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FOR : ALL UNDERSECRETARIES; ASSISTANT SECRETARIES; DIRECTORS AND ASSISTANT DIRECTORS OF BUREAUS, CENTERS FOR HEALTH DEVELOPMENT, AND SERVICES; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; AND OTHER CONCERNED

SUBJECT : Contingency Emergency Response Component – Emergency Response Operations Manual (CERC-EROM) of the World Bank - Philippines COVID-19 Emergency Response Project (PCERP) under Loan Nos. 9105-PH and 9220-PH


This is relative to DOH Department Memorandum (DM) No. 2021-0142 entitled, "Project Operations Manual for the World Bank-Funded Project Philippines COVID-19 Emergency Response Project (PCERP) under Loan Nos. 9105-PH and 9220-PH". As an annex to the said document, the Contingency Emergency Response Component – Emergency Response Operations Manual (CERC-EROM) has been uploaded in the link (<https://bit.ly/PCERPCERCEROM>) for your information and guidance.

The Contingency Emergency Response Component of the PCERP is a zero-value component which will provide immediate and effective response in case of crisis or emergency. It consists of the following:

- i. Proposed emergency activities to be financed by the proceeds allocated to the Project's CERC and its Disbursement Category;
- ii. Mechanisms for activating the CERC;
- iii. Coordination and implementation arrangements related to the programming and execution of emergency activities;
- iv. Procurement, financial management and disbursement functions including documentation required for withdrawals of financing amounts;
- v. Compliance with the Project's environmental and social standards;
- vi. Monitoring and evaluation of the emergency activities; and,
- vii. Emergency Action Plan template.

For your information and guidance.

By Authority of the Secretary of Health:


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**Philippines COVID-19 Emergency Response Project (PCERP)
Contingency Emergency Response Component (CERC)**

EMERGENCY RESPONSE OPERATIONS MANUAL

May 2021

Table of Contents

EXECUTIVE SUMMARY	3
A - BACKGROUND	4
B - MECHANISM FOR ACTIVATING CERC	4
C - COORDINATION AND IMPLEMENTATION ARRANGEMENTS.....	6
D - POLICY AND REGULATORY FRAMEWORK OF THE CERC	19
E - KEY INSTRUMENTS OF CERC.....	23
F - PROCUREMENT	24
G - FRAUD AND CORRUPTION	27
H - DISBURSEMENT & FINANCIAL MANAGEMENT.....	29
I – ENVIRONMENTAL AND SOCIAL STANDARDS COMPLIANCE	30
J - MONITORING AND EVALUATION	32
K – CLOSING OF CERC AND EMERGENCY ACTION PLAN (EAP) IMPLEMENTATION	32
ANNEX A. DRAFT EMERGENCY ACTION PLAN (EAP)	33
ANNEX B. STRATEGIES USED IN HEALTH EMERGENCY MANAGEMENT	40
ANNEX C. TIMELINE OF HEALTH SECTOR ROLES BY HEALTH EMERGENCY MANAGEMENT PHASES	41

Executive Summary

1. This document was prepared pursuant to the Loan Agreements for the Philippines COVID-19 Emergency Response Project (PCERP) with Loan Numbers 9105-PH and 9220-PH. The Loan Agreements stipulate the preparation and submission of an Emergency Response Operations Manual (EROM) for the Contingency Emergency Response Component (CERC) as one of its conditions for implementation of the said Component. It details the (i) proposed emergency activities to be financed by the proceeds allocated to the Project's CERC and its Disbursement Category; (ii) mechanisms for activating the CERC; (iii) coordination and implementation arrangements related to the programming and execution of emergency activities; (iv) procurement, financial management and disbursement functions including documentation required for withdrawals of financing amounts; (v) compliance with the Project's environmental and social standards; (vi) monitoring and evaluation of the emergency activities; and (vii) a template Emergency Action Plan.
2. Upon no-objection by the World Bank, the Contingency Emergency Response Component-Emergency Response Operations Manual (CERC-EROM) will be annexed to the PCERP Project Operations Manual and will be used by the Department of Health (Implementing Agency) in the event of emergency.
3. The specific activities to be financed by the proceeds reallocated to CERC are event- and demand- driven. The activities selected should be consistent with CERC's purpose to provide short-term bridge financing exclusively for the immediate recovery needs related to an eligible emergency. The contents of this EROM represent the framework by which CERC will be activated and by which the approved activities will be coordinated and implemented in accordance with World Bank's policies and national policies and procedures as agreed with the World Bank. There is no limit to the number of times the CERC may be activated, however, the framework described in this EROM should be followed for each activation.

A - Background

4. The government of the Republic of the Philippines (“Borrower”) has received financing from the International Bank for Reconstruction and Development (“Bank”), with Loan Numbers 9105-PH and 9220-PH for the Philippines COVID-19 Emergency Response Project (PCERP), whose development objective is to strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The Project’s envelope is six hundred million US dollars (US\$600,000,000.00), with one hundred million US dollars (US\$100,000,000) and five hundred million US dollars (US\$500,000,000) from the Original Loan and Additional Financing, respectively, of which zero dollar is allocated to CERC. Consistent with the Project’s development objective, the CERC funds will finance immediate and effective response to the eligible crisis or emergency, including post-disaster emergency recovery, which are eligible expenditures in support to the Government’s rapid emergency response efforts.
5. The Project has four (4) components, which include the following:
 - Component 1. Strengthening Emergency COVID-19 Health Care Response
 - 1.1 Provision of medical and laboratory equipment and reagents
 - 1.2 Provision of medical supplies, including Personal Protective Equipment (PPE), medicines, COVID-19 vaccines, and ambulance
 - 1.3 Enhancing isolation/quarantine facilities
 - Component 2. Strengthening laboratory capacity at national and subnational level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response
 - Component 3. Implementation Management and Monitoring and Evaluation
 - Component 4. Contingent Emergency Response
6. The Project includes the CERC under Component 4 and has two (2) disbursement categories, with the Emergency Expenditure Category under the CERC with zero allocation under Category 2. In an event or imminence of eligible crisis or emergency, the Government of the Republic of the Philippines may submit a request to reallocate uncommitted funding within the Philippines COVID-19 Emergency Response Project (PCERP) to CERC to address emergency response needs. The use of such resources will be subject to World Bank no-objection.

B - Mechanism for Activating CERC

7. The Philippines COVID-19 Emergency Response Project (PCERP) Loan Agreements dated 28 April 2020 and 19 March 2021, establish that two (2) disbursement conditions for emergency expenditures under the CERC. It is stipulated that no withdrawal for Loan proceeds shall be made by the Government of the Republic of the Philippines for emergency expenditures under the Emergency Response Part unless and until the following conditions have been met in respect of said activities:
 - (a) the Borrower has determined that an Eligible Crisis or Emergency has occurred, has furnished to the Bank a request to include said activities in the Emergency Response Part in order to respond to said Eligible Crisis or Emergency, and the Bank has agreed with such determination, accepted said request and notified the Borrower thereof; and
 - (b) the Borrower has adopted the CERC-EROM and Emergency Action Plan, in form and substance acceptable to the Bank.

In addition, the Government of the Republic of the Philippines shall ensure that:

- i. the environmental and social (E&S) instruments required for the CERC are prepared, disclosed and adopted in accordance with the CERC-EROM and the Environmental and Social Commitment Plan, and in form and substance acceptable to the World Bank; and
 - ii. the CERC is carried out in accordance with the environmental and social instruments in a manner acceptable to the Bank.
8. An eligible crisis or emergency is defined under the Loan Agreements as an event that has caused or is likely to imminently cause a major adverse economic and/or social impact associated with natural or man-made crises or disasters, including health crisis and outbreaks.
9. The causal relationship between the eligible emergency and the need to activate the CERC in order to withdraw proceeds will be established by an official statement of facts acceptable to the World Bank, based on a preliminary assessment of damages and needs.
10. The Statement of Facts can also be a third-party declaration of emergency, such as the United Nations (UN) Flash Appeal and Presidential Proclamation on the Declaration of a State of Public Health Emergency. In case of health emergencies, third-party declarations will be considered for activating, such as the World Health Organization (WHO) Risk Assessment¹ level 2 grade and greater as described by the WHO Emergency Response Framework; or an equivalent grading by other international agencies such as World Organization for Animal Health (OIE), United Nations Environment Program (UNEP), or the Food and Agriculture Organization (FAO).
11. The Government of the Republic of the Philippines will undertake the necessary steps to conduct a preliminary assessment or estimation of needs with the objective of identifying a list of potential activities for inclusion in the Emergency Action Plan (EAP). This assessment/estimation may be carried out by a governmental agency or a third-party that is acceptable to the World Bank.
12. The Government of the Republic of the Philippines will consult with the World Bank to select a list of activities eligible for financing under the CERC based on the positive list presented in the Procurement Section of this Operations Manual (Table 3) and priorities identified by the preliminary assessment/estimation of the emergency's impact (damage and needs). Likewise, the Government of the Republic of the Philippines may seek advice from the World Bank in the selection of the Project's components from which funds will be reallocated to CERC, if necessary.
13. The Government of the Republic of the Philippines will officially notify the World Bank of the interest to activate the CERC, summarizing the nature of the emergency. As a second step, an official letter requesting to trigger CERC shall be sent from the Department of Finance to the World Bank's Country Director indicating the following information:
 - a. Nature of emergency, its impacts, and confirmation of causal relationship between the event and the need to access the funding through CERC, as supported by the official Statement of Facts;
 - b. Evidence supporting the request in a form of a preliminary damage assessment or estimation of needs;

¹ As described in WHO Emergency Response Framework (2013) [http://www.who.int/hac/about/erf .pdf](http://www.who.int/hac/about/erf.pdf).

- c. Indication of Project's funding to be reallocated to CERC and the distribution of reallocation across components and disbursement categories;
- d. A plan detailing the proposed emergency response activities and implementation arrangements for the CERC activities; and
- e. Implementation arrangements with respect to decentralized activities, if applicable.

C - Coordination and Implementation Arrangements

14. The Implementing Agency is the lead agency within the Government of the Republic of the Philippines responsible for the implementation of CERC- funded emergency activities, including all aspects related to procurement, financial management, monitoring and evaluation (M&E), and environmental and social standards compliance. CERC- funded emergency activities are also project activities and shall be treated similarly to regular activities under other project components in terms of implementation.

15. In the Republic of the Philippines, the Department of National Defense is the government organization established to lead, administer, and coordinate all disaster management activities. The National Disaster Risk Reduction and Management Council (NDRRMC), headed by the Secretary of the Department of the National Defense (DND) as the Chairperson, is the overall responsible Office for disaster response and management, with the Administrator of OCD as the Executive Director of the Council, the Secretary of Department of the Interior and Local Government (DILG) as Vice-Chairperson for Disaster Preparedness, the Secretary of Department of Social Welfare and Development (DSWD) as Vice- Chairperson for Disaster Response, the Secretary of the Department of Science and Technology (DOST) as Vice-Chairperson for Disaster Prevention and Mitigation, and the Director-General of the National Economic and Development Authority (NEDA) as Vice Chairperson for Disaster Rehabilitation and Recovery, as set forth in the Implementing Rules and Regulations of the Republic Act no. 10121 or the Philippine Disaster Risk Reduction and Management (PDRRM) Act of 2010. The other members of the NDRRMC are as follows:
 - Secretary of the Department of Health (DOH);
 - Secretary of the Department of Environment and Natural Resources (DENR);
 - Secretary of the Department of Agriculture (DA);
 - Secretary of the Department of Education (DepEd);
 - Secretary of the Department of Energy (DOE);
 - Secretary of the Department of Finance (DOF);
 - Secretary of the Department of Trade and Industry (DTI);
 - Secretary of the Department of Transportation (DOTr)
 - Secretary of the Department of Information and Communications Technology (DICT);
 - Secretary of the Department of Budget and Management (DBM);
 - Secretary of the Department of Public Works and Highways (DPWH);
 - Secretary of the Department of Foreign Affairs (DFA);
 - Secretary of the Department of Justice (DOJ);
 - Secretary of the Department of Labor and Employment (DOLE);
 - Secretary of the Department of Tourism (DOT);
 - The Executive Secretary;
 - Secretary of the Office of the Presidential Adviser on the Peace Process (OPAPP);
 - Chairperson, Commission on Higher Education (CHED);
 - Chief of Staff, Armed Forces of the Philippines (AFP);
 - Chief, Philippine National Police (PNP);

- The Press Secretary or his equivalent;
- Secretary General of the Philippine Red Cross (PRC);
- Commissioner of the National Anti-Poverty Commission-Victims of Disasters and Calamities Sector (NAPC-VDC);
- Chairperson, Philippine Commission on Women (PCW);
- Chairperson, Housing and Urban Development Coordinating Council (HUDCC);
- Executive Director of the Climate Change Office of the Climate Change Commission;
- President, Government Service Insurance System (GSIS);
- President, Social Security System (SSS);
- President, Philippine Health Insurance Corporation (PhilHealth);
- President of the Union of Local Authorities of the Philippines (ULAP);
- President of the League of Provinces of the Philippines (LPP);
- President of the League of Cities of the Philippines (LCP);
- President of the League of Municipalities of the Philippines (LMP);
- President of the Liga ng mga Barangay (LMB);
- Four (4) representatives from the CSOs;
- One (1) representative from the private sector; and
- Administrator of the OCD.

16. The Department of National Defense, chaired by Secretary Delfin N. Lorenzana, is the central entity responsible for coordinating risk reduction and emergency management in the country. In the event of a National Declaration of a State of Calamity or a State of Public Health Emergency by the Office of the President of the Republic of the Philippines or the Local Declaration by the Local Government Unit², the NDRRMC and the Local Disaster Risk Reduction and Management Council (LDRRMC), respectively, have the responsibility to administer a comprehensive national civil defense and disaster risk reduction and management program by providing leadership in the continuous development of strategic and systematic approaches as well as measures to reduce the vulnerabilities and risks to hazards and manage the consequences of disasters.

17. The NDRRMC shall provide guidelines on the selection and screening of the CSOs and private sector representatives. The NDRRMC, empowered with policy-making, coordination, integration, supervision, monitoring, and evaluation functions, shall have the following responsibilities³:

- a) Develop a NDRRM Framework which shall provide for comprehensive, all-hazards, multi-sectoral, inter-agency and community-based approach to disaster risk reduction and management. The Framework shall serve as the principal guide to disaster risk reduction and management efforts in the country and shall be reviewed on a five (5) year interval, or as may be deemed necessary, in order to ensure its relevance to the times;
- b) Ensure that the NDRRM Plan is consistent with the NDRRM Framework;
- c) Advise the President on the status of disaster preparedness, prevention, mitigation, response and rehabilitation operations being undertaken by the government, CSOs, private sector, and volunteers; recommend to the President the declaration of a state of calamity in areas extensively damaged; and submit proposals to restore normalcy in the affected areas, to include calamity fund allocation;

² NDRRMC Memorandum Order no. 60 series of 2019. (June 2019). Revised Guidelines for the Declaration of a State of Calamity.

³ Implementing Rules and Regulations of Republic Act no. 10121 - Philippine Disaster Risk Reduction and Management (PDRRM) Act of 2010

- d) Ensure a multi-stakeholder participation in the development, updating, and sharing of a Disaster Risk Reduction and Management Information System and Geographic Information System-based national risk map as policy, planning and decision-making tools;
- e) Establish and/or strengthen a comprehensive, all hazards national early warning and emergency alert system to provide accurate and timely advice to national or local emergency response organizations and to the general public through diverse mass media to include digital and analog broadcast, cable, satellite television and radio, wireless communications, and landline communications;
- f) Develop appropriate risk transfer mechanisms that shall guarantee social and economic protection and increase resiliency in the face of disaster;
- g) Monitor the development and enforcement by agencies and organizations of the various laws, guidelines, codes or technical standards required by the Act;
- h) Manage and mobilize resources for disaster risk reduction and management including the National Disaster Risk Reduction and Management Fund;
- i) Provide necessary guidelines and procedures, and monitor the Local Disaster Risk Reduction and Management Fund (LDRRMF) releases as well as utilization, accounting, and auditing thereof;
- j) Develop assessment tools on the existing and potential hazards and risks brought about by climate change to vulnerable areas and ecosystems in coordination with the Climate Change Commission;
- k) Develop vertical and horizontal coordination mechanisms for a more coherent implementation of disaster risk reduction and management policies and programs by sectoral agencies and LGUs;
- l) Formulate a national institutional capability building program for disaster risk reduction and management to address the specific weaknesses of various government agencies and LGUs, based on the results of a biennial baseline assessment and studies.
- m) Formulate, harmonize, and translate into policies a national agenda for research and technology development on disaster risk reduction and management;
- n) In coordination with the Climate Change Commission, formulate and implement a framework for climate change adaptation and disaster risk reduction and management from which all policies, programs, and projects shall be based;
- o) Constitute a technical management group composed of representatives of the abovementioned departments, offices, and organizations, that shall coordinate and meet as often as necessary to effectively manage and sustain national efforts on disaster risk reduction and management;
- p) Task the OCD to conduct periodic assessment and performance monitoring of the member-agencies of the NDRRMC, and the Regional Disaster Risk Reduction and Management Councils (RDRRMCs), as defined in the NDRRMP;
- q) Coordinate or oversee the implementation of the country's obligations with disaster management treaties to which it is a party and see to it that the country's disaster management treaty obligations be incorporated in its disaster risk reduction and management frameworks, policies, plans, programs and projects; and
- r) Coordinate or oversee the implementation of the country's obligations with disaster management treaties to which it is a party such as the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), which came into force on 24 December 2009, and see to it that the country's disaster management treaty obligations be incorporated in its disaster risk reduction and management frameworks, policies, plans, programs and projects.

18. The Department of Health (DOH) will work in close collaboration with the Department of National Defense, Office of the Civil Defense (OCD), NDRRMC, and other relevant inter-ministerial committees, where relevant support on the technical discussions on whether to activate the CERC, preparation of the CERC activation package, and implementation of the EAP will be sought. The key responsibilities of DOH with respect to the activation of the CERC and the implementation of the EAP are as follows:

- a) Prepare and furnish to the Bank for its review and approval the CERC-EROM which shall set forth detailed implementation arrangements for the Emergency Response Part, including: (i) any structures or institutional arrangements for coordinating and implementing the Contingent Emergency Response Part; (ii) specific activities which may be included in the Contingent Emergency Response Part, Eligible Expenditures required therefor ("Emergency Expenditures"), and any procedures for such inclusion; (iii) financial management arrangements for the Contingent Emergency Response Part; (iv) procurement methods and procedures for the Contingent Emergency Response Part; (v) documentation required for withdrawals of Financing amounts to finance Emergency Expenditures; (vi) a description of the environmental and social assessment and management arrangements for the Contingent Emergency Response Part; and (vii) a template Emergency Action Plan;
- b) The Emergency Action Plan is prepared and adopted in form and substance acceptable to the Bank;
- c) The CERC is carried out in accordance with the CERC-EROM and the Emergency Action Plan; provided, however, that in the event of any inconsistency between the provisions of the CERC-EROM or the Emergency Action Plan and the Loan Agreement, the provisions of the Loan Agreement shall prevail; and
- d) Neither the CERC-EROM or the Emergency Action Plan is amended, suspended, abrogated, repealed, or waived without the prior written approval by the Bank.

19. The Department of Health, as the lead in the Health Sector emergency preparedness and response, has the following missions⁴:

- a. Lead in the formulation of a comprehensive, integrated and coordinated health sector response to emergencies and disasters;
- b. Ensure development of competent, dynamic, committed, and compassionate health professionals equipped with the most modern and state-of-the-art facilities at par with global standards; and
- c. Act as the center of all health and health-related information on emergencies and disasters.

20. The DOH has the following roles and responsibilities as the lead in the Health Sector emergency preparedness and response⁴:

- a. Serve as the leader and the policy making body of the Health Sector;
- b. Formulate protocols, guidelines, standards, etc., in relation to emergencies and disasters, in coordination with the Health Sector;
- c. Serve as the Operation Center (HEMB) monitoring all health emergencies and disasters and events that might arise in emergencies;
- d. Inform the public of health emergency events;
- e. Provide technical assistance to LGUs, health facilities, NGOs, and other stakeholders;

⁴ DOH Administrative Order no. 168 s. 2004 – National Policy on Health Emergencies and Disasters

- f. Enforce standards and regulate facilities in the implementation of health emergency procedures;
 - g. Provide technical advice to and coordinate with the National Disaster Coordinating Council and international agencies; and
 - h. Monitor, evaluate existing policies, and formulate new policies and guidelines pertaining to medical emergencies and disasters.
21. The components of Health Emergency Preparedness and Response⁵ which need to be covered by DOH are as follows:
- Holistic Health Emergency Preparedness and Response to cover all phases of the emergency/disaster: (1) pre-emergency/disaster phase for emergency preparedness mitigation and prevention; (2) emergency/disaster phase for response; and (3) post-emergency/disaster phase for recovery and reconstruction.
 - A focus on the Community Risk Reduction Strategy to include decreasing the hazard, decreasing vulnerability, and increasing preparedness.
 - Comprehensive coverage for an all-hazard approach, addressing all types of disasters (natural, man-made and technological) and all types of emergencies with a potential to be a disaster through Mass Casualty Management, Public Health, Mental Health, and recently with the Management of the Dead and the Missing.
 - Mental Health in Disaster as a major component institutionalized in all phases of disaster and provided to victims, relatives of victims, as well as responders.
 - Health Emergency Management integrated in health programs of the community, local government and the state.
22. The Health Emergency Management Bureau (HEMB), as the focal unit of the DOH in emergency response, has the following roles and responsibilities:
- a) Act as the DOH Coordinating unit and Operation Center for all health emergencies and disasters, as well as incidents with the potential of becoming an emergency, and coordinate the mobilization and sharing of resources;
 - b) Oversee the management of the essential health service packages (EHSP) during emergency and disaster which include the following EHSPs: Medical and Public Health; Nutrition; Water, Sanitation and Hygiene (WASH); Mental Health and Psychosocial Support (MHPSS);
 - c) Develop, review and update policies, plans, guidelines, protocols, and standards on the provision of essential health service packages in emergencies and disasters in coordination with members of the health sector;
 - d) Provide communication linkage among DOH Central Office and other concerned agencies, hospitals, LGUs, and the regions during emergencies and disasters including the integration of EHSP in their operational plans and programs;
 - e) Provide technical assistance and allocate funds to augment financial and logistical needs of implementing offices/agencies;
 - f) Monitor the implementation of the EHSP and ensure its compliance to standards;
 - g) Maintain updated information of all health emergencies and disasters (except epidemiological investigation reports) and provide such information to other offices and agencies in accordance with existing protocols;
 - h) Maintain a database of all health emergency personnel, technical experts, and resource speakers. Together with the Health Facilities Development Bureau (HFDB) and the

⁵ DOH Guidelines for Health Emergency Management 2nd edition (2008)

Health Facilities Enhancement Program Management Office (HFEPMO), HEMB shall maintain a database of capabilities of health facilities;

- i) Lead in the development of Disaster Risk Reduction and Management in Health (DRRMH) Plan and the development of protocols, guidelines and standards for health emergency management;
- j) Provide technical assistance in the development of programs and planning activities for HEM for other government and non-government organizations;
- k) Lead advocacy activities, including simulation exercises;
- l) Develop and implement an Integrated Human Resource Training Agenda for the Health Sector for emergencies and disasters;
- m) Lead in the networking of hospitals and health sector organizations responding to emergencies and disasters; and
- n) Monitor and evaluate the enforcement of compliance to policies, and recommend the formulation or amendment of policies related to health emergency management.

23. The functions of other DOH Offices, DOH-attached agencies, and civil society organizations (CSOs)/non-government organizations (NGOs) in the health emergency preparedness and response^{4,6} are the following:

a) Epidemiology Bureau (EB)

- Serve as the overall coordinating unit in the surveillance and detection of diseases that have the potential to become an epidemic;
- Ensure the establishment of disease surveillance system during health emergencies and disasters in coordination with the Regional Surveillance Units (RESUS), e.g., in evacuation centers;
- Develop policies, plans, programs, guidelines, protocols and tools to support reporting and monitoring of the essential health service package in emergencies and disasters;
- Coordinate with DOH offices and with the Health Sector in disease outbreak investigation and recommends appropriate response;
- Provide technical assistance to LGUs/health facilities/government facilities in staff development, setting of surveillance system and monitoring of such activities during emergencies and disasters;
- Maintain documentation of all reported epidemic-related events; and
- Conduct epidemiological studies and disseminate findings of such to build evidence to improve and support uninterrupted delivery of health services, during emergencies.

b) Disease Prevention and Control Bureau (DPCB)

- Develop protocols and field operation guidelines in coordination with the Health Sector on case definition, identification, and management of diseases during emergencies, which should cover but not limited to the following: diseases in evacuation centers; infectious diseases and those related to Biological and Chemical Weapons of Mass Destruction; water and sanitation; food and nutrition; mental health in disasters and ensures compliance to protocols;
- Assist HEMB develop, review and update policies, plans, programs, guidelines, protocols, and systems related to the provision of essential health service package;

⁶ DOH Administrative Order No. 2017-0007 – Guidelines in the Provision of the Essential Health Service Packages in Emergencies and Disasters

- Ensure that the essential health service package are mainstreamed in the program plans and allocate funds hereof;
 - Provide technical inputs in the development of training for these particular diseases as well as in the development of prototype IEC materials and identifies experts as needed;
 - Provide updates, technical advice, and recommendations on the recognition, prevention and control of chemical events and infectious diseases with potential for outbreaks; and
 - Assist in the development of health emergency preparedness plans.
- c) Health Facility Development Bureau (HFDB)
- Maintain database of all DOH health facilities, (hospitals, laboratories, clinics, institutions etc.) to include their capabilities and resources;
 - Regularly assesses existing DOH health facilities and recommend the required development works that would assure preparedness and response to health emergencies;
 - Provide technical assistance and recommendations needed in relation to hospital planning, resource procurement and facility enhancement;
 - Develop standard designs for specialized area such as decontamination areas, negative pressure rooms etc.
 - Develops policies on the availability and accessibility to all blood components during emergencies and disasters.
 - Lead in the implementation of the policy on Hospitals Safe from Disasters in accordance with DOH Administrative Order no. 2013-0014;
 - In coordination with HEMB, develops an Emergency Room Manual to include appropriate room design, needed essential equipment, flow of operations, required number and type (type I, II, III) of ambulance. Furthermore, develop other relevant policies and protocols related to Emergency Room Preparedness;
 - Support implementation of the rules and regulations governing the licensure of ambulances and ambulance service providers;
 - Ensure implementation of guidelines on safe ambulance services and mobilization of blood and its components;
 - Provide technical assistance to all health facilities in planning and facility enhancement and support the upgrading of national referral hospitals and laboratories.
- d) Health Facilities Enhancement Program - Management Office (HFEP-MO)
- Provide technical assistance to all health facilities in planning and facility enhancement and support the upgrading of national referral hospitals and laboratories;
 - Providing technical assistance in the specifications and standards for equipment and civil works for health care facilities;
 - Provide technical specifications and cost estimates for equipment and ambulances;
 - Support implementation of the policy on Hospitals Safe from Disasters in accordance with DOH Administrative Order no. 2013-0014;
 - Support implementation of the Green Healthcare Facility guidelines and relevant issuances of the HFDB;
 - Support implementation of the rules and regulations governing the licensure of ambulances and ambulance service providers; and

- Support implementation of guidelines on safe ambulance services and mobilization of blood and its components.
- e) Health Facilities Services Regulatory Bureau (HFSRB)
- Ensures that all hospitals have a health emergency preparedness plan as a requirement for licensing; and
 - Ensure that licensing requirements for health facilities include standards development and quality assurance policies related to disaster risk reduction and management in health.
- f) Health Promotion Bureau (HPB)
- Develop and implement communication and mobilization plan for all types of health emergencies;
 - Lead in the formulation and development of prototype materials, advisories, and posters in relation to health emergencies;
 - Leads in public information campaigns using the tri-media;
 - Lead in the development and implementation of health promotion, advocacy, and risk communication plans, IEC materials and advisories/bulletins for essential health service packages with technical assistance from HEMB and DPCB; and
 - Conduct stakeholders' analysis for promotion and advocacy.
- g) Health Human Resource Development Bureau (HHRDB)
- Develop training agenda for health emergency managers and responders together with the HEMB;
 - Assist in the development of training programs, designs, and manuals for various stakeholders on health emergency including EHSP; and
 - Identify and coordinate with institutions that provide capability building on health emergency management as well as on EHSP.
- h) Health Policy Development and Planning Bureau (HPDPB)
- Assist in the development of health emergency policies, standards, protocols, and guidelines;
 - Facilitate the inclusion of health emergency bills in the legislative agenda;
 - Advocate researches on health emergencies for policy development; and
 - Ensure the inclusion of health emergency activities in health planning.
- i) Bureau of Local Health Systems Development (BLHSD)
- Assist concerned offices in establishing network with Local Government Units in developing plan, systems, and procedures for health emergency preparedness and response; and
 - Provide technical assistance in the development of and strengthening mechanisms for delivering essential health service packages at the regional and local levels.
- j) Knowledge Management and Information Technology Service (KMITS)
- Assist concerned Offices in the Department of Health in formulating information systems and procedures;
 - Provide technical assistance in developing the database; and
 - Perform functions as stated in the DOH Information Management Manual for Coordinating and Monitoring Health Emergency and Disaster Response.

- k) Bureau of International Health Cooperation (BIHC)
 - Facilitate activities on Health Emergencies that require international collaboration and cooperation;
 - Identify external sources of funds for health emergency training, preparedness and response activities;
 - Develop protocols and guidelines on the entry of emergency drugs needed during disasters, in addition to donations, in coordination with the Food and Drug Administration; and
 - Develop guidelines and facilitate entry of medical volunteers to the country during disasters in coordination with the Professional Regulation Commission (PRC).

- l) Supply Chain Management Service (SCMS)
 - Maintain database of available medicines, supplies, and suppliers; and
 - Develop a system of pooling all vehicles that can be used for emergencies.

- m) Administrative Service – Logistics Management Division (AS-LMD)
 - Preposition an adequate supply of EHSP goods and commodities;
 - Track the timely distribution of EHSP goods and commodities; and
 - Develop partnerships with private sector for the transport and safe warehousing of EHSP supplies.

- n) Procurement Service (PS)
 - Develop guidelines, systems, and procedures for emergency purchase and distribution during emergency situations.

- o) Finance Management Service (FMS)
 - Identify sources of funds (including contingency funds) for health emergency preparedness and response;
 - Allocate and release funds for emergency preparedness and response activities; and
 - Develop guidelines, systems and procedures for emergency release and disbursement of funds, e.g., petty cash.

- p) Campaigns Management Unit (CMU)
 - Prepare press briefings during emergencies and disasters in coordination with the different concerned offices;
 - Conduct orientation sessions to health reporters with regards emergencies and disasters. Anticipate media concerns during emergencies and coordinate with proper office for technical inputs; and
 - Develop a pool of spokespersons to respond to queries and requests from media.

- q) Centers for Health Development (CHDs) and DOH – Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)
 - Serve as the DOH Coordinating Body in their region;
 - Maintain an updated hazard and vulnerability assessment of their catchment areas;
 - Oversee the implementation of these HEM- related policies within the region;

- Formulate and develop plans, procedures, and protocols to implement and adopt HEM- related policy and guidelines and allocate funds;
- Observe all the requirements and standards (regional emergency plan etc.) needed to respond to emergencies and disasters;
- Organize the health sector in the region;
- Implement a mechanism of coordination and collaboration with hospitals, LGUs, and other stakeholders to ensure timely and effective delivery of the EHSP;
- Provide advice to the Regional Disaster Coordinating Council (RDCC) for health emergency concerns;
- Provide technical assistance and augment logistics to LGUs and other implementing agencies;
- Maintain an operation center to serve as the regional repository of events for the Health Sector;
- Identify an official spokesperson to answer concerns by the public and the media;
- Provide technical assistance and empower all LGUs in the area on health emergency management;
- Monitor EHSP implementation of LGUs and provide feedback and policy recommendations to the Secretary of Health thru the Area Cluster Head;
- Conduct rapid and comprehensive needs assessment pre and post-disaster in the provision of essential health service packages;
- Report to the Central DOH (HEMB) for all emergencies and disasters and any incident with the potential of becoming an emergency; and
- Document all health emergency events and conduct researches to support policies and program development.

r) DOH- Retained Hospitals

- Observe all the requirements and standards (hospital emergency plan, Hospital Emergency Incident Command System [HEICS], Code Alert etc.) needed to respond to emergencies and disasters;
- Ensure enhancement of their facilities to respond to the needs of the communities especially during emergencies;
- Network with other hospitals in the area to optimize resources and coordinate transferring of victims to the appropriate facility;
- Formulate plans, procedures and protocols to implement HEM- related policies and guidelines and integration of the provisions;
- Observe provisions of guidelines and policies on the Green Healthcare Facility standards and Hospitals Safe from Disasters in accordance with DOH Administrative Order no. 2013-0014;
- Ensure availability of funds to support implementation of the EHSP;
- Implement a mechanism of coordination and collaboration with other hospitals (both government and private), partners, and other stakeholders, to ensure timely and effective service delivery;
- Deploy medical response teams as necessary;
- Act as receiving facility and referral center;
- Report all health emergencies to the Operation Center and document all incident responded; and
- Submit reports and provide feedback and policy recommendations to the CHD.

s) Food and Drug Administration (FDA)

- Provide information on the availability of antidotes, reagents, drugs, vaccines, supplies needed in emergencies;
 - Maintain a database of the pharmaceutical stockpiling specifically for medicines needed during emergencies mentioned above and mechanism to access these requirements;
 - Develop guidelines and procedures on the entry of emergency and donated drugs, medicines and medical supplies in coordination with BIHC;
 - Develop protocols and field operation guidelines on definition, identification, and management of cases of nuclear and radiological incidents;
 - Provide technical inputs in the development of the health sector's plan in preparedness and response for nuclear/radiological incidents;
 - Develop standards, guidelines, and policies for the review of antidotes, reagents, drugs, vaccines, and supplies for emerging and re-emerging infectious diseases, epidemics, and pandemics; and
 - Formulate guidelines on the assessment and conduct review of drugs, vaccines, and similar supplies for Emergency Use Authorization (EUA).
- t) Bureau of Quarantine (BOQ)
- Develop and ensure compliance to protocols and field operation guidelines on entry - exit management of persons, conveyances, and goods in coordination with airport and port authorities;
 - Conduct health surveillance on the country's ports and airports of entry and sub-ports as well as the airports and ports of origin of international flights and vessels;
 - Provide technical inputs in the development of alert level systems, training design and materials on quarantine measures for public health emergencies;
 - Assist in the Health Sector's preparedness and response plan on public health emergencies at airports and ports of entry and sub ports;
 - Monitor public threats occurring in other countries; and
 - Provide effective networking and collaboration among the Bureau of Quarantine stakeholders (airport/port authorities, security, airline/shipping companies and other concerned government agencies).
- u) National Nutrition Council (NNC)
- Develop appropriate policies, plans, programs, guidelines, protocols, and systems on food and nutrition during emergencies and disasters;
 - Provide technical assistance to implementing agencies and LGUs on nutrition management in emergencies and disasters;
 - Ensure that nutrition programs and local nutrition action plans contribute to emergency preparedness, mitigation, response, and recovery activities;
 - Facilitate the coordination of the delivery of nutrition services in areas affected through the national and local nutrition cluster; and
 - Coordinate with other Health-sub clusters and with other relevant clusters, i.e., Food and Non-food Item (NFI), and Camp Management for concerns related to nutrition in emergencies response operation.
- v) Philippine Health Insurance Corporation (PhilHealth)
- Support affected population in emergencies and disasters including, but are not limited to: ambulatory care (out-patient services), clinics, ambulance services and hospital care packages, reimbursements, and services in non-PhilHealth accredited institutions or health service providers.

w) Other Government Agencies

- Observe all requirements, policies, and standards needed to respond to emergencies and disasters, including EHSP, in accordance to the thrust of the Department of Health;
- Coordinate with the Department of Health in all health emergencies and disasters responded;
- Participate and coordinate in inter-agency activities of the Department of Health on Health Emergency Management;
- Support the DOH/Regional Offices/LGUs/Hospitals in needs assessments, planning, and mobilize own resources and help build capacities; and
- Provide feedback and report to Health sub-cluster where they belong.

x) Non- Government Organizations (NGOS) or Civil Society Organizations (CSOs)

- Adhere to and observe all requirements, policies, and standards on EHSP during emergencies and disasters;
- Organize preparedness and response activities in accordance with the national thrust of the Department of Health;
- Coordinate and participate in inter-agency activities with the Department of Health on Health Emergency Management;
- Support the DOH/Regional Offices/LGUs/Hospitals in needs assessments, planning, and mobilize own resources and help build capacities;
- Provide logistical support for health service delivery;
- Advocate for emergency preparedness and mitigation; and
- Provide feedback and report to Health sub-cluster where they belong.

24. Other relevant line agencies may provide technical assistance to the Implementing Agency related to the finalization of procurement bidding documents and the technical supervision of the EAP. The Government of the Republic of the Philippines may strengthen its implementation and supervision capacity through the engagement of technical consultants to support the governmental agencies in the finalization of bidding documents and site supervision of works. The technical consultants shall work closely with and report to the Implementing Agency.

25. The DOH is the primary government instrumentality responsible for health emergency and disaster management focused on preparedness and prevention while the LGUs are primarily responsible for the immediate and direct response to disasters based on the Local Government Code of 1991.

26. The Local Government Code of 1991 institutionalized a devolved health care system where the responsibility of delivering health care services in the local level are assigned to the local government units (LGUs) and not the DOH Central Office. The LGUs have the primary responsibility of providing immediate and direct response to disasters, but in cases where disasters have reached proportions beyond the capability of the LGUs, the national government takes control as stipulated under Section 105 of the Code. Relatedly, Executive Order no. 102 s. 1999 – 'Redirecting the Functions and Operations of the DOH' provides that the DOH shall (1) serve as the lead agency in health emergency response services, including referral and networking systems for trauma, injuries and catastrophic events, (2) promote health and well-being through public information and provide the public with timely and relevant information on health risks and hazards, and (3) assume leadership in health in

times of emergencies, calamities and disasters, and system failures. The specific roles and responsibilities of the LGUs⁶ are as follows:

- a. Formulate plans, procedures and protocols to implement and adopt HEM- related guidelines and provide funds thereof;
- b. Ensure that the EHSP are pre-positioned before external aid comes in during emergencies and disasters;
- c. Ensure EHSP implementation and service delivery such as information management, resource management, and monitoring and evaluation;
- d. Establish coordination and collaboration mechanisms among different partners and stakeholders;
- e. Maintain a service delivery network with hospitals for referral of treatment and care of special cases through mutually agreed arrangements such as Memorandum of Understanding/ Agreement;
- f. Sustain a pre-hospital care system in emergencies and disasters; and
- g. Submit reports; provide feedback, suggestions, and policy recommendations to the CHD, provincial/city/municipal health office (PHO/CHO/MHO).

27. The DOH Department Order No. 369 series 1997 mandates the DOH Central Office – HEMB to establish an Operations Center during health emergencies and disasters on a 24-hour monitoring system with the aim of detecting any health or health-related event that would require DOH's intervention, and report such event to the Secretary of Health and other concerned Offices of the Department. The specific functions of the Operations Center are as follows:

- a) Monitor all health and health-related events on a 24/7 basis, including all national events, mass gatherings, and public health emergencies;
- b) Coordinate all health emergencies and disasters and ensure a timely and integrated health sector response;
- c) Facilitate the issuance of appropriate warnings to the CHD, health facilities and the public in anticipation of impending hazards;
- d) Mobilize technical experts and all types of medical teams needed during emergencies and disasters, both locally and internationally;
- e) Mobilize all logistical requirements of the Department of Health needed in the affected region;
- f) Coordinate with all agencies of the National Disaster Coordinating Council (NDCC) family, other partners in health emergencies, and members of the Health Sector and the Health Cluster to respond to emergencies/disasters, as well as to facilitate movement of all resources;
- g) Prepare all needed reports and disseminate these to those concerned; and
- h) Document all emergencies.

28. Below is a table that summarizes the specific steps associated with the activation, implementation, and closing and evaluation of the CERC, the assigned responsibilities and estimated time:

Table 1: Steps for Activation, Implementation, Closing & Evaluation of CERC

Step	Actions	Responsible
1	Decision to trigger CERC: In the event of an official declaration of emergency, based on preliminary damage and needs assessment, the Department of Finance (DOF), in coordination with the Department of Health (DOH), will inform the World Bank of its interest in triggering CERC	DOF in coordination with DOH
2	Identification of emergency activities: Following DOH decision to trigger CERC, the Implementing Agency will consult with the World Bank in the selection of a list of emergency response activities within the Positive List based on results of the preliminary assessment/estimation of needs. Summary information will be prepared on proposed activities, including the nature and amount of goods, the location and type of the proposed emergency services/works and their preliminary technical specifications, estimated costs and E&S implications, as aligned with the draft Emergency Action Plan in Annex A.	DOH
3	Request of activation: The DOF will send a letter requesting the activation of the CERC to World Bank. This letter shall include the description of the event, the needs, indication of funding source and amount to be reallocated, and list of activities to be carried out in response to the emergency.	DOF
4	World Bank review and no-objection: Upon its review and satisfaction, the World Bank will provide no-objection, confirm that CERC disbursement conditions spelled out in the Loan Agreement have been fulfilled, and send a revised Disbursement and Financial Information Letter for the Philippines COVID-19 Emergency Response Project (PCERP) containing provisions for the utilization of CERC funds	World Bank
5	Reallocation: The World Bank processes the reallocation of funds from other Project components to the CERC.	World Bank
6	<p>Implementation of Emergency Activities: The Implementing Agency starts to manage the implementation of approved emergency activities.</p> <p>a. Procurement: Major activities under this step include, inter-alia, (i) preparation of technical specifications and bills of quantities for critical goods, works and non-consulting services, (ii) recruitment of a consultant/consulting firm for design/supervision of emergency subprojects, if needed; and (iii) procurement of goods, works and non-consulting services for implementation of emergency activities.</p> <p>b. Financial Management and Progress Reporting: The Implementing Agency will follow the Project's financial management and reporting procedures as defined in the Financing Agreement and detailed in this CERC Manual. The Commission on Audit will audit the annual financial statements of the whole Project, including those financed through Disbursement Category 2.</p> <p>c. Monitoring and Evaluation: The oversight and reporting mechanisms established for the Project will also be applied.</p>	DOH, Other government agencies as deemed appropriate
7	Final reporting: A final report will be prepared by the Implementing Agency once all emergency activities are finished and submitted to the World Bank.	DOH

D - Policy and Regulatory Framework of the CERC

1) Republic Act no. 10121 or Philippine Disaster Risk Reduction and Management Act of 2010

The Philippine Disaster Risk Reduction and Management Act of 2010 provides guidelines on the development of policies and plans and the implementation of actions and measures pertaining to all aspects of disaster risk reduction and management, including governance, risk assessment and early warning, knowledge building and awareness raising, reducing

underlying risk factors, and preparedness for effective response and early recovery. Through this policy, the National Disaster Risk Reduction and Management Council (NDRRMC) was institutionalized.

2) Republic Act no. 7160 or the Local Government Code of 1991

The Republic Act 7160 or the Local Government Code of 1991 mandates DOH to have the following authorities and roles in emergency and disaster risk response and management:

- a. Enhance and strengthen the capabilities of LGUs to provide health services and facilities to their constituents;
- b. Have the final decision in determining the presence of 'widespread public dangers' in a particular area or region [Section 44 (b) and (c)] including situations in calamity areas and in relation to a displaced population [Section 43 (a)];
- c. Recommend to the President the issuance of an appropriate order directing the DOH to assume direct supervision and control over local health operations in affected areas; and
- d. Prepare, implement, and monitor plans of action in such circumstances, and of evaluation of the local health situation [Section 45, (c) and (f)].

The Local Government Code of 1991 institutionalized a devolved health care system where the responsibility of delivering health care services in the local level are assigned to the local government units (LGUs) and not the DOH Central Office. The LGUs have the primary responsibility of providing immediate and direct response to disasters, but in cases where disasters have reached proportions beyond the capability of the LGUs, the national government takes control as stipulated under Section 105 of the Code.

3) Executive Order no. 102 s. 1999 – Redirecting the Functions and Operations of the DOH

The EO provides that the DOH shall (1) serve as the lead agency in health emergency response services, including referral and networking systems for trauma, injuries and catastrophic events, (2) promote health and well-being through public information and provide the public with timely and relevant information on health risks and hazards, and (3) assume leadership in health in times of emergencies, calamities and disasters, and system failures.

4) DOH Administrative Order no. 168 s. 2004 – National Policy on Health Emergencies and Disasters

This AO establishes the development and implementation of a national policy framework for emergencies and disasters in the health sector. It aims to decrease mortality and promote physical and mental health, as well as prevent injury and disability on the part of both victims and responders specifically through the (i) development of goals, strategies, plans and policies for ensuring an efficient system for managing emergencies and disasters in the health sector, (ii) improvement of the effectiveness of DOH systems, structures, capacities and mechanisms, and (iii) building up of the preparedness and response activities of both the public and private health facilities for administering mass casualty events, and (iv) strengthening the links between partner agencies and stakeholders in responding to and managing emergencies and disasters in the country.

5) DOH Manual of Operations on Health Emergency and Disaster Response Management (2015)

The Manual provides guidelines on the health emergency and disaster response framework and the management of the event/incident, victims, service providers, information system, and non-human resources.

6) DOH Administrative Order no. 0024 s. 2008 – Adoption and Institutionalization of an Integrated Code Alert System Within the Health Sector

This AO provides that there should be a Code Alert System in the mobilization and deployment of resources, including the expected levels of preparation and the most appropriate response by all facilities in emergencies and disasters. Previously, DOH AO no. 182 s. 2001 was issued for the Adoption and Implementation of the Code Alert System for DOH Hospitals During Emergencies and Disasters.

7) DOH Administrative Order no. 29 s. 2010 – DOH Policies and Guidelines on the Establishment of Operations Center for Emergencies and Disasters

Describes the policies and guidelines in the establishment of Operations Center (OpCen) at all levels from the national to the local government to ensure a well-coordinated response of the health sector. Its objectives include to i) develop policies and guidelines on the establishment and management of an Operations Center, (ii) identify the functions of the OpCen at the different levels, (iii) set the minimum specification for the design of an OpCen and minimum standards for logistical requirements, human resource requirements, coordination mechanisms, and relationship among Operations Centers, and (iv) provide funds to sustain its functionality.

8) DOH Guidelines on Health Emergency Management (HEM): Manual for Operations Center and Manual for Hospitals, 2nd edition (2008)

Outlines the (1) requirements and standards for health emergency management staff, (2) the element, physical attributes, standard operating procedures, information management, human resource development, evaluation of operation centers, and the (3) guidelines for operation centers in DOH CHDs and hospitals.

9) DOH Information Management Manual for Coordinating and Monitoring Health Emergency and Disaster Response: Manual of Guidelines and Procedures on Information Management for Selected Functions of the Health Emergency Management Staff of the Department of Health, Volume 1 (2007)

Provides guidance on the information needs of key players in HEM at the national level, information sources and data collection tools, data collection flow and reporting mechanisms, assuring quality of information, and data processing (collation, information dissemination, and storage).

10) DOH Administrative Order no. 14 series of 2012 – Policy and Implementing Guidelines on Reporting in Emergencies and Disasters

Provides guidance in ensuring an effective and efficient reporting mechanism to yield a responsive evidence-based decision-making process during emergencies and disasters. The

AO required the reporting of units at all levels of the health sector to submit timely, reliable, and continuous reports of all health-related events with standardized reporting mechanisms at all levels for emergencies/disasters. It has the objective of ensuring consistency and compliance of all reporting units with the reporting mechanisms in emergencies and disasters.

- 11) DOH Administrative Order no. 2014- 011 – Policies and Guidelines on the Implementation of Surveillance in Post Extreme Emergencies and Disasters (SPEED)

With the aim of further improving disaster surveillance, the AO aims to institutionalize SPEED, an early warning system is vital in detecting health conditions or diseases with outbreak potential and in accessing real-time information for prompt and appropriate response, in all levels of health emergency and management response.

- 12) DOH Administrative Order no. 13 series of 2012 – Policy and Guidelines on Logistics Management in Emergencies and Disasters

Provides guidelines on the effective and efficient management of logistics support at all levels of the health system in emergency or disaster situations. It mandates the DOH to lead in formulating policies and plans for logistics management in emergencies and disasters and, in coordination with members of the health sector, formulate guidelines, standards, procedures and protocols in relation to logistics management in emergencies and disasters with corresponding reporting systems and tools.

- 13) DOH Administrative Order no. 17 series of 2007 – Guidelines on the Acceptance and Processing of Foreign and Local Donations During Emergency and Disaster Situations

Issued in relation to this to set a rational and systematic procedure for the acceptance, processing and distribution of foreign and local donations that are exclusively for unforeseen, impending, occurring and experienced emergency and disaster situations. Similarly, the Food and Drug Administration has issued the FDA Circular no. 2020-009 or the Guidelines on the Identification, Notification, Evaluation, Regulatory Enforcement Action, and Review and Monitoring of Donated Health Products Solely Intended to Address COVID-19 Public Health Emergency. The Bureau of Customs also issued in 2014 the Guidelines and Procedures on Customs Clearance of International Donations Availing of Duty and/or Tax Exemption During Calamities.

- 14) DOH Administrative Order no. 155 series of 2004 – Implementing Guidelines for Managing Mass Casualty Incidents (MCI) During Emergencies and Disasters

States that the DOH is the lead in implementing a mass casualty system and procedures for resource mobilization, field management, and hospital reception to a comprehensive and well- coordinated response in MCI.

- 15) DOH Administrative Order no. 2013-004 – Policies and Guidelines on Hospitals Safe from Disasters

Issued with the goal of reducing disaster risks to ensure protection and continuous operation of hospitals and other health facilities and save lives during emergencies and disasters. It prepares hospitals to address operation challenges during disasters and emergencies with the vision of remaining as the last building standing and functioning, specifically through (i) strictly enforcing national and local government safety regulations and codes in the

construction, expansion, renovation, repair and rehabilitation of hospitals, (ii) inclusion in the hospital licensure requirements of a program for regular maintenance consistent with the most current Hospitals Safe from Disasters indicators, (iii) subjecting hospitals to yearly self-assessments and action planning to address their structural, non-structural, and functional vulnerabilities and capacities using the most current assessment tool, (iv) ensure surge capacity to be able to manage increased demand, and (v) utilize, build and strengthen partnerships and networks and develop corresponding mechanisms in times of emergencies and disasters. The Safe Hospitals in Emergencies and Disasters released by the DOH in 2009 lists the Philippine Indicators for monitoring and evaluation.

16) DOH Administrative Order no. 2017-0007 – Guidelines in the Provision of the Essential Health Service Packages in Emergencies and Disasters

The NDRRMC has developed the National Disaster Response Plan outlining the policies, key strategies, guidelines. And roles and responsibilities of agencies in DRR response management. The DOH was the lead in health services including in the areas of water, sanitation, and hygiene (WASH), nutrition, and psychosocial services. As such, the DOH issued AO no. 2017-0007 with the aim to set the standards for the effective, efficient, and timely delivery of essential health services in emergencies and disasters. Specifically, it (i) sets the guidelines in the delivery of essential health services in emergencies and disasters, (ii) define the essential service components for health, nutrition, water and sanitation hygiene, and mental health and psychosocial support that need to be available and accessible before, during, and after emergencies and disasters, and (iii) delineate the roles and responsibilities of concerned offices, stakeholders, and partners in the delivery of essential health service packages. Moreover, the DOH is currently developing the WASH in Emergencies (WiE) Technical Guidelines and the Green and Safe Health Care Facility Manual.

E - Key Instruments of CERC

29. As detailed below, the key instruments of CERC are the Rapid Needs Assessment and the Emergency Action Plan (EAP):
30. **Preliminary Assessment/Estimation.** The Government of the Republic of the Philippines will conduct a preliminary assessment and/or estimation of the impacts and needs, according to the nature and characteristics of the emergency, as a basis for the EAP. The assessment and/or estimation can also be carried out by modelling, and Bank support is available if needed.
31. **Emergency Action Plan (EAP).** The EAP is the most critical instrument for Bank support under the CERC. The EAP, as a minimum, will include the following:
- Summary of impact or estimation of the requirement to response to crisis or impact from the preliminary assessment/estimation expressed in terms of people, livelihood, and economical impact;
 - Geographical location of intervention;
 - Institutional arrangements for implementation;
 - List of emergency activities (including goods, works, services, and/or emergency operating costs) to be financed, including itemized costs;
 - Summary of the environmental and social (E&S) implications (e.g., potential environmental and social impacts) of proposed activities and, if needed, the environmental and social instrument(s) to be prepared in order to comply with the national law and the Bank's E&S policies. If deferral of E&S instruments/activities

completion is agreed upon CERC activation, it should include an action plan for such completion;

- Simplified and fast track Procurement Plan outlining the contracts, selection methods, cost estimates, and schedules; and
- Indication of the end of implementation date, upon which all activities financed under the EAP should have completed.

32. A draft Emergency Action Plan was prepared and will be further enhanced as specific emergencies or disasters and activities of the CERC are determined. The draft EAP is in Annex A.

F - Procurement

33. Procurement falls under Paragraph 12 of the World Bank's Investment Project Financing (IPF) Policy, Projects in Situations of Urgent Need of Assistance or Capacity Constraint, once the CERC is activated. The Implementing Agency is responsible for ensuring that the procurement policies and procedures governing the CERC are fully and successfully applied to the contracting of goods, works and services related to the EAP. These policies and procedures are detailed in the Philippines COVID-19 Emergency Response Project (PCERP) Project Operations Manual. In addition to ensuring that the procurement policies and procedures are applied, the Implementing Agency is also responsible for ensuring that all the proposed emergency activities are eligible for financing.

34. Procurement under the Project will follow the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018) as per the Loan Agreements and as observed under Sections 4.2 & 4.3 of the Implementing Rules and Regulations of Republic Act No. 9184 (Government Procurement Reform Act). The project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record, and track procurement transactions.

35. In accordance with the Loan Agreement, procurement approaches will utilize the flexibility provided by the Bank's Procurement Framework for fast-track emergency procurement. This will include use of simple and fast procurement and selection methods fit for an emergency situation, which include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate, (ii) use of streamlined competitive procedures with shorter procurement processing time, (iii) use of framework agreements including existing ones, (iv) procurement from UN Agencies enabled and expedited by Bank procedures and templates, (v) use of procurement agents (e.g., PS-DBM and PITC), (vi) force account, as needed, and (vii) increased thresholds for Requests For Quotations and national procurement among others, as well as no prior review for emergency procurement.

36. Procurement will be carried out by DOH through its Procurement Service. Streamlined procedures for approval of emergency procurement have been agreed for implementation to expedite decision making and approvals by DOH following the processes and flowcharts indicated in Chapter 5⁷ – Procurement, of the PCERP Project Operations Manual. The Bank's oversight of procurement will be done through increased implementation support, and

⁷ Except the use of Bank Facilitated Procurement which is not expected to apply for activities under the EAP

increased procurement post review based on a 20-percent sample while the Bank's prior review will not apply.

37. Bidding Documents procurement for works, goods, and non-consulting services will be carried out using the relevant Bidding Document as agreed with the Bank including the Bank's streamlined document for direct contracting and Request for Quotations for Works (RFQ). The Standard Request for Proposal (RFP) may be used for the selection of consultants.
38. In order to expedite the procurement in case of emergency of critical goods, services related to the preparation and management of civil works contracts, and of contractors responsible for the execution of the EAP, the DOH may invite only those suppliers, service providers and contractors for the Critical Goods and Non-Consulting Services, Emergency Works, and Consulting Services with demonstrated capability to supply the goods or carry out the works or services.

Commodities

39. Procurement of commodities, such as medical commodity and fuel, must be in accordance with Paragraph 6.51 of the Procurement Regulations. Priority commodities must be determined in response to the basic needs resulting from the emergency situation, in particular the needs of the poorest people.

Force Account

40. In emergencies, when construction firms are unlikely to bid at reasonable prices because of the location of and risks associated with the project or a certain government agency has a sole right in certain type of work (e.g., railway track work, high tension transmission cables), Force Account for repair/reconstruction using the Government agency's own personnel and equipment or a government-owned construction unit may be the only practical method (see paragraph 6.54-6.55 of the Procurement Regulations).

Use of stand-by arrangements

41. There is no need to wait for an emergency for making arrangements for procurement of emergency works, goods and services. The Government may carry out advanced procurement procedures according to those established in this manual and World Bank Procurement Guidelines under Framework Agreements (FAs). This long-term agreement with suppliers, contractors and providers of non-consulting services sets out terms and conditions under which specific procurements (call-offs) can be made throughout its term. FAs are generally based on prices that are either pre-agreed or determined at the call-off stage through competition or a process allowing their revision without further competition. Prior arrangements allow the offering and signing of contracts, whose execution is only triggered when a disaster strikes.
42. In accordance with the Project's Environmental and Social Management Framework, one of the criteria for selecting vendors is having Labor Management Procedures (LMP) and Code of Conduct (CoC) for its workers that respect women, Indigenous Peoples, and the community where they work.
43. Using the funds allocated to Category 2, the EAP will finance the immediate response to an eligible crisis or emergency, as needed. Eligible expenditures may include critical goods, services and works to quickly restore livelihoods, lifeline infrastructure and services, and improve

readiness to respond an imminent crisis, training, and operating costs. Procurement under emergency project may be under post review.

44. Table 2 present a positive list that should be used for the procurement or upon Bank's review and agreement on reimbursement of already procured goods that might be required for the Government's immediate emergency response, as well as services, works and operating costs. The government of the Republic of the Philippines and the World Bank may reach agreement on the conditions for the release of the financial tranches and the required documentation and certifications, such as customs and tax certificates or invoices. The acceptable procedures and addressing any associated risks and mitigation measures should be agreed.

Table 2: Positive list of goods, services and works

Item
<p>Goods</p> <ul style="list-style-type: none"> • Medical equipment and supplies, including but not limited to rehydration fluids, antibiotics, antivirals, ventilators, respiratory care equipment, IV pumps, referral equipment, isolation area equipment • Cleaning supplies including hand hygiene and disinfectants • Personal Protective Equipment (PPE) stockpiles, including masks, gowns and gloves • Morgue Packs • Non-perishable foods, bottled water, and containers • Tents for advanced medical posts, temporary housing, and classroom/daycare substitution • Equipment and supplies for temporary housing/living (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.) and school • Gasoline and diesel (for air, land and sea transport) and engine lubricants • Spare parts, equipment and supplies for engines, transport, construction vehicles • Lease of vehicles (vans, trucks and SUVs) • Equipment, tools, materials and supplies for search and rescue (including light motor boats and engines for transport and rescue) • Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.) • Equipment and supplies for communications and broadcasting (radios, antennas, batteries) • Water pumps and tanks for water storage • Equipment, materials, and supplies for testing and disinfection of drinking- water and repair/rehabilitate of black water collection systems • Equipment, tools and supplies for agricultural, forestry, and fisheries • Construction materials, equipment and industrial machinery • Water, air, and land transport equipment, including spare parts • Temporary toilets • Groundwater boreholes, cargos, equipment to allow access to affected site, storage units • Any other item agreed on between the World Bank and the Recipient (as documented in an Aide-Memoire or other appropriate formal Project document)
<p>Services</p> <ul style="list-style-type: none"> • Consulting services related to emergency response including, but not limited to urgent studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, including support to water, sanitation, and hygiene (WASH), and support to the implementation of emergency response activities • Feasibility study and technical design; • Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP). • Non-consultant services including, but not limited to: drilling, aerial photographs, satellite images, maps and other similar operations, information and awareness campaigns.

Works
<ul style="list-style-type: none"> • Minor works for enhancement of health services infrastructure and communities to adapt to pandemics and other emergencies or disasters including, but not limited to improve hospitals and health centers (such as painting, fixing toilet door and water tap, health care waste storage and treatment, wastewater treatment, etc.)
Training
<ul style="list-style-type: none"> • Conduct necessary training related to emergency response including, but not limited to activities in the positive list in the table 1 and the Implementation of the Emergency Action Plan (EAP) • Training on rapid needs assessment and other related assessments
Emergency Operating Costs
<ul style="list-style-type: none"> • Incremental expenses by the Government for a defined period related to preparing for prevention or to early recovery efforts arising as a result of the impact of an eligible emergency. This includes, but is not limited to operational costs and rental of equipment.

45. It is important to mention that the activities or subproject that will be financed by the CERC should avoid activities or subproject with complex or adverse environmental and social aspects, such as resettlement and adverse impacts to Indigenous Peoples, as the objective of the CERC is to support immediate priority activities. To ensure that adverse impacts will not occur given the nature of emergency, the items and activities identified in Table 3 below are prohibited.

Table 3: Prohibited Activities for CERC

<ul style="list-style-type: none"> • Activities of any type classifiable as Category A pursuant to the World Bank's Operational Policy (OP) 4.01 • Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly; • Activities that could adversely affect forest and forest health; • Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values; • Activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods; • Use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained; • Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners are consulted; • Uses of goods and equipment involving forced labour, child labour, or other harmful or exploitative forms of labour; • Uses of goods and equipment for activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities; • Uses of goods and equipment for military or paramilitary purposes;
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G - Fraud and Corruption

46. The Bank requires that Borrowers (including beneficiaries of Bank financing); bidders (applicants/proposers), consultants, contractors and suppliers; any sub-contractors, sub-

consultants, service providers or suppliers; any agents (whether declared or not); and any of their personnel, observe the highest standard of ethics during the procurement process, selection and contract execution of Bank-financed contracts, and refrain from Fraud and Corruption.

47. To this end, the Bank:

- a. Defines, for the purposes of this provision, the terms set forth below as follows:
 - i. "corrupt practice" is the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;
 - ii. "fraudulent practice" is any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation;
 - iii. "collusive practice" is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;
 - iv. "coercive practice" is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;
 - v. "obstructive practice" is:
 - (a) deliberately destroying, falsifying, altering, or concealing of evidence material to the investigation or making false statements to investigators in order to materially impede a Bank investigation into allegations of a corrupt, fraudulent, coercive, or collusive practice; and/or threatening, harassing, or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or
 - (b) acts intended to materially impede the exercise of the Bank's inspection and audit rights provided below.
- b. Rejects a proposal for award if the Bank determines that the firm or individual recommended for award, any of its personnel, or its agents, or its sub-consultants, sub-contractors, service providers, suppliers and/ or their employees, has, directly or indirectly, engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices in competing for the contract in question;
- c. In addition to the legal remedies set out in the relevant Legal Agreement, may take other appropriate actions, including declaring misprocurement, if the Bank determines at any time that representatives of the Borrower or of a recipient of any part of the proceeds of the loan engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices during the procurement process, selection and/or execution of the contract in question, without the Borrower having taken timely and appropriate action satisfactory to the Bank to address such practices when they occur, including by failing to inform the Bank in a timely manner at the time they knew of the practices;
- d. Pursuant to the Bank's Anti- Corruption Guidelines and in accordance with the Bank's prevailing sanctions policies and procedures, may sanction a firm or individual, either indefinitely or for a stated period of time, including by publicly declaring such firm or individual ineligible (i) to be awarded or otherwise benefit from a Bank-financed contract, financially or in any other manner;⁸ (ii) to be a nominated⁹ sub-contractor, consultant,

manufacturer or supplier, or service provider of an otherwise eligible firm being awarded a Bank-financed contract; and (iii) to receive the proceeds of any loan made by the Bank or otherwise to participate further in the preparation or implementation of any Bank-financed project;

- e. Requires that a clause be included in bidding/request for proposals documents and in contracts financed by a Bank loan, requiring (i) bidders (applicants/proposers), consultants, contractors, and suppliers, and their sub-contractors, sub-consultants, service providers, suppliers, agents personnel, permit the Bank to inspect¹⁰ all accounts, records and other documents relating to the procurement process, selection and/or contract execution, and to have them audited by auditors appointed by the Bank.

H - Disbursement & Financial Management

48. The DOH is responsible for ensuring that financial management and disbursement policies governing the Project and requirements set out in the Legal Agreement, and DFIL, are fully and successfully applied to the management of the financial resources mobilized through Disbursement Category 2 in support of the approved EAP under the CERC. These policies and procedures are detailed in Chapter 4- Financial Management and Loan Disbursement Arrangements and Chapter 5- Procurement of the Philippines COVID-19 Emergency Response Project (PCERP) Operations Manual.
 49. Disbursements under Category 2 will be contingent upon the fulfillment of conditions specified in paragraph 6 above. Disbursements shall be made based on the approved EAP, and shall be subject to evaluation, examination, and approval by the World Bank.
 50. Upon issuance of no-objection for CERC activation, DOH will send to the Bank the list of authorized signatories for withdrawal of funds under the CERC along with completed Withdrawal Application for advances or eligible expenditures. The application will request the World Bank to advance resources allocated to Disbursement Category of the Philippines COVID-19 Emergency Response Project (PCERP) to a **separate** designated account to finance eligible expenditures as they are incurred and for which supporting documents will be provided later.
 51. Funds for the CERC will be channeled through a separate designated account denominated in Philippine Peso at the Land Bank of the Philippines (LBP). Withdrawals from the Designated Account (DA) will only be made for expenditures incurred related to emergency activities laid out in the EAP. Documentation of actual expenditures paid from the Designated Account follows the IFR based reporting method and would be submitted to the World Bank after reallocation of funds from the Original Project components to the CERC has been completed.
 52. The Bureau of International Health Cooperation (BIHC) through the PCERP Project Technical Working Committee shall be responsible for requesting disbursement of funds in accordance with the instructions in the Disbursement and Financial Information Letter (DFIL) and for ensuring that funds are accounted for and their use reported to the World Bank on a timely manner. For any discrepancy between this POM and the DFIL, the DFIL shall prevail.
 53. In order to maintain sufficient and continuous liquidity and enable smooth implementation of the approved EAP, the World Bank will give priority to processing of withdrawal applications under CERC with a turnaround standard of one working day (down from a standard of 5 working days). The submission through World Bank Country Office of faxed/scanned withdrawal applications will also be allowed when direct electronic submissions become difficult.
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54. The Disbursement methods will include reimbursement, advance and direct payment. The ceiling for DA advance shall be variable, based on forecast of emergency expenditures for 2 quarters. Supporting documentation required to be provided with the signed application for withdrawal are as follows:
- **For requests for Reimbursement:**
 - Statement of Expenditures
 - **For reporting eligible expenditures paid from the Designated Account:**
 - Statement of Expenditures
 - Designated Account Reconciliation statement and related bank statements
55. Expenditures under Disbursement Category 2 for Emergency Expenditures under CERC will be reported as part of the Project's Interim Unaudited Financial Report (IFR) and submitted to the Bank as per the requirements of the Agreement. Incurred expenditures under Category 2 will be audited by the independent external auditor alongside other Project activities as indicated in the external audit's terms of reference. The project audited financial statements, including the Emergency Expenditures, and the management letter is submitted to the World Bank no later than six months after the fiscal year-end.
56. As set out in the Loan Agreements (Loan Numbers 9105-PH and 9220-PH) of the Philippines COVID-19 Emergency Response Project for expenditures under Disbursement Category 2 to be eligible expenditure for financing under the CERC, expenditures must be included in the approved EAP, meet the fiduciary and safeguard requirements and adequately supported with documentation, and meet the requirements specified in Section B, paragraph 6 above, must be complied.
57. The DOH as the Implementing Unit will not disburse funds to the Centers for Health Development nor Local Government Units for the implementation of the CERC activities. The DOH Central Office will be in-charge of the procurement of goods and services for deployment to the CERC project sites.
58. CERC's designated account (DA) may remain open and DOH will ensure that all advances are accounted for and their use reported to the World Bank on a timely manner, in no case later than the disbursement deadline date of the PCERP. Unused advances to the CERC's Designated Account must be refunded to the World Bank within four (4) months after completion of the EAP, in no case later than the disbursement deadline date of the PCERP.
59. The World Bank may suspend disbursement or cancel the undisbursed balance of CERC funds, or require refund of disbursed CERC funds, if the Government of the Republic of the Philippines or any of its agencies and contractors have used such funds in a manner inconsistent with the provisions of this EROM and the Financing Agreement.
60. The DOH shall keep at least 10 years after the completion of EAP all supporting documents evidencing eligibility of expenditures financed with CERC funds. These supporting documents shall be made available for examination by the World Bank or any other authority of the Government of the Republic of the Philippines.

I – Environmental and Social Standards Compliance

61. All activities financed through the CERC are subject to World Bank's Environmental and Social Standards (ESSs) and in accordance with the requirements of numeral 1.4 of the approved Environmental and Social Commitment Plan (ESCP). Addendum to Environmental and Social Management Framework (ESMF) and the Stakeholder Engagement Plan (SEP) for contingent emergency response financing are required to align with the CERC-EROM and to

supplement the existing environmental and social instruments of the project, where needed. This "CERC- Addendum to ESMF and SEP" will outline a screening process built around the positive list for key environmental and social issues, risks, and mitigation measures. This will be linked to identifying institutional arrangements for oversight of any required additional Environmental and Social (E&S) due diligence and monitoring. In addition, the CERC-Addendum to ESMF and SEP will include generic plan for preventing, controlling, and managing risks and impacts associated with the activities financed under the CERC.

62. Content of the CERC – Addendum to ESMF and SEP shall include:

- Description of the potential emergencies and the types of activities likely to be financed;
- Potential risks and general mitigation measures associated with the potential activities;
- Identification of vulnerable locations and/or groups;
- Environmental and Social Assessment/Screening and the environmental and social framework requirements such as but not limited to the Environmental and Social Management Plan (ESMP), Environmental Codes of Practice (ECOP), Labor Management Procedures (LMP), and Contractor's Personnel Grievance Redress Mechanism (GRM), and overall CERC GRM to comply with the Bank's requirements and the national laws;
- An Environment, Social, Health and Safety (ESHS) plan for preventing, controlling, and managing risks and impacts associated to activities financed under the CERC;
- Assessment to guide emergency responses (e.g., what existing social conflicts could be exacerbated by an emergency); and
- Institutional arrangements for environmental and social due diligence and monitoring.

63. Activities financed under the CERC will be limited to provision of critical goods and services, minor civil works outlined in the positive list in this EROM (Table 3). Activities that might result in land reclamation, land acquisition and resettlement will not be eligible for support. In the unlikely event that CERC activities do lead to land acquisition or resettlement impacts, the provisions of the parent project RPF (updated to include CERC activities) will apply. It is further not anticipated to support activities which might have adverse impacts on ethnic groups considered indigenous people under the World Bank's Operational Policy on indigenous peoples (OP 4.10). In the unlikely event that adverse impacts on indigenous peoples do occur, or if indigenous peoples are direct beneficiaries of the activities, the provisions of the parent project's SEP (updated to include CERC activities) will apply. It is also unlikely that changes to the existing E&S instruments of the project will be required. However, if necessary, the E&S instruments will be updated (to include CERC activities) if the EAP do not fall within the scope of the existing instruments. It is unlikely that emergency works will trigger new E&S policies, however, if required, new instruments will be prepared, consulted upon and disclosed; per the requirements of the Bank's Investment Financing Policy, a restructuring would be prepared.

64. For the implementation of the CERC activities in the project sites, the DOH Central Office will oversee and provide technical assistance on the E&S requirements, as implemented by the DOH Centers for Health Development, in coordination with the LGUs.

65. The Implementing Agency will identify based on the activities and works proposed in the EAP, the potential environmental and social risks and negative impacts, and the studies or plans required for the environmental and social management. In the case of the procurement of civil works that require mobilization of contractors, the bidding documents must include the LMP and standard Codes of Conduct for workers and supervisors, specifying appropriate conduct and sanctions related to community relations, gender-based violence, child protection, human trafficking, and sexual exploitation and abuse.

J - Monitoring and Evaluation

66. The government of the Republic of the Philippines recognizes the particular importance of monitoring and evaluation (M&E) of the CERC given that it represents a novel approach to disaster recovery financing and will require particularly strong oversight in order to ensure appropriate emergency activity implementation. The oversight and reporting mechanisms established for the Philippines COVID-19 Emergency Response Project (PCERP) will also be applied to the CERC.
67. In case of activation, additional indicators related to CERC will be added to the Project's Result Framework through restructuring. The CERC activities will be part of the regular Project monitoring and will be assessed as part of the final project evaluation.
68. Given the large number of post-disaster activities that may be initiated shortly after the CERC activation – in addition to those already under implementation – the Implementing Agency may hire additional technical consultants to support supervision and procedural compliance efforts, particularly as they pertain to fiduciary and E&S standards.

K – Closing of CERC and Emergency Action Plan (EAP) Implementation

69. It is noted that a CERC will be activated at any time during project implementation. Considering that the CERC is expected to be implemented in a relatively short time and be completed by the project's closing date, the Project's implementation will continue after the EAP has been completed. Accordingly, all technical, fiduciary and safeguard requirements related to the CERC will be finalized within six months of the end of implementation of the EAP and should not go beyond the disbursement deadline date of the Philippines COVID-19 Emergency Response Project (PCERP). These include:
 - Financial management requirements, such as reporting emergency expenditures in a normal interim unaudited financial reports, proper documentation of such expenditures and refund of unused advances no later than the disbursement deadline date provided in the Disbursement Letter.
 - Monitoring and evaluation requirements, such as final evaluation report of CERC, and any other technical and social and environmental reports agreed upon CERC activation.
70. In case of a surplus of goods, the World Bank may allow their use by the government providing their use do not contradict any World Bank safeguard policy.
71. Within four months after end of implementation of the EAP, but in no case later than the application deadline date of Philippines COVID-19 Emergency Response Project (PCERP), the Implementing Agency will complete payments of all eligible emergency expenditures, and document eligible expenditures through submission of withdrawal applications to the World Bank. On receipt of the final progress and financial reports on the activities undertaken under the agreed EAP, the Bank will notify the Government of the Republic of the Philippines that the CERC for the specific eligible expenditure is closed, and that no further withdrawals will be permitted for purposes of the specific emergency.

Annex A. Draft Emergency Action Plan (EAP)

Phase	Activity	Specific Activity		Responsible Office
		Essential Health Service Package (EHSP) Sub-Cluster	Areas of Support	
A. Pre- Emergency/ Disaster (Preparedness, Mitigation and Prevention)	Development of training modules on EHSPs	A. Medical and Public Health	Develop training materials and conduct capacity building activities on the following: Maternal and Child Health, Prevention and Control of Communicable Diseases, Sexual and Reproductive Health, Management of Injuries, and Control of Non-Communicable Diseases	HEMB, DPCB
		B. Nutrition in Emergencies	Develop training materials and conduct capacity building activities to meet nutritional requirements of the general population and vulnerable groups through nutrition assessment, infant and young child feeding, food assistance, management of acute malnutrition, and micronutrient supplementation	HEMB, NNC, DPCB
		C. Water, Sanitation and Hygiene (WASH)	Develop training materials and conduct capacity building activities on the following: Hygiene Promotion, Water Supply, Excreta Disposal, Vector Control, Solid Waste Management, and Drainage	HEMB, DPCB
		D. Mental Health and Psychosocial Support (MHPSS)	Develop training materials and conduct capacity building activities on psychological first aid and graduated psychological interventions	HEMB, DPCB, NCMH
	Procurement of goods/ commodities in support of EHSPs	A. Medical and Public Health	<input type="checkbox"/> Procurement of: <ul style="list-style-type: none"> • Assorted medicines • CAMPOLAS kit • First aid kit • Family kit • Trauma kit • Medical supplies • IV fluids • Cadaver bags • Collaterals e.g., vest, bull cap, rain coat, rubber boots <input type="checkbox"/> Financial sub-allotment as needed <input type="checkbox"/> MOOE for devices/ equipment	LGU- primary provider HEMB, DPCB, and CHDs- augmentation

		<p>B. Nutrition in Emergencies</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Procurement of equipment and tools for rapid nutrition assessment: <ul style="list-style-type: none"> • Mid-upper arm circumference (MUAC) tapes • Salter weighing scale • Infantometer <input type="checkbox"/> Procurement of micronutrient supplements: <ul style="list-style-type: none"> • Vitamin A capsules • Iron with folic acid • Zinc • Multiple micronutrient powder <input type="checkbox"/> Procurement of community-based management of acute malnutrition (CMAM): <ul style="list-style-type: none"> • Ready-to-use supplementary foods • Ready-to-use therapeutic foods <input type="checkbox"/> Procurement of infant and young child feeding support: <ul style="list-style-type: none"> • Breastfeeding kit (sablay, hygiene kit, container with cover) <input type="checkbox"/> Financial sub-allotment as needed <input type="checkbox"/> MOOE for devices/equipment 	<p>LGU- primary provider</p> <p>HEMB, DPCB, and CHDs-augmentation</p>
		<p>C. Water, Sanitation and Hygiene (WASH)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Procurement of: <ul style="list-style-type: none"> • Troclesene sodium • Calcium hypochlorite • Diethyl paraphenylene diamine (DPD) no. 1 • Enzyme/chromogenic substrate agar • Portable microbiological enzyme chromogenic agar • Drinking-water container • Water testing kits • Hygiene kit • Incubator <input type="checkbox"/> Financial sub-allotment as needed <input type="checkbox"/> MOOE for devices/equipment 	<p>LGU- primary provider</p> <p>HEMB, DPCB, and CHDs-augmentation</p>
		<p>D. Mental Health and</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Procurement of: 	<p>LGU- primary</p>

		Psychosocial Support (MHPSS)	<ul style="list-style-type: none"> • Psychosocial first aid kit • Psychotropic medicines <input type="checkbox"/> Financial sub-allotment as needed <input type="checkbox"/> MOOE for devices/equipment 	provider HEMB, DPCB, and CHDs-augmentation
Development of IEC materials		A. Medical and Public Health	Preparation and dissemination of IEC materials on the following topics: <ul style="list-style-type: none"> ▪ Meteorological hazard preparation ▪ Minimum initial service package in emergencies and disasters, i.e., on gender-based violence (GBV), sexually-transmitted diseases (STIs), etc. ▪ Water-borne diseases ▪ Vector-borne diseases ▪ Communicable diseases ▪ Non-communicable diseases 	HEMB DPCB
		B. Nutrition in Emergencies	Preparation and dissemination of IEC materials on the following topics: <ul style="list-style-type: none"> ▪ Infant and young child feeding ▪ Food safety and security ▪ Community-based management of acute malnutrition (CMAM) 	HEMB, NNC
		C. Water, Sanitation and Hygiene (WASH)	Preparation and dissemination of IEC materials on the following topics: <ul style="list-style-type: none"> ▪ Water sanitation ▪ Personal hygiene/handwashing ▪ Garbage disposal ▪ Vector control and drainage 	HEMB
		D. Mental Health and Psychosocial Support (MHPSS)	Preparation and dissemination of IEC materials on the following topics: <ul style="list-style-type: none"> ▪ Psychological First Aid (PFA) 	HEMB, DPCB, NCMH
B. Emergency/ Disaster (Response)	Deployment of EHSP services	A. Medical and Public Health	Provide on-site services on the following: <ul style="list-style-type: none"> ▪ Basic life support ▪ Standard first aid ▪ Pre-hospital care ▪ Injury and proper wound care ▪ Prophylaxis for flood-borne diseases such as leptospirosis and acute watery diarrhea ▪ Provision of tetanus toxoid to those with dirty wounds and those involved in rescue 	HEMB, DPCB

			<ul style="list-style-type: none"> or clean-up operations ▪ Continued services on non-communicable diseases such as lifestyle-related diseases and degenerative diseases ▪ Immunization for children ▪ Maternal, newborn and child health services ▪ Essential intrapartum and newborn care (EINC) ▪ Basic emergency obstetric and newborn care (BEmONC) ▪ Sexual and reproductive health (SRH) services including treatment for HIV and STD/STI ▪ Early treatment and continuation of essential therapies for acute/chronic conditions/exacerbations including trauma and injuries, skin infections, non-communicable diseases ▪ Services for older persons (OP), people with disabilities (PWDs), people with special needs (PWSNs), and people with pre-existing mental illness ▪ Services for the clinical and legal assistance for survivors of sexual violence ▪ Systems of referral, communication, and safe transport and pre-hospital care of patients requiring definitive care 	
		B. Nutrition in Emergencies	<p>Provide on-site services on the following:</p> <ul style="list-style-type: none"> ▪ Mobilization of community health and nutrition volunteers and peer support groups ▪ Conduct of infant and young child feeding assessment ▪ Conduct of rapid nutrition assessment ▪ Immediate provision of high-dose vitamin A supplements to target groups ▪ Appropriate management and referral of severe acute malnutrition cases with complications ▪ Organization of targeted supplementary feeding 	HEMB, NNC, DPCB

			<p>covering children 6-59 months, pregnant, and lactating women</p> <ul style="list-style-type: none"> ▪ Nutritional assessment and appropriate response interventions and management of acutely malnourished children, pregnant and lactating women, children with micronutrient deficiencies ▪ Provision of counselling services and supportive nutrition care ▪ Monitoring of any act that is against the Milk Code 	
		C. Water, Sanitation and Hygiene (WASH)	<p>Provide on-site services on the following:</p> <ul style="list-style-type: none"> ▪ Assessment and evaluation of the WASH conditions in the pre-identified evacuation centers ▪ Provision of safe water and adequate water storage facilities and protection of water supply sources ▪ Hygiene promotion to encourage proper behavior through hand washing, hygiene practices and use of WASH facilities ▪ Implement non-harmful vector control measures (such as bed nets, repellent lotions, etc.) ▪ Provision of receptacles/bins and storage facilities for solid waste management ▪ Provision of sanitation facilities, excreta disposal facilities, and implementation of sanitation techniques ▪ Conduct of water quality surveillance, disinfection and treatment ▪ Implement drainage of WASH facilities to prevent contamination of water sources and vector breeding places ▪ Immediate provision of separate toilet facilities for males and females that are easily accessible, adequate in number, well lighted and sufficiently close to 	HEMB, DPCB

			<p>dwelling</p> <p>D. Mental Health and Psychosocial Support (MHPSS)</p>	<p>Provide on-site services on the following:</p> <ul style="list-style-type: none"> ▪ Provision of support to staff who experienced extreme events upon manifestation of significant behavioral changes ▪ Referral of more severe, complex or high-risk cases to specialists and facilities ▪ Utilization of existing communal, cultural, spiritual and religious healing practices as approaches to MHPSS ▪ Community Mental Health Education through fliers, fora and other information, education and communication (IEC) materials ▪ Coordinated assessment of mental health and psychosocial issues ▪ MHPSS interventions for survivors of sexual violence if requested by the survivor ▪ Protection and promotion of responder's well-being during preparation, deployment and follow-up phases ▪ Provision for psychotropic medications and sedatives when necessary ▪ Provision of psychological first aid for the general population, and provision of access and referral to a graded and specific MHPSS interventions 	<p>HEMB, DPCB, NCMH</p>
	<p>Deployment of procured goods/ commodities</p>	<p>Deployment of procured goods/commodities for the Medical and Public Health, Nutrition in Emergencies, WASH, and MHPSS EHSPs as identified above</p>		<p>LGU- primary implementer</p> <p>HEMB, DPCB, and CHDs-augmentation</p>	
<p>C. Post-Emergency/ Disaster (Recovery and Reconstruction)</p>	<p>Physical rehabilitation and greening of health care facilities</p>	<p>Repair and retrofitting of HCFs considering climate- resiliency of infrastructures</p> <p>Observe the performance standards for HCFs as prescribed in the DOH Green and Safe Health Care Facilities Manual:</p> <ul style="list-style-type: none"> ▪ Energy Efficiency ▪ Water Efficiency ▪ WASH ▪ Health Care Waste Management 	<p>HFDB, HFEPMO, DPCB, LGU, CHDs, HCFs</p>		

		<ul style="list-style-type: none"> ▪ Site Sustainability ▪ Materials Sustainability ▪ Indoor Environmental Quality ▪ Hospital Safety 	
		Development of materials and conduct of capacity building activities on the Greening and Safety of HCFs	
		Allocation of regular funding for the maintenance and retrofitting of HCFs	
	Institutionalization of EHSP services	Allocation of regular funding for commodities/goods, MOOE of devices/equipment, and personnel services	DOH Central Office, LGU, CHDs, HCFs
		Hiring of personnel to regularize EHSP services	
		Continued conduct of training on the EHSP sub-clusters	
		Review and updating of capacity building materials/modules on EHSP	

Annex B. Strategies Used in Health Emergency Management

Based on DOH Guidelines for Health Emergency Management – Manual for Hospitals, 2nd edition (2008)

Strategies	Activities
1. Capacity Building (HRD) and Facilities Enhancement	<ul style="list-style-type: none"> ● Training on health emergency preparedness at all levels of the health sector from the community to the tertiary hospital level ● Enhancing facilities to improve the capacities of involved institutions
2. Service Delivery	<ul style="list-style-type: none"> ● Direct services (preventive, curative and rehabilitative services) ● Timely, holistic and appropriate responses in emergency situations ● Response services provided by competent, compassionate and dedicated personnel
3. Health Information and Advocacy	<ul style="list-style-type: none"> ● Activities informing the public on prevention and preparedness for emergencies and disasters ● Basic First Aid in managing emergencies at home, schools, work place, public places, etc. ● Activities empowering the community through health education and promotion ● Activities increasing awareness to gain support
4. Policy Development	<ul style="list-style-type: none"> ● Development of plans, (EPRP, WFP/OPlan) ● Development of policies, procedures, guidelines, protocols ● Development of health emergency management systems
5. Networking and Social Mobilization	<ul style="list-style-type: none"> ● Building up network ● Networking meetings and other activities ● Multi-sectoral activities (drills, benchmarking, etc.) ● Establishment of MOAs and MOUs ● Other collaborating activities
6. Research and Development	<ul style="list-style-type: none"> ● Conduct of research studies ● Case reports or other paper presentations
7. Resource Mobilization	<ul style="list-style-type: none"> ● Activities pertaining to resource generation and distribution (logistics, human resources, finances) ● Mobilization of response teams ● Mobilization of ambulance teams
8. Information Management and Surveillance	<ul style="list-style-type: none"> ● Information generation, storage, and dissemination
9. Standards and Regulation	<ul style="list-style-type: none"> ● Standards setting, accreditation criteria setting ● Activities empowering regulations
10. Monitoring and Evaluation	<ul style="list-style-type: none"> ● Documentation of events and lessons learned ● Post-mortem evaluation ● Activities for sharing of good practices (e.g., conventions) ● Drills or simulation exercises

Annex C. Timeline of Health Sector Roles by Health Emergency Management Phases

Based on DOH Guidelines for Health Emergency Management – Manual for Hospitals, 2nd edition (2008)

TIME	0 →	EVENT →	→ N
PHASES	Pre-emergency/Disaster	Emergency/Disaster	Post-emergency/Disaster
ROLES	Emergency Preparedness, Mitigation and Prevention	Response	Recovery and Reconstruction
	Assess risks <ul style="list-style-type: none"> Anticipate the problems. 	Respond to emergencies	Institute measures for recovery and rehabilitation
	Reduce risks <ul style="list-style-type: none"> Communicate the risks; change behavior. Reduce vulnerability, and strengthen resilience (community, staff, infrastructure and health care facilities). 	<ul style="list-style-type: none"> Provide leadership in the health sector. Assess the health consequences and impact on health services. Determine the needs. Protect staff and facilities. 	<ul style="list-style-type: none"> Assess health needs over the long term. Provide health services over the long term. Restore health services, facilities and health systems.
	Prepare for emergencies <ul style="list-style-type: none"> Plan, train, exercise, evaluate. Build capacities. Install early warning systems. Communicate the risks. 	<ul style="list-style-type: none"> Provide health services. Communicate the risks. Mobilize resources. Manage logistics. Manage health information. Manage human resources. 	<ul style="list-style-type: none"> Develop human resources. Plan reconstruction to reduce risks.

*Adapted from the Sixth Inter-regional Training Course in Public Health and Emergency Management in Asia and the Pacific (PHE-MAP), 2006. Module 1: Health Emergency Management. Challenges and Roles. WHO (WPRO, SEARO) and ADPC.

TIME	0 ----->	-----> Event ----->	-----> N
PHASES	Pre-emergency/Disaster	Emergency/Disaster	Post-emergency/Disaster
	Emergency Preparedness, Mitigation and Prevention	Response	Recovery and Reconstruction

TIME FRAME	First 24 Hours	EVENT	End of First Week	End of First Month	End of 3 Months	Conclusion
STAGE	Immediate		Short Term	Medium Term	Long Term	
GENERAL NEEDS	<ul style="list-style-type: none"> • Search and rescue • Search and recovery (dead) • Evacuation/shelter • Food • Water • Public information system 	Emergency communication, Logistics and reporting systems (including injury and disability registers)	<ul style="list-style-type: none"> • Security • Energy (fuel, heating, light, etc) • Environmental health services for <ul style="list-style-type: none"> - vector control - personal hygiene - sanitation, waste disposal, etc 	<ul style="list-style-type: none"> • Protection (legal and physical) • Employment • Public transport • Public Communications • Psychosocial services 	<ul style="list-style-type: none"> • Education • Agriculture • Environmental protection 	<ul style="list-style-type: none"> • Compensation/reconstruction • Restitution/rehabilitation • Prevention and preparedness
HEALTH NEEDS	<ul style="list-style-type: none"> • First aid • Triage • Primary medical care • Transport/ambulances • Acute medical and surgical care 		Emergency epidemiological surveillance for vector-borne diseases, vaccine-preventable diseases, diseases of epidemic potential	Establishment/re-establishment of health information system	Reconstruction and rehabilitation	Evaluation of lessons learned
			Control of diseases of public health significance	Restoration of preventive health care services such as EPI, MCH, etc	Specific training programs	Revision of policies, guidelines, procedures
			Control of acute intestinal and respiratory diseases	Restoration of services for non-communicable diseases/obstetrics	Health information campaigns/health education programs	Upgrade of knowledge and skills, attitude change
			Care of the dead	Care of the disabled	Disability and psychosocial care	
			General curative services			
			Nutritional surveillance and support (including micronutrient supplementation)			
			Measles vaccination Vitamin A			

*Adapted from the Sixth Inter-regional Training Course in Public Health and Emergency Management in Asia and the Pacific (PHE-MAP), 2006. Module 1: Health Emergency Management. Challenges and Roles. WHO (WPRO, SEARO) and ADPC.