



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 3, 2020

DEPARTMENT CIRCULAR


No. 2020 - 0398

TO: ALL REGIONAL DIRECTORS AND DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT AND BUREAUS; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; AND CHIEFS AND DIRECTORS OF MEDICAL CENTERS, HOSPITALS, AND INSTITUTES

SUBJECT: Guidelines on Civil Works Implementation for the World Bank – Philippine COVID-19 Emergency Response Project (PCERP)

Attached for your information and guidance is a copy of the Civil Works Implementation Guidelines for the “Philippine COVID-19 Emergency Response Project (PCERP)” funded by the World Bank. This Department Circular shall ensure that all recipient facilities are following the DOH standards on the construction of isolation facilities, quarantine and reference laboratories across the country, and are aware of the World Bank regulations on project implementation.

All recipient facilities of the Project are hereby directed to follow the guidelines for compliance.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

I. RATIONALE

The Government of the Philippines (GoP) through the Department of Health (DoH) is working with the World Bank on an emergency response project under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) of the Bank. The GoP has moved aggressively to mitigate the COVID-19 epidemic at an early stage when confirmed cases were still at a very low level. The total budget for the Project is \$100M from FY 2020 to 2023, and is composed of four (4) major components.¹ Overall, 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 by providing medical equipment PPEs and supplies and vehicles, establishing of isolation and quarantine facilities, refurbishing of national and subnational laboratories, and provision of decontamination facilities on major points of entry.

The civil works fall under these two (2) components: *Sub-component 1.3*. Enhancing isolation/quarantine facilities, and *Component 2*: Strengthening laboratory capacity at the national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response. The recipients of civil works are the following: DOH hospitals, Local Government Unit hospitals, Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), reference laboratories, quarantine facilities, Centers for Health and Development and Treatment facility centers, located nationwide. The Project will cover the upgrading of most of the recipient hospital and quarantine facilities, and new construction of one isolation facility with five-beds for one DOH hospital.

¹ Component 1: Strengthening Emergency COVID-19 Health care Response (Total US\$ 82,500,000): this 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.

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): this will support the establishment of national reference laboratories as well as selected subnational and public health laboratories.

Component 3: Implementation Management and Monitoring and Evaluation (Total US\$ 1,000,000): this will support the Department of Health (DOH) as the implementing agency with its project management including monitoring and evaluation capacity.

Component 4: Contingent Emergency Response Component (CERC) (US\$0): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds can be deployed through the project depending on the specific needs that may arise.

II. OBJECTIVES

To guide the recipient facilities on the implementation of civil works under the WB-PCERP.

III. SCOPE AND COVERAGE

This Order covers the implementation of civil works under the WB-PCERP by DOH Central Office, Centers for Health Development (CHDs), DOH hospitals, Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), and other health facilities. Specifically, civil works projects will involve Upgrading of National and Sub-National Reference Laboratories, Provision of Negative-Pressure Isolation Rooms, and Completion/New Quarantine Facilities.

IV. DEFINITION OF TERMS

- A. Central Office - Bids and Awards Committee (COBAC)** – refers to the committee composed of designated officials and staff of the procuring entity pursuant to Section 11 of 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184 (Revised IRR of RA No. 9184).
- B. Environmental and Social Management Framework (ESMF)** – refers to the document which describes the principles, processes, and technical guidance and provides a screening tool for the Project implementing agencies and their consultants to assess the environmental and social risks and impacts of the Project activities, developed in accordance with World Bank’s Environmental and Social Standards (ESS).
- C. Environmental and Social Management Plan (ESMP)** – refers to the document which may be prepared by the Contractor in coordination with the health care facility, in accordance with the ESMF, upon identification of potential site-specific risks and proposed mitigation measures which were previously recognized in the 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, as well as safeguard performance monitoring, reporting, and disclosure.

- D. Environmental Codes of Practice (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 that are readily managed with good practices during the implementation.
- E. Grievance Redress Mechanism (GRM)** – refers to the process which assists resolution of complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved, providing 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. The Project GRM for the stakeholders is outlined in the SEP while the Contractor's Personnel GRM for civil works/building construction works personnel are site-specific and will be drafted by the Contractor/s.
- F. Health Facilities Enhancement Program Management Office (HFEP-MO)** – refers to the DOH program office that supports construction and upgrading/development of government hospitals (LGUs, DOH, and other national government agencies) which emanated from the first Philippine Hospital Development Plan.
- G. Labor Management Procedures (LMP)** – refers to 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.
- H. Memorandum of Agreement (MOA)** – refers to the agreement between DOH and other stakeholder/s for the effective and efficient implementation of WB projects.
- I. Permit to Construct (PTC)** – as defined in DOH Administrative Order (AO) No. 2016-0042, refers to permit issued by DOH through Health Facilities and Services Regulatory Bureau (HFSRB).
- J. Philippine COVID-19 Emergency Response Project (PCERP)** — the Project which 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.
- K. Project** – refers to the Civil Works project under the World Bank loan agreement in the form of Enhancement of Isolation Room/Quarantine Facilities or Strengthening of National and Sub-National Reference Laboratories.

L. Recipient Facility – refers to a Health Facility where the project will be implemented.

It may be a Hospital (DOH or LGU), reference laboratories, and quarantine facilities.

M. Stakeholder Engagement Plan (SEP) – refers to the document required by World Bank which defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It outlines how 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 (GRM).

N. World Bank (WB) – is the loan provider of the Project

V. GENERAL GUIDELINES

A. Budget. The total budget for the PCERP in the DOH Hospitals, other DOH facilities, and other LGU hospitals is \$100M or approximately Five Billion Ninety Million Pesos (5,090,000,000.00), which shall be used exclusively for the following purposes:

a. Civil Works	PhP	1,842,746,000	(36.20%)
b. Medical Equipment		1,065,985,000	(20.94%)
c. Medical Supplies		1,497,869,000	(29.43%)
d. Medical Transport		279,500,000	(5.49%)
e. Holding Area / Swabbing Facility		24,000,000	(0.47%)
f. Project Management		379,900,000	(7.46%)

TOTAL PhP 5,090,000,000

The civil works component accounts for 36.20% of the total budget of the Project.

B. Release. The amount of loan shall be released to the Department of Health Central Office. The allocated funds for each recipient facility shall be determined by the civil works team under the HFEP-MO

C. Reporting. All Centers for Health Development (CHD), DOH hospitals, Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), Quarantine Facilities and

Treatment and Rehabilitation Centers, and other implementing units shall submit to the HFEP-MO the monthly Project Indicators Report not later than the 10th day of each succeeding month, in soft and hard (signed) copies. The Contractors, in coordination with the project recipient facilities, 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 than the 10th day of each succeeding month, in signed electronic and hard copies.

VI. ORGANIZATIONAL STRUCTURE

The civil works unit of the Project shall be part of the Health Facilities Enhancement Program Management Office (HFEP-MO) of the DOH. The composition of which are the following:

- i. Senior Architect (1);
- ii. Senior Engineer (1); and
- iii. Junior Architects (3)

The main task of the civil works unit involves the formulation of the Overall Project Implementation Plan. The specific tasks include the review of plans submitted by the recipient facilities, preparation of design and implementation guidelines, oversee the implementation of construction and Project close out.

The civil works unit will be complemented by four (4) internal architects from the HFEP-MO. In addition, the Centers for Health and Development from the seventeen (17) regions will also designate three (3) staff: (1) architect, (1) mechanical engineer, and (1) IT/Admin staff each to help facilitate the implementation of the Project at the local level.

The implementation of the ESMF will also be observed in the civil works/building construction works through the DPCB.

The Director IV of the HFEP-MO shall oversee the Civil Works Unit for the Project.

VII. SPECIFIC IMPLEMENTING GUIDELINES FOR CIVIL WORKS

A. Pre-Design Phase

Prior to the preparation of individual facility design, preparatory works need to be performed by the recipient facility to ensure that legal, technical, environmental, social, and operational issues are addressed.

For new construction, the following documents need to be provided:

1. Property Ownership

- a. Transfer Certificate of Title – is the proof of ownership of the property and contains the name of the owner and the details of the property
- b. Deed of Donation – an instrument evidencing the voluntary act of conveying ownership over a property by the owner to his intended recipient, who in turn must accept the same
- c. Usufruct – is the real right that authorizes the temporary use and enjoyment of another's property with the basic obligation of preserving its form and substance and returning it at a designated time

Further, for both new construction and renovation works, the following activities must be undertaken by the implementing unit/recipient facility

- a. Preparation of Memorandum of Agreement (MOA) – applicable between CHD and LGU recipient facility where the implementing unit (CHD) may delineate terms of project implementation procedures with the LGU especially for project supervision.

2. Site Validation Report - Identify boundaries, setback requirements, presence of obstructions on, above, and underground. Identify possible Risks and Hazards
3. Site Survey and Tests
 - a. Engineering Surveys – activities involved in the planning and execution of surveys for the development, design, construction, operation, and maintenance of civil and other engineered projects. This may include geodetic survey of the lot showing property boundaries, presence of existing structures, contours, site utilities, and geotechnical test, as required by the Office of Building Official.
 - b. Code Requirements – compliance with the requirements of the National Building Code of the Philippines
 - c. Local Ordinance – should comply with the local law of the concerned local government unit where Project is located
 - d. Environmental and Social Impact Assessment – secured clearance from the Environmental Management Bureau of the Department of Environment and Natural Resources.

Further, for both new construction and renovation works, the following activities may be undertaken by the implementing unit/recipient facility

4. Preparation of Memorandum of Agreement (MOA) – applicable between CHD and LGU recipient facility where the implementing unit (CHD) may delineate terms of project implementation procedures with the LGU especially for project supervision.

B. Design Phase

After submitting the above requirements to the HFEP-MO for clearance, the recipient facility can proceed with the design phase:

1. Schematic Design – is the initial design of the project. For PCERP, the following design standards should be strictly followed:

- a. Isolation Facilities (DOH and LGU hospitals) - Adopt the DOH model plan (see Annex A) for new construction and upgrading projects
- b. Bureau of Quarantine Facilities – Use existing approved plans for all quarantine facilities for completion (see Annex B). For new construction Projects, adopt the appropriate standard DOH model for Quarantine Facilities
- c. Reference Laboratories - Recipient hospitals will prepare the schematic plan with functional areas based on the recommendations of the Research Institute for Tropical Medicine for Sub-National Reference Laboratories

In case the recipient facility needs assistance in the preparation of appropriate design, the civil works unit can provide such as needed.

All schematic plans shall be approved by the Director IV HFEP-MO

2. Permit to Construct – All approved schematic plans shall be submitted to the Health Facilities and Services Regulatory Bureau or from DOH CHD – Regulation Licensing and Enforcement Division (CHD-RLED) for application of Permit to Construct:
 - a. Isolation Facilities - to secure PTC for renovation or additional beds;
 - b. Reference Laboratories to secure PTC for Renovation/Expansion or New Construction; and
 - c. BOQ to secure PTC for Laboratory facility, if necessary

C. Design Development

1. Detailed Architectural and Engineering Design (DAED) drawings shall be facilitated by recipient facilities including signing and sealing of plans for Permits, where necessary.

2. Individual Project Budgetary Unit – below are the allocated budgetary requirement for each specific health facility:
 - a. Isolation Facility (DOH and LGU hospitals)
 - Php 9M for Renovation/Upgrading
 - Php 13M for New Construction
 - b. Reference Laboratory
 - Php 50M for Baguio General Hospital and Medical Center, Vicente Sotto Memorial Medical Center, and Caraga Regional Hospital
 - Php 70M for the Lung Center of the Philippines, San Lazaro Hospital, and Southern Philippines Medical Center
 - c. Bureau of Quarantine facility
 - Individual costing for Completion Projects (see Annex C for complete list)
 - Php 50M New Construction (Albay Station)
 - Php 50M New Construction (Zamboanga City)
 - d. Isolation Facility and National Reference Laboratory
 - Php 150M for Research Institute for Tropical Medicine
3. Options where the scope of works exceed the budgetary ceiling:
 - a. Recipient facility shoulders the excess amount to complete works;
 - b. Complete the scope of works of the amount allowed; and
 - c. For clustered projects, utilize available excess amount from other projects (should be discussed with the civil works team ahead of time)
4. The final summary of works should render the Project functional and operational.
5. Design Guidelines (see Annex D) shall be provided by HFEP-MO to the recipient facility design team as a reference to prepare DAED drawings.
6. Technical Documents shall be prepared by recipient facilities.

- a. Summary of Works and Schedule of Materials and Finishes – A descriptive narration of the actual works to specifically be performed for a given Project which includes the furnishing of all labors, materials, equipment, and tools including supervision necessary to complete all the works. It should be project-specific and should include works which are necessary but may not be shown on the drawings
 - b. Bill of Quantities and Detailed Estimates – is a document used in tendering in the construction industry in which materials, parts, and labor (and their costs) are itemized; The Bill of Quantities should show quantifications of work items as based on the Technical Specifications.
 - c. Technical Specifications –Provides step-by-step details and instructions on how the types of materials to be used and the desired installation methods.
 - d. Other instructions to Procurement distinct to conditions of Project sites
7. All Plans, drawings, and Technical Documents shall be approved by the Head of each Recipient Facility.
 8. The complete set of bid-ready documents shall be forwarded by each recipient facility to the HFEP-MO for clearing and preparation of Estimated Project Cost

D. Environmental and Social Risk Screening of the Civil Works in the Project Sites

Screening of potential environmental and social risks and impacts of specific activities based on the ESMF will be conducted by the DPCB. The screening will allow to identify the relevant Environmental and Social Standards (ESS), establish an appropriate environmental and social risk rating, and specify the type of environmental and social risk management measures required, including specific instruments, if needed. The results of the screening will be turnover by DPCB to the recipient facility and contractor for their guidance.

E. Community Consultations

Community consultations will be conducted by the HFEP and DPCB with the affected parties and other interested stakeholders in the components of the civil work of the Project, as appropriate. The consultations will present and validate the risks and mitigation measures of the civil works based on the ESMF, as well as identify additional potential risks and proposed mitigation measures, and solicit the feedback of the stakeholders. The consultations will also be a way to reach out to the stakeholders for possible grievances on the project which will be addressed through the Project GRM as described in the SEP. Similarly, the Contractor's Personnel GRM for its personnel will be implemented. The results of the community consultations will be turnover by DPCB to the recipient facility and contractor for their guidance.

F. Procurement

1. The PS-COBAC is the Procuring Entity for all Projects
2. World Bank bidding procedures shall be used for procurement of Projects
3. The following will be the bidding groupings for the Projects:
 - a. DOH hospital Isolation facilities - Cluster bid for NCR hospitals and bid per region for hospitals outside NCR; Individual bid for RITM
 - b. LGU hospital Isolation facilities – Bid per region
 - c. DOH hospital Reference Laboratory - Bid per individual hospital
 - d. BOQ Offices/Buildings – Individual bid
4. All signed copies of DAED drawings and Technical documents shall be submitted to HFEP-MO for checking and preparation of Purchase Request
5. The PS-COBAC will issue Request for Quotation to nominated contractors
6. The Request for Quotation also requires the submission of the Environmental and Social Management Plan (ESMP) or the Environmental Codes of Practice (ECOP), Labor Management Procedures (LMP), and Contractor's Personnel Grievance Redress Mechanism (GRM) from the Bidders based on the templates provided as part of the bidding documents. The Bidder may choose to submit either an ESMP or ECOP. The LMP guide is provided but the Contractor's Standard Operating Procedures (SOP) may be submitted if it is compliant with the provisions of the LMP. The Contractor's Personnel GRM is the procedure of the Contractor to resolve the complaints of its personnel, which may be already a part of its SOP. If

it is already present, the Contractor should submit it as a separate document entitled 'Contractor's Personnel Grievance Redress Mechanism (GRM).' If the GRM/ complaint resolution is currently not part of the SOP, the Contractor may pattern in after the Project GRM provided in Annex P. The capacity to implement the ESMF and the aforementioned standards will be evaluated in selecting the Contractor with reference to the Request for Quotation document.

7. The PS-COBAC will open and evaluate Quotations, issue notice of award and notice to proceed to the successful bidder

G. Construction

1. Permits

- a. Building Permit – is an official approval issued by the local government agency, should be secured for new construction projects and renovation projects, where applicable
- b. Local permits - where applicable

2. Construction Guidelines – guided by the DOH, DPWH, DOLE, and the IATF protocols for COVID-19, such as the Republic Act 11058- The Occupational Safety and Health Standards Act, the Department of Public Works and Highways (DPWH) Department Order no. 39 series of 2020, and the Joint Memorandum Circular no. 20-04-A series of 2020 – DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19.

The Contractor, in coordination with the project recipient facility, will continuously implement and update the ESMP or ECOP, LMP, and Contractor's Personnel GRM and prepare monthly reports for submission to the DPCB. Monitoring reports on the ESMP/ECOP, LMP, and Contractor's Personnel GRM will also be submitted to DPCB.

- a. Health and Safety Protocols – following the guideline provided by the Environmental and Social Management Framework of the

Project. The ESMF will be a guide to the maintenance of health standards for all the civil works sites.

- b. The Contractor shall establish Occupational Safety and Health (OSH) Committees and designate safety officer/s in the project site in accordance with relevant DOH, DOLE, DPWH, DTI, and IATF guidelines.
- c. Allowable manpower deployment should follow the minimum requirement under the IATF guidelines during the quarantine period.
- d. Temporary Facilities and Workers Barracks on Site should be managed by the contractor ensuring the workers' health and safety in accordance with the LMP.
- e. The Project and the project recipient facilities will not be liable for the medical bills and wages of the workers who will contract COVID-19 – it will be the liability of the Contractor.
- f. The DOH and DENR regulations on waste management as indicated in the ESMF will also be observed in the civil works/building construction works sites.

3. Construction Process

- a. Progress Billings – progress billings prepared by Contractor shall be checked by each recipient facility for completeness and correctness before sending to HFEP-MO for consolidation and recommendation for payment at DOH Central Office.
- b. Orders and Instructions – the Project Team of each recipient facility shall be responsible for the implementation of the Project. Issuance of Orders and Instructions to the Contractor to ensure adherence to the contract particulars and issues arising within the duration of the Project should be performed
- c. Quality and Time Controls – since the WB-PCERP is emergency in nature, the Project Team of each recipient facility should ensure that the set project turnover date as well as the quality of construction work be strictly met.

4. Full-Time Supervision

- a. The recipient facility shall assign a dedicated Project Team for the duration of the Project; For LGU projects, the CHD and LGU may comprise the Project Team
- b. At least one Team member shall be assigned for daily supervision of the Project. For LGU projects, the CHD must ensure daily supervision through MOA with the recipient facility or assigning staff from the CHD. For quarantine projects, the BOQ may hire personnel for daily supervision, to report directly to the CHD Project Team
- c. Communication – should strictly adhere to the quarantine guideline where the construction is located;
 - Communication protocols- Communications in the form of letters, memoranda, transmittals, mails, emails shall be official and follow the hierarchy of the project organizational structure
 - Weekly technical meeting with the Project Team and Contractor technical personnel must be conducted in modes appropriate with the project location, a record of the minutes of the meeting must be prepared, approved, and kept by the Project Team
 - Monthly management meeting with Hospital Management Committee/CHD Project Management Committee, Project Team, and Contractor must be conducted in modes appropriate with the project location, a record of the minutes of the meeting must be prepared, approved, and kept by the Committee and Project Team

5. Use of Savings

- a. Savings may be used for the Project
- b. Additive Works using savings but without Time Extension

H. Close Out

1. Testing and Commissioning of the HVAC system for the Isolation Rooms as well as in Laboratories, when provided
2. Certificate of Completion – a document issued by an architect, engineer, or other qualified inspector attesting that the project has been completed in conformity with all plans and specifications
3. Final Billing – could be the last invoice, sent after the project is completed
4. As-built drawings
 - a. one (1) complete set as-built plans (on tracing paper. reproducible copy)
 - b. one (1) complete set of as-built plans (blueprint copy)
 - c. one (1) set of an electronic file of the as-built plans (CADD editable file)
5. One (1) set of Operations and Maintenance Manual, in a book and printed in A4 size paper, of all equipment and machineries installed, incorporating the technical literature as designed and as actually installed. The O & M information shall be system-specific, concise to the point, and tailored specifically, to the facility.
6. One (1) set original and four (4) set duplicate copies of occupancy Permit and
7. Other permits or clearance as may be required

I. Roles and Responsibilities

1. **Health Facilities and Infrastructure Development Team (HFIDT)** shall provide oversight functions to Regional Offices, DOH Hospitals, and LGU health facilities in the implementation of WB-PCERP including the monitoring and evaluation of the status of WB projects.
2. **Administration and Finance Management Team (AFMT)** shall provide guidance and facilitate the release of WB allocation.
3. **DOH Centers for Health Development (DOH-CHDs)** shall be the regional manager and implementing arm for WB projects of LGU's and the Bureau of

Quarantine. They shall provide technical assistance and monitor all WB projects and regularly update HFEP-MO on the status and concerns of the project. The CHDs shall provide oversight to the respective regions. They shall prepare and submit monthly status reports and other data and reports required by HFIDT, HFEP-MO, and BIHC

4. **Health Facilities Enhancement Program Management Office (HFEP-MO)** shall provide technical assistance to WB PCERP and shall specifically oversee the implementation, progress, and tracking of such projects in all recipient facilities. HFEP shall provide appropriate financial assistance to the CHDs for the salaries of the WB Project technical and administrative staff
5. **Bureau of International Health Cooperation (BIHC)** – shall be the overall coordinator and secretariat of the Project
6. **Procurement Service – Central Office Bids and Awards Committee (PS-COBAC)** shall provide procurement services to the Project
7. **Disease Prevention and Control Bureau** – shall be in charge of implementing the Environmental and Social Risk Management Framework to identify the environmental and social risks and propose mitigation measures in the project sites through the Project’s Environmental and Social Risk Management Specialist.

J. Monitoring and Evaluation

1. The HFEP-MO shall provide technical leadership on project M&E. Template for the civil work (See Annex G) shall be provided to all the health facilities before the start of civil works construction. All the monthly reports shall be submitted to the real-time online database of the HFEP-MO.
2. The CHDs, as the managers for field operations, will be complementing the HFEPMO M&E unit in terms of monitoring of the Project Indicators and civil works implementation at the local level. They shall provide technical assistance and monitor all foreign-assisted projects and regularly update HFEP-MO on the status and concerns of each recipient facility under their jurisdiction.
For the Project, respective CHDs will designate 3 staff (1 architect, 1 mechanical engineer, and 1 admin staff) to help in the monitoring of the civil works on the ground (See Annex H for the qualifications). The DOH-Central

Office allocated funds to hire these additional positions for the foreign-assisted projects for FY 2020.

3. The DPCB Project Staff shall monitor and evaluate the implementation of the ESMF through the ESMP or ECOP and LMP as well as observe the Grievance Redress Mechanism in the project sites. The ESMP or ECOP, LMP, and Contractor's Personnel GRM will be continuously updated by the Contractor and project recipient facility as well as the monitoring forms.
4. The Monitoring and Evaluation System Manual (see ANNEX I) serves as a guideline and basis of the overall actual performance of all recipient facilities for the three-year implementation of PCERP. Included in the M&E System manual is the Guidance Note (4.4) on Standard Design for Hospital Isolation and Treatment Centers to Manage Severe Acute Respiratory Infections (SARI) patients and the template for monitoring of isolation facility construction (template A) to be reported by the recipient facility on a monthly basis.

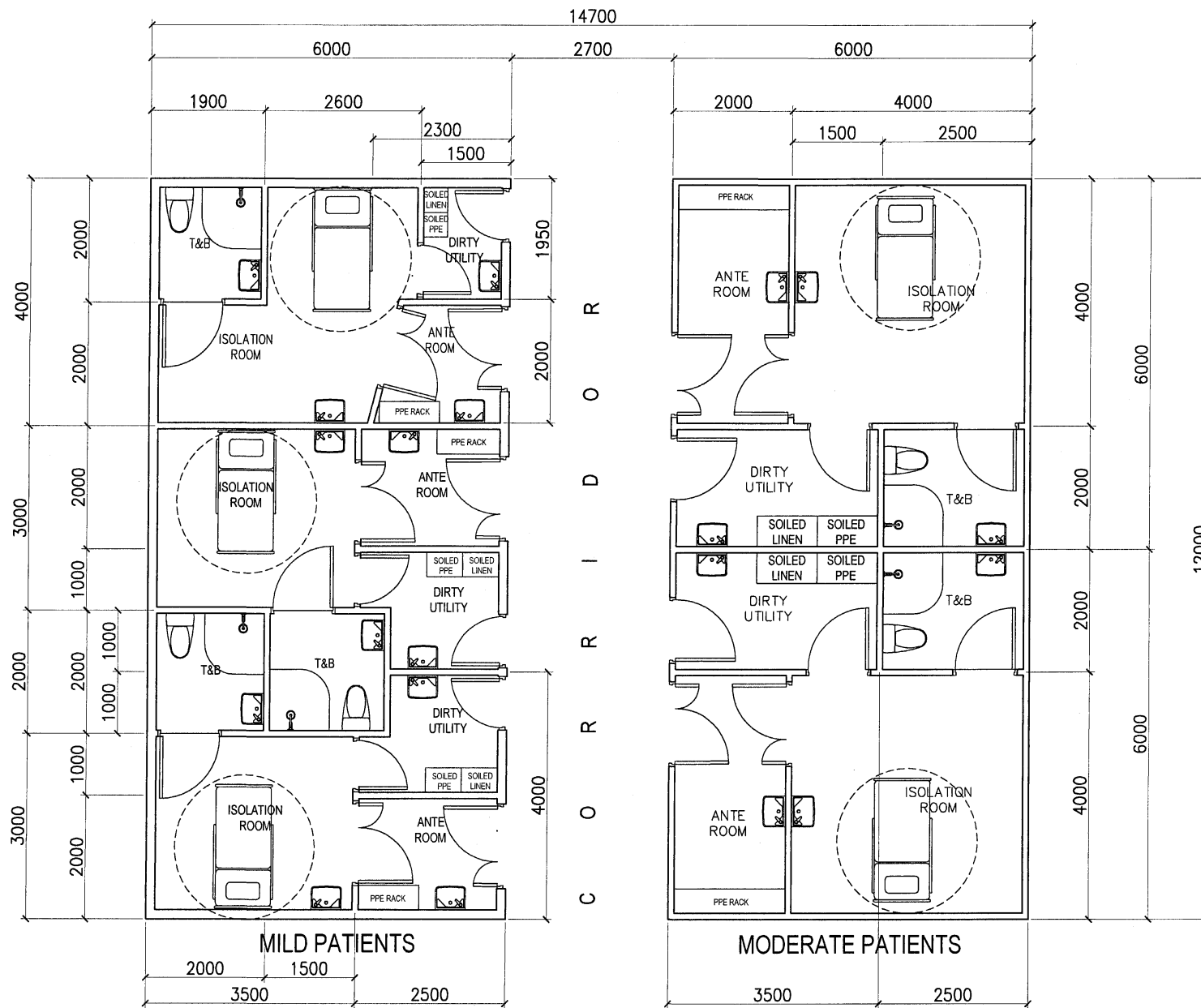
K. Reporting

Monthly status reports on the (1) procurement of various equipment and infrastructure projects shall be prepared by the DOH hospitals, LGU hospitals, laboratories, and quarantine using standard monitoring templates for submission to HFEPMO; and on the (2) ESMF through the ESMP or ECOP, LMP, and Contractor's Personnel GRM for submission to the DPCB. These shall be submitted on or before the 10th day of each month to the HFEPMO real-time monitoring platform and the DPCB.

ANNEXES

“ANNEX A”	Approved DOH Isolation Model
“ANNEX B”	Approved Bureau of Quarantine Facility Model
“ANNEX C”	Individual Costing for all BOQ facilities under the PCERP
“ANNEX D”	Design Guidelines
“ANNEX E”	Complete list of isolation facilities per Region
“ANNEX F”	Complete list of quarantine facilities per Region
“ANNEX G”	Template for the Civil Works construction
“ANNEX H”	Qualifications of Staff to be hired by the CHDs
“ANNEX I”	Monitoring and Evaluation System Manual
“ANNEX J”	Screening Form for Potential Environmental and Social Risks
“ANNEX K”	Environmental and Social Management Plan (ESMP) Template
“ANNEX L”	Environmental and Social Management Plan (ESMP) Monitoring Template
“ANNEX M”	Environmental Codes of Practice (ECOP) Checklist Template
“ANNEX N”	Environmental Codes of Practice (ECOP) Monitoring Template
“ANNEX O”	Labor-Management Procedures (LMP) Template
“ANNEX P”	Labor-Management Procedures (LMP) Monitoring Template

ANNEXES



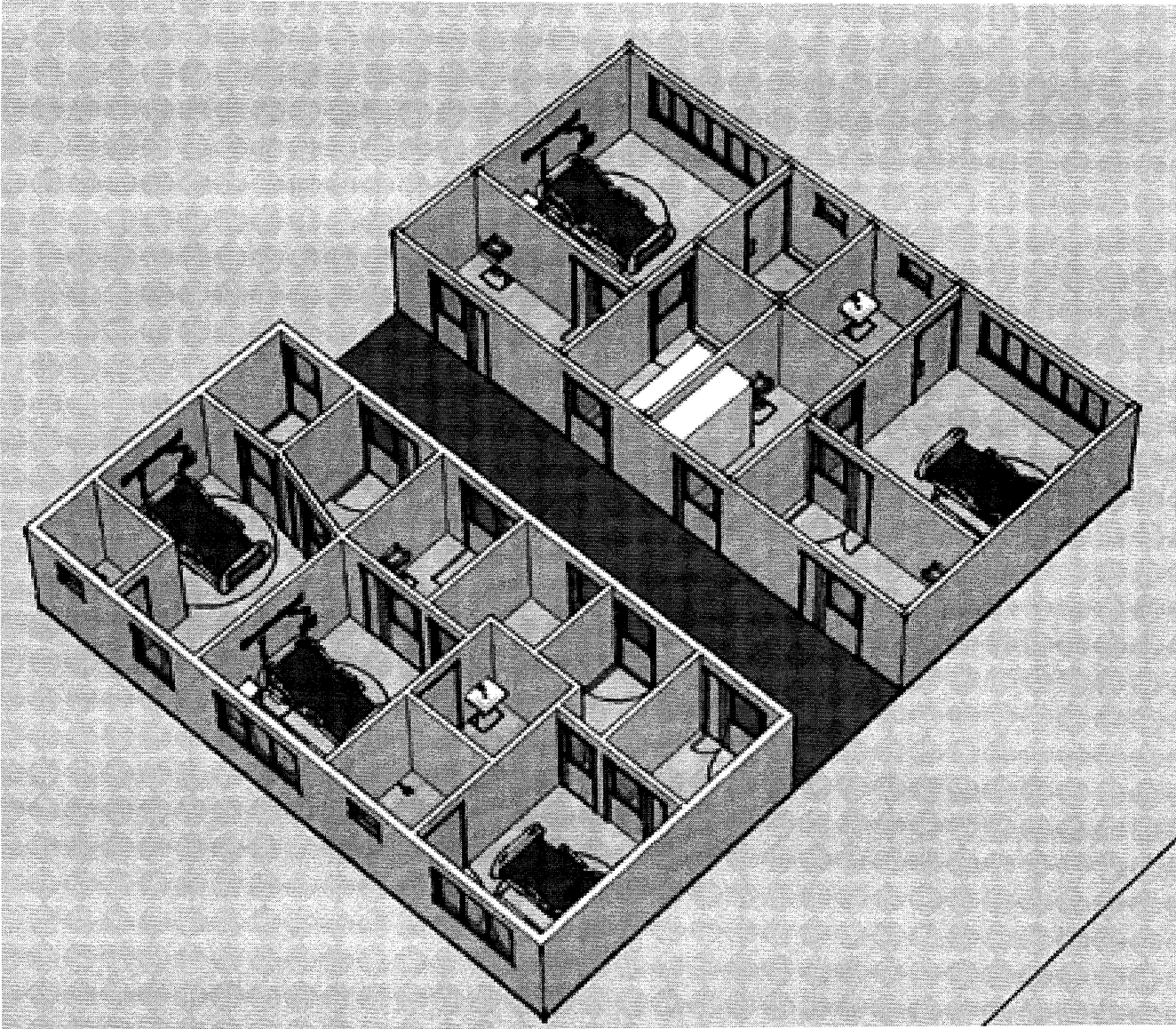
PROPOSED SCHEMATIC PLAN

ISOLATION FACILITY



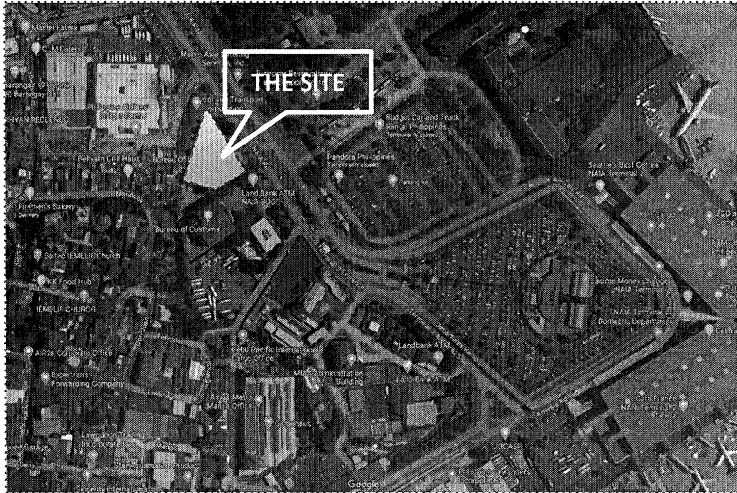
SCALE

1:100 MTS



NCR: Isolation/Holding Area Facility

Location	MIA Road, Pasay City
Coordinates:	14.511061, 121.008296

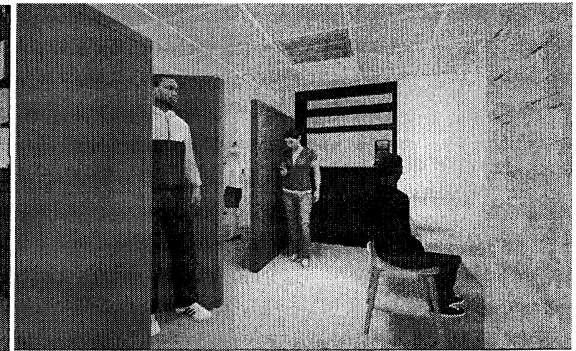
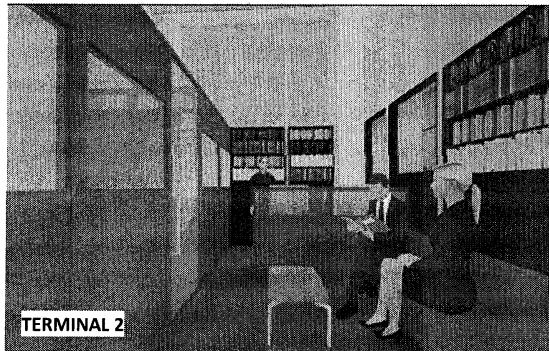
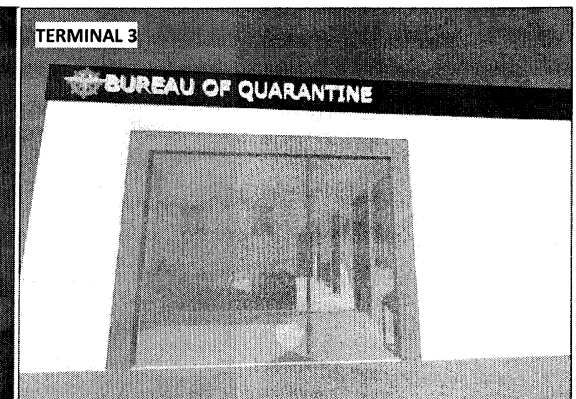
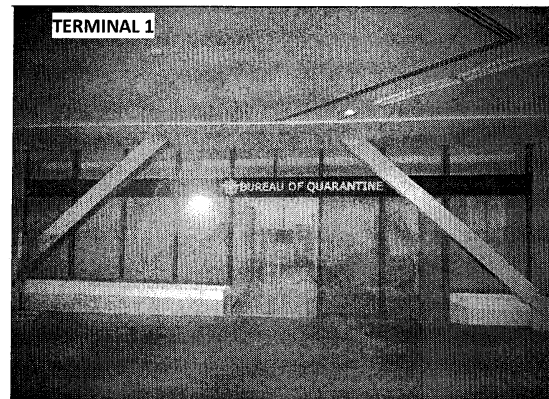
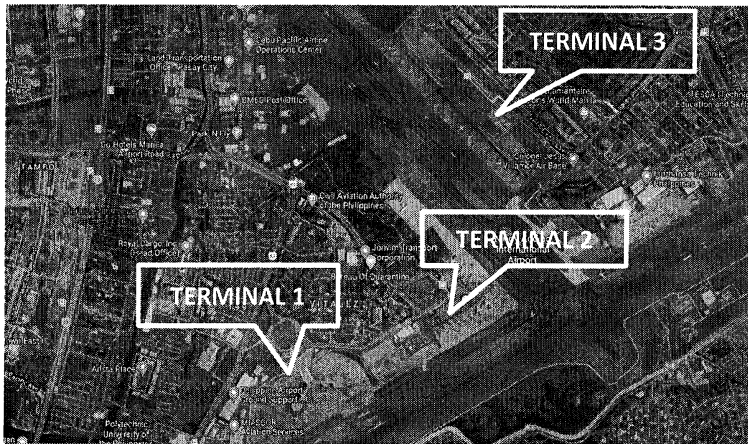


Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Completion of Construction of Isolation/Holding Area Facility (Phase 3)	50,000,000	27,000,000	77,000,000



NCR: BOQ Offices at NAIA Terminals 1, 2 & 3

Location	NAIA, Pasay City
Coordinates:	
Terminal 1	14.505011, 121.004786
Terminal 2	14.510017, 121.013140
Terminal 3	14.519886, 121.013695

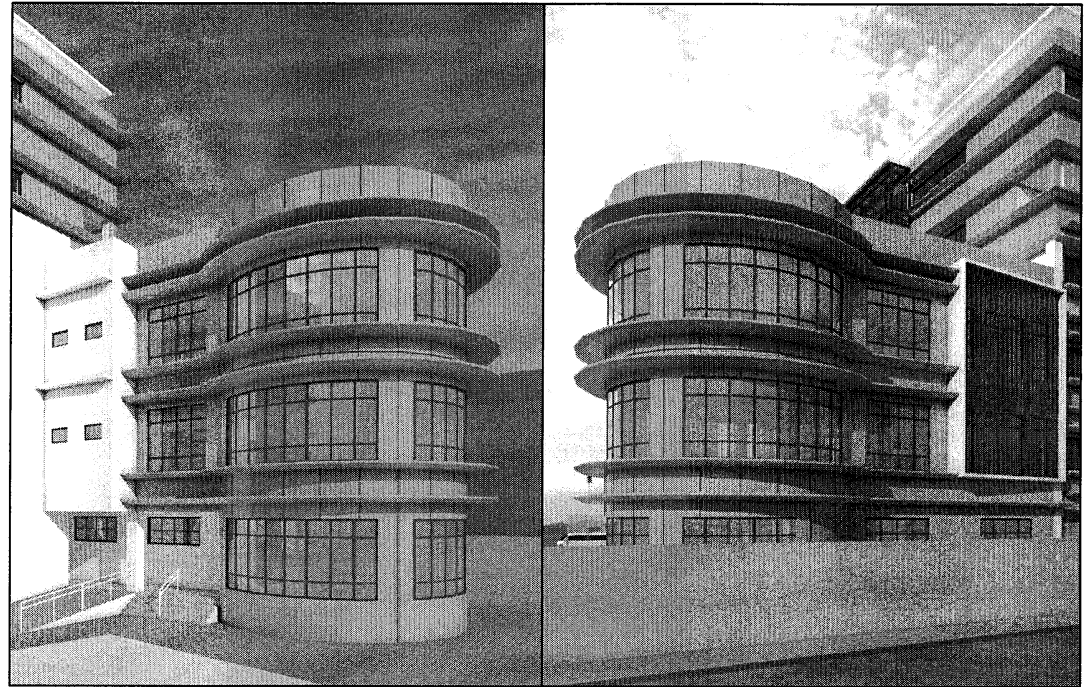
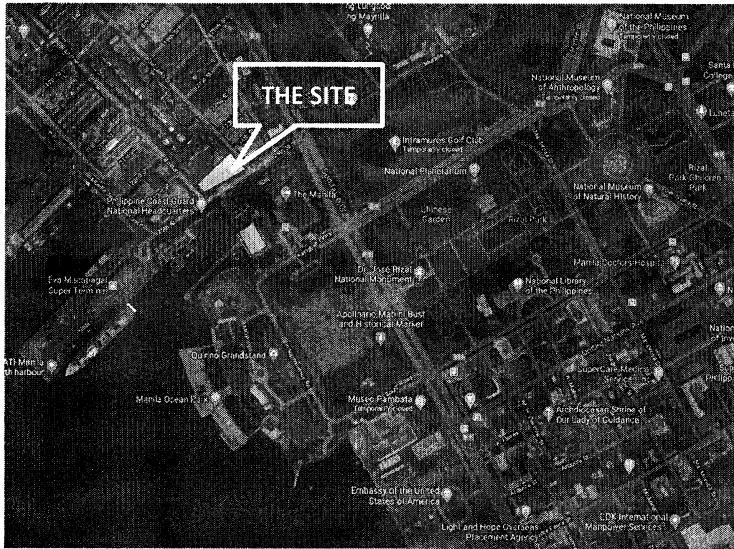


Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Renovation of BOQ Offices in NAIA Terminal 1,2 and 3	-	5,565,035	5,565,035



NCR: BOQ Main Office

Location	Port Area, Manila
Coordinates:	14.583939, 120.972654



Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Completion of Proposed Infrastructure Development of BOQ Main Building (Phase 2)	5,100,000	4,900,000	10,000,000



HEALTH FACILITIES ENHANCEMENT PROGRAM - CENTRAL OFFICE



CHD 5: Tabaco Quarantine Station

Location	Pawa, Tabaco City, Albay
Coordinates:	13.368601, 123.719311



Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Construction of New Tabaco Quarantine Building	44,000,000	29,000,000	73,000,000



CHD 6: Kalibo Quarantine Station

Location	Nalook, Kalibo, Aklan
Coordinates:	11.673876, 122.375955



Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Completion of Proposed Construction of Two (2)-storey Quarantine Station (Phase 2)	5,000,000	18,100,000	23,100,000

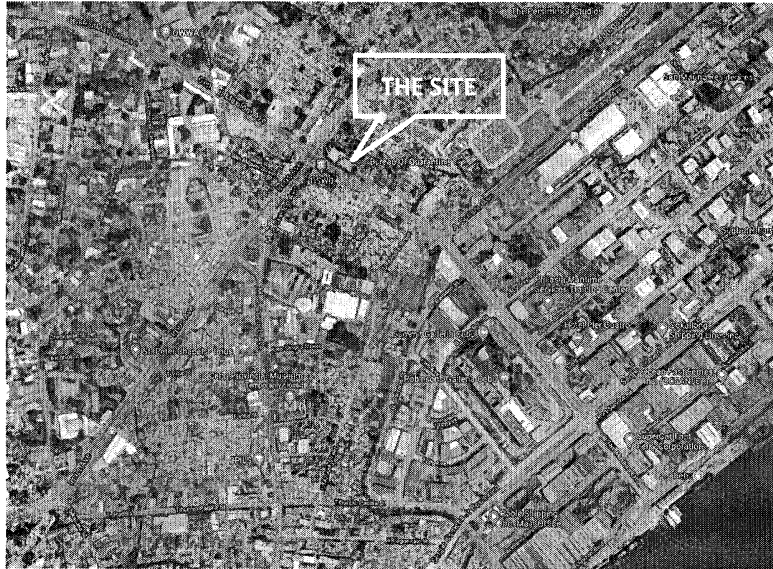


HEALTH FACILITIES ENHANCEMENT PROGRAM - CENTRAL OFFICE



CHD 7: Cebu Quarantine Station

Location	Cebu City
Coordinates:	10.308383, 123.908194

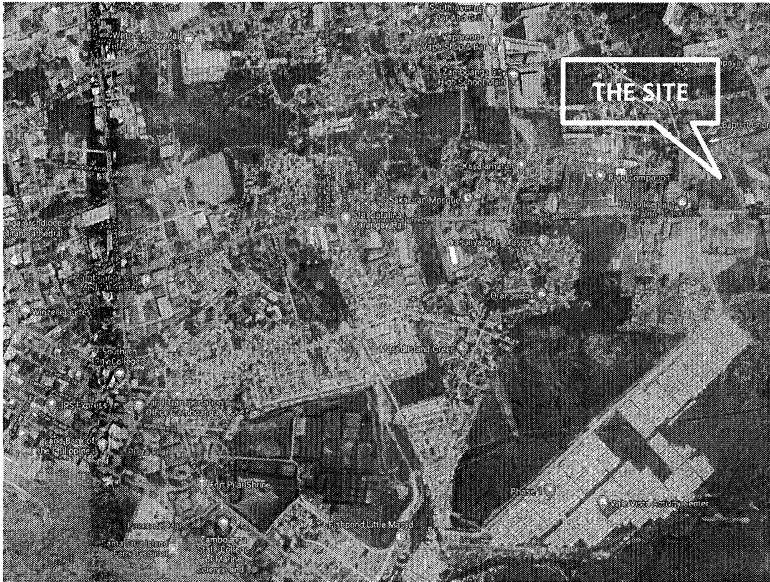


Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Completion of Construction 4-Storey Regional Quarantine Building (Phase 3)	17,100,000	15,000,000	32,100,000



CHD 9: Zamboanga Quarantine Station

Location	Santa Catalina, Zamboanga City
Coordinates:	6.910060, 122.097985



Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Construction of New Zamboanga Quarantine Building	-	97,000,000	97,000,000

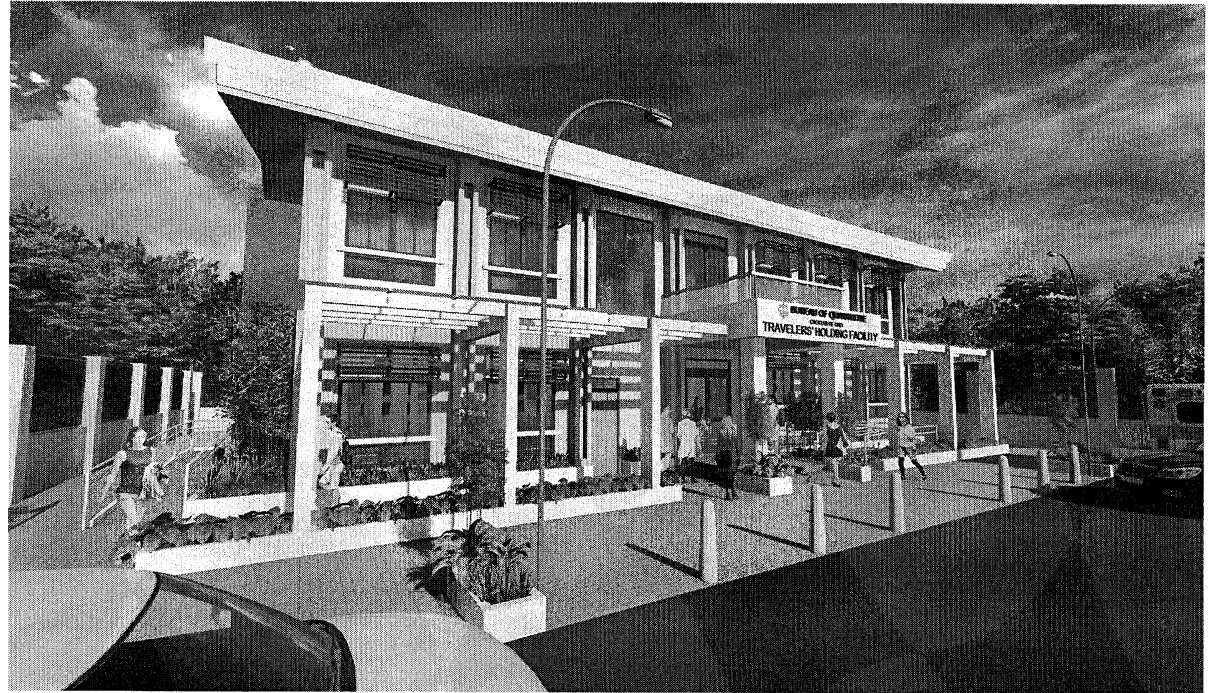
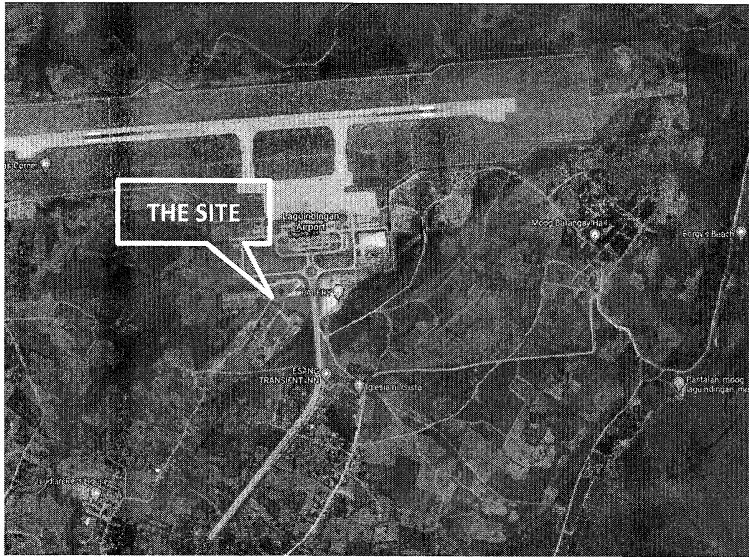


HEALTH FACILITIES ENHANCEMENT PROGRAM - CENTRAL OFFICE



CHD 10: CDO Quarantine Station

Location	Laguindingan, Misamis Oriental
Coordinates:	8.605338, 124.457331



Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Completion of Proposed 2-Storey Cagayan De Oro Quarantine Station (Phase 3)	7,700,000	-	7,700,000



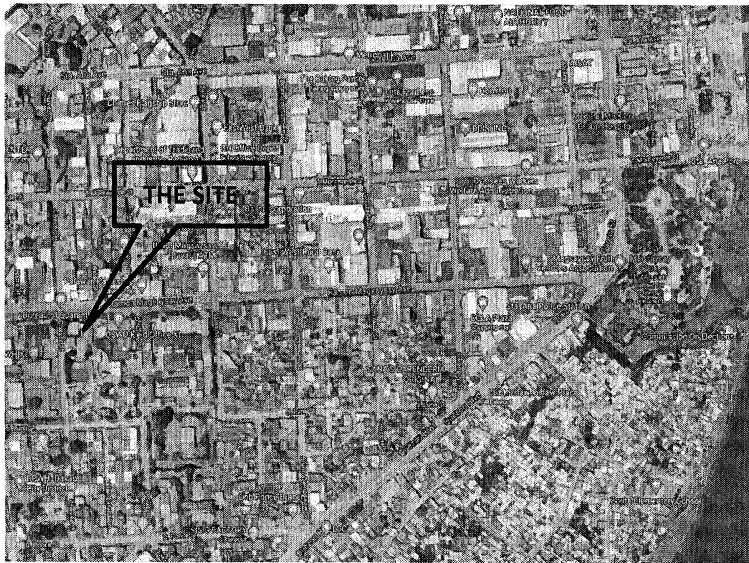
HEALTH FACILITIES ENHANCEMENT PROGRAM - CENTRAL OFFICE



CHD 11: Davao Quarantine Station

Location Ramon Magsaysay Ave. Cor. Chavez St., Davao City

Coordinates: 7.073669, 125.617774



Project Title	Amount		
	CY 2021	CY 2022	TOTAL
Completion of Proposed 2-Storey Cagayan De Oro Quarantine Station (Phase 3)	7,100,000	15,000,000	22,100,000



HEALTH FACILITIES ENHANCEMENT PROGRAM - CENTRAL OFFICE



Department of Health - OFFICE THE SECRETARY (DOH-OSEC)
 WB Emergency Response Project (ERP) for COVID-19
 Detail Breakdown of Quarantine Facilities

Region	Recipients	Amount in PHP	Amount		Total	Status
			CY 2021	CY 2022		
NCR	(Pasay BOQ) - Completion Phase 3	77,000,000	50,000,000	27,000,000	77,000,000	
NCR	Construction of BOQ Main Building Phase 2	10,000,000	5,100,000	4,900,000	10,000,000	
NCR	Renovation of BOQ Offices in NAIA Terminal 1,2,3	5,565,035		5,565,035	5,565,035	
V	Tabaco, Bicol- New Construction	50,500,000	44,000,000	29,000,000	73,000,000	
VI	Cebu Completion Phase 3	45,000,000	17,100,000	15,000,000	32,100,000	
VI	Kalibo - Completion Phase 2	15,000,000	5,000,000	18,100,000	23,100,000	
IX	Zamboanga - New Construction	50,000,000		97,000,000	97,000,000	
X	Cagayan de Oro - New Construction Phase 2	34,500,000	7,700,000		7,700,000	
XI	Davao - Completion Phase 4	60,000,000	7,100,000	15,000,000	22,100,000	
TOTAL		347,565,035	136,000,000	211,565,035	347,565,035	

PROJECT : ENHANCING ISOLATION FACILITIES UNDER WB-PCERP
RECIPIENTS : DOH LEVEL-3 HOSPITALS, LGU PROVINCIAL HOSPITALS, SELECT
LEVEL-2 HOSPITALS
LOCATION : VARIOUS
SUBJECT : DESIGN GUIDELINES

A. ARCHITECTURAL DESIGN

I. Codes and Standards

The Architectural Works shall be in accordance with the following Laws, Codes and Standards.

• Laws and Codes:

1. National Building Code of the Philippines and its Latest and Amended IRR with annexed Green Building code of the Philippines
2. RA 9266 or Architecture Law and its Latest and Amended IRR
3. RA 4226 or Hospital Licensing Act and its Latest and Amended IRR
4. BP 344 or Accessibility Law and its Latest and Amended IRR
5. AO 35, s. 1994 or AO Pertaining to the Control of Radiation Hazards
6. RA 9514 New Fire Code of the Philippines
7. Existing Local Codes and Ordinances.
8. And other Laws that applies to the projects

• Standards:

1. Bureau of Product Standards (BPS)
2. Underwriters Laboratory (UL)
3. DOH Technical Guidelines for Hospital & Health Facilities Planning and Design

II. General Drawing Guidelines

1. General

- All drawings shall be computer-drafted. Drawings shall be submitted both in printed and electronic copies.
- Keep the same orientation for all plans. The north orientation shall be indicated in all architectural floor plans. The orientation of the architectural plans shall be consistent with all the engineering plans.
- Existing buildings and new works shall be clearly indicated and labeled in the site plans.
- Detailed plans shall have a scale not smaller than 1: 50 meters.
- Spot detailed plans, elevations, and sections shall have a scale not smaller than 1: 10 meters.
- Avoid notes such as 'see architectural detail' or 'see structural'. Always refer with a callout to the specific detail drawing and sheet number.

2. Perspective

- In the most appreciable scale, show the entire structure's façade or prominent feature/s; include appropriate elements to scale the structure's volume (eg human figures, vehicles, trees and vegetation, adjacent structure/s).

3. Site Development Plan

- The site development plan shall have a scale not smaller than 1:400 meters and shall show the structures in relation to each other and its natural or built surroundings.
- Site Development Plan shall include the following:
 - a. Contour and survey of the lot, including bearing and distance of the property line
 - b. Road network and curbs and sidewalks
 - c. Parking spaces
 - d. Reference location of existing trees
 - e. Reference location and footprint of existing buildings, with the corresponding building names and dimensions, including distances between adjacent buildings, and distances between buildings and the nearest property line
 - f. Reference location of utilities, e.g. water reservoirs, septic tank, wastewater treatment plant, powerhouse, transformers, waste storage area, security outposts and waiting sheds
 - g. Site furniture and other site features
- Identify building/structure name and its corresponding number of storeys/levels
- Reflect modules and total dimension of structures
- Indicate dimensions of all other site elements.

4. Vicinity Map/Location Plan

- Locate the project site in a vicinity map (at least 2 kilometer radius) showing districts/political subdivision, major landmarks, institutions, major thoroughfares
- Locate the project site in a location map (at most 2 kilometer radius) showing major and minor road networks, establishments, markers, etc.

5. Floor Plan

- All floor plans shall use a minimum scale of 1:100m. The same scale shall be used for the rest of the architectural, structural, sanitary, plumbing, electrical and mechanical plans, except for each trade's site plan, detailed plans and spot details.
- For renovation/modification works involving the existing structure, indicate architectural and structural elements to be retained, demolished/removed, blocked off, constructed or relocated.
- Unless areas are indicated for blow-up details, indicate dimensions for all floor plan elements.
- Include furniture/fixture/equipment layout in the plan
- Indicate with boxed room callout numbers, including the callout for floor finishes and wall finishes.
- Elevation callouts shall be indicated on the floor plans and shall be consistent with the elevation drawing.
- Section line callouts shall be consistent with the section drawing.

- Detail callouts shall be consistent with the blow-up/spot detail drawings.
- Other callouts may be used for toilets, stairs, cabinets, etc.
- Floor elevations shall be indicated in the floor plans. This shall be in reference to the natural grade line or the established finished floor lines of the adjoining existing buildings.
- Door callouts shall be circles with the proper numbering, e.g. D-01.
- Window callouts shall be hexagons with the proper numbering, e.g. W-01.

6. Elevations

- Provide at least four elevations. However, if structure is clustered (polygonal or with interior openings), provide elevations for all exterior walls.
- Indicate measurements for finish floor levels and notable building heights (eg roof/s, parapet/s, canopies, spires, towers and other projections) where applicable
- Indicate measurements for other surface features/elements.
- Finish floor lines and top of truss/roofdeck lines shall be consistent to all the elevations, sections and structural plans and details.
- The height from finish ground line to finish ground floor line shall be higher than the recorded flood level of the area for the past five (5) years
- Indicate all wall finishes, detail callouts for spot details.

7. Sections

- Provide at least two sections. However, if structure is clustered (polygonal or with interior openings), provide additional sections to show notable features.
- Indicate measurements for finish floor levels, ceiling heights, wall heights and other notable dimensions
- Indicate interior wall finishes, detail callouts.

8. Roof Plan

- Indicate roof finish/es, slope and slope direction.
- Indicate gutter finish, if applicable.
- Indicate exterior building wall line (hidden line).
- Indicate downspouts, if applicable
- Provide details for gutters, downspouts

9. Reflected Ceiling Plan

- Indicate on plan ceiling finishes, lighting and other ceiling fixtures and accessories.
- Ceiling height relative and in reference to the finish floor line shall be indicated in the reflected ceiling plan in each room with boxed dimensions. This is to ensure that the ceiling heights of all rooms are established whether or not reflected in the sections.
- The description and location of the fixtures, e.g. lighting, smoke detectors, air-condition vents, exhaust fans, in the reflected ceiling plan shall be consistent with the electrical and mechanical plans.
- Provide details for ceiling features, where necessary.

10. **Stairs, Fire escape exit, Ramps**
 - Present blow-up plan including detail section/elevation and spot details for all stairs, fire exits, ramps on a scale of not smaller than 1:50m. Indicate dimensions and finishes.
11. **Toilets, Baths, Washing area/room**
 - Present blow-up plan including detail section/elevations (to show all sides of the room) and spot details on a scale of not smaller than 1:50m. Indicate dimensions, elevations, clearances, center lines, slopes, fixture type, finishes and accessories.
 - Provide fixture detail and accessories including mounting heights from finish floor levels.
12. **Specialized Design**
 - Provide detailed/shop drawings for built-up or pre-assembled partitions, cabinets, closets, counters, lockers, etc.
13. **Bay Section**
 - Provide bay section/s of scale not smaller than 1:50m for exterior walls showing in detail, systems, connections for the entire vertical length from basement/ground to topmost elements (roof, parapet, deck)
14. **Special Rooms**
 - Provide blow-up plans, elevation/section and details on a scale of not smaller than 1:50 all rooms with special design and construction considerations examples of which are Negative Pressure Rooms, Laboratories and other rooms with Utility system requirements.
15. **Doors and Windows**
 - Provide Door and Window schedules indicating the type of door or window, the number of sets, the location/s of the door or window, the materials and accessories and other special specifications, e.g. color or finish, operation system and the detailed elevation and plan (where necessary).
16. **Schedule of Materials**
 - In matrix form, identify floor, wall, ceiling, counter and other accessories/ornaments finish for all rooms/areas on plan.

III. Building Design Guidelines

1. Overall Layout

- a. Isolation Room composed of airlock ante room, bedroom with T/B and airlock dirty utility room
- b. Ante room for transfer of supplies, equipment and persons with handwashing facilities and storage of PPE for donning
- c. Dirty Utility for doffing of PPE and exit of persons, soiled linen and wastes
- d. Clearances for stretcher, wheelchair, furniture and medical equipment
- e. Toilet/Bath door visible to the patient while in bed
- f. Large T/B door openings to accommodate patient and attached equipment
- g. No equipment or other obstruction in the path from bed to T/B
- h. Clear path to move bed in/out of room
- i. Nature view out of window in patient's line of sight
- j. Direct and short visual sightline to patient from corridor (ability to see patient's head)
- k. Room layout that minimizes walking distance from nursing stations to patient bed
- l. Minimum visual obstacles between nurse station and patient head (e.g. glass doors, windows on doors)

2. Flooring

- a. Flush flooring transitions, provide leveling where necessary
- b. Flooring stable, firm and slip-resistant especially around water usage (T/B, sink)
- c. Minimum joints and seams to ensure that sharp edged objects, like walking sticks or heels, do not cause trips
- d. Low reflectance value of finish to minimize glare
- e. Low contrast in flooring patterns
- f. Smooth surface with minimum perforations and crevices
- g. Minimum ridges or reveals that could serve as dust collectors
- h. Coved right angles between wall and floor
- i. Joints and seams treated for easy cleaning/maintenance
- j. Floor does not scratch/scuff easily
- k. Materials prevent the growth of mildew and mold due to moisture retention
- l. Materials with high life cycle performance: minimum wear and tear over time; sustaining recommended cleaning protocols
- m. Minimum emission of volatile organic compounds (VOC's)
- n. Low toxicity of materials used
- o. Anti-bacterial finishes

3. Wall

- a. Use of dry construction for new walls
- b. Supported path (e.g. handrail) from bed to T/B
- c. Smooth surface with minimum perforations and crevices
- d. Minimum ridges or reveals that could serve as dust collectors
- e. Wipe-able/Washable, easy to clean/disinfect; high touch surfaces with minimal joints/seams in the room
- f. Non-glare finishes
- g. Wall construction and finish blocking/absorbing sound from outside, corridor and adjacent rooms
- h. Minimum emission of volatile organic compounds (VOC's)

- i. Low toxicity of materials used
- j. Anti-bacterial coatings/finishes

4. Ceiling

- a. Minimum ceiling height 2.40m to allow for mechanical ducting in ceiling
- b. Preferably monolithic construction with well-sealed penetrations, provide sealed-edge maintenance manholes
- c. Alternative use of sturdy supported acoustic tiles with integrated seals
- d. Smooth surface with minimum perforations and crevices
- e. Minimum ridges or reveals that could serve as dust collectors
- f. Sound-absorbing materials to reduce overall background noise level
- g. Non-glare finishes
- h. Alternative use of sturdy supported acoustic tiles with integrated seals
- i. Minimum emission of volatile organic compounds (VOC's)
- j. Anti-bacterial coatings/finishes

5. Window

- a. Retained windows provided with seals
- b. Operable windows
- c. Accessible daylight to patient
- d. Presence of windows (with controlled shades)
- e. Large windows for natural daylight and window views
- f. Non-institutional looking finish materials
- g. Minimize glare
- h. Prevention of patient being viewed from outside through exterior windows
- i. Solar shading where necessary

6. Door

- a. Ante Room/Airlock doors with closing mechanism preferably with an interlock device
- b. Swing doors, single or double leaf
- c. Doors with seals at top and sides including at astragal for double doors
- d. Doors provided with view glass
- e. T/B door visible to patient while in bed
- f. Wipe-able/Washable, easy to clean/disinfect; high touch surfaces with minimal joints/seams (e.g. door knobs)
- g. Smooth surface with minimum perforations and crevices
- h. Minimum ridges or reveals that could serve as dust collectors
- i. Door warrantied for a long time

7. Lighting

- a. Night-lighting located between bed and T/B
- b. Minimum ridges, reveals or horizontal surfaces on objects that could serve as dust collectors
- c. Natural and artificial lighting for patient monitoring and assessment
- d. Lighting enabling caregiver to check on the patient and equipment (e.g. IV pump) during the night without disturbing patient
- e. Lighting at point of care and around patient bed for detailed examination of patient
- f. Lighting to support patient care activities in the room without disturbing the patient at all times of day/night
- g. Non-institutional looking finish materials (e.g. subtle/soft contemporary color, texture variety)

B. SANITARY/PLUMBING DESIGN

I. CODES AND STANDARDS

The Sanitary/Plumbing Design shall be in accordance with the following Codes and Standards.

- **Codes:**

1. National Building Code of the Philippines and Its New IRR
2. Fire Code of the Philippines
3. Uniform Plumbing Code of the Philippines (UPCP)
4. National Plumbing Code of the Philippines (NPCP)
5. Sanitation Code of the Philippines
6. Existing Local Codes and Ordinances.

- **Standards:**

1. Bureau of Product Standards (BPS)
2. Philippine National Standards for Drinking-Water
3. DOH National \ Laboratory (NRL)
4. DOH Health Care Waste Management Manual
5. National Water Resources Board (NWRB)
6. National Plumbers Association of the Philippines (NAMPA)
7. Philippine Society of Sanitary Engineers, Inc. (PSSE)

II. BUILDING FACILITIES SANITARY/PLUMBING SYSTEM

Plumbing Fixtures

Provision of new Plumbing Fixtures (Modern type BPS Approved)

Sewer line / wastewater line and Vent System

Provision of new:

- Sewer line / wastewater line and vent system to all fixtures laid by gravity flow.
- Floor drains for every water closets.
- Exhaust vent cap to all ends of vent stacks.
- Pipe hangers and brackets every 1.219 meter.
- Grease trap/oil interceptor for every pantry sink.
- Tap to nearest branch of sewer line leading to the Sewage Treatment Plant (STP).
- For Drainage Fixture Units; refer to UPCP / NPCP.

Water System (Potable water)

Provision of new:

- Potable water supply system to all new fixtures (except water closets and Urinals).
- Potable electric water heaters to all shower areas or selected Areas as required and or specified by the Owner.
- Hammer arrester for every supply of fixture.
- Control/isolation valves for every group of fixtures.
- Bidet / Spray hose (note: No cross connection to non-potable water line)
- Stainless Steel Elevated Water Tank, booster/jet pump, bladder tank and accessories. (when necessary)
- Water storage tank / Cistern tap to potable water supply with housing for pumps. (when necessary)
- Pipe hangers and brackets every 1.219 meter.
- Labelling of pipes, "POTABLE WATER" every 6 meters.
- Per capita water demand: 190-315 gal/capita/day per bed

Rain Water System (Non-Potable Water) (for Water Closet and Urinals):

Provision of new:

- Non-potable water supply system to all water closets including trims and fittings.
- Hammer arrester for every supply of fixture.
- Install control/isolation valves for every group of fixtures as indicated.
- Provision of Stainless Steel Water Tank, booster/jet pump, bladder tank and accessories. (when necessary)
- Rain water storage tank / cistern tap to downspouts with potable water bypass line above the cistern. Pipe hangers and brackets every 1.219 meter.
- Labelling of pipes, "NON POTABLE WATER, DO NOT DRINK" every 6 meters and every outlet.

Storm Drainage System (when necessary)

Provision of new:

- Storm drainage system to all roofs, canopies, concrete ledges and balconies.
- Maintain minimum slope of 1%-2% of pipe laying.
- Pipe hangers and brackets, 2 for every floor.

Condensate Drain/Air Conditioning Drain System

Provision of new:

- Air conditioning drain system to all air conditioning unit including trims and fittings.
- Pipe hangers and brackets every 1.219 meter.
- Tap to nearest drain or drainage as indirect waste connections / provided with air gap or provision of separate riser to accommodate all air-conditioning unit.

Others

- a. Provision and installation of face mirror every lavatory.
- b. All sanitary design works shall be evaluated to the fullest satisfaction of the DOH / World Bank representative / Sanitary Engineer in-charge and to the owner.

MATERIAL REQUIREMENTS

This item shall consist of furnishing all materials, tools, equipment and fixtures required as shown on the Plans for the satisfactory performance of the entire plumbing system including installation in accordance with the latest edition of the National Plumbing Code, and this specification.

Plumbing Fixtures

- a. Water Closets shall be electronic sensor flush type, elongated, Free Standing Combination round front bottom outlet siphon vortex or wash-down bowl with jet round front with close coupled tank with cover with complete fittings and mounting accessories.
- b. Lavatories shall be Semi-Pedestal Type, Wall hung lavatory with rear overflow and cast-in soap dishes pocket hanger and integral brackets complete with faucets, supply pipes, P-trap and mounting accessories.
- c. Wash sinks / Lavatories at Anti-room shall be Semi-Pedestal Type, Wall hung lavatory with rear overflow, integral brackets complete with sensor type faucet, supply pipes, P-trap, mounting accessories and Sensor operated Soap Dispenser.
- d. Urinals shall be ceramic elongated oval type, wall hung with Electronic Sensor Flush valve.
- e. Dual Shower Faucet shall be stainless steel with flexible shower hose and wall mount shower head.
- f. Sink shall be Stainless Steel with drain board and C-spout faucet complete with supply fittings, strainer traps and other accessories, fitted to actual requirement.
- g. Floor drains shall be stainless steel concealed type.
- h. Slop sink faucet shall stainless steel movable C-spout design.
- i. Portable electric water heater shall be

Potable Water System

- a. Inlet and outlet pipes shall conform to the latest edition of the National Plumbing Code.
- b. Pipes shall be PP-R (Random Copolymerized Polypropylene) PN25 (Hot and Cold) Fusion Weld Polypropylene Pipe conforming to specification requirements including Trims and Fittings. (use light-colored pipe)
- c. Gate valves shall be PPR.
- d. Hammer arrester shall be copper piston type.
- e. Bidet / Spray hose shall be heavy duty stainless steel
- f. Stainless Steel Elevated Water Tank, booster/jet pump, bladder tank and accessories shall conform to the design capacity.
- a. Water storage tank / Cistern shall be reinforced concrete or high density polyethylene tap to potable water supply with housing for pumps.

Non-Potable Water System

(for Water Closet and Urinals):

- a. Inlet and outlet pipes shall conform to the latest edition of the National Plumbing Code.
- b. Pipes shall be PP-R (Random Copolymerized Polypropylene) PN25 (Hot and Cold) Fusion Weld Polypropylene Pipe conforming to specification requirements including Trims and Fittings. Hammer arrester for every supply of fixture.
- c. Gate valves shall be PPR.
- d. Hammer arrester shall be copper piston type.
- e. Stainless Steel Water Tank, booster/jet pump, bladder tank and accessories shall conform to the design capacity for water closets and urinals.
- f. Water storage tank / Cistern shall be reinforced concrete or high density polyethylene tap to potable water supply with housing for pumps.

Sewer line / wastewater line and Vent System

- a. Sewer, wastewater line and vent pipes shall be Unplasticized Polyvinyl Chloride (uPVC) extra series 1000 or Heavy duty including Trims and Fittings.
- b. Cleanouts shall be heavy duty stainless steel or Brass with counter sunk plug or screw type locks
- c. Floor Drains shall be High Quality Stainless concealed type
- d. Exhaust vent cap shall be stainless steel.
- e. Grease trap / oil interceptor shall be stainless steel type with provision for floating fats and oil and screening and settling of other solids prior to outlet of wastewater.

Storm Drainage System (when necessary)

- a. Downspouts shall be uPVC extra series 1000 or Heavy duty including Trims and Fittings. Round and Square/Rectangular type. Preferably Square/Rectangular type for exposed areas.
- b. Drainage Pipes shall be 250mm dia. and below, Non-Reinforced Concrete Pipe (NRCDP)
300mm dia. and above, Reinforced Concrete Pipe (RCDP)
- c. Drainage Manholes shall be Street Inlet, Curb Inlet, Traffic Type Reinforced Concrete Area drain/Catch Basin, Reinforced Load Bearing CHB
- d. Manholes shall be Traffic Type Reinforced Concrete with Standard Cast Iron Cover
- e. Cleanouts shall be heavy duty stainless steel or Brass with counter sunk plug or screw type locks or heavy duty uPVC.
- f. Deck Drains / Gutter Drains shall be dome type high quality Stainless Steel.
- g. Trench Grating shall be Stainless Steel

Condensate Drain/Air Conditioning Drain System

- a. Pipes shall be heavy duty uPVC blue including Trims and Fittings, compliant with PNS 65: 1993
- b. Funnel type drain shall be stainless steel.

C. ELECTRICAL DESIGN

I. Codes and Standards

The Electrical System Design Parameters shall be in accordance with the following Codes and Standards.

- **Codes:**
 1. Philippine Electrical Code
 2. National Electrical Code
 3. Fire Code of the Philippines
 4. National Building Code of the Philippines and Its New IRR
 5. Existing Local Codes and Ordinances

- **Standards:**
 1. Bureau of Product Standards (BPS)
 2. Underwriters Laboratory (UL)
 3. National Fire Protection Association
 4. International Electro-Technical Commission (IEC)
 5. Illumination Engineering Society (IES)
 6. National Electrical Manufacturer's Association (NEMA)
 7. DOH Manual on Technical Guidelines for Hospital and Health Facilities Planning and Design

II. Site Works

Based on the Master Site Development of the Hospital, the Site Works shall provide complete Electrical layout of the following:

1. Substation/Power House to the upgrading of the proposed structures.
2. KVA rating and other specifications of Transformer.
3. Switchgear and ATS requirements
4. Panelboard Layout
5. Electrical Metering Devices
6. Service Conductors and Conduit Layout
7. Grounding System
8. Emergency Standby Generators

III. Building Facilities Electrical System

1. **Lighting System**
 - Provide and install adequate normal branch circuits for Lighting System to all areas using the standard Lighting Design Analysis. Utilize the standard Illumination requirements per area of concern using the preferred particular type of luminaires.

2. **Power System**
 - Provide and install adequate normal branch circuits for the Power System.

3. **Standby/Emergency System**
 - Provide and install adequate life safety and critical emergency branch circuits for lighting or utilization equipment connected to the alternate power source.
4. **Auxiliary System**
 - Provide and install the following Auxiliary System:
 - a) Communication System
 - Telephone System
 - Local Area Network System
 - Public Address Paging System
 - Private Branch Exchange (PABX)
 - Nurse Call System
 - Master or Cable Antenna Television
 - b) Fire Alarm System
 - c) Security System.
5. **Lightning Protection System**
 - The building lightning protection system shall include roof-mounted air terminals grounding conductors, ground rods, conduits, clamps, and auxiliary equipment as required for a complete and operational lightning protection system.

IV. Provide Details of the following:

1. Lighting Fixtures/Luminaries
2. Panelboard and Circuit Breakers
3. Switchgear and other Metering Devices
4. Electrical and Hospital Equipment
5. Installation and Termination of Auxiliary and other Special Devices and Equipment
6. Power and Telephone Hand holes (as may be required)
7. Pedestal and Service Entrance to Bldg.
8. Grounding System Layout
9. Substation/Power House and Electrical Room
10. Transformer and Generator Mounting
11. Others as may be required.

V. Summary of Materials

1. **General Lighting Luminaries:** Fixtures type shall be as indicated on the Lighting Layout Plan.
 - Fluorescent Lamp shall be LED Panel or LED compact fluorescent tube lamps, or
 - Fluorescent Lamp shall be Linear, circular or self-ballasted compact fluorescent lamps.
 - Fluorescent lamps shall be cool or warm white and lamp holders shall be made of thermosetting plastic.
 - Fluorescent Ballast: Magnetic or Electronic type with high power factor or high frequency energy saving type.
 - Fluorescent Fixture housing shall be steel sheet with high reflectance powder coat paint finish.

- Downlights and Pin lights shall be of heavy gauge spun aluminum equipped with lamp as indicated on the drawings.
- Other Special Lighting requirements shall be as approved by the implementing agency.

2.Wiring Devices: Wiring devices shall be non-automatic control devices, the contact is guaranteed by the pressure of the special spiral springs.

- Switches shall be of 15A, 250V or 300V except as otherwise noted and approved. Terminals shall be screw-type or quick-connected type.
- General use receptacle shall be 15A, 240V grounding type unless otherwise indicated on the drawings.
- Special purpose receptacles shall be as called for on the drawings. Matching plugs shall be supplied.

3.Panelboards and Circuit Breakers: The Panelboard and Circuit Breakers shall be equipped with molded-case circuit breakers and shall be the type as indicated in the panelboard schedule and details.

- Provide molded-case circuit breakers of frame, trip rating and interrupting capacity as shown on the drawings. The circuit breakers shall be quick-make, quick break, thermal-magnetic, trip-indicating and shall have common trip on all multiple breakers with internal trip mechanism.
- All current-carrying parts of the panelboards shall be plated. Provide solid neutral (S/N) assembly when required. The assembly shall be isolated from the enclosure.

4.Electrical Conduits, Boxes and Fittings: All conduits, boxes and fittings shall be standard rigid steel, zinc coated or galvanized.

- Rigid Steel Conduits (RSC)
- Rigid Metal Conduits (RMC)
- Intermediate Metal Conduits (IMC)
- Electrical Metallic Tubing (EMT)
- Unplasticized Polyvinyl Chloride (uPVC) if required shall be schedule 40.

5.Conductors: Wires and cables shall be of the approved type and unless specified or indicated otherwise, all power and lighting conductors shall be insulated for 600 volts.

- The conductors used in the wiring system shall be of soft-annealed copper having a conductivity of not less than 98% of that of pure copper and insulated for 60 °C Temperatures.
- All conduits of convenience outlets and wireways for lighting branch circuit homeruns shall be wired with a minimum of 3.5 mm square in size.

6.Nurse Call System:

- The Nurse Call System shall have the following control panel, bed head panel, ancillary call and annunciating equipment.
- Wiring shall consist of data cable and 24V supply to each bed head unit.
- Two levels of call will be provided by the system:

- a) Patient to Nurse. A patient to Nurse shall be actuated by means of the wall-mounted or handset mounted call push button of bed head panel.
- b) Nurse to Nurse. Call of nurse to nurse shall be considered, as emergency call and shall be instigated by operation of the Emergency Pull/Push Switch mounted on call units of bed head panel.
- c) Bedhead panel shall be of different type depending on the patient bedroom class and as may be required. Multiplexed bedhead panel shall be available to operate sound distribution system.
- d) Bathroom shall be provided with pull cord unit and reset unit.
- e) Room indicator lamp shall be installed above the door of each patient's bedroom along the corridor.
- f) Nurse stations shall be equipped with indicator unit to provide indication (audible and visual) of the zone and type of call.
- g) Emergency indication shall be included in some acute areas but arranged "for staff use only" in the event of urgent assistance being required.
- h) The system shall be of solid state switching with all items connected to internal printed circuit boards readily interchangeable for maintenance purpose.

7. Master Antenna Television (MATV) and Cable Television (CATV) System:

- Two sources of TV signals shall be provided to the building. One (1) shall be from a master antenna installed at the roof or within a suitable area of the building and the other will be from a commercial cable television service.
- The master antenna system shall consist of FM, VHF and UHF antennas, combiner, distribution amplifier, coaxial cables, splitters, tap-offs and TV outlets.
- There shall be individual trunking for master antenna and cable television rising in the building.

8. Structured Cabling & Telephone System:

- A minimum provision for estimated 500 mixed PABX extension and direct telephone lines shall be required for tertiary hospitals.
- Final details of the system shall follow specific requirements, quantity and type of service.

9. Fire Detection and Alarm System:

- The Fire Detection and Alarm System shall be of multiplex, microprocessor-controlled addressable or zonal conventional fire detection, alarm and communication system.
- The system shall consist of full integration automatic fire detection, voice alarm communication and fire fighters telephone system.
- The system shall consist of control station, mimic panel initiating and indicating devices, control modules and system of wirings.
- Actuation of the protective signaling system shall occur by manual pull station, automatic smoke or heat detector, sprinkler flow switch and tamper switch.

- The system shall be able to monitors the status of flow switches and supervisory switches installed at the Sprinkler System risers. These monitoring points are also addressable or the conventional zonal in the same way as the detectors are making them easily recognizable at the control panel.
- Occupant notification shall be accomplished automatically. Notification will be general, audible alarm type complying with appropriate section of NFPA.
- The system shall be installed with provisions for future connection to the nearest fire services station in the locality.

10. Security System:

- The Security system shall include intrusion detection and alarm, CCTV, access control or as may be required.

D. MECHANICAL DESIGN

I. Codes and Standards

The Mechanical Design shall be in accordance with the following Codes and Standards.

Codes:

1. National Building Code of the Philippines and Its New IRR
2. New Fire Code of the Philippines
3. 2012 Philippine Mechanical Engineering Code (Mechanical Code of the Philippines)
4. Existing Local Government Codes and Ordinances.

Standards:

1. Bureau of Product Standards (BPS)
2. Philippine National Standards (PNS)
3. Underwriters Laboratory (UL) and Factory Mutual (FM)
4. International Electrotechnical Commission (IEC) 1988
5. National Fire Protection Association (NFPA)
6. National Fire Protection Association (NFPA) 99 Standard for Health Care Facilities.
7. American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE).
8. Center for Disease Control and Prevention (CDC) Manual.

II. Automatic Fire Sprinkler System

The automatic fire sprinkler system shall be composed of complete plans and drawings of the following:

1. Site Development Plan and Vicinity Map, indicating the location of the buildings, firewater reserve tank, firewater line, yard loop and private fire hydrant.
2. General Notes, Legends and Symbols including Schematic Diagram of the Fire Sprinkler System and Schematic Diagram of Alarm Monitoring System.
3. Floor Layout and Isometric Layout of the Automatic Fire Sprinkler System indicating pipe sizes and the location of the pipes, valves, sprinkler heads, riser nipples, fire hose cabinets, sprinkler main riser, drain pipes, cross mains, branch lines, inspector's test connections, hangers and sway braces.
4. Equipment Schedule, Detail drawings, fire pump and jockey pump layout.
5. Architectural, Structural, Electrical and Plumbing drawings of the Firewater tank and Pump house.
 - An automatic fire sprinkler shall be provided throughout all hospitals, nursing homes and residential – custodial care facilities.
 - Hazard Classification shall be Light Hazard Occupancy.

- Area of coverage shall be 146 square meters and water density shall be 4.07 lps/sq. m.
- Protection area per sprinkler head shall be 20.9 square meters with sprinkler spacing within 2.2 meters to 4.6 meters.
- All floor control valves shall be equipped with supervisory switch, water flow detector and drain system.
- Water supply shall be horizontal split case centrifugal fire pump with diesel engine or AC motor and a vertical in-line jockey pump with controller.
- Firewater reserve tank shall be ground level monolithic concrete tank sized to supply a minimum of 30-minute duration.
- Hydraulic calculations report shall be based on NPFA-13 format.

III. Ventilation and Air Conditioning System

The ventilation and air conditioning system shall be composed of complete plans and drawings of the following:

1. General Notes, Legends and Symbols including Schematic Diagram of the Ventilation and Air Conditioning System.
2. Floor Layout of the Ventilation and Air Conditioning System indicating the capacity and location of the air conditioners and fans.
3. Duct layout indicating duct sizes, route and location of the dampers, diffusers, return air register, hangers and sway braces.
4. Refrigerant piping layout indicating pipe sizes, location of valves, hangers and sway braces.
5. Equipment Schedule and Details drawings of Air Conditioners and Ventilating System.

General

- Air conditioning system shall be provided in all patient private rooms, radiologic and imaging area, operating rooms, delivery rooms, laboratories, critical care areas, offices and other areas where conditioned air is necessary.
- Cooling Load calculations report shall be manual or computer generated, hourly analysis program which includes heat transmission coefficients, solar heat gain factors and corrected cooling load temperature difference calculations.
- Split type air conditioners will be used at areas with larger capacities.
- Window type air conditioners shall be used in areas with exterior wall exposure.
- Centralized air conditioning will be used only if feasible.
- Ceiling cassette type exhaust fans with integral air diffuser shall be provided in all toilets with no natural ventilation.
- Ceiling fans, orbit type with 360° shall be provided in all non-air conditioned rooms such as patient wards, work areas, nurse station, etc.

For Isolation Rooms:

- Design for highly infectious diseases or negative pressure rooms: the exhaust air is 10% more than supply air.
- Maintain an air change rate greater than or equal to 12 air changes per hour or 145 liters per second per patient.
- Maintain the pressure difference between the negative pressure room to its adjacent areas to at least (-)10Pa.
- Supply and exhaust air devices should be located on opposite side walls.
- Supply Air from Air Handling Unit must be with a minimum of MERV 8 pre filters and MERV 14 final filters
- Exhaust grilles or registers shall be located above the patient bed on the ceiling or on the wall near the head of the bed
- Exhaust ducting from the isolation area should be separate from the exhaust ducting of other rooms.
- Exhaust air should be discharged at least 7.5m away from other ventilation intakes or occupied/public areas

IV. Medical Gases and Vacuum System

The pipeline system of medical gases and vacuum shall be composed of complete plans and drawings of the following:

1. Site Development Plan and Vicinity Map, indicating the location of the buildings, medical gases manifold and vacuum housing.
2. General Notes, Legends and Symbols including Schematic Diagram of the Medical Gases and Vacuum System and Schematic Diagram of Alarm Monitoring System.
3. Floor Layout and Isometric Layout of the Medical Gases and Vacuum System indicating pipe sizes and the location of the pipes, valves, zone valves, alarms, outlet stations, cross mains, branchlines, hangers and sway braces.
4. Equipment Schedule, Details drawings and equipment layout.
5. Architectural, Structural, Electrical and Plumbing drawings of the Medical Gases and Vacuum Housing.
 - Medical gases and vacuum system shall be provided throughout the hospital.
 - Medical gas supply system shall be provided through manifold system and bulk system.
 - The pipeline system shall be equipped with zone valves and alarm system.
 - Vacuum pumps shall be duplex type each with a capacity to handle the total load without loss of vacuum in the system.
 - Gas outlets shall be single, double, triple or more units for the following services; oxygen, air, nitrous oxide and vacuum.
 - Flow calculations shall be based on NFPA 99 Standard for Health Care Facilities.
 - Piping shall be of seamless type "K" or "L" hard tampered copper tubing suitable for silver brazing. Joint and fittings for copper tubing shall be cast bronze designated for brazing.

V. Summary of Materials

1. AUTOMATIC FIRE SPRINKLER SYSTEM

- a. The fire pump shall be UL Listed/FM Approved, diesel engine or electric motor driven, designed specifically intended for an automatic water sprinkler protection system.
- b. The jockey pump shall be UL Listed/FM Approved, electric motor driven, 220V, 3-phase, 60 hertz, and electric power connection.
- c. Sprinkler head shall be UL Listed/FM Approved, pendent, upright or sidewall unit, 83 LPM flow capacity per head and temperature fusing at 57.5° C to 74°C.
- d. The alarm assembly shall be UL Listed/FM Approved, constructed and installed that any flow of water from the sprinkler system equal to or greater than that from the single automatic head shall result in an audible and visual signal in the vicinity of the building.
- e. Alarm and supervision system of the automatic water sprinkler shall include the monitoring water flow switch at each floor of the building, fire pump and jockey pump running condition and power supplies, level of water in the reservoir and control valves.
- f. Pipes shall be B.I. Schedule 40. Screw fittings shall be used for inside piping.


2. AIR CONDITIONING AND REFRIGERATION SYSTEM

- a. Refrigerant pipes shall be copper tubing, type L or K for size of 100mm diameter and smaller. Pipe over 100mm diameter shall be black steel pipe Schedule 40.
- b. Black steel pipes shall be standard seamless, lap-welded, or electric resistant welded for size of 50mm diameter and larger, screw type for size 38mm diameter and smaller, fittings for copper tubing shall be cast bronze fitting designed expressly for brazing.
- c. Pipe insulation shall be pre-formed fiberglass or its equivalent. The insulating materials shall be covered with 100mm x. 13mm thick polyethylene film, which shall be overlapped not less than 50mm.
- d. Ducts shall be galvanized sheet steel of standard gauges.
- e. Ductwork insulation materials shall be rigid board made of Styrofoam or equivalent 25mm thick for ground and top floor, 13mm thick for intermediate floor.


3. MEDICAL GASES AND VACUUM SYSTEM

- a. Medical gas manifold and vacuum plant shall be UL Listed/FM Approved.
- b. All gas outlet stations shall be UL Listed/FM Approved, quick connect type, or DISS type, stainless steel or PVC faceplate mounted on a chrome-plated, zinc die-cast cover plate.


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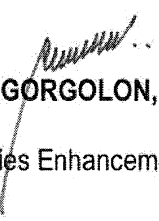


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Drawing Requirements

Checklist of Drawing Requirements in the preparation/evaluation/approval of Detailed Architectural and Engineering Plans and other Documents for Infrastructure Project Implementation

ARCHITECTURAL DRAWINGS

Project : _____
 Location : _____

SHEET NUMBER	SHEET CONTENTS	REMARKS*
A – 1 (a...n)	Perspective, Site Development Plan, Vicinity Map/Location Plan (2.00 Kms. Radius) Table of Contents	
A – 2 (a...n)	Floor Plans (scale 1:100m minimum) including furniture layout when necessary	
A – 3 (a...n)	Four (4) Elevations (scale 1:100m minimum)	
A – 4 (a...n)	Two (2) Sections (scale 1:100m minimum) including spot details when necessary	
A – 5 (a...n)	Roof Plan/s showing downspouts (scale 1:100m minimum), including detail of gutter, downspout, etc.	
A – 6 (a...n)	Reflected ceiling plan/s (scale 1:100m minimum), including details	
A – 7 (a...n)	Details of Stairs, fire escapes/exits, accessible ramps, etc. (scale 1:50m), including details of railings, treads, risers, etc., in the form of plans, elevation/section	
A – 8 (a...n)	Details of Toilets (1:50 m) including accessible toilets in the form of plans, elevation/section	
A – 9 (a...n)	Details of specialized design features (scale 1:50 m) such as partitions, cabinets, etc. and accessible design features	
A – 10 (a...n)	Detail of typical bay section from ground to roof (scale 1:50 m)	
A – 11 (a...n)	Details of special rooms (1:50 m) in the form of plans, elevations/section	
A – 12 (a...n)	Schedule of doors, gates, emergency exits, etc. (scale 1:50 m), including specifications for materials and hardware	
A – 13 (a...n)	Schedule of windows (scale 1:50 m), including specifications for materials and hardware	
A – 14 (a...n)	Schedule of finishes for interior and exterior floors, walls, ceilings	
Architectural Technical Specifications		
Architectural Scope of Works		
Architectural Bill of Quantities		
<p>* To be marked as either Complying or Non Complying/Complete or Incomplete by the evaluator or to be filled with supporting comments (use additional sheets if necessary)</p>		
Evaluated by: _____		Page 1 of 4

ELECTRICAL DRAWINGS

Project : _____
 Location : _____

SHEET NUMBER	SHEET CONTENTS	REMARKS*
E - 1 (a...n)	General Notes and Legends	
E - 2 (a...n)	Location and Site Plan	
E - 3 (a...n)	Lighting Layout (scale 1:100m minimum) including details	
E - 4 (a...n)	Power Layout (scale 1:100m minimum) including details	
E - 5 (a...n)	Auxiliary System Layout (scale 1:100m minimum) including details	
E - 6 (a...n)	Schedule and Detail of Loads	
E - 7 (a...n)	Riser Diagram	
E - 8 (a...n)	Other Detail	
Electrical Computation		
Design Analysis		
Electrical Technical Specifications		
Electrical Scope of Works		
Electrical Bill of Quantities		
<p>* <i>To be marked as either Complying or Non Complying/Complete or Incomplete by the evaluator or to be filled with supporting comments (use additional sheets if necessary)</i></p>		
<p>Evaluated by: _____</p>		

AUXILIARY SYSTEM INCLUDES THE FF:

1. Nurse Call System
2. Telephone System
3. Paging System
4. LAN System
5. Fire Alarm System

PLUMBING/SANITARY DRAWINGS

Project : _____
 Location : _____

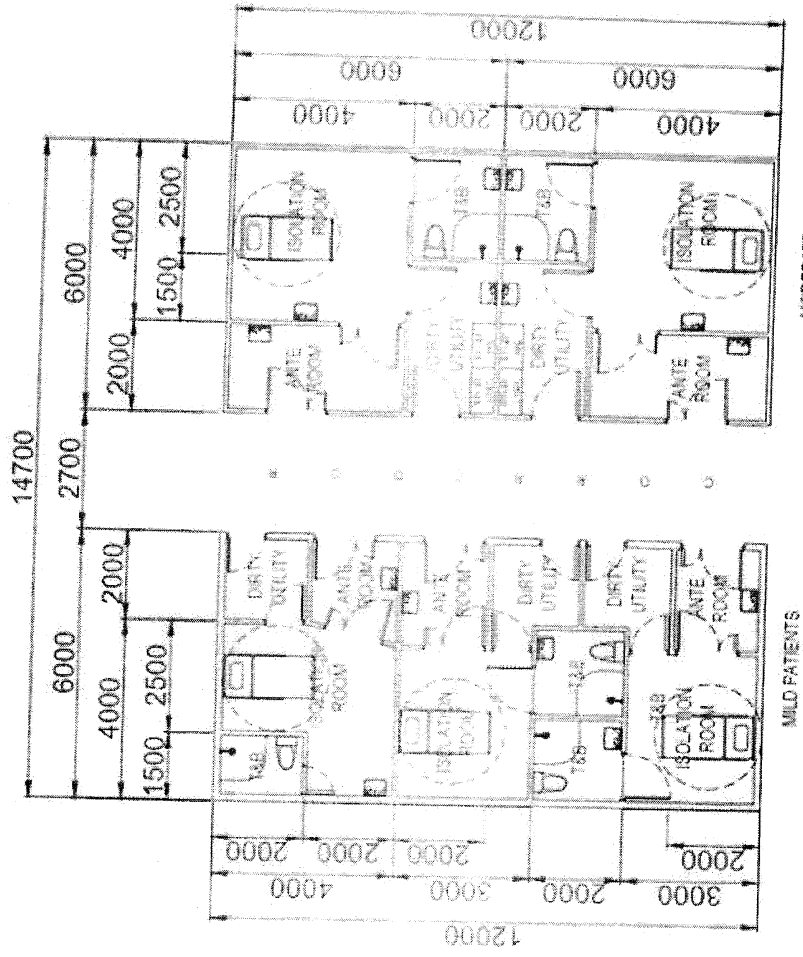
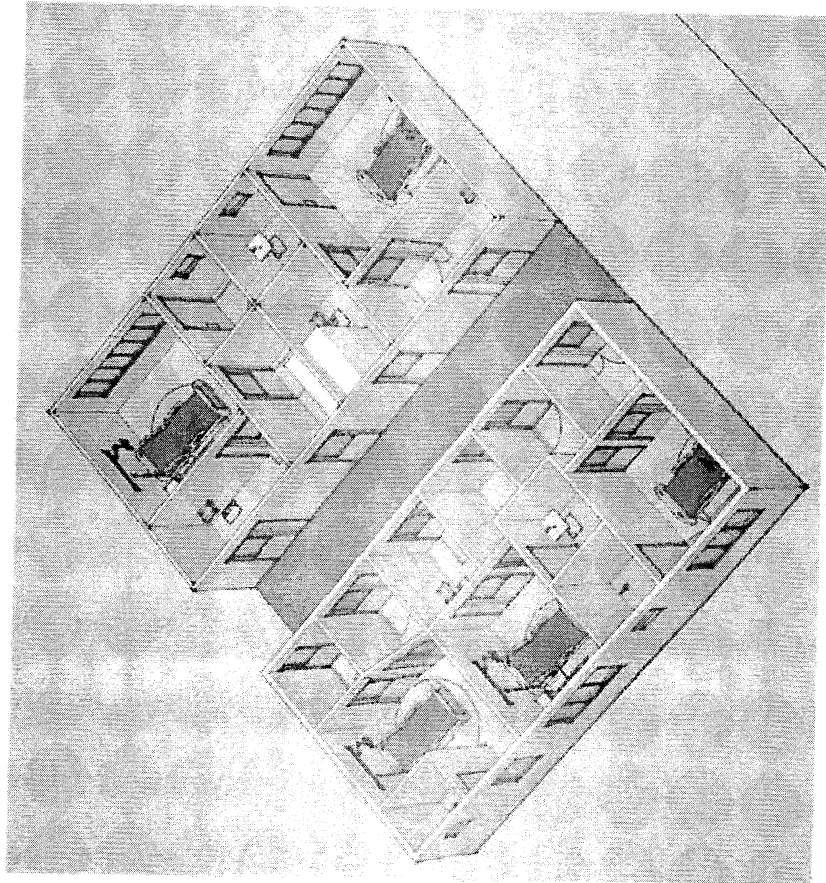
SHEET NUMBER	SHEET CONTENTS	REMARKS*
P - 1 (a...n)	General Notes and Legends	
P - 2 (a...n)	Location and Site Plan	
P - 3 (a...n)	Storm Drainage Layout (scale 1:100m minimum) including actual length of tapping line to Main Drainage Line	
P - 4 (a...n)	Waterline Layout (scale 1:100m minimum) including actual length of tapping line from main water source when applicable	
P - 5 (a...n)	Sewerline Layout (scale 1:100m minimum) including actual length of tapping line to septic tank or existing sewerline	
P - 6 (a...n)	Isometric Layout, showing waterline, sewerline and drainage line	
P - 7 (a...n)	Detail of connections, catch basins, downspouts, etc.	
P - 8 (a...n)	Detail of Septic Tank/Sewer Treatment Plant	
Design Analysis		
Sanitary Technical Specifications		
Sanitary Scope of Works		
Sanitary Bill of Quantities		
<p>* To be marked as either Complying or Non Complying/Complete or Incomplete by the evaluator or to be filled with supporting comments (use additional sheets if necessary)</p>		
<p>Evaluated by: _____</p>		

MECHANICAL DRAWINGS

Project : _____
 Location : _____

SHEET NUMBER	SHEET CONTENTS	REMARKS*
M – 1 (a...n)	General Notes and Legends, Site Development Plan, Location Plans	
M – 2 (a...n)	Floor Plans/Isometric Drawings (scale 1:100m minimum) showing Ventilation and Air Conditioning Systems and other installations	
M – 3 (a...n)	Floor Plans/Isometric Drawings (scale 1:100m minimum) of Medical Gaspipeline System and Details	
M – 4 (a...n)	Floor Plans/Isometric Drawings (scale 1:100m minimum) of Air-conditioning Systems and Details	
M – 5 (a...n)	Floor Plans/Isometric Drawings (scale 1:100m minimum) of Fire Suppression Systems, fire sprinkler system, wet stand pipe, dry standpipe and other installation	
M – 6 (a...n)	Details Water Tank, Flow Diagram (scale 1:50m)	
M – 7 (a...n)	Details of Firewater Supply Sytem (scale 1:50m)	
M – 8 (a...n)	Detail of Elevators, Escalators, Dumbwaiters, etc. (scale 1:50m)	
M – 9 (a...n)	Detail of Other Machinery/Equipment (scale 1:50)	
M – 10 (a...n)	Longitudinal and Transverse Section of Building (scale 1:100m) showing manner of support of machines/equipment	
Mechanical Technical Specifications		
Mechanical Scope of Works		
Mechanical Bill of Quantities		
<p>* <i>To be marked as either Complying or Non Complying/Complete or Incomplete by the evaluator or to be filled with supporting comments (use additional sheets if necessary)</i></p>		
<p>Evaluated by: _____</p>		

ISOLATION LAYOUT



Isolation Layout



Republic of the Philippines
Department of Health
**HEALTH FACILITIES ENHANCEMENT PROGRAM
MANAGEMENT OFFICE**

**CY 2021 Proposed Recipients of Isolation and Quarantine Facilities under the World
Bank Loan COVID-19 Emergency Response Project**
As of 18 September 2020

Upgrading of 5 Beds Isolation Rooms in Selected DOH Hospitals

No.	Region	Recipient
UPGRADE – DOH HOSPITALS		
1	NCR	AMANG RODRIGUEZ MEMORIAL CENTER
2	NCR	DR JOSE FABELLA MEMORIAL HOSPITAL
3	NCR	EAST AVENUE MEDICAL CENTER
4	NCR	NATIONAL CHILDREN'S HOSPITAL
5	NCR	NATIONAL CENTER FOR MENTAL HEALTH
6	NCR	QUIRINO MEMORIAL MEDICAL CENTER
7	NCR	RIZAL MEDICAL CENTER
8	NCR	TONDO MEDICAL CENTER
9	NCR	JOSE R. REYES MEMORIAL MEDICAL CENTER
10	NCR	NATIONAL KIDNEY AND TRANSPLANT INSTITUTE
11	NCR	LAS PIÑAS GENERAL HOSPITAL
12	NCR	PHILIPPINE CHILDREN'S MEDICAL CENTER
13	NCR	PHILIPPINE HEART CENTER
14	NCR	PHILIPPINE ORTHOPEDIC CENTER
15	NCR	VALENZUELA MEDICAL CENTER
16	I	MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER
17	I	REGION 1 MEDICAL CENTER
18	CAR	BAGUIO GENERAL HOSPITAL AND MEDICAL CENTER
19	CAR	CONNER DISTRICT HOSPITAL
20	II	BATANES GENERAL HOSPITAL
21	II	CAGAYAN VALLEY MEDICAL CENTER
22	II	REGION II TRAUMA AND MEDICAL CENTER

23	II	SOUTHERN ISABELA GENERAL HOSPITAL
24	III	BATAAN GENERAL HOSPITAL AND MEDICAL CENTER
25	III	TALAVERA GENERAL HOSPITAL
26	IV-B	CULION SANITARIUM AND GENERAL HOSPITAL
27	IV-B	OSPITAL NG PALAWAN
28	V	BICOL REGIONAL TRAINING AND TEACHING HOSPITAL
29	V	BICOL MEDICAL CENTER
30	VI	CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL
31	VI	WESTERN VISAYAS SANITARIUM
32	VII	GOVERNOR CELESTINO GALLARES MEMORIAL HOSPITAL
33	VII	TALISAY DISTRICT HOSPITAL
34	VII	VICENTE SOTTO MEMORIAL MEDICAL CENTER
35	VIII	EASTERN VISAYAS REGIONAL MEDICAL CENTER
36	IX	MARGOSATUBIG REGIONAL HOSPITAL
37	IX	ZAMBOANGA CITY MEDICAL CENTER
38	X	AMAI PAKPAK MEDICAL CENTER
39	X	MAYOR HILARION A RAMIRO SR. MEDICAL CENTER
40	XII	COTABATO REGIONAL AND MEDICAL CENTER
41	XIII	ADELA SERRA TY MEMORIAL CENTER
42	XIII	CARAGA REGIONAL HOSPITAL
SUBTOTAL:		

Upgrading of 5 beds Isolation Facilities in Selected Provincial Hospitals

No.	Region	Recipient
UPGRADING OF PROVINCIAL HOSPITALS		
1	BARMM	MAGUINDANAO PROVINCIAL HOSPITAL
2	CAR	BENGUET GENERAL HOSPITAL
3	CAR	KALINGA PROVINCIAL HOSPITAL
4	CAR	BONTOC GENERAL HOSPITAL
5	I	ILOCOS SUR PROVINCIAL HOSPITAL GABRIELA SILANG



Republic of the Philippines
Department of Health

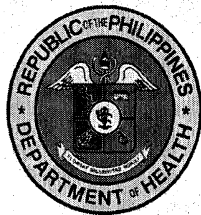
**HEALTH FACILITIES ENHANCEMENT PROGRAM
MANAGEMENT OFFICE**

6	I	GOVERNOR ROQUE B. ABLAN SR. MEMORIAL HOSPITAL
7	II	QUIRINO PROVINCIAL MEDICAL CENTER
8	III	AURORA MEMORIAL HOSPITAL
9	III	DIOSDADO MACAPAGAL MEMORIAL HOSPITAL
10	IV-A	QUEZON PROVINCE / QUEZON MEDICAL CENTER
11	IV-B	ORIENTAL MINDORO PROVINCIAL HOSPITAL
12	IV-B	MARINDUQUE PROVINCIAL HOSPITAL
13	IV-B	ROMBLON PROVINCIAL HOSPITAL
14	V	MASBATE PROVINCIAL HOSPITAL
15	V	DR FERNANDO B. DURAN SR. MEMORIAL HOSPITAL
16	VI	DR RAFAEL S. TOMBOKON MEMORIAL PROVINCIAL HOSPITAL
17	VI	CIRIACO S. TIROL DISTRICT HOSPITAL
18	VI	ROXAS MEMORIAL PROVINCIAL HOSPITAL
19	VI	DR CATALINO G. NAVA PROVINCIAL
20	VI	ILOILO PROVINCIAL HOSPITAL
21	VII	DANAOCITY PROVINCIAL HOSPITAL
22	VII	CARCAR CITY PROVINCIAL HOSPITAL
23	VII	SIQUIJOR PROVINCIAL HOSPITAL
24	VIII	BILIRAN PROVINCIAL HOSPITAL
25	VIII	SAMAR PROVINCIAL HOSPITAL
26	IX	ZAMBOANGA DEL NORTE MEDICAL CENTER
27	IX	ZAMBOANGA DEL SUR MEDICAL CENTER
28	X	LANAO DEL NORTE PROVINCIAL HOSPITAL
29	X	CAMIGUIN GENERAL HOSPITAL
30	X	MISAMIS ORIENTAL PROVINCIAL HOSPITAL - BALINGASAG
31	XI	COMPOSTELA VALLEY PROVINCIAL HOSPITAL
32	XII	SOUTH COTABATO PROVINCIAL HOSPITAL
33	XIII	AGUSAN DEL NORTE PROVINCIAL

34	XIII	D.O. PLAZA MEMORIAL HOSPITAL
35	XIII	SURIGAO DEL NORTE PROVINCIAL HOSPITAL
36	XIII	SIARGAO DISTRICT HOSPITAL
SUBTOTAL		

New Construction of 5 Room Isolation in Selected DOH Hospitals

No.	Region	Recipient
NEW CONSTRUCTION - DOH HOSPITAL		
1	NCR	DR. JOSE N. RODRIGUEZ MEMORIAL HOSPITAL
SUBTOTAL		



Republic of the Philippines
Department of Health

HEALTH FACILITIES ENHANCEMENT PROGRAM MANAGEMENT OFFICE

Complete List of Quarantine Facilities per Region

Location	Region	Project Name
Pasay City	NCR	Completion of Construction of Isolation/ Holding Area Facility (Phase 3)
Port Area, Manila	NCR	Completion of Proposed Infrastructure Development of BOQ Main Building (Phase 2)
NAIA, Pasay City	NCR	Renovation of BOQ Offices in NAIA Terminals 1, 2 and 3
Tabaco, Bicol	Region V	Construction of New Tabaco Quarantine Building (Small Model)
Kalibo, Aklan	Region VI	Completion of Proposed Construction of Two-Storey Quarantine Station (Phase 2)
Cebu City	Region VII	Completion of Construction 4-Storey Regional Quarantine Building (Phase 3)
Zamboanga City	Region IX	Construction of New Zamboanga Quarantine Building (Small Model)
Laguindingan, Misamis Oriental)	Region X	Completion of Proposed 2-Storey Cagayan De Oro Quarantine Station (Phase 3)
Davao City	Region XI	Completion of 5-Storey Regional Quarantine Building (Phase 4)



PRECONSTRUCTION CONFERENCE MINUTES OF THE MEETING	HFEP FORM NO.
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A. GENERAL INFORMATION

NAME OF FACILITY	
PROJECT DESCRIPTION	
LOCATION	
IMPLEMENTING AGENCY	CONTRACTOR
APPROVED BUDGET	CONTRACT AMOUNT

B. MEETING PARTICULARS

DATE	VENUE
TIME CALLED TO ORDER	TIME ADJOURNED

C. ATTENDANCE

NAME	POSITION/OFFICE	CONTACT DETAILS	SIGNATURE

D. AGENDA OF THE MEETING

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Building Permits & Licenses 2. Construction schedule and project phasing. 3. Critical work sequencing and long-lead items. 4. Designation of key personnel and their duties. 5. Processing field decisions. 6. Variation Orders. 7. Procedures for Testing and Inspecting. 8. Distribution of the Contract Documents. 9. Submittal procedures. 10. Preparation of Record Documents. 11. Use of the Premises. 12. Work restrictions. | <ol style="list-style-type: none"> 14. Responsibility for temporary facilities and controls. 15. Construction waste management and recycling. 16. Parking availability. 17. Office, work, and storage areas. 18. Equipment deliveries and priorities. 19. First Aid. 20. Security. 21. Progress Cleaning. 22. Working Hours. 23. Salvageable Materials 24. Other Matters 25. Schedule of the Next Meeting. |
|---|--|



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 Department of Health
HEALTH FACILITIES ENHANCEMENT PROGRAM
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 Telephone Nos. 6517800 local 1409, 1453 - 1454
 Website : <http://www.doh.gov.ph>

PRE-INSTALLATION CONFERENCE MINUTES OF THE MEETING

HFEP FORM NO.

A. GENERAL INFORMATION

NAME OF FACILITY	
PROJECT DESCRIPTION	
LOCATION	
IMPLEMENTING AGENCY	CONTRACTOR
APPROVED BUDGET	CONTRACT AMOUNT

B. MEETING PARTICULARS

DATE	VENUE
TIME CALLED TO ORDER	TIME ADJOURNED

C. ATTENDANCE

NAME	POSITION/OFFICE	CONTACT DETAILS	SIGNATURE

D. AGENDA OF THE MEETING

<ol style="list-style-type: none"> 1. Contract Documents. 2. Options. 3. Related Request for Information. 4. Related Variation Orders. 5. Purchases. 6. Deliveries. 7. Submittals. 8. Possible conflicts. 9. Compatibility problems. 10. Time schedules. 11. Weather limitations. 12. Manufacturer's written recommendations. 13. Warranty requirements. 	<ol style="list-style-type: none"> 14. Compatibility of materials. 15. Acceptability of substrates. 16. Temporary facilities and controls. 17. Space and access limitations. 18. Regulations of authorities having jurisdiction. 19. Testing and inspecting requirements. 20. Installation procedures. 21. Coordination with other work. 22. Required performance results. 23. Protection of adjacent work. 24. Protection of construction and personnel. 25. Other Matters 26. Schedule of Next Meeting.
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PROJECT MANAGEMENT CONFERENCE MINUTES OF THE MEETING

HFEP FORM NO.

A. GENERAL INFORMATION

NAME OF FACILITY	
PROJECT DESCRIPTION	
LOCATION	
IMPLEMENTING AGENCY	CONTRACTOR
APPROVED BUDGET	CONTRACT AMOUNT

B. MEETING PARTICULARS

DATE	VENUE
TIME CALLED TO ORDER	TIME ADJOURNED

C. ATTENDANCE

NAME	POSITION/OFFICE	CONTACT DETAILS	SIGNATURE

D. AGENDA OF THE MEETING

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Review and Approval of the Minutes of the Preconstruction Conference/ Project Management Conference. 2. Issues arising from the Previous Minutes of Meeting. 3. Contractor's Construction Schedule. 4. Status of submittals 5. Deliveries 6. Site Utilization 7. Temporary facilities and controls 8. Work hours 9. Hazards and risks | <ol style="list-style-type: none"> 10. Progress cleaning 11. Quality and work standards 12. Status of correction of deficient items. 13. Field observations 14. Status of proposal requests 15. Pending changes 16. Status of Variation Orders 17. Pending claims and disputes 18. Other matters. 19. Schedule of next meeting. |
|--|---|



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SALVAGEABLE MATERIALS INVENTORY REPORT

HFEP FORM NO.
INVTRY-2019-001

A. GENERAL INFORMATION

NAME OF FACILITY	
PROJECT DESCRIPTION	
LOCATION	
CONTRACT AMOUNT	
CONTRACTOR	
IMPLEMENTING AGENCY	DATE OF INSPECTION

B. SALVAGEABLE MATERIALS

ITEM	DESCRIPTION	QTY.	UNIT	REMARKS

PREPARED BY:	CHECKED BY:	CERTIFIED BY END-USER:	TURN-OVER TO:
_____	_____	_____	_____
Name & Signature	Name & Signature	Name & Signature	Name & Signature
DATE:	DATE:	DATE:	DATE:

- Note:
- For projects with existing facilities, the Contractor shall accomplish this report in conducting an inventory of Salvageable Materials from demolished facilities, for proper accounting and auditing. Accomplish this report in 3 copies. 1 copy for the contractor, 1 for the implementing agency and 1 for the end-user.
 - Salvageable materials shall be composed of but not limited to the roofing sheets, roof framing, ceiling materials, equipment, windows, doors, hardware, fixtures, tiles, etc. Salvaged materials shall be properly stockpiled by the contractor, ensuring that the same to be secured and accounted for.
 - The Implementing Agency's Engineer/Architect shall check if the inventory the inventory report is true and correct. This report shall be certified by the end-user and shall be acknowledge upon turn-over of the salvaged materials not more than 15 days after the conduct of the inventory.
 - Use additional page when necessary and attached actual photos (with date & time stamps).



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FORMWORKS REQUEST FORM

HFEP FORM NO.:
CHKL-2019-003

PROJECT:			
LOCATION:			
CONTRACTOR:			
CONTRACT AMOUNT:	ACTUAL INSPECTION DATE/TIME		
DATE REQUESTED:			
GRIDLINE:	AREA/FLOOR LEVEL:		

ENSURE THAT THE FOLLOWING ARE COMPLIED WITH THE APPROVED SUBMITTALS FOR CONSTRUCTION DRAWINGS AND TECHNICAL SPECIFICATIONS.

COMPONENTS	COMPLIED			REMARKS	ACTIONS REQUIRED
	YES	NO	N/A		
Reinforcing Steel Checklist					
1. Bars are not misbent or damage					
2. Bars are free of dirt, loose mill scale, heavy rust, grease or other deleterious materials					
3. Bar identifications are intact and legible before use					
4. After placing reinforcing bars:					
a. Bars are free of loose mortar, rust, grease and other substance capable of destroying bond					
b. Rebar type, size, fabrication, and positioning in accordance with the drawing.					
c. Total quantity of rebars per schedule					
d. Minimum clearance distance between bars is equal to nominal diameter of bar but not less than 1 inch					
e. For parallel bars in layer or mats the minimum clear distance between layers is equal to diam. of bar but less than 1 inch.					
f. No. 11 bars and smaller bar are lap spliced. Larger bars are spliced by welding or other type position connection					
g. Lap length of splices is according to specifications and drawings					
h. Cover of bars meet or exceeds the minimum requirements. Spacers adequate.					
i. Hook size, length, spacing, degree according to specifications and drawings.					
j. Reinforcement is adequately supported. Columns, tie beams rest on gravel base.					
k. Field bending or straightening, or rebars is done in accordance with the specifications.					
l. Re bent or straightened bars are free of cracks or damage.					
FORMWORKS					
5. Shape, line and grade, dimensions of form-in place					
6. Cleaning and oil coating present over whole form area and adequate					
7. Tightness of joints and bracing adequate per approved submittals and drawings					
8. Location of construction/ control/ expansion joints					
9. Installation of block-outs and pipes embedment					
10. Adequate shoring supports on firm base					
11. Vertical and horizontal control within tolerances					
OPENINGS					
12. Door opening according to drawings					
13. Window opening according to drawings					
14. Lintel beams					
15. Stiffener columns					
PENETRATIONS (MEPS)					
16. Pipe sleeves spacing, location, type according to drawings					
INSPECTED BY:	APPROVED BY:	CONFORMED BY THE CONTRACTOR		CERTIFIED BY END-USER:	
_____	_____	_____		_____	
Name & Signature	Name & Signature	Name & Signature		Name & Signature	
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

Note:

- Accomplish this form per Gridline. Attach Structural Plans for reference. Use additional sheets when necessary.
- Attach actual photos (with date & time stamps) taken during the inspection.



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CONCRETE POURING REQUEST FORM

HFEP FORM NO.:
CHKL-2019-004

PROJECT:			
LOCATION:			
CONTRACTOR:			
CONTRACT AMOUNT:		ACTUAL INSPECTION DATE/TIME:	
DATE REQUESTED:			
GRIDLINE:		AREA/FLOOR LEVEL:	

ENSURE THAT THE FOLLOWING ARE COMPLIED WITH THE APPROVED SUBMITTALS FOR CONSTRUCTION DRAWINGS AND TECHNICAL SPECIFICATIONS.

Subject Area / Structure:		Estimated Volume	
Concrete Strength		Time Started	
Slump		Number of Sample	
Elevation (From Reference Point)		Actual Volume	
Date of Scheduled Pouring		Time Completed	

COMPONENTS	COMPLIED			REMARKS	ACTIONS REQUIRED
	YES	NO	N/A		

A. FORMWORKS					
1. Correct Elevation/ Layout					
2. Required dimension/thickness satisfied					
3. Squareness, Plumbness, Levelness achieved					
4. Adequate/ Appropriate shoring, braces and supports					
5. Approved form – oil applied					
a. Wax Based for Steel forms					
b. Resin Based for Phenolic Plywood					
6. Cleanliness (Free from sawdust, concrete laitance, loose tie wires, debris and alike)					
7. Approved construction joint key					
B. REBARS					
8. "For Construction" plan, Issued Date:					
9. Approved rebar cutting list. Ref No.					
10. Passed the Required Test					
11. Free from scaling, laitance, and other impurities					
12. Concrete spacer minimum concrete covers					
a. For slab					
b. For beams					
13. Correct quantity and spacing					
14. Correct splice location/ length and development lengths					
15. Minimum stirrups/ties installed above concrete termination for vertical structures					
16. Approved shear bars/ keys at construction joints					

C. MEPS Checklist					
17. Penetrations for Electrical Works					
18. Penetrations for Plumbing Works					
19. Penetrations for Mechanical Works					
20. Penetrations for Fire Protection					

SUBMITTED BY:	INSPECTED BY:	CONFORMED BY THE CONTRACTOR	CERTIFIED BY END-USER:
_____	_____	_____	_____
Name & Signature	Name & Signature	Name & Signature	Name & Signature
DATE:	DATE:	DATE:	DATE:

- Note:
- Accomplish this form per Gridline. Attach Structural Plans for reference. Use additional sheets when necessary.
 - Attach actual photos (with date & time stamps) taken during the inspection.



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CONSTRUCTION MATERIALS QUALITY APPROVAL FORM

HFEP FORM NO.:
QAQC-2019-001

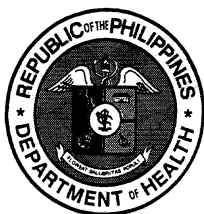
PROJECT:			
LOCATION:			
CONTRACTOR:			
CONTRACT AMOUNT:		CONTRACT REFERENCE NO.	

EVALUATION REQUIREMENTS

ITEM NO.	MATERIAL/ITEM DESCRIPTION	LOCATION	TECHNICAL SPECIFICATIONS	WARRANTY CERTIFICATE	DATE OF SUBMISSION	REMARKS

SUBMITTED BY: _____	RECEIVED BY: _____	CHECKED BY: _____	APPROVED BY: _____
Name & Signature	Name & Signature	Name & Signature	Name & Signature
DATE:	DATE:	DATE:	DATE:

- NOTE:**
1. This form is for the Contractor's use, to be accomplished and submitted along with the materials/items for approval. When process is done, original copy is for the implementing agency, provide 1 copy for the contractor, 1 for the end-user.
 2. Submit the forms at least 30 days before installation. Allow 15 days for initial review and additional 15 days for reprocessing. Review and approval period/process does not provide additional calendar days for the construction duration.
 3. All materials submitted for approval shall be properly labelled indicating the material description, location for installation, technical specification, warranty certificate, date of submission and numbered accordingly as listed per item.
 4. Proof of compliance to the Contract Documents shall be the sole responsibility of the Contractor. Contractor to include in the submittal of all relevant product literature, brochure, catalogues, materials safety data sheet (MSDS), test results from recognized testing agencies for each item submitted for review.
 5. On the remarks column, the Implementing Agency's Engineer/Architect shall indicate if Approved, Disapproved or will request to Resubmit a new material/item.
 6. For easy reference, the contractor should photocopy the signature box, cut out a copy and paste/attached to the approved materials/items. All approved materials with attached signature box should be kept at the Temporary Site Office.



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PROJECT MONITORING REPORT

HFEP FORM NO.
REP 2019-001

A. GENERAL INFORMATION						
NAME OF FACILITY						
PROJECT DESCRIPTION						
LOCATION						
IMPLEMENTING AGENCY				CONTRACTOR		
APPROVED BUDGET				CONTRACT AMOUNT		
B. PROJECT DATA			C. PROGRESS REPORT			
	ORIGINAL	REVISED	% COMPLETED	TARGET	ACTUAL	SLIPPAGE
CONTRACT AMOUNT			PREVIOUS			
START DATE			THIS PERIOD			
COMPLETION DATE			TO DATE			
D. PERSONS MET						
NAME	POSITION/OFFICE		CONTACT DETAILS		SIGNATURE	
E. SITE MONITORING RESULTS						
ITEM OF WORK	FINDINGS/ ISSUES & CONCERNS		SOLUTIONS/ RECOMMENDATIONS		ACTION BY	
INSPECTED BY:			NOTED BY:			
<p style="text-align: center;">_____</p> <p style="text-align: center;">Name & Signature</p>			<p style="text-align: center;">_____</p> <p style="text-align: center;">Name & Signature</p>			
DATE:			DATE:			

*Use additional page when necessary and attached actual photos taken during the site visit.



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POST-CONSTRUCTION INSPECTION REPORT

HFEP FORM NO. _____

A. GENERAL INFORMATION

NAME OF FACILITY	
PROJECT DESCRIPTION	
LOCATION	
CONTRACT AMOUNT	
CONTRACTOR	
IMPLEMENTING AGENCY	DATE OF INSPECTION
CERTIFICATE OF ACCEPTANCE & TURN-OVER (REF. NO & DATE):	
DEFECT LIABILITY PERIOD:	

B. POST-CONSTRUCTION INSPECTION REPORT

Room/Area	DEFECTIVE			FINDINGS	ACTION TO BE TAKEN & DURATION
	YES	NO	N/A		

INSPECTED BY:	APPROVED BY:	CERTIFIED BY END-USER:	FOR COMPLIANCE BY THE CONTRACTOR
_____	_____	_____	_____
Name & Signature	Name & Signature	Name & Signature	Name & Signature
DATE:	DATE:	DATE:	DATE:

- Note:
- Use additional page when necessary and attached actual photos (with date & time stamps) taken during the site visit.
 - Provide 1 copy of the accomplished and signed form to the contractor and 1 copy to the end-user.

Annex G-1

(AGENCY LETTER HEAD)

(Date of Issuance)

(Authorized Managing Officer)
Position
Company/Firm
Complete Address

SUBJECT : Notice for the Negative Slippage
1st Warning

Dear Mr /Ms. *(Last Name)*:

This refers to your contract, *(Name of Project)* in the amount of *(Contract Amount in words and in numbers)*. Please be informed that as of *(date the accomplishment was computed)*, due to your fault caused by *(state the reason e.g. limited equipment, materials, manpower, etc.)*, you have incurred a negative slippage as follows:

Name of Project	Accomplishment			Slippage
	Planned	Revised	Actual	
<i>(Name of Project)</i>	___%	___%	___%	-___%

Pursuant to DOH Department Order No. ___, Series of 2019, Annex ___ - Administrative Action on Contracts with Negative Slippage in Accordance with the Revised Implementing Rules and Regulations (RIRR) of R.A. 9184; you are hereby directed to submit, within seven (7) calendar days from receipt hereof, a detailed "catch-up plan" on a two-week basis to eliminate the slippage and a revised Construction Schedule/Bar Chart.

In the action program being required, specify therein the additional input resources such as money, manpower, materials, equipment, and management to cope up and meet the desired result accordingly. On-site supervision shall likewise be intensified and evaluation of project performance shall be done every other week.

Your immediate compliance on this matter is hereby sought.

Very truly yours,

(Head of Procuring Entity)
Position

Cc: **LEONITA P. GORGOLON, MD, MHA, MCHM, CEO VI**
Director IV, Health Facilities Enhancement Program

Annex G-2

(AGENCY LETTER HEAD)

(Date of Issuance)

(Authorized Managing Officer)

Position

Company/Firm

Complete Address

SUBJECT : Notice for the Negative Slippage
Final Warning

Dear Mr./Ms. (Last Name):

This refers to your contract, (Name of Project) in the amount of (Contract Amount in words and in numbers). Please be informed that as of (date the accomplishment was computed), due to your fault caused by (state the reason e.g. limited equipment, materials, manpower, etc.), you have incurred a negative slippage as follows:

Name of Project	Accomplishment			Slippage
	Planned	Revised	Actual	
(Name of Project)	___%	___%	___%	- ___%

Pursuant to DOH Department Order No. ____, Series of 2019, Annex ____ - Administrative Action on Contracts with Negative Slippage in Accordance with the Revised Implementing Rules and Regulations (RIRR) of R.A. 9184; you are hereby directed to submit, within seven (7) calendar days from receipt hereof, a more detailed program of activities with weekly physical targets, a revised Construction Schedule/Bar Chart, together with the required additional input resources to accelerate your work accomplishment and reduce the slippage over a defined time period.

On-site supervision shall likewise be intensified and evaluation of project performance shall be done at least once a week.

Your immediate compliance on this matter is hereby sought.

Very truly yours,

(Head of Procuring Entity)

Position

Cc: **LEONITA P. GORGOLON, MD, MHA, MCHM, CEO VI**
Director IV, Health Facilities Enhancement Program

Annex G-3

(AGENCY LETTER HEAD)

(Date of Issuance)

(Authorized Managing Officer)

Position

Company/Firm

Complete Address

SUBJECT : Notice to Terminate Contract

Dear Mr./Ms. (Last Name):

This refers to your contract, (Name of Project) in the amount of (Contract Amount in words and in numbers). Please be informed that as of (date the accomplishment was computed), due to your fault caused by (state the reason e.g. limited equipment, materials, manpower, etc.), you have incurred a negative slippage as follows:

Name of Project	Accomplishment			Slippage
	Planned	Revised	Actual	
(Name of Project)	__%	__%	__%	-__%

Pursuant to Department Order No. __, Series of 2019, Annex __ - Administrative Action on Contracts with Negative Slippage in Accordance with the Revised Implementing Rules and Regulations (RIRR) of R.A. 9184; you are hereby directed to "show cause" within seven (7) calendar days from receipt hereof why your contract should not be terminated, pursuant to Section IV.3 Appendix 4 of R.A. 9184.

Your immediate compliance on this matter is hereby sought.

Very truly yours,

(Head of Procuring Entity)

Position

Cc: LEONITA P. GORGOLON, MD, MHA, MCHM, CEO VI
Director IV, Health Facilities Enhancement Program

ANNEX H. CHD support for the implementation of civil works for PCERP

No.	Position	Number	Qualification	Relevance to the Project
1.	Architect II	1	Bachelor's degree <i>(registered and licensed architect)</i>	<ul style="list-style-type: none"> • Guide in the preparation of DAED of recipient hospitals • Guide in the implementation of civil works on the ground
2.	Mechanical / Electrical Engineer II	1	Bachelor's degree <i>(registered and licensed engineer)</i>	<ul style="list-style-type: none"> • Guide in the preparation of electrical plans and overall construction • Guide in the implementation of civil works on the ground
3.	Administrative Staff <i>(preferably IT position)</i>	1	Bachelor's degree relevant to the job	<ul style="list-style-type: none"> • Consolidate the monitoring data to be submitted to the HFEP-MO



Philippine COVID-19 Emergency Response Project (PCERP)

DOH-World Bank Project

Monitoring and Evaluation System Manual

Table of Contents

1. The Project
 - 1.1 General Information
 - 1.2 Project Development Objectives
2. The Monitoring and Evaluation System
 - 2.1. The Rationale Behind the Installation of the M&E System
 - 2.2. Scope and Target Audience
 - 2.3. The Results Framework
3. The Performance Monitoring Framework
 - 3.1 Data Collection and Design
 - 3.2 Reporting Mechanism
 - 3.3 Measuring the Indicators
4. Guidance Notes
 - 4.1 Guidance Note on the Minimum Requirement to measure daily capacity of designated national laboratory (RITM) and sub-national laboratories conducting COVID-19 diagnostic test
 - 4.2 Guidance Note On the Minimum Requirement of COVID-19 diagnostic equipment, test kits, and reagents in designated laboratories According to DOH Requirements
 - 4.3 Guidance Note of Personal Protective Equipment and Infection Control Products and Supplies at Health Facilities According to DOH Requirements
 - 4.4 Guidance Note On Standard Design for Hospital Isolation and Treatment Centers to Manage Severe Acute Respiratory Infections (SARI) patients
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Table 2	Intermediate Results Indicators by Components
Table 3	Target recipients with corresponding Project Investments
Table 4	PDO Indicators data collection
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Table 6	Reports to be submitted with dates
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1. The Project

1.1 General Information

Project Title	Philippines COVID-19 Emergency Response Project (PCERP)
Funding Agency	World Bank
Implementing Agency	Department of Health
Implementation Period	May 6, 2020 – December 29, 2023
Loan Number	9105-PH
Loan Amount	One Hundred Million Dollars (\$100,000,000)

1.2 Project Development Objective

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

2. The Monitoring and Evaluation (M&E) System

2.1 The rationale behind the installation of the M&E System

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

2.2 Scope and target audience of the M&E activities

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

2.3 The Results Framework

The results framework for the M&E has been pre-identified and stipulated under the Project Operations Manual (POM) of PCERP. See Table 1, 2, and 3 for the detailed description and deliverables per year.

TABLE 1. Project Development Objective Indicators

Indicator Name	Baseline (May 2020)	2021 Target* (May 2021)	2022 Target* (May 2022)	End Target (May 2023)
1. Percentage of hospitals with personal protective equipment and infection control products and supplies according to DOH requirements, without stock-outs in preceding one month (Percentage)	55	65	80	90
2. Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents, without stock-outs in preceding one month (Percentage)	20	50	80	90
3. Number of acute healthcare facilities with isolation capacity according to DOH-established standards (Number)	30	40	50	60

TABLE 2. Intermediate Results Indicators by Components

Indicator Name	Baseline (May 2020)	2021 Target* (May 2021)	2022 Target* (May 2022)	End Target (May 2023)
<i>Strengthening Emergency COVID-19 Health Care Response</i>				
1. Standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients is finalized (Yes/No)	No	Yes	Yes	Yes
2. Number of ventilators provided to hospitals (Number)	0	100	200	300
3. Number of health staff trained in infection prevention and control per DOH-approved protocols (Number)	0	50	100	141

Indicator Name	Baseline (May 2020)	2021 Target* (May 2021)	2022 Target* (May 2022)	End Target (May 2023)
<i>Strengthening Laboratory Capacity at National and Sub-National Level *</i>				
1. Daily capacity of a designated national laboratory (RITM) in conducting COVID-19 diagnostic tests (Number)	300	600	800	1,000
2. Daily capacity of a designated sub-national laboratory (Davao) in conducting COVID-19 diagnostic tests (Number)	20	40	80	100
3. Daily capacity of a designated sub-national laboratory (Cebu) in conducting COVID-19 diagnostic tests (Number)	20	40	80	100
<i>Implementation Management and Monitoring and Evaluation</i>				
1. M&E system established to monitor project activities (Yes/No)	No	Yes	Yes	Yes
2. A functional asset management system is in place, independently reviewed on a 6-monthly basis (Yes/No)	No	Yes	Yes	Yes
3. Percentage of grievances resolved to the satisfaction of the complainant within timeframe specified in the GRM for stakeholders (Percentage)	0	100	100	100

*For further validation with the Research Institute for Tropical Medicine (RITM)

3. The Performance Monitoring Framework

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

3.1 Data Collection and Design

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

Table 3. Target Recipients with corresponding Project Investment

Type	Supply			Equipment				Isolation facility	Ambulance		
	PPEs	Infection Control Products	RT RCR Compatible Testing Kits Probes-Primer	Mechanical ventilators (2 units)	Portable x-ray (1 unit)	Infusion Pump (1 unit)	PCR machines (1 unit)		Type 1	Type 2	Sea Ambulance
A	✓	✓	✓	✓	✓	✓	✓	✓		✓	
B	✓	✓	✓	✓	✓	✓	✓	✓		✓	
C	✓	✓	✓					✓			
D								✓	✓		✓
E									✓		

A= DOH hospital

B= LGU/Provincial hospital

C= Testing laboratory/facility

D= Quarantine Facility

E= Treatment and Rehabilitation Centers

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



Monthly

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



Semi-annually

- Status of medical supplies, equipment and isolation facilities by the Functional asset management consultant



Annual

- overall project status per PDO
- environmental social, health, and safety performance

TABLE 4. PDO indicators data collection

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility For Data Collection
Percentage of hospitals with personal protective equipment and infection control products and supplies	<p>This indicator will help track the performance of 70 DOH hospital facilities across the country to ensure that they have personal protective equipment and infection control products and supplies according to DOH requirements, without stock-outs.</p> <p>DOH has prepared a checklist of personal protective equipment and infection control products and supplies as the minimum standard that each hospital needs to make available to address COVID-19.</p>	With monthly and semi-annual reporting	HFEP-MO	Data is collected through HMIS of DOH. DOH has prepared a list of personal protective equipment and infection control products and supplies as the minimum standard that each hospital needs to make available to address COVID-19.	HFEP-MO and Centers for Health Development (CHD)
Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	<p>This indicator tracks the performance of designated laboratories to ensure that they have COVID-19 diagnostic equipment, test kits, and reagents, without stock-outs.</p> <p>The denominator is seven DOH-operated laboratories, as follows:</p> <p>(i) national reference laboratory – Research Institute for Tropical Medicine (RITM), and the following six sub-national and public health laboratories</p>	With monthly and semi-annual reporting	HFEP-MO	Data will be collected through DOH HMIS, monthly.	HFEP-MO and CHDs

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility For Data Collection
	(ii) Lung Center of the Philippines (QC); (iii) San Lazaro Hospital (Manila); (iv) Baguio General Hospital (Baguio); (v) Vicente Sotto Memorial Medical Center (Cebu); (vi) Caraga Regional Hospital (Surigao City); (vii) Southern Philippines Medical Center (Davao).				
Number of acute healthcare facilities with isolation capacity according to DOH-established standards	This indicator helps track the performance of 39 Level 3 DOH hospitals and 45 LGU hospitals to ensure that they meet DOH established standards of isolation capacity to manage Severe Acute Respiratory Infections (SARI) patients. The standards will be based on the standard design of isolation facility in managing SARI patients including intensive care to be prepared by DOH.	Monthly With monthly and semi-annual reporting	HFEP-MO	Monitoring system by the Department of Health. This will be based on the standard design of isolation facility in managing SARI patients including intensive care to be prepared by DOH.	HFEP-MO and CHDs

TABLE 5. Intermediate Results Indicators Data Collection

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients is finalized	This indicator helps ensure that the Government has produced a standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients that will be used by health facilities nationally.	One-off. The standard can be adjusted over the course of project duration, per arising technical requirements.	HFEPMO monitoring templates and field validation	Department of Health is to finalize the standard design guidance note.	HFEP-MO and CHDs
Number of ventilators provided to hospitals	This indicator helps track the number of ventilators, which is essential medical equipment supported by the project, that have been distributed to health facilities.	Monthly With monthly and semi-annual reporting	HFEPMO monitoring templates	HFEPMO monitoring templates	HFEP-MO and CHDs
Number of health staff trained in infection prevention and control per DOH-approved protocols	Health staff in 39 DOH Level 3 hospitals and 8 DOH Level 2 hospitals are trained on infection control DOH-approved protocols The indicator will help ensure that adequate number of health staff are trained in infection prevention and control per DOH-approved protocols in DOH hospitals.	Semi-annual. The indicator will officially reported the World Bank during the six monthly implementation status and results support missions.	Department of Health -	Department of Health's monitoring system ^[BR1]	Department of Health
Daily capacity of a designated national laboratory (RITM) in	The indicator tracks daily capacity of a designated national laboratory	Monthly With monthly and semi-annual reporting	HFEPMO monitoring	Monitoring by Department of Health	Department of Health

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
conducting COVID-19 diagnostic tests	(RITM) in conducting COVID-19 diagnostic tests, with the expectation that the COVID-19 testing capacity will increase overtime with project support.		templates and covid19 tracker of the DOH		
Daily capacity of a designated subnational laboratory (Davao) in conducting COVID-19 diagnostic tests	This indicator tracks the volume of COVID-19 diagnostic Tests conducted by the subnational laboratory	Monthly With monthly and semi-annual reporting	HFEPMO monitoring templates and covid19 tracker of the DOH	Monitoring by Department of Health	Department of Health
Daily capacity of a designated subnational laboratory (Cebu) in conducting COVID-19 diagnostic tests	This indicator tracks the volume of COVID-19 diagnostic Tests conducted by the subnational laboratory	Monthly With monthly and semi-annual reporting	HFEPMO monitoring templates and covid19 tracker of the DOH	Monitoring by Department of Health	Department of Health
M&E system established to monitor project activities	This indicator is to ensure that DOH has established an M&E system to monitor, track progress, and evaluate project activities.	The M&E system report will be submitted by DOH to the World Bank as soon as the project is effective.	HFEPMO and BIHC	Regular project monitoring being done through the regular submission and analysis of monthly reports from Project recipients	Department of Health
Functional asset management system is in place, independently reviewed on 6-monthly basis	The purpose of this indicator is to ensure that there is a functional asset management system in place, given that the project will provide significant support in medical equipment and supplies to health facilities across the country. It is important that there is an independent review of assets	Every six months.	Independent team to be contracted by Department of Health, with resources from Component 3 of the Project.	Asset management review by an independent technical agency to be hired by DOH, e.g. university research team.	Department of Health

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
	supported by the project on 6-monthly basis.				
Percentage of grievances resolved to the satisfaction of the complainant within timeframe specified in the GRM for stakeholders	This indicator will monitor the resolution of stakeholders' grievances on the project and its activities through the Project GRM.	Monthly basis	Recipient health facilities, Centers for Health Development, LGUs, Department of Health	Monitoring by Department of Health	Department of Health

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

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

As part of the Environmental and Social Standard (ESS) 10 or the Stakeholder Engagement and Information Disclosure of the Project, the implementing agencies or the recipient facilities should provide the stakeholders relevant, understandable, and accessible information about the Project. Recipient facilities and LGUs should also monitor and address the complaints received through the Grievance Redress Mechanism (GRM). The GRM aims to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Grievances will be handled at the local level by the respective health facility or LGU, by the Centers for Health Development at the regional level, and at the national level by the Department of Health Central Office. The reported cases, with corresponding steps taken (1 up to 11) to resolve each case, shall be part of the monitoring templates distributed to all recipient

facilities. Once all possible redress has been proposed and if the complainant is still not satisfied, they should be advised of their right to legal recourse.

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

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

3.2 Reporting mechanism

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

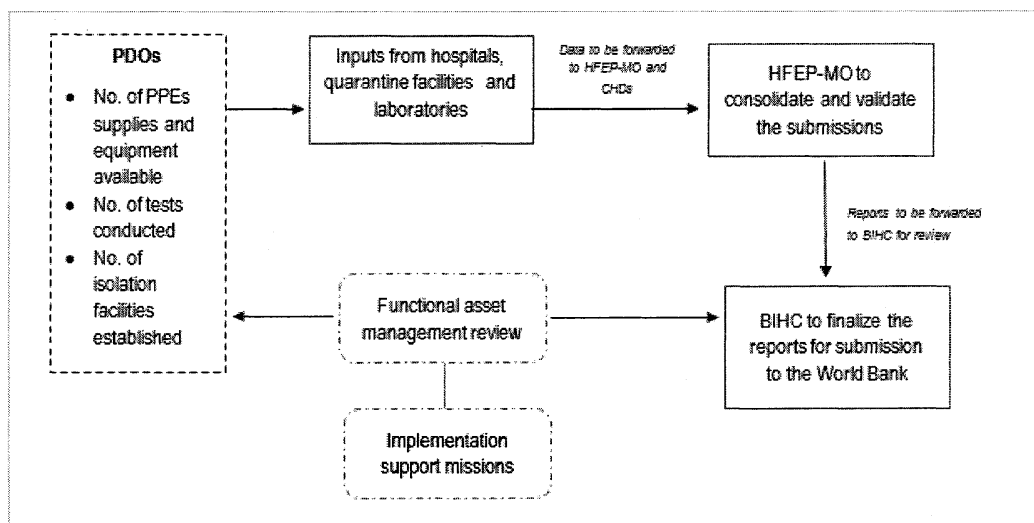


Figure 1. M&E environment of PCERP

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

TABLE 6. Reports to be submitted throughout the Project implementation

Type of Report	Target Submission Date
a. Project Report (Semestral)	No later than 45 days after the end of each calendar month, i.e.: <ul style="list-style-type: none"> • <u>August 15, 2020</u>: covering Project Effectiveness to June 30, 2020 • <u>February 15, 2021</u>: covering July 1 to Dec 31, 2020 • <u>August 15, 2021</u>: covering January 1 to June 30, 2021 • <u>February 15, 2022</u>: covering July 1 to Dec 31, 2021 • <u>August 15, 2022</u>: covering January 1 to June 30, 2022 • <u>February 15, 2023</u>: covering July 1 to Dec 31, 2022 • <u>August 15, 2023</u>: covering January 1 to June 30, 2023 • <u>February 15, 2024</u>: covering July 1 to Dec 31, 2023
b. Annual Report on the overall status of PDO indicators and environmental social, health, and safety performance	No later than 45 days after the end of each calendar month, i.e.: <ul style="list-style-type: none"> • <u>June 15, 2021</u>: covering Project Effectiveness to May 30, 2020 • <u>June 15, 2022</u>: covering Project Effectiveness to May 30, 2021 • <u>June 15, 2023</u>: covering Project Effectiveness to May 30, 2022 • <u>June 15, 2024</u>: covering Project Effectiveness to May 30, 2023
c. Midterm Report	<ul style="list-style-type: none"> • About April 2022 (or about 23 months after the Effective Date of the Project)

3.3 Measuring the results indicators

To measure the progress of the implementation on a semestral basis, a scoring system shall be employed to compute for each intermediate result indicator (IRI). A total of forty (40) points which is equivalent to 100% will be the overall target score of the project components. See the matrix below.

Below is the description of each column:

- Column 1 - contains the Project Components
- Column 2 - contains the intermediate result indicators
- Column 3 - process or the means of verification of each indicator
- Column 4 - specific questions contained in the template
- Column 5 - the score description for each response
- Column 6 - the score range (maximum and minimum)

A separate computation for the progress of the Project Development Objective indicators will form part of the annual reporting of the project.

TABLE 7. Computation Table per Results Indicator

INTERMEDIATE OUTCOME	IRIs	PROCESS	QUESTIONS	SCORE DESCRIPTION	SCORE RANGE	
					Min	Max
STRENGTHENING EMERGENCY COVID-19 HEALTH CARE RESPONSE	No. of ventilators, PPEs, infection control products and supplies available	- A checklist will be provided with the template - To be check via DOH COVID-19 website	With stocks-outs? Without stock-outs?	0= no supply remaining 1= 1 week or less 2= 2 weeks or less 3 = 3 weeks or less 4 = more than 3 weeks 5 = no stock out	0	5
	No. of acute healthcare facilities with isolation capacity	A standard design will be provided	Yes? No?	5 = yes 0 = no	0	5
	No. of health staff trained in infection prevention and control per DOH-approved protocols	Data to be gathered from HESO	How many staff were trained?	0 = no staff trained 5 = 50 staff (2021), 100 (2022), 141 (2023)	0	5
STRENGTHENING LABORATORY CAPACITY AT NATIONAL AND SUB-NATIONAL LEVEL	No. of daily capacity in conducting COVID-19 tests	- A checklist will be provided with the template - To be check via DOH COVID-19 website	>300 tests per day <300 tests per day *Actual test/day	0= no test conducted 1= 1-50 test/day 2= 51-100 test/day 3=101-199 tests/day 4= 200-299 5= 300 and more RITM - 3,000/day Others - 1,000/day	0	5
	No. of equipment and supplies available		With stocks-outs? Without stock-outs?	0= no supply remaining 1= 1 week or less 2= 2 weeks or less 3 = 3 weeks or less 4 = more than 3 weeks 5 = no stock out	0	5
IMPLEMENTATION MANAGEMENT AND MONITORING AND EVALUATION	M&E System in place	Reports submitted	Yes? No?	5 = yes 0 = no	0	5
	Functional asset management review conducted		Yes? No?		0	5
	Percentage of grievances resolved	Were taken to resolve the grievance?	- No - 0 Yes - 5	0	5	

4. Guidance Notes

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

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

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

4.1 Guidance Note on the Minimum Requirement to measure daily capacity of designated national laboratory (RITM) and sub-national laboratories conducting COVID-19 diagnostic test

I. General background

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

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

The intermediate results indicators being monitored are the following:

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

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

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

This Note presupposes that the designated COVID-19 testing laboratory has already fulfilled all the requisite administrative and structural requirements in developing the testing laboratory and has secured a License to Operate from the Department of Health for a real-

time Reverse Transcriptase Polymerase Chain Reaction (rRT-PCR), as well as attended the Hands-on PCR training for the sub-national laboratories.

II. Guidelines on Testing Capacity and Reporting

Table 8. Risk-Based Actions for COVID-19 Response

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

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

- All laboratories shall submit the necessary information to DOH through the dedicated online platforms to be provided to the Data Encoders by the DOH.
- The data encoders shall only use these platforms to report laboratory testing and supply data. Further, only the dedicated encoder/s are provided access to the only form.

- The data submitted shall conform with the questions or data asked in the reporting tool. Reports must be submitted daily on or before 12:00 NN. Failure to submit will result in “NO REPORT” in official DOH reports, releases, platforms, and documents.
- If there are noted corrections on submitted data of the day, these may be submitted again before 12NN. Corrections to daily or historical data made and notified to DOH after 12NN will be reflected already on the following day’s report.
- It is the responsibility of the sending laboratory to ensure the accuracy of the report before submission. Editing of historical data after the grace period of until 12NN is discouraged.

B. Maximum and Minimum Capacity of Laboratories

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

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

Table 9^[BR2]. Rated Minimum and Maximum Capacity of Laboratories

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
1. Allegiant Regional Care Hospital	88	132
2. Asian Hospital and Medical Center	176	264
3. Baguio General Hospital and Medical Center	352	1552
4. Bataan General Hospital and Medical Center (Genexpert)		32
5. Bicol Medical Center		32
6. Bicol Regional Diagnostic and Reference Laboratory	88	1284
7. Cagayan Valley CHD (Genexpert)		64
8. Cebu TB Reference Laboratory – Molecular Facility for COVID-19 Testing		
9. Chinese General Hospital	88	132

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
10. Cotabato Regional and Medical Center		64
11. Davao One World Diagnostic Center Incorporated	88	132
12. Davao Regional Medical Center (Genexpert)		64
13. De La Salle Medical and Health Sciences Institute	176	1288
14. Detoxicare Molecular Diagnostics Laboratory	176	1288
15. Divine Word Hospital	88	132
16. Dr. Arturo Pingoy Medical Center (Genexpert)		32
17. Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium (Genexpert)		32
18. Eastern Visayas Regional COVID Testing Center	88	132
19. Green City Medical Center	88	132
20. Hi-Precision Diagnostics (QC)	88	132
21. Ilocos Training and Regional Medical Center	88	132
22. Jose B. Lingad Memorial General Hospital	88	4036
23. Lucena United Doctors Hospital and Medical Center	88	132
24. Lung Center of the Philippines	176	1800
25. Lung Center of the Philippines (Genexpert)		192
26. Makati Medical Center (MMC)	88	132
27. Mariano Marcos Memorial Hospital (RT-PCR)		
28. Mariano Marcos Memorial Hospital Genexpert laboratory		32
29. Marikina Molecular Diagnostics Laboratory (MMDL)	88	132
30. National Kidney and Transplant Institute	176	264
31. Northern Mindanao TB Regional Center	254	396
32. Northern Mindanao Medical Center Genexpert Laboratory		32

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
33. Oriental Mindoro Provincial Hospital Genexpert Laboratory		32
34. Ospital ng Imus	0	1024
35. Ospital ng Palawan genxpert Laboratory		32
36. PNP Crime Laboratory	88	644
37. Philippine Red Cross (PRC)	2000	4096
38. Philippine Red Cross - Port Area	2000	3072
39. Philippine Red Cross Logistics and Multipurpose Center	2000	4096
40. Region 1 Medical Center Genexpert Laboratory		32
41. Research Institute for Tropical Medicine (RITM)	792	3812
42. Safeguard DNA Diagnostics, Inc.		1024
43. San Lazaro Hospital (SLH)	264	1420
44. Singapore Diagnostics	88	178
45. Southern Philippines Medical Center (SPMC)	176	2312
46. St. Luke's Medical Center - BGC	264	396
47. St. Luke's Medical Center - QC	176	264
48. Teresita Jalandoni Provincial Hospital	88	1156
49. The Medical City	88	132
50. Tondo Medical Center genexpert Laboratory		64
51. Tropical Disease Foundation	88	1156
52. UP National Institutes of Health	176	1800
53. UP Philippine Genome Center	88	1668
54. UP-PGH Molecular Laboratory	164	396
55. Vicenter Sotto Memorial Medical Center	352	4432
56. Victoriano Luna -AFRIMS	88	132
57. Western Visayas Medical Center	176	1288

Laboratory	Rated Minimum Capacity	Rated Maximum Capacity
58. Zamboanga City Medical Center - DA Satellite Laboratory	88	1156
59. Zamboanga City Medical Center Genexpert laboratory		64
Total	12,326	50,606

III. Monitoring and Evaluation

- HFEP-MO will be responsible for collecting the monthly data from the DOH COVID-19 Tracker, COVID-19 Situationer, and DOH Data Drop.
- HFEP-MO will be responsible for collecting the data from the ff. laboratories:
 - A. National Laboratory
 1. Research Institute for Tropical Medicine (RITM)
 - B. Sub-National and Regional laboratories
 2. Lung Center of the Philippines (QC)
 3. San Lazaro Hospital (Manila)
 4. Baguio General Hospital (Baguio)
 5. Vicente Sotto Memorial Medical Center (Cebu)
 6. CARAGA Regional Hospital (Surigao City)
 7. Southern Philippines Medical Center (Davao)

4.2 Guidance Note on the Minimum Requirement of COVID-19 diagnostic equipment, test kits, and reagents in designated laboratories According to DOH Requirements

I. General background

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

The indicator being monitored is one of three indicators contributing to the attainment of the project's Project Development Objective indicator of Strengthening the Philippines' capacity to prevent, detect, and respond to the threat posed by COVID-9.

The specific indicator being monitored is:

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

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

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

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

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

II. List for Diagnostic equipment, test kits and reagents

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

I. Laboratory Equipment, Furniture and Supplies Required

1.1 For reagent preparation

The following minimum recommended equipment for this workstation:

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

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

1.2 For specimen handling/sample preparation

The following are minimum recommended equipment for this workstation:

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

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

1.3 Amplification/PCR

The following are minimum recommended equipment for this workstation:

- Biomedical refrigerators or freezer for storage of PCR products
- Computer and printer (associated with the Real-time PCR machine)
- Minifuge
- Real-time PCR machine

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

II. Diagnostic supplies

- 2.1 Triple packaging boxes
- 2.2 Swab and viral transport medium
- 2.3 Safety box
- 2.4 RT-PCR reaction kit (manual)
- 2.5 Test kits – high throughput PCR
- 2.6 Personal Protective Equipment

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

III. Capacity

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

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

IV. Stock out Scenario

Below is the sample computation using the World Health Organization COVID-19 Essential supplies forecasting Tool¹. Using the data available for the Philippines, below are the total number of laboratory equipment and supplies needed for the following scenarios:

¹ Source: <https://www.who.int/publications/m/item/covid-19-essential-supplies-forecasting-tool>

A. National-level (monthly)

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

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

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

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

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

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

Note: The following supplies are based on the WHO guidelines

B. Level 3 Hospital (monthly)

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
Diagnostics			
Triple packaging boxes	Unit	652	19560
Swab and Viral transport medium	Unit	11280	7896
Safety box	Each	5216	4173
Extraction kit	Unit	51	48960
RT-PCR reaction kit (manual)	100T/kit	126	32670
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	800	16,000
Total			114,949

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

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

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

C. Level 2 Hospital (monthly)

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

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

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

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
Diagnostics			
Triple packaging boxes	Unit	32	960
Swab and Viral transport medium	Unit	1940	1358
Safety box	Each	120	96
Extraction kit	Unit	9	8640
RT-PCR reaction kit (manual)	100T/kit	22	5720
Test kits - high-throughput PCR	1T/kit	0	0

Item	Unit	Total quantity	Estimated Price (in \$)
For near patient PCR machine - RT-PCR cartridge	1T/kit	0	0
Total			16,774

D. Level 1 Hospital (monthly)

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

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

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

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
Diagnostics			
Triple packaging boxes	Unit	16	480
Swab and Viral transport medium	Unit	1885	1319
Safety box	Each	72	58
Extraction kit	Unit	9	8640

Item	Unit	Total quantity	Estimated Price (in \$)
RT-PCR reaction kit (manual)	100T/kit	21	5460
Test kits - high-throughput PCR	1T/kit	0	0
For near patient PCR machine - RT-PCR cartridge	1T/kit	0	0
Total			15,957

Notes:

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

V. Monitoring and Evaluation

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

4.3 Guidance Note of Personal Protective Equipment and Infection Control Products and Supplies at Health Facilities According to DOH Requirements

I. General background

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

The indicator being monitored is one of three indicators contributing to the attainment of the project's Project Development Objective indicator of Strengthening the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-9.

The specific indicator being monitored is:

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

This document enumerates the minimum requirements in terms of PPEs and infection control products and supplies of hospitals supported by the PCERP. These requirements apply to all DOH, provincial, and regional and local government hospitals.

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

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

II. List for Personal Protective Equipment

Table 10. Technical Specifications of PPEs

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

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

III. Capacity

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

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

IV. Stock out Scenario

Below is the sample computation using the World Health Organization COVID-19 Essential supplies forecasting Tool². Using the data available for the Philippines, below are the total number of PPE and infection control products and supplies needed for the following scenarios:

E. National-level (monthly)

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
A. PPEs			
Gown, heavy-duty	Each	4,733,628	3,786,902
Scrubs, tops	Each	155,338	403,878
Scrubs, pants	Each	155,338	403,878
Apron, disposable	Each	2,836,415	567,283
Apron, heavy-duty, reusable	Each	28,990	115,962
Gumboots	Pair	28,990	133,356
Gloves, heavy-duty	Pair	27,676	49,816
Gloves, examination	Pair	134,030,301	8,041,818
Gloves, surgical	Pair	2,836,415	1,134,566
Goggles, protective	Each	159,342	446,157
Face shield	Each	3,725,093	2,235,056
Respirator	Each	2,836,415	4,254,623
Mask, medical/surgical for health worker	Each	47,644,400	33,351,080

² Source: <https://www.who.int/publications/m/item/covid-19-essential-supplies-forecasting-tool>

Item	Unit	Total quantity	Estimated Price (in \$)
Mask, medical/surgical for patient	Each	34,477,960	24,134,572
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	6,444	51,555,669
Medical supply consumables, 40 patients (severe + critical)	Each	6,444	11,600,025
Subtotal A			79,058,947
Subtotal B			63,155,694
Grand Total			142,214,641

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

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

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

Note: The following supplies are based on the WHO guidelines

F. Level 3 Hospital (monthly)

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

Total Population	2,936,116
Cumulative Cases (#)	46,333

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

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

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
A. PPE			
Gloves, heavy-duty	Pair	122	219
Gloves, examination	Pair	150901	9054
Gloves, surgical	Pair	5885	2354

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

Note: The following supplies are based on the WHO guidelines

G. Level 2 Hospital (monthly)

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

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
Medical supply consumables, 40 patients (severe + critical)	Each	15	27234
Subtotal A			100602
Subtotal A			148275
Grand Total			248,877

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

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

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

Note: The following supplies are based on the WHO guidelines

H. Level 1 Hospital (monthly)

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

Total Population	163,879
Cumulative Cases (#)	46,333
Total number of Health Workforce based on WB dataset	386
Total number of hospital beds in-country	125
Clinical attack rate	High (30% clinical attack rate)

Number of weeks to forecast equipment	4
Testing strategy	Targeted

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

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

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

Item	Unit	Total quantity	Estimated Price (in \$)
A. PPE			
Gloves, heavy-duty	Pair	32	58
Gloves, examination	Pair	50286	3017
Gloves, surgical	Pair	1771	708
Goggles, protective	Each	172	480
Face shield	Each	2417	1450
Respirator	Each	1771	2656

Item	Unit	Total quantity	Estimated Price (in \$)
Mask, medical/surgical for health worker	Each	12933	9053
Mask, medical/surgical for patient	Each	5202	3641
B. Drugs and Consumables			
Drug modules 40 patients (severe + critical)	Each	4	29304
Medical supply consumables, 40 patients (severe + critical)	Each	4	6593
Subtotal A			21,064
Subtotal B			35,897
Grand Total			56,961

Note: The following supplies are based on the WHO guidelines

Notes:

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

IV. Monitoring and Evaluation

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

4.4 Guidance Note On Standard Design for Hospital Isolation and Treatment Centers to Manage Severe Acute Respiratory Infections (SARI) patients

I. General background

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

The indicator being monitored is one of three indicators contributing to the attainment of the project's Project Development Objective of Strengthening the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-9.

The specific indicator being monitored is:

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

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

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

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

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

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

II. Specific Guidelines

These guidelines shall cover all health facilities, and temporary treatment and monitoring facilities catering to suspect, probable, and confirmed COVID-19 patients.

- A. All health facilities and temporary treatment and monitoring facilities catering to COVID-19 patients shall apply the prescribed zoning in all areas where care for a suspect, probable, and confirmed COVID-19 cases will be provided. These include, but are not limited to, the following: Emergency Department, Triage Area, and COVID-19 isolation Ward.
1. The prescribed zoning shall be the following:
 - a. Contaminated Zone: serves as the area where patients admitted are contained.
 - b. Buffer Zone (Potentially contaminated area): serves as an area for Personal Protective Equipment (PPE) donning and doffing, decontamination, and hand hygiene.
 - c. Sterile Zone (Clean Area): serves as holding area and entrance for healthcare workers.
 2. Each Zone shall be divided by glass and steel. In cases that this is not feasible, the use of drywall and translucent material for the view window may be permitted to act as a viewing panel from the nurse's station to the patient's room or ward to provide an observation panel.
 3. The buffer zone shall have negative pressure ventilation to ensure that the air flows from clean to the contaminated area (Annex B). If this is not feasible, dilution ventilation must be utilized, with air exhausted to an air space with no people.
 4. The buffer zone shall be divided further into three levels, separated by partitions such as polycarbonate sheets, drywall, plywood, or any other construction material available. Donning and doffing processes will utilize two separate pathways with corresponding procedures per level.

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

5. Footbath shall be utilized in transition areas from highly infectious to lower infectious. It shall be placed between offing and clean area, and at the exits of the health facilities.
- B. The HFEPMO, which is the unit responsible for the upgrading of DOH and local government unit hospital facilities, treatment centers and quarantine facilities developed a standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients. This design was approved by the DOH- Technical Working (TWG) Group on World bank project last 5 August 2020. The members of the TWG are composed of the HFEPMO Director and representatives from the following DOH hospitals:
1. Amang Rodriguez Memorial Medical Center
 2. Jose B. Lingad Memorial Regional Hospital
 3. Dr. Jose N. Rodriguez Memorial Hospital
 4. Quirino Memorial Medical Center
 5. Lung Center of the Philippines

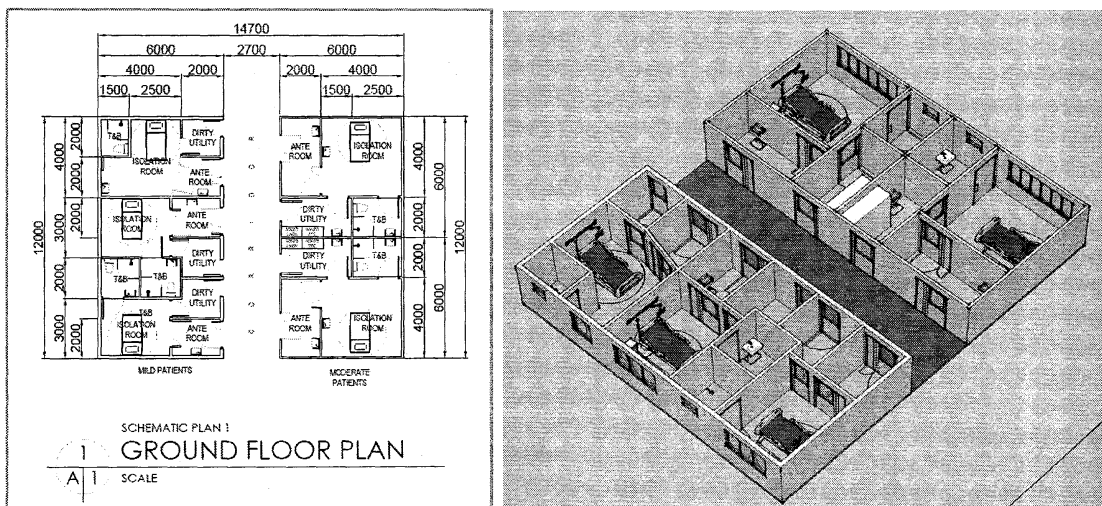


Figure 2. COVID-19 Isolation Reference Layout (Schematic Plan of the 5-Bed Isolation Room Facility = Php 10M)

III. Monitoring and Evaluation

- HFEP-MO will be responsible for the monitoring of the following facilities together with the CHDs or the DOH-Regional Offices:

Table 11. Recipient Facilities for Civil Works

A. NCR Isolation Rooms		
Group 1		
1. Dr. Jose N. Rodriguez Memorial Hospital	New Construction	13,000,000.00
2. Valenzuela Medical Center	Upgrade	9,000,000.00
3. Tondo Medical Center	Upgrade	9,000,000.00
4. Philippine Orthopedic Center	Upgrade	9,000,000.00
TOTAL		40,000,000.00
Group 2		
5. Jose R. Reyes Memorial Medical Center	Upgrade	9,000,000.00
6. Dr. Jose Fabella Memorial Hospital	Upgrade	9,000,000.00
7. National Children's Hospital	Upgrade	9,000,000.00
8. Las Piñas General Hospital	Upgrade	9,000,000.00
TOTAL		36,000,000.00
Group 3		
9. Philippine Children's Medical Center	Upgrade	9,000,000.00
10. National Kidney and Transplant Institute	Upgrade	9,000,000.00
11. Philippine Heart Center	Upgrade	9,000,000.00
12. East Avenue Medical Center	Upgrade	9,000,000.00
TOTAL		36,000,000.00
Group 4		
13. Amang Rodriguez Memorial Center	Upgrade	9,000,000.00
14. Quirino Memorial Medical Center	Upgrade	9,000,000.00
15. National Center for Mental Health	New Construction	13,000,000.00
16. Rizal Medical Center	Upgrade	9,000,000.00
TOTAL		40,000,000.00

B. Facilities Outside NCR	
<i>Province</i>	<i>Facility</i>
Region 1	
1. Ilocos Norte	Mariano Marcos Memorial Hospital and Medical Center
2. Pangasinan	Region 1 Medical Center
Region II	
3. Batanes	Batanes General Hospital
4. Cagayan	Cagayan Valley Medical Center
5. Nueva Vizcaya	Region II Trauma and Medical Center
6. Isabela	Southern Isabela General Hospital

CAR	
7. Benguet	Baguio General Hospital and Medical Center
8. Apayao	Conner District Hospital
Region III	
9. Nueva Ecija	Talavera General Hospital
Region IV	
10. Bataan	Bataan General Hospital
Region IV-B	
11. Palawan	Ospital ng Palawan
Region V	
12. Albay	Bicol Regional Training and Teaching Hospital
13. Camarines Sur	Bicol Medical Center
Region VI	
14. Negros Occidental	Corazon Locsin Montelibano Memorial Regional Hospital
15. Iloilo	Western Visayas Sanitarium
Region VII	
16. Bohol	Governor Celestino Gallares Memorial Hospital
17. Cebu	Talisay District Hospital
18. Cebu	Vicente Sotto Memorial Medical Center
Region VIII	
19. Leyte	Eastern Visayas Regional medical Center
Region IX	
20. Zamboanga del Sur	Margosatubig Regional Hospital
21. Zamboanga	Zamboanga City Medical Center
Region X	
22. Lanao del Sur	Amai Pakpak Medical Center
23. Misamis Occidental	Mayor Hilarion A Ramiro Sr. Medical Center
Region XII	
24. Bangsamoro	Cotabato Regional and Medical Center
Region XIII	
25. Surigao del Sur	Adela Sierra Ty Memorial Center
26. Surigao del Norte	CARAGA Regional Hospital

C. Provincial Hospitals - Isolation Rooms	
<i>Province</i>	<i>Facility</i>
Region 1	
27. Ilocos Norte	Ilocos Sur Provincial Hospital - Gabriela Silang
28. Ilocos Sur	Governor Roque B. Ablan Sr. Memorial Hospital
Region II	
29. Quirino	Quirino Provincial Medical Center
CAR	

30. Benguet	Benguet General Hospital
31. Kalinga	Kalinga Provincial Hospital
32. Mountain Province	Bontoc General Hospital
Region III	
33. Aurora	Aurora Memorial Hospital
34. Pampanga	Diosdado Macapagal Memorial Hospital
Region IV	
35. Quezon Province	Awaiting For The Final Hospital
Region IV-B	
36. Oriental Mindoro	Oriental Mindoro Provincial Hospital
37. Marinduque	Marinduque Provincial Hospital
38. Romblon	Romblon Provincial Hospital
39. Palawan	Northern Palawan Provincial Hospital
Region V	
40. Masbate	Masbate Provincial Hospital
41. Sorsogon	Dr. Fernando B. Duran Sr. Memorial Hospital
Region VI	
42. Aklan	Dr. Rafael S. Tombokon Memorial Hospital
43. Capiz	Roxas Memorial Provincial Hospital
44. Guimaras	Dr. Catalino G. Nava Hospital
Region VII	
45. Cebu	Danao City Provincial Hospital
46. Cebu	Carcar City Provincial Hospital
47. Siquijor	Siquijor Provincial Hospital
Region VIII	
48. Biliran	Biliran Provincial Hospital
49. Samar	Samar Provincial Hospital
Region IX	
50. Zamboanga Del Norte	Zamboanga Del Norte Medical Center
51. Zamboanga Del Sur	Zamboanga Del Sur Provincial Hospital
Region X	
52. Misamis Oriental	Misamis Oriental Provincial Hospital
53. Lanao del Norte	Lanao Del Norte Provincial Hospital
Region XI	
54. Compostela Valley	Compostela Valley Provincial Hospital
Region XII	
55. South Cotabato	South Cotabato Provincial Hospital
Region XIII	
56. Agusan del Sur	Agusan Del Norte Provincial Hospital
57. Surigao del Norte	Surigao Del Norte Provincial Hospital
58. Surigao del Norte	Siargao District Hospital
59. Agusan del Sur	D.O. Plaza Memorial Hospital
BARMM	

60. Maguindanao	Maguindanao Provincial Hospital
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D. COVID-19 NCR National Reference Laboratories, and Subnational and Public Health Laboratories	
1. Research Institute for Tropical Medicine	For final computation
2. San Lazaro Hospital	70,000,000.00
3. Lung Center of the Philippines	70,000,000.00

E. Quarantine Facilities		
<i>Facility Name</i>	<i>Region</i>	<i>Facility Type</i>
1. Pasay Station (BOQ Central Office)	NCR	Bureau Of Quarantine Station
2. Tabaco, Bicol	V	Bureau Of Quarantine Station
3. Kalibo, Aklan Station	VI	Bureau Of Quarantine Station
4. Cebu Station	VII	Bureau Of Quarantine Station
5. Zamboanga Station	IX	Bureau Of Quarantine Station
6. Cagayan De Oro	X	Bureau Of Quarantine Station
7. Davao Station	XI	Bureau Of Quarantine Station

*Recipient Facilities as of September 2020

ANNEXES

TEMPLATE A
(Hospitals)

HOSPITAL NAME: _____

DURATION: _____

Physical			
	Target	Status	Remarks
A. Supplies			
1. No. of Personal Protective Equipment (PPE) available*	No stock-out		<i>*see checklist on the next page</i>
2. No. of infection control products available*	No stock-out		
B. Equipment			
3. No. of ventilators received	1		
4. Type of Ambulance received	1		<i>*land or sea</i>
5. No. of portable X-rays received	TBD		
6. No. of infusion pump received	TBD		
C. Isolation Facility			
7. Civil works (<i>upgrade or new construction</i>)			
8. No. of isolation beds available			

Approved by:

(Name and Signature)

Head of the Hospital

Notes:

Stock-out - a situation in which an item is out of stock.

Target - based on the checklist provided by DOH

Accomplishment - based on the actual data of the hospital

Remarks - explanations, if necessary

CHECKLIST for TEMPLATE A

1. Personal Protective Equipment

<i>Type of Personal Protective Equipment</i>	<i>Required minimum monthly (30 days) stock level</i>	<i>Number at the end of last month</i>	<i>Was there a stockout within the last month (Yes/No)</i>	<i>If there was a stockout, how many days was it out of stock in the last month?</i>	<i>Reason for stockout/ Remarks</i>
N95 Mask/ Respirator					
Gown					
Coverall					
Gloves					
Face shield					
Goggles					
Head Cover					
Aprons					
Medical or Surgical Mask					
Shoe Cover					

2. Infection control products and supplies

<i>Type of infection control product/ supply</i>	<i>Required minimum monthly (30 days) stock level</i>	<i>Number at the end of last month</i>	<i>Was there a stockout within the last month (Yes/No)</i>	<i>If there was a stockout, how many days was it out of stock in the last month?</i>	<i>Reason for stockout/ Remarks</i>

TEMPLATE B

(Laboratories and Hospitals)

HEALTH FACILITY NAME: _____

LOCATION: _____

July-August 2020			
	Target	Status	Remarks
A. Tests conducted			
1. No. of COVID-19 diagnostic equipment, test kits, and reagents available*	No stock-out	*see checklist on the next page	
		male female	
2. No. of COVID-19 tests conducted	*actual No.		

Approved by:

(Name and Signature)

Head of the Facility

Notes:

Stock-out - a situation in which an item is out of stock.

Target - based on the minimum requirement provided by DOH

Accomplishment - based on the actual data of the hospital

Remarks - explanations, if necessary

CHECKLIST for TEMPLATE B

HEALTH FACILITY NAME: _____

LOCATION: _____

DURATION: _____

<i>Type of Equipment</i>	<i>Number needed</i>	<i>Number in place</i>	<i>Functional? (Yes/No)</i>	<i>If No, why is it not functional?</i>
Reagent preparation				
PCR cabinet/laminar flow				
Biomedical refrigerator for reagents				
Biomedical freezer for reagents				
Cold rack for PCR tube				
Microcentrifuge				
Minifuge				
Set of four adjustable-volume micropipettes with rack: 100-1000 I, 20-200 ul, 2-2- ul, and 0.5-10ul				
Vortex mixer				
Specimen handling/sample preparation				
Biological Safety Cabinet Class II A2				
Biomedical refrigerator with freezer for nucleic acid extracts				
Cold rack for PCR tube				
Computer and printer for accessioning				
Microcentrifuge				
Minifuge				
Set of four adjustable-volume micropipettes with rack: 100-1000 I, 20-200 ul, 2-20 ul, and 0.5-10 ul				
Vortex mixer				
Amplification/PCR				
Biomedical refrigerators or freezer for storage of PCR products				
Computer and printer (associated with the Real-time PCR machine)				
Minifuge				
Real-time PCR machine				

<i>Type of Diagnostic Supplies</i>	<i>Required minimum monthly (30 days) stock level</i>	<i>Number at the end of last month</i>	<i>Was there a stockout within the last month (Yes/No)</i>	<i>If there was a stockout, how many days was it out of stock in the last month?</i>	<i>Reason for stockout/ Remarks</i>
1. Triple packaging boxes					
2. Swab and viral transport medium					
3. Safety box					
4. RT-PCR reaction kit (manual)					
5. Test kits - high throughput PCR					
6. Personal Protective Equipment					
7. Gloves (different size: S, M, L)					
8. Micropipette tips					

TEMPLATE C
Project's Grievance Redress Mechanism (GRM)

The template below will be used for the monthly and yearly monitoring of the Project's GRM:

Month/Year: _____

Monitoring of Grievances

New 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	Stakeholders Involved	Status

Monitoring of Grievance Resolution

New grievances received within the month as well as the unresolved/ongoing grievances processed during the month will be recorded in the first column.

If the re-appeal for the grievance was not submitted within the specified timeframe in the GRM steps above, it will still be reconsidered, and the grievance will be re-opened. However, if the same grievance has been previously reported in the ISR indicator as resolved, the previous report will not be changed and it will be noted in the monitoring that the grievance was re-opened upon re-appeal submission of proponent after deadline. The 're-opened grievance upon re-appeal submission of proponent after deadline' will not be counted as a new item and will continue its previous GRM process.

No. of Received and Unresolved Grievances	No. of Grievances Resolved	Percentage of Grievances Satisfactorily Resolved within Timeframe Specified (No. of Grievances Resolved / No. of Received and Unresolved Grievances)

Monitoring of Pending Grievances

All pending grievances will be recorded regardless of the month received. This form will be continuously updated.

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

Annex J. Screening Form for Potential Environmental and Social Risks

This form is to be used by DOH to screen for the potential environmental and social risks and impacts of specific project activities. It will help the BIHC identify the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating for these activities and specifying the type of environmental and social assessment required (if any), E&S risk management measures and specific instruments if required (e.g. ESMP/ECOP, SEP, LMP). Use of this form will allow DOH to form an initial view of the potential risks and impacts. ***It is not a substitute for specific E&S assessments or specific mitigation plans, if needed.***

The screening form will be used for health facilities that will involve civil works. The use of security personnel will also be assessed and addressed as needed.

Annex J provides a template for an ESMP that will be prepared for project activities that include civil works. It also provides standards Environmental and Social Codes of Practice for various project activities.

A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

Activity	
Location	
Health Care Facility	
Estimated Investment	
Start/Completion Date	

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	No		
Does the activity include any of those in the negative list?				Not eligible
Does the project activity involve construction works including new construction, expansion, upgrading or rehabilitation of existing healthcare facilities and/or waste management facilities?			ESS1	ESMP or ECOP

Does the project activity involve land acquisition and/or restrictions on land use?			ESS5	Not eligible
Does the project activity involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	Not eligible
Is the local health facility associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESMP or ECOP
Is there a sound set of practices, protocols, procedures and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESMP or ECOP
Does the local health facility have an adequate system in place (capacity, processes and management) to address waste?			ESS3	ESMP or ECOP
Does the project activity involve recruitment of workers including direct, contracted and/or community workers?			ESS2	LMP, SEP

Does the local health facility have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?			ESS2	LMP, ESMP
Does the project activity involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	LMP, ESMP
Does the project activity involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS2, ESS4	Assessment of risks, Code of Ethics and Good Conduct Training
Is the project activity located within or in the vicinity of any ecologically sensitive areas that will cause to generate significant impacts?			ESS6	Not eligible
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed project activity negatively or positively?			ESS7	SEP. Meaningful consultations with IP community and traditional health practitioners, coordination with traditional health practitioners

Is the project activity located within or in the vicinity of any known cultural heritage sites that will cause the generation of significant impacts?			ESS8	Not eligible
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1, ESS2, ESS4	Code of Ethics and Good Conduct Training

INFECTION CONTROL: CONSIDERATIONS AND TOOLS TO ASSIST IN E&S SCREENING AND RISK RATING

In the context of global COVID-19 outbreak, this project will adopt a containment strategy that includes extensive testing, quarantine, isolation and treatment either in a medical facility or at home.

This COVID-19 response project will include the activities below.

- construction of and/or operational support to medical laboratories, quarantine and isolation centers at multiple locations and in different forms, and infection treatment centers in existing healthcare facilities
- procurement and delivery of medical supplies, equipment and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs)
- transportation of potentially infected specimens from healthcare facilities to testing laboratories
- construction, expansion or enhancing healthcare waste and wastewater facilities
- training of medical workers and volunteers
- community engagement and communication
-

1. Screening E&S Risks of Medical laboratories

This project will include capacity building and operational support to existing medical laboratories. It is important that such laboratories put in place procedures relevant to appropriate biosafety practices. WHO advises that non-propagative diagnostic work can be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work should be conducted at a BSL-3 laboratory. Patient specimens should be transported as Category B infectious substance

(UN3373), while viral cultures or isolates should be transported as Category A “Infectious substance, affecting humans” (UN2814). The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. OHS of workers in the laboratory and potential community exposure to the virus should be considered.

The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios
- WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:
- WHO Laboratory Biosafety Manual, 3rd edition
- USCDC, EPA, DOT, *et al*; Managing Solid Waste Contaminated with a Category A Infectious Substance (August 2019)

2. Screening E&S Risks of Quarantine and Isolation Centers

According to WHO:

- **Quarantine** is the restriction of activities of or the separation of persons *who are not ill but who may have been exposed* to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases
- **Isolation** is the separation of *ill or infected persons* from others to prevent the spread of infection or contamination.

This project will include construction, renovation and equipping of quarantine and isolation centers at Point of Entry (POE), in urban and in remote areas. There may also be circumstances where tents are used for quarantine or isolation. Public or private facilities such as a stadium or hotel may also be acquired for this purpose.

In screening for E&S risks associated with quarantine and isolation, the following may be considered:

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks
- land or asset acquisition
- use of security personnel or military forces
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively

- whether adequate systems are in place for waste and wastewater management

The following documents provide further guidance regarding quarantine of persons.

- WHO; Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)
- WHO; Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV
- WHO; Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings

3. SCREENING E&S RISKS OF TREATMENT CENTERS

WHO has published a manual that provides recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centers in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment center, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics.

- WHO Severe Acute Respiratory Infections Treatment Centre
- WHO Covid-19 Technical Guidance: Infection prevention and control / WASH
- WBG EHS Guidelines for Healthcare Facilities

4. SCREENING E&S RISKS RELATING TO LABOR AND WORKING CONDITIONS

A COVID-19 project may include different types of workers. In addition to regular medical workers and laboratory workers who would normally be classified as direct workers, the project may include contracted workers to carry out construction and community workers (such as community health volunteers) to provide clinical support, contact tracing, and data collection, etc. The size of the workforce engaged could be considerable. Risks for such a workforce will range from occupational health and safety to types of contracts and terms and conditions of employment. Further details relevant to labor and working conditions for COVID-19 projects are discussed in the LMP section.

Annex K. Environmental and Social Management Plan Template

I. Subproject Information

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

II. Site/Location Description

Concisely describes the proposed location and its geographic, ecological, social and temporal context including any offsite investments that may be required (e.g. access roads, water supply, etc.). Normally includes a map showing the location and project areas of influence.

III. ESMP Matrix

The items listed below are just suggestions. Items may be omitted and added as applicable.

Potential E&S Risks and Impacts	Proposed Risk Mitigation Measures	Responsibility	Timeline	Budget
Transfer of potentially infected specimens and exposure to contaminated working/construction area	Observance of biosafety practices. Patient specimens should be transported as Category B infectious substance (UN3373), while viral cultures or isolates should be transported as Category A "Infectious substance, affecting humans" (UN2814). Disinfection of area prior to construction.	Health Facility Contractor		

Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities	<p>Compliance to construction regulations.</p> <p>All employers must develop an Occupational Health and Safety Program in accordance with of DO 198-18 Section 12</p> <p>All workers must undertake the Mandatory 8-hour Safety and Health Seminar for Workers (Section 3).</p> <p>Each workforce must have a qualified Safety Officer in accordance with DO 198 Section 14</p>			
OHS risks related to the spread of the virus among health care workers	<p>Rational use of PPE.</p> <p>All workers involved with construction activities must follow basic hygiene procedures at all times to prevent the transmission of COVID-19.</p> <p>Conduct on-site awareness-raising activities to remind personnel about occupational exposures and safe practices.</p> <p>Practice of minimum public health standards.</p> <p>Practice of occupational Safety and Health Standards.</p>			
Community exposures to physical hazards (dust, noise, traffic)	Compliance of contractors to DOLE Department Order No. 198 (DO 198-18) (Implementing Rules of Republic Act No. 11058)			
Fear, mistrust and resistance among the local community	Conduct of community consultations and open feedback loop for communities.			
Workers may be asked to work overtime	<p>Provide OT pay.</p> <p>Consult with workers.</p>			

Occupational health risks: 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 the event of an occupational injury (e.g., needle-stick injury).			
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 if they are showing with COVID-19/respiratory symptoms. These provisions must be made including for contracted staff and are included in the Labor Management Procedures (LMP).			
Possibility of underaged workers	Ensure that all staff must be over 18 years and below 60 years old.			
Potential discrimination of marginalized groups, GBV, Sexual Exploitation and Abuse (SEA) and/or VAC	Law enforcement personnel must adhere to Code of Conduct (CoC), including fair treatment and non-discrimination			
Civil servants and outsourced staff/contractors may be involved in misconduct impacting women and children at local level.	Training on community interaction and GBV/VAC			

IV. Attachments

Contractor's Personnel GRM, and LMP

V. Review & Approval

Prepared By:(Signature)	
Position: Date	
Reviewed By:(Signature) Position:Date	Approved By:(Signature) Position: Date

IV. Attachments

Contractor's Personnel GRM, and LMP

V. Review & Approval

Prepared By:(Signature) Position: Date	
Reviewed By:(Signature) Position: Date	Approved By:(Signature) Position: Date

Annex M. Environmental Codes of Practice (ECOP) Checklist

CHECKLIST 1 Environmental and Social Codes of Practice – COVID 19 EXPOSURE AT HEALTH CARE FACILITY

Target: Health Care Workers/Health Care Facility Visitors/Construction Workers

General Infection Prevention and Control

- ✓ Procedures for entry into health care facilities, such as minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/respiratory illness, who should be taken to a different area and given a face mask. All persons visiting hospitals should wash hands before entering and before leaving.
- ✓ Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients suspected of having COVID-19 and this should be restricted to essential personnel only (except in cases of young children or other persons requiring assistance, then a family member may be present but they must also be wearing PPE – at least gloves and mask – and adhering to protocols).
- ✓ Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.

Isolation and Treatment

- ✓ Isolate patients as much as possible, separate from people presenting with COVID-19. People with COVID-19 should be separate from each other by curtains or in different rooms if possible. Only place together in the same room patients who are have all contracted COVID-19. People with COVID-19 must be separated at all times from other hospital patients and health and other staff. This means there must be dedicated toilet facilities (or bedpans), hand washing facilities, and medical equipment (stethoscope, blood pressure machine, etc.) for patients with COVID-19 only.
- ✓ Use of Personnel Protection Equipment (PPE) at all times for medical staff and cleaners as needed (particularly facemask, gowns, gloves, eye protection and potentially face shield) when in contact with someone who may have COVID-19.

Staff Occupational Health and Safety

- ✓ Immediate and ongoing training on the procedures to all categories of workers (lab technicians, doctors, nurses, cleaning staff, etc.) on use of PPE, personal hygiene and thorough disinfecting of surfaces on a regular basis (multiple times per day using a high-alcohol based cleaner to wipe down all surfaces and when COVID-19 patients are discharged; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.) Put signage in hospital as a reminder.
- ✓ Make particular efforts to ensure that all staff (such as cleaners and those doing the washing) are able to understand these procedures and have access to the necessary PPE.
- ✓ Laboratories undertaking testing for COVID-19 virus should adhere strictly to appropriate biosafety practices and WHO guidelines on Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases.
- ✓ Labor personnel needs to be trained and acquainted with key provisions in Labor Management Plan (LMP), in particular Occupational Health and Safety (OHS) aspects.

Sanitation and Waste Management

- ✓ Ensure that the designs for medical facilities consider the collection, segregation and treatment of medical waste
- ✓ The treatment of healthcare wastes produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely dispose
- ✓ General cleaning strategies: (i) proceed from cleaner to dirtier areas to avoid spreading

dirt and microorganisms; (ii) proceed from top areas to bottom areas to prevent dirt and microorganisms from dripping or falling down and contaminating already cleaned areas (for example clean mattress first, then clean bed legs); (iii) proceed in a methodical, systematic manner to avoid missing areas (for example, proceed from left to right or clockwise). Provide training to cleaning staff on these procedures, as well as on the use of PPE equipment, and put signage of reminders throughout health centers.

- ✓ Hospitals/health centers will also need to develop procedures and facilities for handling dirty linen and contaminated clothing, and preparing and handling food. For instance, social distancing measures (people 2m apart) should be implemented for those preparing and serving food in hospitals, ensuring thorough handwashing as per above guidelines, with reminders in kitchen and eating areas, and cooks/servers should wear masks.
- ✓ Decontamination of construction/working area prior to start of construction activities

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 2 Environmental and Social Codes of Practice – COVID 19 WASTE MANAGEMENT PROCEDURES

Target: Health Care Workers/Health Care Facilities/Laboratories

General Instructions

- ✓ All health care waste produced during the care of COVID-19 patients must be considered as infectious waste and should be collected safely in designated containers and bags, treated and then safely disposed (WHO).
- ✓ Train the staffs who are assigned in handling and disposal of waste management
- ✓ Train staffs on how to put and remove PPE.
- ✓ Ensure necessary PPE (Gown, gloves, face mask, goggles or face shield, gumboots) is provided to all staffs.
- ✓ Ensure staff wear PPE when handling and disposing waste according to HCW guideline.

General Waste - Food waste, paper, disposable cups, plates, spoons etc

- ✓ Collect in black bag
- ✓ Close and tie when 2/3rd full
- ✓ Transfer the waste to a temporary storage point for general waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Transport to landfill away from facility

Infectious Waste - Gown, gloves, apron, shoe cover, disposable items, mask etc

- ✓ Collect in small biohazard red bags
- ✓ Close, seal the bag with cable ties and tie lose when 2/3 full
- ✓ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Securely transfer out for incinerating
- ✓ Transport outcome as general waste

Sharps Waste

- ✓ Put in puncture proof plastic container
- ✓ Close the lid and seal the container when 2/3 full
- ✓ Put in the red bag and tie lose
- ✓ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Securely transfer out for incinerating or appropriate disposal

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 3 Environmental and Social Codes of Practice – COVID 19 COMMUNITY AND SOCIAL INCLUSION

Target: General Population/Vulnerable Groups/

General Communication

- ✓ When developing communication materials it is important to ensure that they are clear and concise, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. Messages should be clear and concise, focusing on hygiene measures (hand washing, coughing), what to do if suspect have COVID-19, as well as restrictions if applicable (for instance specific guidelines on social-distancing).
- ✓ Utilize appropriate media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc).
- ✓ Communication materials must also be clear about (i) how to avoid contracting COVID-19 (good hygiene measures); (ii) symptoms of COVID-19; (iii) what to do if suspect have COVID-19.
- ✓ Identify trusted community groups (local influencers such as community leaders,

religious leaders, health workers, community volunteers, celebrities) and local networks (such as women's groups, youth groups, business groups, and traditional healers) that can help to disseminate messages. Define clear and easy mechanisms to disseminate messages and materials based on community questions and concerns

- ✓ A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household.
- ✓ RGC/MOH should consider having a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.

Infection Prevention

- ✓ Information on how to protect oneself from COVID-19, the symptoms of COVID-19, where and how to get tested should be made available to everyone and ensure they are accessible to IPs, marginalized groups, those with disabilities, other vulnerable groups and the elderly, and in a manner that is culturally appropriate to the respective groups and specific needs.
- ✓ Promote large scale social and behaviour change. Introduce preventive community and individual health and hygiene practices with a focus on handwashing. Could include gifting of soap bars, distributed by commune authorities or District health officials.
- ✓ Workplaces should be encouraged to post and provide communication materials, in particular workplaces which may face a higher risk of COVID-19 spread, such as construction sites and factories. This may include social isolation measures in workplaces, separating people from each other (2m), opening spaces to allow for natural ventilation, providing hand sanitation facilities (soap/water or hand sanitizer), etc.

Stakeholder Engagement

- ✓ Stakeholder Engagement Plan (SEP) must use different communication methods.
- ✓ Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to communicate information and develop Risk Communication and Community Engagement Plan (RCCE).

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO Risk Communication and Community Engagement (RCCE) Guidance, [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)
- IFRC, UNICEF, WHO Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma, <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>
- Human Rights Watch COVID-19 A Human Rights Checklist: https://www.hrw.org/sites/default/files/supporting_resources/202004_northamerica_us_covid19_checklist2.pdf

**CHECKLIST 4 Environmental and Social Codes of Practice –
COVID 19 SMALL SCALE CONSTRUCTION, UPGRADES, REHAB, EXPANSION**

Target: Construction Workers OHS/Project Supervisor/Facility Manager

Worker Safety

- ✓ The local construction and environment inspectorates and communities have been notified of upcoming activities
- ✓ The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)
- ✓ All legally required permits have been acquired for construction and/or rehabilitation
- ✓ The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment.
- ✓ Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots)

General Rehabilitation and/or Construction

- ✓ During interior demolition debris-chutes shall be used above the first floor
- ✓ 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 site
- ✓ The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust
- ✓ There will be no open burning of construction / waste material at the site
- ✓ There will be no excessive idling of construction vehicles at sites
- ✓ Construction noise will be limited to restricted times agreed to in the permit
- ✓ During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible
- ✓ The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.

Waste Management

- ✓ 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.
- ✓ Construction waste will be collected and disposed properly by licensed collectors

Wastewater Treatment

- ✓ 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.

REFERENCES

- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);

Annex N. Environmental Codes of Practice (ECOP) Monitoring Form

I. Subproject Information

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

II. Checklist Monitoring and Evaluation

Date of Accomplishing the Checklist:

Checklist	Items not Practiced/Complied	Gaps/ Barriers for Implementation of Item	Actions to be Taken
1: COVID- 19 Exposure at Health Care Facility			
2: COVID- 19 Waste Management Procedures			
3: COVID- 19 Community and Social Inclusion			
4: COVID-19 Small Scale Construction, Upgrades, Rehab, Expansion			

Are there any support needed from the DOH Project Team?

III. Review & Approval

Prepared By:(Signature) Position: Date	
Reviewed By:(Signature) Position: Date	Approved By:(Signature) Position: Date

Annex O. Labor Management Procedures (LMP)

The LMP guide is provided but the Contractor's Standard Operating Procedures (SOP) may be submitted if it is compliant with the provisions of the LMP.

Under ESS2 on Labor and Working Conditions, Borrowers are required to develop labor management procedures (LMP). The purpose of the LMP is to facilitate planning and implementation of the project. The LMP identifies the main labor requirements and risks associated with the project, and helps the Borrower to determine the resources necessary to address project labor issues. The LMP is a living document, which is initiated early in project preparation, and is reviewed and updated throughout development and implementation of the project.

B.1 Labor and Working Conditions

Labor Use

The Project will employ about a hundred contracted workers to refurbish existing or construct new quarantine facilities or isolation rooms in various parts of the Philippines. The Project will benefit thousands of health workers including medical technicians mostly in major cities in the country including Baguio City, Cebu, Metro Manila, and Surigao City, including through the procurement of PPE. Waste management personnel who are expected to be part of the labor force of health facilities will also benefit from the protection and safety equipment to be provided by the Project.

Security personnel in hospitals are usually contracted out. Civil servants of the Department of Health and local government units will be involved as part of the project implementation team. Community workers will not be employed.

Characteristics of Project Workers

The minimum legal working age in the Philippines is 18 years old. All workers must meet this requirement. Contracted workers, mainly for civil works, will most likely be male. Health workers will most likely be female. Health workers will consist of medical professionals directly employed by the health facilities as organic staff or contracted on a temporary basis. There may also be some volunteers.

A small number of civil servants from the Department of Health at the national and local levels and LGUs will be involved in project implementation. Construction workers will be hired in time for the refurbishment or construction of the isolation facilities.

Health workers are expected to already be working in the hospitals and laboratories. Provision of laboratory equipment may entail the need to hire additional technicians. Contracted workers are expected only for the construction of quarantine facilities which will not constitute major civil works. These will most likely be small, temporary buildings scattered in various areas of the country with local hospitals in partnership with LGUs in charge of procuring these small contracts.

Health workers will be at the forefront in the fight against Covid 19. As such, they are at the most risk of infection but with the provision of PPEs, reagents, and technology against the virus, they are also the main beneficiaries.

Civil servants from the Department of Health and LGUs will be involved in project management and are expected to abide by social distancing measures and proper hygiene as they carry out their tasks.

Waste management workers are expected to be part of the labor force of health facilities including the quarantine facilities to be constructed. Like the health workers, they are highly at risk and will benefit from the PPEs and other safety measures to be provided by the Project.

Security personnel including the military who will be involved in the Project are expected to receive the appropriate PPEs from the project. They will abide by a Code of Conduct (CoC) and DoH will ensure that they are informed about the CoC and receive appropriate training, as needed.

Migrant workers are not expected to be involved. Likewise, community workers are not expected to be involved. No risks concerning child labor and serious safety issues are identified or expected concerning primary supply workers as most of the Project's supplies will be medical equipment and PPE with a high level of standards and quality control.

B.2 Assessment of Potential Labor Risks

Health workers, waste management and security personnel will be more at risk of infection without the provision of PPE and the use of disinfectants that will be provided by the project. With physical mobility being restricted and given the nature of construction activities, labor influx is not expected. However, the movement of laborers from the worksite to the community may increase the risk of infection in both areas.

COVID-19 specific risks relate to the activities being carried out by the workers, in the context in which the project is being conducted. Potential risks could include workers mobilized from adjoining provinces or regions, or local workers returning from abroad, become vectors for transmission of COVID-19 to other workers in construction project sites and nearby communities.

These risks may be minimized and addressed through:

- conducting pre-employment health checks
- controlling entry and exit from site/workplace
- reviewing accommodation arrangements, to see if they are adequate and designed to reduce contact with the community
- reviewing contract durations, to reduce the frequency of workers entering/exiting the site
- rearranging work tasks or reducing numbers on the worksite to allow social/physical distancing, or rotating workers through a 24-hour schedule
- providing appropriate forms of personal protective equipment (PPE)

- putting in place alternatives to direct contact, like telemedicine appointments and livestream of instructions.

Another example of potential risk is where the project activity is the treatment by health care workers of COVID-19 patients. In this case the risks could include pathogen exposure, infection and associated illness, death, illegal and untenable overtime, psychological distress, fatigue, occupational burnout, stigma and passing on infections to family and community.

B.3 Labor Legislation

Presidential Decree No. 44, as amended by RA 6715, known as the “Labor Code of the Philippines”, governs all employment practices and relations in the country. Provisions of the code are aligned with international good practice on decent work and shall be strictly implemented. These provisions include:

Wage and Welfare

1. Employees shall receive their wages by means of legal tender, at least once every two weeks or twice a month at intervals not exceeding sixteen (16) days.
2. In a contracted work, employees of the contractor and of the latter’s subcontractor, shall also be paid in accordance with the labor code.
3. The wage paid by the employers to the workers shall not be lower than the prescribed minimum wage set by the Regional Tripartite Wages and Productivity Boards.

Working time, Rest Days and Holidays

1. The normal work hours for every employee shall not exceed eight (8) hours a day. If all or any part of the employee’s working hours falls on 10:00 PM to 6:00 AM, he/she shall be entitled to a night shift pay in addition to the regular wage. If the worked performed exceeds the normal working hours, he/she shall be given overtime pay.
2. It is the right of every employee for a rest period not less than twenty-four (24) consecutive hours after every six (6) consecutive normal workdays.
3. Compensation shall be given for work performed during holidays and Sundays.

Equal Rights

1. Workers shall have the right to self-organization and to form, join, or assist labor organizations of their own choosing for purposes of collective bargaining.
2. Minimum employable age is 18 years old.
3. Gender discrimination in employment and labor relations shall be prohibited. Male and female employees are entitled to equal compensation for work of equal value and access to promotion and training opportunities.

Occupational Health and Safety

According to Chapter III of Republic Act No. 11058 (the OSH Law), the following are the duties of every employer, contractor or subcontractor, and any person who manages, controls or supervises the work:

1. Equip a place of employment for workers free from hazardous conditions that are causing or are likely to cause death, illness or physical harm to the workers where physical distancing can be observed. Sanitation and hygiene facilities should also be present and well- disinfected regularly for the safety of workers.
2. Provide complete job safety instructions and proper orientation to all workers including, but not limited to, those entering the job for the first time and to those relating to familiarization with their work environment
3. Inform the workers of the hazards associated with their work, health risks involved or to which they are exposed to, preventive measures to eliminate or minimize the risks, and steps to be taken in case of emergency
4. Use only approved specific industry set of standards of devices and equipment for the workplace as applicable
5. Comply with OSH standards including training, medical examination, and when necessary, provisions on protective and safety devices such as PPE and machine guards. Training for workers shall include health promotion, hazards associated with their work, health risks involved or to which they are exposed to, preventive measures to eliminate or minimize risks, steps to be taken in case of emergency, and safety instructions for the jobs, activities and tasks to be handled by workers
6. Make arrangements for workers and their representatives to have the time and resource to participate actively in the processes of organizing, planning and implementation, monitoring, evaluation and action for improvement of the OSH management system
7. Provide, when necessary, for measures identifying trainings and drills, evacuation plans, etc., to deal with emergencies, fires and accidents including first-aid arrangements

To comply with the OSH standards, every employee/worker shall:

1. Participate in the capacity building activities on safety and health and other OSH related topics and programs
2. Proper use of all safeguards and safety devices furnished for workers' protection and that of others
3. Comply with instructions to prevent accidents or imminent danger situations in the workplace
4. Observe prescribed steps to be taken in cases of emergency including participation in the conduct of national or local disaster drills
5. Report to their immediate supervisor or any other responsible safety and health personnel any work hazard that may be discovered in the workplace

Employed citizens, employees shall have the following common rights:

1. To refuse to work without threat or reprisal from the employer if an imminent danger situation exists.
2. To report accidents, dangerous occurrences, and hazards to the employer, to DOLE, and to other concerned competent government agencies.

3. To receive personal protective equipment, to be provided by their employer, contractor or subcontractor, free of charge, for any part of the body that may be exposed to hazards, and other lifeline
4. To receive information on workplace conditions, risks that can impose danger to health, industrial dangerous and poisonous factors

The Occupational Safety and Health Standards, in compliance with Article 162 of the Labor Code of the Philippines, was formulated to protect every working man against the dangers of injury, sickness or death through safe and healthful working conditions. For this project, chapters discussing standards for personal protective equipment and devices, construction safety, and hazardous materials are necessary and should be complied.

DPWH Department Order 56 series of 2005: Guidelines for the Implementation of Department of Labor and Employment (DOLE) No.13 series of 1998, Guidelines in the Governing Occupational Safety and Health in the Construction Industry, it is expected that the contractors should follow the said guidelines to eliminate or reduce occupational safety and health hazards in all work places, and institute new, and update existing programs to ensure safe and healthful working conditions in all places of employment.

The following international conventions, and directives may also support measures for addressing health and safety issues relevant to COVID-19:

- ILO Occupational Safety and Health Convention, 1981 (No. 155)
- ILO Occupational Health Services Convention, 1985 (No. 161)
- ILO Safety and Health in Construction Convention, 1988 (No. 167)
- WHO International Health Regulations, 2005
- WHO Emergency Response Framework, 2017

B.4 Grievance Redress Mechanism

DOH Workers

Management of DOH personnel is governed by the Civil Service Commission which requires the establishment of a Grievance Redress Committee in charge of preventing and addressing grievances as stipulated in the following provisions:

- The Grievance Committee shall develop and implement pro-active measures or activities to prevent grievance such as employee assembly which shall be conducted at least once every quarter, “talakayan” counseling and other HRD interventions;
- Conduct continuing information drive on Grievance machinery among officials and employees in collaboration with the Personnel Administration Division;
- Conduct dialogue between and among the parties involved;
- Conduct investigation and hearing within ten (10) days from receipt of the grievance and render decision within five (5) working days after the investigation. Provided, however where the object of the grievance is the grievance committee, the aggrieved party may submit the grievance to top management;

- Direct the documentation of the grievance management process including the preparation and signing of written agreements reached by the parties involved;
- Issue Certification on the Final Action on the Grievance (CFAG) which shall contain, among other things, the information, history and final action taken by the agency on the grievance, and;
- Submit a quarterly report of its accomplishments and status of unresolved grievance to the Civil Service Commission Regional Office concerned.

Contractors

Contractors are expected to hire much of their laborers upon assuming the civil works contract. At the time of recruitment, workers will be informed of the grievance mechanism and the measures put in place to protect them against any reprisal for its use. The grievance mechanism shall be made easily accessible to all project workers. Regular meetings with the project workers to discuss any work-related issues and concerns will be conducted. Every grievance raised by a worker will be documented with the actions undertaken by the office to address such grievance. The aggrieved worker may raise any issue anonymously through a letter which shall be submitted to his/her immediate supervisor's office. All non-anonymous grievances relative to adequate working conditions, standard occupational safety and health and other concerns from the workers shall be addressed following the procedures outlined below:

- The grievance shall be filed by the workers to the Contractor who shall follow the DOLE procedures in handling the complaints. The Contractor shall act within 15 days upon receipt thereof;
- If no understanding or amicable solution can be reached, or if the complainant does not receive a response from the Contractor within 15 days of registry of the complaint, he/she can appeal to the project grievance focal person within DOH, which should act on the complaint/grievance within 15 days from the day of its filing. If the PIU does not see itself fit to address the complaint it will immediately bring the matter to the concerned DOLE office.
- If the complainant is not satisfied with the resolution offered by the PIU, he/she can appeal to the concerned DOLE office, which should act on the complaint/grievance within 15 days from the day of its filing.

B.5 Contractor Management

Responsibilities of BIHC

1. The BIHC will request details in writing before a contract is signed from the Contractor of the measures being taken to address labor and working conditions risks. The construction contract should include health and safety requirements, and these can be used as the basis for identification of, and requirements to implement, COVID-19 specific measures. The measures may be presented as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures. The measures may be reflected in revisions to the project's health and safety manual.

2. The BIHC should require the Contractor to convene regular meetings with the project health and safety specialists and medical staff (and where appropriate the local health authorities), and to take their advice in designing and implementing the agreed measures.
3. The contractor shall assign a senior staff as a focal point to deal with COVID-19 issues during construction. This can be a work supervisor or a health and safety specialist. This person can be responsible for coordinating preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. It is also advisable to designate at least one back-up person, in case the focal point becomes ill; that person should be aware of the arrangements that are in place.
4. The BIHC may provide support in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the BIHC can play a valuable role in connecting the Contractor with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources.
5. Workers should be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff.
6. The BIHC, in coordination with local LGU and health facility, shall issue construction quarantine pass to the individual qualified personnel of the contractors, subcontractors, and suppliers, clearly stating the identification, designation, nature of work, validity and destination. It is understood that the pass shall cover transit of personnel from (a) General Community Quarantine (GCQ) area to Enhanced Community Quarantine (ECQ) area, and vice versa and (b) an area not under community quarantine to a GCQ or ECQ area, and vice versa.

Responsibilities of the Contractor

Prior to Deployment

1. Only persons from Twenty-One (21) to Fifty-Nine (59) years of age, without pre-existing health conditions, such as, but not limited to, immunodeficiency, comorbidities, or other health risks, including any person who resides with the aforementioned; and who did not come into contact with someone with COVID-19 shall be allowed to be included in the workforce. Employees or consultants who are 60 years of age or above may be part of the workforce for construction projects as may be allowed under GCQ and ECQ guidelines under Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines (“OG”) dated 29 April 2020.
2. Construction personnel shall be required to undergo any available COVID-19 test, as may be prescribed by DOH, and retested as the need arises. In this regard, consultation with medical doctors (duly accredited by DOH, if possible) prior to the conduct of COVID-19 test shall be made.

3. The contractors, subcontractors, and suppliers shall provide for their personnel/workers the necessary welfare facilities and amenities, such as employees' quarters for board and lodging, ensuring compliance to social distancing, proper hygiene, etc. Contractors shall submit the design for the said welfare facilities and amenities, for monitoring, to BIHC.
4. Contractors shall ensure compliance with DOLE D.O. NO. 13 series of 1998. Contractors shall provide their personnel and workers continuous supply of vitamins, particularly vitamin C, other over-the-counter medicines, quarantine facilities, and oxygen tanks for emergency purposes.
5. Contractors shall provide disinfection facilities in their respective project sites in compliance with pertinent DOH and IATF Guidelines, to be placed at strategic locations to ensure the safety and welfare of all personnel.
6. Proper information dissemination regarding COVID-19 construction protocols on top of existing construction safety practices shall be conducted by Safety Officers to all personnel.
7. For Government construction projects, personal records of all personnel necessary for contact tracing shall be submitted by the contractors, subcontractors, and suppliers to the DPWH IO and shall be resubmitted and updated monthly, or as the need arises.

During Deployment

1. Conduct an inventory of works for the construction sequencing to be followed and undertaken to uphold the required social distancing. Break times shall be conducted in a staggered manner.
2. Employees shall be housed in their respective quarters for the entire duration of the project covered by the ECQ and GCQ. Otherwise, "Prior to Deployment" procedures shall be conducted at every instance of re-entry.
3. Errands to be conducted outside the construction site premises shall be kept to a minimum. Number of personnel running errands shall be limited and shall be properly disinfected and closely monitored for symptoms within fourteen (14) days upon re-entry.
4. Field offices, employees' quarters, and other common areas shall be regularly maintained including the daily disinfection of such facilities.
5. Adequate food, safe/potable drinking water, disinfectants, and hand soaps shall be made available by the concessionaires, contractors, subcontractors, and suppliers to its in-house personnel.
6. Daily monitoring of the pre and post work health conditions of workers shall be undertaken by the contractors, subcontractors, and suppliers including, but not limited to, temperature, health, and exposure monitoring, as preventive measures. Personnel with manifestations or symptoms relative to COVID-19 shall be immediately isolated and quarantined for fourteen (14) days and if necessary, brought to the nearest DOH COVID-19 treatment

facility under strict confidentiality and privacy. Proper protocols in accordance with the DTI and DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19 shall likewise be strictly observed. For Government construction projects, a daily health monitoring report to be prepared by the Safety Officer shall be submitted to the DPWH IO. The Contractor will also cover the medical bills and wages of the workers should they be infected by the virus.

7. Work activities shall be under daily strict monitoring by the Safety Officer at site to ensure compliance to safety standards and quarantine protocols.
8. For government construction projects, the DPWH Engineers assigned at the site shall ensure strict compliance to DOLE D.O. 13, series of 1998, and implementation of wearing additional Personal Protective Equipment (PPE) required such as, but not limited to, face masks, safety glasses/goggles, face shields, and long sleeve T-shirts, to contain the spread of COVID-19 in the workplace. On the other hand, contractors for essential private construction projects under GCQ shall assign a full-time safety officer devoted to ensure compliance with D.O. 13, series of 1998 and implementation of social distancing measures provided herein.
9. For off-site employees' quarters, transport service, duly disinfected before and after use, shall be provided, with social distancing observed.
10. Sharing of construction and office equipment is discouraged. However, if necessary, the shared equipment must be disinfected in between transfers amongst personnel.
11. All material and equipment delivery and disposal shall be conducted by a specific team of personnel on an isolated loading/unloading zone while limiting contact with the delivery/disposal personnel. All material and/or equipment entering the construction site shall be duly disinfected, as possible.
12. Non-essential personnel, visitors, and the general public shall be restricted to enter the construction site, employees' quarters, and field offices. Otherwise, all personnel entering the construction site premises on a temporary basis (e.g. Delivery truck drivers, inspectors, etc.) shall be properly logged and checked for symptoms. Gatherings, Liquors, and/or merry – making are strictly prohibited within the construction site premises.
13. Proper waste disposal shall be provided for infectious waste such as PPEs and other waste products coming from outside the construction premises.
14. Requirements on general hygiene should be communicated and monitored, to include:
 - Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms.
 - Placing posters and signs around the site, with images and text in local languages.

- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used.
 - Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.
 - Conducting regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers).
 - Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
 - Reviewing general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
 - Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives.
 - Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
 - Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO).
15. Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, allocate in the project cost the upgrading of services, including:
- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.
 - Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as

gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised.

- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on construction sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.
 - Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital.
 - Review existing methods for dealing with medical waste, including systems for storage and disposal.
16. Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:
- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
 - Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
 - Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
 - Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation.
 - Establishing an agreed protocol for communications with local emergency/medical services.
 - Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.

B.6 Use of security personnel

Health facilities supported by the project is expected to use some security personnel. Normally a security agency is contracted on a long-term basis by health care facilities to ensure safety of employees and the facility, including the equipment and supplies. In relation to security of the

equipment during delivery, DOH's freight service provider ensures that all equipment is delivered intact and safe onsite. DOH reports that security has not been an issue in the delivery of equipment in different areas nationwide.

The Project is not expected to use government security personnel in construction of facilities financed by the Project. However, as COVID-19 may develop in unpredictable ways and due to potential concerns among the public, the use of additional government security personnel from the local or national police, or in some instances possibly the military, may be directed to implement measures to ensure peace and order in affected areas, including at quarantine, isolation, decontamination and other health facilities.

The potential scope of such security measures, and potential risks surrounding them, will be assessed and monitored during implementation and this LMP may be revised accordingly to manage environmental and social risks concerning project activities. The World Bank's ESS4 on Community Health and Safety encourages disclosure of government security arrangements and that clients ensure that government personnel act in a manner consistent with the provisions of the standard.

In case project activities are supported by private or government security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation consistent with the ESF and IFC guidance on the use of security personnel (*IFC Good Practice Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts*). In these cases, DOH (through BIHC) will assess risks posed by these security arrangements to project workers and the local community. Security personnel will provide security services in a manner consistent with the applicable laws and code of practices and will be consistent with the relevant requirement of the World Bank's ESS4. DOH will ensure that the workers and local community are informed about the arrangements and the project's GRM. DOH will review any allegations of unlawful or abusive acts of security personnel, take action (or urge appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful abusive acts to the relevant authorities.

Annex P. Labor Management Procedures (LMP) Monitoring Form Template

Additional inputs may be provided based on the LMP submitted by the Contractor and the project recipient facility.

Item	Status (Complied/Not Complied)	Timeline	Gaps/ Barriers for Implementation of Item	Actions to be Taken
B1. Labor and Working Conditions				
Workers are above minimum legal age				
Workers are provided and are wearing proper PPEs at all times				
Workers are aware and practice the Code of Conduct (CoC)				
Designated OHS Committee and Safety Personnel				
B2. Assessment of Potential Labor Risks				
Pre-employment health checks				
Controlled entry and exit from site/workplace				
Provision of accommodation arrangements to reduce contact with community which enables physical distancing with regular disinfection				
Provision of sanitation and hygiene facilities which are regularly disinfected				
Reviewed contract durations, to reduce the frequency of workers entering/exiting the site				
Rearranged work tasks or reducing numbers on the worksite to allow social/physical distancing, or rotating workers through a 24-hour schedule				
Provided appropriate forms of personal protective equipment (PPE) to all personnel				
Alternatives to direct contact such as telemedicine appointments and livestream of instructions				
B3. Labor Legislation				
Wage and Welfare				

Employees shall receive their wages by means of legal tender, at least once every two weeks or twice a month at intervals not exceeding sixteen (16) days.				
In a contracted work, employees of the contractor and of the latter's subcontractor, shall also be paid in accordance with the labor code.				
The wage paid by the employers to the workers shall not be lower than the prescribed minimum wage set by the Regional Tripartite Wages and Productivity Boards.				
<u>Working time, Rest Days and Holidays</u> The normal work hours for every employee shall not exceed eight (8) hours a day. If all or any part of the employee's working hours falls on 10:00 PM to 6:00 AM, he/she shall be entitled to a night shift pay in addition to the regular wage. If the worked performed exceeds the normal working hours, he/she shall be given overtime pay.				
It is the right of every employee for a rest period not less than twenty-four (24) consecutive hours after every six (6) consecutive normal workdays.				
Compensation shall be given for work performed during holidays and Sundays.				
<u>Equal Rights</u> Workers shall have the right to self-organization and to form, join, or assist labor organizations of their own choosing for purposes of collective bargaining				
Gender discrimination in employment and labor relations				

shall be prohibited. Male and female employees are entitled to equal compensation for work of equal value and access to promotion and training opportunities.				
<u>Occupational Health and Safety</u> Equip a place of employment for workers free from hazardous conditions that are causing or are likely to cause death, illness or physical harm to the workers where physical distancing can be observed. Sanitation and hygiene facilities should also be present and well- disinfected regularly for the safety of workers.				
Provide complete job safety instructions and proper orientation to all workers including, but not limited to, those entering the job for the first time and to those relating to familiarization with their work environment.				
Inform the workers of the hazards associated with their work, health risks involved or to which they are exposed to, preventive measures to eliminate or minimize the risks, and steps to be taken in case of emergency.				
Use only approved specific industry set of standards of devices and equipment for the workplace as applicable.				
Comply with OSH standards including training, medical examination, and when necessary, provisions on protective and safety devices such as PPE and machine guards.				
Training for workers shall include health promotion, hazards associated with their work, health risks involved or to which they are exposed to,				

preventive measures to eliminate or minimize risks, steps to be taken in case of emergency, and safety instructions for the jobs, activities and tasks to be handled by workers				
Make arrangements for workers and their representatives to have the time and resource to participate actively in the processes of organizing, planning and implementation, monitoring, evaluation and action for improvement of the OSH management system				
Provide, when necessary, for measures identifying trainings and drills, evacuation plans, etc., to deal with emergencies, fires and accidents including first-aid arrangements				
Report to their immediate supervisor or any other responsible safety and health personnel any work hazard that may be discovered in the workplace				
Report accidents, dangerous occurrences, COVID-19 cases, and hazards to the employer, to DOLE, and to other concerned competent government agencies.				
B4. Contractor's Personnel Grievance Redress Mechanism (GRM)				
Development of a GRM for the project site				
Implementation and monitoring of the GRM for civil works				
B5. Contractor Management				
Prior to Deployment Only persons from 21 to 59years of age, without pre-existing health conditions, such as, but not limited to, immunodeficiency, comorbidities, or other health risks, including any person who resides with the aforementioned;				

and who did not come into contact with someone with COVID-19 shall be allowed to be included in the workforce.				
Construction personnel shall be required to undergo any available COVID-19 test, as may be prescribed by DOH, and retested as the need arises. In this regard, consultation with medical doctors prior to the conduct of COVID-19 test shall be made.				
The contractors, subcontractors, and suppliers shall provide for their personnel/workers the necessary welfare facilities and amenities, such as employees' quarters for board and lodging, ensuring compliance to social distancing, proper hygiene, etc. Contractors shall submit the design for the said welfare facilities and amenities, for monitoring to DPCB.				
Contractors shall provide their personnel and workers continuous supply of vitamins, particularly vitamin C, other over-the-counter medicines, quarantine facilities, and oxygen tanks for emergency purposes.				
Contractors shall provide disinfection facilities in their respective project sites in compliance with pertinent DOH and IATF Guidelines, to be placed at strategic locations to ensure the safety and welfare of all personnel.				
Information dissemination regarding COVID-19 construction protocols on top of existing construction safety practices shall be conducted by Safety Officers to all personnel.				
For Government construction projects, personal records of all				

<p>personnel necessary for contact tracing shall be submitted by the contractors, subcontractors, and suppliers to the DPWH IO and shall be resubmitted and updated monthly, or as the need arises.</p>				
<p><u>During Deployment</u> Conduct an inventory of works for the construction sequencing to be followed and undertaken to uphold the required social distancing. Break times shall be conducted in a staggered manner. Employees shall be housed in their respective quarters for the entire duration of the project covered by the ECQ and GCQ. Otherwise, “Prior to Deployment” procedures shall be conducted at every instance of re-entry.</p>				
<p>Errands to be conducted outside the construction site premises shall be kept to a minimum. Number of personnel running errands shall be limited and shall be properly disinfected and closely monitored for symptoms within fourteen (14) days upon re-entry.</p>				
<p>Field offices, employees’ quarters, and other common areas shall be regularly maintained including the daily disinfection of such facilities.</p>				
<p>Adequate food, safe potable drinking water, disinfectants, and hand soaps shall be made available by the concessionaires, contractors, subcontractors, and suppliers to its in – house personnel.</p>				
<p>Daily monitoring of the pre- and post- work health conditions of workers shall be undertaken by the contractors, subcontractors, and suppliers including, but not</p>				

limited to, temperature, health, and exposure monitoring, as preventive measures.				
Personnel with manifestations or symptoms relative to COVID-19 shall be immediately isolated and quarantined for fourteen (14) days and if necessary, brought to the nearest DOH COVID-19 treatment facility under strict confidentiality and privacy.				
Work activities shall be under daily strict monitoring by the Safety Officer at site to ensure compliance to safety standards and quarantine protocols.				
The Contractor will also cover the medical bills and wages of the workers should they be infected by the virus.				
Implementation of wearing additional Personal Protective Equipment (PPE) required such as, but not limited to, face masks, safety glasses/goggles, face shields, and long sleeve T-shirts, to contain the spread of COVID-19 in the workplace.				
For off-site employees' quarters, transport service, duly disinfected before and after use, shall be provided, with social distancing observed.				
Sharing of construction and office equipment is discouraged. However, if necessary, the shared equipment must be disinfected in between transfers amongst personnel.				
All material and equipment delivery and disposal shall be conducted by a specific team of personnel on an isolated loading/unloading zone while limiting contact with the delivery/disposal personnel.				

Non-essential personnel, visitors, and the general public shall be restricted to enter the construction site, employees' quarters, and field offices.				
Proper waste disposal shall be provided for infectious waste such as PPEs and other waste products coming from outside the construction premises.				
Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves, and what to do if they or other people have symptoms.				
Placing posters and signs around the site, with images and text in local languages.				
Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces.				
Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.				
Conducting regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces.				
Provision of cleaning staff with adequate cleaning equipment, materials, and disinfectant.				
Review of general cleaning systems, training cleaning staff on appropriate cleaning				

procedures and appropriate frequency in high use or high-risk areas.				
Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes.				
Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).				
Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO).				
Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training.				
B6. Use of security personnel				
In case project activities are supported by private or government security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation consistent with the ESF and IFC guidance on the use of security personnel (<i>IFC Good Practice</i>)				

*Handbook on the Use of Security
Forces: Assessing and Managing
Risks and Impacts)*

Is there any support needed from DOH?
