b. Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns;
c. Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers;
d. People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and
e. Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

3.5. Summary of Project Stakeholder Needs and Methods, Tools, and Techniques for Stakeholder Engagement

Different engagement methods are proposed and cover different needs of the stakeholders:

- Online formal meetings
- Engagement through unified messaging across multiple but streamlined communication platforms or spokespersons. (e.g., correspondence by phone/email, letters, social media, online messenger, online/virtual discussion, etc.)
- Community consultations where physical distancing measures are practiced in respective LGUs/areas
- One-on-one interviews through phone or available local apps (i.e., Viber, Messenger)
- Feedback listening from social media/ any online platform; rumor management
- Site visits with personal protective equipment and physical distancing measures (when appropriate)
- Learning Development Interventions (LDI)
- Locality's ways of engaging with constituents
- Use of existing or new community communication mechanisms

Targeted consultations with special interest groups will be regularly undertaken, as needed. These include the organizations representing and supporting people with disabilities (PWDs), such as the Alyansa ng may Kapansanang Pinoy, Inc. (AKAP-Pinoy), which is a 415-strong federation of local and national organizations and 900 individual members dedicated to advocate for the rights and promote the interests of persons with disabilities), the Life Haven Center for Independent Living, Regional Association of Women with Disabilities, the Philippine Federation of the Deaf, Inc. (PFD), and the Philippine Coalition on UNCRPD.

Targeted consultations with indigenous peoples' representatives and organizations including the National Commission on Indigenous Peoples (NCIP) will also be undertaken during project implementation. This will include, *inter alia*:

- Identification of indigenous peoples' organizations for stakeholder engagement;
- Identification of potential affected groups and communities, their representative bodies and organizations;
- Engagement approaches that are culturally appropriate that allow for sufficient time for feedback and decision-making processes; and
- Measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively including relevant mechanisms and procedures of the Joint Memorandum Circular "Guidelines on the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities (IPs/ICCs)" agreed to between DOH, NCIP, the Department of Interior and Local Government (DILG) on June 3, 2013.

Where the SEP and the ESMF are used to address Indigenous Peoples, the SEP will be prepared in a manner consistent with the ESS7 to enable targeted meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for Indigenous Peoples decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

For any vaccination program where Indigenous Peoples are beneficiaries, the SEP will include targeted, culturally- appropriate and meaningful consultations before any vaccination efforts begin. Consultations and vaccination campaigns will be conducted through partnership with relevant Indigenous Peoples organizations and traditional authorities. The GRM will be

culturally appropriate and accessible for IPs taking into account their customary dispute settlement mechanism. Consultations will clearly communicate that there are policies ensuring that there is no forced vaccination.[5] If the Borrower has mandatory vaccination regulations applicable to IP/SSAHUTLC, targeted, culturally appropriate and meaningful consultations should be conducted for applicability of these regulations to IP/SSAHUTLC communities. An adaptive approach may also be needed for engaging stakeholders in Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) due to the fragile political situation and security context. Particularly if the project will finance site-specific investments in BARMM (in addition to awareness raising), the SEP will be revised to include specific provisions for stakeholder engagement. On the other hand, community consultations with the affected stakeholders in the civil works project sites and other project activities will still be conducted in coordination with the BARMM-Ministry of Health.

A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The risk from virus transmission is higher for Indigenous Peoples living in more remote areas. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Testing or vaccinating of the intermediaries conducting consultations who may travel in and out of communities.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail), particularly to target stakeholders who do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis.
- For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil

[5] *See* the Project Appraisal Document for the COVID-19 Multi Phase Programmatic Approach Additional Financing, which can be found here and states that the Bank will provide assistance to Borrowers for the “establishment of policies related to ensuring that there is no forced vaccination.” *Forced vaccination* refers to a government mandate requiring vaccination of everyone or everyone in a defined group, without any exceptions or due process for refusing to be vaccinated. Refusal to be vaccinated may result in punitive measures such as criminal sanctions.

society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions, and provide feedback.

Finally, during the implementation of the Project, the ESMF and the SEP will be regularly updated and the alternative tools for stakeholder engagement will be assessed, as needed. This may include: establishing community feedback mechanisms for healthcare providers to support two-way communications, for example to build vulnerability profiles in the community and to counter misinformation and misperceptions; use of community facilitators and leaders to provide two-way information channels to healthcare providers in identifying who is most vulnerable or at high risk, and who may require support; use of global and local tools developed to address COVID-19, such as the WHO COVID19 Alerts via WhatsApp, HealthBuddy, and Covid19Info App, including a tracking and educational platform with mobile phone alerts..

4.0 Future of the Project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the ESMF, Stakeholder Engagement Plan, and Grievance Redress Mechanism (GRM).

5.0 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

5.1. Resources

The original approved loan financing of US$ 100 Million (Loan no. 9105-PH) had been increased by US$ 500 Million (Loan no. 9220-PH) through the Additional Financing in March 2021, to cover the procurement of vaccines against COVID- 19 and to support the DOH National Deployment and Vaccination Plan (NDVP). The new total of the Project financing is US$ 600 Million. A breakdown of the Project financing is shown in **Table 14.**

Table 14. PCERP Funding (Parent Project and Additional Financing (Loan Nos. 9105-PH and 9220-PH

Component	Parent Project + Additional Financing	Government of the Philippines
Component 1: Strengthening Emergency COVID-19 Healthcare Response	US$ 577,117,000	
Sub-component 1.1 Provision of medical and laboratory equipment and reagents;	US$ 39,454,000	
Sub-component 1.2 Provision of medical supplies, including Personal Protective Equipment (PPE), medical countermeasures, medicines, and ambulance	US$ 13,463,000	
Sub-component 1.2 Provision for COVID vaccines (Additional Financing 1)	US$ 500,000,000	
Sub-component 1.3 Regular and intensive care isolation rooms with negative pressure	US$ 24,200,000	
Sub-component 1.4 Deployment of COVID-19 vaccines** (new sub-component, financed by counterpart funding from the GOP)		US$ 155,500,000
Component 2: Strengthening laboratory capacity at national and sub-national level to	US$ 15,678,000	

support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response		
Component 3: Implementation Management and Monitoring and Evaluation	US$ 7,205,000	
Component 4: Contingent Emergency Response Component (CERC)	-	
Total	**US$ 600,000**	**US$ 155,500,000**

Requested budget for the Second Additional Financing amounting to $300 million USD will be allocated for the procurement of additional COVID-19 vaccines for booster vaccines and/or additional doses to fully vaccinated individuals and for the expansion of the COVID-19 immunization program to include the population ages 12 - 17.

The breakdown of the proposed expanded additional financing for PCERP is shown in **Table 15.**

Table 15. Projected Breakdown of Expanded Additional Financing for PCERP (as of October 2021)

Budget Item	Quantity	Total Cost	
A. COVID-19 Vaccine	25,6000	Php 13,926,400,000	US$ 274,000,000
B. Ancillary Supplies			
AD Syringe	28,160	Php 70,400,000	US$ 2,000,000
Safety Box	309,760	Php 19,824,640	US$ 1,000,000
C. End to end Logistics		Php 1,280,000,000	US$ 26,000,000
Total		**Php 15,296,624,640**	**US$ 300,000,000**

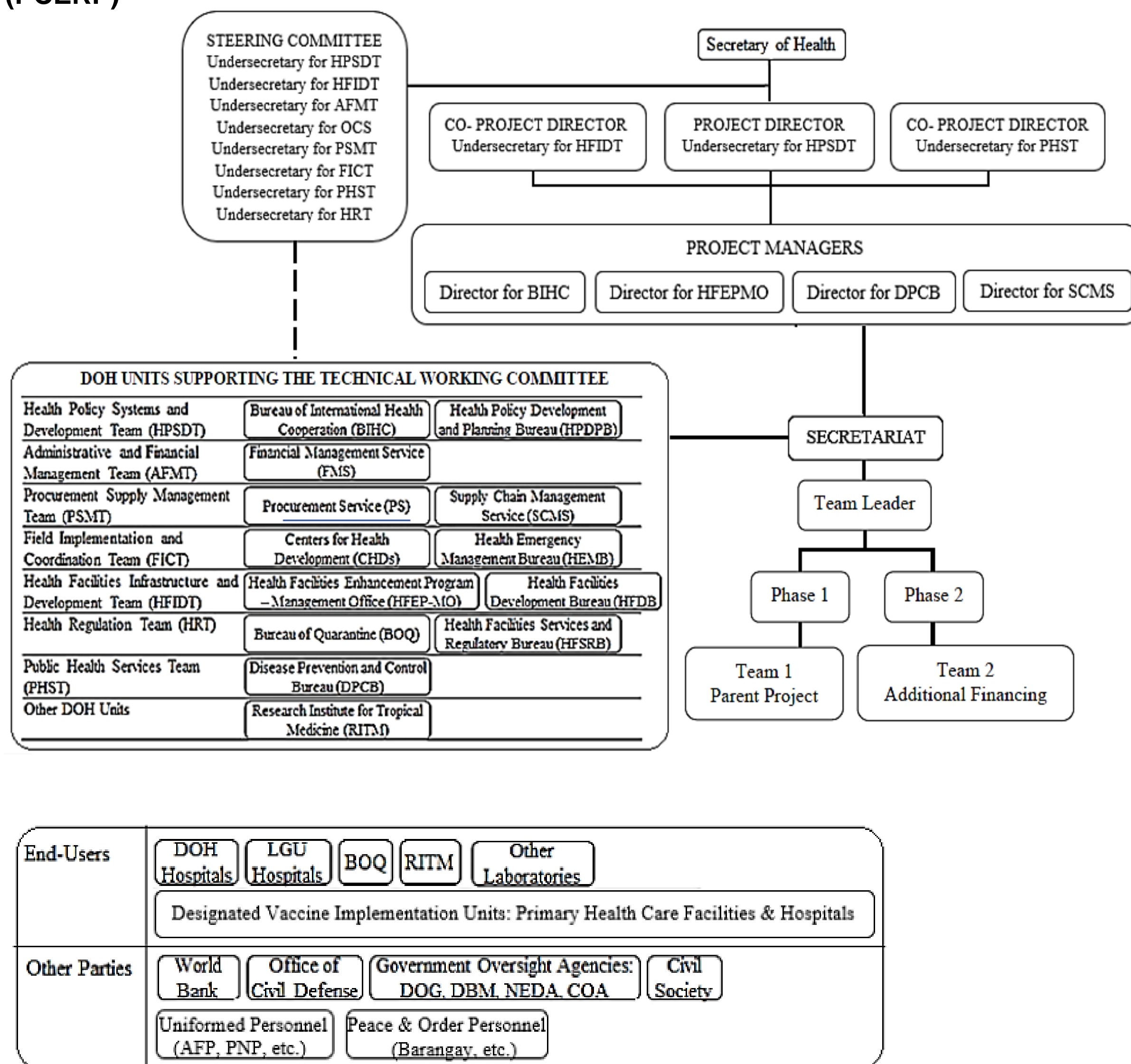
The budget for the SEP remains included in the Project Component 3 budget amounting to US$ 7,205,000 for Implementation Management and Monitoring and Evaluation of the Project, where the ESF Implementation is charged. The DOH will be responsible in the stakeholder engagement activities.

5.2. Management Functions and Responsibilities

The DOH will be the implementing agency for the Project. The DOH has appointed a Project Director (Undersecretary level), and a Project Manager (Director level), with two Project Co-Directors for the implementation of the Project and the Additional Financing. The DOH will appoint a Project Manager. The Project Manager will be acting through DOH's technical departments and national programs, as well as the regional health units, Local Government Units (LGUs), referral hospitals, and health centers. Within the DOH, the Project will be implemented through the following Departments, using mainstream DOH processes and will not involve a parallel project implementation unit or secretariat: Bureau of International Health Cooperation (BIHC), Health Facility Enhancement Program Management Office (HFEPMO), Disease Prevention and Control Bureau (DPCB), Health Emergency Management Bureau (HEMB), Procurement Service (PS), Finance Management Service (FMS), and relevant units, with BIHC as the main project focal point. However, the project will have a provision to strengthen these departments' capacity and skills through additional consultants or advisors.

The PCERP's organizational structure is shown in **Figure 8.**

Figure 8. Institutional Set Up for the Philippine COVID-19 Emergency Response Project (PCERP)



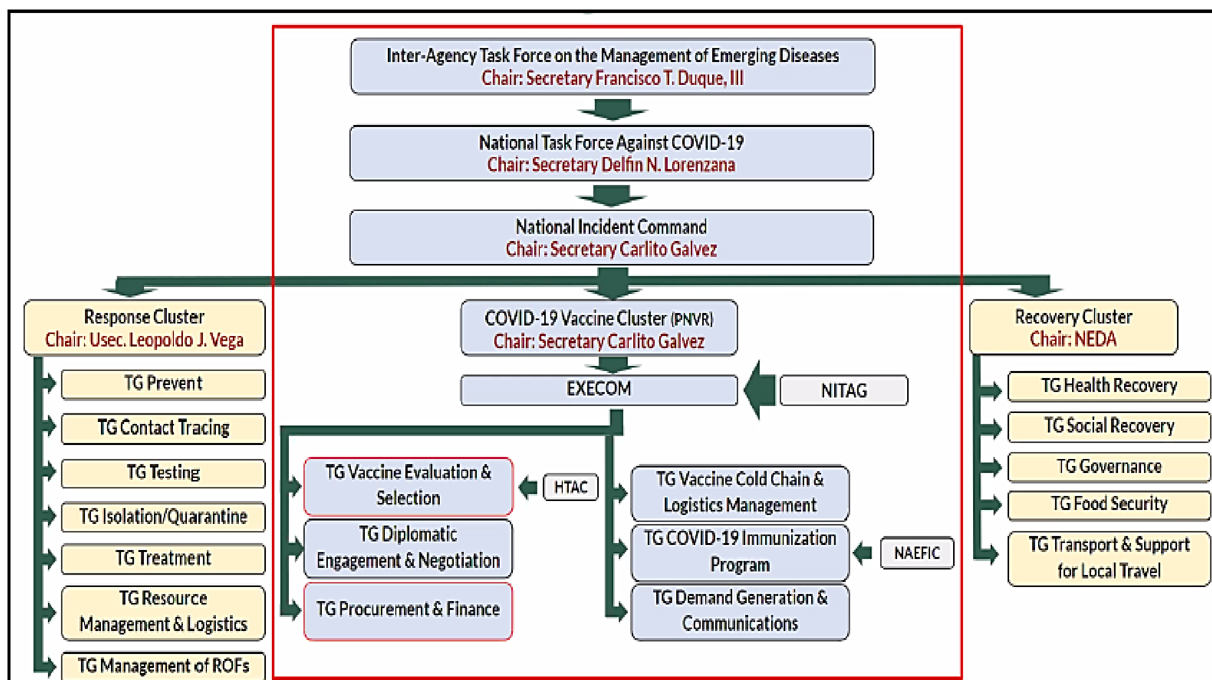
DOH will be responsible for the implementation of the SEP, as well as the ESMF and the Environmental and Social Commitment Plan (ESCP). DOH will appoint an Environmental and Social Risk Management Specialist to manage environmental and social risks of the Project and the engagement with stakeholders. Consultants may be hired as necessary.

The DOH Environmental and Social Safeguards Team will provide technical and administrative support to the DOH DPCB, HPB, and other offices as advised for the risk communication and community engagement activities, mainly for information, communication, and consultation of the COVID-19 vaccine deployment and delivery activities, as necessary.

5.2.1 The COVID-19 Vaccine Cluster Organizational Structure

The COVID-19 Vaccine Cluster shall serve as a unified command, control, coordination, communication, and cooperation mechanism that ensures the procurement, deployment of COVID-19 vaccine and the vaccination of identified eligible populations.

Figure 9. COVID-19 Vaccine Cluster Organizational Structure



The organizational structure is shown on **Figure 9**, with the line of command for COVID-19 vaccines as follows:

1. The **Inter-Agency Task Force on Emerging Infectious Diseases** (**IATF-EID**, or merely the **IATF**) is a task force created through Executive Order No. 168 s. 2014 by the Philippine President to respond to affairs concerning emerging infectious diseases in the country. For COVID-19 vaccines, the IATF-EID shall serve as the National Coordinating Committee.

2. For the COVID-19 pandemic response, President Rodrigo Duterte established the **National Task Force (NTF) Against COVID-19** to oversee the operations of the national response. Detailing the strategic framework of the pandemic response, the National Task Force drafted the National Action Plan Against COVID-19 (NAP) to guide the operations of the pandemic response anchoring on the principle that the response should be national-government-enabled, local government unit (LGU)-led, and people-centered.

3. Under the NTF Against COVID-19, there are three clusters namely, the Response Cluster, the Recovery Cluster and the **COVID-19 Vaccine Cluster.** As mentioned above, seeing the need for an organizational structure to support the strategic directions of the national government, the COVID-19 Vaccine Cluster was added based on the guidance stipulated in the NAP Phase III. In line with the directions of the VIRAT, the COVID-19 Vaccine Cluster shall serve as the National Technical Working Group. The COVID-19 Vaccine Cluster is led by Secretary Carlito G. Galvez, Jr., who was designated by President Rodrigo Roa Duterte as the COVID-19 Vaccine Czar. The President of the Philippines appointed a Vaccine Czar for the purchase of vaccines and negotiate with manufacturers. To support the Vaccine Czar, the Inter-agency Task Force on Emerging Infectious Diseases (IATF-EID) created a structure that

would manage and distribute COVID-19 vaccines once they become available to the Philippines. The vaccine task group is led by the Department of Health.

4. Under the COVID-19 Cluster are six **Task Groups**, and based on the direction of the VIRAT, shall serve as the Sub-Technical Working Groups. Each TGs is represented by the designated lead in the COVID-19 Vaccine Cluster Executive Committee. The Committee, in turn, advises and updates the COVID-19 Vaccine Cluster Chair. The six Task Groups are:

a. Scientific Evaluation and Selection
b. Diplomatic Engagement and Negotiation
c. Procurement and Finance
d. Cold Chain and Logistics Management
e. Immunization Program
f. Demand Generation and Communications.

The COVID-19 vaccination activities will be implemented in accordance with the directives of the COVID-19 Vaccine Cluster Organizational Structure. The Inter-Agency Task Force on the Management of Emerging Diseases is Chaired by Secretary Francisco Duque IIII of the Department of Health while the National Task Force Against COVID-19 is Chaired by Secretary Delfin Lorenzana of the Department of Defense. Secretary Carlito Galvez, Jr., Presidential Adviser on the Peace Process, is the Chairperson of the National Incident Command and COVID-19 Vaccine Cluster (Philippine National Vaccine Roadmap or PNVR). Undersecretary Leopoldo Vega of the Department of Health is the Chairperson of the Response Cluster while the National Economic and Development Authority (NEDA) is the Chair of the Recovery Cluster.

Under the TG COVID-19 Immunization Program, are **four Sub-Task Groups (STGs)**, namely: STG Planning, Policy & Technical Support, STG Program Implementation, STG Registry, Data Management and Monitoring & Evaluation, and STG Safety Surveillance & Response. The STGs are composed of the following:

a. STG Planning, Policy & Technical Support
   i. Lead: DOH [Disease Prevention and Control Bureau (DPCB)]
   ii. Members: DOH [Epidemiology Bureau (EB), and Health Policy Development and Planning Bureau (HPDPB)], OCPLC, DepEd, DILG

b. STG Program Implementation
   i. Lead: DOH (DPCB)
   ii. Members: DOH [Health Emergency Management Bureau (HEMB) and Health Human Resource Development Bureau (HHRDB)], DILG (BFP, PNP, BJMP), DSWD, DepEd, DND (AFP), DOJ (BuCor), DOTr (PCG)

c. STG Registry, Data Management & M&E
   i. Lead: DOH (EB)
   ii. Members: DOH [Knowledge Management and Information Technology Service (KMITS) and DPCB], DICT, DWSD, DepEd

d. STG Safety Surveillance & Response
   i. Lead: FDA
   ii. Members: DOH [EB, Field Implementation and Coordination Team (FICT), DPCB, HEMB]

The Task Groups are composed of various government agencies and participated by diverse experts and professionals as shown in **Table 16**.

Table 16. Summary of Task Groups (TGs)

Task Group (TG)	Lead	Members	Roles and Responsibilities
Scientific Evaluation and Selection	Department of Science and Technology (DOST)	Department of Health (DOH), Food and Drug Administration (FDA), Research Institute for Tropical Medicine (RITM), Department of Trade and Industry (DTI), Department of Foreign Affairs (DFA), National Development Company (NDC), and the Vaccine Expert Panel (VEP)	• Provide oversight on the evaluation of applications and conduct of COVID-19 vaccine clinical trials in the country. • Evaluate results of COVID-19 vaccine clinical trials as part of the inputs on the criteria for COVID-19 vaccine selection. • Develop criteria and provide recommendations of the evaluation and selection of COVID-19 vaccines that will be considered for procurement. • Continue engagement with bilateral partners for clinical trials interested in pursuing local manufacturing and technology transfer.
Diplomatic Engagement and Negotiation	Department Foreign Affairs (DFA)	Department of Finance (DOF), DOH, National Task Force, DOST, Office of the President (OP)	• Initiate diplomatic engagements with other governments, international bodies, international non-government organizations, international financial institutions, and international cooperation agencies. • Provide feedback and updates to the other respective TGs pertaining to vaccines in the global market. • Coordinate and collaborate with TG Procurement and Finance in identifying viable global market vaccine manufacturers and entities. • Negotiate agreements for the provision of technical and financial assistance.
Procurement and Finance	DOF	Department of Budget and Management (DBM), DOH	• Facilitate procurement through various mechanisms allowed under existing laws, rules and regulations through bilateral, multilateral and other financial modalities (e.g. COVAX Facility and etc.). • Activate price negotiation board subject to HTA's cost-effective price, if applicable. • Coordinate with legislators, as may be necessary on budget and co-payment ceilings. • Explore local vaccine production and supply, if applicable.

Cold Chain and Logistics Management	DOH, Co-Lead: Task Group Resource Management and Logistics (TGRML) under the Response Cluster	DBM; Department of Interior and Local Government (DILG), specifically, the Philippine National Police (PNP); Department of National Defense (DND), specifically the Armed Forces of the Philippines (AFP) and the Office of Civil Defense (OCD), Department of Information and Communications Technology (DICT), Department of Transportation (DOTr), RITM, FDA, and DTI	• Map the potential port(s) of entry, points of storage (stores), and fallback facilities in the country with their respective cold chain and transportation/distribution capacity for vaccines and ancillary products and assess dry storage and cold chain capacity at all levels. • Facilitate acceptance and inventory of vaccines and logistics. • Facilitate and ensure storage, distribution and delivery of vaccines and logistics to target areas. • Monitor cold chain practices and ensure that vaccines are handled and disposed correctly and properly. • Develop a distribution plan down to the local level; adapt needs of vaccines, syringes and safety boxes to planning of stages or phases according to vaccine availability. • Schedule transportation of vaccines and other supplies at all levels. • Implement monitoring systems for vaccine distribution and conduct inventories using logistics information software integrated into existing systems and technology development (barcodes, electronic tracking, etc.). • Define indicators to evaluate the supply chain from the international up to the service delivery points.
COVID-19 Immunization Program	DOH	DILG, DND, Office of the Chief Presidential Legal Counsel (OCPLC), Bureau of Corrections (BuCor), Philippine Coast Guard (PCG), Department of Social Welfare and Development (DSWD), Department of Justice (DOJ), Department of Education (DepEd), AFP, PNP, BJMP, DICT, FDA, Department of Labor and Employment (DOLE)	• Plan and craft policies, guidelines and standard operating procedures related to the COVID-19 vaccine deployment and program implementation. • Estimate potential numbers of target populations that will be prioritized for access to vaccines stratified by target group and geographic location. • Identify potential COVID-19 vaccine delivery strategies. • Create a data information system for all vaccine recipients • Provide capacity building and trainings to implementers • Develop or adapt existing and implement AEFI/Post-marketing surveillance and monitoring framework

			• Ensure or craft guidelines, procedures and tools for planning and conducting vaccine pharmacovigilance activities
Demand Generation and Communications	Presidential Communications Operations Office (PCOO)	DOH, National Telecommunications Commission (NTC), Philippine Information Agency (PIA), DILG	• Design a demand and risk communication plan. • Implement social mobilization and community engagement activities. • Ensure social preparation of target population groups and geographical areas prior to vaccination.

The COVID-19 Vaccine Cluster is supported by several independent bodies. These are:

a. The **National Immunization Technical Advisory Group (NITAG) for COVID-19 Vaccines** is a multidisciplinary group of national experts responsible for providing independent, evidence-informed advice to policymakers and program managers on immunization and vaccine policy issues. The Philippine NITAG was organized and created through a Department Personnel Order as issued by the Secretary of Health of the Republic of the Philippines. The NITAG shall serve as an independent body that provides recommendations to the DOH and COVID-19 Vaccine Cluster, ensuring transparency, credibility, and technical soundness to the decision-making process and contributes to building public confidence COVID-19 vaccination program.

b. The **National Adverse Event Following Immunization Committee (NAEFIC),** comprises representatives from different medical societies and vaccine experts. It reviews, analyzes, and comes up with causality assessment as the basis for the Food and Drug Authority (FDA) action and appropriate DOH bureaus/offices on Adverse Events Following Immunization (AEFI) and Adverse Events of Special Interest (AESI).

c. The **Health Technology Assessment Council (HTAC)**, whose mandate is to undertake technology appraisals by determining their clinical and economic values in the Philippine healthcare system, with the aim to improve overall health outcomes and ensure fairness, equity and sustainability of coverage for all Filipino citizens.

The National COVID-19 Vaccination Operations Center shall be headed by the COVID-19 Vaccine Cluster Chair, The Regional COVID-19 Vaccination Operations Center shall be led by the Centers for Health Development with the participation of other government agencies and the Regional Task Forces Against COVID-19. And lastly, the Local COVID-19 Vaccination Operations Center shall be led by the Local Government Units. The Provincial Vaccination Operations Center shall oversee the Municipal and City Vaccination Operations Center (component cities). To avoid overlapping of functions and oversight, the COVID-19 Vaccination Operations Centers shall be distinctly separated from the EOCs of the COVID-19 Response Clusters which are headed by the Regional/Local Task Forces

Table 17. Functions of The Support Groups to the COVID-19 Vaccine Cluster

Group	Function
National Immunization Technical Advisory Group (NITAG)	• Review the latest position papers, studies, international guidelines and recommendations from internationally acknowledged resources [i.e., World Health Organization (WHO), Strategic Advisory Group of Experts for Immunization (SAGE)] for possible adoption in the country policies and plans for the National Immunization Programme. • Conduct existing policy analysis, review of the program data and evidence in order to provide evidence-based technical advice and recommendations for the development of appropriate and sustainable immunization policies, guidelines, strategies and approaches related to immunization program. • Advise the DOH in the formulation of policies, plans and strategies for research and development of existing and new vaccines and the vaccine delivery technology.
National Adverse Events Following Immunization Committee	• Review all reported serious and cluster of AEFI cases presented for expert opinion and provide a final causality assessment of the AEFI cases as well as the cases that were not classified by the Regional AEFI Committee. • Ensure evidence-based causality assessment by recommending further investigation and data collection as needed.

	• Make final decisions on causality assessment of inconclusive investigations. • Ensure standard protocols for AEFI surveillance and investigation are correctly followed. • Engage with other national and international experts when requirements arise in establishing causality and vaccine quality issues. • Provide recommendations to the National Immunization Program, EB and National Cold Chain Manager on improving immunization service delivery, compliance with injection safety and effective vaccine management based on lessons from the AEFI cases. • Serve as technical advisory group on vaccine and immunization safety-related issues of highest consideration such as immediate recall of vaccine from the market or temporary/permanent withdrawal of a vaccine from the immunization program. • Serve as resource person in other AEFI related meetings, conferences or capacity building activities as requested.
Health Technology Assessment Council	• Oversee and coordinate the health technology assessment process of candidate COVID-19 vaccine. • Review and assess existing evidences of COVID-19 vaccines undergoing/undergone clinical trials. • Coordinate and provide recommendations to the TG Vaccine Evaluation and Selection.

The Focal Points will support implementing entities and partners, including LGUs and other government entities, in implementing the SEP.

The stakeholder engagement activities will be documented through minutes of stakeholder engagements, minutes of monthly and quarterly meetings with implementing partners as well as in the Project's semi-annual reports. Consultation reports will be prepared by DOH after project-related public engagement activities have been carried out. These reports will be widely shared with the stakeholders and reported to the World Bank as defined in the ESMF and ESCP.

6.0 Grievance Mechanism

While the Project addresses the urgent needs and concerns of the pandemic, it also provides economic and social benefits to various stakeholders upon implementation. However, the roll-out can bring about possible problems that can affect the communities. Thus, PCERP adheres to the World Bank's Environment and Social Management Framework (ESMF) to anticipate and mitigate the risks and negative impacts during the implementation period. One of the strategies is the installation of a Grievance Redress Mechanism (GRM) to facilitate the handling of feedback, complaints and recommendations from stakeholders.

The main objective of a Grievance Redress Mechanism (GRM) is 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. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the Project;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

Currently, PCERP has set up Kobo Toolbox online forms for GRM on civil works, contractor management and for the general public. Entries are monitored and summarized monthly to be included in the ESS Compliance Monitoring Report. Should there be any complaints, the Project will forward this to the concerned government agency / office for the appropriate action.

The Project plans to conduct another round of consultations with key stakeholders to validate the revised FGRM process document to check if mechanisms are accessible and used at all and solicit other effective approaches being used.

6.1. Description of GRM

The Grievance Redress Mechanism is open to all Project stakeholders, including the DOH personnel, health workers, communities nearby Project construction areas, vaccine candidates and vaccinated individuals, and civil society organizations to name a few. The Grievance Redress Mechanism is based on existing national policies such as the DOH's Citizen Charter 2nd edition (2020), Civil Service Commission (CSC) Resolution no. 1701077 – 2017 Rules on Administrative Cases in the Civil Service (2017 RACCS), Department of the Interior and Local Government (DILG) Memorandum Circular no. 2017-109 – Designation of a Permanent Action Team for the Implementation of Citizen's Complaint Hotline 8888, and the Labor Code of the Philippines (Presidential Decree no. 442 of 1974 as amended and renumbered), among others.

6.2 Grievance Reporting Channels

6.2.1 Reporting of Grievances to Authorities

The grievances may occur in health facility or community settings and may be relayed through the following medium/channel: physical or walk-in, mail and e-mail, and phone call. Shown in **Table 18** are the grievance reporting mechanisms per medium/channel:

Table 18. Grievance Reporting Mechanisms

Grievance Reporting Medium or Channel	Grievance Reporting Mechanism	Grievance Receiver
Physical or Walk-In	Complainant files grievance through the Complaints Handling Unit (CHU) or similar unit in the DOH Central Office (CO), DOH Centers for Health Development (CHDs), DOH health facilities, Civil Service Commission and its Regional Offices, DILG Central and Regional Offices, DOLE Central and Regional Offices, and the Local Government Unit (LGU)	DOH CHU or similar unit in the DOH CO, CHDs, or health facilities Civil Service Commission and its Regional Offices DILG Central and Regional Offices DOLE Central and Regional Offices LGU (Provincial/City/Municipal)
Mail, Online, and E-mail	Complainant files grievance through snail mail, email, Complaint Centers (e.g., Contact Center ng Bayan Presidential Complaint Center, and Anti Red Tape Authority)	DOH CO and CHD CHU, health facilities, and Complaint Centers Civil Service Commission and its Regional Offices DILG Central and Regional Offices DOLE Central and Regional Offices LGU (Provincial/City/Municipal)
Phone Call	Complainant files grievance through DOH Call Center/ Hotline (COVID-19 and	DOH CO and CHD CHU and health facilities CSC Central and Regional Offices

	vaccines) or through hotline of DOH health facilities Citizens' Complaint Hotline 8888 DOLE Hotline 1349	DILG Permanent Action Unit LGU Permanent Action Unit DOLE Complaints Unit

Grievances may be raised by individuals or institutions who wish to be anonymous and the receiving authority should strictly observe and protect the confidentiality of the complainant. Per the 2017 RACCS of the CSC, no anonymous complaint shall be entertained unless the act complained of is of public knowledge or the allegations can be verified or supported by documentary or direct evidence.

Depending on the nature of the grievances, concerns can be coursed through the following appropriate authorities listed in **Table 19**. The designated mail and email addresses for the identified offices is listed in **Table 20.**

Table 19. Government Offices Handling Grievances of Specific Concerns

Concern	Authority
Complaints against DOH Hospitals	DOH Central Office, CHD, HCF
Complaints against LGU Hospitals	LGU, DILG
Complaints against any public/government official/institution	CSC
Complaints against construction activity in health facility	HCF, LGU
Complaints of personnel against contractor	Contractor, DOLE
Complaints on COVID-19 vaccination and other related services	DOH Central Office, CHD, HCF, DILG, LGU

Table 20. Contact Information of Government Offices to Receive Grievances

Office	Physical Address	E-mail Address	Hotline
DOH	Complaints Handling Unit, Bldg. 1, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila	dohpau.chu@gmail.com	1555, (02) 894COVID (26843)
DILG	DILG-Napolcom Center, EDSA Cor. Quezon Avenue, Quezon City 1104	dilgmail@dilg.gov.ph	89251135, 89250343
DOLE	Department of Labor and Employment (DOLE) Building, Muralla Wing cor. General Luna St., Intramuros, Manila, 1002	laborcommunications@gmail.com, administrativeservice@gmail.com, dolecentralrecords@gmail.com	1349
CSC	Civil Service Commission, Constitution Hills, Batasang Pambansa Complex, Diliman, Quezon City 1126	email@contactcenterngbayan.gov.ph	89318092, 89317939, 89317935

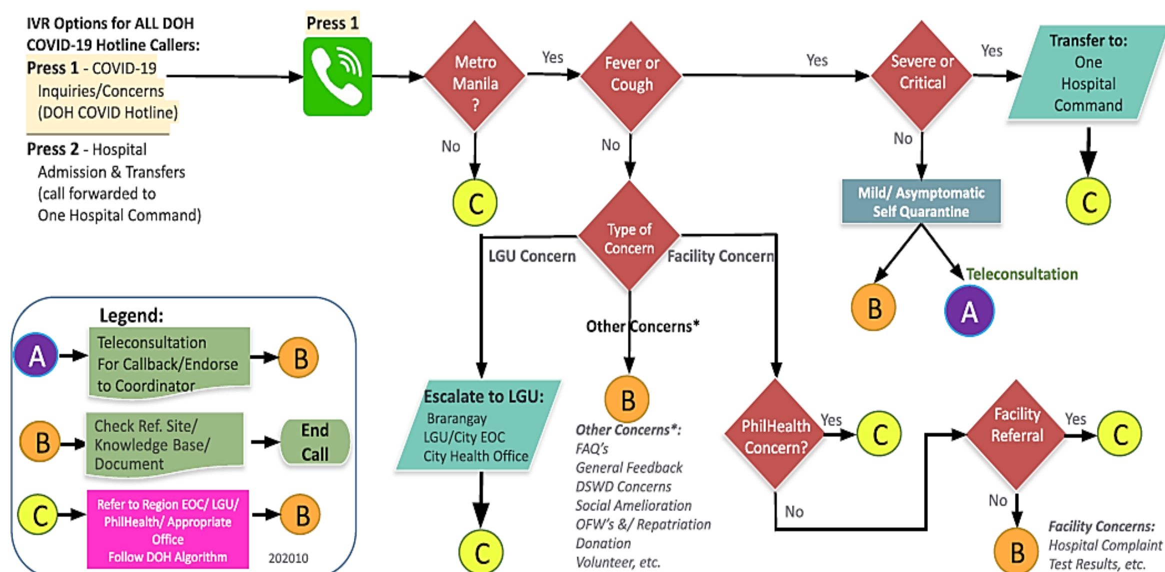
6.2.2 Reporting of Grievances to DOH on the COVID-19 Vaccination through the DOH Hotline

For the COVID-19 National Immunization Program, the DOH will ensure a mechanism with multiple intake points has been designed and is in place and is operational for feedback and grievances in relation to the vaccine program. The National Emergency Operations Center with complete data management systems and tool will be established starting on January 2021. The EOC will also be established in the regional and local levels. The DOH COVID-19 hotline, which has been established last 17 March 2020, has also been an avenue for receiving

grievances or complaints. The toll-free numbers accessible to the public are 1555 or (02) 894COVID (26843).

The Complaints Handling Unit (CHU) of the DOH- AFMT is the central receiving body of complaints. The complaints received in the DOH hotline are also forwarded to the CHU. In view of the upcoming COVID-19 vaccination, there is a proposed hotline in support of the Vaccine Cluster. The DOH COVID-19 Hotline agents may be trained for basic protocols or provided with information guide or FAQs or basic troubleshooting steps to augment available support to vaccination teams. This will filter calls which require more advanced support and may eventually be forwarded to the appropriate team for immediate assistance. The call algorithm of the calls received through the DOH hotline is presented in **Figure 10**.

Figure 10. Call Algorithm of the DOH COVID-19 Hotline



PCERP would continue coordination with the DOH Knowledge Management and Information Technology Service (KMITS) and CART-Secretariat on the summary reports from the DOH hotlines regarding feedback and grievances related to vaccination.

In view of the upcoming COVID-19 vaccination, there is a proposed hotline in support of the Vaccine Cluster. The objectives are as follows:

- Risk Communication - Provide a consistent, accurate information on COVID-19 vaccine to all COVID-19 Hotline callers
- Serve as a first level of technical support for vaccination teams for technical concerns concerning the registry
- Serve as a help desk to vaccination teams for any concerns regarding the deployment (supply request, program-specific questions, etc.)
- Serve as a source of real-time surveillance data to Epidemiology Bureau for COVID-19 Hotline callers with AEFI

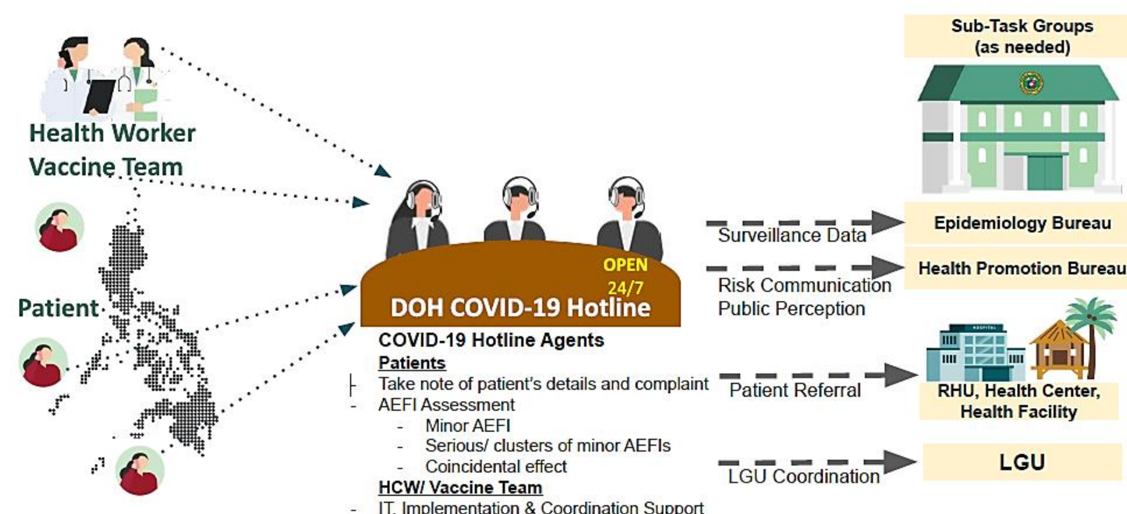
The DOH COVID-19 Hotline agents may be trained for basic protocols or provided with information guide or FAQs or basic troubleshooting steps to augment available support to vaccination teams. This will filter calls which require more advanced support and may eventually be forwarded to the appropriate team for immediate assistance. The hotline may provide the following support listed in **Table 21.**

Table 21. Possible Support Area of the COVID-19 Vaccine Hotline

Area	Activities Supported
Information Technology	QR Code generation Record inaccessibility Registration concern
Implementation	Vaccine handling guide Basic counseling
Coordination	LGU to LGU LGU to national government and other agencies

The DOH COVID-19 Hotline may provide real-time information via email (or any provided platform) of collected epidemiologic information as it receives it from callers with AEFI ensuring immediate monitoring and follow-through of case as it is being investigated. The DOH COVID-19 Hotline will not replace, but simply augment existing communication channels. Shown in **Figure 11** is the process flow of the COVID-19 vaccine hotline.

Figure 11. Process Flow of the DOH COVID-19 Vaccine Hotline



The Grievance Redress Mechanism for the COVID-19 vaccination will be further discussed and consulted by the DOH, not only involving concerns on AEFI but also on other vaccination-related complaints, such as but not limited to forced vaccination.

6.2.3 Receiving of Grievances by the Authorities

The DOH Administration and Financial Management Team (AFMT) CHU personnel interviews the complainant to obtain all possible information. The CHU then evaluates if the grievance is within the jurisdiction of DOH. If complaint is within the jurisdiction of DOH, the CHU personnel will explain to the client which concerned office/agency has the jurisdiction of the complaint. Meanwhile, if complaint is within DOH jurisdiction, the CHU personnel will explain to the client that the complaint shall be properly endorsed to the concerned office and will be notified on. Grievances/complaints received by the DOH CHU are documented accordingly at the national level. The Department of Health will be in charge of keeping a database of grievances and monitoring of resolutions. This is also in line with the guidelines prescribed by the Memorandum from the Executive Secretary dated 28 January 2021 on the Updated Freedom of Information Manual of the Office of the President Proper.

Similarly, the Civil Service Commission, DILG, DOLE and LGU, upon, receipt of a complaint which is sufficient in form and substance, will conduct preliminary investigation through the disciplining authority and may create an investigating committee or designate an investigator for such purpose, per Section 17- Action on the Complaint of the CSC 2017 RACCS. Further, the DILG cascades to the LGU the responsibility to create a Permanent Action Team through DILG Memorandum Circular no. 2017-109, to answer queries, concerns, and complaint received through Hotline 8888.

6.2.4 Satisfaction Survey

A Satisfaction Survey is developed by the Project and was rolled-out to gauge the people's perception on the COVID-19 vaccination services they have received. Initial analysis of the survey responses resulted to an overall satisfaction rating of 97.9% from the 6,784 respondents who were vaccinated and answered the survey. This rating is yet to be finalized as there are 19,000 forms left to be encoded. The availability of a third-party agency who can be engaged for the survey response encoding remains to be a challenge. Encoding and analysis is currently done by three members of the M&E team of PCERP.

Result of the survey is summarized in **Table 22** and **Table 23** below:

Table 22. Summary of Response to the Satisfaction Survey for Vaccination Activities

Vaccination Activity/ Stage	Very Unsatisfied	Unsatisfied	Moderately Satisfied	Satisfied	Very Satisfied
Satisfaction with the pre-registration process, registration, and services provided in the health education and final consent area.	1.87%	1.26%	8.94%	37.34%	47.84%
Satisfaction with the services provided in the actual vaccination	1.64%	0.52%	5.82%	36.33%	55.66%
the services provided in the health screening process	1.69%	0.54%	7.64%	39.14%	50.35%
the services provided in the post-vaccination monitoring area.	1.72%	0.61%	7.93%	37.70%	50.55%
Overall Satisfaction	1.66%	0.49%	6.92%	33.95%	46.92%

Almost half of the respondents indicated that they were "very satisfied" with every stage in the vaccination process. Highest satisfaction rating is on the actual administration of the vaccine.

Disaggregating the results by LGU (**Table 23**), Manila has the highest satisfaction rating with 59% of the respondents being "very satisfied". This is followed by Pasay with 56%, San Juan with 55%, Pateros with 46%, Quezon City with 44%, Muntinlupa with 43%, Makati with 41%, Mandaluyong, Taguig and Paranaque with 39%, Pasig with 37%, Las Pinas with 35%, Navotas with 34%, and Caloocan with 32%, of the respondents being very satisfied. All of the LGUs have less than 5% of the respondents who answered they were unsatisfied or very unsatisfied; exception is for Taguig City, where 16% were unsatisfied or very unsatisfied.

Table 23. Overall Satisfaction Rating Aggregated per LGU

Vaccination Activity/ Stage	Very Unsatisfied	Unsatisfied	Moderately Satisfied	Satisfied	Very Satisfied
Pasay City	1.02%	0.59%	6.62%	36.05%	55.73%
Pasig City	1.76%	0.94%	12.82%	47.76%	36.71%
Las Piñas City	1.10%	1.35%	14.20%	48.84%	34.52%
Pateros	1.38%	0.59%	12.45%	39.53%	46.05%
Mandaluyong City	1.42%	2.44%	15.65%	41.46%	39.02%
Navotas	0.45%	1.34%	16.74%	47.54%	33.93%
Muntinlupa City	-	1.36%	10.88%	44.90%	42.86%
Quezon City	2.89%	1.20%	10.60%	40.96%	44.34%
Parañaque City	0.79%	0.79%	10.71%	48.81%	38.89%
Caloocan City	2.15%	1.72%	15.89%	48.50%	31.76%
Makati City	0.48%	0.48%	14.83%	43.06%	41.15%
San Juan City	-	0.77%	2.31%	41.54%	55.38%
Manila City	-	0.81%	11.38%	29.27%	58.54%
Taguig City	13.93%	2.46%	7.38%	36.89%	39.34%
Other LGUs	2.10%	1.75%	12.59%	33.92%	50.00%

6.3 Resolution/Investigation Process of the Grievance

6.3.1 For DOH, CHD, and Health Care Facilities (DOH- Owned/Managed)

The grievance resolution mechanism for grievances within the jurisdiction of the DOH as described in DOH Administrative Order no. 2015-0048 – Revised Procedures on Handling Administrative Disciplinary Complaints in the Department of Health are in **Annex S**. These grievance resolution mechanism flowcharts provide the processes depending on the category of DOH services jurisdiction (i.e., Central Office, CHD, health facility), rank of personnel complained about, and the service capacity of the health facility concerned. Grievances will be handled at the local level by the respective health facility or LGU, by the Centers for Health Development (CHDs) at the regional level, and at the national level by the Department of Health which will also be in charge of keeping a database of grievances and monitoring of their resolution.

The DOH Health Facilities and Services Regulatory Bureau (HFSRB), together with the Centers for Health Development, will conduct investigations, fact-finding on complaints against health facilities, and action complaints against hospitals and other health facilities through the HFSRB- Regulatory Compliance and Enforcement Division. The said unit will streamline the process of handling complaints and hasten its resolution, in coordination with the Regulation, Licensing and Enforcement Division (RLED) of the DOH Centers for Health Development (CHD), where the latter is in-charge of the renewal of licenses of operating health facilities. According to DOH Administrative Order 2012-0012 – Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines, the HFSRB or the Director of the CHD and/or the authorized representative/s shall investigate the complaint and verify if the hospital or other health facility concerned or any of its personnel is liable for an alleged violation and may suspend, cancel or revoke License to Operate (LTO) of the HCF after investigation if found that the provisions of the AO 2012-0012 and related issuances are violated, without prejudice to taking the case to judicial authority for criminal action.

6.3.2 For CSC, DILG, LGUs, and LGU-Owned Health Care Facilities

The CSC RACCS of 2017 states that a preliminary investigation will be undertaken as a mandatory proceeding whether a prima facie case exists to warrant issuance of a formal charge or notice of charge. The preliminary investigation may be conducted in any of the following manner:

- Requiring submission of counter affidavit or comment and/or other documents from person complained of within 5 days from receipt of complaint which is sufficient in form and substance
- Ex- parte evaluation of records
- Clarificatory meeting with the parties to discuss merits of cases

When complainant is initiated by disciplining authority, it or its authorized representative shall issue a show- cause order directing the person complained of to explain within the same period why no administrative case should be filed against the person. The failure to submit a comment, counter affidavit, or explanation shall be considered a waiver thereof and the preliminary investigation may be completed even without the comment, counter affidavit, or explanation. The right to counsel may be exercised even during the preliminary investigation.

Preliminary investigation shall commence within non-extendible period of 5 days upon receipt of complaint by disciplining authority and shall be terminated within 20 days thereafter. Disciplining authority may extend such period in meritorious cases. Within 5 days from termination of the preliminary investigation, the investigating body shall submit the Investigation Report with recommendation and complete records of the case to disciplining authority, subject to treatment with confidentiality.

If a prima facie case is established after preliminary investigation, the disciplining authority may issue either a formal charge or notice of charge in accordance with Rule 5 or the 2017 CSC RACCS. In absence of a prima facie case, the complaint/grievance shall be dismissed.

6.3.3 For Construction- Related Grievance of the Workers

A Contractor's Personnel Grievance Redress Mechanism will also be developed by the contractors for the civil works components, in compliance with the ESF requirements in the Contract. The monitoring and reporting of this GRM will also be the same as that of the main Project GRM. Resolution of the worker's grievance will follow the Contractor's Personnel Grievance Redress Mechanism. In case the worker's complaint is not resolved, it may be elevated to the DOLE, with the resolution process in **Annex T**.

6.3.4 Closing of Grievance

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.

6.4 Operationalization of the GRM

The operationalization of the GRM will similarly consider the multiple sources of GRM, such as those of relevant key agencies, as it links to the dedicated GRM in the DOH established as part of the Project. The GRM is monitored by all project recipient facilities with the report submitted online monthly to the DOH, through the PCERP Team. The monitoring forms and online dashboard is in **Annex U**.

Following engagement and feedback, the GRM and its operationalization takes into account the needs of various affected groups including from indigenous peoples and ethnic minority representatives and organizations to ensure that methods are culturally appropriate and

accessible and take account of their customary dispute settlement mechanisms, as appropriate. Consultations on the GRM were conducted with the implementers and stakeholders as participants, such as the project recipient facilities, DOH CHDs, LGUs, professional organizations, and civil society organizations. Below, in **Table 24** is the list of participants to the online GRM consultation conducted.

Table 24. List of Participants in the GRM Online Consultation

Session 1 24 June 2021	Session 2 25 June 2021
1. Department of Health – Central Office	1. Department of Health – Central Office
• Bureau of International Health Cooperation (BIHC)	• Bureau of International Health Cooperation (BIHC)
• Disease Prevention and Control Bureau (DPCB)	• Disease Prevention and Control Bureau (DPCB)
• Administration and Financial Management Team – Complaint Handling Unit (AFMT–CHU)	• Administration and Financial Management Team – Complaint Handling Unit (AFMT–CHU)
• Knowledge Management and Information Technology Service (KMITS)	• Knowledge Management and Information Technology Service (KMITS)
• eHealth Program Management Office	• eHealth Program Management Office
2. DOH Centers for Health Development	• BARMM Ministry of Health
• Metro Manila CHD	2. DOH Centers for Health Development
• Cordillera Administrative Region (CAR) CHD	• Western Visayas CHD
• Ilocos CHD	• Central Visayas CHD
• Cagayan Valley CHD	• Eastern Visayas CHD
• Central Luzon CHD	• Zamboanga Peninsula CHD
• CALABARZON CHD	• Northern Mindanao CHD
• MIMAROPA CHD	• Davao CHD
• Bicol CHD	• Soccsksargen CHD
3. Other Government Agencies	• Caraga CHD
• Department of Labor and Employment (DOLE)	3. Other Government Agencies
• Central Office – Bureau of Labor Relations	• Department of Environment and Natural Resources (DENR)
• Central Office – Bureau of Workers with Special Concerns	• Strategic Communication and Initiatives Service – Stakeholder Management and Conflict
• Regional Offices	• Resolution Division (SCMS–SMCRD)
• Department of Public Works and Highways (DPWH)	• Public Assistance Unit Office
• Central Office – Stakeholders Relation Services	• Regional Offices
• Central Office – Bureau of Quality and Safety	• Department of the Interior and Local Government (DILG)
• Regional Offices	• Central Office – Legal and Legislative Liaison Service – Appellate Division (LLLS–AD)
• Civil Service Commission (CSC)	• Regional Offices
• Central Office – Public Assistance and Information Office (PAIO)	• Presidential Complaints Center (PCC)
• Regional Offices – Public Assistance and Complaints Desk (PACD)	• Contact Center ng Bayan (CCB)
• Field Offices– Public Assistance and Complaints Desk (PACD)	4. Project Recipient Facilities
• Anti- Red Tape Authority (ARTA)	5. Local Government Units

• Investigation, Enforcement and Litigation Office (IELO)	• Provincial/City/Municipal Health Offices
• Legal and Public Assistance Office (LPAO)	• Provincial/City Environment and Natural Resources Offices
4. Project Recipient Facilities	• Western Visayas Region
5. Local Government Units	• Central Visayas Region
6. Provincial/City/Municipal Health Offices	• Eastern Visayas Region
7. Provincial/City Environment and Natural Resources Offices	• Zamboanga Peninsula
• NCR	• Northern Mindanao Region
• CAR	• Davao Region
• Ilocos Region	• Soccsksargen
• Cagayan Valley Region	• Caraga Region
• Central Luzon Region	• BARMM
• CALABARZON	8. Professional Organizations
• MIMAROPA	• Philippine Society for Microbiology and Infectious Diseases (PSMID)
• Bicol Region	• Philippine Association of Medical Technologists, Inc. (PAMET)
6. Professional Organizations	• Philippine Society of Public Health Physicians (PSPHP)
• Philippine Medical Association	• Public Health Communications Advisory Network (PHCAN)
• Association of Municipal Health Officers of the Philippines	• Civil Society Organizations
• Philippine College of Physicians	• Philippine Task Force for Indigenous Peoples (TFIP)
• Philippine Nurses Association	• Indigenous Peoples Movement for Self-Determination and Liberation (IPMSDL)
7. Civil Society Organizations	• Tebtebba Foundation
• Hard of Hearing Group Philippines	• Boses ng May Kapansanan sa Pilipinas (BKP), Inc.
• Philippine Federation of the Deaf	• Coalition of Services for the Elderly, Inc. (COSE)
• Autism Society of the Philippines	• Federation of Senior Citizens Association of the Philippines (FSCAP)
• Psychosocial Disability Group	• Norfil Foundation, Inc.
• Down Syndrome Association of the Philippines	• Philippine Business for Social Progress (PBSP)
• Katipunan ng May Kapansanan sa Pilipinas (KAMPI)	• Caucus of Development NGO Networks (CODE-NGO)
• Alyansa ng may Kapansanang Pinoy, Inc. (AKAP- Pinoy)	• Philippine NGO Council on Population, Health and Welfare (PNGOC)
• Regional Association of Women with Disabilities	• Kythe Foundation
• Alay sa May mga Kapansanan Association, Inc.	9. World Bank
• Philippine Mental Health Association (PMHA)	
8. World Bank	

Further queries, concerns, or grievances on the project may be relayed to the Project Management Team through https://bit.ly/CERPFeedback.

7.0 Monitoring and Reporting

7.1. Involvement of Stakeholders in Monitoring Activities

The DOH may consider involving particular stakeholders in the monitoring of project activities and the implementation of the SEP and ESMF during the project implementation.

7.2. Monitoring Indicators

The Implementation Status and Results Report (ISR) indicator for the COVID-19 Investment Project Financing (IPF) will be observed to ensure that there is a feedback loop for citizens and stakeholders that will allow their grievances to be heard and resolved. The ISR will include the percentage of grievances resolved within the timeframe specified in the GRM for stakeholders.

The ISR indicator will be monitored throughout the life of the project. Promotion and awareness on the GRM will be done continuously. Coordination with relevant LGUs/DOH offices will be conducted to record grievances and their resolutions, and to ensure that the GRM is part of the monitoring and evaluation database and system.

The Key Performance Indicators (KPIs) will also be monitored by the Project monthly including the following parameters:

- Number of public hearings, consultation meetings and other public discussions/forums conducted annually (even if virtually);
- Number of grievances received monthly and number of those resolved within the prescribed timeline
- Number of press materials published/broadcast in the local, regional, and national media

Figure 12. Template for the Monitoring of the SEP

Month/Year:

Monitoring of Public Discussions/Forums

Date	Activity	Target Stakeholder	Issues and Feedback of Stakeholders	Actions to be Taken	Status/ Remarks

Total no. of public discussions/forum for the month:

Figure 13. Template for Monitoring of Published/Broadcasted Materials in the Local, Regional, and National Media

Date	Type of Material (News Article, Org Press Release, Annual Report, etc.)	Level of Publication/Broadcast (National/Regional/Local)	Target Stakeholder	Issues Raised and Feedback	Actions to be Taken	Status/Remarks on Actions to be Taken

7.3 Monitoring of Adverse Events Following Immunization (AEFI)

The WHO defines *Adverse Event Following Immunization* (AEFI) as any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. If not rapidly and effectively dealt with, AEFIs can undermine confidence in a vaccine and ultimately have dramatic consequences for immunization coverage and disease incidence. AEFIs

The National Adverse Events Following Immunization Committee was created to monitor and assess the possible adverse effects of the COVID-19 vaccine on individuals. The roles and responsibilities of the Committee include the following:

- Review all reported serious and cluster of AEFI cases presented for expert opinion and provide a final causality assessment of the AEFI cases as well as the cases that were not classified by the Regional AEFI Committee.
- Ensure evidence-based causality assessment by recommending further investigation and data collection as needed.
- Make final decisions on causality assessment of inconclusive investigations.
- Ensure standard protocols for AEFI surveillance and investigation are correctly followed.
- Engage with other national and international experts when requirements arise in establishing causality and vaccine quality issues.
- Provide recommendations to the National Immunization Program, EB and National Cold Chain Manager on improving immunization service delivery, compliance with injection safety and effective vaccine management based on lessons from the AEFI cases.
- Serve as technical advisory group on vaccine and immunization safety-related issues of highest consideration such as immediate recall of vaccine from the market or temporary/permanent withdrawal of a vaccine from the immunization program.
- Serve as resource person in other AEFI related meetings, conferences or capacity building activities as requested.

AEFIs are classified as a notifiable health event of public health concern in accordance with the 2020 Revised Implementing Rules and Regulations of RA 11332: Mandatory reporting of Notifiable Diseases and health Events of Public Concern Act. All health care providers and vaccination sites shall able to detect and notify AEFI resulting from COVID-19 vaccination until one year after the latest dose administered. This is in line with the Emergency Use Authorization grant from the Food and Drug Administration (FDA) for COVID-19.

The AEFI reporting process is provided in the DOH Circular 2021-0101: Clarification on the Provisions of DM 2021-0099 entitled “Interim Omnibus Guidelines for the Implementation of the NDVP for COVID-19”. The reporting and monitoring process upon consultation with a potential AEFI case is guided by the following:

1. Health care provider shall ask for vaccination history of the patient seen and classification of AEFI seriousness based on the established definitions.

2. Prioritization of a “serious AEFI” condition in notification, reporting, and response efforts. By definition, serious AEFIs are cases that (a) result to either death; hospitalization or prolonged existing hospitalization; persistent or significant disability or incapacity; congenital anomaly or birth defect; (b) life threatening AEFI; (c) AEFI that requires intervention to prevent (a) and (b); and (d) AEFI classified by DOH, as recommended by the National AEFI Committee, as medically important event or reaction.

3. Upon detection, the health care provider shall accomplish the case investigation from (CIF) for AEFI (Downloadable at bit.ly/CIF-2021).

4. Reporting of non-serious AEFI cases requires filling out of certain fields on the first page of the CIF for AEFI. In case of a serious AEFI case, the CIF shall be filled out immediately.

5. In case of serious AEFI, immediate notification shall be done by the health care worker to their Respective LVOC and/or LESU; RVOC and/or Regional Epidemiology and Surveillance Units (ESU) based on locally set-up mechanism.

6. Immediate notification to DOH Epidemiology Bureau using the format below, sent through this number: 09278234328 (Globe) or 09392108316

Format for AEFI Notification
Name, Age, Sex, Hospital, Date of Vaccination, Signs and Symptoms, date of Onset of Symptoms, Management Outcomes

7. The hospital ESU shall daily encode in the VigiFlow [vigiflow.who-umc.org], the page 1 of the CIF for all detected AEFIs, on a daily basis before 6PM.

8. In case of non-hospital health care setting such as local health offices, government and non-government non hospital vaccination site, the page 1 of the CIF shall be submitted for encoding by their LVOCs, through their local ESUs. Local ESUs then encode all received reports directly to Vigiflow, daily before 6PM.

9. For serious AEFIs, the local ESUs and hospital ESU shall report to their respective RESUs, by submitting updated CIFs and daily updating of the latest clinical status, investigation status, and other information.

10. The Vaccine Safety Surveillance and Response Teams of the LVOCs shall regularly coordinate with all government and non-government health care providers within their area of jurisdiction to capture the AEFI cases, monitor timelines of notification, render appropriate clinical management/ care coordination/referrals, and comprehensively investigate serious AEFIs.

11. The FDA Regional Offices, in line with their duty to monitor full product life cycle of authorized vaccines, shall regularly check the Vigiflow for the newly encoded AEFI reports, thrice daily.

12. FDA Regional Offices shall confer immediately with the RESU to validate and conduct investigation on the newly notified AEFI cases.

13. FDA Regional Offices shall be the lead investigating unit in specific sections of the CIF, pertaining to vaccine product, quality, and transport.

Figure 14. Process Flowchart for AEFI Surveillance and Response in the Context Of COVID-19 Vaccine Administration

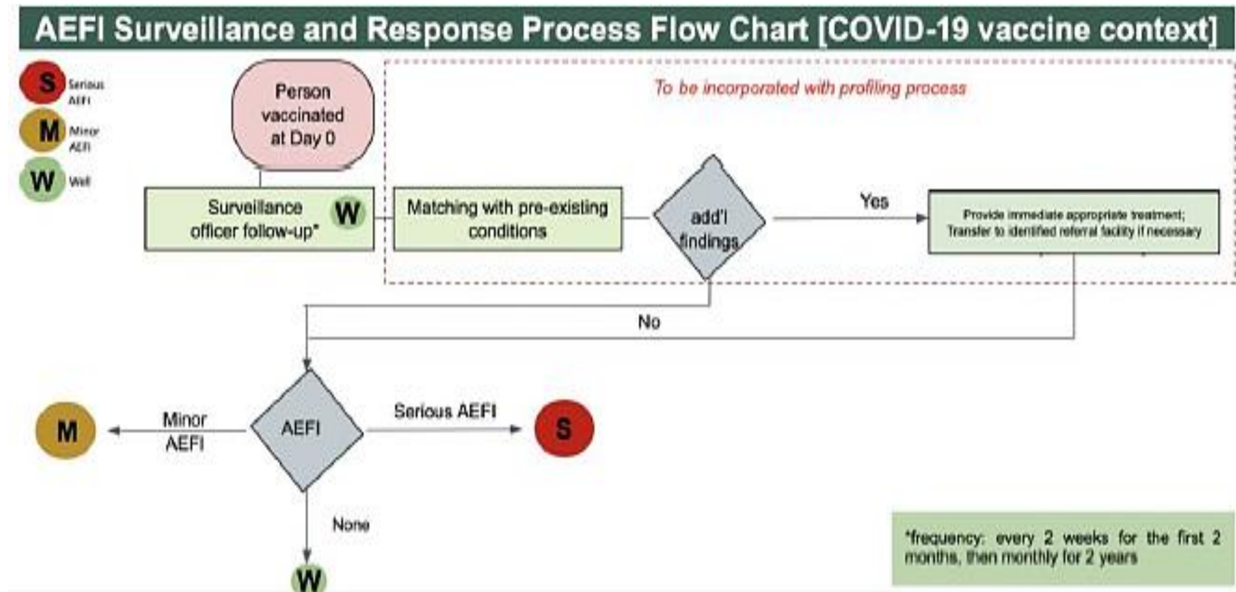


Figure 15. Process Flowchart for Responding to Serious AEFIs of COVID-19 Vaccine

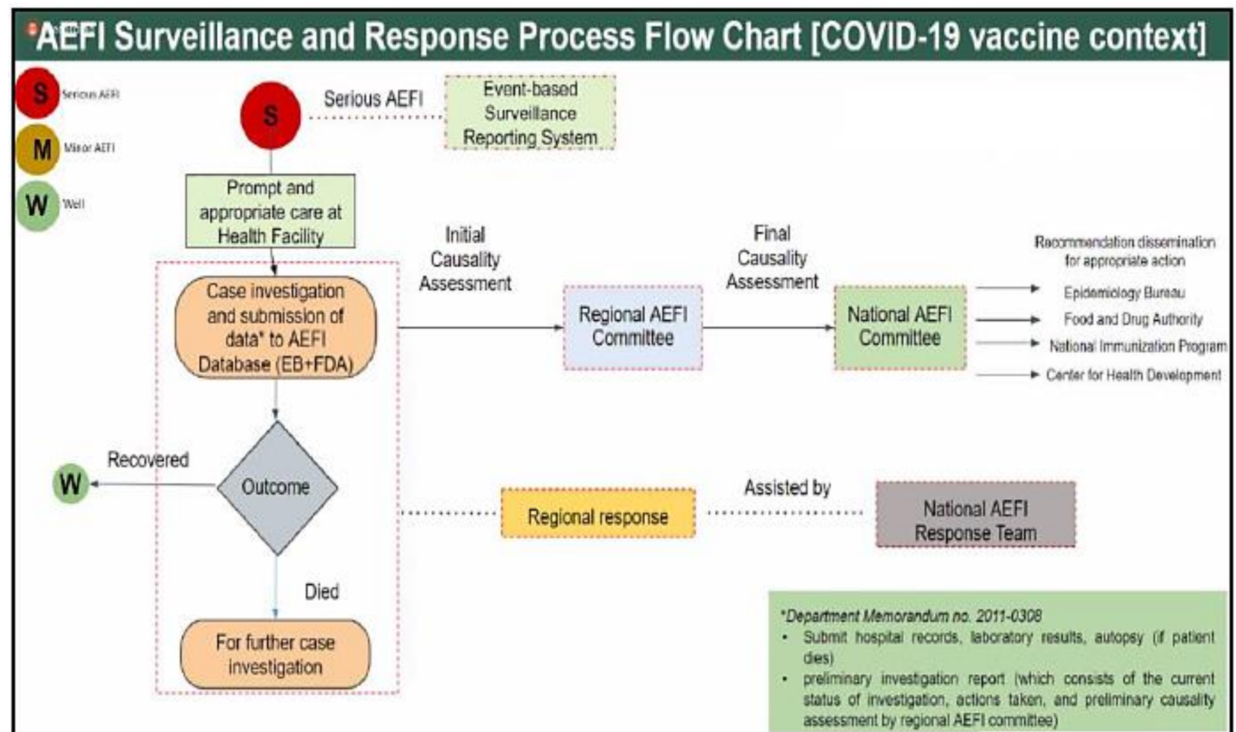


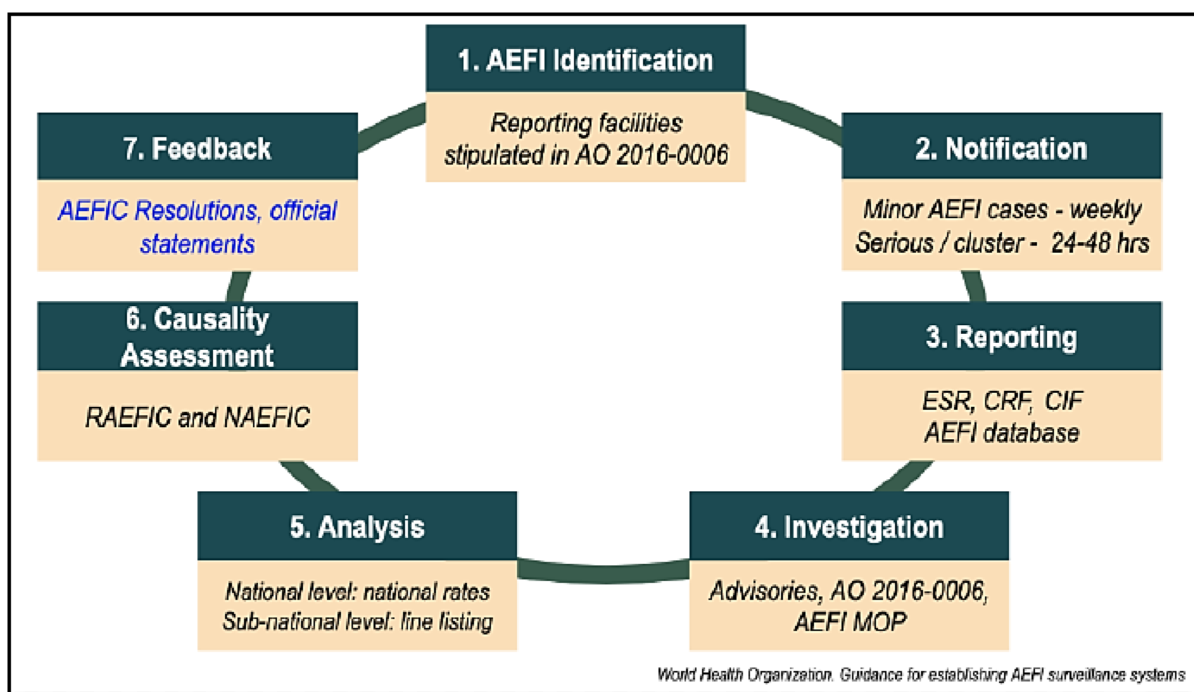
Table 25. WHO-recommended safety surveillance activities for all countries introducing COVID-19 vaccine regardless of AEFI surveillance capacity

Objective	Recommended AEFI surveillance activities
Strengthen routine passive AEFI surveillance reporting systems for the management of increased frequency or severity of AEFI reports (mild, moderate and severe)	● Conduct learning development interventions on identification and reporting of AEFI for health care professionals. ● Update, print and distribute AEFI surveillance tools. ● Use both vaccine tracking information and passive AEFI reporting information to perform vaccine-specific safety analyses. ● Review and adapt processes for timely reporting, review and data sharing nationally, regionally and globally (e.g. uploading data to global databases such as the WHO VigiBase) ● Develop clear standard operating procedures (SOPs) for the coordination process between the NRA, NIP/EIP, and other institutions with responsibilities for AEFI surveillance. ● Consider coordination of activities with Public Health Emergency Units. ● Consider setting up AEFI committees at subnational as well as national level, particularly in large countries
Investigate potential AEFIs causing concern, such as clusters, serious events, programmatic errors, community concerns	● Prepare investigation teams and train them for AEFI investigation activities that are relevant in the population being vaccinated. ● Update, print and distribute AEFI investigation tools to obtain information on specific outcomes. ● Ensure the collection and storage of all relevant data to help make a causality assessment (AEFI reporting and investigation forms, clinical case record, laboratory reports, autopsy reports, etc.)
Perform systematic causality assessment of AEFIs causing concern	● Constitute an National AEFI committee to review and respond to AEFI safety signals and public concerns or contact the WHO Country or Regional Office or send email to gvsi@who.int for assistance. ● Provide learning development interventionson causality assessment processes using WHO causality assessment guidelines for members of the National AEFI committee. ● Ensure regular updates to the Committee members on COVID-19 vaccine development and safety data, including safety reports from ongoing phase III clinical trials or any events reported in clinical trials. ● Foster and use the committee's expertise to identify AEFI cases in need of further investigation, such as AESIs. 5. Anticipate an increased number of AEFI reports that will need to be reviewed and consider including AEFI committees at subnational as well as national level, particularly in large countries.
Use AEFI and disease surveillance data to detect potential safety signals or clustering of events	● Regularly review and report AEFI surveillance data, particularly those relevant to AESIs or other conditions identified during pre-licensure COVID-19 vaccine clinical trials. ● Explore the use of disease surveillance data to complement AEFI surveillance systems for the detecting of AESIs, if indicated.

	• Consider use of early signal detection methods, especially for certain AESIs.
Prepare comprehensive plans to respond rapidly to any COVID-19 vaccine-related event	• Outline roles and responsibilities of key stakeholders (including the private sector) for the implementation of safety surveillance activities and responding to vaccine-related events. • Keep stakeholders up to date with COVID-19 vaccine safety information. • Communicate with WHO regions and globally and share data on outcomes of AEFIs and AESIs in a rapid, timely and regular manner.
Address concerns of healthcare professionals and maintain community confidence. (Link to communication module to be added)	• Create and share a COVID-19 vaccine safety communication plan with relevant stakeholders. • Train and support personnel at all levels to address concerns that may arise before, during and after COVID-19 vaccine introduction. • Develop, print, and distribute messages concerning the safety COVID-19 vaccines

Note: Objectives and Recommendations were adapted from the WHO COVID-19 Vaccines Safety Surveillance Manual: Module on Establishing surveillance systems in countries using COVID-19 vaccines, 2020.

Figure 16. AEFI Surveillance Cycle



The DOH has also been developing the 'Standard Operating Procedure (SOP) in Handling Serious AEFI Cases in the Region' with the aim of providing a standardized guideline to all epidemiology and surveillance units towards a robust implementation of safety surveillance and in order to maintain the public confidence in the national immunization program of the Department of Health. This SOP covers the general parameters in pursuance of AEFI surveillance and response across the private and government health facilities, with reference to the following guidelines:

- World Health Organization. (2014). Global manual on surveillance of adverse events following immunization.

- Department of Health – National Epidemiology Center. (2014). Adverse events following immunization (AEFI): A manual of procedure for surveillance and response to AEFI.
- DOH Administrative Order no. 2016-0006: Revised Guidelines on Surveillance and Response to Adverse Events Following Immunization

Currently, the AEFI guidelines stated in the NDVP has been communicated to the implementers and the public through the series of consultations on the NDVP and the learning development interventions for vaccinators and DOH CHDs conducted by the DPCB. Once the said SOP had been finalized, consultations and trainings will be conducted by the DOH.

7.4. Reporting Back to Stakeholder Groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Reporting on the status of KPIs and ISR indicators
- Publication of a stand-alone annual report on the Project's interaction with the stakeholders
- The monthly and yearly monitoring forms will be used for the reporting to stakeholders.

Annex A.

Results and Summary of Key Feedback in the National Stakeholders Consultation on the Parent Project
August 18-19, 2020

Topic	Stakeholder	Comment / Feedback	Response
Stakeholder Engagement	Save the Children Philippines	Query on the difference in the engagement among groups or if the groupings were made to facilitate consultation In view of the prolonged pandemic and its wide impact, it may also be necessary to review who are affected.	The SEP is a guide for stakeholder engagement throughout the project implementation. It is a living document which will be revised as appropriate, considering the feedback of the stakeholders. The SEP distinguishes between affected and interested stakeholders and identifies vulnerable stakeholders that may require special attention.
	Philippine Coalition on the UNCRPD	VAWC is an important issue. We should raise awareness, provide information on how to access, and provide help desks.	VAWC and GBV are highlighted in the ESMF and SEP and awareness will be integrated in the project activities.
	Saint Anthony Mother and Child Hospital	Risk of transmission is high for patient watchers within hospitals. Guidelines for control and mitigation measures of transmission and accommodation for them for social distancing is recommended to be provided.	The patient watchers are covered by the guidelines on the rational use of personal protective equipment (PPE). There are no accommodations for them due to the high number of cases needed to be catered and the risk of infection.
Strengthening capacity in the regions	MIMAROPA Center for Health Development (CHD) CARAGA CHD	Health care manpower is the main challenge, especially in geographically isolated and disadvantaged areas (GIDAs). Health care facilities are existing but there are no applicants. The locally stranded individuals or LSIs are major sources of COVID-19 infection (56%) in the MIMAROPA region. Ways in which the project can help address this problem are sought. Moreover, ways to strengthen capacity at the regional and facility levels are sought.	The project activities include mostly provision of equipment to build COVID-19 response capacity and some repairs of health care facilities and laboratories, including the isolation rooms. There will also be a capacity building component for health care workers. Project consultations and trainings will be provided. These will mostly be online due to challenges in the implementation of the project due to the pandemic.

<table>
<tr>
<td>Services for persons with disabilities (PWDs) and children</td>
<td>National Commission on Disability Affairs (NCDA)

Filipino Sign Language Access Team for COVID-19

Philippine Alliance of Persons with Chronic Illness (PAPCI)

Philippine Federation of the Deaf

Philippine National Association of Sign Language Interpreters (PNASLI)

Live Haven, Inc.

Philippine Coalition on the UNCRPD</td>
<td>The accessibility of services and infrastructure (e.g. ramps) and hospitalization support for PWDs who will contract COVID-19 should be provided. It was also pointed out that each type of disability has specific needs and support services which may need capacity building of health care personnel.

There is a need for virtual sign language interpretation services in health care facilities, testing centers, and quarantine/isolation areas. There are networks who may be able to provide sign language interpreters but they are mainly based in Manila. TFSL interpretation in health facilities through video calls provided by service providers is recommended. It was also pointed out that the DOH and DILG should comply with RA 11106 or the Filipino Sign Language Law by providing such services in health facilities, workplaces, and the media.
Guidelines on FSL interpreter qualifications, including skills and ethical considerations is needed.

Access to information for PWDs is also a main concern as sign language interpretation is still very limited. Unlike national TV news, regional TV news do not have sign language interpretation. Grassroots organizations have turned to social media to disseminate information. They requested that the project stress the importance of access to information through DOH, even if the COVID IEC funds come from a different donor source.</td>
<td>The DOH Health Facilities Development Bureau (HFDB) has reported that there are 10 provincial hospitals which currently have Filipino sign language interpreters (FSL) who are mostly social workers employed by the hospital. They are as follows:

<table>
<tr><th>Region</th><th>Hospital</th></tr>
<tr><td>NCR</td><td>Jose Fabella Memorial Hospital,
Lung Center of the Philippines</td></tr>
<tr><td>I</td><td>Mariano Marcos Memorial Medical Center,
Ilocos Training and Regional Medical Center,
Region I Medical Center</td></tr>
<tr><td>IV</td><td>Batangas Medical Center</td></tr>
<tr><td>VI</td><td>Corazon Locsin Montelibano Memorial Regional Hospital,
Don Jose Monfort Memorial Medical Center Extension Hospital</td></tr>
<tr><td>VII</td><td>Vicente Sotto Memorial Medical Center</td></tr>
<tr><td>XII</td><td>Cotabato Regional Medical Center</td></tr>
</table>

According to the Degenerative Disease Office of the Disease Prevention and Control Bureau (DPCB-DDO), the new education curriculum of social workers has integrated basic FSL. It should be noted that hospitals have at least 1 social worker. It would be ideal if the employed social worker has background on FSL.
The Metro Manila and CALABARZON Centers for Health Development (CHDs) are conducting community- based trainings on FSL. It is planned to cascade the learning development interventionsto the other regions in 2021.</td>
</tr>
</table>

	Philippine Pediatric Society (PPS) Pediatric Infectious Disease Society of the Philippines (PIDSP)	Assistance to the deaf in finding hospitals which are deaf- accessible and providing counseling services should be given. There is a need to accommodate and entertain careers/personal assistants of PWDs and children in health care facilities, testing centers, and quarantine/isolation areas. Vaccination for children and other vulnerable sectors should be provided. The PWD groups have expressed their interest in being engaged and involved in the project implementation. The need to recognize vulnerable groups, e.g., PWDs and IPs, were pointed out.	The Congress is also discussing the provision of FSL interpreters in health facilities. However, the timeline for this is not yet known. The Project will be conducting a baseline assessment on the capacity of the recipient hospitals to provide accessible health services to vulnerable groups, including provision of virtual FSL services based on parameters such as availability of devices and internet connection. The baseline assessment will also cover GBV, VAWC, and IPs. Based on the results of this assessment, the Project in coordination with HFDB and DPCB- DDO, will determine the feasibility of the virtual FSL services which would be in partnership with the FSL interpreters and PWD representatives to be financed by the Project. The DOH Health Promotion and Communication Services (HPCS) has no COVID-19 health promotion materials for the PWDs. Currently, they only have the 30- second video with FSL interpretation for polio. The HPCS and the DPCB- DDO have included PWD-accessibility in their Communication Plan for 2021 which will include printer materials with Braille and videos with sign language. The DPCB- DDO in partnership with the Philippine Information Agency (PIA), have previously developed a Communication Plan for PWDs which was also presented to the PWD CSOs. The concerns of PWDs, particularly accessibility, will be considered in the activities under Component 3, Project Management and Monitoring and Evaluation, of the project by integrating into the prevention and preparedness activities.

			Project management and monitoring should ensure that the improved capacity of the health care facilities results in improved access for PWDs. The PWDs and other vulnerable sectors will be highly considered in the project. The ESMF will also be revised to include Republic Acts 11106 and 7277 and Batas Pambansa 344 to further strengthen the framework. The request for vaccination of children and other vulnerable groups as well as the guidelines for carers/personal assistants of PWDs and children will be relayed to the DOH DPCB, HFDB, and the DOH IATF Focal Team. The PWD CSOs will be requested to submit a formal request to the IATF (iatfsecretariat@gmail.com) and DOH regarding the grievances of the carers / personal assistants. The HFDB, with assistance from the Project, will develop a policy issuance to consider the carers of PWDs and children in health facilities.
Indigenous Peoples	Tebtebba Foundation	It was recommended to include disaggregated data for Indigenous Peoples related to the COVID-19 response. The group also relayed that they have conducted an assessment on IPs and COVID-19 which they may share with the Project Team.	The DOH Epidemiology Bureau (EB) which is in-charge of the data management on COVID-19 does not have disaggregated data for IPs. The request has been communicated to EB. The Tebtebba Foundation has submitted their request for data on Indigenous Peoples (identified as to their ethnicity) infected by COVID-19 and history of infection aside from the usual data provided to the EB. The Project will further assist Tebtebba Foundation on this request.

			To ensure that IPs will have access to the COVID-19 related health services, the DOH Bureau of Local Health Systems Development (BLHSD) has issued Department Circular 2020-0192 last April 2020 entitled 'Ensuring that people in GIDAs, Indigenous Cultural Communities/Indigenous Peoples are well-informed on COVID-19 and have access to Temporary Treatment and Monitoring Facilities and Referral Hospitals.'
BARMM	Community and Family Services International	Coordination with BARMM MOH and project coverage inclusion was asked.	BARMM is covered by the project. The Amai Pakpak Medical Center is included in the tentative list of recipient facilities. Coordination with BARMM MOH will be done through the Field Implementation and Coordination Team- Visayas and Mindanao
Grievance Redress Mechanism	Save the Children Philippines	It was raised that if the grievance pertains to the service received from a local health facility or LGU, submitting the grievance to them may prevent the community to raise concern.	It would be good if the issue will be resolved at the local level. Grievance may be elevated to regional and national levels, following the GRM process.
ESMF	Philippine Medical Association	The provision of pneumococcal, flu, and hepatitis B vaccines for health workers was recommended. There is a need to address health hazards brought about by the improper disposal of face masks.	This will be considered in the project activities. It has also been relayed to DOH DPCB, as it is in-charge of vaccination initiatives (not financed by the Project). It should be noted that these vaccines are covered in the Expanded Program on Immunization (EPI) of DOH. The infectious waste- generating establishments as well as the waste service providers or treatment, storage and disposal facilities (TSDs) should comply with the DENR EMB guidelines for waste generators. The ESMF includes measures to improve waste management and will be further enhanced through an ongoing audit of current infectious waste management at health facilities. The audit tool developed by the Project will provide the health facilities self- assessment tools to monitor waste

	Cebu South Medical Center	Occupational safety and health risks during construction should be addressed. It was inquired whether specific guidelines will be issued due to the COVID-19 pandemic, aside from the usual OHS and DOH issuances. The coverage of medical bills and wages of workers who will contract COVID-19 was queried. Experience on symptomatic workers in which the hospitalization costs and compensation were covered by the hospital was relayed.	disposal. Education campaigns and information materials on infectious wastes and proper disposal will be further promoted. The project will not develop additional guidelines as there is limited construction activities involved. Workers will be provided with face masks by the contractors and social distancing measures for construction will be adhered to. The contractors will also be asked to prepare the Environmental and Social Management Plan (ESMP), Environmental Codes of Practice (ECOP), Labor Management Procedures (LMP), and Contractor's Personnel Grievance Redress Mechanism to minimize occupational risks in the civil works components. The Republic Act 11058, Department Order 198, and the IATF issuances set liability on the contractor. To further highlight the contractor's responsibility, the liability clause will be explicitly stated in the contract. The ESMF includes Labor Management Procedures.
Recipient hospitals and equipment	Pangasinan Provincial Health Office Luis Hora Memorial	The health facilities which will be covered by the project and the equipment to be given were asked.	The hospitals to be included as recipients of the World Bank loan are the 70 retained DOH hospitals and the 30 hospitals part of the Universal Health Care implementation sites which were first approved by the NEDA. Other hospitals not part of the project may be covered by other projects such as that of ADB.

	Regional Hospital Mariano Marcos Memorial Hospital and Medical Center	The hospitals invited in the National Stakeholders Consultation are included in the initial list of recipients recommended by the HFEPMO. The local government units through the provincial, city, and municipal health offices were invited for their information and guidance on the project. It is envisioned to expand the testing in the rural areas also. However, the project recipients are chosen based on the ongoing application for testing accreditation.	The recipient facilities were selected based on capacity to test, i.e., ongoing application for accreditation. The local government units through the provincial, city, and municipal health offices were invited for their information and guidance on the project. It was also clarified that the project is different from the existing project of HFEPMO. The HFEPMO will finalize the list of hospitals and equipment to be distributed.
Project Implementation	Mariano Marcos Memorial Hospital and Medical Center	The project requirements and expectations from recipients, e.g., proposal, timelines, funding approval, project termination, and monitoring and evaluation.	There will be no project proposal required as the health care facilities are chosen beneficiaries of the project. It will follow the usual protocol on accepting donations from the DOH Central Office, such as accomplishing the Deed of Donation, i.e. formal transfer of ownership and acceptance from DOH to the recipient hospital. The recipient is expected to maintain the equipment for its sustainability. Post-evaluation and monitoring may also be conducted by the Project Team. The HFEPMO clarified that there will be mostly retrofitting/upgrading of the existing hospitals and that currently, only the National Center for Mental Health and Dr. Jose Rodriguez Memorial Hospital will have new constructions. The list of construction works will be sent by the HFEPMO.

	Corazon Locsin Montelibano Memorial Regional Hospital	It was queried if the civil works component of the project will cover only the existing facilities.	For the safety of the workers, PPEs will be worn and the hierarchy of controls will also be observed. Engineering controls and substitution will also be observed.
Project Sustainability	Tebtebba Foundation	The COVID-19 recovery will take a “heal as one” approach, aside from the direct results of the project, entailing community mobilization. It was asked if there would be an exit strategy to guaranteed sustainability of project benefits. It was also inquired how the exit strategy ensure that indigenous health care, knowledge and management systems, as well as traditional health care providers would be acknowledged and recognized, given their significant roles in community health.	To extend the benefits of the project, the recipient hospitals will have to and are expected to take good care of the project donations, such as the equipment. Learning development interventionsof personnel will also be part of the sustainability initiatives. In areas with IP, the ESMF includes measures to coordinate with traditional health care providers, consistent with DoH’s Guidelines on the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities.

Annex B.

Key agreements in the Public Consultation on the National Strategic Policy Framework for COVID-19 Vaccine Deployment
December 7, 2020

Topic	Stakeholder	Key Agreement/ Recommendation
General Guidelines	UP College of Medicine (UPCM)	To include communication and health education in the specific objectives To include and to prioritize the widespread communication and understanding of COVID burden and its prevention To include and prioritize the widespread communication and understanding of COVID burden and its prevention
	DOH	Reconsider statement that COVID-19 vaccine is a 'public good' as this term is different in economics
	UP College of Public Health (UP CPH)	To consider the reciprocity Principle under WHO SAGE framework
Financing and Funding Mechanisms	UPCM	To specify the establishment of plans and strategies to make the country vaccine 'resilient' able to address setbacks, disruptions, crises that could destroy the immunization programme with a view to ensure programme continuation
Identification of Eligible Population	UNICEF	To identify the minimum list of the priority population
	DOH Epidemiology Bureau (EB)	Inclusion of the term 'herd immunity'
	Coalition for People's Right to Health (CPRH)	Exclusion criteria must also be mentioned apart from eligibility
Supply Chain and Management of Health Care Waste and Injection Safety	UNICEF	To have the supply chain management plan linked to the overall EPI cold chain management plan and to use the evidences from the VRAT/VRAF assessment and EVMA recommendations
	Office of the Presidential Adviser on the Peace Process (OPAPP)/ National Incident Command-Emergency Operations Center (NIC-EOC)	Inclusion of the statement 'Facilitate procurement through various mechanisms allowed under existing laws, rules, and regulations through bilateral, multilateral and other financial modalities (e.g., COVAX Facility, etc.)'

Human Resource Management and Training	Philippine Pharmacists Association (PPhA)	To include a provision for the active involvement of the barangay health workers at the level of the community To include learning development interventionsof uniformed men to understand the proper handling and storage of these vaccines
	DOH EB	To include 'health care waste' management plan
	DOH DPCB Occupational Diseases Division (ODD)	Consider to include in the definition of terms who are the members of the committees such as NITAG, etc.
Vaccine Acceptance and Uptake	UP CPH	To identify and consult the end-users of the data management system with the other stakeholders in the process of developing the information system (IS) to come up with a user-friendly digital system To train end-users in the functionality of the IS to minimize use of parallel (often paper-based) technologies which arise with non-familiarity with the new system
Vaccine Safety Monitoring, Management of AEFI and Immunization Safety	UPCM	To have an active surveillance system rather than just a passive surveillance system There is a need for media management when it comes to AEFI reporting
Immunization Registration, Monitoring and Data Management Systems	CPRH	There should be communication of exclusion criteria to be specified apart from eligibility.
	DOH EB	A phased-in profiling of eligible populations based on areas with high burden of disease and priority population groups shall be conducted.
Roles and Responsibilities	OPAPP/NIC-EOC	Task Group on Procurement and Finance be led by the Department of Finance with DBM and DOH as members One of the Task Groups to develop a strategic map with necessary indicators and targets for easy monitoring To include the number and general description of the NITAG's composition
	DOH EB	To include FDA in the agencies/ offices to be provided with recommendations by the NAEFIC
	PPhA	Task Group on Cold Chain and Logistics to consider mobilizing pharmacies to be center for pharmacy-based immunization
	CPRH	To review the implications on the implementation if Phase III clinical trials and the implementation of the vaccines with EUA will overlap

Annex C.

Key agreements in the Public Consultation on the National Strategic Policy Framework for COVID-19 Vaccine Deployment
January 8, 2021

Topic	Stakeholder	Queries/Recommendations	DOH Responses
Presentation of the National COVID-19 Deployment and Vaccination Plan	Dr. Quizon	Why are indigent populations among priority groups? Their risk is no greater than a rich person. Is there evidence that those who got infected so far, are indigents?	DPCB answered that it will be discussed during the next NITAG meeting to discuss the order of priority
	League of Provinces of the Philippines	Will the National Government's purchase of vaccines be provided to the LGUs, as identified according to the IATF's priority plan?	DPCB said yes and all vaccines will be coursed through the LGUs.
	Mr. Jose, Jr.	Order of priority for non- medical government officials such as Mayors; local Gov't officials and Government workers in Government offices? Also Congressmen and Senators?	Dir. Sudiacal of DPCB responded that Government workers aside from those mentioned in Priority A area under Priority B.
	Far Eastern University - Nicanor Reyes Medical Foundation School of Medicine	How will the vaccinees be notified of their vaccination schedule? What is the implication of the vaccine pre-registration already being done by various LGUs (i.e., online registration via Google Forms) with the proposed plan of vaccine deployment?	The LGU and the implementing unit such as the health facility will determine your schedule. On the other hand, a digital system will notify you of your vaccination schedule date. As of now, DOH is working closely with the LGU to marry existing information systems and the COVID-19 Vaccine Electronic Immunization Registry (CEIR). Ideally, only those registered in the CEIR will be provided with a unique QR Code, and thus, eligible to be vaccinated.
	Ms. Ramos	In the vaccination program and asked if the HCWs will be prioritized. However, this will impact the resources needed for the vaccination program as well as continuous health services. In particular for the first round of 1.7M HCWs, they will need time off after	The DOH is requiring each implementing unit to do micro planning to ensure that contingency plans are available if a health worker is not able to report due to adverse reactions. And the vaccination activity is done

		vaccination due to the expected side effects. Will there be a number of people who will supplement the HCWs while they are recuperating? How long will they be given time off?	through a determined schedule basis. Thus, the health facility should be able to allocate adequate human resources for the conduct of continuous health services.
	Ms. Kraft	If remaining indigent population has been indicated as a priority population group, will this group include those who are below 17 years old? I ask because some of the vaccines have not been tested on children.	The vaccines will be given to eligible population groups. As of now, data shows that COVID-19 vaccines can only be administered to >16 years old and above.
	Ms. Rabe	Can the LDRRM Fund or Quick Release Fund be used for the purchase of vaccines?	Unfortunately, we do not have any jurisdiction on this. We will forward your concern to DBM. As reiterated by Usec. Cabotaje, the vaccines will not be available commercially until late 2022. Procurement will be coursed through DOH.
	Ms. Nievera	Will there be instances where vaccines will be used interchangeably - meaning another vaccine is used for the 2nd dose? How do we monitor/manage/avoid such cases?	The vaccines will be given to eligible population groups. As of now, data shows that COVID-19 vaccines can only be administered to >16 years old and above.
	Mr. Songco	Who is allowed to vaccinate?	Doctors and nurses.
	Ms. Luzande	What kind of distribution model will the government employ? Centralized, Hub and/or Decentralized?	It will be a centralized hub.
HTAC Evaluation Framework for COVID-19 Vaccines	Mr. Ybiernas	What type and brand of vaccine to be given to the Filipino People? Do we have a list of brands to consider?	Dr. Guerrero mentioned that there is a need for EUA before we can use and administer the vaccine. The FDA has yet to issue EUA to any vaccine but they have received at least 2 applications as of the moment.
	Ms. Villa	Regarding prioritization of vaccines to be given, will it be considered to prioritize giving to those LGUs who have not manifested procurement of their own vaccines?	Yes, we are adhering to the principles of equity and reciprocity. The national government will provide vaccines to all LGUs/areas, following the priority eligible population.
	Cotabato Regional	If the individual has already been infected,what priority level will they belong to?	Dir. Arevalo mentioned that DOH through the Health Promo Bureau has done social

	Medical Center		listening and surveys. Demand Generation is headed by the PCOO along with DOH, DICT and PIA. Conduct of a series of townhall meetings have started to increase awareness about the vaccination. US experience: Vaccination sites were not prepared so the DOH has started the capacity building and other strategies including communication before the vaccination.
	Ms. Maderazo	If the EAU will be given to DOH only for purposes of intense side effect monitoring, does it mean that the LGUs with alleged budget allocation for their own vaccine procurement is not necessary?	
	Laban Consumer	The acceptability of vaccination among Filipinos is only 50% as a result of the surveys. Therefore, what is the plan of the government to increase acceptance of the vaccine?	
	Ms. Kapunan	Will the LGUs be able to independently procure vaccines or will the EUA be granted only to DOH?	The LGU can procure vaccine
	Health Technology Assessment Council (HTAC)	How will the government certify that a person has been vaccinated? Will this certificate be recognized abroad? Are there internationally accepted formats right now?	The DPCB will coordinate with HFSRB and LGUs.
	Philippine Hospital Association	What is the role of hospitals in this immunization program?	Dir. Arevalo answered that Hospitals will be vaccination sites. Further, capacity building through e-learning will be done starting next week. Hence, both the Public and private hospitals are included in the training. Contact details of hospitals and LGUs where they are located were requested for succeeding trainings.
	Ms. Tiamzon	In the news there are private companies who are saying that they will also be procuring COVID-19 vaccine. How is this in sync with the government's procurement of the vaccine?	The DPCB will still coordinate with the private sectors.
	League of Provinces of the Philippines	On the EUA/FDA Approval: Can LPP get the contact information of the FDA approved supplier?	FDA will provide information on the vaccines approved by January 15, only one applied is currently being assessed.

			Usec. Myrna Cabotaje added that all vaccine trials are on Phase III, they have not finished Phase III and Phase IV yet. The DOH cannot introduce vaccines unless they are in Phase IV of the clinical trial. The EUA is an authorization not a marketing authorization so this will not make the vaccine commercially available for procurement of individuals, private entities and the government. Acquisition and access are done through Sec. Galvez. Consignee designation through Sec. Duque. Hence, we always have tripartite agreements.
	Ms. Delos Reyes	Is the vaccination program on a voluntary basis? How do we handle persons in the Priority Group who will not allow themselves to be vaccinated?	Vaccination will be based on vaccine availability. If they miss their opportunity to be vaccinated the first time they will have to wait for the second round based on the available vaccine. Dir. Arevalo said that it depends upon the LGUs, Hospitals and Priority group heads to encourage them to be vaccinated. If they refuse, it will be given to other priority groups. Dir. Arevalo encouraged them to be the champion among their organization to increase the uptake of COVID-19 vaccination.
	Mr. Salacut	Under Eligible Population in the presentation, No. 5 is Uniformed Personnel. For its Definition of Term, recommend the following: All Officers and Enlisted Personnel	This has been duly noted.

	Dr. Dy	Which Priority Group would non-senior citizen patients with underlying medical conditions (such as DM, with Congestive Heart Failure) belong to?	If they are healthcare workers they will be prioritized but there will be intersectoral prioritization for those with co-morbidities will be prioritized. The WHO SAGE recommendation does not include the co-morbidities.
	Ms. Ciriaco	In this program, the vaccine will be given to the priority population for free, be it private or government?	
	Philippine Coast Guard Medical Services	How to register personnel to attend the TOT?	The secretariat will contact them.
	Ms. Tinio	What about the private clinics or physicians in private practice?	
	Mr. Faraon	Will there will be a geographic prioritization based on local context and epidemiologic setting? how will allocation be done? NCR will have more allocation compared to Batanes?	It will be determined based on the eligible population
	Mr. Cruz	What if, for example, a frontliner works in Quezon City but resides in San Juan City, which LGU will vaccinate this frontliner?	The vaccinee will be vaccinated in his workplace as a frontliner
	Mr. Yudelmo	What interventions are done to ensure that people will get vaccinated?	Dir. Arevalo said that there are communication handles to have greater uptake on COVID19 immunization. Learning development interventions for navigators, community mobilizers will also be conducted especially those affected by previous vaccination initiatives. Dir. Arevalo enjoined all attending the forum to help promote the vaccination program of the government.

			Videos are being disseminated to Health Promotion Officers to be popularized.
	Dr. Anthony Faraon Family Foundation	Will NCR be prioritized? Considering the portfolio of medicines (5 to 6) how will this be allocated? What if an LGU has preference over a certain vaccine other than what is allocated to them?	Dir. Arevalo said that Eligible population is based on the burden (sectoral) and geographical (based on prevalence). The NITAG will discuss the priority population based on certain criteria (attack rate, case fatality, readiness of the LGU) tomorrow and give the recommendation to DOH and the vaccine czar. In terms of vaccine portfolio, the vaccines that will come based on the prioritization based on the specific guidelines that will not be based on preference . It will be administered as prioritized and not on preference. If they waive their opportunity to be vaccinated, there will be a second round still based on availability.
	Health Care Professional Alliance on COVID-19	After the use of EUA, will they still undergo HTAC review? Timeline after EAU to HTAC recommendation? Is there guidance for LGUs who already set aside their budget for procurement of vaccines?	Dr. Guerrero said that LGUs can not procure without the clearance of HTAC. Even without the EAU, the HTAC are already reviewing the evidence for the vaccines for publication. It is easier to issue the recommendation. Per Bayanihan Law, only Phase IV was waived. The second question was already answered by Usec. Cabotaje earlier based on specific guidelines to be released thru Sec. Galvez and Sec. Duque.

	Mr. Dimagiba	After all requirements have been complied, what is the procedure for the vaccination? Will this be a prescriptive vaccine or available in the market for consumers?	The vaccine will not be available yet in the market and will not be available on prescription basis. We are still waiting for the EUA to vaccinate the priority population. The LGU preparation will follow the usual campaign of the National Immunization Program except that the vaccine is not yet available in the market but through EUA.
	Ms. Paredes	It was suggested that the DOH and HTAC can be invited in their meeting for the Governors which they will schedule soon, to discuss the COVID-19 vaccines. Please communicate through sandy.paredes.lpp@gmail.com 09167528005	Noted.
		When will the vaccine be commercially available?	The vaccine after clinical phase IV, will be given CPR and only then can it be commercially available. The Director General of FDA predicts that it might be commercially available by late 2022. Depending on the supply of the vaccine, all will be vaccinated on a phased implementation.
	Ms. Rabe	What will be the guidelines/process for securing the consent of patients for the administration of the vaccine? what is the timeline for the release of the national roadmap on vaccine availment?	The STG on registry and data management is in close coordination with the Legal service.
	LPP	How does DOH/IATF intend to allocate the limited vaccines to 82 provinces?	Distribution will be primarily based on sectoral prioritization. Followed by geographical prioritization,(based on disease burden - attack rate, incidence rate/active cases and readiness of LGU.

	UP Diliman	Recently, there has been news that Taiwan has found 73 side effects of China's Sinopharm, while Sinovac's vaccine appeared to have efficacy of less than 80% in other countries, notwithstanding the more expensive price of these vaccines compared to other Western-made. Considering that the Duterte administration prefers vaccines from China and that the DOH prioritizes efficacy, how would the DOH (particularly the COVID-19 Task Force) compromise?	DPCB answered that the vaccines are evaluated regularly based on a set of guidelines.
	Ms. Belen	Makati LGU announced that they can include the vaccine purchase of businesses around Makati if these companies would like to buy the vaccine. Is this allowed? Also, Red Cross, as mentioned by Sen Gordon the other day, can procure vaccines for the country, and sell these to those who can pay. Is this allowed as well?	The IATF will still have to determine the process
	PHPSP	Will the vaccine procurement undergo HTAC review? Will the review happen before or after issuance of EUA?	HTAC recommendations can only be issued after an EUA is issued by the FDA to ensure that basic safety and efficacy standards are met.

Annex D.

Results and summary of key feedback of the Consultation with Persons with Disabilities on the PCERP
5 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Competency and guidelines on the FSL interpreters	Ms. Agbay of the Philippine Federation of the Deaf raised that the FSL interpreters in the health facilities are knowledgeable on the medical terms, especially for COVID-19, and not just the background on basic sign language such as hand signals for letters. Aside from the competencies of the FSL interpreters, Ms. Dagani of the Filipino Sign Language Access Team for COVID-19 pointed out that previous health- related experiences and ethic guidelines are necessary in the qualifications of the interpreters. It was noted that the civil society organizations (CSOs) are providing virtual FSL services during the COVID-19 pandemic. Moreover, it was noted that they will be charging fee from the government if their services will be contracted.	The level of knowledge/ competency of the interpreters on FSL will be added in the indicator. The ethic and previous work experiences of FSL interpreters will be considered in the drafting of the said guidelines.
Health promotion materials for PWDs	The PWD representatives concurred that the health promotion materials, especially for COVID-19, should be sensitive to the needs of all PWDs, covering all types of disabilities, as set forth in the Batas Pambansa 344. Ms. Rabino of the NCDA recommended to include accessible website/s or 'web accessibility' for visual impairment in coordination with the Department of Information and Communications Technology (DICT).	Inclusivity and accessibility of PWDs in the health promotion materials was communicated to DPCB- DDO and HPCS. This will also be included in the indicators of the proposed HCF capacity assessment for services for vulnerable groups. Ms. Rabino of NCDA will share to DOH and the PWD groups the information on web accessibility for better access for the blind.
Infrastructure needs of PWDs	Mr. Bernandino and Mr. Manlapaz of the UNCRPD stressed the importance of the compliance of health facilities to the Building Code with regard to the needs of PWDs.	The structural requirements of the BP 344 and Building Code for PWDs, such as the PWD-accessible CRs. will also be included in the

	Ms. Agbay also added that the elevators of the health facilities should also be accessible to the PWDs and their assistants/carers. Ms. Rabino raised that the comfort rooms (CRs) of some health facilities do not fit wheelchairs.	indicators of the proposed HCF capacity assessment for services for vulnerable groups.

Annex E.

Results and summary of key feedback of the Consultation with Gender- Based Groups on the PCERP
30 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Accessibility of services for women PWDs	Ms. Jennifer Garcia of the Regional Association for Women with Disabilities raised that women with disabilities may have difficulty in accessing WCPU services due to decreased mobility during the pandemic.	Engr. Joselito Riego de Dios responded that the DOH has existing strategies and programs for the PWDs to provide COVID-19 services as well as gender- related concerns. These strategies were also discussed in the meeting with the PWD representatives last October 5, 2020. To further improve the services for PWDs, GAD, and WCPU, the Project will conduct a health facility assessment to evaluate the services for vulnerable groups and identify areas for support and improvement.
Coordination with other DOH Bureaus	Ms. Giceline Artuyo of DOH-HPDPB recommended the Project to coordinate with the Office of Undersecretary Bayugo (FICT) to harmonize the environmental and social risks identified in the Project with the National Action Plan of DOH for COVID-19. She also suggested to coordinate with DOH- HEMB for other gender- related initiatives with regard to emergency response.	Ms. Gaylan reiterated that the ESMF, ESCP, and SEP of the Project are submitted to the Office of Usec. Bayugo for clearance as the Chief Incident Commander for COVID-19. Further coordination with FICT and HEMB will done succeedingly by the Project.
Importance of gender- based initiatives and gaps on the current implementation of services	According to Atty. Rubin, the Commission on Human Rights appreciates that gender is mainstreamed in the DOH programs and that GBV response is a component. The CHR has emphasized the need for gendered and intersectional response to the crisis, particularly emphasizing that GBV should be a part of COVID response and special focus should be provided for marginalized groups, hence a Joint Memorandum Circular with DILG was developed to also address the risks posed, especially for marginalized groups. As we agree with the finding of WCPUs that there has been decrease in reporting of GBV, and that there are breakdown/gaps in referral	The suggestions of the CHR will be forwarded to the GAD TWG for consideration and further discussion.

	mechanisms, we support programs that increase the number and enhance the functionality of WCPUs in the country. WCPUs are crucial to GBV response with their multi-sectoral teams, and it is distressing to hear the assessment that some were unable to provide the same services during the pandemic. Ensuring continued functionality, coupled with updated and community/LGU based functional and updated referral mechanisms is important. As part of the program's risk management, Atty. Rubin noted that it is good that gendered responses are included for health service providers. It was suggested to consider the need to protect and address as well the multiple burden of community health service providers (BHWs that are on allowance basis with LGUs), and contractual health workers engaged under the project. There is also a need to recognize unpaid care work at home of these workers, as well as adopting strategies that recognize flexible working hours, recognition of different vulnerabilities for workers who are solo parents, taking care of the ill or elderly, etc. Protocols and procedures should also remain in place for availment of maternal and paternal leaves, VAWC leaves for victims of violence and a clear reporting procedure not only among plantilla officers but also among contractuals, and communities engaged with. The CHR echoes the need to include in the GBV response the focus on strengthening community referral mechanisms, including sessions that connect WCPUs not only with women's desks, social welfare officers, prosecutors, but also with barangay VAW desks officers, civil society organizations, and	

	regional offices of the CHR. This will fast track referral of cases and address issues of limited mobility and resources of women and girls reporting GBV. The program could also look into influencing DOH units to adopt protocols specific to marginalized groups including PWDs who often lack access to information and who face physical and social barriers; IDPs, IPs, LGBTQIs, and the incarcerated women. The vulnerable groups and their vulnerabilities were included in the JMC of CHR and DILG.	

Annex F

Results and summary of key feedback of the Consultation with Indigenous Peoples on the PCERP February 2021

Topic	Comment/Query	Stakeholder	Response
Discrimination against IPs in health facilities	In other provinces, Indigenous Peoples are not accommodated properly or discriminate against in hospitals. This leads to the increased hesitation of IPs to seek medical care in health facilities.	IP Mandatory Representative (IPMR) of Olongapo	DOH BLHSD has responded that the DOH has a joint Memorandum Circular with DILG on the health service delivery for IPs. The IPs may opt to visit a nearby hospital and file a complaint against the hospital where they were not catered as appropriate. The complaint should be coursed through proper channels such as through DOH Centers for Health Development or Provincial DOH Office. It was also reiterated that due to the devolved health system in the country, not all health facilities are owned by the DOH. Some facilities are run by the local government unit.
	To further prevent discrimination against IPs and considering the 'reserved' nature of IPs, it was suggested to (1) designate a focal person in hospitals who are also members of the IP community, (2) provide a separate lane for IP services, and (3) designate an IP helpdesk in all health facilities.	Municipal IPMR - General Nakar, Quezon IMPR North Cotabato	The BLHSD has an ongoing medical scholarship program to capacitate IPs and absorb them in the government health facilities for professional practice. In response to the query on the maintaining grades of IP scholars in midwifery, the BLHSD reiterated the need to meet the grade cut-off to ensure the quality of future professionals and their capacity to provide proprt medical services.
Lack of financial resources for health care	Some COVID-19 positive IPs are staying at home for monitoring of the NCIP nurses and barangay health workers as they cannot afford treatment in hospitals. It was asked if the DOH could provide free medical services for IPs who have COVID-19.	IPMR Camarines Sur	Under the current assistance of the Philippine Health Insurance Corporation (PhilHealth) and with the upcoming implementation of the Universal Health Care (UHC), the IPs may avail free health services. The Medical Social Units and Malasakit Centers of health facilities may also be approached for medical assistance to indigent IPs.

Referral pathway for health services for IPs	It was asked what the IP should do if the health facility, including isolation area, closest to their home cannot accommodate them as its full capacity has been reached.	IPMR	It was advised to seek treatment or isolation services from another nearby facility in other municipalities. Referral of the health facility may be sought, and there should be LGU to LGU coordination, as prescribed in the DOH-DILG Joint Memorandum Circular for the health service delivery for IPs. It should also be noted that most health facilities have no IP dedicated helpdesk and has no existing referral pathway, based on the health care facility assessment for services to vulnerable groups that the PCERP has conducted.
Access to information on COVID-19 and other health issues	The access of IPs to health information, especially on COVID-19 and vaccines, is limited. The need for further information dissemination and communication with the IP communities was expressed. They asked in which channels the DOH could further communicate with them. It was also suggested to designate an IP focal person per sitio or barangay for dissemination of health information. Some health information in the mainstream media are not in the language used by the IP groups.	NCIP health worker – San Jose Community Service Center IPMR Libungan IPMR Olongapo	The DOH through the Health Promotion Bureau and Communications Management Unit develops health information and campaign materials for COVID-19. The dissemination is through the CHDs and also through LGU. It was recommended to further communicate with the NCIP, IPMR, and IP Leaders to assure that information is disseminate to all communities. For the PCERP, it was reiterated that there is an online feedback form (http://bit.ly/CERPFeedback) and the GRM. The HCF assessment done by PCERP also shows that most information materials are not in the language understood by local and IP communities. The assistance of the CHDs may be sought for translation in the development of appropriate materials. The HEPOs in the CHDs may also assist to laymanize the medical terms. According to the IPMRs, radio is the most effective way of providing health information to IP communities due to the absence of internet connection.
Health care waste management in health care facilities	It was asked whether it is proper practice to burn health care waste in health facilities and how to ensure that these wastes will not pose threat to communities	IMPR Camarines Sur	It was clarified that burning of wastes is not allowed based on the Philippine Clean Air Act and other laws of the DENR. Health care wastes are disinfected as appropriate based on the DOH and DENR guidelines, such as the use of chlorine solution. Proper PPEs should also be used by the waste handlers. Infectious wastes are segregated from general wastes using yellow plastic bags. It is

	especially during collection and transport.		delineated from the municipal wastes in black bags using the yellow color for infectious. Some facilities also practice disposal of wastes by the use of a septic vault in the facility.
COVID-19 vaccination	Issues on the COVID-19 vaccines were raised such as safety of the vaccines and various brands, safety of vaccination for senior citizens and individuals with co-morbidities, access to vaccines considering the distance of health facilities, and the need for support on resources to access vaccines, e.g., organized transportation for IPs.	IPMR Occidental Mindoro, Libungan, Filimon, and others	It was clarified that the COVID-19 vaccines is not part of the scope of this consultation. However, issues on the vaccination had been raised in relation to COVID-19. It was advised that a separate consultation will be conducted by the DOH dedicated for the IP groups.

Annex G.

Results and summary of key feedback of the Community Consultation on the Retrofitting and Refurbishing of the Research Institute for Tropical Medicine (RITM)
27 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Risk of Coinciding with DOH COVID-19 vaccination activities in 2021	Director Sudiacal of DOH– DPCB queried on the timeline of the construction activities in RITM as it might coincide with the vaccination activities of DOH in the 2nd quarter of 2021. According to Arch. Magbanua, the construction activities might extend until the Q2 of 2021 as the bidding has not yet started. According to Engr. Calma of the RITM Planning Office, the RITM is considered as a warehouse of the COVID-19 vaccines.	The RITM will accomplish an ESMP in relation to the possible simultaneous construction and vaccination. The RITM would possibly develop re-routing schemes and designate areas once its engagement in the vaccination activities has been finalized.
Survey for Community Residents	It was confirmed by the RITM Planning Office that a community survey is needed for the residents of Barangay Alabang, specifically the residents of Pleasant Village and Camella III which are nearby the RITM compound.	DOH– DPCB to request the officials of Barangay Alabang to facilitate the survey which may be done accomplished online or printed questionnaires, in English (Annex F) and Filipino (Annex G) versions.

Annex H.

Results and summary of key feedback Retrofitting of the Isolation Rooms of Fourteen (14) Hospitals in the National Capital Region
28 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Burning of wastes produced in the construction site	It was clarified upon the query of Barangay Central, Quezon City that wastes will not be burned as a disposal method in the construction sites.	
Permits required by LGUs for the construction activities	Ms. Villaluz of the World Bank and Engr. Marayag of the Dr. Jose N. Rodriguez Memorial Hospital reiterated that there is a need for support from the LGUs as regards the securing of permits and clearances for the construction activities.	The Implementation Arrangements of the Project will include the MOA with LGUs for the construction activities. The HFEPMO will be conducting a meeting with the project recipients and other stakeholders regarding this matter.
Public hearing for communities	Representatives of Barangay Bagong Ilog- Pasig City asked if there should be a public hearing for nearby residents.	The Project will be requesting the barangay officials to facilitate the survey to be answered by the barangay residents, preferably those nearby, regarding the environmental and social risks of the minor construction activities.

Annex I.

Results and summary of key feedback Building Completion of the Quirino Memorial Medical Center (QMMC)
9 February 2021

Number of workers and health protocols	For the completion of the 4th floor of the Phase 9 Building of the QMMC, the number of workers to be deployed in the construction area should be identified, considering the possible influx of workers and the need for observance of physical distancing, in compliance with minimum public health standards.	Quirino Memorial Medical Center-Engineering Department	According to the HFEP Central Office, the number of workers cannot be determined at this point and it will depend on the number to be deployed by the contractor.
Housing of the construction workers	Based on the number of construction workers, it should be determined if the workers will be housed inside the QMMC premises or not.	Quirino Memorial Medical Center-Engineering Department	In the latest DPWH guidelines for the COVID-10 pandemic, transient accommodation should be provided for the construction workers. The QMMC will find a suitable location in their facility to house the workers. This will be discussed with the contractor and the HFEP.

Annex J.

Results and summary of key feedback of the Townhall Consultation with Indigenous Peoples conducted by the DOH HPB
16 March 2021

Stakeholder Query/Comment	Respondent	Response
Is it necessary that same brand of vaccine that we are going to use for the 1st and 2nd dose?	Philippine Society for Microbiology and Infectious Diseases	Yes, it is recommended that we take the same brand. Reason being, there is no study that involves intermixing different brands of the vaccine.
How old is the target age (for vaccines)?	Philippine Society for Microbiology and Infectious Diseases	Target population for the vaccines is 18 years old and above. That is the reason why we give them to adults. Even 60, 70 or 80 years old will also be given the vaccine.
Any comment on the numerous EU countries that suspended the use of the Astrazeneca due to the blood clotting side effects and death?	DOH	FDA clarified with Astrazeneca that the ones that were deployed to the EU countries have a different batch or lot number. It is not the same batch that we will be getting from Astra right now. It is a different batch was deployed in those EU countries.
I have allergies. Is there a specific brand that cannot trigger anaphylactic shock?	Philippine Society for Microbiology and Infectious Diseases	Even if you have a lot of allergies, you can still accept the vaccine. Unless you are proven to have an allergic reaction to the specific components of the vaccines. You can still get the vaccine, but what will happen is you would be closely monitored after you receive the vaccine.
What would the action be if you started to have symptoms after receiving the vaccine?	DOH	Before leaving the vaccination site, you will be advised on the specific signs and symptoms to watch out for. And if you start having those symptoms, you will be informed of where to go and who to call. Even if they are minor, you are supposed to report this. In case you need medical attention, you will be referred to a proper facility for proper management.
Is the vaccine safe for breastfeeding women and what are the side effects?	Philippine Society for Microbiology and Infectious Diseases	There's no specific study with the vaccine per se with pregnant women. But there are recommendations that pregnant women still get vaccinated with consent. Reason being, there would still be more benefits to getting vaccinated. Antibodies could be transferred to the babies. They are usually asked to sign a waiver.
How long will the protection from the vaccine last for?	Philippine Society for Microbiology and Infectious Diseases	That is unknown to this point. We are still waiting for data that would specifically tell us on how long the antibodies would last.

There is news that we would have to be vaccinated for COVID every year. Is this true?	Philippine Society for Microbiology and Infectious Diseases	There is a possibility. But as of now, we don't know yet. We don't know yet on how long the antibodies would last. There are data that suggests that it would be like a flu vaccine, that would be annually.
Will you get the protection from the COVID-19 right after the vaccine? Or after a few more days?	Philippine Society for Microbiology and Infectious Diseases	Average it would take 15 days before you start forming antibodies from the vaccination. Chances for your protection will increase as the days go by and you receive your booster shot.
Can a recipient choose on what brand of vaccine he/she want? Or will they just have to settle for whatever is available?	DOH	The vaccination is not mandatory. But we are doing everything we can to convince people to get vaccinated to enable herd immunity. Target is 75% of the population. Yes, you can turn down a specific vaccine, but you will now be included on the next round of vaccines.
Is it safe to get the COVID vaccine with other vaccines like the flu vaccines or pneumonia vaccines?	Philippine Society for Microbiology and Infectious Diseases	There are no studies on whether it is safe, or not safe yet.
On co-morbidities. What would be the side effects to those with co-morbidities?	Philippine Society for Microbiology and Infectious Diseases	It would be highly encouraged for those with co-morbidities to take the vaccine. Reason being, studies show with those with diabetes or hypertension who got infected with the virus, their symptoms are more severe. You would benefit from it, and there's no documented side effects.
If you tested positive for COVID, when can you get vaccinated for it? Will you have to wait after 14 days of quarantine?	Philippine Society for Microbiology and Infectious Diseases	If you're a patient who got infected by COVID, you could wait for up to 90 days to get vaccinated. But if you wish to get vaccinated to be earlier, you may do so. Provided, that you are recovered from the COVID-19 virus.
Profiling & masterlisting. For the prioritization of the vaccines, what category does the IP fall under?	DOH	The IP is under the prioritization group B.4. Socio-demographic groups at significant higher risks. When can they get vaccinated? Focus is on the 3rd quarter, where millions of doses will come. It will be the local government unit who will initiate the vaccination of our IP groups.
Do all the suppliers of the COVID vaccine have the same elements? What are the elements of the COVID-19 vaccine?	Philippine Society for Microbiology and Infectious Diseases	There are different platforms of vaccine. There are those who use vector like Astrazeneca so it uses a viral vector. There are also inactivated virus like Sinovac. There are different platforms, but they all have the same goal.
What about for those undergoing dialysis treatment? Can they still get vaccinated?	Philippine Society for Microbiology	You can still take the vaccine even if you are undergoing dialysis treatment.

	and Infectious Diseases	
Regarding the role of NCIP on information dissemination.	Philippine Society for Microbiology and Infectious Diseases	DOH: Besides the NCIP advocating for our IPs to get vaccinated, aside from them helping us disseminate information, the team is composed of 6-8 members. They can also volunteer as part of the vaccination team to take on several roles.
May we know the difference between Philippine variant and UK or Brazil or African variants?	Philippine Society for Microbiology and Infectious Diseases	Studies nowadays are on their behavior. The UK variant is more infectious. Regarding the effectiveness of the vaccines on them, there are still ongoing studies. Some of the vaccines may still provide some amount of protection against these variants.
Do we already have an initial report on the healthcare workers injected with the vaccine?	DOH	We already have data, but they are still incomplete. The immunization program we have is government facilities. We cannot divulge that information yet, since they are still incomplete.
Is there an active anti-vaxxers campaign in the Philippines?	Philippine Society for Microbiology and Infectious Diseases	I think the campaign is not directly attacking the anti-vaxxers. This campaign is trying to correct misinformation and set the facts straight as well as encouraging people to take the vaccine. In the hopes of when the anti-vaxxers hear this, they would eventually become advocates for vaccines as well.

Annex K

Summary and Feedback from the Community Consultation for Civil Works Activities
29-30 July 2021

A. Community Consultation on the Upgrading of Isolation Facilities of DOH and LGU Hospitals NCR on July 29, 2021

Topic	Issues/Comments/Queries	Stakeholder	Responses
Isolation rooms as ICU rooms	Mr. Wilfredo Prilles, Jr. from the City Planning and Development Office of Naga City asked if the upgraded isolation rooms can also be used as ICU in the hospital in view of the surge of COVID-19 patients.	City Planning & Development Office of Naga City HFEPMO	Engr. Padilla from DPCB responded that according to HFEPMO, the 2 isolation rooms being upgraded can also function as ICU rooms as they are large enough to meet the standard floor area of ICU rooms. Ar. Mennard Estavillo of HFEPMO remarked that the remaining three (3) isolation rooms which have smaller floor area can also function as an ICU as long as the ICU equipment can fit in the room.
ICU equipment acquisition	Mr. Prilles inquired if the project can support the acquisition of ICU equipment.	HFEPMO	Ar. Altovar answered that currently, the focus of the civil works is to upgrade the isolation rooms with negative pressure in selected hospitals nationwide. The PCERP has other components for the provision of medical equipment. These includes portable xray machines, infusion pumps, mechnical ventilator, RT PCR machines, and others which had been discussed earlier. Other equipment may not be supported as the allocation of majority of the budget has been determined.
ESF Training Participants	Mr. Leonard Pasiderio from Guimaras ENRO inquired on who will be involved in the ESF training and if the LGU has the option to identify who will undertake the training.	LGUs, Health Facilities, DOH PCERP	Engr. Padilla replied that the winning contractors, health care facility project recipients, and respective DOH offices and World Bank representatives will be invited in the training.

			Ms. Gaylan added that the LGUs are welcome to join the ESF training, provided that they send an email regarding their interest to participate.
ESF Instruments	Engr. Bim Punzalan from Bicol CHD clarified that the health care facilities in Masbate and Sorsogon will undergo a new construction instead of upgrading of isolation facilities. Also, he asked if the screening process, ESMP and ECOP are requirements before starting the project. Furthermore, he inquired if they could use the approved construction safety and health program from DOLE instead of ESMP.	LGUs, Health Facilities, HFEPMO, DOH PCERP	Ar. Aira clarified that according to the RFQ, it is indicated that the construction activities in Masbate and Sorsogon is considered a new construction instead of renovation or upgrading of isolation facilities. Engr. Padilla replied that the screening process, ESMP and ECOP will still be further discussed in the ESF training. It will be submitted monthly when the construction activities have commenced for the whole duration of the project. Moreover, the Labor Code of the Philippines, Occupational Safety and Health Standards Act, and other DOLE guidelines have been incorporated in the ESF instruments especially in ESMP, LMP and GRM. Engr. Punzalan suggested to schedule the ESF training soon to avoid delays in the start of the construction activities.
Health Care Waste Management Training	Mr. Hilarion Pasal asked if the Project can provide intervention on waste management, especially on handling of used PPEs and other infectious paraphernalia. Similarly, Ms. Sheila Mari Gilo Bayomof bong LGU inquired if the PCERP can provide assistance in the management disposal and treatment of infectious ways from health care facilities.	Health Facilities, DOH PCERP	According to Ms. Gaylan, the the Project cannot cover the hiring of waste service provider, such as waste transporter and temporary storage and disposal facility (TSD) for health care wastes. Meanwhile, the DOH Central Office provides support to waste management by hiring a waste transported and TSD facility to collect the wastes generated from the COVID-19 vaccination. It is also indicated in DOH Department Memorandum 2021-0031 that vaccine wastes shall be collected from vaccination sites and then transported to

			RHUs, PHOs or CHDs, prior to collection of the TSD. The Project only offers training on health care waste management for the health care facilities to be attended by health facilities, CHDs, Bakuna Centers, TSD facilities, and ENROs.

B. Community Consultation Refurbishing of Reference Laboratories on July 30, 2021

Topic	Issues/Comments/Queries	Stakeholder	Responses
ESF Training	Engr. Richie Dirige of the Baguio General Hospital and Medical Center wanted to clarify on the schedule of the ESF Training.	Baguio GHMC, DOH PCERP	Engr. Padilla responded that there is no definite schedule yet, but the ESF Training will be conducted before the commencement of construction activities. The target participants will be the Health Care Facility recipients, winning contractors, and an invitation will be extended to the LGUs or barangays where the HCF is located. Ms. Gaylan clarified that the training will be highly dependent on the status of the bidding. She then asked Engr. Dirige if they have acquired an NTP and NOA, to which Engr. Dirige replied not yet. Ms. Gaylan added that if the winning bidder has been selected, the ESF training can be planned so that the selected contractors will be able to attend.
Supervision of project implementation	Ms. Anabel Cauilan-Binoya of DOH MMCHD asked who would be the one to oversee/ supervise the project to ensure that these are implemented or conducted smoothly?	DOH MMCHD	Engr. Padilla stated that supervision of the ESF compliance will be the responsibility of the safety officer of the winning contractors. The safety officers shall be present on-site and shall coordinate with the sanitary engineers or sanitary officers of the HCF, to ensure that the operation activities adhere to the mitigating measures discussed.

			Ms. Gaylan added that while the contractor is mainly in charge of ensuring the practice and observance of the Environmental and Social Standards in the construction site, the recipient facilities also have a responsibility to guide the contractors.
Enhancement of plans before bidding	A question from the Lung Center of the Philippines asked that if the bidding has not yet commenced, would it be possible to retrieve their previous plan to further improve/ enhance it?	Lung Center of the Philippines, HFEPMO	Ar. Mennard Estavillo of the PCERP-HFEPMO team responded that since the LCP is recommended for award, it is not possible to enhance them. However, during the implementation phase, it may be possible to enhance the plan so long as the changes are not major. This needs confirmation with Ar. Ariel Magbanua.
Construction permits	Mr. Jack Guevara from QC EPWMD asked if the Project is covered by the ECC permit from EM. In addition, Mr. Guevara asked if there would be any amendments regarding the construction activities, would there be any additional permits under the ECC?	QC EPWMD	Ms. Gaylan shared that there was a meeting with DENR EMB before the commencement of the project activities. As per discussion with DENR, if the facility has a ECC beforehand, there will be no need to apply for a new ECC for these construction activities. On whether there will be any additional permit in case of amendments in the construction activities, Ms. Gaylan clarified that there will be no additional permits needed. To add, Ms. Gaylan shared that HFEPMO conducts pre-construction meetings wherein the permits and other licenses will be explained.

C. Community Consultation on the Refurbishing of Bureau of Quarantine (BOQ) Stations on July 30, 2021

Topic	Issues/Comments/Queries	Stakeholder	Responses
Issuance of Permit to Construct (PTC)	Ms. Dubhe Lynn Guarnes from DOH Western Visayas CHD asked if Bureau of Quarantine (BOQ) Stations are required to secure Permit to Construct (PTC).	BOQ, HFEPMO	Ar. Charm Topacio responded that those BOQ Stations which are considered as new construction and have a laboratory as one of its facilities are required to secure the PTC. These BOQ Stations are Tabaco and Zamboanga. On the other hand, the remaining BOQ Stations will only be subject for renovation and instead have to secure building permits.
ESF Instruments	Engr. Corinthia Aguilay from BOQ Central Office inquired who will be responsible for the preparation of ESF instruments.	BOQ, DOH PCERP	Engr. Padilla responded that after the ESF Training, the ESF instruments will be sent to the emails of both the contractors and the health care facilities, which in this case, the BOQ. Moreover, the ESF instruments shall be accomplished every 10th of the month. It is highly encouraged that the Sanitary Officer or Engineer of the health facility will coordinate with the Safety Officer in accomplishing these requirements. Ms, Gaylan added that only the GRM for Project Recipient Facilities is required for the BOQ to be accomplished monthly if they have any complaints about violations in the project site or lack of administrative requirements of the contractors.
Sanitary Officer or Sanitary Engineer of BOQ Stations	Engr. Aguilay followed up a question on the absence of a Sanitary Officer or Engineer in the BOQ Stations. She asked if it is required that the Sanitary Officers or Sanitary Engineers will be the one accomplishing the ESF instruments and if it is acceptable to consider one of the engineers from the BOQ main office.	BOQ, DOH PCERP	Engr. Padilla clarified that it is acceptable if the existing engineer of the health facility or from the BOQ main office will accomplish the ESF instruments for all the six (6) lots for construction under the Project.

Issuance of Permit to Construct (PTC)	Ms. Dubhe Lynn Guarnes from DOH Western Visayas CHD asked if Bureau of Quarantine (BOQ) Stations are required to secure Permit to Construct (PTC).	BOQ, HFEPMO	Ar. Charm Topacio responded that those BOQ Stations which are considered as new construction and have a laboratory as one of its facilities are required to secure the PTC. These BOQ Stations are Tabaco and Zamboanga. On the other hand, the remaining BOQ Stations will only be subject for renovation and instead have to secure building permits.

Annex L

Summary and Feedback from the Training on the Code of Conduct and Environmental and Social Safeguards for Uniformed Security Personnel – Armed Forces of the Philippines (AFP)
29 April 2021

Topic	Comment/Query	Stakeholder	Responses
Grievance Redress Mechanism (GRM)	Ms. Maya Villaluz of the World Bank had asked if the AFP has an institutionalized Grievance Redress Mechanism (GRM). The other Offices such as the NCIP, NCDA, etc. were also encouraged to share their organization's GRM. If present, it was suggested to integrate this GRM with that of the Project.	World Bank	Cpt. Campos of the AFP shared that the AFP has a grievance redress mechanism that involves 3 investigative units in the AFP. Those are the Office of the Inspector General, the Office of Provost Marshall, and the Office of Ethical Standards and Public Accountability. Those 3 units have their own jurisdictions. Ms. Dait-Cawed of the NCIP shared that it is effective if grievances will be discussed and settled at the community level. If the grievances involved their staff not doing their work, or there are some complaints on the underperformance of staff, the NCIP has legal affairs that would handle those cases. The NCIP has its Regional Offices, Provincial Office, and Community Centers which could be utilized as grievance channels. Ms. Sedenio of the NCDA shared that they have their own internal grievance redress mechanism which settles disputes internally prior to seeking external jurisdictions. For PWDs who would like to file complaints, they would have to pass the barangay level. Should a complainant opt to push through in filing cases, they have partner agencies such as PAU or DOJ that would process complaints.

Annex M

Summary and Feedback from the Training on the Code of Conduct and Environmental and Social Safeguards for Uniformed Security Personnel – Philippine National Police (PNP)
30 April 2021

Topic	Comment/Query	Stakeholder	Response
Grievance Redress Mechanism (GRM)	Ms. Maya Villaluz of the World Bank had asked if the PNP has an institutionalized Grievance Redress Mechanism (GRM). It was also inquired whether there are helpdesks at the community level in which complaints or feedbacks cam be relayed. The other Offices such as were also encouraged to share their organization's GRM. If present, it was suggested to integrate this GRM with that of the Project.	World Bank	Dr. Jimlan of the PNP General Hospital shared that on her knowledge of the grievance redress mechanism of the PNP, they can forward their complaints to the 8888 Complaint Center which is being brought to the respective units that would handle the case.
Medico-legal cases	Mr. Buboy Ampuan asked why medico-legal cases are ignored after 24 hours in some Offices.	PNP, ITRMC	Dr. Cababa of the ITRMC replied that the cited situation is not the proper practice. Cases that have passed 24 hours should still be catered to.
COVID-19 Vaccination	Mr. Buboy Ampuan asked if there are any explanations done in the first vaccination.	PNP, DOH	Ms. Gaylan answered that yes, before the vaccination is done, there is an orientation or health education step done by the medical team and they would ask for your written consent prior to vaccine administration.

Annex N.

Summary and Feedback from the Orientation and Consultation on the Grievance Redress Mechanism (GRM of the Philippines COVID-19 Emergency Response Project (PCERP)
24 June 2021

Topic	Issues/Comments/Queries	Stakeholder	Responses	Actions to be Taken/Remarks
DOLE Grievance Redress Mechanism (GRM)	Ms. Honey Alipio of the DOLE Bureau of Labor Relations (BLR) clarified who determined the GRM procedure and the resolution process for DOLE as the feedback and complaints of workers regarding labor working conditions must be handled by the Bureau of Working Conditions (BWC) and not the BLR. Moreover, the Public Assistance and Complaint Unit (PACU) is handled by the DOLE Legal Services (LS) and not by the BLR. Further, it was clarified that the mandate of the BLR is to address inter- and intra- unit cases which is different from the jurisdiction of the BWC, where the latter is mandated to inspect and regulate the labor standards and working conditions at the project site.	DOLE	Per Ms. Gaylan, the GRM processes were based on the Legal Framework presented, including the Citizens' Charter of the various Offices, such that of the DOLE. The recommendations of Ms. Alipio had been noted and will be integrated in the PCERP GRM. Ms. Gaylan explained that this meeting is done to consult, level- off, and validate with the various national government agencies (NGAs), authorities, and other stakeholders the GRM of the Project, which was formulated based on the abovementioned policies and Charters. The Project GRM may be reviewed and updated based on the advise of the authorities on how they implement their own GRM. Ms. Gaylan requested for references from the DOLE which can be used to align and improve the PCERP's GRM.	Revision of GRM of PCERP based on DOLE recommendations

			Ms. Alipio confirmed that they will be sending reference materials.	
Handling of Recurring, Biased, and Unverified Complaints from Anonymous Grievance Proponents and Endorsement and Closing of Grievance	Dr. Nimfa M. Putong of San Lazaro Hospital explained that PACU is an add on in their Public Health Unit (PHU). She pointed out the need for capacity and support in handling complaints since it is new in their unit. She also raised the need to address the systemic problem in handling complaints in the government offices such as recurring forwarding of unverified and biased complaints from anonymous sources. It was emphasized that the screening of grievances should be further strengthened prior to endorsement to concerned Offices. The accountability of the grievance proponent should also be established in order to impose liability to individuals who pose baseless and malicious complaints. Atty. Jordan Falces of DOH CHD I shared the same sentiments and have pointed out that these unverified complaints have been damaging the reputation and safety of personnel and the organization.	San Lazaro Hospital DOH CHD I	Engr. Riego de Dios agreed that the filtering of unverified complaints in the process of handling grievance should be further strengthened. Written complaints with supplementary documents shall be required. He also noted that as government employees and public servants, these complaints and feedback shall be welcomed. Ms. Gaylan concurred that there is a need for capacity building to further strengthen GRM operationalization in the ground. She added that the validity of complaints must be immediately evaluated, which is a part of the current GRM of the Offices. The confidentiality of the nature of the grievance, the proponent, and the grievance subject individual or organization shall also be guaranteed to prevent rumors and preserve reputation during the investigation. However, this is poorly implemented given that there is a non-disclosure agreement. Anonymous complainants are allowed according to the CSC RACCS 2017 as long as there are valid documents that support the complaints.	Formulation of capacity building activities and other support for GRM implementers Strengthening of grievance screening or initial evaluation Strengthening of GRM Operationalization Raising of grievance proponent accountability/ liability to the Civil Service Commission

	Per a representative from the Quirino Memorial Medical Center (QMMC), The Ombudsman does not admit anonymous complaints anymore.	CSC Region III	According to Ms. Lily Grace Sayon of CSC Region III, anonymous complaints are dismissible unless supported by verifiable documents, for example, in exams and surveys. It was also clarified that the role of CSC is to endorse the grievances to the concerned Offices as they are part of the latter's jurisdictions. The Contact Center ng Bayan (CCB), Presidential Complaint Center (PCC), and CSC usually forward the complaints to the concerned Offices to improve the existing systems. In addition, CSC explained that the complainants can file the complaint directly to the concerned offices. Mr. Mark James Brozo of the DOH Committee on Anti-Red Tape (CART) Secretariat clarified that while grievances may have been submitted to other Offices, the resolution and the closing of the grievance shall be the responsibility of the Office where it was endorsed which has mandate or jurisdiction over the concern. Ms. Gaylan emphasized the need to harmonize the GRM of various Government Offices, as well as the	

		DOH – CART Secretariat	policies, to resolve such issues of unverified and anonymous complaints. The new normal brought about by the COVID-19 pandemic shall also be considered, such that most Offices limit face-to-face interactions and there is a need for improved online and hotline processes. The changing environment also now brings increased risk for online harassments, cybercrimes, and social media abuse. The recent developments in the ARTA should also be considered.	
Calls and E-mails from Stakeholders to the DOH Hotline and the KMITS not within DOH jursdiction	Ms. April Molina of the KMITS and DOH Call Center shared that they are receiving calls and e-mails from private organizations, general public, and other organizations with concerns not related to DOH, such as those concerning DTI, FDA and BOQ. She clarified if the calls and emails shall be directly endorsed to the concerned Office, as per GRM of PCERP	DOH – KMITS	Ms. Gaylan concurred that the concerns must be endorsed to the concerned Offices. Coordination must be established among the concerned offices to fully address the reports, calls, or concerns from the stakeholders.	Strengthen referral pathways for grievance and feedbacks
Legal Framework of the PCERP GRM	According to Mr. Brozo, the PACU and the Complaint Handling Unit (CHU had been merged into one Office last April 2021. They are now called as the DOH Committee on Anti-Red Tape (CART) Secretariat. In this regard, new issuances will be released on the handling of grievances. He also added that while the Republic Act (RA) no. 9485 and RA no. 11032 were both	DOH – CART Secretariat DOH CHD I PCERP	Ms. Gaylan explained that the GRM of PCERP is a working document which is reviewed and updated. Revisions are possible based on the recommendations of the Offices concerned and the recent policy developments. She signified that these inputs will be integrated in the revision. The updated PCERP GRM will be posted in the DOH website.	Coordinate with DOH Legal Service and CART Secretariat for the issuances and GRM revision

	used in the PCERP GRM, the provisions of the RA no. 11032 shall prevail to prevent further confusion. The DOH Administrative Order no. 2015-0048 is also currently being amended. He also suggested to invite the DOH Legal Service in the next GRM Consultation. Atty. Jordan Falces clarified that some parts of DOH AO 2015-0048, specifically the hearing committees in the resolution of complaints against health care workers, are already revised in Magna Carta for Public Health Workers. It states that the Provincial Health Offices will be the hearing committee for hearing the cases of complained health care workers. Ms. Gaylan inquired if the Magna Carta will formulate a centralized body for grievance handling and resolution, integrating the current processes of the DOH Central Office, CHDs, health care facilities, including LGU- managed hospitals. She also clarified if the Magna Carta for Public Health Workers is different from the AO revision that will come from the DOH Legal Service.		Ms. Gaylan enjoined the cooperation of the DOH CART Secretariat and Legal Service for inputs in the PCERP GRM updating. Per Atty. Falces, the Magna Carta prescribes the composition of the hearing committee in resolving grievances. The composition of the hearing committee depends on the location of the health care facilities. Moreover, the purpose of revision of DOH AO 2015-0048 is to align it to the Magna Carta for Public Health Workers. Furthermore, this will include the changes in the hearing committees and more defined jurisdictions.	

Scope of the PCERP GRM	A representative from CSC Region V inquired if the PCERP GRM was created to receive grievances or feedbacks which exclusively pertain to the implementation of COVID-19 related rules, procedure, responses of handling.	CSC Region V	The GRM of PCERP was designed to cater grievances and feedbacks related to the Project activities and components. However, the PCERP team has been receiving feedbacks and complaints which are not related to the Project and are within the jurisdiction of other agencies. The PCERP endorses these grievances officially to the concerned offices. It was clarified that the PCERP is not a regular DOH unit and is only a project with bound timelines, thus has no mandate or jurisdiction to resolve grievances. The PCERP as a Project only endorses the feedbacks and grievances to the Concerned Offices, especially for concerns which are not project- related. The PCERP only resolves grievances which are under the Project scope, such as on implementation of project activities.	

Annex O.

Summary and Feedback from the Orientation and Consultation on the Grievance Redress Mechanism (GRM of the Philippines COVID-19 Emergency Response Project (PCERP)
25 June 2021

Topic	Issues/Comments/Queries	Stakeholder	Responses	Actions to be Taken/Remarks
Coordination between PCERP and CART Secretariat	Mr. Mark James Brozo DOH Committee on Anti-Red Tape (CART) Secretariat asked if the PCERP team will monitor the CART Secretariat and how the PCERP team will coordinate with them.	DOH – CART Secretariat	Ms. Gaylan clarified that the PCERP team will not monitor and not require any accomplishment reports from the DOH CART Secretariat. It was clarified that the PCERP is not a regular DOH unit and is only a project with bound timelines, thus has no mandate or jurisdiction to resolve grievances. The PCERP as a Project only endorses the feedbacks and grievances to the Concerned Offices, especially for concerns which are not project- related. The PCERP only resolves grievances which are under the Project scope, such as on implementation of project activities. Ms. Gaylan added that if the CART Secretariat or the other DOH Offices receive concerns related to the scope of the Project, these should be relayed to the PCERP team to address accordingly. The Project scope only covers limited activities it has funded and the Project Operations Manual (POM) in the DOH website (https://doh.gov.ph/ COVID-	

			19/emergency-response-project) may be used as reference to determine if the grievance or feedback is PCERP related, excluding the majority of regular complaints on COVID-19 and vaccination which are not under the project. However, the PCERP team has been receiving feedbacks and complaints which are not related to the Project and are within the jurisdiction of other agencies. The PCERP endorses these grievances officially to the concerned offices. She noted that the DOH CART Secretariat shall be copied in all related communications as the main grievance body of the DOH. Ms. Gaylan signified that the PCERP will closely coordinate with the CART Secretariat.	
	Mr. Brozo requested for contact details of the PCERP team and a list of World Bank-funded project activities for incorporation in their tagging system.	DOH – CART Secretariat	The PCERP will furnish the DOH CART Secretariat the directory of the Project focal persons and the Project Operations Manual.	To provide CART Secretariat with PCERP Directory and POM
Grievance Resolution Reporting and Monitoring Report	Mr. Alex Legion from Eastern Visayas Regional Medical Center inquired whether they will be receiving a report if the case or grievance is closed, if there will be certification if the grievance has been resolved, and if they will be receiving grievance monitoring reports, i.e., percentage or number of grievances closed within the semester or quarter. This is in line with their Office's	Eastern Visayas Regional Medical Center	Ms. Gaylan explained that the PCERP Team is project- based only not a regular DOH unit. It does not have any jurisdictions for grievance resolution and is not a monitoring body. The PCERP Team will only coordinate with concerned Offices and resolve issues which are part of its Project scope when possible. The PCERP will defer to the concerned Offices on how they will	

	requirement to submit similar reports to the national office.		resolve grievances, as prescribed by various national and local policies including the Office's Citizens' Charter. It will be the responsibility of the concerned Offices to prepare grievance resolution reports. Moreover, the PCERP will closely coordinate with these Offices for the monitoring of Project- related grievances and feedbacks for the independent monitoring and evaluation (M&E) of the PCERP. The PCERP team will extend its support and assistance to these Offices per request.	
PCERP Grievance Redress Mechanism Process	Atty. Jo David Borces from DOH Central Visayas Center for Health Development clarified if the discussed GRM is separate from the existing procedures because there are steps that has been presented which are new compared to the existing procedures. She also inquired if the GRM will be released through an official issuance and if the presentation deck will be the basis for the GRM.	Central Visayas CHD	Ms. Gaylan explained that the GRM processes were based on the Legal Framework presented, such as the local and national policies on complaints and feedbacks, including the Citizens' Charter of the concerned Offices or authorities. The PCERP did not develop a new protocol but has just consolidated various existing protocols and policies, for adoption of the Project. The PCERP welcomes recommendations and corrections to further improve the Project GRM. The PCERP will revise the GRM based on the inputs of the Offices in today and yesterday's Consultations, such as incorporating updated policies. The GRM and uptake forms are published in the DOH website at the above link of the PCERP- dedicated webpage.	Revision of PCERP GRM

Additional Policies to include in GRM of PCERP	Mr. Saturnino suggested to include CSC Resolution No. 10113 and the Revised Policies on the Settlement of Grievance in the Public Sector.	CSC	This has been duly noted and will be incorporated in the updated PCERP GRM.	

Annex P

Minutes of Construction Coordination Meeting for 14 ongoing Civil Works Projects under CY 2020 conducted on August 04, 2021

Topic	Comment/Query	Stakeholder	Response
Cutting of trees	Since there is a construction of a new building, details on affected trees were asked such as the number of trees, advise coming from DENR and plans for repopulation. It was also clarified whether the delay of the construction was due to the postponement of the cutting of the trees. The rest of the facilities are doing renovations in their current buildings so no trees will be affected by the projects.	Dr. Jose N. Rodriguez Memorial Hospital Recipient hospitals	The hospital applied for a cutting permit which gave the 30 calendar days to cut down 39 trees. These were also been tagged by DENR. Per policy of the 1:50 ratio, the hospital will buy 2,000 seedlings for the repopulation. Due to heavy rains, the hospital issued a temporary suspension order from July 12 to 31. Since the trees are located in a sloping terrain, it would be best for the safety of the workers to stop the work until the weather improves. The representative from the hospital that the cutting of the trees will be completed by August 05, Thursday. Samples of the trees will be sent to DENR but the hospital already have the permission to make them into furniture.
Handling of construction wastes / debris	Since most of the construction activities are in its initial stage, the hospitals were asked if how their respective contractors handle the debris from the demolition. Engr. Padilla advised the hospitals that mitigation measures should be done based on the Environmental Codes of Practice and the Environment and Social Management Plan which was submitted by the contractors.	Recipient hospitals	The contractors decide on how they manage the wastes – where the debris will go and what happens to them. The hospitals will inquire about these details and get back to the team. One of the issues experienced by the Philippine Children's Medical Center is the excessive dust going to the patients' rooms. To address this, they put up additional board to prevent the dust from going to the area.
Temporary facility	Engr. Padilla confirmed with the hospitals if temporary facilities were installed for the workers and materials.		In Tondo Medical Center, the temporary storage is located at the side of the building's exit. Engr. Padilla reminded them there should be no obstruction to the pathways and exit of the hospital. In the case of the Philippine Children's Medical center, they have no available space for a new

Topic	Comment/Query	Stakeholder	Response
			temporary facility due to the ongoing development of PCMC. They only allowed 3 key personnel to stay-in at the work site.
Scaffolding access to the hospital	Since some hospitals have limited access to the construction sites, scaffoldings are put up for the workers and transfer of materials. Engr. Padilla clarified safety details based on the photos shown. BIHC also agreed to this point and asked whether the contractors gave a demolition plan which details access of patients and workers. There might be a need to review where the materials will go through the hospitals.	Recipient Hospitals	In Jose R. Reyes Memorial Medical Center, the contractor was asked to submit a safety access plan for the access of workers and materials. They provided assurance that the scaffolding safe for use. But they will still look for other pathways to deliver the materials. In the Philippine Orthopedic Center, they also installed scaffolding access where workers and materials need to walk on the roof. The hospital assured the structure is very safe for use. They asked the contractor to ensure the safety of the area for the workers. The project site of the Philippine Heart Center is at the 4th floor of the building so a scaffolding was also installed. The contractor set up a pulley system to haul materials to and from the area.
Wearing of PPEs and practicing of health protocols	For the next meeting, BIHC would like to see photos that workers practice the wearing of appropriate PPEs and other health protocols. Engr. Alex followed this up with questions specific to workers following health protocols in their barracks.	Recipient Hospitals	Hospitals will provide photos or videos to show that workers wear PPEs properly and observe the necessary health protocols in the construction sites. In the Philippine Orthopedic Center, they oriented the contractor and workers about the health protocols to be observed. The hospital management also regularly checks the project site which include the workers quarters. In the Philippine Hearth Center, the safety officer strictly ensures that PPEs and other health protocols are followed. Signages are also put up to remind everyone about the safety precautions. In the National Kidney and Transplant Institute, the construction area will have a blue sack / cover around it to prevent

Topic	Comment/Query	Stakeholder	Response
			dust and other materials from obstruction. Among all facilities, the National Center for Mental Health has the most number of workers at 27. They discussed with the contractor that they need to oversee the practice of health protocols. They also advised them to set up a mini-isolation room where anyone with symptoms can be brought in for observation.
Transfer of patients to new location	In the buildings where patients needed relocation to give way to the construction, it was verified whether biosafety guidelines observed. This is to ensure that both patients and workers would not be exposed to possible infections.		In the Philippine Orthopedic Center, instead of transferring the concerned patients, they waited for them to be discharged in the hospital. They also did not accept patients for the affected pay wards. In the National Children's Hospital, they needed to improved the rooms where the patients will be transferred. But in order to observe safe distance among patients, they have to be transferred partially to avoid overcrowding.
Scheduling of manpower	It was mentioned that work continues on Sunday in the project site. Engr. Padilla reminded that based on the labor management procedures, workers should be given 24 hours of rest per week.	Quirino Memorial Medical Center	Quirino Memorial Medical Center responded that workers have scheduled shifts depending on their assignments. So, not all 24 workers are working 7 days a week.
Safety officer	It was noticed that the hospital has yet to give the designated safety officer for the project.	Tondo Medical Center	The hospital signified to revise the presentation to include the name of the safety officer.

Annex Q

Minutes of the ESF Training conducted for healthcare facilities and contractors of upcoming Civil Work Projects

August 20, 2021

<table>
<tr><th>Topic</th><th>Discussion</th></tr>
<tr><td>Environmental and Social Safeguards</td><td>
Engr. Padilla opened the training with the overview of the Project's Environmental and Social Framework.
The World Bank developed the Environmental and Social Framework or ESF which includes the ten (10) Environmental and Social Standards designed to help the borrowers manage the risks and impacts of their projection implementation. In addition, it improves the environmental and social performance through an outcomes-based approach.
The set of Environmental and Social Standards that the Project has to comply with are the following:
<table>
<tr><td>ESS 1</td><td>Assessment and Management of Environmental and Social Risks and Impacts</td></tr>
<tr><td>ESS 2</td><td>Labor and Working Conditions</td></tr>
<tr><td>ESS 3</td><td>Resource Efficiency and Pollution Prevention and Management</td></tr>
<tr><td>ESS 4</td><td>Community Health and Safety</td></tr>
<tr><td>ESS 5</td><td>Land Acquisition, Restrictions on the Land Use and Involuntary Resettlement</td></tr>
<tr><td>ESS 6</td><td>Biodiversity Conservation and Sustainable Management of Living Natural Resources</td></tr>
<tr><td>ESS 7</td><td>Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</td></tr>
<tr><td>ESS 8</td><td>Cultural Heritage</td></tr>
<tr><td>ESS 9</td><td>Financial Intermediaries</td></tr>
<tr><td>ESS 10</td><td>Stakeholder Engagement and Information Disclosure</td></tr>
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Engr. Padilla gave a brief explanation of each standard while noting that ESS 5, 6, 8, and 9 are not relevant to the project due to the nature of the activities to be executed.
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<tr><td>Environmental and Social Risks and Mitigation Measures</td><td>
The next topic discussed was on Environmental and Social Risks and Mitigation Measures. It contains the various risks that need to be anticipated in the project sites including the appropriate mitigation measures and corresponding impact as stated in the ESF guidelines. Engr. Padilla stressed that all possible risks and mitigation measures should be planned and administered by the health care facilities and their respective contractors throughout the project duration.
Risks are defined as an event or situation involving exposure to danger. There are different risks related to the project activities that can affect the communities, workers (occupational), and the environment.
There are 3 levels of impact for these risks, which are as follows:
• Low Risk

Less exposure to safety and health hazards
Low level of danger
No or less probability to cause an accident, harm, injury, or illness

• Medium Risk

Moderate exposure to safety and health hazards
Medium level of danger
Moderate probability to cause an accident, harm, injury, or illness

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	• High Risk ▪ Hazards that can affect not only workers but also persons outside the project site ▪ High level of exposure to safety and health hazards ▪ Probability of a major accident is likely to occur The levels of risks of the aforementioned potential Occupational, Community Health and Safety, and Environmental Risks are pre-determined based on other WB projects. They are characterized by the nature of construction activities in the project sites. The safety officer is the focal person to determine the different potential risks.
A1. Occupational Risks and Mitigation Measures	Engr. Padilla continued to discussed the potential occupational risks and impacts as well as corresponding mitigation measures and its level of impact.

Potential Occupational Risks and Impacts	Proposed Risk Mitigation Measures	Level of Impact
Minimum public health and safety risks at the construction site	Worker's PPE complies with international good practice No horseplaying Refer to Environmental Codes of Practice, DOH, and IATF Guidelines	Low risk
Transfer of potentially infected specimens and exposure to contaminated working/ construction area	Patient specimens must be categorized and transported depending on its category Disinfection of area prior to construction Adherence to Health Care Facility's contingency plan to enable construction activity.	Low risk (depends on the exposure of the patient to the workers)
Occupational Health and Safety (OHS) risks for project workers associated with the upgrading activities	Compliance to construction regulations All employers must develop an OHS Program in accordance with DO 198-18 Section 12 All workers must undertake the Mandatory 8-hour Safety Health Seminar for Workers (Section 3) A qualified Safety Officer must be present in each workforce in accordance with DO 198 Section 14	Low risk
Exposure to infectious waste (chemical and physical hazards)	Encourage hand hygiene (washing then disinfection) Use gloves for handling waste Dissemination of proper information regarding the chemical and physical hazards must be conducted by the Safety Officer Raise the awareness of staff about simple post exposure prophylaxis in the event of an occupation injury (e.g. needle-stick injury)	Low to moderate risk (depends on the exposure
Deployment of project workers	Ensure that all staff must be over 21 years and below 60 years old *(Per DPWH DO 39, series of 2020 – Revised Construction Safety Guidelines for the Implementation of Infrastructure Projects During the COVID-19 Public Health Crisis, repealing DO No. 35, series of 2020)*	Low risk

		Provide the necessary welfare facilities and amenities to workers for board and lodging ensuring compliance with social distancing and proper hygiene. Provide disinfection facilities at respective project sites in compliance with pertinent DOH and IATF guidelines. Provide continuous supply of vitamins, particularly vitamin C and other over-the-counter medicines, quarantine facilities and oxygen tanks for emergency purposes. Supply adequate food, safe/potable drinking water, disinfectants and hand soaps to in-house personnel Disseminate proper information regarding COVID-19 construction protocols, on top of existing construction safety practices must be conducted by Safety Officers	
	Workers experiencing respiratory symptoms may fear not getting paid and continue to show up at work	All workers must be reassured that they will continue to get paid if they need to self-isolate considering that they are showing COVID-19/respiratory symptoms. These provisions must be made including for contracted staff and are included in the Labor Management Procedures (LMP).	Low to moderate risk (depends on the exposure of the patient to other workers)
	Potential discrimination of marginalized groups, Gender-based Violence (GBV), Sexual Exploitation and Abuse (SEA)	Law enforcement personnel must adhere to Code of Conduct (CoC) including fair treatment and non-discrimination.	Low risk
	Civil servants and outsourced staff/contractors may be involved in misconduct impacting women and children at local level.	Training on community interaction and GBV	Low risk

Below are some policies and regulations which are developed to mitigate occupational health risks:

1. Republic Act No. 11058 – The Occupational Safety and Health Standards (OSHS) Act

This Act affirms that labor as a primary social and economic force and that a safe and healthy workforce is an integral aspect of nation building. It ensures a safe a healthful workplace for all working people by affording them full protection against all hazards in their work environment and ensures the provision of the Labor Code of the Philippines.

2. IATF Omnibus Guidelines: Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Disease – Omnibus Guidelines for the Implementation of Community Quarantine in the Philippines

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<td>All persons are mandated to wear face masks, ear loop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchief, or such other protective equipment or any combination thereof, which can effectively lessen the transmission of COVID-19.

3. DTI-DOLE Joint Memorandum Circular No. 20-04-A s. of 2020 – Supplemental Guidelines on Workplace Prevention and Control of COVID-19

This applies to all private establishments regardless of economic activity, including those located inside special economic zones and other areas under the jurisdiction of Investment Promotion Agencies. It involves workplace safety and health, management of symptomatic and asymptomatic employees in the workplace, OSH committees, notification and reporting, disinfection and closure of workplaces, LOA and entitlements and compliance monitoring and enforcement.

4. DPWH Department Order No. 39 Series of 2020 – Revised Construction Safety Guidelines for the Implementation of Infrastructure Projects During the COVID-19 Public Health Crisis

It grants authority to allow government and private construction projects under ECQ, MECQ, GCQ and MGCQ. It includes the types of construction projects, safety guidelines, monitoring, enforcement, and penalties for the implementation of infrastructure projects during COVID-19 public health crisis.

Additional guidelines were also considered:

1. DOLE No. 198, series of 2018 – Implementing Rules and Regulation of 11058, “An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof”

2. Presidential Decree No. 442 of 1974 – The Labor Code of the Philippines

It is advised that compliance of both HCFs and contractors must be observed throughout the project life cycle.</td>
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<tr>
<td>A2. Occupational Safety and Health Requirements for Construction Activities in the New Normal</td>
<td>Engr. Padilla also gave an overview of some Occupational Safety and Health (OSH) requirements for construction activities during the new normal:

1. Personal protective equipment (PPE) must be provided by the concessionaires, contractors, subcontractors and suppliers such as face masks and face shields.
2. Proper respiratory hygiene must be performed before, during and after working in the construction area. For example, covering the mouth and nose by hands, elbow or own clothes before sneezing or coughing.
3. Perform proper hand hygiene frequently by washing hands with soap and running water or applying alcohol.
4. Workers experiencing COVID-19 or respiratory symptoms must seek immediate medical advice.
5. Maintain social distancing with a minimum of 1 meter from other persons.
6. Frequent disinfection of the construction area and employees’ quarters.</td>
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<tr>
<td>B. Environmental Risks and Mitigation Measures</td>
<td>The session proceeded with the discussion of potential environmental risks and impacts and mitigation measures.

<table>
<tr><th>Potential Environmental Risks and Impacts</th><th>Proposed Risk Mitigation Measures</th><th>Level of Impact</th></tr>
<tr><td>Increased community solid waste due to construction wastes</td><td>Compliance to RA 9003

No open burning of construction waste/material at the site.</td><td>Low risk</td></tr>
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</table>

	Impact	Mitigation measures	Risk
		Establish appropriate erosion and sediment control measures (hay bales, silt fences) to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers. Construction wastes will be stored, collected and disposed properly by licensed collectors. Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities. Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers	
	Increased wastewater discharge	Compliance to RA 9275 and DENR DAO 35-90 or General Effluent Standards The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities. Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment. Monitoring of new wastewater systems (before/after) will be carried out. Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.	Low risk
	Cutting, destroying, or injuring of planted or growing trees, flowering plants and shrubs or plants to give way for construction activities	Preserve planted or growing trees, shrubs, or plants by earth balling or repopulation to clear area for construction activities Compliance of contractors to the following: DENR Department Administrative Order No. 2021-11 – Guidelines in the Processing and Issuance of Permits for Cutting, Removal, Relocation of Naturally Growing Trees Presidential Decree No. 705 – Revised Forestry Code of the Philippines Republic Act 3571 – An Act Prohibiting the Cutting, Destroying or Injuring of Planted or Growing Trees, Flowering Plants and Shrubs or Plants of Scenic Value Along Public Roads, in Plazas, Parks, School Premises or in Any Other Public Pleasure Ground	Low risk

The following additional guidelines have to be also observed during the project:

<table>
<tr><td></td><td>
<table>
<tr><th>Policy No.</th><th>Title</th></tr>
<tr><td>Republic Act No. 9003</td><td>Ecological Solid Waste Management Act of 2000</td></tr>
<tr><td>Republic Act No. 8749</td><td>Clean Air Act of 1999</td></tr>
<tr><td>Republic Act No. 9275</td><td>Clean Water Act of 2004</td></tr>
<tr><td>DENR AO No. 35 Series of 1990</td><td>General Effluent Standards</td></tr>
<tr><td>Republic Act No. 3571</td><td>Prohibit Cutting, Destroying or Injuring of Planted or Growing Trees Act</td></tr>
<tr><td>Presidential Decree No. 705</td><td>Revised Forestry Code of the Philippines</td></tr>
<tr><td>DENR AO No. 11 Series of 2021</td><td>Issuance of Tree Cutting Permit</td></tr>
</table>
</td></tr>
<tr><td>C. Community Health and Safety Risks and Mitigation Measures</td><td>
Engr. Padilla then presented the potential community risks and impacts and mitigation measures.
<table>
<tr><th>Potential Community Health and Safety Risks and Impacts</th><th>Proposed Risk Mitigation Measures</th><th>Level of Impact</th></tr>
<tr><td>Legal issues of construction</td><td>All legally required permits have been acquired for construction and/or rehabilitation.

The public has been notified of the works through appropriate notification in the media and/or publicly accessible sites (including the site of the works).

The local construction and environment inspectorates and communities have been notified of upcoming activities.</td><td>Low risk</td></tr>
<tr><td>Dust due to construction activities</td><td>Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust.

During pneumatic drilling/wall destruction, dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at the site.

The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust.

During interior demolition, debris-chutes shall be used above the first floor.</td><td>Low risk</td></tr>
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<tr><td>Noise from construction activities</td><td>Construction noise will be limited to restricted times agreed in the permit.

During operations, the engine covers of generators, air compressors and other powered mechanical equipment shall be closed and placed as far away from residential areas as possible.</td><td>Low risk</td></tr>
<tr><td>Road blockage, heavier traffic due to construction activities</td><td>There will be no excessive idling of construction vehicles at sites.

Designated areas will be allocated for construction vehicles.</td><td>Low risk</td></tr>
<tr><td>Fear, mistrust and resistance among the local community</td><td>Conduct of community consultations and open feedback loop for communities.</td><td>Low risk</td></tr>
</table>
</td></tr>
<tr><td>Environmental and Social Framework (ESF) Instruments</td><td>The ESF Framework has six instruments, namely:

1. Environmental and Social Screening
2. Environmental and Social Standards Implementation Review
3. Environmental and Social Management Plan (ESMP)
4. Environmental Codes of Practice (ECOP)
5. Labor Management Procedure (LMP)
6. Contractor’s Personnel Grievance Redress Mechanism (GRM)</td></tr>
<tr><td>A. Environmental and Social Screening</td><td>Engr. Padilla explained Environmental and Social Screening including the corresponding form. He went through the different items under the screening process so that the participants will be aware of the questions involved.

The checklist and screening process involved here must be used by the DOH and Contractor to review the potential environmental and social safeguard impacts of the project. It is a tool to screen, classify, and evaluate the project activities during project preparation.

Please refer to Annex B for the screening form.</td></tr>
<tr><td>B. Environmental and Social Standards Implementation Review</td><td>The newest instrument aims to validate whether the HCFs and contractors are complying with the DOH and IATF guidelines. There are two parts to the review particularly the guide questions and implementation documentation. Engr. Padilla ran through the questions and requirements needed for the review.

Please refer to Annex C for the review forms for HCFs and Contractors.</td></tr>
<tr><td>C. Environmental and Social Management Plan (ESMP)</td><td>According to Engr. Padilla, the ESMP must be prepared by the contractor in coordination with the health care facility during the project period, in accordance with the Environmental and Social Management Framework (ESMF). It describes safeguard measures and guides the planning and implementation of the mitigation measures to be carried out by the contractor during the building construction works. It also includes safeguards performance monitoring, reporting, and disclosure.

Engr. Padilla then went through the different items under the ESMP which covers Community and Environmental Health and Safety and Occupational Health and Safety.

Please refer to Annex D for the ESMP.</td></tr>
</table>

D. Environmental Codes of Practice (ECOP)	The team's ESF Coordinator, Ms. Krystell Año, provided a presentation on the Environmental Codes of Practice (ECOP). The ECOP is like a summary or a shorter version of the ESMP, with the specific details or activities for compliance. It is designed to be answered regularly to quickly assess the environmental and social compliance of the project activity. Unlike the ESMP, it does not require the budget required, timeline, and responsible persons. The ECOP refers to the document which provides general guidelines for the environmental and social management of activities not covered by the ESMP, ensuring compliance with national laws and the World Bank's ESS. It consists of basic standard operating procedures for activities that may generate temporary and reversible environmental and social impacts which are readily managed with good practices during the implementation. It has 3 components which are as follows: a. COVID-19 Exposure at Health Care Facility b. Community and Social Inclusion c. Small Scale Construction, Upgrades, Rehabilitation, and Expansion Ms. Año went through the entire three checklists for ECOP to familiarize the participants with it. *Please refer to Annex E for the ECOP.*
D. Labor Management Procedure (LMP)	Ms. Maricel de Guzman, the team's Social Specialist, discussed another ESF instrument which is the Labor Management Procedure (LMP). This contains the guidelines in the ESMF which identifies the main labor requirements and risks associated with the project and helps the DOH to determine the resources necessary to address project labor issues. As initially mentioned, the checklist is anchored on the issuances, RA 11058 – An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof, and PD 442 – The Labor Code of the Philippines. The LMP consists of six components: 1. Labor Working Conditions 2. Assessment of Potential Labor Risks 3. Labor Legislation 4. Contractor's Personnel Grievance Redress Mechanism (GRM) 5. Contractor Management 6. Use of Security Personnel Ms. de Guzman showed the checklist and online form for the participants' reference. *Please refer to Annex F for the LMP.*
E. Contractor's Personnel Grievance Redress Mechanism (GRM)	Ms. de Guzman also discussed the Contractor's Personnel Grievance Redress Mechanism (GRM). The GRM is a feedbacking system which facilitates the uptake of complaints, comments, and recommendations of stakeholders on the Project and guides the implementing agency to process feedbacks and resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. It provides a transparent and credible process for fair, effective, and lasting outcomes while building trust and cooperation as an integral component of broader community consultation that facilitates corrective actions, as well as provides the affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the Project. It ensures that appropriate and mutually acceptable redress actions are identifies and implemented to the satisfaction of complainants. Lastly, it avoids the need to resort to judicial proceedings. The Legal Framework of the PCERP's GRM or its policy/ regulation policy is based from the following issuances:

- Republic Act 11032 – Ease of Doing Business and Efficient Government Service Delivery Act of 2018
- Republic Act No. 9485 – Anti-Red Tape Act (ARTA) of 2007
- Civil Service Commission (CSC) Resolution no. 1701077 – 2017 Rules on Administrative Cases in the Civil Service (2017 RACCS)
- Department of the Interior and Local Government (DILG) Memorandum Circular no. 2017-109 – Designation of a Permanent Action Team for the Implementation of Citizen's Complaint Hotline 8888
- Labor Code of the Philippines (Presidential Decree no. 442 of 1974 as amended and renumbered
- Department of Health (DOH) Citizen Charter 2nd edition (2020)
- DOH Centers for Health Development Citizen Charter
- Department of Environment and Natural Resources (DENR) Citizen Charter 5th edition (2021)
- Department of the Interior and Local Government (DILG) Citizen Charter 2nd edition (2020)
- Department of Labor and Employment (DOLE) Citizen Charter 2020 edition
- Department of Public Works and Highways (DPWH) Citizen Charter (2020)
- Civil Service Commission (CSC) Citizen Charter 2020 (2nd edition)

She also presented the types of feedback or complaint that are handles by appropriate government agencies. For project-related concerns, the following are the authorities that handles the specific concerns:

Concern (Project-related)	Authority
Feedback on or complaint against DOH hospitals	DOH Central Office, CHD, HCF
Feedback on or complaint against LGU hospitals	LGU, DILG
Feedback on or complaint against any public/government official/institution	CSC
Feedback on or complaint against construction activity in health facility (PCERP-funded)	HCF, LGU, DOH, DOH CHD, DPWH
Feedback on or complaint of personnel against contractor (PCERP-funded construction)	Contractor, DOH, DOLE, DPWH
Feedback on or complaint against on COVID-19 vaccination and other related services	DOH Central Office, DOH CHD, HC[illegible] DILG, LGU
Environmental-related feedback on or complaint	DENR, LGU (P/CENRO)

The participants were also oriented on the various reporting process / channels that are available to the public:

Grievance Reporting Medium or Channel	Grievance Reporting Mechanism	Grievance Receiver
Physical or Walk-In	Complainant files grievance physically through the Office of the authorities	DOH Central Office (CO) Complaints Handling U (CHU) DOH Centers for Hea Development (CHDs) – Pub Assistance Complaint De Public Assistance Desk Health Care Facilities DOH CHU or similar unit in t DOH CO, CHD PACD, health facilities CSC Central Office – Pub Assistance and Informati Office (PAIO)
Mail, Online, and E-mail	Complainant files grievance through snail mail, email, Complaint Centers (e.g., Contact Center ng Bayan Presidential Complaint Center, and Anti Red Tape Authority)	
Phone Call	Complainant files grievance through hotlines such as but not limited to: DOH Call Center/ Hotline (COVID-19 and vaccines) or through hotline of DOH health facilities Citizens' Complaint Hotline 8888 DOLE Hotline 1349	

<table>
<tr>
<td></td>
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<tr>
<td></td>
<td>DPWH 165-02
ARTA
Presidential Complaint Center
Contact Center ng Bayan</td>
<td>CSC Regional Offices – Public Assistance and Complaints Desk (PACD)
CSC Field Offices– Public Assistance and Complaints Desk (PACD)
DENR (Public Assistance Unit and Strategic Communication and Initiatives Service – Stakeholder Management and Conflict Resolution Division)
DENR Regional Offices
DILG Legal and Legislative Liaison Service – Appellate Division (LLLS–AD)
DILG Regional Offices
DOLE Bureau of Labor Relations (BLR) – Appeals and Review Unit
DOLE Regional Offices
DPWH Stakeholders Relation Services – Stakeholders Affairs Division
DPWH Regional and Field Offices
ARTA
Presidential Complaint Center
Contact Center ng Bayan
LGU (Provincial/City/ Municipal Health Offices and Environment and Natural Resources Offices)</td>
</tr>
</table>
Ms. de Guzman facilitated the run through of the different information being asked in the GRM form that covers environmental safety / pollution-related, occupational safety and health, temporary housing facilities, health facility-related, and administrative concerns.

Please refer to Annex G for the Contractor’s Personnel GRM.
</td>
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<tr>
<td>Implementation Arrangements</td>
<td>As for the implementation arrangements, the DOH Department Circular no. 2020 – 0398 or the Guidelines on Civil Works Implementation for the World Bank – PCERP sets forth the compliance requirements and implementation arrangements for the civil works component and ensures that all recipient facilities are following the DOH standards on the construction of facilities, quarantine and reference laboratories are aware of the World Bank regulations.

Engr. Padilla explained this further by stating that the Contractors should submit a monthly monitoring report on the Environmental and Social Management Plan (ESMP) or the Environmental Codes of Practice (ECOP), the Labor Management Procedures (LMP), and the Contractor’s Personnel Grievance Redress Mechanism (GRM) to the Environmental and Social Risk Management Specialist of the Project Management Team in the DOH Disease Prevention and Control Bureau (DPCB) not later that the 10th day of each succeeding month, in signed electronic and hard copies.

The Safety Officer of the Contractor shall accomplish the monthly M&E forms. Similarly, the health facilities may self- reporting of incidents or accidents through the GRM for Recipient Facilities form. The DOH DPCB will evaluate submissions while the health care facility to supervise contractor.

The forms are accessible online at the following links:</td>
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<table>
<tr>
<td></td>
<td>
<table>
<tr><th>Office</th><th>ESF Instruments to be Submitted</th><th>Link</th></tr>
<tr><td>DOH PCERP</td><td>1. Environmental and Social Screening</td><td>http://bit.ly/PCERPESS</td></tr>
<tr><td rowspan="4">Contractor</td><td>1. Environmental and Social Standards Implementation Review (Parts A and B)</td><td>To be emailed by DOH DPCB monthly to Contractor</td></tr>
<tr><td>2. Environmental and Social Management Plan (ESMP) or Environmental Codes of Practice (ECOP) [choose 1 only]</td><td>https://bit.ly/PCERPESMP
https://bit.ly/PCERPECOP</td></tr>
<tr><td>3. Labor Management Procedure (LMP)</td><td>https://bit.ly/PCERPLMP</td></tr>
<tr><td>4. Contractor’s Personnel Grievance Redress Mechanism</td><td>https://bit.ly/GRMContractor</td></tr>
<tr><td rowspan="2">Health Care Facility</td><td>1. Environmental and Social Standards Implementation Review (Parts A and B)</td><td>To be emailed by DOH DPCB monthly to Health Facility</td></tr>
<tr><td>2. Grievance Redress Mechanism (GRM) for Recipient Facilities</td><td>https://bit.ly/GRMRecipient</td></tr>
</table>
The participants were asked to fill-up the Training Needs Assessment Form (http://bit.ly/TNAESFPCERP) prior to the ESF Training. Afterwards, they were asked to accomplish a Post-Training Assessment Form (http://bit.ly/ESFPostAssessment) to get their feedback on the activity.
Engr. Padilla then presented the aforementioned online forms for the participant’s reference.
Please refer to Annex H for the GRM for Recipient Facilities.
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<tr>
<td>Geotagging of Documentations for Submission</td>
<td>
Engr. Padilla gave a brief discussion on the Geotagging of Documentations. Geotagging is a process of adding geographical information to a digital content (e.g., images, videos). The geographical information includes latitude and longitude coordinates, place names, altitude, distance, bearing, accuracy data and even time stamps. The purpose of these is to find images and information based on location or create location-based updates, and to verify the actual construction site of the project.
Basic steps of Geotagging:

Collect digital location data using Google Maps.
Edit the location data in the EXIF data or metadata of the photos.

A video was also presented on the Geotagging process using Picasa and Google Earth: https://youtu.be/VwXTC0fzar4.
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<tr>
<td>Prevention of COVID-19</td>
<td>
For this topic, Ms. Año facilitated the showing of videos curated from the DOH e-learning platform on the preventive measures against COVID-19.
The main points from the videos are as follows:
The equipment needed at home for basic hygiene at home include but are not limited to clean water, soap, alcohol hand rub (at least 70% solution), disposable tissue, no-touch trash can, household disinfectants, and medical masks, gloves, and plastic aprons for personal protective equipment.
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</table>

	In all settings, there is a need to clean and disinfect frequently touched surfaces and objects daily. Use detergent or soap and water prior to disinfection. Spraying of cleaning or disinfectant solution on a surface is not recommended. Pump-action containers that dispense liquid to apply prepared cleaning or disinfection solutions should be used. For soft surfaces such as carpeted floor, rugs, and curtains, remove visible contamination, then launder or clean with appropriate products. Consider putting a wipeable cover on electronics. Follow manufacturer's instruction for cleaning and disinfecting. If no guidance, use alcohol-based wipes containing at least 70% alcohol. In community spaces, mop the floors with regular household detergent and water at least daily. It is best done with separate buckets used for detergent, rinse water, and disinfectant. Disinfection can be done using household cleaners and disinfectants, diluted household bleach solutions or alcohol solutions with at least 70% alcohol. In case someone in the building is sick, close off all areas used by the sick person. Open outside doors and windows to increase air circulation in the area. Clean and disinfect after 24 hours if area can be vacated, or immediately if this is not possible. Remember to wear disposable or impermeable gloves and gowns for all tasks. Additional PPE might be required based on the cleaning/disinfectant products used and risk of splash. If there is a shortage of PPEs, wash your hands often. Always wash immediately after removing gloves and after contact with an ill person.
Prevention of Sexually Transmitted Diseases	For the discussion of this segment, a video from Ms. Mary Joy Morin of the DOH National AIDS, STI Prevention and Control Program of the DOH was shown on the prevention of sexually- transmitted diseases. Highlights from the session are noted below: Sexually Transmitted Infections (STI) are infections that are passed on through close body contact or through the exchange of body fluids. In STI, the 4 important body fluids are blood, semen, vaginal fluid, and breastmilk. Many people have no symptoms of STIs. If present, symptoms may include: • Unusual discharge from the penis, vagina, or anus • Itchiness around the genital area • Burning sensation when urinating • Rash, sores, or small lumps on or around the penis, vagina, or anus • Pain and swelling in the genital area STI needs to be diagnosed and treated/managed properly. These are common symptoms of Bacterial STIs: • Gonorrhea ➢ Burning during urination ➢ Vaginal or urethral discharge ➢ Pain in lower stomach • Chlamydia ➢ Whitish, cloudy or water discharge ➢ Pain/burning during urination ➢ Pain in lower stomach ➢ Pain during sex • Syphilis ➢ Painless sore on the genitals or anal area ➢ Rash on the soles of the feet, palms, or other parts of the body ➢ Enlarged lymph nodes, fever, fatigue, or hair loss Another type of STIs are Viral STIs. An example of these would be Herpes. • Herpes Simplex Virus Type 1 ➢ Cold sores or "fever blisters" on the lips ➢ Can spread through kissing or household contact • Herpes Simplex Virus Type 2

	➢ Painful, fluid-filled blisters and crusted sores on the genital area, thighs, or anus, and lips through oral contact • Genital warts ➢ Can be raised, flat, or cauliflower-shaped ➢ No symptoms or visible warts • Hepatitis B ➢ Abdominal pain ➢ Dark urine ➢ Fever ➢ Joint pain ➢ Loss of appetite ➢ Weakness and fatigue ➢ Yellowing of skin and whites of eyes * Note that Hepatitis B has NO CURE Another type of STIs called Parasitic STI. An example of this is: • Trichomoniasis ➢ "Strawberry patch" – grainy/sandy ➢ Itching or irritation ➢ Burning during urination/ejaculation ➢ Discharge from penis ➢ Clear, white, yellowish, or greenish discharge with an unusual fishy smell * This is the most common curable STI An example of Fungal STI is: • Candidiasis ➢ A thick, white, cottage cheese-like vaginal discharge ➢ Itching or irritation of the vulva, penis, or testicles ➢ Has a yeasty odour Skin parasites may also exist. Pubic lice or "crabs" have severe itching, visible crawling lice, or eggs attached to the pubic hair. Basic hygiene can resolve this. Scabies has extreme itching that is worse at night. It is described as a pimple-like rash. If STI is left untreated, it can lead to long-term damage/complications such as infertility, blindness, brain damage, heart disease, cancer, adverse pregnancy, and can be passed on to the infant. Acquired Immunodeficiency Syndrome (AIDS) is a condition where signs and symptoms appear. HIV causes AIDs, but not all with HIV have AIDS. The sharing of HIV could also be transmitted through contaminated needles or syringes. This is common for people who engage with drugs. Another way of HIV transmission is through condom-less or unprotected sexual intercourse with an infected person. Sex between males is the most common way of HIV transmission. An HIV-infected mother could also pass on the disease through her pregnancy, labor and delivery, and even breastfeeding. HIV prevention can be prevented through: A – Abstinence B – Be mutually faithful C – Correct and consistent condom use D – Don't use drugs/share needles E – Education, Early Diagnosis, & Early Treatment HIV is a lifetime infection. It has not specific signs and symptoms and has no cure. There is no vaccine to protect you against HIV. It does not spread through everyday contact with people who are infected with HIV. Do not to discriminate and stigmatize people living with HIV.

Topic	Comment/Query	Stakeholder	Response
Vaccination for workers	Engr. Salvador Jiao from the World Bank asked on how the contractors promote vaccination among construction workers, now that vaccines are more or less available for the public.	Contractors	During the presentation on the LMP, Ms. de Guzman explained that contractors should assist their personnel in getting their vaccines where it is available.
Legal age of workers in construction projects	Engr. Jiao verified on the mandated age requirement to employ construction workers. In the presentation, it was stated that workers should be from 21 to 59 years old. But according to DOLE, persons of 18 years of age can be hired in construction work.	PCERP Team	Engr. Padilla initially clarified that as long as the worker is of legal age, they can be employed by the contractor considering that the workers is not senior citizen and in good health condition and can perform activities in the construction site. After further research, DPWH issued DO 39, series of 2020, with guidelines stating that only ages 21 to 59 can be hired for construction activities in adherence to the Revised Omnibus Guidelines issued by the IATF while the quarantine restrictions are in place due to the pandemic.
Copies of the presentation	Some the participants including Ms. Agnes Balota from the World Bank asked if copies of the presentation will be given.	PCERP	Engr. Padilla assured the group that the team will email the presentation. He reminded them to input their email addresses in the chat box for reference.

Annex R

Minutes for the 1st ESF Coordination Meeting for ongoing Civil Works projects conducted on October 11, 2021

<table>
<tr><th>Topic</th><th>Discussion</th></tr>
<tr><td>Findings from the ESF Instrument Submissions</td><td>
Ms. Krystell Año of the DPCB presented the findings from the Environmental and Social Framework (ESF) Instrument submissions as of September 10, 2021.
Below are the top community health and safety impacts as well as the common mitigating measures that were noted in the forms filled up by the contractors.
<table>
<tr><th>Community Health and Safety Impacts</th><th>Mitigating Measures</th></tr>
<tr><td>Noise from construction activities</td><td>• Construction noise is limited to restricted times agreed in the permit.</td></tr>
<tr><td>Road blockage/heavier traffic due to construction activities</td><td>• No excessive idling of construction vehicles at sites.
• Allocation of designated areas for construction vehicles.</td></tr>
<tr><td>Increased generation of solid wastes</td><td>• Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.
• Construction waste will be collected and disposed properly by licensed collectors.
• No open burning of construction/waste material at the site.</td></tr>
<tr><td>Dust due to construction activities</td><td>• Demolition debris are kept in controlled areas and sprayed with water mist to reduce debris dust.
• Surrounding environment (sidewalks, roads) are kept free of debris to minimize dust.
• Water spraying and/or installing dust screen enclosures at site.</td></tr>
</table>
The following table shows the occupational health and safety for the workers as well as the common mitigating measures:
<table>
<tr><th>Occupational Health and Safety</th><th>Mitigating Measures</th></tr>
<tr><td>Occupational, health, and safety (OHS) risks for project workers associated with the upgrading activities</td><td>• Compliance to construction regulations.
• Development of an Occupational Health and Safety Program.
• Workers undertake the mandatory 8-hour safety and health seminar for workers.
• Workforce has a qualified Safety Officer.
• Rational use of PPE.
• Adherence to basic hygiene procedures at all times to prevent the transmission of COVID-19.
• Site-awareness-raising activities to remind personnel about occupational exposures and safe practices (i.e. Toolbox Meetings).
• Practice of minimum public health standards.
• Practices of occupational Safety and Health Standards.
• Disinfection of area prior to construction.</td></tr>
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Workers may be asked to work overtime	• Provision of OT pay. • Consultation with workers.
Exposure to infectious waste (chemical and physical hazards)	• Encourage hand hygiene (washing, preferably followed by disinfection). • Use gloves for handling waste. • Raise the awareness of staff about simple post exposure prophylaxis in case of injury.
Workers experiencing respiratory symptoms may fear of not getting paid and continue to show up at work	• All workers must be reassured that they will continue to get paid if they need to self-isolate if they are showing with COVID-19/respiratory symptoms.

As for the checklist on the Labor Management Plan, the following are the common compliance as reported by the contractors.

Labor Requirements	Mitigating Measures
Labor Working Conditions	• Legal age of workers • PPE provision • OHS Officer ** Compliance reported by all contractors
Assessment of Potential Labor Risk	• Controlled exit/entry at the work site • Availability of accommodation facility to reduce community contact • Availability of hygiene and sanitation facilities • Provision of PPE • Pre-employment health checks • Shifting or rotation of workers to allow social distancing • Alternatives to direct interaction (livestream, online instructions)
Labor Legislation	• Wages above minimum, paid twice a month or any agreed arrangement following Labor Code • Night shift differential / Overtime pay / Holiday pay • Compliance to OSH standards • Rest day [minimum of 24 hours] after 6 consecutive work days • Gender discrimination in employment and labor relations • Provide a hazardous free working environment (health and safety issues) • Sanitation and hygiene facilities is present and well-disinfected regularly • Employee training orientation (work/safety instructions, hazards, mitigating measures, drills) • Hazard reporting
Contractor Personnel GRM	• Implementation and monitoring of the GRM for civil works.

This reporting period, there are two grievances of note: No available temporary facility since the temporary facility dismantled to give way to the construction of isolation rooms. The proposed new temporary housing facility is in immediate vicinity to the COVID-19 wards, and that the HCF could not issue IDs for the staff and workers of the contractor. Since this was reported, the PCERP ESF team will be monitoring the actions of the HCF or whoever is responsible for these concerns.

<table>
<tr>
<td>ESS Implementation Review Observations</td>
<td>Ms. Año presented the common observations shown at the worksites. Below are the findings of the best practices implemented at the project sites from the documentations sent by the contractors:

1. Social distancing is observed in the work area.
2. Temperature checking for workers - It is recommended that the temperature checking be done not just in the morning before work, but in the afternoon as well after work shifts.
3. Complete Personal Protective Equipment
4. Continuous supply of hand soap, alcohol, and other hygiene/sanitation supplies for workers.
5. Lavatory and hand washing stations available for workers
6. Access to worksite (scaffolding)
7. Continuous supply of vitamins to workers.
8. 9 out of the 14 project sites use an alternative access route to the construction area, that is different from the access route of hospital staff/patients/guests.
9. Dividers available to separate the worksite from the COVID facilities
10. Proper waste management for construction waste
11. Proper supplies storage for construction materials
12. Shuttle service provided for stay-out workers

It is noted that 10 out of the 14 contractors provide Temporary Housing Facility for workers. The 4 facilities that are not included in these are PHC, PCMC, NKTI, and ARMMC. Some of the requirements for the temporary housing facility are listed below:

• 4-5.5 sqm / worker
• 1 meter between beds; 0.7-1.1 m for bunkbeds
• 2.10 m ceiling height for proper air circulation

Based on the photos provided by the contractors, Ms. Año noted that the housekeeping of the temporary housing facilities could be improved. This is one of the way to prevent any infection from spreading within the barracks.

It is also noted that only 5 contractors reported of using the pantry area. There was a lack of social distancing reminders in the common area such as posters or signs that would help the workers keep in mind of the health protocol.</td>
</tr>
<tr>
<td>Common Issues on ESF Instrument Submissions</td>
<td>Ms. Año presented the common issues on the ESF instrument submissions. Some of the issues that were noticed in these submissions are the following:

<table>
<tr><th>Issues</th><th>In-Charge</th><th>Actions to be Taken</th></tr>
<tr><td>1. Not following instructions
- Not submitting the forms online
- Incomplete answers in the forms</td><td>HCFs and Contractors</td><td>Reorientation on ESF instruments</td></tr>
<tr><td>2. Late submissions
- Incomplete submissions
- No documentation in ESS IR</td><td>HCFs and Contractors</td><td>Sending reminders on the 1st week of the month</td></tr>
<tr><td>3. No submissions</td><td>HCFs</td><td>Persistent followups and present submission trackers</td></tr>
</table>
</td>
</tr>
<tr>
<td>Incident Reporting System</td>
<td>Engr. Alexander Padilla Jr. of the DPCB presented the Incident Reporting System of PCERP that was recently established.

By definition, an incident refers to any event, condition, or situation which has:</td>
</tr>
</table>

<table>
<tr>
<td></td>
<td>• Impact to Operation: causes disruption or interference to any activity/operation in the worksite;
• Impact to Stakeholders: causes significant risks that could affect stakeholders
• Impact to Perception: attracts negative media attention or a negative profile for the worksite

An Incident Report shall be submitted to serve as a documentation of the incident, including the identification of the root cause and corresponding actions to resolve the incident. Submission to the PCERP ESF Team should be done within the next 24 to 48 hours after the incident occurred.

The Incident Report shall be prepared by the Safety Officer and noted by his/her supervisor (General Manager/Project Manager/Project Engineer). This will be subject to validation and monitoring until close-out.

The process of the Incident Report System is listed below:

1. Incident report preparation - An incident report form provided by the PCERP ESF Team will be given.
2. Infection Prevention and Control (IPC) Investigation Checklist Completion - IPC Checklist also given by the PCERP ESF Team to be filled out by the contractor
3. Virtual Site Audit - The PCERP ESF Team shall schedule a meeting for the virtual site audit after submission of the Incident Report and accomplished IPC Checklist.
4. Virtual Site Validation Tool Assessment - A virtual site validation tool shall be used by the PCERP ESF Team to inspect the compliance of the Project Site to the Environmental and Social Safeguards.
5. Action Plan and Work Resumption Plan Development - The work resumption plan will be generated containing the overall requirements before resuming the construction of activities.
6. Status Reporting (Weekly) - Weekly status reports shall be submitted by the Contractor to the PCERP ESF Team. These indicate the progress of the Contractor on the compliance to the Action Plan items. It is important to include documentation (e.g. photos, videos) as proof of compliance.
7. PCERP Validation - Validation reports shall be reverted to the contractor by the PCERP ESF Team to verify their compliance. It is expected to comply on all the Action Plan items immediately or in less than a month to meet the urgency nature of the project.
8. Incident Close Out - Recommendation for resumption
9. Incident Investigation Report Preparation - An Incident Investigation Report shall be made to record the whole incident in the project site. This will serve as a compilation of all the submissions by the Contractor.</td>
</tr>
<tr>
<td>Incident Reporting Requirements</td>
<td>Engr. Padilla presented the Incident Reporting Requirements to clarify on the specific incidents and documents to be submitted.

<table>
<tr><th>Office</th><th>Incident</th><th>Documents to be Submitted</th><th>Source</th></tr>
<tr><td rowspan="2">Contractor and Health Care Facility</td><td>COVID-19 Infection</td><td>1. Incident report
2. Infection Prevention and Control Investigation Tool
3. Action Plan
4. Work Resumption Plan</td><td rowspan="3">To be emailed by the DOH PCERP ESF Staff</td></tr>
<tr><td>Any other incidents</td><td>1. Incident Report
2. Action Plan
3. Work Resumption Plan (if applicable)</td></tr>
<tr><td>DOH PCERP ESF Team</td><td>All incidents</td><td>1. Virtual Site Validation Tool</td></tr>
</table>
</td>
</tr>
</table>

	2. Validation Reports on Status Reports 3. Incident Investigation Report
Incident Report Form	Engr. Padilla briefly explained the contents of the Incident Report Form as well as the definitions for each of the choices listed. **Incident Types**: 1. Environmental - spills, leak, natural disaster (e.g. fire, landslides) 2. Health/Medical - disease outbreak 3. Safety Injury - slips, trips, falls 4. Mechanical - equipment or vehicular related injury/death 5. Administrative - sexual harassment, violence against women, discrimination **Incident Categories**: 1. Indicative - low probability, low impact 2. Serious - high probability, low impact or low probability, high impact 3. Severe - high probability, high impact. This must be reported to DOH and World Bank within 48 hours All incidents must be documented and reported to DOH as the implementing agency of the Project. **Documentation**: • Action taken to Prevent Recurrence - this involves the long-term corrective action applied to prevent recurrence • Attach Photo Cross Reference - simple pictures of the activities or scan of documents administered to employ the corrective action is needed for documentation • Corrective Action Carried Out By - the name and designation of the person responsible in administering the corrective action • Close Out By - person verifying the resolution of the incident • Close Out Date - date the incident was resolved **Reported by** - The Safety Officer, Project Engineer, and Contractor Supervisor must accomplish the Incident Report **Validated by** - The filed Incident Report must be validated by the Health Care Facility (HCF) Representative or the Resident Engineer of the HCF and by the staff of the PCERP team.
Infection Prevention and Control (IPC) Investigation Tool	This is a self-assessment tool designed for baseline assessment of the IPC in project sites under PCERP. It identifies the strengths and gaps with existing IPC resources/activities for information on future plans. From this, and Action Plan can be developed and executed to address the gaps and sustain the implementation of the project.
Virtual Site Audit	This activity refers to the remotely monitoring or a tour in the project site by any worker from the Contractor. The purpose of this activity is to inspect potential causes of the incident and other possible gaps while implementing the project. The recorded meeting video will only be used and kept by the PCERP ESF Team for documentation purposes.

Virtual Site Validation Tool	This is a tool intended to inspect the ESF compliance of the project site while being remotely monitored. The PCERP ESF Team will be the one responsible in answering this tool while the virtual site visit is undergoing. Identification of strength and gaps in the project implementation can be evaluated through this tool. It has 3 parts, namely: • Evaluation Profile • Validation Checklist • Proposed Corrective Measures
Action Plan	The Action Plan is a list of environmental and social compliance that must by met by the Contractor before resumption of construction activities. The gaps that were observed in the IPC Investigation Tool and Virtual Site Audit will be listed down in this document. The status reports of this Action Plan must be submitted to the PCERP ESF Team weekly for remote monitoring on the items committed to implement by the Contractor in the project site.
Work Resumption Plan	This document summarizes all the scheduled activities and document submissions that the Contractor in coordination with the HCF needs to accomplish before commencing construction activities. Documentation on the compliance and regarding addressing the incident in the project site is also included in this document.
Status Report on the Action Plan	This document refers to the progress of compliance of the Contractor on the Action Plan items committed among all the parties. It is submitted weekly by the contractor until all the items in the Action Plan is complied. It is noted that documentation must be attached as proof of evidence on the compliance.
Validation Report	This document indicates the verification of the submitted Status Reports on the Action Plan. Incompliance of the contractor can still be observed at this point. Validation Reports shall serve as a receipt of acknowledgement by the PCERP ESF Team on the compliance of Action Plan items.
Incident Investigation Report	This report refers to the compilation of all the submissions of the Contractor ever since the incident occurred in the project site. A Root-cause analysis shall be used to better represent the potential sources or gaps of the incident. Some of the content of this report are the following accomplished documents: • Incident Report • IPC Investigation Tool • Virtual Site Validation Tool • Action Plan • Work Resumption Plan • Status Reports on the Action Plan • Validation Reports • Documentation of ESF Compliance

Annex S

Grievance resolution process of grievances within the jurisdiction of the DOH as described in DOH Administrative Order no. 2015-0048 – Revised Procedures on Handling Administrative Disciplinary Complaints in the Department of Health

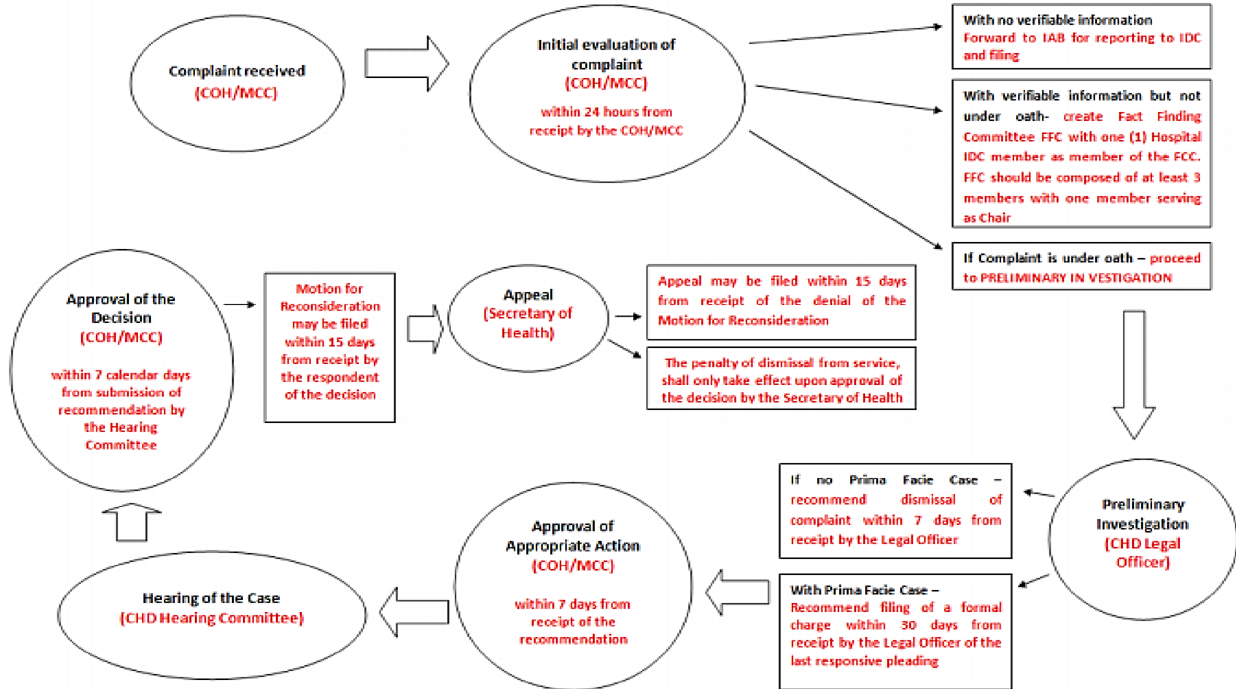


Figure A. Grievance Resolution Process for Complaints Against the Personnel with Rank Lower than the Chief Departments under DOH CHDs

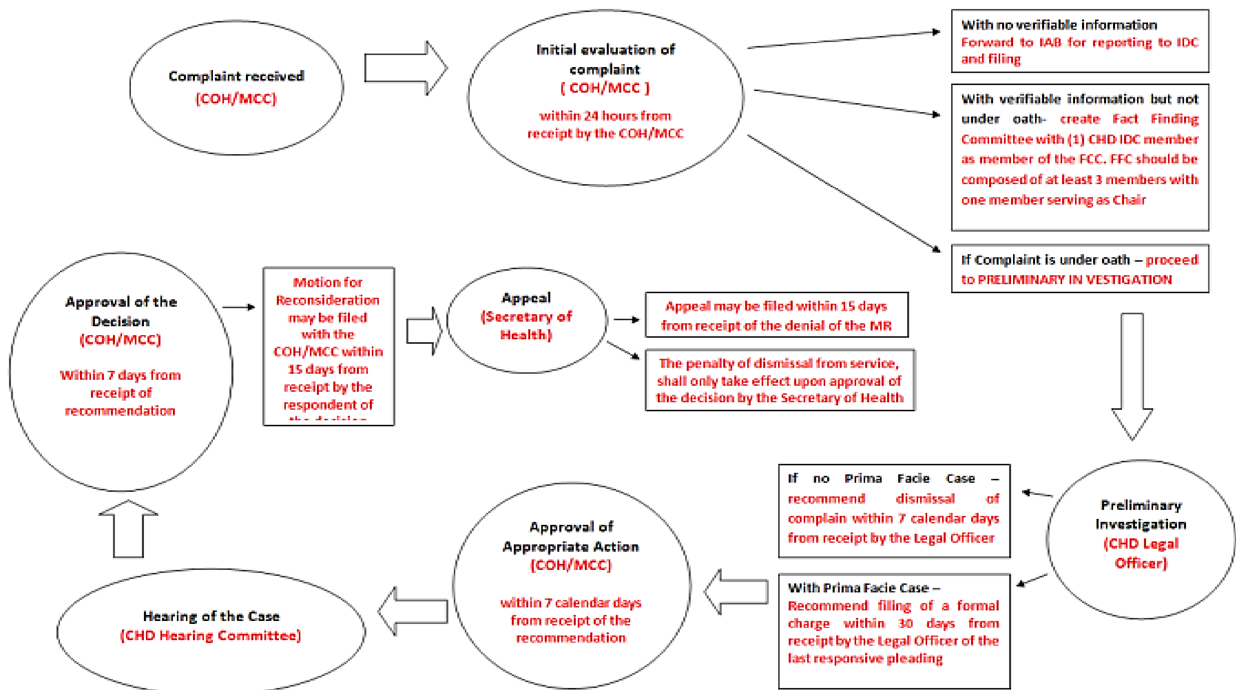


Figure B. Grievance Resolution Process for Complaints Against the Chief of Departments under DOH CHDs

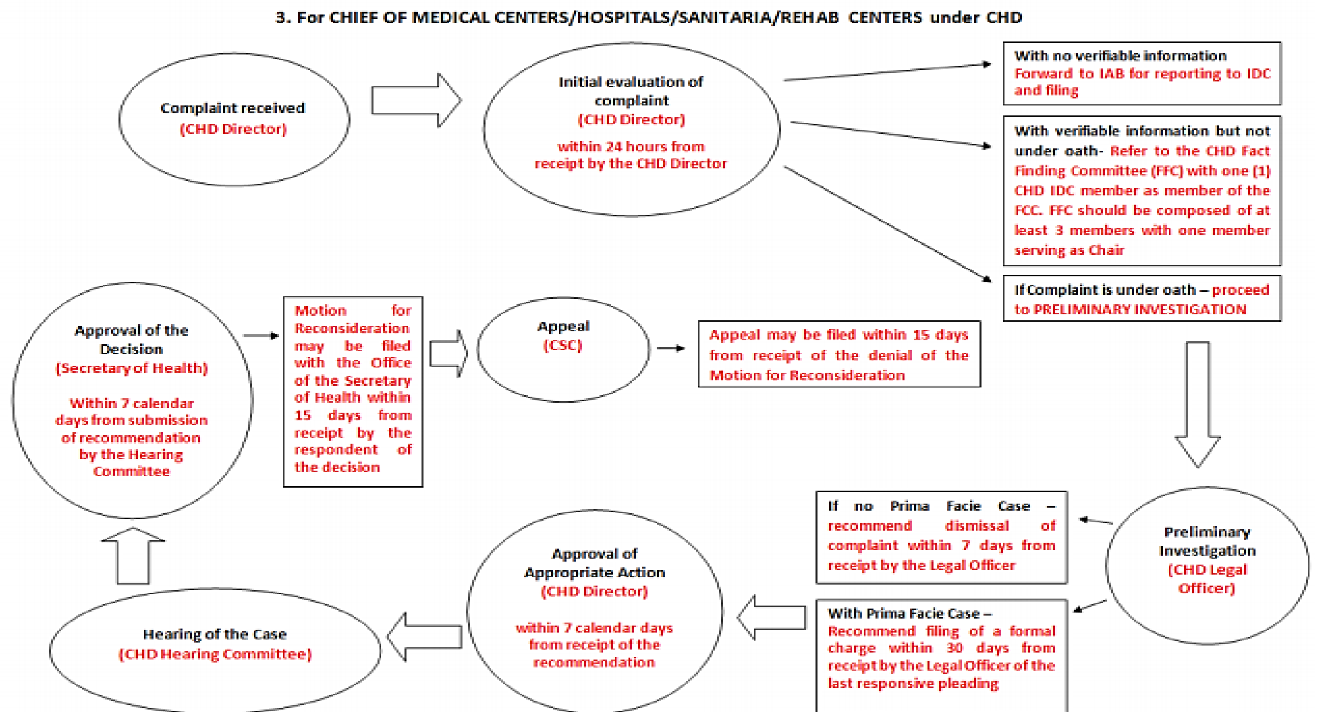


Figure C. Grievance Resolution Process for Complaints Against the Chief of Health Facility under DOH CHDs

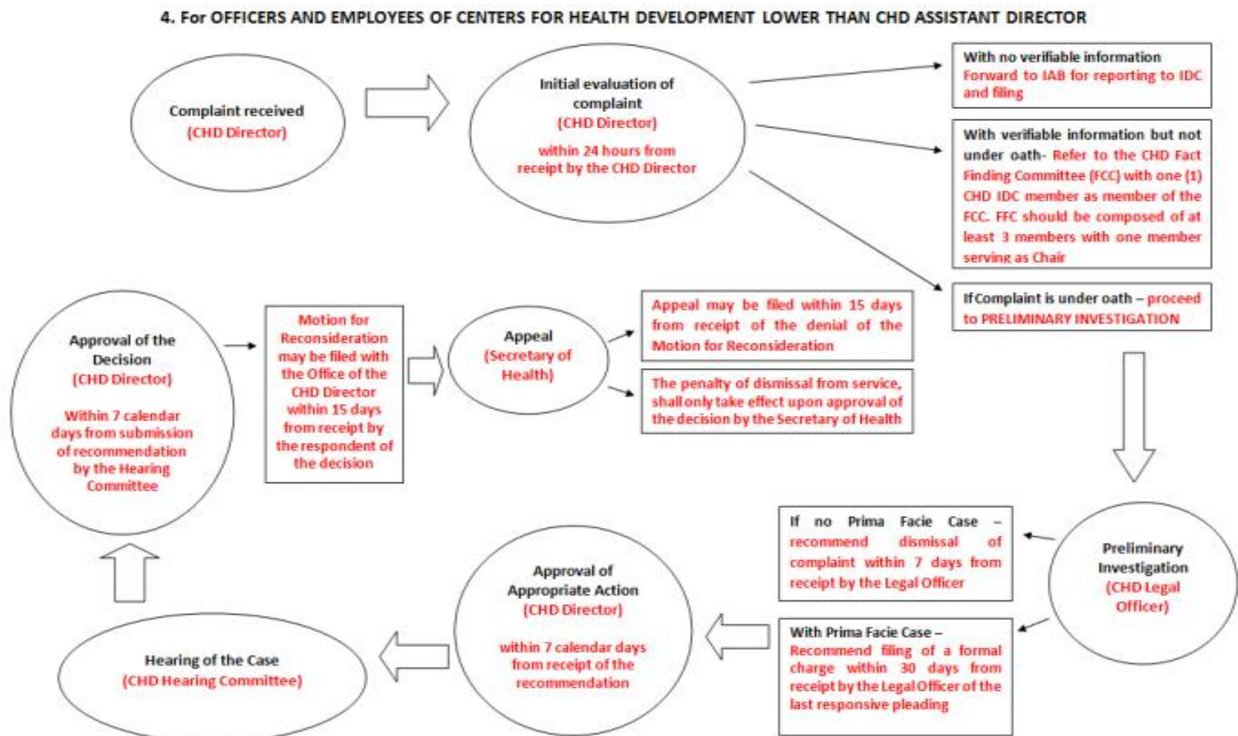


Figure D. Grievance Resolution Process for Complaints Against Personnel with Rank Less than the Assistant Director under DOH CHDs

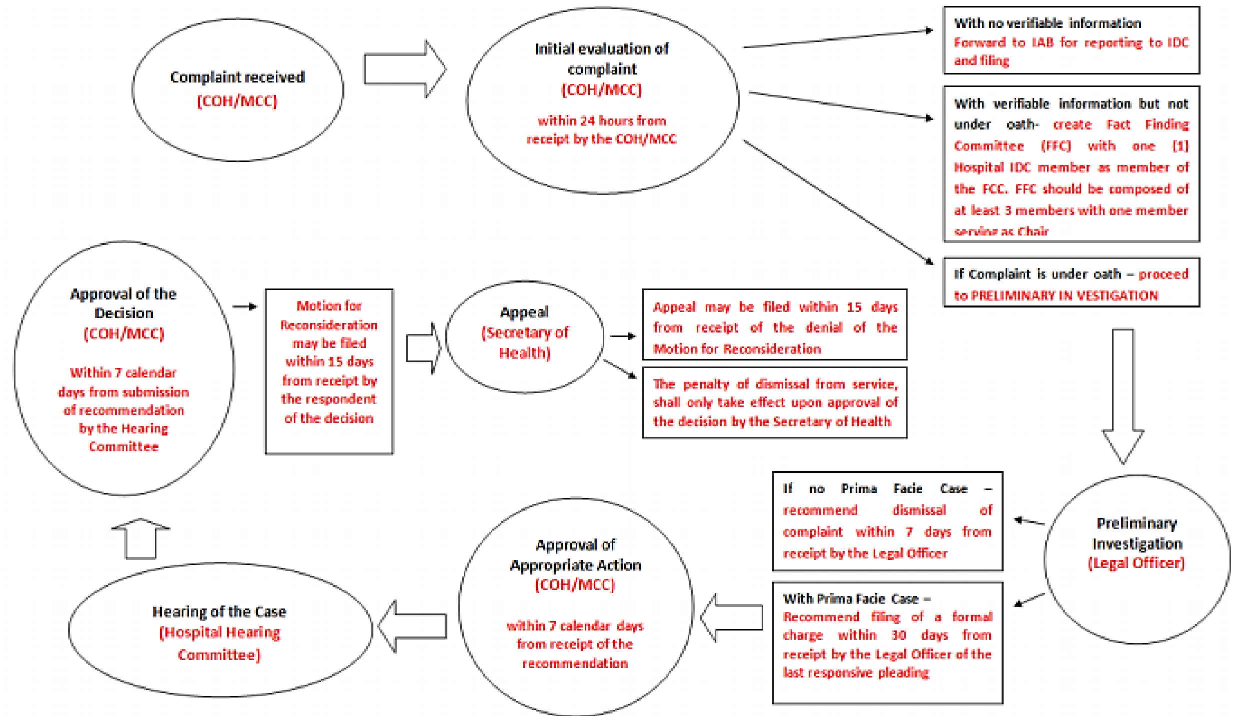


Figure E. Grievance Resolution Process for Complaints Against the Personnel with Rank Lower than the Chief Departments under DOH Central Office

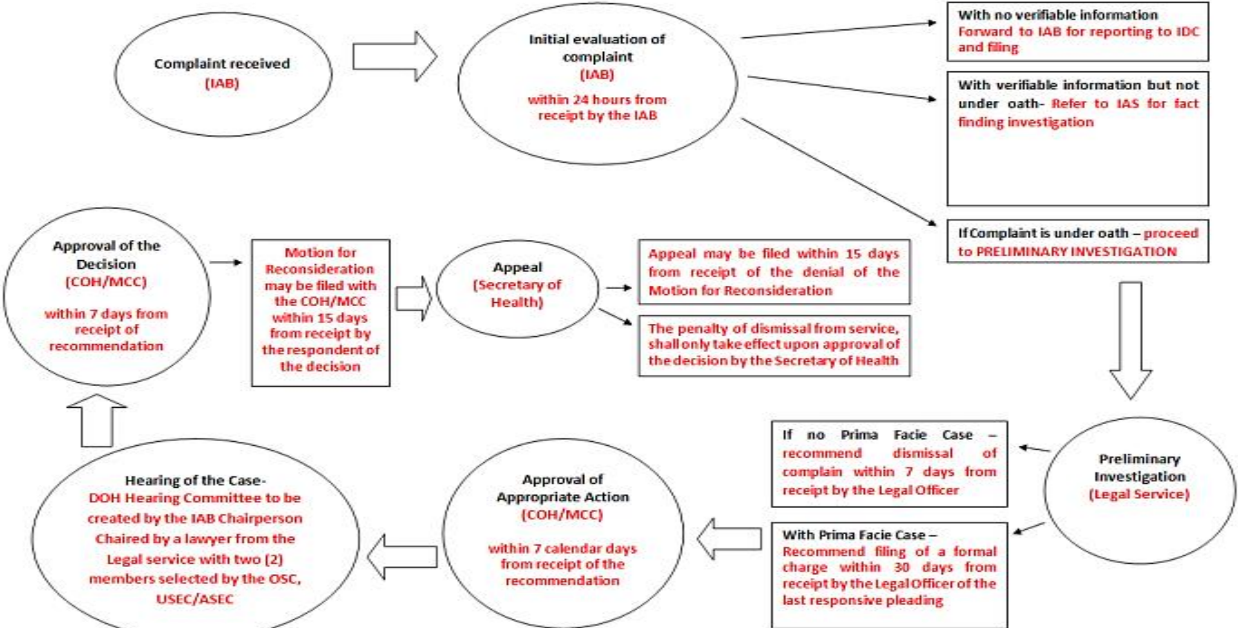


Figure F. Grievance Resolution Process for Complaints Against the Chief Departments under DOH Central Office

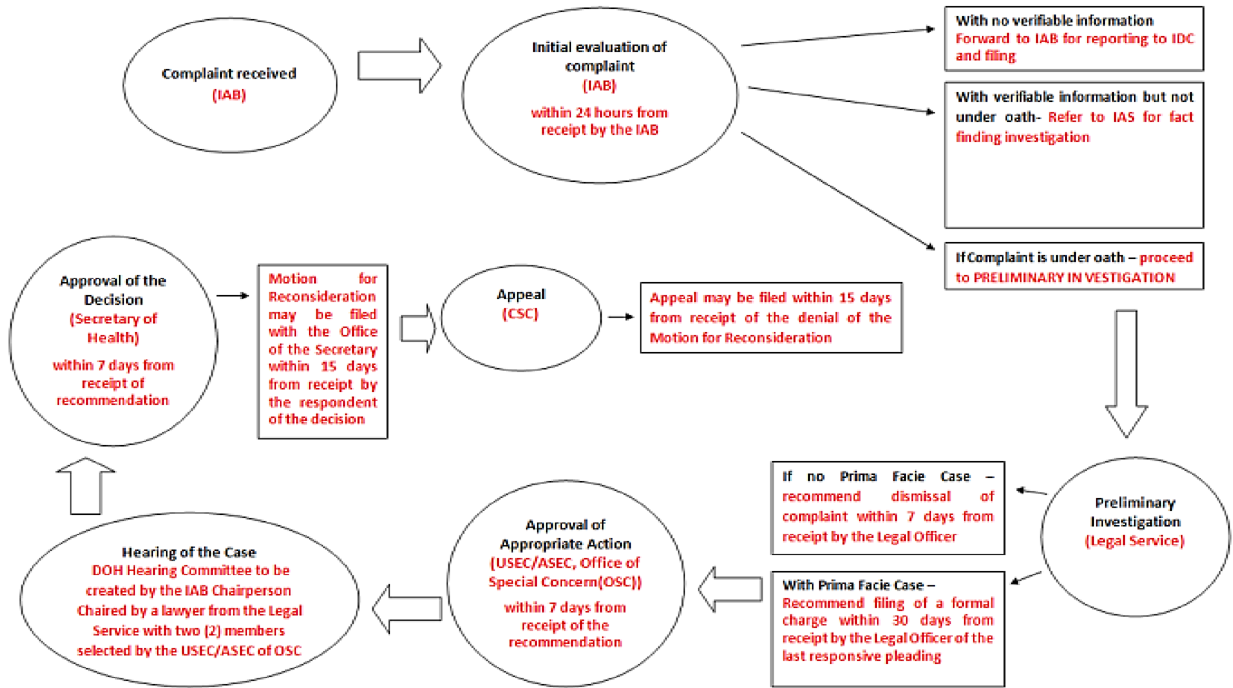


Figure G. Grievance Resolution Process for Complaints Against the Chief of Health Facility under DOH Central Office

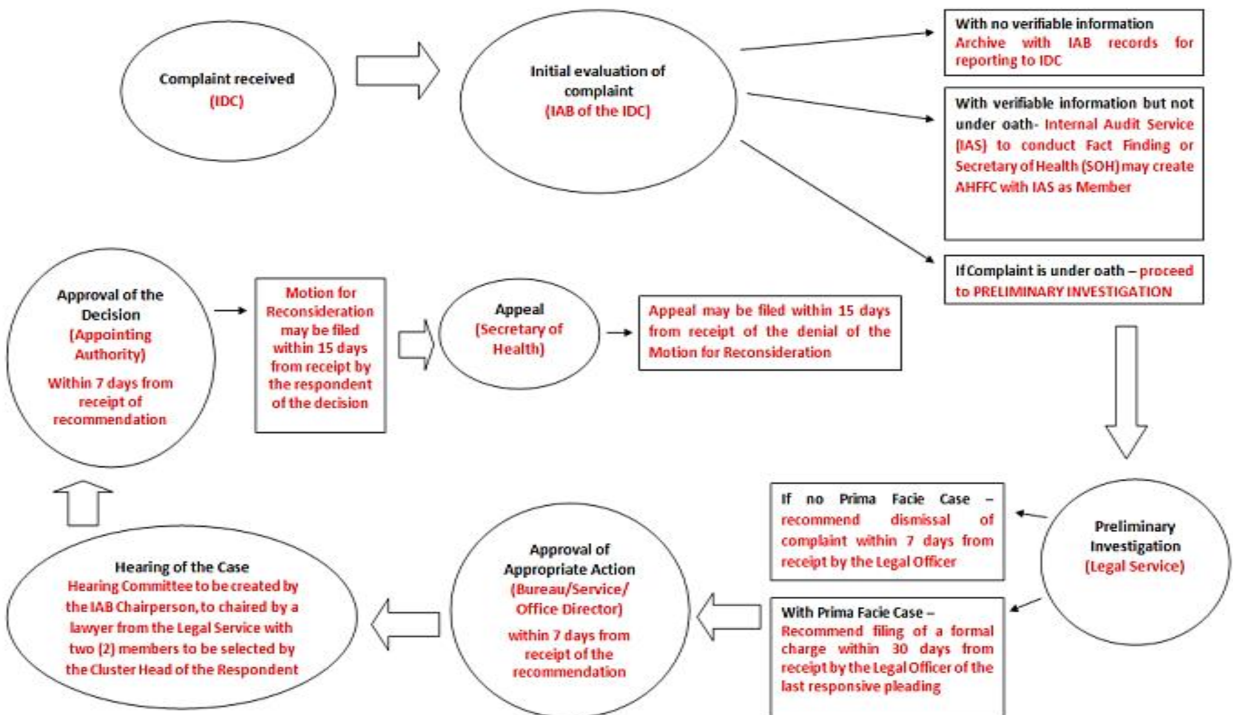


Figure H. Grievance Resolution Process for Complaints Against the Rank of Division Chief and Below under DOH Central Office and Attached Offices

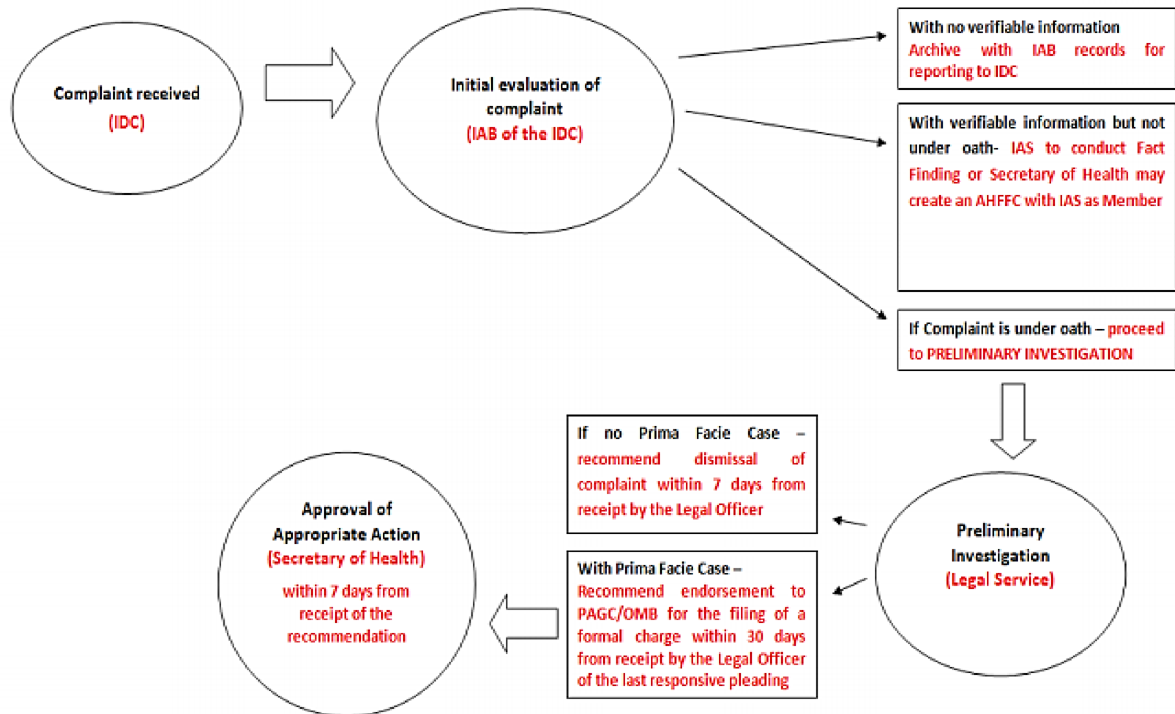


Figure I. Grievance Resolution Process for Complaints Against All Presidential Appointees in the DOH except Undersecretaries and Assistant Secretaries

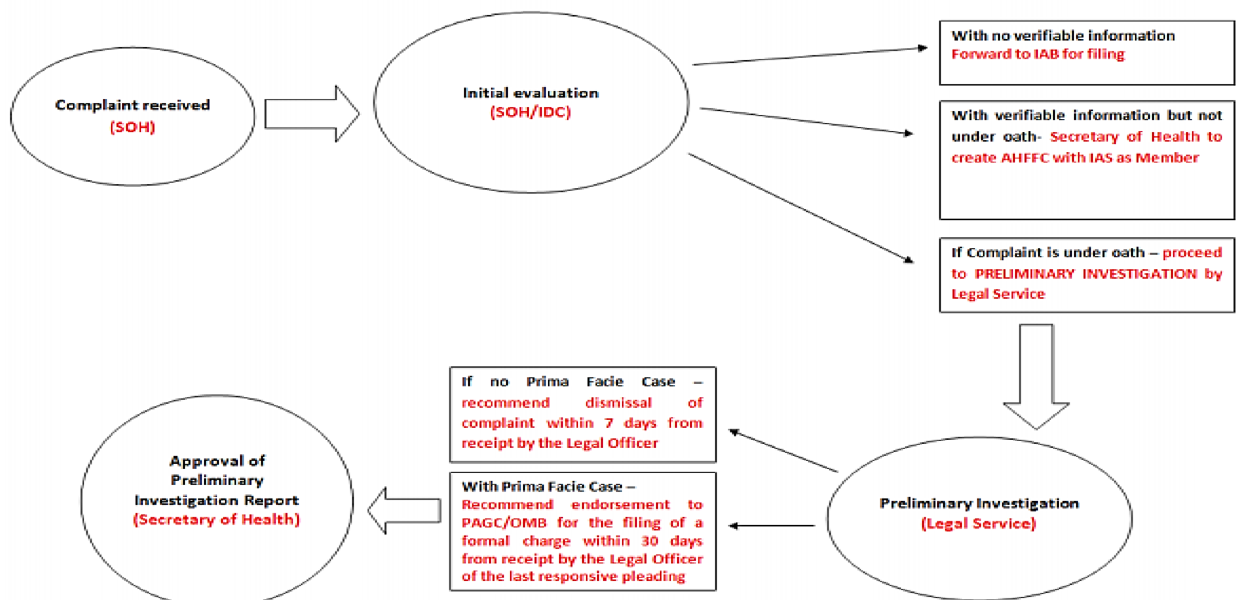


Figure J. Grievance Resolution Process for Complaints Against Undersecretaries and Assistant Secretaries

Annex T

. Grievance Resolution Process for DOLE- Related Cases

Rules and Procedures in Filing Complaints And Cases in DOLE

Facts	Procedures	Timeline

Facts

Who May Initiate a Complaint?

Any person can file a complaint provided however that the complaint is in writing, subscribed and sworn to by the complainant otherwise the same shall not be given due course

Requisites of a Valid Complaint

a) full name and address of the complainant;
b) full name and address of the person/s complained of as well as the latter's position and office/s;
c) a narration of the relevant and material facts which shows the acts or omissions allegedly committed;
d) certified true copies of documentary evidence and affidavits of witnesses, if any; and
e) Certification or statement of non-forum shopping.

Note: No anonymous complaint shall be entertained unless there is obvious truth or merit to the allegations therein or supported by documentary or direct evidence, in which case the person complained of may be required to comment

When and where to File a Complaint. - A complaint may be filed anytime during office hours with the Office of the Secretary, or any of the Regional Offices or Attached Agencies having jurisdiction over the official or employee complained of.

Note:

- If jurisdiction to investigate properly belongs to another office or duly constituted committee within DOLE, the ACC shall immediately refer the complaint to the appropriate office or committee.
- If the complaint is against a presidential appointee, the ACC shall recommend to the disciplining authority the referral or endorsement of the same to the Office of the President.
- If the complaint alleges acts that are purely personal on the part of the complainant and the person complained of, and there is no apparent injury to the government, the same may be subject to settlement pursuant to the guidelines provided under Section 70 of this Rules.
- In case of anonymous complaints, the ACC shall evaluate the allegations based on pertinent official records and documents. If the allegations are not based on facts, the anonymous complaint shall not be given due course and the ACC shall recommend to the disciplining authority the closure or archiving of the complaint.
- If the complaint cites acts or omissions that constitute purely a criminal offense under penal laws and rules, the ACC shall recommend to the disciplining authority the immediate referral of the same to the OFFICE of the ombudsman. However, if the complaint cites both administrative and criminal infractions, the administrative investigation shall proceed and shall be completed first before referring to the Office of the Ombudsman the criminal counterpart as established during the investigation.

Procedures

Start

Complainant

Administrative Complaints Committee (ACC)

Is the complaint sufficient in form and substance?

No? → ACC shall recommend dismissal of the complaint

Yes? → ACC Conduct of Preliminary Investigation

Preliminary Investigation Report

Is there a prima facie case exist?

No? → The ACC shall issue order of Dismissal of the Case

Yes? → Issuance of Formal Charge

End

For your comments, suggestions and complaints
Please call our Public Assistance and Complaints Unit
(PACU) at tel. No. (043)288-2078/2080

Timeline

The ACC, within five (5) days from receipt, shall evaluate whether the complaint is sufficient in form and substance.

The ACC shall issue a Notice to Comment within three (3) days, requiring the person complained of to submit a notarized or sworn comment/counter-affidavit on the acts or omissions complained of.

The ACC shall commence the preliminary investigation not later than eight (8) days from its receipt of the complaint, and shall be terminated within thirty (30) days from receipt of the comment/counter-affidavit.

Within ten (10) days from the termination of the preliminary investigation, the ACC shall submit to the disciplining authority the Preliminary Investigation Report with recommendation together with the complete records of the case.

The Formal Charge shall contain a specification of the charge (s), a brief statement of material or relevant facts, a directive to answer the charge (s) in writing under oath not later than seven (7) days from receipt thereof, an advice for the respondent to indicate in his/her answer whether or not he/she elects a formal investigation of the charge (s), and a notice that he/she is entitled to be assisted by a counsel of his/her choice.

Annex U
Grievance Monitoring Forms and Online Dashboard

Monitoring of Grievances

Grievances received within the month will be recorded in this form. Each grievance received will be counted as one item in the monitoring.

Grievance Description	Grievance Proponent	Date Received	Level at which Grievance was Received (facility/ LGU/regional/ national)	Stakeholders Involved	Status (resolved/ pending)	Next Steps			Level at which Grievance was Resolved (facility/ LGU/regional/ national)
						Action Taken	In-Charge	Timeline	

Note: Grievance proponent may or may not provide personal details

Monitoring of Grievance Resolution

No. of Grievances Received	No. of Grievances Resolved	Percentage of Grievances Resolved (No. of Grievances Resolved / No. of Grievances Received)

Health Care Facility (Project Recipient) GRM Monitoring Dashboard
(https://ee.kobotoolbox.org/single/GairVkZg)

KoBoToolbox

WB PCERP Grievance Monitoring Form

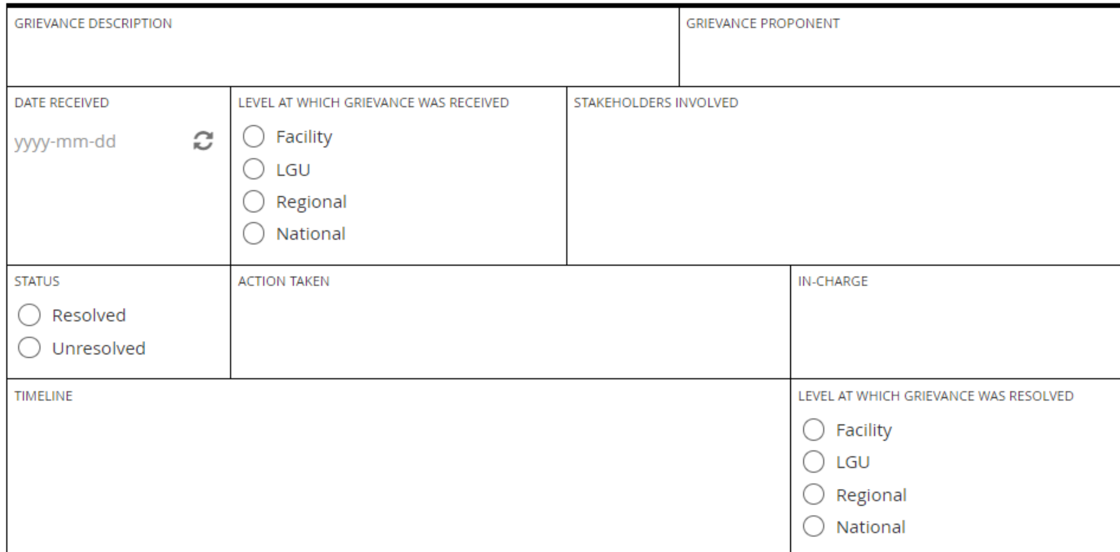
NAME OF HOSPITAL *

CONTACT PERSON

EMAIL

DURATION

yyyy-mm


Grievance Monitoring

GRIEVANCE DESCRIPTION

GRIEVANCE PROPONENT

DATE RECEIVED

yyyy-mm-dd

LEVEL AT WHICH GRIEVANCE WAS RECEIVED

- Facility
- LGU
- Regional
- National

STAKEHOLDERS INVOLVED

STATUS

- Resolved
- Unresolved

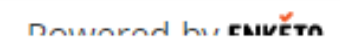
ACTION TAKEN

IN-CHARGE

TIMELINE

LEVEL AT WHICH GRIEVANCE WAS RESOLVED

- Facility
- LGU
- Regional
- National



The same monitoring mechanism will be observed for the Contractor's Personnel Grievance Redress Mechanism for the civil works components monthly:

Monitoring of Grievances

Grievance Description	Grievance Proponent	Date Received	Stakeholders Involved	Status	Next Steps		
					Action to be Taken	In-Charge	Timeline

Monitoring of Grievance Resolution

No. of Grievances Received	No. of Grievances Resolved	Percentage of Grievances Resolved (No. of Grievances Resolved / No. of Grievances Received)