

**Government of the Philippines  
Department of Health**

**Philippines COVID-19 Emergency Response  
Project (P173877)**

**STAKEHOLDER ENGAGEMENT PLAN  
(SEP)**

**25 NOVEMBER 2020**

## 1. 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.

The Philippines COVID-19 Emergency Response Project (P173877) is 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 aims to strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The Project comprises the following components:

**Component 1: Strengthening Emergency COVID-19 Health Care Response (Total US\$ 82,500,000):** 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 anticipating 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, and that no new land acquisition or involuntary resettlement are expected. 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 (US\$ 43,200,000):** This sub-component will support selected health facilities 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 will also support provision of oxygen, emergency beds, laboratory reagents and waste management facilities. This subcomponent will also support 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.
- (b) **Sub-component 1.2. Provision of medical supplies, including Personal Protective Equipment (PPE), medicines, and ambulance (US\$ 16,300,000):** This subcomponent will support the health system with supplies including PPE such as masks, goggles, gloves, gowns, etc. It will also support medical counter measures and medical supplies for case management and infection prevention, as well as procurement of drugs such as antivirals, antibiotics and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes. This subcomponent will also support short trainings on the use of medical supplies for health providers and technicians as needed, and support 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.
- (c) **Sub-component 1.3. Enhancing isolation/quarantine facilities (US\$ 23,000,000):** This sub-component will support 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 will also support setting up of first line decontamination facilities in international airports and seaports (holding areas) as well as establishing isolation tents for triaging in health facilities.

**Component 2: Strengthening laboratory capacity at national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response (Total US\$ 16,500,000):** The component will support the establishment of national reference laboratories as well as selected subnational and public health laboratories. It will include improving, retrofitting and refurbishing five existing reference laboratories – Research Institute for Tropical Medicine (RITM) as well as four DOH laboratories in Baguio, Cebu, Davao, and Manila (San Lazaro). The sub-component will also support constructing and expanding laboratory capacity in priority regions that currently do not have necessary laboratory capacity. The sub-component will also support 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\$ 1,000,000):**

**Project Management.** The component will support the Department of Health (DOH) as the implementing agency of the project. DOH will be responsible for the coordination, management, and implementation of the project at the national and sub-national levels, financial management and procurement. The project will be implemented through mainstream DOH processes and will not involve a parallel project implementation unit or secretariat. This will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination, management, and implementation. This component will also support costs related to the management of environmental and social risks under the Bank's Environmental and Social Framework, including the implementation of Environmental and Social Management Framework (ESMF) and relevant stakeholder engagements.

**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. As may be needed, this component will also support third-party monitoring of progress and efficient utilization of project investments.

The Philippines COVID-19 Emergency Response Project (the Project) is being 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.

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.

## 2. 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/liason link between the Project and targeted communities and their established networks. 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.

### 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, and the cultural sensitivities of indigenous peoples and diverse ethnic groups.

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<sup>1</sup> 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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<sup>1</sup> 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
- Local government units where isolation/quarantine/screening facilities will be located
- Communities around proposed isolation/quarantine/screening facilities
- Municipal waste collection and disposal workers
- Workers supporting the renovation/rehabilitation/construction of health care facilities, quarantine centres 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

### 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 Governments 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;
- National Commission for Indigenous Peoples (NCIP);
- Civil society organizations at the global, regional, and local levels that may become partners of the project, including organizations representing indigenous peoples and peoples with disabilities;
- 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; and
- Mass media and associated interest groups, including local, regional and global printed and broadcasting media, digital/web-based entities, and their associations.

### 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 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 people;
- children, particularly those who are malnourished and have low immunity;
- those with underlying health conditions e.g. 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 and ethnic minority groups; and
- indigenous peoples.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the Project is provided in the following sections.

### 3. Stakeholder Engagement Program

#### 3.1. Summary of stakeholder engagement done during project preparation

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 was 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 Environmental and Social Commitment Plan (ESCP) and the first draft of the SEP were disclosed on April 20, 2020 through the website of DOH: [www.doh.gov.ph](http://www.doh.gov.ph). They were disclosed on April 8, 2020 at the World Bank's external website ([www. http://documents.worldbank.org/curated/en/home](http://documents.worldbank.org/curated/en/home)). The SEP, together with the ESMF and ESCP, were redisclosed at the DOH website on August 4, 2020 (<https://www.doh.gov.ph/COVID-19/emergency-response-project>). The National Stakeholders Consultation was conducted on August 18-19, 2020 and the results and key feedback are provided in the table below. Due to the physical distancing restrictions, the engagement process was conducted virtually through a series of meetings through WebEx. 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. Updated versions of the SEP, ESCP, and ESMF will be disclosed on the same websites during project implementation.

Topic	Stakeholder	Comment / Feedback	Response
Stakeholder Engagement	Save the Children Philippines	<p>Query on the difference in the engagement among groups or if the groupings were made to facilitate consultation</p> <p>In view of the prolonged pandemic and its wide impact, it may also be necessary to review who are affected.</p>	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)	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 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.
	CARAGA CHD	<p>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.</p> <p>Moreover, ways to strengthen capacity at the regional and facility levels are sought.</p>	<p>There will also be a capacity building component for health care workers.</p> <p>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.</p>



<p>Services for persons with disabilities (PWDs) and children</p>	<p>National Commission on Disability Affairs (NCDA)</p> <p>Filipino Sign Language Access Team for COVID-19</p> <p>Philippine Alliance of Persons with Chronic Illness (PAPCI)</p> <p>Philippine Federation of the Deaf</p> <p>Philippine National Association of Sign Language Interpreters (PNASLI)</p> <p>Live Haven, Inc.</p> <p>Philippine Coalition on the UNCRPD</p>	<p>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.</p> <p>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.</p> <p>Guidelines on FSL interpreter qualifications, including skills and ethical considerations is needed.</p> <p>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.</p> <p>Assistance to the deaf in finding hospitals which are deaf- accessible and providing counseling services should be given.</p>	<p>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:</p> <table border="1" data-bbox="1333 441 1885 1019"> <thead> <tr> <th>Region</th> <th>Hospital</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>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</p>	Region	Hospital	NCR	Jose Fabella Memorial Hospital, Lung Center of the Philippines	I	Mariano Marcos Memorial Medical Center, Ilocos Training and Regional Medical Center, Region I Medical Center	IV	Batangas Medical Center	VI	Corazon Locsin Montelibano Memorial Regional Hospital, Don Jose Monfort Memorial Medical Center Extension Hospital	VII	Vicente Sotto Memorial Medical Center	XII	Cotabato Regional Medical Center
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		<p>There is a need to accommodate and entertain carers/personal assistants of PWDs and children in health care facilities, testing centers, and quarantine/isolation areas.</p> <p>Vaccination for children and other vulnerable sectors should be provided.</p> <p>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.</p>	<p>planned to cascade the training to the other regions in 2021.</p> <p>The Congress is also discussing the provision of FSL interpreters in health facilities. However, the timeline for this is not yet known.</p> <p>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.</p> <p>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</p>
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	<p>Philippine Pediatric Society (PPS)</p> <p>Pediatric Infectious Disease Society of the Philippines (PIDSP)</p>		<p>developed a Communication Plan for PWDs which was also presented to the PWD CSOs.</p> <p>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.</p> <p>Project management and monitoring should ensure that the improved capacity of the health care facilities results in improved access for PWDs.</p> <p>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.</p> <p>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</p>
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			policy issuance to consider the carers of PWDs and children in health facilities.
Indigenous Peoples	Tebtebba Foundation	<p>It was recommended to include disaggregated data for Indigenous Peoples related to the COVID-19 response.</p> <p>The group also relayed that they have conducted an assessment on IPs and COVID-19 which they may share with the Project Team.</p>	<p>The DOH Epidemiology Bureau (EB) which is in-charge of the data management on COVID-19 does not have disaggregated data for IPs.</p> <p>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.</p> <p>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.'</p>
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	<p>The provision of pneumococcal, flu, and hepatitis B vaccines for health workers was recommended.</p> <p>There is a need to address health hazards brought about by the improper disposal of face masks.</p> <p>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.</p>	<p>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.</p> <p>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 disposal. Education campaigns and information materials on infectious wastes and proper disposal will be further promoted.</p> <p>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</p>

	Cebu South Medical Center	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.	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 Regional Hospital  Mariano Marcos Memorial Hospital and Medical Center	The health facilities which will be covered by the project and the equipment to be given were asked.  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 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.  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.	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. Training of

		<p>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.</p>	<p>personnel will also be part of the sustainability initiatives.</p> <p>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.</p>
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### 3.2. 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
- Through social media
- 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)
- Site visits with personal protective equipment and physical distancing measures (when appropriate)
- Use of existing or new community communication mechanisms

Targeted consultations with special interest groups will be undertaken. These includes the organizations representing and supporting people with disabilities (PWDs), such as the Alyansa ng mga 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 organisations;
- 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.

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. Moreover, community consultations with the affected stakeholders in the civil works project sites and other project activities will be conducted.

A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. 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;
- 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.

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 (a tracking and educational platform with mobile phone alerts).

### 3.3. Proposed strategy for information disclosure

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
Preparation, prior to effectiveness	Government agencies including DENR, Office of the President, and NDRMMC Health agencies NCIP	Project objectives and activities  Environmental and Social Management Framework (ESMF).	Disclosure on World Bank and DOH websites in April 2020

	<p>General public Civil society organizations IP organizations Development partners Mass media</p>	<p>Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM).</p> <p>Environmental and Social Commitment Plan (ESCP).</p>	
Project Implementation	<p>Government agencies including DENR, Office of the President, and NDRMMC Health agencies NCIP Local government units Local communities particularly those around proposed isolation/quarantine centers Health facilities and their workers Municipal waste collection and disposal workers Business owners and providers of services, goods and materials General public Civil society organizations, including organizations representing people with disabilities, IP organizations / representatives Development partners Mass media</p>	<p>Updated ESF instruments.</p> <p>Feedback of project consultations.</p> <p>Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.</p>	<p>Updated ESF documents were disclosed by DOH on August 4. Final documents disclosed by DOH and World Bank. Any subsequent updated versions will also be disclosed</p> <p>Locality's ways of disseminating information</p> <p>Information leaflets and brochures to be distributed with sufficient physical distancing measures</p>

### 3.4. Stakeholder engagement plan – Project Implementation

	<b>Topic of consultation / message</b>	<b>Method used</b>	<b>Target stakeholders</b>	<b>Responsibilities</b>
	The Project, its activities and	Virtual consultations	Affected people and other interested	DOH

	<p>locations, potential impacts and mitigation measures.</p> <p>Introduce the project's ESF instruments.</p> <p>Present the SEP and the Grievance Redress Mechanism.</p> <p>Updated project's ESF instruments.</p> <p>Feedback of project consultations</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.</p>	<p>Correspondence by phone/email</p> <p>Letters to local, provincial and national authorities</p> <p>Consultations with indigenous peoples in a culturally appropriate and health-conscious manner</p> <p>Locality's ways of engaging with constituents</p>	<p>parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16.</p> <p>IPOs, NGOs and CSOs may also be included.</p> <p>Local government units</p> <p>Local communities particularly those around proposed isolation/quarantine centers</p> <p>Health facilities and their workers</p> <p>Municipal waste collection and disposal workers</p> <p>Business owners and providers of services, goods and materials</p> <p>General public</p> <p>CSOs and NGOs</p> <p>IP organizations / representatives</p> <p>Development partners</p>	
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3. 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 mechanism.

## 4. Resources and Responsibilities for implementing stakeholder engagement activities

### 4.1. Resources

The DOH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be USD \$200,000 and is included in Component 3 Implementation Management and Monitoring and Evaluation.

### 4.2. Management functions and responsibilities

The DOH will be the implementing agency for the Project. 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.

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 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.

## 5. Grievance Mechanism

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.

### 5.1. Description of GRM

Grievances will be handled at the local level by the respective health facility or LGU, by the Centers for Health Development at the regional level, and at the national level by the Department of Health 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.

The GRM will include the following steps:

1. Submission of project implementation related grievances through an official/formal document to:
  - a. the Head of the Health Care Facility if the grievance occurred in a health care facility; or
  - b. the Local Health Unit/ LGU, i.e. Provincial Health Office/ City Health Office/ Municipal Health Office, as appropriate, if the grievance occurred in the community setting.
2. Recording of grievance by the health care facility or Provincial/City/Municipal Health Office (P/C/MHO; LGU), as appropriate, within 24 hours.
3. Providing initial response to the concerned stakeholder/s (complainant) within 3 days after receipt of grievance.
4. Investigation of grievance by the concerned health care facility or PHO/CHO/MHO (LGU) within 7 days after providing initial response to the complainant.
5. Communication of response to the complainant by the health care facility or PHO/CHO/MHO (LGU) , as appropriate.
6. If the complainant believes that the grievance has not been resolved and closed at the local level, the complainant will submit an official communication letter to the concerned Center for Health Development (CHD/DOH Regional Office) together with the documentation of the health care facility or PHO/CHO/MHO (LGU) response and relevant attachments, within 3 days after receiving the previous grievance response.
7. Investigation of grievance by the DOH CHD concerned within 7 days after receiving official communication from complainant.
8. Communication of response to the complainant by the DOH CHD.
9. If the complainant believes that the grievance has not been resolved and closed at the regional level, the complainant may re-appeal to the DOH Central Office- Office of the Secretary, through submission of an official communication letter to the DOH Central Office- Office of the Secretary, together with all the previous official communications and relevant documents.
10. Endorsement of the unresolved grievance by the DOH Central Office- Office of the Secretary to the concerned DOH Centers for Health Development or Bureaus, for re-investigation and addressing of the grievance, within 7 days after receiving official communication from complainant.
11. Communication of response to the complainant by the DOH CHD or Bureaus concerned, informing also the DOH Central Office- Office of the Secretary.

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.

A Contractor's Personnel Grievance Redress Mechanism will also be developed by the contractors for the civil works components. The monitoring and reporting of this GRM will also be the same as that of the main Project GRM. Monthly monitoring reports will be submitted to the Project through the Project Manager and the Environmental and Social Risk Management Specialist.

The SEP may be updated should there be changes to the GRM as lessons are learned from its operationalization, including provisions to allow anonymous grievances to be raised and addressed, and how complaints of gender-based violence will be handled. 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.

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.

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

## 6. Monitoring and Reporting

### 6.1. 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.

### 6.2. 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);
- Frequency of public engagement activities (including virtual activities)
- 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

The template below will be used for the monthly and yearly 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: \_\_\_\_\_

Monitoring of Grievances

Grievance Description	Grievance Proponent	Date Received	Stakeholders Involved	Status

Monitoring of Grievance Resolution

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



Monitoring of Pending Grievances

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

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

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

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Monitoring of Grievance Resolution

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

Monitoring of Pending Grievances

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

### 6.3. 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.