



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/08/2020 | Report No: ESRSA00681



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Philippines	EAST ASIA AND PACIFIC	P173877	
Project Name	Philippines COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/10/2020	4/20/2020
Borrower(s)	Implementing Agency(ies)		
Republic of the Philippines	Department of Health		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	100.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The project will primarily support the strengthening of emergency COVID-19 health care response, which will include the provision of medical and laboratory equipment and reagents and the provision of medical supplies, including Personal Protective Equipment (PPE) and medicines. The project will also support strengthening of Emerging Infectious Diseases (EIDs) prevention, preparedness, and response capacity at national and sub-national level, including enhancing isolation/quarantine facilities, and strengthening laboratory capacity at the national and sub-national levels.

D. Environmental and Social Overview



D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The Project will finance a broad range of both immediate and near-term priority health sector activities, medical facilities refurbishment, health care equipment and ambulances, personal protective equipment (PPE) and medical consumables that constitute priorities of the Government of the Philippines (GoP) national response to the covid-19 pandemic.

In particular, this will include establishing testing and quarantine facilities at six major international airports in Luzon, Visayas and Mindanao administrations, 21 first-line decontamination facilities at international airports and seaports, strengthening the national reference laboratories as well as sub-national and public health laboratories for covid-19 analysis, refurbishing and establishing negative pressure isolation rooms in about 70 DoH and 85 Provincial public hospitals, setting up 450 isolation tents, extensive provision and training on use of PPE, about 150 land and 10 sea ambulances, covid-19 test kits, array of diagnostic and life support equipment (ventilators, oxygen machines, cardiac monitors, infusion pumps, portable x-ray machines, PCR equipment, dialysis machines)

The Project will be national in scope, supporting the existing network of the health care facilities and services in the Philippines, and provide support to immediate response, e.g. testing, quarantine, decontamination and treatment, as well as mid-term activities such as completion of construction of the national reference laboratory complex. The Project will include the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and areas with indigenous peoples. Approximately ten percent of the population in the Philippines is considered indigenous peoples. They live in several regions but are particularly concentrated in the mountains of Northern and Central Luzon as well as in the island of Mindanao.

Refurbishment and civil works activities are expected to be of small scale, distributed throughout the health care network providing covid-19 response, and take place within the existing compounds of the health care facilities.

Health care waste generated in increased quantities from the covid-19 emergency response will be managed and disposed according to the standing regulations and existing waste management facilities licensed for this purpose. Their sufficiency for project purposes will be assessed during ESMF preparation for consistency with ESF.

The President of the Philippines declared a state of calamity for the whole country, with special powers granted to him to call for a strict community quarantine to be enforced by the local government units with the support from the National Disaster Risk Reduction Management Council (NDRRMC). NDRRMC is intensifying its information campaign to prevent the spread of the coronavirus disease in the country.

Recently the Environment Management Bureau (EMB) issued DAO 2020-14 and 15 entitled Interim Guidelines and Addendum to Interim Guidelines on Issuance of Special Permit to Transport (SPTT) to transport of hazardous wastes within the Community Quarantine Period, allowing the unhampered transportation of hazardous wastes, specifically wastes from healthcare facilities for transfer to Treatment, Storage and Disposal (TSD) facilities. This regulation allows Registered Haulers and Registered TSD Facilities to haul, treat and dispose healthcare wastes within Luzon. However, the special permit to haul the healthcare wastes will expire sixty (60) days after the enhanced community quarantine period.

D. 2. Borrower's Institutional Capacity



The Project will be implemented by the Department of Health (DoH). DoH does not have recent experience or dedicated capacity implementing World Bank financed projects and is not familiar with the Bank’s safeguards or Environmental and Social Framework (ESF) requirements. It is, however, familiar with the Philippines’ relatively well-developed regulatory framework for environmental and social management as it pertains to the health sector.

In 2005, DOH has instituted a number of policies and guidelines on healthcare waste management (HCWM) including the DENR-DOH Joint Administrative Order No. 02-2005 entitled Policies and Guidelines on Effective and Proper Handling, Collection, Transport, Treatment, Storage and Disposal of Healthcare Waste. The implementation and enforcement of relevant rules and regulations are still lacking in practice. DAO 2013-22 provides for its Procedural Manual Healthcare Wastes Management Manual and serves as a guidebook for the healthcare workers and other professionals involved in the health sector. It provides options for a safe, efficient, environment-friendly waste management options. However, assessment is needed to evaluate the existing health care waste management system in the facilities that will be covered by the project to ensure that it will be able to handle the anticipated increase in HCW load, fulfills international standards, and to propose mitigating measures if found otherwise in the project’s environmental and social risk management instruments.

DoH will designate a team of DOH’s civil service officials, led by a project director and project manager, and with one Environmental and one Social Risk Management Focal Points to coordinate ESF implementation. DoH designated the Focal Points already during project preparation.

The implementation of ESF instruments will be supported and monitored by World Bank staff throughout project implementation to assist the implementing agencies to undertake the planned environmental and social risk management measures, including stakeholder engagement and preparation of required management plans to be applied under the Project and provide training to the assigned staff.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The environmental risks are considered Substantial. The main environmental risks associated are: (i) occupational health and safety (OHS) risks resulting from the operation of medical facilities and laboratories involved in COVID-19 response which inherently expose staff to infection risk; (ii) health care waste management and disposal, (iii) community health and safety issues related to the uncontrolled transmission of the covid-19 virus due to the lack of testing, laboratory and quarantine facilities and contamination due to the poor handling, transportation and disposal of healthcare wastes; and (iv) environmental and safety risks associated with small scale civil works for medical facilities that involves the refurbishment or completion of ongoing construction.

Infectious and biohazard waste in particular may be generated from labs, treatment and quarantine facilities, isolation centers and hospitals and could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special capacity to manage and dispose.



Without proper handling, such wastes may pose risk to the healthcare workers, waste management workers as well as communities in the vicinity of the waste disposal areas. There is also an elevated risk of sharps disposal.

A World Health Organization (WHO) assessment of HCWM in selected countries in the Western Pacific Region (2015) recognized the comparatively comprehensive legal framework and a relatively well-established HCWM system in the Philippines although its performance is not fully consistent with the policies in place. There is a comparatively long history in hazardous waste management mandated by a number of laws that regulate the health and environmental sectors. A thematic working group has been working on HCWM concerns under the purview of the National Sanitation Code. The study observed that HCW segregation in larger hospitals as well as the availability of licensed waste disposal companies in urban areas with larger hospitals operating their own HCW management and administrative systems, however training of health-care workers in HCWM is lacking. Advanced HCWM technology and treatment equipment are available but performance does not always meet international standards.

Overall, HCWM can still be improved, especially in smaller and more remotely located health-care facilities. An assessment covering undertaken for the period of 2011-2016 by the World Bank Philippines Public Health Project (P115184) involving Rural Health Units indicated serious gaps in infection prevention efforts, waste management particularly on infrastructure in place for storage and safe disposal of sharps and safe disposal of infectious materials. DOH recognizes these challenges. A UNDP-GEF project supported the DOH in the preparation of the 3rd Edition Manual on Healthcare Waste Management (2011) to serve as a reference for all health care facilities in the implementation of an effective and efficient waste management program.

The Manual is currently being update to expand on administrative controls and requirements with a section on health care waste management in emergencies (i.e., emergency management plan, contingency planning and emergency preparedness, and emerging issues). Emerging issues cover topics such as emerging diseases and multidrug-resistant organisms, pandemics, climate change.

To address these risks DOH will prepare and implement an ESMF ensuring functionality of health-care waste management system and application of WHO standards and COVID-19 guidelines. The ESMF will include guidelines for development and implementation of a Health Care Waste Management Plan, Community Health and Safety measures, Environmental Code of Practice (ECOP) for physical renovation and civil works, and Capacity Building Plan.

Social Risk Rating

Substantial

The social risks are considered Substantial, although the direct and indirect social impacts and risks associated with the activities proposed by this project are expected to be mostly temporary, predictable, and avoidable. No major construction works will be financed under this project.

The major areas of social risks are expected to concern: (i) Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities; (ii) OHS risks related to the spread of the virus among health care workers; (iii) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children, poor households, persons with disabilities including physical and mental health disabilities indigenous peoples etc.), due to poor training, communication and public awareness related to the readiness and response to the new COVID-19; and (iv) risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19 or potential unrest with respect to access to tested and other services related to public health services. There may also be risks concerning sexual



exploitation and abuse (SEA) and violence against women and girls (VAC), especially related to healthcare workers and people in quarantine. Civil works envisaged in the project mainly refer to repair and rehabilitation of existing buildings. New facilities will be on existing premises and no land acquisition or involuntary resettlement impacts are expected.

The potential social risks and impacts will be addressed through the implementation of a Stakeholder Engagement Plan (SEP), including a Grievance Mechanism, and an Environmental and Social Management Framework (ESMF), including Labor Management Procedures (LMP), prepared based on an assessment of social risks and impacts in line with the applicable WB ESSs of the WB's ESF, the WHO COVID-19 guidance on risk communication and community engagement, and national laws and regulations. As per the Environmental and Social Commitment Plan (ESCP), the ESMF will be prepared and disclosed, and the SEP will be updated and disclosed within 30 days of project effectiveness.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). ESS1 is relevant given the substantial environmental and social risks to assess and manage. The main environmental risks associated are: (i) occupational health and safety risks resulting from the operation of medical facilities and laboratories involved in COVID-19 response which inherently expose staff to infection risk; (ii) health care waste management and disposal and community health and safety issues related to the handling, transportation and disposal of healthcare wastes; and (iii) environmental and safety risks associated with small scale civil works for medical facilities refurbishment or completion of ongoing construction. Occupational health and safety and medical waste management are of particular concern.

Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among healthcare and laboratory workers and exposed communities. The laboratories and relevant healthcare facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous waste. Effective management and controls measures will have to be in place to avoid and minimize these risks; these measures, minimizing the risk of occupational health and safety, proper management and dispose of hazardous waste and other sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc., will be documented in the ESMF and will be in line with WHO Interim Guidance (February 12,2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)" as well as applicable GoP regulations. The ESMF will include guidelines for assessing adequacy of the existing Health Care Waste Management system for handling increased quantities of waste and identifying measures for strengthening its capacity if needed.

The project will use the ESMF as the principle guidance for managing the E&S risks, and will include Community Health and Safety measures; Environmental Code of Practice (ECOP) for physical renovation civil works; and an environmental and social (E&S) risk management Capacity Building Plan. The ESMF will provide for the application of



international good practices in COVID-19 diagnostic testing and handling of medical supplies, and disposing of the generated waste. The ESMF will include a negative list of activities that will not be financed unless the appropriate OHS capacity and facility is in place.

In addition to social risks related to above mentioned environmental risks (e.g. concerning occupational health and safety and community health and safety), the project risks include exclusion of marginalized and vulnerable social groups, exclusion of, and engagement with, indigenous peoples, risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19, and SEA/VAC. The ESMF and revised SEP will provide measures to address these risks based on a more detailed assessment of these social risks and impacts.

The Project's ESMF will include a section explaining provisions for environmental and social risk management for the Contingent Emergency Response Component (CERC) should it be activated during project implementation. The section will describe the likely eligible emergencies that could lead to the CERC's activation (e.g. earthquakes, typhoons, other disease outbreaks), a positive list of activities eligible for support in response to the emergency and their environmental and social risks and management measures as well as a negative list of activities categorically excluded from support. If the ESMF measures envisaged now will not fit the activities of CERC when actually activated, an Addendum to the ESMF would be prepared with the situation-specific environmental and social risk assessment and management measures. ESMF provisions will be reflected in the CERC Operations Manual that will be prepared to guide CERC implementation.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for effective and inclusive engagement with all relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around physical distancing, high-risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to local and national advisories on physical distancing, means that meaningful disclosure of appropriate information and innovative and virtual stakeholder engagement assume huge significance for ensuring public health and safety from all perspectives social, environmental, economic, and medical/ health.

To address these challenges a SEP has been drafted and will be revised during implementation. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It outlines the ways in which the project team will communicate with stakeholders and includes a grievance redress mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (e.g. elderly, children, poor households, vulnerable groups, and indigenous peoples), including in rural areas with little access to the internet.

Project preparation has included a preliminary mapping of stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been done. The draft SEP has been disclosed publicly by DOH and will be disclosed at the World Bank's external website before World Bank Board approval. The SEP will be updated during implementation and publicly disclosed.



B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Most activities supported by the Project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of the Philippines and professional consultants and contractors (hired as contracted workers). Activities encompass treatment of patients and small-scale civil works for medical facilities refurbishment or completion of ongoing construction. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in the ESMF's Labor Management Procedures and WHO guidelines. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for the protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry-specific EHSs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally. These measures will be documented in labor management procedures (LMP) included in the ESMF.

The project's LMP will incorporate issues for the DOH staff and contracted workers: working conditions and management of worker relationships, protecting the workforce and ensuring proper OHS, and a grievance mechanism for project workers whether direct or contracted workers hired for the small-scale civil works. Child labor is forbidden in accordance with ESS2 and Philippines law; due to the hazardous work situation no person under the age of 18 will be hired by the Project. To prevent risks of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), Gender-Based Violence (GBV) and/or Violence Against Children (VAC) from interactions within work forces and between workers and patients and other community members, the LMP will include provisions for training on community interaction and SEA/SH/GBV/SEA to all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not engage in misconduct. Codes of Conduct (CoC) will be included in ESMF and LMP and other relevant documents, such as letter of DOH's staff appointment and contracts for contracted workers in line with relevant national laws and legislation to be adopted and applied under the project. The ESMF/LMP will include similar provisions for security personnel that will be involved in project activities, for instance in providing security at health facilities (see ESS4).

ESS3 Resource Efficiency and Pollution Prevention and Management

Healthcare wastes, medical wastes and other chemical wastes (including water, reagents, infected materials, etc.) from the labs testing, operation of quarantine and isolation centers, and screening posts (drugs, supplies and medical equipment) can have substantial impact on the environment and human health. Wastes that may be generated from medical facilities and national reference labs and DoH and provincial hospitals may include liquid contaminated



waste, chemicals and other hazardous materials, and other waste such as sharps used in diagnosis and treatment. All facilities will follow the requirements of the ESMF and the national standards and regulations in place such as the Healthcare Waste Management Regulations, which will be assessed during the ESMF preparation for consistency with the ESF. The ESMF will include criteria to ensure that disposal of medical waste will not be permitted at sites which threaten human or environmental health including natural habitats. It will similarly include measures to ensure that standards relevant to the provision and protection of water resources and the effective management of wastewater from the facilities are observed.

The ESMF will include measures related to transportation and management of samples and medical goods or expired medications and chemicals. The project, as documented in the ESMF, will ensure the use of resources (water, air, etc.) in quarantine facilities and labs will follow standards and measures consistent with the US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. As indicated, no major physical works are permitted until the ESMF and its measures are in place.

ESS4 Community Health and Safety

Medical wastes and general waste from labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents or emergencies, such as a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts will have to follow procedures to be detailed in the ESMF.

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international good practices as outlined in the WHO guidance for COVID-19 response.

The SEP, described under ESS 10, will also ensure widespread engagement with communities in order to disseminate information related to project activities, particularly with communities in the vicinity of health facilities, such as screening and quarantine facilities.

The project will need to mitigate potential risks of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructures, such as segregated toilets and enough lighting in quarantine and isolation centers. As noted under ESS2, the LMP will include provisions to prevent SEA/GBV/SEA through training and Codes of Conduct (CoC) to ensure workers respect local communities and their culture and will not involve in misconduct.

Health facilities supported by the project is expected to use some security personnel. Normally a security agency is contracted on a long-term basis by health care facilities to ensure safety of employees and the facility, including the equipment and supplies. In relation to security of the equipment during delivery, DOH's freight service provider ensures that all equipment is delivered intact and safe onsite. DOH reports that security has not been an issue in the delivery of equipment in different areas nationwide. However, as COVID-19 may develop in unpredictable ways and due to potential concerns among the public, the use of additional government security personnel from the local or



national police, or in some instances possibly the military, may be directed to implement measures to ensure peace and order in affected areas, including at quarantine, isolation, decontamination and other health facilities. The potential scope of such security measures, and potential risks surrounding them, will be assessed as part of preparing the ESMF to manage environmental and social risks concerning project activities and monitored during project implementation. In case project activities are supported by private or government security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation, taking into consideration protocols that will be included in the ESMF, consistent with the ESF and the guidance provided in the World Bank’s technical note on the “Use of Military Forces to Assist in Covid-19 Operations: Suggestions on How to Mitigate Risks.” This is reflected in the ESCP.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. Project activities requiring land acquisition and/or displacement of affected people will not be eligible for financing. All civil works will take place within existing premises of health facilities or other public spaces.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is currently considered not relevant. Civil works will take place within existing facilities and impacts on natural resources and biodiversity are therefore unlikely.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is relevant as site-specific project activities are likely to take place in areas with indigenous peoples and the Project’s awareness raising activities will include all population groups in the Philippines. Approximately ten percent of the population in the Philippines is considered as indigenous peoples under national definitions and the identifying characteristics of ESS7. They live in several regions but are particularly concentrated in the mountains of Northern and Central Luzon as well as the island of Mindanao.

National legislation provides strong protection for indigenous peoples, particularly those living within recognized ancestral domains under the Indigenous Peoples Rights Act. However, there are a few differences between the national framework and ESS7 concerning the requirements for FPIC, the scope of SA and IPP, disclosure and monitoring. For instance, FPIC is only required for indigenous communities within ADs. Activities that would require FPIC or would affect the land, livelihoods or cultural heritage of indigenous peoples, are not eligible for support under the Project.

The Project will not develop a stand-alone indigenous peoples instrument, but instead will address the requirements of the standard: (i) through the specific targeting of SEP activities relevant to indigenous peoples that meet the requirements of the standard; (ii) through an assessment of particular social risks and circumstances concerning indigenous peoples as part of the preparation of the ESMF, including lessons from the support to develop DOH guidelines on health services for indigenous peoples (see below); and (iii) by ensuring that the ESMF will include specific measures to address the needs of indigenous peoples. This is consistent with ESS7 footnote 10 of paragraph 17 which states that “a community development plan may be appropriate in circumstances where other people, in



addition to the Indigenous Peoples will be affected by the risks and impacts of the project; where more than one Indigenous Peoples group is to be included; or where the regional or national scope of a programmatic project incorporates other population groups.”

Public consultations with representatives of indigenous peoples and their organizations are provided for in the SEP, taking into account their particular circumstances. These organizations and representatives will be consulted during the revision of the SEP. The National Commission for Indigenous Peoples (NCIP) will also be consulted. The SEP will integrate relevant mechanisms and procedures of the Joint Memorandum Circular “Guidelines on the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities (IPs/ICCs)” agreed to between DOH, NCIP, the Department of Interior and Local Government (DILG) on June 3, 2013.

ESS8 Cultural Heritage

This standard is not considered relevant as the project is not expected to affect cultural heritage. New constructions, if any, will take place within existing premises of health facilities or other public spaces.

ESS9 Financial Intermediaries

The project will not be using financial intermediaries.

B.3 Other Relevant Project Risks

None identified.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Prepare and submit to the Bank regular monitoring reports on ESHS performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.	07/2020
DOH establish and maintain qualified staff and resources to support management of ESHS risks and impacts of the Project including environmental and social risk management specialists.	04/2020

Public Disclosure



Assess E&S risks and prepare ESMF before commencement of project activities.	05/2020
Prepare, disclose, adopt, and implement any ESMPs or other instruments required for respective project activities as per ESMF.	07/2020
Screen and identify risks related to the use of government or private security personnel to support Project activities. The environmental and social assessment will be guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.	05/2020
Incorporate relevant aspects of this ESCP, e.g. ESMPs, ESS2 requirements, and ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that contractors and supervising firms comply with the ESHS specifications.	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Prepare, disclose, adopt, and implement a SEP consistent with ESS10, and in a manner acceptable to the Bank, incl. information about the use of security personnel in project activities.	05/2020
Accessible grievance mechanism made publicly available to receive and facilitate resolution of project concerns and grievances, consistent with ESS10, in a manner acceptable to the Bank, incl. related to security and the use of security personnel.	05/2020
ESS 2 Labor and Working Conditions	
Carry out Pr. in accordance with applicable ESS2 requirements, per LMP and in a manner acceptable to the Bank, incl. OHS measures, workers GRM, ESHS specifications in procurement contracts with contractors, spn firms, incl no child and forced labor.	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Consider relevant aspects of this standard as per action 1.2 above, including, measures to manage health care wastes and other types of hazardous and non-hazardous wastes and protection of water resources.	05/2020
ESS 4 Community Health and Safety	
Consider relevant aspects of ESS3 per action 1.2 above, incl. measures to minimize potential for community exposure to communicable diseases; support inclusive access to project benefits, and prevent SEA, GBV and VAC, and use of security personnel.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	



Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	05/2020
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

The project will not rely on the use of the Borrower's E&S framework. The ESMF will integrate national requirements with ESF requirements for the relevant E&S Standards.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of the Philippines

Implementing Agency(ies)

Implementing Agency: Department of Health

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank

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Public Disclosure



VI. APPROVAL



Task Team Leader(s):	Sutayut Osornprasop, Gabriel Demombynes
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 07-Apr-2020 at 14:54:24 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 08-Apr-2020 at 13:48:22 EDT