PHILIPPINES: Health System Resilience Project

Project Operations Manual

(Version 5.0: March 2026)

Department of Health

Table of Contents

1 Introduction **4**
1.1 Country Context 4
1.2 Background 5
1.3 Project Operations Manual Purposes and Processes 8
2 Project Description **10**
2.1 Project Development Objectives 10
2.2 Project Sites and Beneficiaries 10
2.3 Project Components 11
3 Key Implementation and Coordination Arrangements and Responsibilities **16**
3.1 Overall Implementation, Management and Collaboration Arrangements 16
4 Financial Management and Loan Disbursement Arrangements **46**
4.1 Project Financing 46
4.2 Organization and Staffing 48
4.3 Planning and Budgeting 50
4.4 Disbursement and Funds Flow 52
4.5 Accounting, Financial Reporting and IFR 59
4.6 Anti-Corruption Guidelines and Grievance Redress System 62
5 Procurement **63**
5.1 Purpose and Content 63
5.2 General Procurement Guidelines 63
5.3 DOH Role 64
5.4 Bank's Systematic Tracking of Exchanges in Procurement (STEP) 64
5.5 Disclosure of Procurement Information 65
5.6 Frequency of Procurement Supervision 65
5.7 Procurement Categories 65
5.8 Thresholds for Procurement 92
6 Environmental and Social Risk Management **93**
6.1 E&S risk management framework 93
6.2 Environmental and Social Risk Assessment and Mitigation Process 93
6.3 Institutional Responsibilities and Compliance Mechanisms 98
6.4 Stakeholder Engagement 101
6.5 Indigenous Cultural Communities/ Indigenous Peoples (ICC/IP) 106
6.6 Labor Management 107
6.7 Grievance Mechanism 113
7 Grievance Redress Mechanism **114**
7.1 GRM Implementation Arrangement 114
7.2 GRM Access 115
7.3 Grievance Investigation and Resolution Process 116
7.4 Special Case Grievances 124
8 Results Monitoring and Evaluation Arrangement **126**
8.1. Key Monitoring and Evaluation (M&E) Activities 126
8.2. Results Framework and M&E Plan 127

List of Acronyms

BIHC	Bureau of International Health Cooperation
BLHSD	Bureau of Local Health Systems Development
BUCAS	Bagong Urgent Care and Ambulatory Service
CHD	Center for Health Development
DSO	Disease Surveillance Officer
DOH	Department of Health
DPCB	Disease Prevention and Control Bureau
EB	Epidemiology Bureau
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
ESU	Epidemiology and Surveillance Unit
FETP	Field Epidemiology Training Program
FMS	Financial and Management Service
HCPN	Health Care Provider Network
HEMB	Health Emergency Management Bureau
HFDB	Health Facilities Development Bureau
HFSRB	Health Facilities and Services Regulatory Bureau
HHRDB	Health Human Resource Development Bureau
HPB	Health Promotion Bureau
HPDPB	Health Policy Development and Planning Bureau
HRH	Human Resources for Health
HSRP	Health System Resilience Project
ILMS	Integrated Laboratory Information Management System
KMITS	Knowledge Management and Information Technology Service
LDI	Learning and Development Interventions
LDNA	Learning Development Need Assessment
LGU	Local Government Unit
LMP	Labor and Management Procedures
M&E	Monitoring and Evaluation
N-AHF	National Annual Health Forum
NPMO	National Project Management Office
NPM	National Project Manager
NPSC	National Project Steering Committee
PBG	Performance-based grant
PCF	Primary Care Facility
PCPN	Primary Care Provider Networks
PCW	Primary Care Worker
PESU	Provincial Epidemiology and Surveillance Units
PPSC	Provincial Project Steering Committee
POM	Project Operations Manual
P-AHF	Provincial Annual Health Forum
PHB	Provincial Health Board
PS	Procurement Service
PWHS	Province-wide Health System
PHL	Public Health Laboratories
RPMO	Regional Project Management Offices
QoC	Quality of Care
RITM	Research Institute for Tropical Medicine
SCEP	Stakeholder and Community Engagement Plan
SCMC	Supply Chain Management Service
SHF	Special Health Fund
SNRL	Sub-national Reference Laboratory

STEP	Systematic Tracking of Exchanges in Procurement
UHC	Universal Health Care
UHC-HSC	Universal Health Care Health Service Cluster
UHC-PSC	Universal Health Care Policy and Strategy Cluster

1 Introduction

1.1 Country Context

The Philippines has experienced significant economic growth in recent years. The country's Gross Domestic Product (GDP) growth rate averaged 6.4 percent between 2010 to 2019.[1] After an economic contraction of 9.5 percent in 2020 due to the COVID-19 pandemic, the growth rate rebounded to 5.7 percent, 7.6 percent, and 5.6 percent in 2021, 2022 and 2023, respectively.[2] The national poverty incidence among families in 2023 was recorded at 10.9 percent. This is equivalent to 2.99 million Filipino families without enough income to meet their basic food and nonfood needs. Eleven of 18 regions recorded significant decreases in poverty incidence in 2023.[3]

Despite its significant economic growth, the Philippines lags its peer countries in human development. With a Human Capital Index score of 0.52, the Philippines ranks 84th globally and 14th in the East Asia and Pacific Region.[4] The score means that a child born in the Philippines today will be only 52 percent as productive in adulthood as they could be if they enjoyed complete education and full health. The country's underperformance on the Human Capital Index scale is partially driven by poorer health and nutrition outcomes.

The Philippines' complex geography presents unique challenges for the delivery of social services. With a population of 108 million people dispersed over 7,000 islands with diverse terrain and underdeveloped infrastructure, the country faces various challenges in providing equitable access to social services, especially in geographically isolated and disadvantaged areas (GIDAs). The Philippines' Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs), who account for over 14 percent of the population,[5] tend to live in GIDAs and have significant barriers in accessing social services.[6]

The Philippines is highly vulnerable to the impacts of climate change. The country experiences frequent typhoons and floods. Climate change is exacerbating these risks, increasing the frequency and intensity of extreme weather events. The Philippines is among the countries most affected by climate change, yet it has low adaptive capacity (ranking 121 out of 185 on the Notre Dame Global Vulnerability Index).[7,8] In this context, the project is at high risk of negative climate and disaster impacts but at moderate risk of delays and disruptions in health infrastructure and project activities.[9]

---

[1] World Bank, *Philippines Economic Update, April 2021: Navigating the Pandemic* (Washington, DC: World Bank, 2021).

[2] World Bank, *Philippines Economic Update, December 2023: Safe Water and Sanitation for All* (Washington, DC: World Bank, 2023), http://documents.worldbank.org/curated/en/099120423160035715/P50076807ddbb30a20af7b0812ac5e21786.

[3] Philippine Statistics Authority, "11 out of 18 Regions Recorded Significant Decreases in Poverty Incidence in 2023," *Poverty Statistics,* August 15, 2024, https://psa.gov.ph/statistics/poverty.

[4] World Bank, *The Human Capital Index Update: Human Capital in the Time of COVID-19* (Washington, DC: World Bank, 2022), https://www.worldbank.org/en/publication/human-capital#Index.

[5] ICCs/IPs in this document include indigenous peoples and ethnic groups. There are approximately 8.2 million indigenous persons (IPs), 1.2 million IPs who also belong to ethnic groups, and 5.9 million people who belong to ethnic groups.

[6] UNOPS (United Nations Office for Project Services), "Towards inclusion for indigenous peoples in the Philippines," https://www.unops.org/news-and-stories/stories/towards-inclusion-for-indigenous-peoples-in-the-philippines.

[7] Germanwatch, *Global Climate Risk Index 2021* (2020), https://www.germanwatch.org/en/cri; Amnesty International, "Philippines country most at risk from climate crisis," https://www.amnesty.org.uk/philippines-country-most-risk-climate-crisis.

[8] Notre Dame Global Adaptation Initiative, *ND-GAIN Country Index* (2021), https://gain.nd.edu/our-work/country-index/rankings.

[9] World Bank, Climate and Disaster Risk Screening Tools, *Climate and Disaster Risk Screening Report for HSRP* (2023), https://climatescreeningtools.worldbank.org.

1.2 Background

Filipinos have seen modest improvements in their health status. Life expectancy at birth increased from 69 years in 2000 to 72 years in 2022.[10] Health outcomes in the Philippines have improved at a slower pace than in other lower-middle-income and the Association of Southeast Asian Nations (ASEAN) countries, with large gaps remaining relative to upper-middle-income countries (UMICs), to which the Philippines is transitioning (see table 1.1 for selected health system indicators). Within the country, a glaring issue is significant disparities in the health outcomes of different demographic subgroups. For instance, under-5 mortality rates vary significantly, ranging from 10 deaths per 1,000 live births in the National Capital Region to 39 deaths per 1,000 live births in the Ilocos Region.[11]

Table 1.1: Selected Health System Indicators: Philippines vs. ASEAN Countries vs. UMICs[12]

Indicator	Philippines	ASEAN average	UMIC average
Key health outcome indicators			
Life expectancy at birth	72	72	76
Maternal mortality (/100,000 live births)	78	115	62
Under-5 mortality (/1,000 live births)	28	22	13
Deaths caused by noncommunicable diseases (% of total)	70	75	84
Mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases between exact ages 30 and 70, %	25	23	17
Prevalence of stunting, % of children under 5	29	25	11
Key health service utilization indicators			
Pregnant women receiving prenatal care of at least four visits, %	87	81	88
Skilled birth attendance, %	84	91	98
Immunization, measles (% of children ages 12–23 months)	69	83	89
Treatment for hypertension (% of adults ages 30–79 with hypertension)	36	29	42
Key health system input indicators			
Health expenditure per capita, current US$	203	229	568
- of which, out-of-pocket, %	45	35	31
Hospital beds per 1,000 population	1.0	1.4	3.2
Physicians per 1,000 population	0.8	0.8	2.1
Nurses and midwives per 1,000 population	4.8	3.3	3.5

The Philippines faces a growing double burden of noncommunicable disease (NCD) and communicable disease. In 2019, 69.4 percent of all deaths were caused by NCDs, a significant increase from 56.7 percent in 2000. There have been challenges in detecting, treating, and managing NCDs. Among the 14.5 million Filipinos ages 30–79 years who had hypertension, 52 percent were diagnosed with the condition, 36 percent were treated, and only 17 percent had their hypertension under control. Hypertensive females have much higher diagnosis, treatment, and

[10] World Bank, World Development Indicators database (n.d.), https://databank.worldbank.org/source/world-development-indicators.

[11] Philippine Statistics Authority and ICF, *2022 Philippine National Demographic and Health Survey (NDHS) Final Report* (Quezon City, Philippines, and Rockville, Maryland: PSA and ICF, 2023).

[12] World Bank, Health Nutrition and Population Statistics. Latest available estimates.

control rates than males.[13] Nevertheless, females continue to encounter challenges in accessing and utilizing certain critical gender-specific services such as cervical cancer prevention, screening, and treatment, resulting in a high mortality rate for this preventable disease, with over 3,000 deaths in 2021.[14] Meanwhile, child immunization rates have been falling for various reasons, including governance challenges, missed opportunities, low demand, and disruptions caused by COVID-19.[15] For instance, the percentage of children ages 12–23 months who were immunized against measles fell from 92 percent in 2004 to 69 percent in 2022.[16] Consequently, vaccine-preventable diseases are re-emerging, with several outbreaks in recent years.

Climate change poses significant risks to public health in the Philippines by increasing climate-sensitive diseases and hindering the ability of health facilities to deliver services. On the one hand, rising temperatures, changing rainfall patterns, and increased frequency of extreme weather events raise the risk of infectious diseases, such as dengue fever and waterborne illnesses.[17] Climate change also disrupts food security, resulting in malnutrition. On the other hand, extreme weather events have a direct impact on health service delivery. For instance, in December 2021, Typhoon Odette not only affected over 7.8 million people in 11 regions, leaving communities vulnerable to food shortages as well as water-borne and vector-borne diseases, but also damaged 220 facilities that served these communities.[18] To mitigate these impacts, the Philippines introduced measures such as promoting climate-resilient infrastructure, strengthening early-warning systems, improving disaster preparedness, and raising awareness about climate change and its health implications to protect public health and to build resilience in the face of climate change challenges.

Despite a significant increase in total health expenditure in recent decades, public spending on health remains low. The country's total health expenditure as a proportion of GDP increased from 4.0 percent in 2014 to 4.6 percent in 2019, before reaching 6.4 percent in 2021 during the COVID-19 pandemic. In 2023, total health expenditure fell to 5.9 percent of GDP. General Government spending on health in 2023 accounted for 42.5 percent of total health expenditure, with 23.0 percent from the central government, 9.3 percent from local government units (LGUs),[19] and 10.2 percent from the social health insurance agency (Philippine Health Insurance Corporation or PhilHealth).[20] Low levels of general government spending on spending on health (consistently below 50 percent of total health expenditures) places a significant financial burden on the population. Furthermore, the inadequate investment by LGUs in health care significantly hampers service provision at the primary health care (PHC) level, where LGUs bear the responsibility for financing and delivering essential services.

---

[13] WHO, *Global report on hypertension: the race against a silent killer* (Geneva: World Health Organization, 2023), https://www.who.int/publications/i/item/9789240081062.

[14] IHME (Institute for Health Metrics and Evaluation), *GBD (Global Burden of Diseases) Compare*, https://vizhub.healthdata.org/gbd-compare.

[15] UNICEF, "Philippines is top 5 country in the world with zero dose children," press release, October 21, 2022, https://www.unicef.org/philippines/press-releases/philippines-top-5-country-world-zero-dose-children.

[16] World Bank, Health Nutrition and Population Statistics databank (2024), https://databank.worldbank.org/source/health-nutrition-and-population-statistics.

[17] The Lancet. "Water, climate change, and health in the Western Pacific Region," *The Lancet Regional Health – Western Pacific* 32 (March 2023): 100753, https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(23)00071-8/fulltext.

[18] WHO, "Typhoon Odette One Month On: Health services remain disrupted, leaving affected communities vulnerable to preventable diseases," January 15, 2022, https://www.who.int/philippines/news/detail/15-01-2022-typhoon-odette-one-month-on.

[19] In the Philippines, local government is divided into three levels: (i) provinces and independent cities, (ii) component cities and municipalities, and (iii) barangays, all of which are collectively known as local government units (LGUs).

[20] Philippines National Health Account. 2023. https://psa.gov.ph/statistics/pnha/tables.

Health service delivery in the Philippines faces significant resource constraints and fragmentation issues. Only half of the population has access to rural health units or health centers that are within 30 minutes of travel.[21] Essential medical equipment is lacking, with only 1,112 X-ray machines nationwide, meeting just 30 percent of the projected demand.[22] The physician-to-population ratio is critically low, at 0.8 per 1,000, far below the World Health Organization's recommended 1.5.[23] The sector is also fragmented because of the devolution of health services to local government units (LGUs)[24] following the Local Government Code of 1991, with the Department of Health (DOH) retaining control over around 40 tertiary and specialty hospitals. This devolution has led to challenges as resource constraints within LGUs often prevent facilities from operating at full capacity. Additionally, the management of health facilities by various LGU tiers complicates care coordination across different levels of the health system. The health service delivery system is further fragmented by the participation of the private sector. Approximately 55 percent of Filipinos in need of outpatient care and 45 percent in need of inpatient care sought treatment at private facilities. Private facilities primarily cater to the wealthier segments of the population, while public facilities serve their less affluent counterparts.[25] Investing in public facilities in areas that lack access to quality health services is therefore important to ensure equitable access to care.

The 2018 Joint External Evaluation assessing the Philippines' International Health Regulations (IHR)[26] core capacities revealed that the country lacked demonstrated capacity in most measurements related to prevention, detection, response, and IHR-related hazards and points of entry. This suggests that the country is not only ill-prepared for cross-border outbreaks but also struggling to provide public health services that are critical to keeping the population healthy and safe. The COVID-19 pandemic also revealed inadequate capacity for epidemiology and disease surveillance, especially at the provincial and municipal levels. The shortage of resources, infrastructure, and trained personnel hampers effective tracking and monitoring of disease spread. In 2021, only 45.8 percent of provinces, cities, and municipalities had functional Epidemiology and Surveillance Units (ESUs).[27] Consequently, there may be delays in identifying and responding to outbreaks, leading to further disease transmission. Moreover, the Philippines lacks a functional, networked public health laboratory system for early detection and efficient confirmation of cases. This results in inadequate testing facilities and equipment, leading to delays in diagnosing and confirming cases. In 2021, the DOH issued Department Order No. 2021-0421 to institutionalize the Philippine Health Laboratory System, but technical and financial gaps remain for full implementation.

---

[21] Department of Health of the Philippines, *The Philippine Health Facility Development Plan 2020-2040* (Manila: Philippines, 2020), https://www.scribd.com/document/492389065/DOH-PHILIPPINE-HEALTH-FACILITY-DEVELOPMENT-PLAN-2020-2040.

[22] DOH, *Philippine Health Facility Development Plan 2020-2040*.

[23] WHO, National Health Workforce Accounts (NHWA) Data Portal, https://apps.who.int/nhwaportal.

[24] Local Government Units (LGUs) refer to territorial and political subdivisions of the government at the provincial, component city, municipal, and *barangay* (ward) levels.

[25] PSA and ICF, *2022 Philippine National Demographic and Health Survey Final Report*.

[26] The International Health Regulations (IHR), adopted during the 2005 World Health Assembly, require all States Parties to develop certain core public health capacities related to "the capacity to detect, assess, notify and report events" (article 5) and "the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern" (article 13).

[27] A functional ESU needs to have the following: (i) an ordinance or an executive order creating the ESU; (ii) dedicated staff who have completed training in basic epidemiology, disease surveillance, and events-based surveillance; (iii) a distinct organogram; (iv) an annual work and financial plan with an allotment from a local budget; and (v) evidence on the process of generating epidemiologic reports. For further details, see DOH, *2021 Local Government Unit Health Scorecard Annual Report* (Manila, Philippines: Department of Health, 2022), https://caro.doh.gov.ph/wp-content/uploads/2024/07/2021-LGU-HSC-Annual-Report.pdf.

Digital health solutions can enhance service delivery and disease surveillance in the Philippines, but their adoption remains challenging, particularly in resource-limited settings. Telemedicine, for instance, could significantly improve access to health services in GIDAs where there is a shortage of healthcare professionals. To address this, national government agencies have issued guidelines to institutionalize telemedicine as a key mode of delivering individual-based health services.[28] Despite these efforts, telemedicine utilization has not yet achieved significant scale.[29] The DOH has also introduced various health information systems, such as electronic medical records, electronic logistic management information systems, and epidemic-prone disease case surveillance information systems to facilitate service delivery and disease monitoring. However, the adoption and implementation of these systems vary significantly across LGUs, limiting their effectiveness. Several barriers hinder the large-scale adoption of digital health solutions, including the lack of a comprehensive digital transformation roadmap, challenges in data governance and information security amid prevalent cyber threats, and issues related to last-mile connectivity and digital literacy, especially in underdeveloped areas or GIDAs. Addressing these challenges is essential to fully realize the potential of digital health solutions in the Philippines.

Significant legislation aimed at promoting universal health care (UHC) and enhancing health security took effect in 2019, laying the foundation for a resilient health system. The Universal Health Care Act (RA 11223) seeks to improve health system efficiency, ensure equitable access to quality care, and provide a comprehensive approach to health development. It addresses fragmentation in health service delivery by establishing primary care provider networks (PCPNs) and connecting them to secondary and tertiary facilities to form health care provider networks (HCPNs). The Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act (RA 11332) strengthens disease surveillance and response by mandating the reporting of notifiable diseases, empowering the DOH to issue disease prevention guidelines, and fostering stakeholder collaboration. Together, these acts enhance health system resilience by ensuring coordinated, efficient, and responsive health services and robust disease surveillance, crucial for managing health emergencies. However, progress in recent years has been limited due to challenges posed by the COVID-19 pandemic.

1.3 Project Operations Manual Purposes and Processes

The Project Operations Manual (POM or Manual) provides details for the operationalization of the World Bank-funded Project Philippines: Health System Resilience Project (HSRP).

The POM outlines and specifies the crucial administrative and management prerequisites necessary to ensure timely project implementation, adherence to budgetary constraints, and compliance with the World Bank's and DOH's rules and procedures. The Bureau of International Health Cooperation in collaboration with other technical offices of DOH, and the UHC-HSC-TO in collaboration with the CHD, shall be responsible in ensuring the implementation and completion of the project according to this POM. Any discrepancy between the POM and the Loan Agreement shall be resolved by referring to the Loan Agreement as the final authority.

[28] Philippine Department of Health, Philippine Department of the Interior and Local Government, and Philippine Health Insurance Corporation (DOH-DILG-PHIC), *Joint Administrative Order No. 2021-0001: Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services*.

[29] Pura Angela Wee-Co, Bernard Cielo, Aliyah Evangelista, Anooj Pattnaik, and Matt Boxshall, *Process Evaluation of the COVID-19 Telemedicine Regulatory Sandbox in the Philippines*, COVID-19 Research Brief (Manila: ThinkWell, 2022), https://thinkwell.global/wp-content/uploads/2022/03/COVID-19-Research-Brief_Telemedicine-3.1.22-FINAL.pdf.

The Project Operations Manual is structured with an introductory chapter, followed by a description of the Project. Next, it outlines the institutional setup for project management and implementation, along with the arrangements for each component and subcomponent. Subsequent chapters detail the arrangements for financial management and procurement. Summaries of arrangements and activities for Environmental and Social Safeguards (ESS) and Grievance and Redress Mechanism are also included, with more detailed information available in the Environmental and Social Management Framework (ESMF), Environmental and Social Commitment Plan (ESCP), Labor Management Procedures (LMP), and Stakeholder and Community Engagement Plan (SCEP) documents on the DOH website. Finally, the Monitoring and Evaluation chapter provides the M&E framework and guidelines for the M&E systems to be designed and implemented for this project. Additionally, a separate manual will be developed to guide the implementation of performance-based grants (PBG).

The primary users of this Manual, therefore, are the DOH Central Office and Centers for Health Development (CHDs, the DOH regional offices) as the Project implementers. The POM also serves as a reference for other parties including oversight government agencies, recipients of goods and activities provided by the Project, the World Bank, and other concerned stakeholders.

2 Project Description

2.1 Project Development Objectives

The Project Development Objective (PDO) is **to improve utilization and quality of health services, and enhance health emergency prevention, preparedness and response in the project provinces.**

2.2 Project Sites and Beneficiaries

The project primary beneficiaries are the 17.9 million people living in the 17 project provinces,[30] **who make up 15.0 percent of the country's population.** They will directly benefit from a more resilient health system with (i) improved access to good-quality health services in HCPNs; and (ii) improved Health Emergency Prevention, Preparedness and Response (HEPPR). The project will particularly benefit the population living in GIDAs (3.3 million, 18.5 percent of the project population) and ICCs/IPs (4.0 million of indigenous peoples and ethnic groups, 22.4 percent of the project population). These groups have significantly poorer access to high-quality health services and are disproportionately affected during health emergencies. Other beneficiaries include the health workforce, who will benefit from significantly improved work environments and capacity, enabling them to deliver higher-quality health services and robust disease surveillance and response. The project will result in positive spillover effects on people in non-project provinces due to the public good nature and positive externalities of investments in HEPPR. See Table 2.1 for an overview of project provinces and primary beneficiaries.

Table 2.1: Demographic Characteristics of the 17 Project Provinces

PROVINCE[31]	REGION	Poverty Incidence among Families (2023)[32]	Population[33]	# (%) GIDA Population[34]	# (%) ICCs/IPs (and Ethnic Groups) Population[35]
Luzon (3)					
Isabela	Region II	8.4	1,697,050	130,491 (7.7%)	421,255 (24.8%)
Masbate	Region V	12.9	908,920	387,684 (42.6%)	2,234 (0.2%)
Sorsogon		28.4	828,655	318,370 (38.4%)	30,005 (3.6%)
Visayas (3)					

[30] The project covers the 17 provinces, excluding the highly urbanized cities (Iloilo City, Tacloban City, Zamboanga City, Iligan City, Cagayan de Oro City, and General Santos City) and Cotabato City (hereinafter referred to as the "project provinces").

[31] The nine **bolded** provinces are currently implementing the PMNP.

[32] The national poverty incidence among families in 2023 was recorded at 10.9 percent. Philippine Statistics Authority, *2023 Full Year Official Poverty Statistics*. https://psa.gov.ph/content/percentage-filipino-families-classified-poor-declined-109-percent-2023

[33] Philippines Statistics Authority, *2020 Census of Population and Housing*. The populations of the highly urbanized cities (and that of Cotabato City, an Independent Component City of Maguindanao del Sur) are excluded.

[34] 2023 GIDA List, Department of Health GIDA Information System (gidais.doh.gov.ph).

[35] Philippines Statistics Authority, *Household Population by Ethnicity, Region, Province, and Highly Urbanized City: Philippines, 2020*.

PROVINCE[31]	REGION	Poverty Incidence among Families (2023)[32]	Population[33]	# (%) GIDA Population[34]	# (%) ICCs/IPs (and Ethnic Groups) Population[35]
Iloilo	Region VI	11.1	2,051,899	257,834 (12.6%)	85,032 (4.1%)
Bohol	Region VII	14.8	1,394,329	89,494 (6.4%)	17,546 (1.3%)
Leyte	Region VIII	20.6	1,776,847	23,270 (1.3%)	4,211 (0.2%)
Mindanao (11)					
Zamboanga Del Sur	Region IX	20.0	1,050,668	186,726 (17.8%)	262,108 (24.9%)
Zamboanga Sibugay		17.8	669,840	111,428 (16.6%)	201,661 (30.1%)
Lanao Del Norte	Region X	25.2	722,902	130,640 (18.1%)	330,679 (45.7%)
Misamis Oriental		12.0	956,900	97,909 (10.2%)	105,588 (11.0%)
Davao De Oro	Region XI	7.1	767,547	203,848 (26.6%)	192,275 (25.1%)
Davao Del Norte		7.3	1,125,057	220,400 (19.6%)	215,867 (19.2%)
South Cotabato	Region XII	10.1	975,476	157,587 (16.2%)	255,490 (26.2%)
Sultan Kudarat		26.4	854,052	266,881 (31.2%)	353,751 (41.4%)
Agusan Del Sur	Region XIII	23.4	739,367	249,679 (33.8%)	286,233 (38.7%)
Maguindanao Del Norte	BARMM	28.4	618,421	184,660 (29.9%)	540,830 (87.5%)
Maguindanao Del Sur		32.1	723,758	288,862 (39.9%)	701,104 (96.9%)
Total for the 17 Phase I Provinces		**-**	**17,861,688**	**3,305,763 (18.5%)**	**4,005,869 (22.4%)**

2.3 Project Components

<u>COMPONENT 1: STRENGTHENING CLIMATE-RESILIENT PROVINCIAL HEALTH SYSTEMS</u> (IBRD US$258.76 million; GOP US$1.56 million)

The objective of this component is to increase the utilization and improve the quality of health services in the project provinces. This component contributes to the increased utilization of health services by building climate-resilient infrastructure for HCPNs, which include PCPNs, district and provincial hospitals, and the health care supply chain. This infrastructure improvement also contributes to improving the structural quality of health services. In addition, the component contributes to improving the quality of health services by enhancing the capacity of the health workforce and strengthening the governance of care quality. Performance-based grants (PBGs) will also incentivize accountability at the provincial and municipal levels, further improving the performance and quality of provincial health systems.

Subcomponent 1.1: ***Building climate-resilient infrastructure for quality of care (IBRD US$153.71 million; GOP US$1.39 million)***

The project will enhance access to climate-resilient HCPNs. This includes financing works and goods to upgrade and equip primary care facilities (PCFs) and integrating them into PCPNs. The project will finance technical assistance (TA) to support the DOH in developing and implementing

national guidelines for green and safe PCFs, and to help ensure compliance with energy efficiency and climate resilience standards, including a minimum 20 percent reduction in greenhouse gas (GHG) emissions. Mobile clinics and sea ambulances will be financed under this subcomponent and deployed to GIDAs and ICCs/IPs to improve access to care. In addition, the project will finance works and goods to upgrade and equip district and provincial hospitals, including clinical buildings, laboratories, warehouses, and health care waste management (HCWM) systems, to strengthen their referral functions in HCPNs. All hospital upgrades will adhere to the standards in the updated DOH Green and Safe Health Facilities Manual, aiming towards a minimum 20 percent reduction in GHG emissions. The project will finance post-construction certification of all upgraded facilities to ensure compliance with these standards. In addition, the Project will strengthen the climate-resilience of the supply chain for health commodities, such as vaccines for routine immunization of children and teenage girls, through training and TA.

Subcomponent 1.2: ***Improving workforce and governance for quality of care (IBRD US$7.00 million; GOP US$0.16 million)***

This Project will finance TA to the DOH for the development of a primary care worker certification program, including modules to handle conditions related to climate change and treat patients in a culturally sensitive manner. It will also deploy in-service training to primary care workers to achieve competency certifications, prioritizing support for health workers from and serving ICCs/IPs communities. Additionally, the project will finance TA to the DOH for the development and implementation of an Operational Guideline for National Quality of Care Framework in the project provinces. This will include, inter alia, (i) the development and use of quality indicators and standards; (ii) the establishment and operationalization of institutional arrangements for quality care at different levels; and (iii) the implementation of quality monitoring and improvement interventions, such as clinical audits, feedback, and continuous quality improvement.

Subcomponent 1.3: ***Performance-based grants (PBG) to improve health service delivery at the provincial level (IBRD US$98.05 million; GOP US$ 0.01 million)***

The Project will finance the intergovernmental conditional fiscal transfer scheme to enhance the performance and quality of provincial health systems. Under the PBGs, a health scorecard will be developed to measure the performance and quality of provincial health systems on an annual basis. Provincial Health Offices (PHOs) will report the scorecard results, which will be verified by an independent third-party agency.[36] A formula will be developed to reward improved performance based on verified achievement, considering social development status and population.

COMPONENT 2: STRENGTHENING HEALTH EMERGENCY PREVENTION, PREPAREDNESS, AND RESPONSE (PPR) SYSTEMS (IBRD US$74.84 million; GOP US$2.02 million)

The objective of this component is to enhance the country's prevention, preparedness, and response to health emergencies, including climate-driven adverse events. This component contributes to the enhanced HEPPR by focusing on three challenges the government is facing: disease surveillance systems, public health laboratory networks, and emergency response capacities. It complements other ongoing HEPPR efforts supported by the government and other development partners.[37]

[36] The cost of contracting an independent third-party verification agency will be financed under the project management of M&E (subcomponent 3.4).

[37] The ongoing major efforts funded by other development partners include (i) development, prototyping, and training in the use of a protocol for simulation exercises to test local surveillance and response capacities for acute health events; (ii) the assessment, redesign, and training of community event-based surveillance and response systems; (iii) the training and M&E of the Intermediate Field Epidemiology Training Program (FETP), Disease Surveillance Officer

Subcomponent 2.1: ***Strengthening disease surveillance systems (IBRD US$5.67 million; GOP US$0.36 million)***

This subcomponent will finance various TA packages to the DOH to strengthen disease surveillance systems, most of which are climate-driven, including (i) the development of the national HEPPR framework, including tools for accessing IHR core capacities at the provincial level; (ii) risk assessment and mapping; and (iii) standard operating procedures (SOPs) for surveillance. It will finance the conduct of the IHR core capacity assessments at the provincial level. It will also finance the deployment of capacity-building programs for ESUs, especially through the deployment of the frontline Disease Surveillance Officer (DSO) course following the Field Epidemiology and Training Program model. In addition, the project will finance dedicated vehicles and equipment for ESUs for specimen transport, outbreak investigation, field response, and reporting.

Subcomponent 2.2: ***Strengthening public health laboratory networks (IBRD US$43.82 million; GOP US$0.95 million)***

The project will address the most critical gaps in the public health laboratory network and ensure its surge capacity. This includes financing works and goods for the identified national and subnational reference laboratories and regional public health laboratories to improve their capacity to process specimens referred from provincial laboratories. As part of this effort, the project will finance TA to the DOH for the development and implementation of a national operational guideline for green and safe public health laboratories and ensure compliance with efficiency and climate-resilience standards, including a minimum 20 percent reduction in GHG emissions. The project will finance post-construction certification to ensure compliance. The project will also finance (i) TA to DOH for the development of guidelines related to laboratory service contracting, referral, specimen transport systems (including collection, handling, storage), and quality assurance including a harmonized External Quality Assessment program; and (ii) capacity-building programs in core competencies for the laboratory workforce, such as quality management, infection prevention and control, ethics and security, emergency management and response, biosafety, and biosecurity.

Subcomponent 2.3: ***Strengthening health emergency response systems (IBRD US$25.35 million; GOP US$0.70 million)***

The project will finance retrofitting and equipping energy-efficient emergency operations centers, which are essential for ensuring a coordinated, efficient, and effective response to emergencies. To improve the capacity of emergency response teams, the project will finance equipment and training. In addition, this will finance TA to the DOH for the development and dissemination of policies (i.e. guidelines and SOPs) on public health emergency management.

COMPONENT 3: BUILDING AN ENABLING ENVIRONMENT, PROJECT MANAGEMENT, AND MONITORING AND EVALUATION (M&E) (IBRD US$162.00 million; GOP US$8.48 million)

The objective of this component is to build an enabling environment for strengthening climate-resilient provincial health systems and HEPPR systems. This component contributes to the achievement of the PDO by focusing on three challenges the government is facing in both areas: strengthening health sector stewardship, advancing digital health transformation, and enhancing community engagement and outreach. It will also finance project management and project monitoring and evaluation (M&E).

Course, and Mentoring and Supervision Course; and (iv) capacity building for surveillance data analytics at the national and regional levels.

Subcomponent 3.1: ***Strengthening health sector stewardship (IBRD US$8.00 million; GOP US$2.00 million)***

At the national level, this subcomponent will finance capacity-building programs for the DOH to strengthen health sector stewardship. It will also finance TA to the DOH for the enhancement of policies and regulation, multisectoral coordination, and organizational development. The project will also finance TA to establish a training center/network to institutionalize and sustain the large training programs that will be introduced by the project. At the subnational level, the project will finance capacity-building programs for the provincial health boards (PHBs), municipal health boards (MHBs), and health facility managers to fulfill their functions and responsibilities as outlined in the UHC Act. This includes local health system governance, financial management, human resource management and development, addressing the health needs of ICCs/IPs, and managing the health risks associated with climate change.

Subcomponent 3.2: ***Advancing digital health transformation (IBRD US$101.92 million; GOP US$2.77 million)***

This subcomponent will finance the development and deployment of digital solutions to improve access to and quality of health services and HEPPR. The digital solutions include telemedicine, electronic medical records, supply chain management information system, and surveillance and laboratory information systems. To enable the use of digital solutions, it will finance (i) TA to the DOH for the development of digitalization strategies and guidelines; (ii) infrastructure (hardware, software, and networking, including through satellite internet connectivity) to improve last-mile connectivity for public health authorities and facilities, with a particular focus on the GIDAs; and (iii) digital literacy and cybersecurity training for health workers, especially health workers serving ICCs/IPs, to reduce the digital divide. The telemedicine financed under this subcomponent is the first of its kind at such a large scale in the Philippine's public health sector and is expected to significantly reduce GHG emissions by minimizing the need to travel to deliver care.

Subcomponent 3.3: ***Community engagement and outreach (IBRD US$14.84 million; GOP US$3.71 million)***

The project will finance TA to the DOH to develop guidelines and tools to implement evidence-based health promotion programs in the communities, including gender-related initiatives. It will also finance the implementation of these programs and the creation of healthy environments in the communities, including those related to climate change. Tailored to local needs, these programs might be combined with other outreach activities such as child immunization, nutrition, maternal and child health, NCD prevention and screening, and human papillomavirus (HPV) vaccination, vector control, and prevention of infectious spread through hygiene and sanitation. In addition, the project will finance TA for, and implementation of, patient support groups to empower patients and improve their compliance with the treatment of NCDs. The project will also finance the organization of province-level annual health forums to engage representatives of communities (including ICCs/IPs) as well as other stakeholders in the planning, implementation, and evaluation of health programs. A briefing will be prepared at the end of each forum to document the key issues, agreements, and next steps discussed during the forum.

Subcomponent 3.4: ***Project management and M&E (IBRD US$37.24 million; GOP US$0 million)***

The project will finance project management functions, which include project coordination, communication, procurement, financial management, environmental and social considerations. Project management offices (PMOs) will be established at both the national and regional levels, including technical, fiduciary, and environmental and social personnel to strengthen the implementation capacity of the implementing agencies. It will also finance the implementation of project monitoring and evaluation (M&E), including the development and maintenance of a project

digital dashboard, systems to strengthen asset management and contract management, and the contracting of a third-party verification agency for the PBGs.

COMPONENT 4: CONTINGENT EMERGENCY RESPONSE COMPONENT (CERC) (US$0 million)

The CERC may be used following natural disasters or other crises and emergencies, allowing funds to be reallocated from other components of the project. This version of the POM will be updated with an annex pertaining to CERC procedures that considers climate risk mitigation and adaptation.

3 Key Implementation and Coordination Arrangements and Responsibilities

Since the passage of the UHC Law, the DOH has already made progress in implementing national level reforms and facilitating the integration of local health systems with the formulation of national policy frameworks on health facilities, healthy settings, human resources, primary care and access to medicines and health technologies, among others reinforced by administrative orders and operational guidelines.

This chapter describes the institutional set-up and corresponding implementation arrangements for HSRP. It provides the overall project institutional and implementation arrangements including the management support structure to ensure that HSRP implementation is coordinated, efficient and effective at national, regional and local levels. Specifically, this chapter aims to: (i) Provide the governance structure and institutional arrangements across relevant bureaus and offices involved in HSRP implementation from the national to the local level including their roles and responsibilities, (ii) describe the project's management support structure at all levels, and (iii) identify the different coordination platforms available which the Project can tap and mobilize to ensure inter- and intra-agency collaboration.

A Department Personnel Order No. 2026 – 0845 or the *"Creation of the Steering Committee, Project Management Team, and Technical Working Groups for the Philippines: Health System Resilience Project (HSRP)"* was developed to guide the DOH in the efficient implementation of the Project.

3.1 Overall Implementation, Management and Collaboration Arrangements

As a general principle, project implementation shall use mainstream DOH processes and follow already approved protocols and guidelines to ensure quality and alignment with the national health sector goals. The DOH is the implementing agency for the Project.

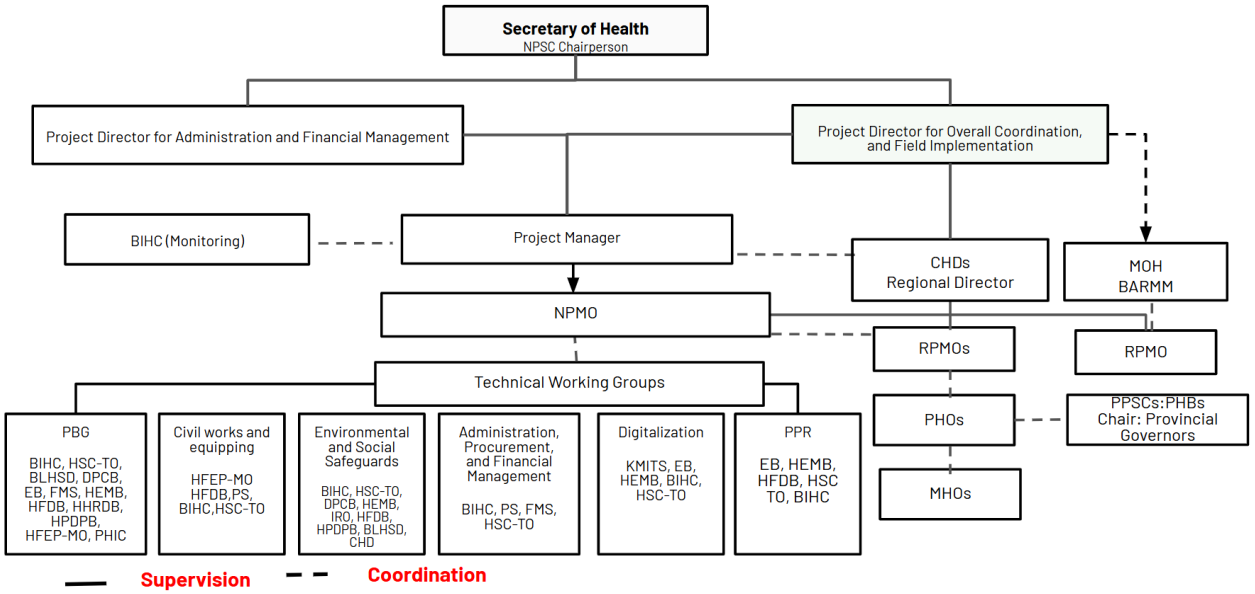
Given the increased workload during project implementation, the following will be established at the national and local levels (regional and provincial) to support the Department of Health's central and regional offices in executing the project.

a) Project steering committees at both the national and provincial levels; and

b) Project Management Offices staffed with project-hired personnel and specialists will be established at both national and regional levels.

3.1.1 National Project Steering Committee

Figure 3.1 illustrates the general institutional set-up of the Project. The National Project Steering Committee (NPSC) shall oversee the overall direction of the Project. The NPSC will be composed of the DOH Executive Committee (ExeCom) chaired by the Secretary of Health, together with the Project Directors. The NPSC shall lead the integration and complementation of efforts, resources and support mechanisms and provide national stewardship and advocacy to support the LGUs in performing their mandates to finance and manage their local health systems. The NPSC convenes all participating bureaus and offices of DOH, reviews project progress and performance, and resolves high-level issues as required.



Note: DOH-Department of Health, NPSC-National Project Steering Committee, OSEC-Office of the Secretary, MOH-Ministry of Health, BARMM-Bangsamoro Autonomous Region in Muslim Mindanao, PBG-Performance-based Grant, TWG-Technical Working Group, BIHC-Bureau of International Health Cooperation, TO-Technical Office, NPMO-National Project Management Office, RPMO-Regional Program Management Office, CHD-Center for Health Development, PHO-Provincial Health Office, MHO-Municipal Health Office, PHB-Provincial Health Board

Figure 3.1 Institutional Set up for HSRP

This institutional setup may be updated which will include further streamlining to reflect any future modifications to the DOH's organizational structure and to ensure that all defined roles, responsibilities, and operational procedures are continuously harmonized with the DOH's structure.

3.1.2. Coordination with other National Government Agencies at the National Level

The UHC Council will serve as the multiagency coordination mechanism that allows concerned government agencies to work together to facilitate coordination and collaboration with the LGUs and other sectors to efficiently and effectively implement the project. The UHC Council will be chaired by the DOH and co-chaired by the Department of Interior and Local Government (DILG). Members of the Council will include key national government agencies involved in the UHC and project implementation, particularly the Department of Information and Communications Technology on the digital health agenda, and with the DILG on the project implementation in LGUs.

1. **Department of Interior and Local Government (DILG).** The DILG will issue supportive policies for HSRP implementation and mobilize LGUs to adopt and implement them.

    a. Advocate among LCEs and other officials to support HSRP implementation;

    b. Coordinate efforts to galvanize timely planning and proper implementation of project activities by incorporating in the LIPH and Annual Investment Plan (AIP);

    c. Develop guidelines to enable LGUs ensure the sustainability of health programs at the local level, closely working with DOH in ensuring that health concerns and targets are included in the local development plans and long-term programs of the LGUs;

    d. Develop training programs for LGUs in managing local health systems

e. Oversee the LGUs in the implementation of and compliance to the MOA with DOH related to the project activities.

2. **Department of Information and communication technology (DICT).** The DICT will issue supportive policies for the HSRP implementation and facilitate the digitalization reforms in the health sector at national and local levels.

a. Assist the DOH in planning, developing, and promoting ICT solutions to improve healthcare delivery, access, and efficiency

b. Promote the use of ICT innovations of HSRP in healthcare, such as electronic health records (EHRs), telemedicine, and mobile health applications

c. Help LGUs overcome geographical barriers and improve access to digital health solutions, especially in underserved areas.

d. Support DOH systems in ensuring the security and privacy of patient data in digital health systems

3.1.3. HSRP Management at the National Level

a. At the National level, the Project shall be supervised by a Project Director who will report directly to the NPSC. The Project Director shall lead and be responsible for the final decision-making and approval of regional and national implementation, finance and administration, operations, project-related policies, guidelines, technical assistance and other aspects of the Project.

   A Project Manager is assigned to assist the Co-Project Directors. The Director of UHC-HSC Technical Office will act as the Project Manager and will be responsible for the overall project management, finance and administration, augmentation of staff for the project, implementation of national level activities, coordination, monitoring and overseeing of field implementation through the CHDs, as well as close coordination with MOH BARMM.

b. A Performance Based Grant Technical Working Group (PBG TWG) will be created and will be directly reporting to the Project Director for guidance and supervision.

c. Other relevant Bureaus and offices of the DOH will provide, in accordance with their respective mandates, technical support in terms of crafting necessary technical guidelines, leading capacity-building activities across project sites and overseeing the national and local implementation plans to ensure consistency with the Project Development Objectives. These Bureaus and offices include, but are not limited to:

   - Bureau of International Health Cooperation (BIHC)
   - Bureau of Local Health Systems Development (BLHSD);
   - Epidemiology Bureau (EB);
   - Disease Prevention and Control Bureau (DPCB);
   - Health Emergency Management Bureau (HEMB);
   - Health Human Resources Development Bureau (HHRDB);
   - Health Facility Development Bureau (HFDB);
   - Health Facility Services and Regulatory Bureau (HFSRB);
   - Knowledge Management and Information Technology Services (KMITS);

- Health Promotion Bureau (HPB);
- Office for Health Laboratories (OHL);
- Financial and Management Service (FMS);
- Health Facilities Enhancement Program Management Office (HFEP MO);
- Procurement Service (PS);
- Supply Chain Management Service (SCMS);
- Health Policy Development and Planning Bureau (HPDPB); and
- Research Institute for Tropical Medicine (RITM).

d. The roles and responsibilities of BIHC as Progress Monitoring and Coordination:

i. Facilitating coordination with development partners and relevant oversight agencies on matters related to policy;

ii. Ensuring compliance with monitoring and evaluation requirements of oversight agencies;

iii. Monitoring project progress against established performance indicators; and

iv. Ensuring that HSRP interventions do not duplicate or overlap with other foreign-assisted projects, and ensuring consistency and complementation with other DOH programs

3.1.4. The Project Management Team (PMT)

A Project Management Team (PMT) will be established to reinforce the technical, project management, and compliance capacity of the Project. The PMT shall have the following roles and responsibilities:

1. The National Project Steering Committee (NPSC) Chairperson shall:
    a. provide oversight and overall strategic direction for the project;
    b. lead the project steering committee meetings; and
    c. act as the Head of Procuring Entity (HOPE) of the project.

2. The **Project Directors** shall:

    a. Provide policy guidelines and strategic directions for the technical contents and operational concerns of the project concerning:
        - access to service delivery,
        - human resource for health,
        - governance for quality care,
        - performance-based grants of project provinces,
        - health sector's stewardship, and
        - project management and monitoring and evaluation;
        - implementation and institutional arrangement,
        - infrastructure and civil works, and
        - health promotion and community engagement.
        - pandemic preparedness and response,
        - digital health transformation,
        - information and communications technology (ICT) infrastructure,
        - supply chain management,
        - financial management, and
        - procurement.

b. Ensure that the project is aligned with the current policy and strategic direction of the Department of Health (DOH);

c. Resolve issues and concerns that significantly impact the quality, budget, and timelines of the project;

d. Spearhead proper cascading of information and provide guidance to the feedback or relevant concerns from the Regional Directors of the (CHDs) and other stakeholders through coordination meetings;

e. Approve health facility upgrading proposals of the provinces for primary care facilities and hospitals;

f. Approve all requisite project documents and other documents as may be required by the oversight agencies; and

g. Convene the PMT and preside over fortnightly meetings and other project-related meetings.

2. The **Project Manager** shall:

a. Assist the Project Directors in providing policy guidance and strategic directions for the whole PMT;

b. Ensure the quality, completeness, and timeliness of submission of all the project-related documents for the approval of the Project Directors;

c. Take the lead role in the conduct of Project preparation meetings and activities in the absence of the Project Directors; and

d. Supervise overall project implementation.

3. The DOH technical offices shall:

a. act as the clearing house in providing comments, recommendations, and approval to all project deliverables around quality, timeliness, and cost-efficiency;
b. provide technical expertise and relevant inputs to the concerns of the project which are relevant to the mandate, functions, and programs of their respective offices. This may involve the following:

i. relevant data, reports, policy, and other resources that may be useful in the development of the project proposal to be submitted to the Department of Economy, Planning and Development (DEPDev); and

ii. coordination with the Centers for Health Development (CHDs), for the latter to assist in liaising with the local government units (LGUs) and healthcare facilities, as deemed necessary.

c. ensure that the expected results, planned activities, and documentary submissions of the PMO represent good value for money and are following applicable policies, rules, regulations, laws, and ethical standards;

d. assume responsibility for the implementation of activities to achieve project deliverables as determined and agreed upon under each project component;

e. ensure alignment of all health indicators of the project to the overall health goals and objectives;

f. serve as the technical advisory group for the preparation of the investment

plan/ project proposal and the roll-out plan;

g. act as the focal person relative to the proposed program/project/activities (P/A/Ps) solicited from their respective offices;

h. attend scheduled meetings and other necessary activities per invitation of the Project Director, Co-Project Director, and/or Project Manager; and

i. participate in the review/ deliberation of the investment plan/ project proposal and other documents that will form part of the project.

3.1.5. The National Project Management Office (NPMO)

The National Project Management Office will be mainly responsible for the day-to-day management of project operations covering procurement, financial management, contract management, project human resources, and monitoring project progress and results. It will also be responsible for ensuring project-related environmental and social risks as well as any grievances/ complaints that may surface during project implementation are addressed accordingly. The NPMO shall act as the Project Secretariat and will be led by a Project Team Leader who is supported by four (4) Deputy Team Leaders (DTL): 1. DTL for Policy and Planning, 2. DTL for Civil Works and Procurement, 3. DTL for Environmental and Social Safeguards, and 4. DTL for Field Implementation. It shall consist of project-hired staff who will report directly to the Project Manager with the following responsibilities:

a. Act as the project focal point for coordination with the World Bank and national oversight agencies on matters concerning project implementation, and compliance with the oversight agencies' budgetary and reportorial requirements;
b. Prepare national-level Annual Work Plan and Budget (AWPB) and consolidate this with the AWPB of regions into a single AWPB, which shall be submitted to the World Bank not later than October 31 of preceding year during project implementation;
c. Monitor and evaluate all project activities at the national level against the agreed work plan;
d. Maintain Project Financial Statements as coordinated with DOH FMS periodically audited by independent auditors acceptable to the Bank;
e. Coordinate with the concerned government agencies on the issuance of Non-Cash Availment Authority for the project;
f. Provide technical inputs and recommend for approval all bidding documents on the procurement of centrally-procured goods, civil works, and consulting services;
g. Conduct and monitor all procurement –related activities at the DOH central level, in accordance with the World Bank Procurement Regulations for IPF Borrowers;
h. Participate in the conduct of inspection activities and ensure prompt distribution of centrally-procured goods and timely completion of centrally-procured civil works;
j. Monitor compliance of the project with the Environment and Social Standards acceptable to the World Bank;
k. Ensure implementation of an accessible grievance mechanism at national level to receive, facilitate, and resolve concerns and grievances of project-affected people;

l. Lead and manage the day-to-day implementation of the project, both administrative and technical aspects, with inputs from relevant DOH offices/units, to ensure that the HSRP is implemented according to agreed plan;

m. Coordinate and facilitate the conduct of meetings as may be deemed necessary by the Project Director or Project Manager to discuss project updates and issues on planning, procurement, finance and monitoring concerns and consequently provide recommendation and appropriate actions; and

n. Provide HSRP-related technical assistance to CHDs, MOH-BARMM/Maguindanao Integrated Provincial Health Office (IPHO) and RPMOs, in coordination with relevant DOH units;
o. Review and consolidate Annual Work Plan and Budget of the MOH and the CHDs implementing HSRP, for eventual consolidation with the central-level AWPB;
p. Coordinate with CHDs and MOH-BARMM, through RPMOs, on items to be provided to local recipients but that will be centrally procured;
q. Coordinate and facilitate the conduct of meetings as may be deemed necessary by the Project Director or Project Manager for Field Implementation, to discuss project updates and issues on planning, procurement, finance and monitoring concerns and consequently provide recommendation and appropriate actions;
r. Facilitate the implementation of the Performance-based Grants; and
s. Undertake other activities as may be deemed necessary by the Project Director or Project Manager.

3.1.6 Implementation arrangements at the regional level

The Center for Health Development (CHD) shall be the oversight and lead coordinating office at the regional level for non-BARMM provinces, and the Ministry of Health-BARMM for BARMM provinces. The CHDs and MOH-BARMM shall designate suited CHDs and MOH-BARMM staff focals points for the different roles and responsibilities as indicated in this POM. To assist the CHDs and MOH-BARMM implement the project, a Regional Project Management Office (RPMO) in each region shall be established at the CHD and will be manned by project-hired staff. A third-party agency will be engaged to serve as BARMM Regional Project Management Office, which shall be staffed with project-hired personnel and be responsible for on-site Project implementation support in BARMM Project provinces. The RPMO shall monitor and report the day-day activities of the project. Specifically, the CHD/MOH-BARMM and RPMO shall (see Table 3.1):

Table 3.1 Roles and responsibility of CHD and RPMO

	CHD/Ministry of Health-BARMM (organic staff)	**RPMO (Project-hired)**
Contract Management	Regional Contract Management Focal ● Provide oversight to the contract management activities taking place in their respective region ● Coordinate with and provide regular update to the CHD Regional Director/MOH-BARMM Minister and technical offices, DOH Central Office and	Contract Management Officers For Centrally Procured Activities (e.g., digital health transformation, technical assistance, most goods/equipment) o Assist NPMO in facilitating and certifying the successful delivery and acceptance of goods and services during distribution (for goods and equipment) and implementation (for technical

	CHD/Ministry of Health-BARMM (organic staff)	RPMO (Project-hired)
	Provincial Health Offices/Maguindanao IPHO ● Oversee the project-based Contract Management Officers based at RPMO	assistance and managed services), ensuring that the participating provinces and CHDs are the main recipients and beneficiaries. o Oversee and monitor the quality of services provided by managed services providers (e.g., digital health) and TA providers, providing periodic reports and feedback to NPMO, highlighting any issues and concerns that might require immediate attention. o Provide NPMO with necessary documentation (e.g., reporting template, certification, recommendation, and endorsement) to support payments by DOH CO to service providers and suppliers that were centrally procured. o Monitor the quality of goods/equipment delivered and submit periodic reports on any issues related to operations and maintenance, covering the warranty period and beyond. for Regionally Procured Activities (e.g., PCFs and hospitals works contracts, technical assistance, small goods/equipment) o Conduct periodic site inspections of all ongoing works contracts and provide technical assistance and advice to all LGU proponent facilities on any issue related to contract management and construction supervision; inspect work progress and quality (day-to-day construction supervision is the responsibility of the proponent LGU). o Maintain records of inspection checklists, engineering drawings, materials testing results, and safety logs. o Process progress billings prepared by contractors for consolidation and recommendation for payment

	CHD/Ministry of Health-BARMM (organic staff)	RPMO (Project-hired)
		(either paid at CHD or at DOH Central Office); handle claims or disputes that may arise. o Monitor contractor performance against agreed deliverables and ensure contractor adherence to design specifications, approved schedules, and methodologies. o Prepare periodical monitoring reports and submit the reports to the NPMO. o Participate in final inspection, certify completion, monitor defects liability period, and issue final acceptance.
Environment and Social	Regional ESF Focal ● Provide oversight to the E&S risk management of the activities taking place in their respective region ● Coordinate with and provide regular update to the CHD Regional Director/MOH-BARMM Minister and technical offices, DOH Central Office and Provincial Health Offices/Maguindanao IPHO ● Oversee the project-based ESF Specialists based at RPMO	ESF Officers ● Ensure project activities do not fall under the Exclusion List ● Fill out E&S Screening Forms for relevant subproject activities and submit forms to NPMO ● If contracting is managed regionally, ensure that all bidding and contract documents include all relevant E&S management provisions per screening forms, ESMPs, and ESCOPs. ● If relevant, prepare site-specific ESMPs for subproject activities and submit ESMPs to NPMO ● Conduct site inspections, and monitor the implementation of E&S mitigation and management activities in their region ● Prepare monitoring reports and submit the reports to the NPMO quarterly ● Provide technical support and training to local contractors and communities on relevant E&S mitigation measures, roles, and responsibilities ● Establish GRM, manage locally-received grievances,

	CHD/Ministry of Health-BARMM (organic staff)	RPMO (Project-hired)
		maintain registry of grievances. ● Coordinate with local GRM Focal, who can receive and record grievances.
Financial Management	Financial Management Focal ● Maintain Project accounting records according to country accounting procedures and policies. A separate books of account will be maintained for the project. Quarterly financial reports will be provided to the DOH central office. ● Coordinate with and provide regular update to the CHD Regional Director/MOH-BARMM Minister and technical offices, DOH Central Office and Provincial Health Offices/Maguindanao IPHO ● Oversee the project-based Financial Management Officers based at RPMO	Financial Management Officers ● Prepare Annual Work Plan and Budget (AWPB) and Disbursement Projections which shall be submitted to the DOH Central office not later than September 30 of each year during project implementation (for consolidation by October 31) ● Review and approve the Request for Funds Release (RFR) based on the process to be outlined in the Project Operations Manual. ● Prepare monthly reports on the use of funds. ● Prepare regular bank reconciliation, inventory reconciliation, and fixed asset reconciliation statements and monitor disposition of reconciling items. ● Monitor that the Performance-Based Grants (PBGs) are utilized by the provinces according to the Special Health Fund (SHF) guidelines and implementing rules and regulations, including the related COA guidelines for the accounting of PBGs downloaded to provinces.
Monitoring and Evaluation	Regional M&E Focal ● Provide oversight to the M&E activities taking place in their respective region ● Coordinate with and provide regular update to the CHD Regional Director/MOH-BARMM Minister and technical offices, DOH Central Office and Provincial Health Offices/Maguindanao IPHO	M&E Officers ● Prepare project progress reports every six months ● For indicators included in the results framework: validate data submitted from provinces, and submit the validated data to DOH Central Office every six months ● For indicators included in the PBG Scorecard:

	CHD/Ministry of Health-BARMM (organic staff)	RPMO (Project-hired)
	● Oversee the project-based M&E Specialists based at RPMO	o Validate data submitted from provinces, and submit the validated data to DOH Central Offices annually o Facilitate the third-party verification agency to conduct the field validation ● Coordinate implementation support missions as needed

3.1.7 Implementation arrangements at the provincial level

Provincial Project Steering Committee

Consistent with the institutional arrangements of the province-wide health system in the UHC Law, the Provincial Health Boards (PHBs) shall act as the Provincial Project Steering Committees (PPSC) in the respective provinces. The PHBs are chaired by the respective provincial governors, co-chaired by the provincial health officer, and include representatives from various stakeholders.

The PPSC shall: (i) serve as the oversight, advisory and monitoring body on matters relevant to project implementation; (ii) ensure that the project activities are aligned with the goals of the LIPH; (iii) exercise administrative and technical supervision over health facilities and health personnel participating in the Project; and (iv) ensure that project funds and resources are managed effectively, efficiently, and economically in accordance with the PDOs.

3.1.8 Performance-based Grant Technical Working Group

- To be chaired by a Project Director (Undersecretary UHC-PSC)
- Members will be composed of technical and administrative bureaus of DOH CO and CHDs, and representatives of PHOs
- The PBG TWG will be tasked for the following:
    - formulating, reviewing and endorsing the performance scorecard, disbursement formula, Terms of Reference for contracting a third-party verification agency
    - developing and issuing the Performance-based Grants Manual
    - reviewing and endorsing verification protocols and reports, including PBG allocations, prepared by the third-party verification agency,
    - informing CHDs/MOH-BARMM and PHOs/Maguindanao IPHO about the verified results and PBG allocation.
- The PBG TWG is also tasked to ensure that the following steps are executed to guarantee smooth implementation of PBG
    - The MHOs will collect and submit relevant data to respective PHOs;
    - The PHOs will validate and aggregate the data and submit it to respective CHDs;
    - The CHDs will validate the data and further submit it to the TWG;

- The TWG will request the contracted third-party agency to conduct verification;
- The third-party agency will conduct the verification and submit the verification report to the TWG;
- The TWG will calculate the allocated PBGs for each province based on the verified results and then share the verified results and allocated PBGs with CHDs and PHOs;
- The PBGs will be channeled to the Special Health Fund (SHF) of each province.

The series of tables (Table 3.2) in the succeeding pages identify key activities, responsible parties, and expected outputs for the different components and subcomponents of the Project that were described in Chapter 2.

These are followed by a set of tables (Table 3.3) with more detailed activities specific to investments in civil works, goods, and consulting services indicated in Table 3.2.

Table 3.2 Activities, Responsible Parties, and Outputs per subcomponent

Component 1: Strengthening climate-resilient provincial health systems

Subcomponent 1.1 Building climate-resilient infrastructure for quality care

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Establishing Primary Care Provider Networks				
● Upgrading existing Primary Care Facilities	CHDs ● Identify facilities for upgrading ● Manage and oversee facility assessments to identify upgrading that need to be done in PCFs ● Manage and oversee upgrading	● HFEP MO ● Recipient local government units	Licensed and Konsulta-accredited primary care facilities	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively. End-user: HFEPMO if to be centrally procured. CHD-HFEP if to be procured by the CHD.
● Develop national guidelines for green and safe PCFs	HFDB	HFEPMO	Green Viability Assessment (GVA tool) for PCF and implementation guidelines for monitoring of Green and Safe PCFs developed	
● Procure mobile clinics and medical transport vehicles	HFEPMO	HFSRB	Mobile clinics and other medical transport vehicles procured	See more detailed steps in implementing provision of goods in Table 3.3.2.
● Offer TA to support the formulation of PCPNs	BLHSD, CHDs (other bureaus may also propose TA and coordinate with UHC HSC TO as needed)	UHC-HSC TO NPMO	TA requirements identified, contracted, completed, evaluated, and applied as necessary.	See more detailed steps in implementing consulting services in HSRP in Table 3.3.3.
● Provide guidelines for the recognition of green and safe PCFs	HFDB	HFEPMO	PCFs are recognized as green and safe.	
b. Strengthening district and provincial hospitals				

Activity	Responsible Party	Collaborating Parties	Output	Remarks
1. Upgrade district and provincial hospitals	HFEPMO ● Identify hospitals for upgrading ● Manage and oversee hospitals assessments to identify upgrading that need to done ● Manage and oversee upgrading	● CHDs ● Recipient provinces/hospitals ● UHC-HSC TO NPMO	District hospitals licensed for Level 1 and provincial hospitals licensed for Level 2	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively. End-user: HFEPMO if to be centrally procured. CHD-HFEP if to be procured by the CHD.
2. Offer TA to assess health care waste management options	UHC-HSC TO NPMO	HFEPMO DPCB HFDB	Health care waste management investments identified and incorporated in the investment plans of the HSRP provinces	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: UHC-HSC TO
3. Build/upgrade health care waste management facility	HFEP-MO ● Ensure that the HCW management identified for hospitals plans are incorporated in the hospital upgrading plans and construction ● Manage and oversee other HCW management investments as identified in the HCW assessment and as agreed with project manager	● CHDs ● Recipient provinces/hospitals	Healthcare waste management integrated in the provincial health systems	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively. End-user: HFEPMO if to be centrally procured. CHD-HFEP if to be procured by the CHD.
4. Upgrade other infrastructure (for example, warehouses, energization, and cold chains)	HFEP-MO ● Identify facilities for upgrading ● Manage and oversee assessments to identify	● CHDs ● SCMS ● Recipient provinces/hospitals ● UHC-HSC TO NPMO	Identified other infrastructures were upgraded	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively.

Activity	Responsible Party	Collaborating Parties	Output	Remarks
	upgrading that need to done ● Manage and oversee upgrading			End-user: HFEPMO if to be centrally procured. CHD-HFEP if to be procured by the CHD.
5. Offer TA to support the formulation of HCPNs	BLHSD, CHDs ● Identify TA requirements, prepare TORs and oversee the TAs (other bureaus may also propose TA and coordinate with UHC-HSC TO and BLHSD as needed.)	UHC-HSC-TO	TA requirements identified, contracted, completed, evaluated, and applied as necessary.	See more detailed steps in implementing consulting services in HSRP in Table 3.3.3.
6. Conduct post-construction certification of green and safe hospitals	HFDB ● Assess certification options. ● Provide guidelines for the recognition of green and safe hospitals	HFEP-MO	Hospitals with HSRP investments are recognized as green and safe.	
c. Improving supply chain management				
1. Offer TA to assess supply chain management	SCMS	UHC-HSC TO NPMO	Supply chain management reforms and investment identified and incorporated in the investment plans of the HSRP provinces	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: SCMS
2. Offer TA to improve supply chain management systems	SCMS for national TA CHDs for regional TAs	UHC-HSC TO NPMO	TA requirements identified, contracted, completed, evaluated, and applied as necessary.	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: SCMS

Subcomponent 1.2 Improving workforce and governance for quality of care

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Strengthening health workforce				
1. Offer TA to develop primary care worker certification program	HHRDB	UHC-HSC TO NPMO sub-unit	Primary care worker certification program	See more detailed steps in implementing consulting services in Table 3,3.3. End-user: HHRDB
2. Deploy primary care worker certification program	HHRDB	UHC-HSC TO NPMO sub-unit CHDs		
b. Enhancing governance for quality of care				
1. Offer TA to develop operational guidelines for quality of care	PSMSD	UHC-HSC TO NPMO sub-unit	Operational guidelines for quality of care	See more detailed steps in implementing consulting services in Table 3.3.3 End-user: PSMSD
2. Establish institutional arrangements for quality of care	PSMSD	UHC-HSC TO NPMO sub-unit	Institutional arrangements for quality of care established in HSRP provinces	
3. Conduct other quality interventions	PSMSD	UHC-HSC TO NPMO sub-unit	Other quality interventions identified and implemented	

Subcomponent 1.3 PBGs to improve health service delivery at the provincial level

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Performance-based grants				
1. Develop PBG manual	PBG TWG, headed by UHC-PSC	UHC-HSC TO NPMO All other members of the PBG TWG (as contained in the Department Personnel Order)	PBG Manual issued	
2. Implement PBGs	PBG TWG, headed by UHC-PSC	UHC-HSC TO NPMO All other members of the PBG TWG (as contained in the Department Personnel Order)	PBGs implemented, monitored, and evaluated	

Component 2: Strengthening health emergency prevention, preparedness, and response (PPR) systems

Subcomponent 2.1 Strengthening disease surveillance systems

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Equipment				
1. Strengthening Surveillance Systems - Office Equipment	EB	CHDs	Office equipment procured for surveillance	See more detailed steps in implementing provision of goods in Table 3,3.2. End-user: EB
2. Strengthening Surveillance Systems - Surveillance Vehicles for PESUs	EB	CHDs	Surveillance vehicles procured	
3. Strengthening Surveillance Systems - Emergency Go Bags for MESUs and PESUs	EB	CHDs	Surveillance/Emergency Go Bags procured	
b. Capacity building				
1. Strengthening Surveillance Systems - Assessments of capacity for health emergency PPR	EB	CHDs	IHR/PPR local assessment tool	Consultancy firm to be procured
2. Strengthening Surveillance Systems - Capacity Building for Disease Surveillance Officers	EB	HSC-TO CHDs	Trained personnel on the DSO course	
3. Strengthening Surveillance Systems - Other Surveillance and Capacity Building Activities	EB	HSC-TO CHDs	Capacity building requirements identified, planned, and implemented	

Subcomponent 2.2 Strengthening public health laboratory networks

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Infrastructure and equipment				
1. Construct Laboratory of Research Institute for Tropical Medicine	RITM	● UHC-HSC-TO ● HFDB ● HFEP	BSL-3 laboratory constructed	See more detailed steps in implementing civil works in Tables 3.3.1. End-user: RITM
2. Construct and equip Subnational Reference Laboratories	OHL	CHD	Subnational reference laboratories established	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively. End-user: OHL
3. Construct and equip Regional Public Health Laboratories	OHL	CHD	Subnational reference laboratories established	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively. End-user: OHL
4. Conduct post-construction certification of green and safe laboratories	HFDB ● Assess certification options.	HFEPMO	Laboratories with HSRP investments certified as green and safe.	
b. Technical assistance				
1. Develop operational guideline for green and safe health laboratories	HFDB		Operational guidelines for green and safe health laboratories aligned with the Green and Safe Health Facilities Manual, including the indicators of the Green Viability Assessment Tool.	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: OHL
2. Develop guidelines on laboratory service and networking	OHL	CHDs Provinces	Guidelines laboratory service and networking	

Activity	Responsible Party	Collaborating Parties	Output	Remarks
c. Capacity building				
1. Training for laboratory workforce	OHL RITM	Recipient Laboratories	Trained laboratory workforce	Training on laboratory staff based on the competency framework

Subcomponent 2.3 Strengthening health emergency response systems

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Infrastructure and equipment				
1. Procure mobile emergency operations centers (EOCs)	HEMB	HFEP	Mobile EOCs procured	See more detailed steps in implementing provision of goods in Table .3..2. End-user: HEMB
2. Retrofit and equip fixed (non-mobile) EOCs	HEMB	● CHDs ● Recipient CHDs and provinces	National, regional, and provincial EOCs retrofitted and equipped	See more detailed steps in implementing civil works and provision of goods in Tables 3.3.1 and 3.3.2, respectively. End-user: HEMB if to be centrally procured. CHD if to be procured by the CHD. Recipient: CHDs and provinces
3. Procure emergency Go Bags	EB	HFEP	Emergency Go Bags procured and distributed	See more detailed steps in implementing provision of goods in Table 3.3.2. End-user: EMB
b. Technical assistance				
1. Develop policies and guidelines on emergency response	HEMB	DPCB EB	Policies and guidelines on emergency response	Obtain TA if necessary.

Activity	Responsible Party	Collaborating Parties	Output	Remarks
c. Capacity building				
1. Conduct training and simulation exercises for the HERTs	HEMB	• CHDs • Provinces and component LGUs	Trained HERTS	

Component 3: Building and enabling environment, project management, and monitoring and evaluation (M&E)

Subcomponent 3.1 Strengthening health sector stewardship

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Strengthening stewardship and institutional capacity of the DOH				
1. Conduct trainings for the DOH-CO and CHDs	PMSMD	UHC-HSC TO NPMO sub-unit CHDs	DOH-CO and CHD staff trained on health sector stewardship	
2. Offer TA to the DOH to enhance policies and regulation, multisectoral coordination, and organizational development	PMSMD	UHC-HSC TO NPMO sub-unit CHDs	TA completed, evaluated, and applied as necessary	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: PMSMD
3. Offer TA to establish a training center	PMSMD	UHC-HSC TO NPMO sub-unit	Training center established	
b. Strengthening institutional capacity of local health boards and facility managers				
1. Conduct trainings for local health boards and facility managers	HHRDB	PMSMD CHDs UHC-HSC TO NPMO sub-unit BLHSD	Competency requirements of local health boards and facility managers identified, and trained on these	

Subcomponent 3.2 Advancing digital health transformation

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Developing and deploying digital solutions				
1. Develop/improve health information systems	KMITS	DOH Offices	Health information systems are enhanced and interoperable.	
2. Deploy health information systems	KMITS	UHC-HSC TO NPMO sub-unit CHDs	Deployed systems are utilized by target health facilities.	

Activity	Responsible Party	Collaborating Parties	Output	Remarks
3. Deploy interoperability solutions	KMITS	UHC-HSC TO NPMO sub-unit CHDs	Health information systems are integrated and operational.	
4. Install cybersecurity measures	KMITS	NPMO	Robust cybersecurity measures are implemented.	
5. Offer maintenance and support to the LGUs	KMITS	UHC-HSC TO NPMO 1sub-unit CHDs	LGUs digital transformation activities are supported	
6. Conduct M&E	KMITS	UHC-HSC TO NPMO sub-unit CHDs	Digital health-related activities are monitored	
b. Developing digitalization strategies and guidelines				
1. Offer TA to develop digital transformation roadmap	KMITS	UHC-HSC TO NPMO sub-unit CHDs	Digital transformation roadmap	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: KMITS
2. Offer TA to develop data governance framework	KMITS	NPMO CHDs DOH Offices	Data governance framework	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: KMITS
3. Develop other guidelines	KMITS	NPMO HPDPB CHDs DOH Offices	Guidelines as identified through the roadmap and framework	
c. Improving last-mile connectivity				
1. Procure hardware	KMITS	CHDs	Hardware procured and distributed	See more detailed steps in implementing provision of goods in Table 3.3.2. End-user: KMITS
2. Procure/subscribe software and internet	KMITS	CHDs	Software and internet service subscribed	
d. Developing and deploying training				

Activity	Responsible Party	Collaborating Parties	Output	Remarks
1. Assess digital literacy and cybersecurity capacities and develop training	KMITS	HHRDB	Training plan for digital literacy and cybersecurity	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: KMITS
2. Deploy digital literacy and cybersecurity training	KMITS	HHRDB UHC-HSC TO NPMO sub-unit CHDs	Training deployed	

Subcomponent 3.3 Community engagement and outreach

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Improving community engagement				
1. Organize annual health forums	CHDs	BLSHD - Develop guide for annual health forum content	Annual health forums conducted in HSRP provinces	
2. Establish patient support groups	DPCB	UHC-HSC TO NPMO sub-unit CHDs	Patient support groups established in HSRP provinces Guidelines regarding the structure, composition, and function of patient support groups	
b. Improving health literacy				
1. Develop health promotion playbooks	HPB	UHC-HSC TO NPMO sub-unit CHDs	Health promotion playbooks	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: HPB
2. Implement health promotion activities	HPB	UHC-HSC TO NPMO sub-unit CHDs	Health promotion activities	

Subcomponent 3.4 Project management and M&E

Activity	Responsible Party	Collaborating Parties	Output	Remarks
a. Project management				
1. Project management functions	UHC-HSC-TO	CHDs	Fully staffed and functional national and regional project management offices	
2. Conduct studies and training	UHC-HSC-TO	CHDs	Necessary studies and training identified and implemented	
b. M&E				
1. Establish a project dashboard	UHC-HSC-TO		Project dashboard with timely updates, connected to a digital progress reporting	
2. Conduct third-party verification of PBGs	PBG TWG, headed by UHC-PSC	UHC-HSC TO NPMO	PBGs verified by third party	See more detailed steps in implementing consulting services in Table 3.3.3. End-user: UHC-HSC-TO

Component 4. Contingency Emergency Response Component (CERC)

Implementing Civil Works, Goods, and Consulting services

The following tables 3.3.1 to 3.3.3 provide more detailed activities to guide investments in civil works, goods, and consulting services indicated in Table 3.2. Even if not explicitly identified, the UHC-HSC-TO are collaborating parties in all activities for centrally-implemented and regional-implemented activities, respectively.

Table 3.3.1. Implementation of Civil Works and Turnkey Arrangements in HSRP

	Milestone	Responsible Party	Roles of Other DOH Offices	Output	Remarks
1	Identification of civil works to be done and locations	End-user* o Coordinates with recipient (if different from end-user) to	● Procurement Service (PS) or Procurement Unit of CHD:	List of Works to be Done and Locations	

	Milestone	Responsible Party	Roles of Other DOH Offices	Output	Remarks
		identify works that need to done and in which locations o Scans the market for possible contractors *examples of end-users: ● For PCFs: end-user is the HFEPMO, LGU is the recipient ● For regional public health laboratory: the end user is the CHD and the OHL is the recipient	● Provides advice to end-users on contract type (e.g. whether civil works only or turnkey, whether build and design or build only, etc.) PS and UHC-HSC-TO o Supports end-user in market scanning		
2	Preparation of the Project Procurement Management Plan (PPMP)	UHC-HSC-TO (for centrally-procured) o Prepares the PPMP o Encodes in POMIS CHD (for region-procured)	● PS Provides guidance on the procurement methods and timelines ● End-User	Project Procurement Management Plan submitted to Procurement Service or Procurement Unit of CHD, through POMIS	
3	Preparation of detailed architectural engineering design (DAED)	End-user o Prepare detailed engineering design o Or if outsourced, manage the contract for preparation of DAED (prepare TOR, oversee conduct)	● Consultant/Firm contracted for preparation of DAED (if DAED preparation is outsourced, whether as standalone or as part of design and build contract) ● Recipient (if different from end-user)	DAED	

	Milestone	Responsible Party	Roles of Other DOH Offices	Output	Remarks
4	Preparation of Complete Procurement Request with Specifications	End-User o Provides technical specifications and cost estimates	● UHC-HSC-TO (for centrally-procured) o Coordinates with End-User and PS ● CHD (for region-procured)	Procurement request with the following forwarded to PS/Procurement Unit: o Technical specifications o Cost estimates	
5	Conduct of Procurement	Procurement Service	● End-user Provide technical guidance/review on evaluating the offers	Contract with Contractor	See ***Chapter 5: Procurement*** of this POM for details
6	Monitoring of Conduct of Works (and Delivery of Goods for turnkey contracts)	End-user and Recipient o Jointly monitor conduct of works		Completed Works	
7	Acceptance of Works	End-user o Inspects completed works and ensures they are in good condition and within specifications	Recipient	Certificate of Acceptance	
8	Payment of Contractor	● Financial and Management Service (for centrally-procured) Or CHD Finance (for region-procured)	World Bank for Direct Payment arrangements	May be in tranches, as will be stipulated in Contract	See ***Chapter 4: Financial Management Arrangements*** of this POM for details
9	Issuance of Deed of Donation (if recipient is LGU)	End-user and LGU recipient		Signed Deed of Donation	

	Milestone	Responsible Party	Roles of Other DOH Offices	Output	Remarks
10	Maintenance of Works Delivered	Recipient o Records as fixed asset o Maintains the asset		Property, Plant, and Equipment Inventory Report (annual)	
11	Resolution of Issues (if any) during warranty period	End-user o Coordinate with supplier and recipient and ensure issues are resolved	UHC-HSC-TO UHC-TO CHD	Resolution report	

Table 3.3.2. Implementation of Provision of Equipment and other Goods in HSRP

	Milestone	Responsible Party in DOH and Action	Roles of Other DOH Offices	Output	Remarks
1	Identification of items to be procured and corresponding allocation to Recipients	End-User* o Prepares specifications and allocation list o Coordinates with Recipients o Conducts market scanning as needed *examples of end-users: ● For PCFs: end-user is the CHDs, LGU PCFs are the recipients ● For regional public health laboratory: The end-user is the CHDs and the OHL is the recipient.	Procurement Service (PS) or Procurement Unit of CHD: ● Provides advice to end-user on contract type PS and UHC-HSC-TO o Supports end-user in market scanning	o Items to be Procured o Allocation List	

	Milestone	Responsible Party in DOH and Action	Roles of Other DOH Offices	Output	Remarks
		● For emergency go-bags: EB is the end-user, PESUs and MESUs are the recipients			
2	Preparation of the Project Procurement Management Plan (PPMP)	UHC-HSC-TO (for centrally-procured) o Prepares the PPMP o Encodes in POMIS CHD (for region-procured)	● PS Provides guidance on the procurement methods and timelines ● End-User	o Project Procurement Management Plan submitted to Procurement Service or Procurement Unit of CHD, through POMIS	
3	Preparation of Complete Procurement Request with Specifications	End-User o Provides technical specifications and cost estimates	● UHC-HSC-TO (for centrally-procured) - Coordinates with End-User and PS ● CHD (for region-procured)	Procurement request with the following forwarded to PS/Procurement Unit: o Technical specifications o Cost estimates	
4	Conduct of Procurement	Procurement Service o Exercise the range	End-Users/Technical Units o Provide technical guidance/review on evaluating the offers	o Contract with Suppliers o Supply copy of documents to COA, UHC-HSC-TO (original), SCMS, Central Records, End-User Unit	See *Chapter 5: Procurement* of this POM for details
5	Monitoring of Transit of Goods	UHC-HSC-TO (for centrally-procured) CHD (for region-procured)		Goods received at point of destination (either at Port of Entry for imported goods, or warehouse for local goods)	Facilitate customs clearance if needed
6	Receipt of Goods	Supply Chain Management Service (for centrally-procured) or CHD (for region-procured)		Delivery Receipt and Certificate of Acceptance	

	Milestone	Responsible Party in DOH and Action	Roles of Other DOH Offices	Output	Remarks
		o Inspects the goods and ensures they are in good condition			
7	Turnover to Third Party Logistics Provider (3PL)	SCMS or CHD, and 3PL		Purchase Transfer Receipt (PTR)	
8	Distribution of Goods to Recipient	3PL		PTR signed by recipient (if delivered by 3PL) Delivery Receipt (if delivered by supplier)	
9	Receipt of Goods by Recipient (whether from central office or from CHD or directly from supplier)	Recipient o Inspects the goods and ensure they are in good condition			
10	Payment of Goods	Finance Management Service (for centrally-procured) Or CHD Finance (for region-procured)	World Bank for Direct Payment arrangements	Official Receipts for Payment	See *Chapter 4: Financial Management Arrangement* of this POM for details
11	Issuance of Deed of Donation (if recipient is LGU)	End-user and LGU recipient		Signed Deed of Donation	
12	Inventory and Maintenance of Goods Received	Recipient o Records goods and supplies received in inventory o Maintains goods received (for non-consumables)		For equipment: o Property, Plant, and Equipment Inventory Report (annual)	
13	Training of Recipient on use of goods (as needed)	End-User o Coordinate training		Trained recipients	

	Milestone	Responsible Party in DOH and Action	Roles of Other DOH Offices	Output	Remarks
14	Resolution of Issues (if any) during warranty period	End-User o Coordinate with supplier and recipient and ensure issues are resolved		Resolution report	

Table 3.3.3. Implementation of Hiring Consultants (whether Individuals and Firms) in HSRP

	Milestone	Responsible Party	Collaborating Parties	Output	Remarks
1	Identification of Technical Assistance requirements	End-user ● Discuss with Project Manager	UHC-HSC-TO	● Terms of Reference ● Purchase Order	
2	Preparation of Complete Procurement Request with Specifications	End-User ● Prepare Terms of Reference (with cost estimate) and Purchase Order		● Terms of Reference with cost estimate ● Purchase Order	
3	Preparation of the Project Procurement Management Plan (PPMP)	UHC-HSC-TO or CHD ● Collates purchase requests to prepare the PPMP and justification	● End-User	● Project Procurement Management Plan, TORs, and justification submitted to Procurement Service/Procurement Unit	
4	Conduct of Procurement	Procurement Service (for centrally-procured) Procurement Unit of CHD (for region-procured)	End-user	Awarding of Contract to Supplier Note that the contract should contain clauses on i) fraud and corruption and ii) World	Consultants may be hired through Direct Contracting under the World Bank Loan. See *Chapter 4: Procurement* of this POM for details on

	Milestone	Responsible Party	Collaborating Parties	Output	Remarks
				Bank's audit rights are non-negotiable.	Direct Contracting for Consulting Services
4	Monitoring of Conduct of Service	UHC-HSC-TO and Recipient o jointly monitor conduct of service		Contractor reports	Apply labor and management procedures as described in the Environmental and Social Management Framework Manual, as per ESS2 (Labor and Working Conditions), including Code of Conduct.
5	Payment to Contractor	Finance Service	World Bank for Direct Payment arrangements	Official Receipt for Payment	See *Chapter 4: Financial Management Arrangement* of this POM for details
6	Resolution of Issues (if any)	End-User o Coordinate with consultant/support staff and Recipient and ensure issues are resolved		Resolution report	

4 Financial Management and Loan Disbursement Arrangements

The Department of Health (DOH), as the implementing Agency, will establish Financial Management (FM) arrangements to ensure project funds are used for their intended purpose. The DOH will leverage on its current financial management (FM) systems for the implementation of the Project and maintain other appropriate FM systems which include acceptable budgeting, accounting, internal controls, financial reporting, and auditing systems to provide accurate and timely financial information to the Government of the Philippines and the World Bank throughout the Project. Specifically, the financial management arrangements will be designed to: (i) accurately and comprehensively record all project-related transactions and balances; (ii) facilitate the preparation of regular, timely, and reliable financial statements, as well as safeguard project assets; (iii) ensure sufficient budget cover and monitoring of usage; (iv) implementation of adequate internal controls to ensure that funds are used for the intended purpose and (v) be subject to auditing arrangements acceptable to the World Bank.

4.1 Project Financing

4.1.1 Cost Table and Funding Source

The total project cost is PHP 27.921 billion (capital investments) to be incurred over a five-year period. Component 1 comprises over half of the loan, with a total of PHP 14.318 billion. Meanwhile, Components 2 and 3 have a relatively lower share of the loan at PHP 4.227 billion, and PHP 9.376 billion, respectively. For Component 4, there is no allotted funding since it was only included to provide flexibility in the Project in the occurrence of emergencies, wherein reallocation of undisbursed proceeds can be made. With respect to the fund source of the capital investments, the majority will be covered by loan proceeds, which amounts to PHP 27.26 billion. As a counterpart, the DOH and LGUs will share the costs of training and technical assistance during the project implementation, mainly in-kind contributions such as meeting and events venues and staff; accounting for 1.2% each for DOH and LGUs for the total investments. Notably, LGU contributions are exclusively imputed costs, whereas the DOH's incremental counterpart cost amounts to PHP 19,865,037, designated for other professional services and audit fees. The detailed costs per component and financing sources are shown in the table below:

Table 4.1 HSRP Costs and Financing Sources per Component

Component	%	Total Investment Cost (PHP)	Financing Sources (PHP)		
			WB Loan	GOP Counterpart	LGU Counterpart
Component 1	**51.28**	**14,318,100,000**	**14,231,600,000**	**26,250,000**	**60,250,000**
Subcomponent 1.1: Improve access to climate-resilient PCPN	30.55	8,530,600,000	8,453,600,000	21,750,000	55,250,000
Subcomponent 1.2: Improve workforce and governance for quality of care	1.41	393,750,000	385,000,000	3,750,000	5,000,000

Subcomponent 1.3: Performance based grants to improve health service delivery	19.4	5,393,750,000	5,393,000,000	750,000	-
Component 2	**15.14**	**4,227,150,000**	**4,116,170,000**	**84,000,000**	**26,980,000**
Subcomponent 2.1: Strengthening disease surveillance systems	1.19	331,500,000	311,650,000	14,000,000	5,850,000
Subcomponent 2.2: Strengthening public health laboratory networks	8.82	2,462,500,000	2,410,000,000	52,500,000	-
Subcomponent 2.3: Strengthening health emergency response systems	5.13	1,433,150,000	1,394,520,000	17,500,000	21,130,000
Component 3	**33.58**	**9,376,092,500**	**8,909,792,500**	**228,900,000**	**237,400,000**
Subcomponent 3.1: Strengthening health sector stewardship	1.97	550,000,000	440,000,000	80,000,000	30,000,000
Subcomponent 3.2: Advancing digital health transformation	20.62	5,758,092,500	5,605,792,500	148,900,000	3,400,000
Subcomponent 3.3: Community engagement	3.65	1,020,000,000	816,000,000	-	204,000,000
Subcomponent 3.4: Project management and M&E	7.33	2,048,000,000	2,048,000,000	-	-
Component 4	**-**	**-**	**-**	**-**	**-**
TOTAL	**100**	**27,921,342,500**	**27,257,562,500**	**339,150,000**	**324,630,000**

a. Funding Schedule

The Department of Budget and Management issued the Forward Obligations Authority (FOA) to DOH on 16 January 2025 which outlines the specific obligations that the DOH is authorized to incur for the operation of the Project in accordance with the loan agreement, and terms and conditions agreed upon between the Philippine Government and World Bank.

The FOA stipulates the obligations for the loan proceeds as detailed below:

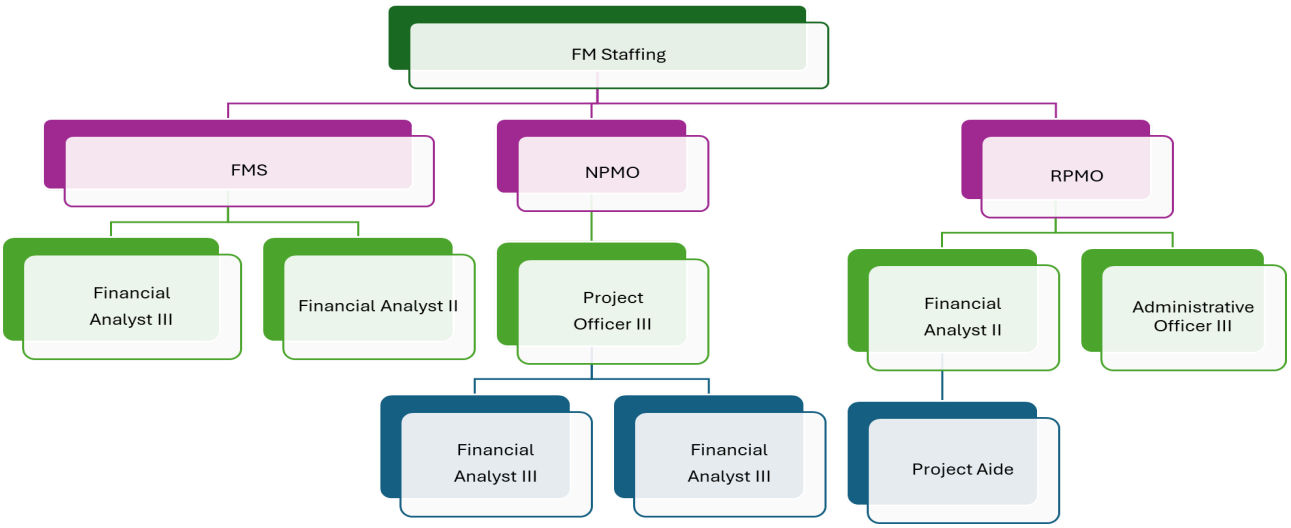
Table 4.2 Funding Schedule in FOA, HSRP

Funding Schedule (In Thousand Pesos)					
Year	**Personnel Service (PS)**	**Maintenance and Other Operating Expenses (MOOE)**	**Financial Expenditure (FinEx)**	**Capital Outlay (CO)**	**Total**
2025	0	1,289,264	0	2,653,250	3,942,514
2026	0	3,744,837	0	4,381,600	8,126,437
2027	0	3,524,144	0	4,198,000	7,722,144
2028	0	3,497,384	0	600,000	4,097,384
2029	0	3,369,084	0		3,369,084
Total	0	15,424,713	0	11,832,850	27,257,563

Source: FOA-BMB-B-25-0000001 (Annex A)[38]

4.2 Organization and Staffing

The FM functions of the project will be mainstreamed with the Financial and Management Service (FMS) of the DOH. The NPMO will have the overall responsibility for the day-to-day management of the project at the central level. The NPMO will track the overall progress of the project and consolidate project reports, including financial reports to the World Bank. The Project shall hire and retain adequate FM staff at both the national and regional office levels to ensure effective management arrangements during project implementation. Below is the project-hired staffing composition for the financial management:



[38] The FOA reflects the funds for the loan proceeds, and DOH imputed and incremental costs.

A. Financial Management Service

The DOH Financial and Management Service (FMS), headed by a Director, shall be in charge of the Project financial management system within its regular authority, accountability, responsibilities, and tasks. He/she shall automatically be designated as the Chief Financial Officer (CFO) of the Project. Likewise, the Director of FMS shall ensure the adequacy of funds composed of Loan Proceeds and GOP Counterpart. The financial management system will encompass all levels of project implementation and extend to Financial Management Officers and officials and staff involved in Operations. There will be two (2) project hired staff under the FMS, the Financial Analyst III and the Financial Analyst II. The Financial Analyst III shall be primarily responsible for ensuring that the processing of all HSRP financial transactions coursed through FMS are in accordance with the GOP and World Bank regulations. He/she shall be assisted by the Financial Analyst II.

Their key responsibilities include processing financial transactions, preparing journal entries, assisting in budget development and payment facilitation, generating required financial reports for government oversight agencies (monthly bank reconciliation, monthly disbursement reports, accounts payable list, annual financial statements), developing a financial monitoring matrix for efficient fund utilization and timely reporting, contributing to project performance updates, managing BIR remittances, liaising with the Resident Auditor, maintaining financial filing systems and archives, reviewing progress billings, and undertaking other assigned tasks. They shall assist the NPMO in the completion of the financial reports.

B. National Project Management Office

The NPMO shall have an FM Specialist who will assist the National Project Manager (NPM) in ensuring that program funds are safeguarded and utilized only for activities intended for the Project. The FM Specialist will be primarily responsible for the performance of the financial management functions of the NPMO as specified in Chapter 3 of this POM. The FM Specialist will be assisted by two (2) Financial Analysts.

C. Regional Project Management Office

At the regional level, a Financial Analyst will be hired to oversee fund management and utilization.The Financial Analyst will be primarily responsible for the performance of the financial management functions of the RPMO as specified in Table 3.1 of Chapter 3 of this POM. In addition, the Financial Analyst will be supported by project staff - an Administrative Officer who will be doing finance-related administrative work. Moreover, these project staff will support regular bank reconciliation, inventory reconciliation, and fixed asset reconciliation statements preparation, and disposition of reconciling items will be monitored. The RPMO project-hired staff will be working closely with FM focal points from CHD Management Support Division. RPMOs will be responsible for providing quarterly financial reports to the NPMO for consolidation and the NPMO will submit the consolidated report to the World Bank.

This staffing composition may be updated as deemed necessary. The Project may hire additional FM staff to adequately support implementation of sound financial management arrangements at all levels. All project-hired staff and designated Finance staff, and the concerned DOH Financial Management Unit shall be capacitated in FM training on World Bank policies and procedures. Respective Terms of Reference of staff shall form part of the POM.

4.3 Planning and Budgeting

4.3.1 Planning and Budgeting for Fiscal Year (FY) 2026 Budget

Upon the issuance of the National Expenditure Program (NEP), the CHDs and the BARMM Third-Party RPMO may conduct subsequent planning workshops or meetings to update their respective AWPBs if there are changes in the approved NEP. These regional AWPBs must align with the regional allocation endorsed by the NPMO. The updated Regional AWPBs are to be submitted to the NPMO no later than the last week of September of 2025 to allot time to prepare for the budget deliberations.

Thereafter, the NPMO will lead the finalization of the overall National AWPB which involves integrating the submitted Regional AWPBs and proposals from relevant DOH offices, all based on the NEP. Following the enactment of the General Appropriations Act (GAA) for 2026, the NPMO shall review and revise the AWPB if any discrepancies exist between the enacted GAA and the initial NEP proposal. The NPMO is responsible for promptly informing all RPMOs of these adjustments, including their updated regional fund allocations for the year. Each RPMO shall then prepare their revised Regional AWPBs. Concurrently, the NPMO will prepare the final National AWPB, along with Budget Execution Documents (BED) nos. 1-3 and all other requisite documents, for submission to the Financial Management Service (FMS) as a prerequisite for all ensuing financial transactions.The same procedure is to be followed in each succeeding fiscal year.

4.3.2 Planning and Budgeting for the Next Fiscal Years

The NPMO is responsible for initiating the Project's planning and budgeting by conducting planning workshops during the fourth quarter of each year, aiming to produce the respective Regional AWPBs and the Central Office AWPB for the year after the upcoming year, adhering to the Guidelines for the Development of the Budget Proposal or other policies approved by the Head of the Policy Strategy Cluster. The NPMO and CHDs may also conduct consultation meetings with the technical offices and LGUs to have the initial inputs to the planning workshops. CHDs shall review the budget proposal submitted by LGUs in their Local Investment Plan for Health (LIPH) and Annual Operational Plan (AOP) prior to the development of their respective budget proposal for this Project. The succeeding processes shall follow the General Plan and Development Workflow of the DOH as described below, or any subsequent guidelines issued pertinent to this matter.

The consolidated National AWPB must be officially submitted to the World Bank (WB) by November 1st of the preceding year for no objection.

Prior written agreement from the WB approval is required before the DOH can amend, suspend, abrogate, or waive the AWPB. The DOH shall work with DBM to ensure appropriate budget cover every year for the entire Project duration. The DOH Central Office shall sub-allot the respective budgets of the CHDs for HSRP at the beginning of the year through a Department Order.

However, it is stipulated that all Project expenditures will additionally require coverage under a Special Allotment Release Order (SARO) in the event that budgetary allocation is not provided within the approved General Appropriations Act (GAA) or should funding be sourced from Unprogrammed Appropriations. The procedure for SARO application is detailed in the subsequent table.

Table 4.3 SARO application process

Process	Responsible Party
1. Preparation of the following SARO request requirements and endorsement to FMS for transmittal to DBM: ● Project Profile ● Annual Work and Financial Plan ● Basic Execution Document (BED) 1: Financial Plan ● BED 2: Physical Plan ● BED 3: Monthly Disbursement Program ● Signed Loan Agreement (for first SARO) ● Investment Coordination Committee (ICC) approval/ ICC-Cabinet Committee/Economy and Development Council Action letter to the NGA/IA for additional work and change orders, if applicable	Project Management Office
2. DOH shall formally submit a Special Budget Request to the DBM to request the annual budgetary requirements of the Project, which will include the aforementioned requisite documents.	Financial Management Service
3. Release of SARO, specifying the amount	Department of Budget and Management

Upon issuance of the SARO, the DOH is authorized to incur expenditures and enter into contractual obligations within the specified allocation ceilings for each object of expenditure (Maintenance and Other Operating Expenses, and Capital Outlays). The DOH may request for additional SARO or realignments as needed within the project duration subject to pertinent regulations and approvals.

In view of the revised project implementation schedule, wherein the commencement originally anticipated within the first quarter of Fiscal Year (FY) 2025 has been rescheduled to the second semester of this year, it necessitates that corresponding adjustments be made to the SARO request. These adjustments are necessary to ensure the judicious utilization of funds and to facilitate the timely delivery of tangible project outputs. The Project will prioritize the procurement of items and the execution of activities that are readily implementable within FY 2025, including but not limited to various consultancy and managed services, as well as motor vehicles and transportation equipment. Consequently, the procurement of civil works will be rescheduled to FY 2026 to allow adequate lead time for the development of the detailed architectural and engineering design (DAED) during FY 2025. In consideration of the foregoing, the revised funding schedule which includes the loan proceeds and the GOP counterpart (incremental cost) is specified below:

Table 4.4 Updated Funding Schedule

New Funding Schedule (In Thousand Pesos)				
	Loan Proceeds		GOP Counterpart	Total
	Tier 1		Tier 1	
Year	CO	MOOE	MOOE	
2025	1,824,666	1,579,720	0	3,404,386
2026	5,210,184	3,454,381	4,966	8,669,531
2027	4,198,000	3,524,144	4,966	7,727,110
2028	600,000	3,497,384	4,966	4,102,350
2029		3,369,084	4,966	3,374,050
Total	**11,832,850**	**15,424,713**	**19,864**	**27,277,427**

4.4 Disbursement and Funds Flow

The funds from the loan proceeds will flow from the World Bank to the Treasury Single Account (TSA) of the Bureau of Treasury (BTr) at the Bangko Sentral ng Pilipinas (Central Bank of the Philippines or BSP).

The DOH, through the UHC-HSC-TO, shall request from the BTr through the DOF, the establishment of the Treasurer of the Philippines' Euro Special Account (Foreign Currency) at the BSP and to facilitate the opening of the Modified Disbursement System (MDS) peso project accounts for subsequent disbursements. Upon receiving the necessary authorization from the DOF, through the BTr, the DOH Central Office will proceed to open their MDS accounts for the disbursement of loan proceeds and GOP counterpart at the concerned Land Bank of the Philippines (LBP) branch, attaching the signed loan agreement as a requirement. The DOH, through the UHC-HSC-TO, shall provide a copy of the BTr response to the CHDs and advise them to open an MDS peso project account for loan proceeds in accordance with the Treasury Circular No. 2-2025.

Following this circular, the CHDs shall undertake the following:

1. Provide the concerned BTr Regional Office with the duly accomplished BTr Form 1 which is the Annex A of the Circular;
2. Execute, through the CHD Director or Authorized Representative, and submit the Waiver of Confidentiality on each account in favor of BTr and the Authorized Government Depository/Servicing Bank (AGDB/AGSB) using BTr Form 3-A for MDS sub-account;
3. Ensure that the requested account is opened within the validity period of the approved BTr Form 1 issued by the BTr Regional Director, which shall be six (6) months from the date of its receipt by the Agency. The extension of its validity may be allowed upon showing, to the satisfaction of the BTr Regional Director, that the failure by the Agency to effect the opening of the account was not attributable to the fault or negligence of their officers and/or employees, same to be reduced in a request letter signed by the Head of said requesting Agency; and
4. Return the AGDB/AGSB-accomplished BTr Form 1 to the concerned BTr Regional Office within five (5) days upon opening of account, complete with all the required details,

including complete account name of agency, bank branch name, account number, date of opening, and duly signed by the AGDB/AGSB authorized representative.

With the opening of an MDS account, the DOH-CO can submit to the WB application for initial deposit/replenishment of the Designated Account (DA) (opened and maintained by BTr with BSP for the project). Upon receiving the funds from the WB, the BSP then issues credit advice to the BTr. The BTr will issue a certificate of funds availability to the DBM. The DOH-CO then submits a disbursement authority or Notice of Cash Allocation (NCA) request to the DBM. After evaluating the request, the DBM releases a NCA to the AGSB or MDS-Servicing Bank and a copy of the Advice of NCA Issued (ANCAI) to both the DOH-CO and the BTr, which will be the peso equivalent of the Euro amount received using the BSP reference exchange rate on the date of receipt of funds, as certified by the BTr. The MDS servicing bank then transfers the cash to the implementing agency's MDS-Sub account based on the NCA, once disbursement is made (by issuing MDS checks/ADA), the MDS sub-account of DOH-CO will be deducted. Payments will be directly credited to the suppliers/contractors bank accounts.

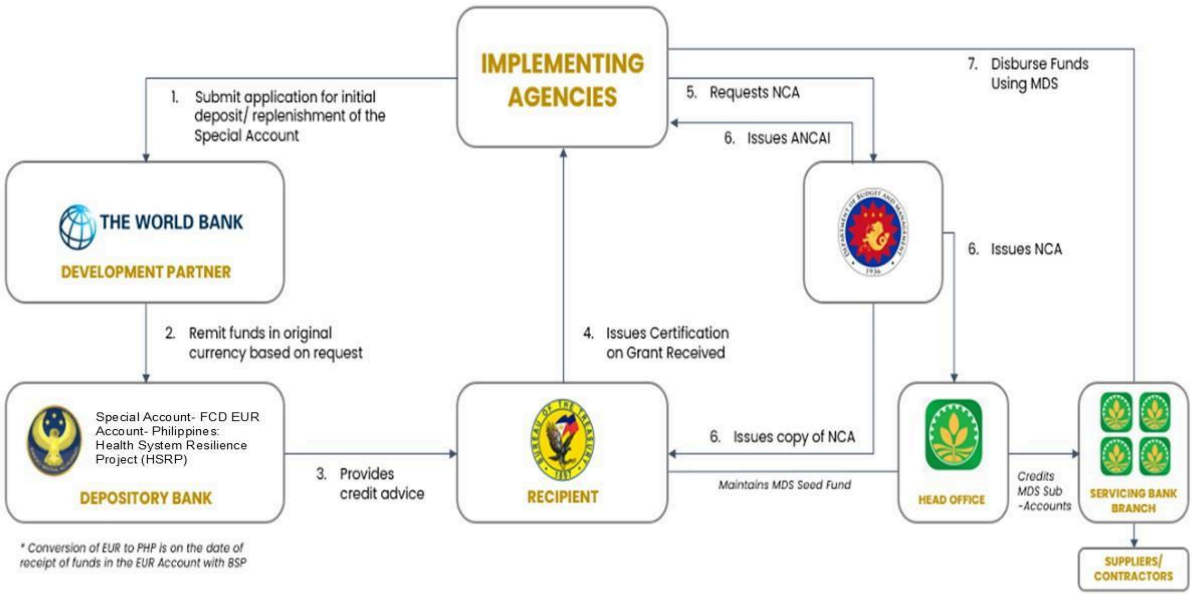


Figure 4.1 Fund flow from the WB to the DOH

DOH CO will transfer funds to the CHDs' MDS Project Peso sub-accounts based on semestral forecasts and will be treated as advances subject to submission of Statement of Expenditure (SOE). Funds for BARMM MOH implementation will be centrally managed and disbursed by the DOH Central Office.

The Project will ensure that effective monitoring of funds downloaded to CHDs is in place. The RPMOs will be responsible for reviewing and approving the Request for Funds Release (RFR), which will be the basis of the CO for downloading the funds to the respective CHDs. The RPMOs will provide quarterly financial reports to the NPMO for consolidation and submission to the World Bank. The RPMOs will provide a monthly report to the NPMO on the use of funds through the Statements of Expenditure form as attached to the Disbursement and Financial Information Letter (DFIL) from the World Bank. See Annex B.

Figure 4.2 illustrates the flow of funds from the World Bank to DOH and beneficiaries/suppliers.

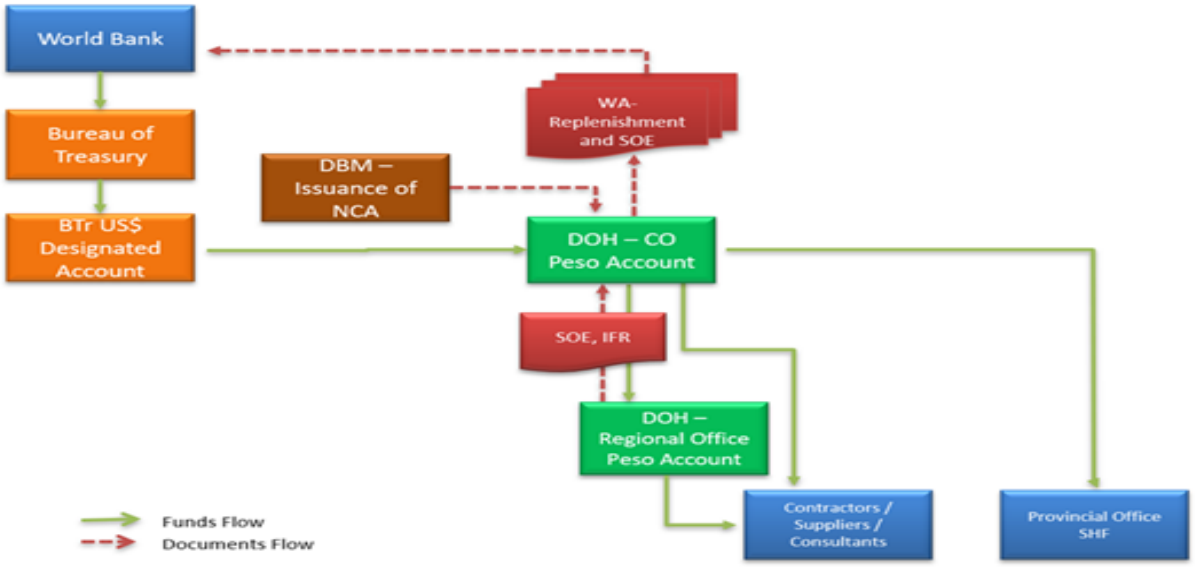


Figure 4.2 Flow of Funds from the World Bank to DOH and Beneficiaries/Supplies

For PBG, The transfer of funds to the SHF of the LGUs for PBG shall be in accordance with the stipulations of the signed MOAs on the PBG conditions (based on the verification reports submitted by the third-party verification agency) and the responsibilities and accountability of the DOH, CHDs and the LGUs in the allocation and disbursement of funds. LGUs shall need to activate their SHF where PBG shall be lodged, and funds shall be disbursed following government accounting rules and regulations. This will be documented in a separate PBG Manual of Operations.

Loan disbursement would be in accordance with the financial plan of the project for the following categories:

Table 4.5 Loan by Expense Category

Category	Amount of the Loan Allocated (expressed in EUR)	Percentage of Expenditures to be financed (inclusive of Taxes)
(1) Goods, works, non consulting services, and consulting services, Operating Costs and Training for the Project	381,940,000	100%
(2) Performance-based Grants under Part 1.3	94,140,000	100% of the amount disbursed
(3) Emergency Expenditures	0	Not applicable
TOTAL AMOUNT		**476,080,000**

Disbursements from this Loan shall be made from time to time in accordance with the DFIL. For any discrepancy between this POM and the DFIL, the DFIL shall prevail. As per DFIL, the Project will have a disbursement deadline of four months after the closing date for all works, goods, and services completed or delivered by the project closing date.

The following are the disbursement methods that may be used for this Loan: i) Direct Payment, ii) Advances, and iii) Reimbursement. For large contracts, the Project will maximize the use of direct payments.

4.4.1 Direct Payment

Direct Payment pertains to payment by World Bank directly to payees or supplies as per Withdrawal Application submitted by DOH to WB through Client Connection confirming acceptance of goods and services. Withdrawal applications for Direct Payments may be initiated after:

(a) Request for Advance Payment required and allowed under specific contracts, is received;

(b) Goods have been delivered, inspected, and accepted by the End-User in the Central Office (if goods are delivered centrally), or by the Recipient (if goods are delivered directly to the Recipient); and

(c) Services have been rendered by the provider and accepted by the Recipient

The transactions that transpire in Direct Payment is as follows:

	Activity/Transaction	**Responsible Party**	**Remarks**
1	Prepare supporting documents to the Withdrawal Application (to forward to UHC-HSC-TO): ▪ Supplier Invoice ▪ Delivery Receipt ▪ Certificate of Acceptance	Procurement Service and End-User (For CO transactions) CHD (for CHD transactions)	The complete checklist as per COA Circular 2012-001 for payment of supplier will still be required (except disbursement voucher), and will be the basis in recording the withdrawal application in the books of accounts of the project.
2	i. Send electronically the withdrawal Application and supporting documentation through World Bank's system Client Connection as http://clientconnection.worldbank.org ii. Provide a copy of the withdrawal application and supporting documentation (listed in Activity #1 above) to DOH FMS – Accounting Division iii. Record the withdrawal application with attached supporting documents in the books of accounts of the project	UHC-HSC-TO FMS	Journal Entry: Dr- Asset/ Expense/Liability Cr- Accounts Payable

3	Pay the supplier	World Bank	
4	Issue Journal Entry Voucher (JEV)	Bureau of Treasury	
5	Secure copy of JEV from BTr	FMS	
6	Request DBM for issuance of NCAA	FMS	With attached copy of JEV and WA
7	Issue Non-Cash Availment Authority (NCAA)	Department of Budget and Management	Dr- Accounts Payable, Cr- Subsidy from NGA

4.4.2 Advance Method

Under the advance method, Bank funds will flow to the DOH upon submission of a withdrawal application at least semi-annually, based on the six-month cash flow needs of the project. The Designated Account ceiling is variable and flexible based on the project's needs and acceptable to the Bank (approved by the Task Team Leader). The DOH will forecast the cash needs of the project for a six-month period and submit a Withdrawal Application to the Bank. In succeeding withdrawal applications, the cash forecast requirements and Statement of Expenditures (SOE) for previous receipt of funds will be submitted as supporting documents. The submission of SOEs and copies of records, at least quarterly, will be required for the reporting of fund usage.

Figure 4.3 illustrates the funds flow for the advances, whereby the funds go through the regular funds flow mechanisms of the GOP by passing through the Bureau of Treasury's account at the Bangko Sentral ng Pilipinas, with the issuance of a Notice of Cash Allocation by the Department of Budget and Management.

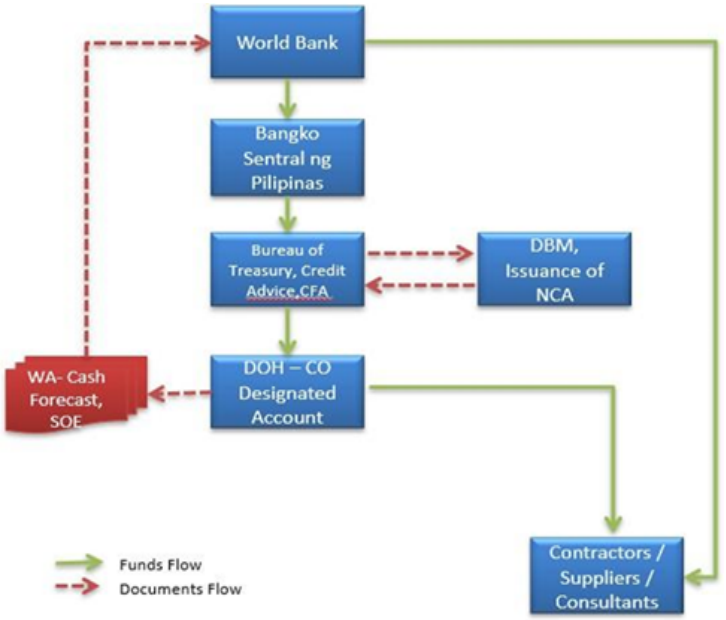


Figure 4.3 Funds Flow from World Bank to DOH for the DOH Designated Accounts for the Project

The transactions that transpire for funding the Designated Accounts for Advances are as follows:

	Activity/Transaction	Responsible Party	Remarks
1	Opening of one (1) MDS Peso Account at the Land Bank of the Philippines	UHC-HSC-TO in coordination with FMS	Start of the Project Request letter from UHC-HSC-TO to DOF for the opening of the bank accounts with attached approved Loan Agreement
2	Prepare the following: ▪ 6-monthly forecast of Project Needs ▪ Quarterly Statement of Expenditure (SOE), for Quarters covered from previous WA for the Designated Account ▪ Statement of Uses of Funds (SSUF) for previous downloads ▪ Designated Account reconciliation ▪ Copy of Bank Statement for the covered period	Project hired. Finance officer in coordination with the FMS and UHC-HSC-TO	Only the 6-monthly forecast is required for the first WA for the designated. accounts
3	Send electronically the withdrawal Application and supporting documentation through World Bank's system Client Connection as http://clientconnection.worldbank.org	UHC-HSC-TO	
4	Review and approve the monthly forecast needs and review other supporting documents	World Bank	
5	Issue payment advice to DOF and transfer funds to the Bureau of Treasury's Account in the Bangko Sentral ng Pilipinas	World Bank	
6	Issue Credit Advice to BTr	BSP	
7	Issue BTr certification to DOH	BTr	

8	Transfer funds to the Bureau of Treasury's Account in the Bangko Sentral ng Pilipinas	World Bank	
9	Issue Notice of Cash Allocation to the Bureau of Treasury	Department of Budget and Management	
10	Transfer funds to Designated Account and issue credit advice to DOH	Bureau of Treasury	
11	Record credit to Designated Account.	DOH FMS Accounting Division	Upon receipt of NCA, the journal entry will be: Debit- Cash –Foreign Currency Credit- Subsidy income from National Government

4.4.3 Reimbursement

The DOH may advance the payments to suppliers and reimburse the expense from the World Bank through the submission of a Withdrawal Application with corresponding Statement of Expenditure (SOE).

4.4.4 Issuance of Sub-Allotment Advice

The UHC-HSC-TO will draft a Guideline for the utilization of funds, signifying its purpose, and regional breakdowns, among others through a Department Order for initials of the Project Director and FMS Director, and approval of the Head of the Internal Management Cluster. This serves as the basis for the DOH-CO to sub-allot funds to CHDs.

Once approved, the UHC-HSC-TO will request to the FMS for the issuance of Sub-Allotment Advice to CHDs with the approved guidelines as attachment. The DOH-CO's Budget Division prepares and issues a Sub-Allotment Advice, and records it in the appropriate Budget Registries which has to be reviewed and approved by the Budget Chief as to the availability of allotment and subsequently approved by the FMS Director. Once approved, the SAA will be emailed to the concerned CHDs.

Following the receipt of the NCA from the DBM, UHC-HSC-TO shall submit a request to the FMS for the issuance of the Notice of Transfer of Cash Allocation (NTCA) to the CHDs. Upon the FMS's issuance and subsequent approval of the NTCA, it shall be electronically transmitted to the concerned CHDs.

The DOH-CO's Cashier Section will then facilitate the transfer of cash to the CHD's MDS sub-account based on the sub-allotted amount and available NTCA. Once cash is available in the CHD's MDS sub-account, the CHD proceeds with its own disbursement process, adhering to the standard government and World Bank rules and regulations.

4.4.5 Preparation of the Obligation Request

Before any payment, the RPMO must prepare for an obligation request which will be signed by the Head of Requesting Unit, certified by CHD Budget Officer as to allotment availability.

4.4.6 Preparation of Disbursement Voucher and Payroll

The RPMO prepares the Disbursement Voucher (DV) for payments (e.g., suppliers, reimbursements, MOOE) or payroll for salaries/benefits which will be reviewed by the CHD Chief Accountant. All DVs and payrolls must be supported by complete and proper documentation as prescribed by COA Circular 2012-001 (as updated) and other relevant regulations.

The DV/payroll must be approved by the Director of the CHD or his/her duly authorized representative, and certified and reviewed by the CHD Chief Accountant/Head of Accounting Unit, who also certifies that funds are available for the purpose, check the completeness of the supporting documents and the propriety of amount.

Once the DV/payroll is approved, the CHD's Cashier Unit prepares the Modified Disbursement System (MDS) check or processes the Advice to Debit Account (ADA) for direct electronic payment to the payee's bank account.

4.5 Accounting, Financial Reporting and IFR

The accounting records of the Project will be maintained by the DOH using the electronic New Government Accounting System (eNGAS) or another acceptable system prescribed by the Commission on Audit (COA). The chart of accounts complies with the eNGAS chart of accounts prescribed by the COA. The DOH Accounting Division under the FMS, or its regional counterpart will maintain the accounting records in accordance with country accounting procedures and policies. Processing and accounting of project transactions will be mainstreamed. DOH will ensure dedicated staff of respective DOH offices to ensure timely completion of the financial reports, monitoring of the Designated Accounts (DAs), and preparation of withdrawal applications. Separate books of accounts will be maintained for the Project at DOH CO and CHDs. DOH CO and NPMO will be responsible in the consolidation of project books of accounts.

The DOH will prepare and submit consolidated, unaudited Interim Financial Reports (IFRs) within 60 days after the end of each calendar semester. A template of the IFR is attached to the DFIL. The IFR should be accompanied by a narrative explanation of the progress of the Project and the significant variances between actual against planned, and financial against physical accomplishments. The IFRs will consist of the following:

(a) the financial reports on the Project’s, specifically,

(i) the statement of financial position;

(ii) the statement of sources and uses of funds, which should include the current and cumulative data compared with plan & by fund source; and

(iii) the bank reconciliation statements, all peso Project bank accounts;

(b) a physical accomplishments report linked to the financial report.

4.5.1 Liquidation of Cash Advances and Reporting of Fund Utilization

For cash advances (e.g., for travel, petty cash, or special purposes like training/activities) granted to accountable officers within the CHD, the accountable officer is required to prepare a Liquidation Report. This report details how the funds were actually spent, attaching all supporting official receipts and documents: Liquidation Report Form (detailing breakdown of expenses), Original Official Receipts for all expenses incurred, and Supporting documents: program of activities, attendance sheets, canvass forms, certifications, terminal reports, etc., relevant to the nature of expense.

Submission and Review of Liquidation Report:

The Liquidation Report, with complete supporting documents, is submitted to the CHD's Accounting Unit. The Accounting Unit reviews the report for completeness, validity, propriety, and adherence to accounting and auditing rules. They ensure that all expenses are within the approved budget and purpose of the cash advance.

Action on Liquidation Report (Refund/Reimbursement)

- If Excess Cash Advance: The accountable officer refunds any unspent balance. An Official Receipt (OR) is issued for the refund.
- If Deficiency in Cash Advance: A Disbursement Voucher is prepared to reimburse the accountable officer for the excess actual expenses over the cash advance.
- If Exact: The liquidation report is simply processed for recording.

Recording of Liquidation in Books of Accounts

Based on the approved and reviewed Liquidation Report (and any related OR/DV for refund/reimbursement), the Accounting Unit prepares a Journal Entry Voucher (JEV) to recognize the expenses incurred and to close out the cash advance previously recorded. For cash advances, this typically involves debiting the appropriate expense accounts and crediting "Due from Officers and Employees" (the asset account for cash advances).

For disbursing officers handling regular cash payments from cash advances (e.g., petty cash fund), a periodic (e.g., monthly) Report of Disbursements (RD) serves as their main liquidation report. This RD summarizes all payments made from the cash advance during the period.

Submission of Financial Reports to DOH-CO/NPMO

The RPMOs within CHDs are responsible for providing the monthly Fund Utilization Report (FUR) every 10th of the month to the NPMO and the Statement of Allotment, Obligations, Balances and Disbursement (SAOBD) to the FMS. Moreover, quarterly financial reports shall be submitted to the NPMO for consolidation. This includes reports on the utilization of funds, which are derived from their accounting records, including the validated utilization reports.

4.5.2 Other Arrangements

Other arrangements shall include the following:

Pertinent FM arrangements for BARMM MOH project implementation shall be formalized through a Memorandum of Agreement (MOA).

DOH will implement an adequate asset management system for project assets such as equipment, medical supplies, and works that are intended for third party recipients or beneficiaries. DOH shall accordingly record the transfer of any project asset.

The Project shall issue and disseminate adequate guidelines on mobilizing and reporting DOH and LGU in-kind counterparts.

The DOH, through the NPMO, from time to time may issue and disseminate relevant FM guidelines that shall form part of the POM.

The Project shall also consider the use of a digital project dashboard with comprehensive FM data.

4.5.3 Internal Controls

The project will follow the internal controls and policies found in eNGAS, the Government Audit and Accounting Manual, COA and DBM memoranda and circulars, and other laws and regulations. These include basic internal controls such as separation of conflicting functions, segregation of bookkeeping functions from custodianship of assets, reconciliation of subsidiary records with the corresponding general ledger control account, and a multilevel system of review and approval of transactions before their execution. The DOH has an Internal Audit Service that can provide additional oversight over the project.

Moreover, at the end of each month, the FMS and CHD Accounting Units shall perform a bank reconciliation on their respective project PESO MDS sub-accounts. This involves comparing the accounting records (cash in bank balance) with the bank statement balance. Any discrepancies (e.g., outstanding checks, deposits in transit, bank charges) are identified and reconciled to ensure the accuracy of the cash balance in the books.

At least once a year, the Supply Chain Management Service and its regional counterparts will conduct a physical inventory of the Project's procured items under their custody. The physical count is reconciled with their records. Any discrepancies (e.g., shortages, overages, unrecorded disposals) are investigated and adjusted.

4.5.4 Audits

An external audit will be conducted by COA on an annual basis covering the project financial statements, which include a statement of financial position, statement of financial performance, a statement of changes in net assets/equity, and a cash flow statement. The scope of the audit will also include a review of the designated account and eligible expenditures. The audits will be conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs).

DOH FMS will closely coordinate with COA the external audit arrangements and requirements of World Bank to ensure adequate audit scope for the Project at all levels.

DOH shall submit to the World Bank the audited project financial statements together with the Auditor's Reports and the Consolidated Management Letter not later than six (6) months after the end of each calendar year. The audited project financial statements will be published on the DOH website.

The Project will ensure timely submission to COA of the financial reports, thereby also ensuring timely completion of the annual audit. DOH will submit unaudited project financial statements by the end of February of the succeeding year to ensure early closing of the books of accounts.

DOH will closely monitor the status of all audit observations and recommendations raised by the auditors in the Consolidated Management Letter, which shall be addressed and resolved within six months after the issuance of the project audit reports.

4.6 Anti-Corruption Guidelines and Grievance Redress System

The DOH shall adhere to the WB's Anti-corruption Guidelines, which define and prohibit corrupt, fraudulent, collusive, coercive, and obstructive practices. All personnel and implementing partners are obligated to prevent and report any suspected instances of such practices. The DOH will maintain transparent financial management and procurement processes, subject to regular audits, to mitigate corruption risks. Allegations of fraud or corruption must be reported immediately to the designated project management unit and will be addressed in accordance with WB and Philippine government policies, potentially involving investigation by the WB's Integrity Vice Presidency (INT) and relevant national authorities. Sanctions for proven misconduct may include ineligibility for future project participation.

A Grievance Redress Mechanism (GRM) is established for the Project to address concerns and complaints from project beneficiaries, affected communities and various stakeholders. The GRM is explained in detail in Chapter 6 of the POM.

5 Procurement

Procurement of goods and services under the Project shall be aligned with the Procurement Regulations for Investment Project Financing (IPF) of the World Bank (5th edition, September 2023) and/or government procurement laws. Guidelines specific to the implementation of the proposed project shall be developed to ensure that the core procurement principles of value for money, economy, integrity, fit for purpose, efficiency, transparency, and fairness are met.

For Component 1, procurement activities specifically for the bidding of infrastructure projects related to the upgrading of primary care facilities, medical equipment and other health-related goods shall be conducted by the CHDs only relevant to them following an approved work and financial plan. On the other hand, the upgrading of district and provincial hospitals shall be conducted by the DOH Central Office. For laboratory equipment and other medical devices / supplies which have limited supply at the local level, a centralized procurement scheme will be facilitated by the DOH for economies of scale and quality standardization. For Component 3, the procurement of IT related hardware, software and subscription services shall also be done at the national level for price efficiency and uniform quality of IT services.The economy of scale for all the frequent, and complex procurement shall be taken into consideration and such procurement to be done at central level.

The final procurement arrangement was subject to the findings and recommendations in the World Bank financial management assessments.

5.1 Purpose and Content

This section sets out the set of procurement regulations and guidance relevant to the implementation of the HSRP to ensure that the core procurement principles of value for money, economy, integrity, fit for purpose, efficiency, transparency, and fairness are met. Specifically, this section aims to: (i) describe the general procurement guidelines to be observed and the set of mitigation measures/factors to minimize the risks in the procurement, (ii) specify the procurement arrangements for each of the project components, and (iii) details the procurement procedures for each scope/package to be procured under the Project.

5.2 General Procurement Guidelines

a. Procurement financed wholly or partly by WB funds under the HSRP will be carried out in accordance with the Bank's Procurement Regulations for IPF Borrowers, 5th edition, dated September 2023 (hereinafter referred to as "Procurement Regulations") and the relevant provisions of the Loan Agreement and the Procurement Plan agreed with the Bank. The Project will be subject to the Bank's Anti-corruption Guidelines dated October 15, 2006, revised in January 2011 and as of July 1, 2016, and will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, seek and receive the Bank's comments and no objections for prior review operations, record and track procurement transactions.

b. All procurement items not eligible for WB financing may be funded by the GOP's budget and use the GOP guidelines (RA9184 and RA12009 subject to transition to new regulation). All contracts for goods, works, and non-consultancy and consultancy services financed by WB fund and procured using the national market approach shall follow the Philippines' National Procurement Procedures (NPP) set out in the Philippines New Government Procurement Act (NGPA) (RA 9184 and 12009 if transition to new regulation), which were assessed and found to be broadly consistent with the Bank's Procurement Regulations requirement - Section V, Paragraph 5.4, National Procurement Procedures (subject to a few conditions specified in the Project Procurement Strategy for Development [PPSD] and in the Project text section of the Procurement Plan approved at negotiations). The activities subject to

NPP will use the harmonized version of the bidding document templates acceptable to the Bank.

c. The PPSD, which has been prepared for the project by the DOH, forms the basis for the procurement plan of the contracts under the project.

d. The DOH is mainly responsible for the procurement of HSRP items under the input support package.

e. The DOH is mainly responsible for its procurement activities and services as outlined in PPSD. Procurement under the Project though will also depend largely on the close coordination of the Procurement Divisions/Units and also with the Finance Management Units, the Bids and Awards Committees (BACs), other Bureaus/Offices including the Technical Programs/Units who are most likely to review and clear Terms of References (TORs) , and define the specifications of the goods, works and consultancies to be procured.

5.3 DOH Role

a. Carry out the project procurement activities in accordance with the World Bank Procurement Regulations for IPF Borrowers [Procurement Regulations] – 5th edition, September 2023.

b. Follow the World Bank's Anti Corruption Guidelines, dated October 15, 2006, and revised in January 2011 and July 2016

c. Conduct Early Procurement Activities (EPA) if needed to ensure that by project start, the procurement packages for works and goods are almost ready for award.

d. All the other procurement tasks required for the projects

5.4 Bank's Systematic Tracking of Exchanges in Procurement (STEP)

a. The Project will use the WB's online STEP system to plan, seek and receive the Bank's review and non-objection to procurement plans and individual activities as required, record and track procurement transactions. No procurement will be initiated unless the STEP system issued No Objection to the concerned procurement plan. E-Learning STEP Videos for Borrowers may be accessed through: https://wbnpf.procurementinet.org/step-overview.

b. The applicable method of procurement for each specific contract and the Bank's review requirements (prior or post review) will depend on the nature, value, and risk of each contract and are specified in the Procurement Plan approved by the bank.

c. STEP will help the World Bank and the DOH to monitor procurement progress and take appropriate supportive actions in due course.

d. STEP account registration. To work with the system, DOH needs to complete a registration form (form can be obtained at the STEP user's manual) and send these to the Bank for setting up their accounts in STEP. The form consists of two parts: (1) agency account and (2) user account. DOH will decide who will be the users under this project and their roles in the STEP;

e. All relevant procurement and contract documents will be recorded in STEP.

5.5 Disclosure of Procurement Information

a. The following documents shall be disclosed on the websites of procuring entities/implementing agencies and PhilGEPS, the Government's e-procurement system (https://www.philgeps.gov.ph), in accordance with paragraph 5.22~5.24 and 5.93~5.94 of the WB Procurement Regulations:

- An invitation for bids for goods, non-consulting services, and works for all contracts;
- Request for expression of interest for selection/hiring of consulting services;
- Notice of Award, Notice to Proceed, and Contract Agreement for goods, non-consulting services, consulting services and works procured following international and national procedures;

b. For activities applying international competitive bidding, in addition to the above requirements, the Bank arranges for the publication of the Specific Procurement Notice / SPN on its external website (para. 5.24 of Procurement Regulations).

c. Further, for all contracts, the Procuring Entity shall publish a public notice of award of contract (Contract Award Notice) within 10 (ten) Business Days from the Procuring Entity's Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of WB's Procurement Regulations). The said contract award notice shall follow the minimum information required under para. 5.94 of WB's Procurement Regulations.

5.6 Frequency of Procurement Supervision

a. The World Bank's oversight of procurement will be done through implementation support, procurement prior review, procurement post review based on a 10 percent sample.

b. All contracts not covered under prior review by the Bank will be subject to post review during implementation support missions and/or special post review missions, including missions by consultants hired by the Bank;

c. To avoid doubts, the Bank may conduct, at any time, Independent Procurement Reviews (IPRs) of all the contracts financed under the loan.

5.7 Procurement Categories

The major procurement categories to be financed by the Bank and their implementation arrangements as assessed in the Project Procurement Strategy for Development (PPSD) are described below:

a. Works. Small and large works for new construction and upgrading of existing health facilities

- Component 1: upgrading of existing PCFs, district and provincial hospitals, establishment of BUCAS centers, healthcare waste management facilities, and other infrastructures (e.g., warehouses, energization)
- Component 2: construction of RITM laboratory, one sub-national laboratory and two regional public health laboratories
- Component 3: <none>

b. Goods. Goods and equipment for health care facilities

- Component 1: equipment for PCFs; equipment for hospitals are embedded in works turnkey contracts; mobile clinics, various medical transport vehicles,
- Component 2: office equipment, surveillance vehicles, emergency-go-bags, laboratory equipment, mobile and fixed emergency operations centers
- Component 3: <none>

c. Consulting Services. Consulting firms/individuals required for HSRP implementation include:

- Component 1: various TAs to DOH and LGUs for implementing the UHC Act, TAs for strengthening climate-resilient PCPNs, supply chain management, and improving governance for quality of care
- Component 2: various TAs to strengthen disease surveillance and health emergency response systems
- Component 3: various TAs to strengthen health sector stewardship and advance digital health transformation

d. Non-Consulting Services. Non-Consulting Services required for HSRP – managed services in the delivery of digital transformation.

e. Project Implementation Support Staff

- Individuals to be contracted for positions to support the DOH in carrying out its project management functions, as distinct from individual consulting positions identified in the Procurement Plan, may be selected according to Agency/ Government personnel hiring procedures found acceptable by the Bank.
- Project implementation support staff are not deemed Consultants as defined in the Bank's Procurement Regulations and their selection and contracts are not governed by the consultant selection procedures under the Bank's Procurement Regulations, but by the Agency/Government's own rules.
- Such personnel should not be included in the Procurement Plan in STEP but identified in the project implementation/staffing plan. They are eligible expenses under the project under the Incremental Operating Cost (IOC) category, which need to comply with the Bank's Financial Management and Disbursement regulations.
- Recurrent services and supplies to maintain project office operations (office rental, internet, stationery, and other small office equipment and supplies) should be financed by IOC of the Loan or the Government's budget, thus not included in the procurement plan or STEP, but needs to satisfy the Bank's financial management and disbursement regulations.

f. Training Events (including logistic arrangements for training) will be categorized as non-procurement activities and will be implemented in accordance with the Statement of Expenditures (SOE) procedures of the WB. As such training events will not be included in the Procurement Plan in STEP.

g. Procurement Process

The procurement implementation is divided into three (3) phase, as follow:

1. **Pre-procurement-** includes preparatory activities to produce the necessary documents to trigger the main procurement activities. These are normally common to all to be procured, with such activities as:

a. Encoding all requirements for procurement items (works, goods, non-consulting services and consulting services) using the Procurement Operation and Management Information System (POMIS);
b. Consolidation and approval of the Project Procurement Management Plan (PPMP);
c. Preparation of the technical specification/TORs and encoding the same using POMIS to generate Purchase Request (PRs);
d. Submission to PS of documentary requirements (i.e. PR, alternative procurement justification for Direct Selection, Allocation List as attachments to PPMP); and
e. Submission of procurement plan to the World Bank through the STEP;

2**. Actual Procurement—activities** from soliciting quotation proposals to selection of awardee based on specific procurement/selection method in accordance with the World Bank Procurement Regulations.

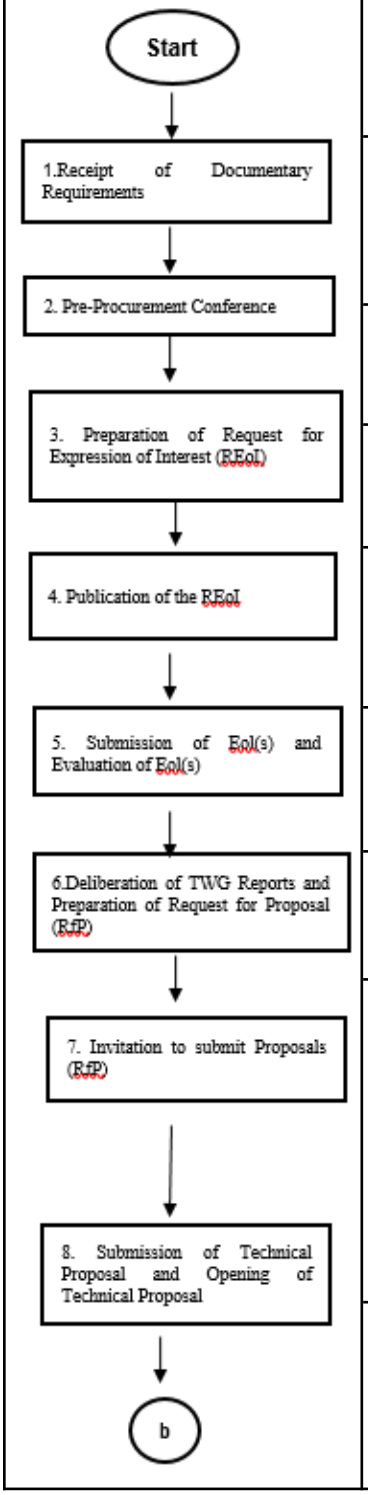
3. **Post-procurement** activities pertaining to contract administration include, but are not limited to, the following:

a. Providing the complete contract documents to various units (UHC-HSC-TO, EUU, Records), vendors (contractor, supplier, consultant), COA and WB;
b. Coordination, monitoring and supervision, and
c. Payment.

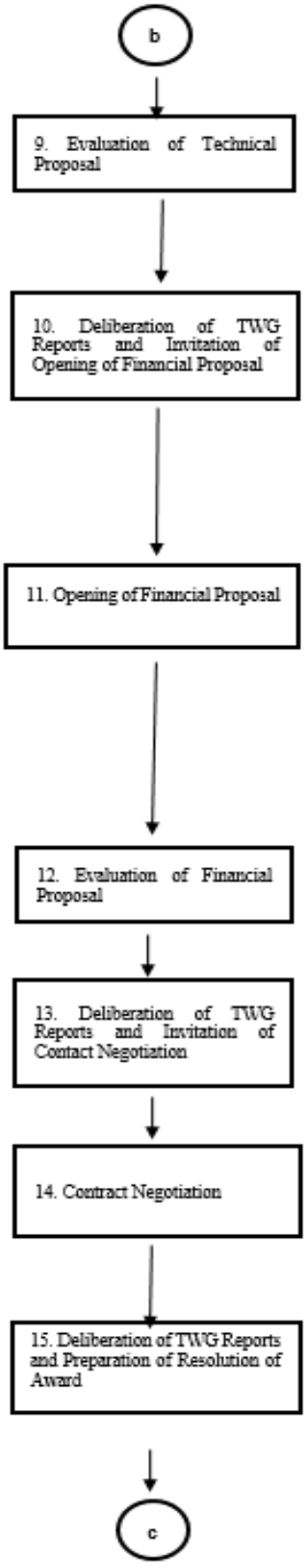
h. To better understand the procurement process using World Bank Procurement Regulations, the flowchart of the actual procurement phase, which will be adopted under the project, is found in the succeeding pages:

Procurement Process Flow Chart

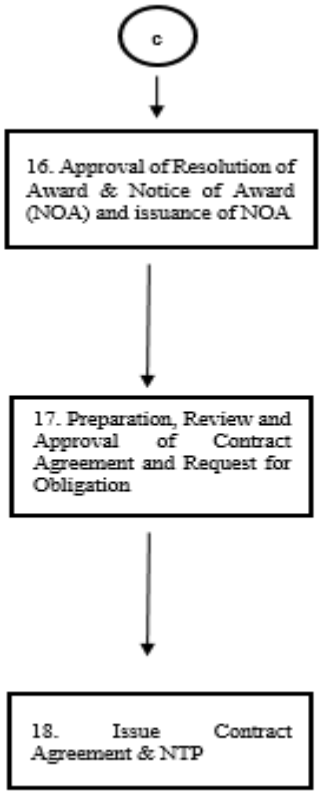
Consulting Services – Quality Based Selection (QBS) **(Market approach: Open Competition)**



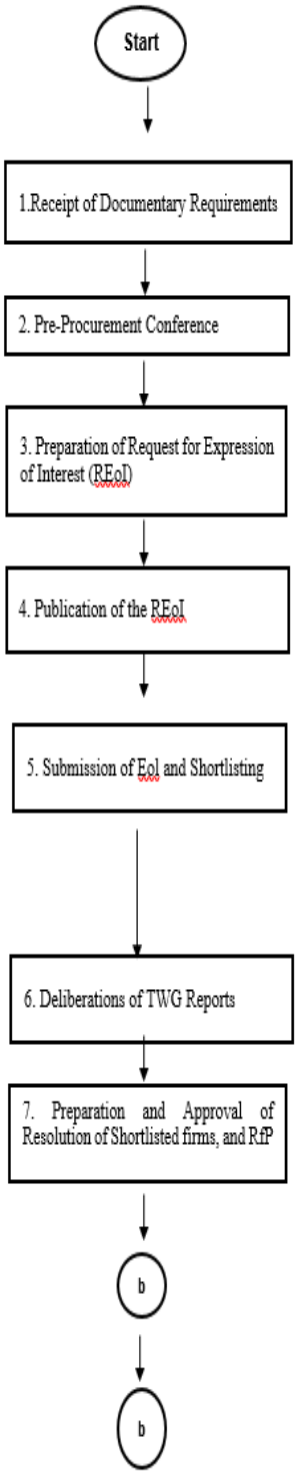
	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1.	❖End-User Units (EUU) submits documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Project Procurement Management Plan (PPMP), and Market Scoping ❖Immediately, upon receipt of the documentary requirement, COBAC Secretariat reviews the correctness and completeness of the documentary requirements	EUU	0	0
2	❖The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 1
3	❖COBAC Secretariat prepares an REoI and secure the approval by the COBAC ❖Once approved, the COBAC Secretariat proceeds with the issuance of REoI	COBAC & COBAC Sec	3	Day 2-4
4	❖ REoI shall be posted on the PhilGEPS, and DOH website, which should include qualification information on the firm's experience and competence relevant to the assignment *Note: Allow sufficient time for the firms to prepare their Proposals depending on the nature and complexity of the assignment.* ❖Clarification and addenda to the REoI: shall be in writing, if any	COBAC & COBAC Sec	10	Day 5-14
5	❖Upon receipt of EoI(s), it will be forwarded to the designated Technical Working Group (TWGs) for evaluation ❖TWG submits an evaluation report on the EoI(s) based on criteria/requirements stipulated in the ReoI and TOR ❖A "jury duty" system may be used to ensure timely submission. The report must be completed within ***three (3) working days***	Prospective Firm & TWG	3	Day 15-17
6	❖The TWG Technical Report is presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then recommends the issuance of RfP to all the Shortlisted firm(s)	COBAC & COBAC Sec	3	Day 18-20
7	❖COBAC Secretariat shall issue the letter of invitation to submit Proposals along with the request for proposals document to all the Shortlisted firm(s) **Note**: • *COBAC shall allow sufficient time for the firms to prepare their Proposals depending on the nature and complexity of the assignment;* • *Clarifications and addenda: shall meet the requirements of Paragraphs 5.31 and 5.32 (Clarification of Procurement Documents);* • ***COBAC shall choose between the following two (2) alternatives**:* *i. the technical and financial Proposals shall be submitted at the same time in two (2) separate and sealed envelopes;* *ii. only the technical Proposal shall be submitted and after evaluating the technical Proposals, the Borrower shall request the firm with the highest ranked technical Proposal to submit a detailed financial Proposal for negotiations*	COBAC Sec, & Shortlisted Firm(s)	30	Day 21-50
8	❖Upon receipt of the proposals, the COBAC shall conduct the opening of only the technical proposals received by the deadline (In accordance with Paragraphs 5.40 to 5.48 (Bid/Proposal Opening), as applicable) ❖The opened technical proposals shall then be forwarded to the designated TWG for evaluation	Prospective Firm, COBAC, & COBAC Sec	1	Day 51



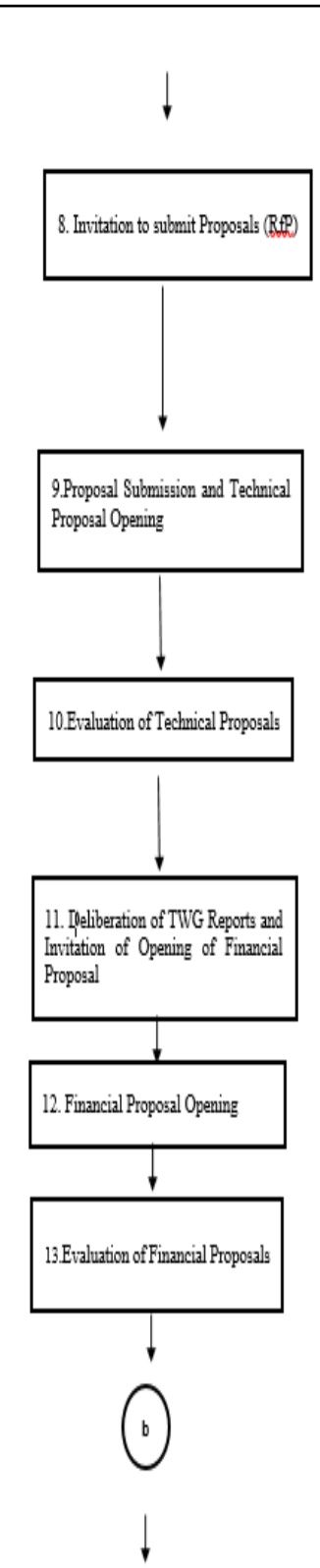
9.	❖The COBAC through the designated TWG conducts an evaluation of the technical proposals shall be in accordance with the Evaluation Criteria specified in the RFP document ❖TWG submits an evaluation report on the firm proposal and must be completed ***within three (3) working days*** of the technical Proposal opening ❖A "jury duty" system may be used to ensure timely submission	TWG	3	Day 52-54
10.	❖The TWG technical report will present to the COBAC for deliberation and concurrence ❖Upon concurrence of the COBAC, (i) shall notify the consulting firm that has the highest score for the technical Proposal as to when the financial Proposal shall be opened or when to submit the financial Proposal; and (ii) simultaneously inform the other firms who submitted Proposals of their technical scores and that their technical Proposal has not been evaluated as the highest ranked	COBAC, & COBAC Sec	8	Day 55-62
11.	❖The COBAC shall conduct the opening for the following options below: *Option 1*: **If technical and financial proposal have been submitted**: (i) Financial proposals shall be opened as specified in Paragraph 5.40; (ii) the COBAC shall conduct the opening of the financial proposal of the consulting firm with the highest ranking technical proposal in the presence of the firms who submitted proposals and wish to attend; and (iii) the COBAC shall prepare the minutes of the public opening and a copy of this record shall be promptly sent to all consulting firms who submitted proposals. *Option 2:* **If only a technical proposal was initially invited: (**i) Invitation to the highest technically evaluated firm to submit financial proposals shall not be earlier than the period specified in Paragraph 5.40; and ii. Negotiate the financial Proposal submitted by the highest technically evaluated firm	COBAC, COBAC Sec, Prospective Firm	1	Day 63
12.	❖The COBAC through the designated TWG conducts an evaluation of the financial proposal shall be in accordance with the Evaluation Criteria specified in the RFP document ❖TWG submits an evaluation report on the firm proposal and must be completed ***within three (3) working days*** of the financial proposal opening ❖A "jury duty" system may be used to ensure timely submission	TWG	3	Day 64-66
13.	❖The TWG reports were presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the committee shall then schedule for a conduct of Contract Negotiation with the firm ❖COBAC Secretariat issues an invitation for Contract Negotiation to the firm	COBAC, & COBAC Sec	5	Day 67-71
14.	❖The COBAC conducts Contract Negotiation, to discuss the contents of the TOR, the methodology, EUU inputs, and special conditions of the contract, and to agree/negotiate on possible amendments in the content of the TOR, if any. These discussions shall not substantially alter the original scope of services under the TOR or the terms of the contract. If revisions are made, the firm submits a revised proposal and it shall be reflected in the minutes of Contract Negotiation ❖Minutes of Contract Negotiation shall then be signed/approved by the COBAC Chair/Vice-Chairperson, Firm and EUU	COBAC, COBAC Sec, EUU & Firm	5	Day 72-76
15	❖COBAC Secretariat shall present to the COBAC the TWG reports and minutes of Contract Negotiation for review and concurrence ❖Once the COBAC concurs with the findings of the TWG, the Committee recommends the award of contract to the firm ❖COBAC Secretariat prepares a Resolution recommending the contract award ❖COBAC approves the Resolution recommending award of contract	COBAC Sec & COBAC	5	Day 77-81

	16	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials and for endorsement to EUU ❖Issuance of CAF to PS ❖COBAC Resolution of Award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖Issuance of approved NOA to the winning firm and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts ❖NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations	PS, UHC-HSC -TO, FMS, FIRM, & HOPE	10	Day 82-91
	17	❖Request the winning firm to sign the Contract Agreement and return the same to PS ❖CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, and NOA to CPU-FMS. ❖Obligate funds and Chief Accountant certifies the availability of funds ❖CMD staff comply findings, if any	PS, Firm, UHC-HSC -TO, HOPE, & FMS	10	Day 92-101
	18.	❖Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder/firm; ❖Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS). ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	Firm & PS	10	Day 102-111

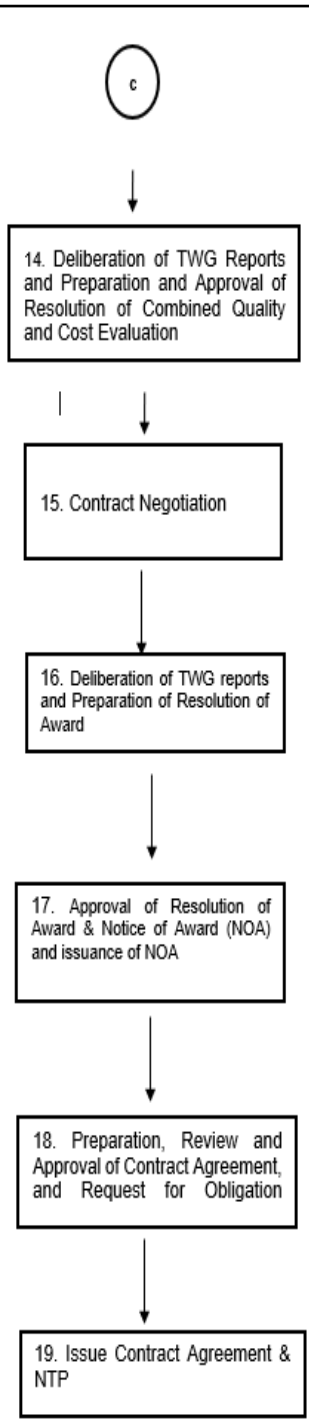
Consulting Services—Quality Cost-Based Selection (QCBS) (Market approach: **Open Competition**)



	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1.	❖ End-User-Unit (EUU) submits documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Project Procurement Management Plan (PPMP), and Market Scoping ❖ Immediately, upon receipt of the documentary requirement, Central Office Bids and Awards Committee (COBAC) Secretariat reviews the correctness and completeness of the documentary requirements	EUU	0	0
2.	❖ The BAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 0
3.	❖ COBAC Secretariat prepares an REoI https://pubdocs.worldbank.org/en/332831501878772332/Proc-template-request-for-exp-of-interest.docx in accordance with the template provided on the Bank's external website, according to paragraph 5.25 on World Bank (WB) Procurement Regulations and secure approval by the COBAC	COBAC Sec & COBAC	3	Day 1 to 3
4.	❖ REoI shall be posted on the PhilGEPS, DOH website, and according to Paragraph 5.22 to 5.24 of the WB Procurement Regulations as required ❖ Clarification and addenda to the REoI: shall be in writing, if any	COBAC Sec & Prospective firm	7	Day 8-10
5.	❖ Upon receipt of EoI(s), it will be forwarded to the designated Technical Working Group (TWGs) for evaluation. ❖ TWG submits an evaluation report on the EoI(s) based on criteria/requirements stipulated in the ReoI and TOR. The report must be completed within *five (5) working days*. ❖ A "jury duty" system may be used to ensure timely submission ★ *Give firms sufficient time to respond to the REoI, normally no less than 10 business days. Late submission of an EoI is not a cause for its rejection unless the EUU has already prepared a Shortlist of qualified firms based on EoIs received.* ★ *Assess the EoI to determine the Shortlist. The criteria to be used for shortlisting may normally include: core business and years in business, relevant experience, technical and managerial capability of the firm. Key personnel are not evaluated at this stage.* ★ *The final Shortlist is communicated to all firms that expressed interest, as well as any other firm or entity that requests this information. The invitation to Shortlisted firms to submit Proposals includes the names of all Shortlisted firms. Once the Bank has issued its No-Objection to the Shortlist, the Borrower does not modify it without the Bank's No-Objection.*	Prospective firm & TWG	3	Day 11-13
6.	❖ The TWG report is presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then recommends the issuance of Request for Proposal (RfP) to shortlisted firm(s)	COBAC & COBAC Sec	1	Day 14
7.	❖ COBAC Secretariat prepares Resolution of Shortlisted firm(s) and RFP and secures the approval by the COBAC and Head of the Procuring Entity (HOPE)-Project Directors.	COBAC Sec, COBAC & HOPE	6	Day 15-20

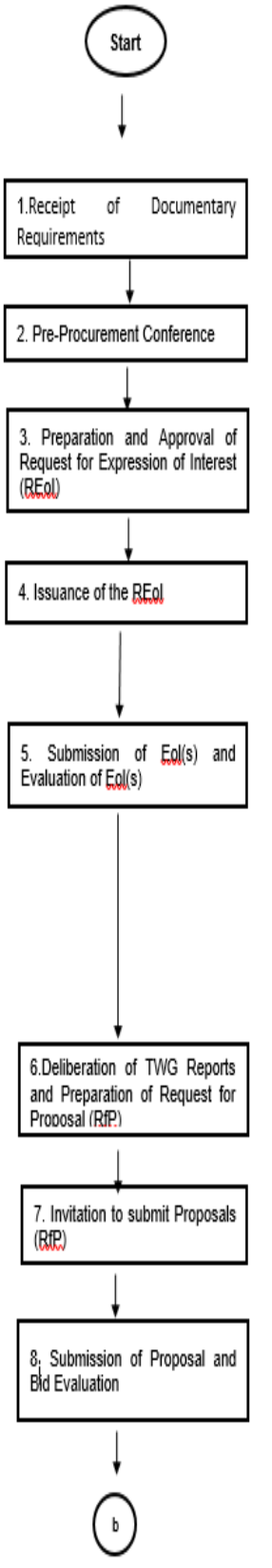


8.	❖ COBAC Secretariat issued an RfP to the shortlisted firm(s). The firm(s) must submit its proposals by the deadline. Note: The BAC shall: ★ *Allow sufficient time for the firm(s) at least 30 days to prepare their Proposals depending on the nature and complexity of the assignment;* ★ *Issue, the letter of invitation to submit Proposals along with the request for proposals document to all the Shortlisted firm(s);* ★ *Clarifications and addenda: meet the requirements of Paragraphs 5.31 and 5.32 of the WB Procurement Regulations (Clarification of Procurement Documents)* Refer to applicable Standard RFP document in: ❖ RfP-Consulting Services (Supervision) https://thedocs.worldbank.org/en/doc/4cdfcf8ec4e40f3480a1206ae4c5c312-0290032021/original/SPDRequestForProposalsConsultingservicessupervision-April-2021.docx and RfP- Consulting Services (Non-Supervision)https://thedocs.worldbank.org/en/doc/8acb9f5314b12ea1bdc8d7be600a72b9-0290032021/original/SPDRequestForProposalsConsultingservicesnonsupervision-April-2021.docx	COBAC Sec	15	Day 21-35
9.	❖ The technical and financial Proposals shall be submitted at the same time in two (2) separate and sealed envelopes ❖ Shall meet the requirements of Paragraphs 5.36 and 5.37 of the WB Procurement Regulations (Bid/Proposal Preparation Period and Submission) ❖ The COBAC shall conduct the opening of only the Technical Proposals received by the deadline for the submission of Proposals. ❖ Shall meet the requirements of Paragraphs 5.40 to 5.48 of the WB Procurement Regulations (Bid/Proposal Opening) as applicable.	Firm, COBAC, & COBAC Sec	1	Day 36
10	❖ The COBAC through the designated TWG conducts an evaluation of Technical Proposals in accordance with the evaluation criteria specified in the RfP document. ❖ TWG submits an evaluation report on the firm(s) proposal and must be completed *within three (3) working days* of the technical proposal opening. ❖ A "jury duty" system may be used to ensure timely submission	TWG	3	Day 37-39
11	❖ The TWG report of Technical Proposals is presented to the COBAC for deliberation and concurrence. ❖ Upon concurrence of the COBAC, the committee shall inform all firm(s) that submitted Proposal of their score and whether they met the minimum qualifying technical score specified in the RfP document. The BAC shall simultaneously notify the firms that have met the Technical Proposal requirements of when the Financial Proposal shall be opened	COBAC, COBAC Sec	2	Day 40-41
12	❖ The COBAC shall conduct the opening of the Financial Proposals in accordance with Paragraphs 5.40 to 5.48 of the WB Procurement Regulations (Bid/Proposal Opening), as applicable	COBAC, COBAC Sec & Firm	1	Day 42
13	❖ The COBAC through the designated TWG conducts an evaluation of Financial Proposals/Combined Quality and Cost and shall meet the requirements indicated in the RfP document. ❖ TWG submits an evaluation report on the firm(s) proposal and must be completed *within three (3) working days* of the financial proposal opening. ❖ A "jury duty" system may be used to ensure timely submission	TWG	3	Day 43-45

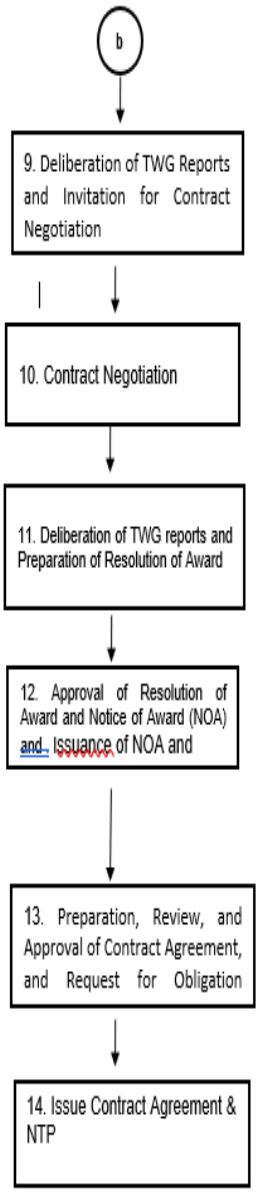


14	❖ The TWG report of combined Quality and Cost evaluation is presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the committee shall then schedule for a conduct of Contract Negotiation with the firm. ❖ COBAC Secretariat prepares the Resolution of Combined Quality and Cost Evaluation, securing approval from the COBAC and HOPE-Project Directors. ❖ COBAC Secretariat issues an invitation for Contract Negotiation to the firm	COBAC, COBAC Sec & HOPE	5	Day 46-50
15	❖ The COBAC conducts Contract Negotiation, to discuss the contents of the TOR, the methodology, EUU inputs, and special conditions of the contract, and to agree/negotiate on possible amendments in the content of the TOR, if any. These discussions shall not substantially alter the original scope of services under the TOR or the terms of the contract. If revisions are made, the firm submits a revised proposal and it shall be reflected in the minutes of Contract Negotiation. ❖ Minutes of Contract Negotiation shall then be signed/approved by the COBAC Chair/Vice-Chairperson, Firm and EUU	COBAC, COBAC Sec, EUU & Firm	5	Day 51-55
16	❖ COBAC Secretariat shall present to the COBAC the TWG reports and minutes of Contract Negotiation for review and concurrence. ❖ Once the COBAC concurs with the findings of the TWG, the Committee recommends the award of contract to the firm. ❖ COBAC Secretariat prepares a Resolution recommending the contract award. ❖ COBAC approves the Resolution recommending award of contract	COBAC Sec & COBAC	5	Day 56-60
17	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials and for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of Award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning firm and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts. ❖ NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations	PS, UHC-HS C-TO, FMS, FIRM, & HOPE	10	Day 61-70
18	❖ Request the winning firm to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, and NOA to CPU-FMS. ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	PS, Firm, UHC-HS C-TO, HOPE, & FMS	10	Day 71-80
19	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder/firm; ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS). ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	Firm & PS	10	Day 81-90

Consulting Services – Consultant's Qualification-based Selection (CQS**) (Market approach: Open and Limited Competition)**

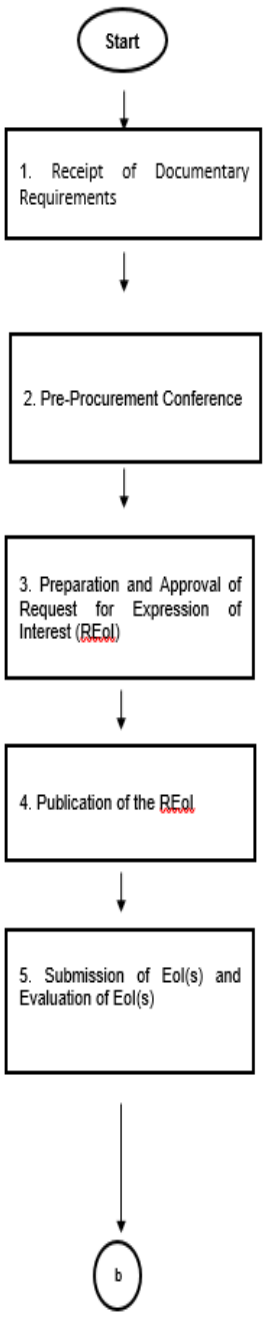


	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User-Unit (EUU) submits documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Project Procurement Management Plan (PPMP), and Market Scoping ❖ Immediately, upon receipt of the documentary requirement, COBAC Secretariat reviews the correctness and completeness of the documentary requirements	EUU	0	0
2	❖ The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 0
3	❖ COBAC Secretariat prepares an REoI and secure the approval of REoI ❖ Once approved, proceed with the issuance of REoI	COBAC Sec & COBAC	1	Day 1
4	❖ Issue an REoI to at least 3 firms, which should include qualification information on the firm's experience and competence relevant to the assignment. ★ *Note: Public advertisement is not mandatory. In case of expected limited interest, EOIs can be sought through advertisement in the WB's external website, a national newspaper and/or in an appropriate website and through dissemination of information about the assignment to professional associations and sending the advertised REOI to relevant consulting firms already available in the PMU register*	COBAC Sec & Prospective Firm	5	Day 2-6
5	❖ Upon receipt of EoI(s), it will be forwarded to the designated Technical Working Group (TWGs) for evaluation. ❖ TWG submits an evaluation report on the EoI(s) based on criteria/requirements stipulated in the ReoI and TOR. The report must be completed within *three (3) working days*. ❖ A "jury duty" system may be used to ensure timely submission ★ *Note: Evaluate the received expressions of interest and prepare a longlist and ranking of the firms based on the pre-decided selection criteria (the longlist should comprise only those firms which have the relevant experience and fulfil all minimum requirements as per the pre-decided selection criteria; ranking is based on experience and qualifications over and above the minimum requirements). If necessary, seek via email additional information/clarifications from interested firms.* ★ *Select the top-ranking firm from the longlist, with the best qualifications and references* ★ *Verify that each shortlisted candidate meets the requirements in the following regulations:* ➔ *Eligibility: Paragraphs 3.21 and 3.23 (a), Hiring of State-owned, Enterprises, Universities, Research Institutes, and Government officials [paragraphs 3.23 (b), (c), and (d)], and Bank's Sanction Policies: paragraph 3.23 (d)]*	Firm & TWG	3	Day 7-9
6	❖ The TWG report is presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then recommend the issuance of RfP to highest-ranked shortlisted firm	COBAC Sec & COBAC	1	Day 10
7	❖ The COBAC Secretariat issued an RFP only to the selected highest-ranked shortlisted firm and requested it to submit technical and financial proposals in accordance with the RfP and TOR. The firm must submit its proposals with the deadline ★ *Note: Allow not less than two weeks for submission, depending on the type of assignment*	COBAC Sec	5	Day 11-15
8	❖ Upon receipt of the proposal, it will be forwarded to the designated TWG for evaluation ❖ The COBAC through the designated TWG conducts an evaluation of the Financial and Technical Proposal in accordance with the evaluation criteria specified in the RfP document. The report must be completed within *three (3) working days*	Firm & TWG	3	Day 16-18

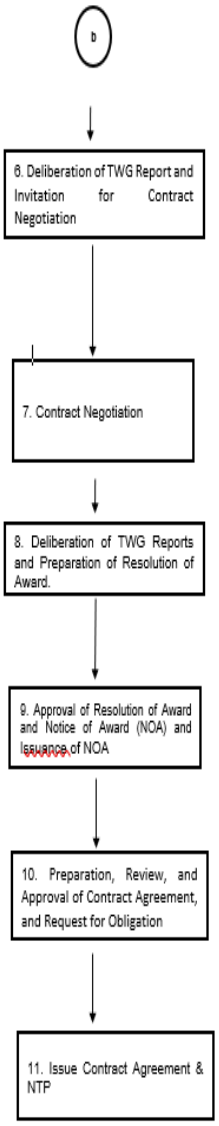


	❖ A "jury duty" system may be used to ensure timely submission			
9	❖ The TWG reports are presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then schedule for a conduct of contract negotiation with the firm ❖ COBAC Secretariat issues an invitation for Contract Negotiation to the firm	COBAC & COBAC Sec	1	Day 19
10	❖ COBAC conducts contract negotiation to discuss the contents of the TOR and to agree/negotiate on possible amendments in the content of the TOR, if any. If revisions are made, the firm submits a revised proposal, and it shall be reflected in the minutes of contract negotiation ❖ Minutes of Contract negotiation shall then be signed/approved by the COBAC Chair/Vice-Chairperson, Firm, and EUU	COBAC. COBAC Sec, EUU, & Firm	2	Day 20-21
11	❖ The COBAC Secretariat shall present to the COBAC the TWG reports and minutes of contract negotiation for review and concurrence ❖ Once the COBAC concurs with the findings of the TWG, the committee recommends the award of the contract to the firm ❖ The COBAC Secretariat prepares the resolution recommending the contract award ❖ COBAC approves the resolution recommending the award of the contract	COBAC Sec & COBAC	2	Day 22-23
12	❖ The Contract Management Division (CMD) staff prepares a Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials and for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning firm and post in PhilGEPS and/or the DOH website, conspicuous places and if applicable, official social media accounts ❖ NOA shall publish within ten (10) business days from the procuring entity's notification of contract award to the successful bidder/proposer/consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations	PS, UHC-HS C-TO, FMS, FIRM & HOPE	3	Day 24-26
13	❖ Request the winning firm to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting approval of the contract agreement and NTP by the HOPE Project Director ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF and NOA to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	PS, Firm, UHC-HS C-TO, HOPE, & FMS	3	Day 27-29
14	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder/firm ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	Firm & PS	1	Day 30

Consulting Services - Individual Consultants (Market approach: **Open and Limited Competition)**

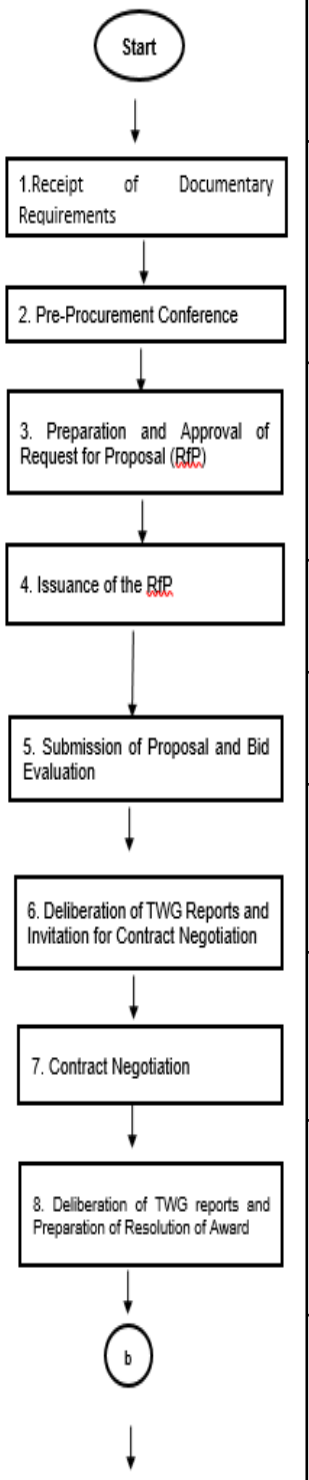


	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User-Unit (EUU) submit documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Project Procurement Management Plan (PPMP), and Market Scoping ❖ Immediately, upon receipt of the documentary requirement, COBAC Secretariat reviews the correctness and completeness of the documentary requirements	EUU	0	0
2	❖ The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 0
3	❖ COBAC Secretariat prepares an REoI and secure the approval of the COBAC Once approved, the COBAC Secretariat proceeds with the issuance of REoI	COBAC & COBAC Sec	2	Day 1-2
4	❖ ReoI shall be posted on the PhilGEPS, DOH website, and portal/website or by direct Letter of Invitation (LoI) to potential candidates. Note: ★ *The TOR should be attached to the REoI. EoI should include a detailed CV and references, to help the evaluation committee assess the qualifications of each candidate.* ★ *The ReoI/LoI/EoI can be issued/submitted electronically and/or by hand or postal delivery. If potential candidates are not readily available, an advertisement should be published in a national newspaper and/or in an appropriate website, and, if feasible, disseminate information to professional associations, etc.*	COBAC Sec	5	Day 3-7
5	❖ Upon receipt of EoI(s), it will be forwarded to the designated Technical Working Group (TWG) for evaluation. ❖ TWG submits an evaluation report on the EoI(s) based on the pre-decided selection criteria, verifies qualification or performance with references, if necessary, prepares a shortlist of qualified candidates, and ranks the candidates. The report must be completed within *three (3) working days*. ❖ A "jury duty" system may be used to ensure timely submission *Note:* ★ *The shortlist should comprise only individuals who meet the pre-decided minimum selection criteria. Ranking is based on experience and qualifications over and above the minimum requirements;* ★ *The TWG-Technical may opt to interview the first one to three ranked candidates following evaluation of the EoI(s), and the interview should be based on the same selection criteria as specified in the TOR. The results of the interview should be properly documented in the evaluation report (i.e., how many candidates were interviewed, what were the results, etc.);* ★ *Verify that each shortlisted candidate meets the specific requirements in the following regulations:* a. *Eligibility: paragraphs 3.21 and 3.23 (a), Hiring of State-owned Enterprises, Universities, Research Institutes and Government officials [paragraphs 3.23 (b), (c), and (d)], and Bank's Sanction Policies [paragraph 3.23 (d)]* *Note: (For prior review):* ★ *Submit the evaluation report and recommendations to the Bank;* ★ *After the Bank's 'no objection', negotiate the contract with the selected individual via email, fax or on the phone;* ★ *In case the negotiations with the selected individual fail, obtain the Bank's 'no objection' before proceeding to negotiate with the next best qualified individual;* ★ *Submit the draft negotiated contract to the Bank for 'no objection'*	TWG	3	Day 8-10



6	❖ The TWG report is presented to COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then schedule for a conduct of Contract Negotiation with the consultant ❖ COBAC Secretariat issues an invitation for Contract Negotiation to the consultant	COBAC & COBAC SecCOBAC & COBAC SEC	3	Day 11-13
7	❖ COBAC conducts Contract Negotiation to discuss the contents of the TOR, and to agree/negotiate on possible amendments in the content of the TOR, if any. If revisions are made, the consultant submits a revised proposal and it shall be reflected in the minutes of contract negotiation. ❖ Minutes of Contract negotiation shall then be signed/approved by the COBAC Chair/Vice-Chairperson, Consultant, and EUU	COBAC & COBAC Sec, Firm & EUU	3	Day 14-16
8	❖ COBAC Secretariat shall present to the COBAC the TWG reports and minutes of Contract Negotiation, for review and concurrence ❖ Once the COBAC concurs with the findings of the TWG, the Committee recommends the award of the contract to the consultant ❖ COBAC Secretariat prepares the Resolution recommending the contract award ❖ COBAC approves the Resolution recommending the award of Contract	COBAC Sec, COBAC, UHC-HSC -TO & HOPE	5	Day 17-21
9	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of an approved NOA to the winning consultant and post in PhilGEPS and/or DOH Website, conspicuous places, and if applicable, official social media accounts. ❖ NOA shall publish within ten (10) business days from the procuring entity's notification of contract award to the successful bidder/proposer/consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations	PS, UHC-HSC -TO, HoPE & FMS	5	Day 22-26
10	❖ Request the winning consultant to sign the contract agreement and return the same to PS. ❖ CMD to prepare a memorandum requesting for approval of the contract agreement and NTP by the HOPE Project Directors. ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF and NOA to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	PS, FIRM, UHC-HSC -TO, HoPE& FMS	3	Day 27-29
11	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning consultant ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	PS & FIRM	1	Day 30

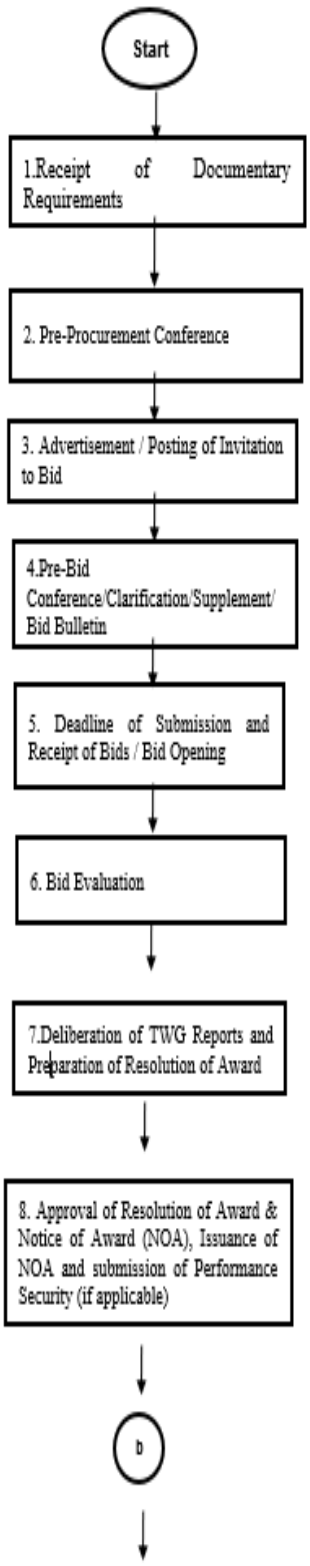
Consulting Services – **Direct Selection**



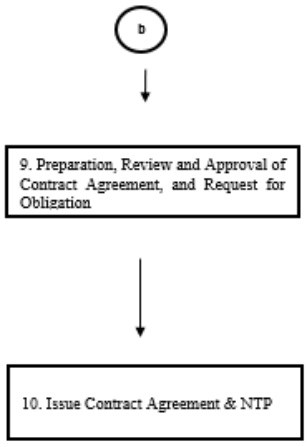
	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User-Unit (EUU) submits documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Project Procurement Management Plan (PPMP), Market Scoping and Justification for Direct Selection ❖ Immediately, upon receipt of the documentary requirement, Central Office Bids and Awards Committee (COBAC) Secretariat reviews the correctness and completeness of the documentary requirements	EUU	0	0
2	❖ The COBAC reviews the completeness of the submitted documentary requirements. If the COBAC finds the submitted documents in order, the Committee recommends the appropriate procurement method based on the World Bank (WB) Procurement Regulations. On the other hand, further revision is requested to the EUU to comply with the requirements set by WB	COBAC & COBAC Sec	1	Day 0
3	❖ The COBAC Secretariat prepares the RFP and secure the approval of the COBAC. COBAC using the template approved by WB and incorporating the TOR and other documentary requirements submitted by the EUU	COBAC & COBAC Sec	2	Day 1-2
4	❖ Once signed by the COBAC Chairperson or Vice-Chairperson, the COBAC Secretariat issues the RfP to the sole consultant. The consultant must submit their proposal within the given deadline stipulated in the RfP	COBAC Sec	7	Day 3-9
5	❖ Upon receipt of the proposal, it will be forwarded to the designated Technical Working Group (TWG) for evaluation ❖ TWG submits an evaluation report on the consultant's proposal based on criteria/requirements stipulated in the RfP and TOR. The report must be completed within *three (3) working days* ❖ A "jury duty" system may be used to ensure timely submission	TWG	3	Day 10-12
6	❖ The TWG report is presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then schedule for a conduct of Contract Negotiation with the consultant ❖ COBAC Secretariat issues an invitation for Contract Negotiation to the consultant	COBAC & COBAC SEC	1	Day 13
7	❖ COBAC conducts Contract Negotiations to discuss the contents of the TOR, and to agree/negotiate on possible amendments in the content of the TOR, if any. If revisions are made, the consultant submits a revised proposal and it shall be reflected in the minutes of contract negotiation. ❖ Minutes of Contract Negotiation shall then be signed/approved by the COBAC Chair/Vice-Chairperson, consultant and EUU	COBAC & COBAC Sec, CONSULTANT & EUU	2	Day 14-15
8	❖ The COBAC Secretariat shall present to the COBAC the TWG reports and minutes of contract negotiation for review and concurrence. ❖ Once the COBAC concurs with the findings of the TWG, the committee recommends the award of the contract to the consultant. ❖ COBAC Secretariat prepares the Resolution recommending the contract award ❖ COBAC approves the Resolution recommending the award of contract	COBAC Sec, COBAC, UHC-HSC-TO & HOPE	4	Day 16-19

 9. Approval of Resolution of Award and Notice of Award (NOA) and Issuance of NOA 10. Preparation, Review, and Approval of Contract Agreement, and Request for Obligation 11. Issue Contract Agreement & NTP	9	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning consultant and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts ❖ NOA shall publish within ten (10) business days from the procuring entity's notification of contract award to the successful bidder/proposer/consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations.	PS, UHC-HSC-TO, HoPE & FMS	5	Day 20-24
	10	❖ Request the winning consultant to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, and NOA to CPU-FMS. ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	PS, FIRM, UHC-HSC-TO, HoPE& FMS	5	Day 25-29
	11	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning consultant ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	PS & FIRM	1	Day 30

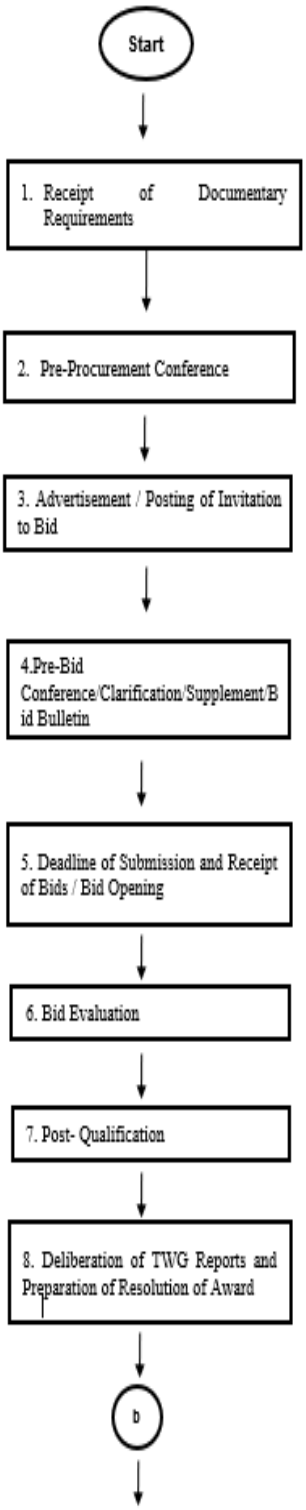
Works – Request for Bids (RFB) **(Market approach: Open Competition)**



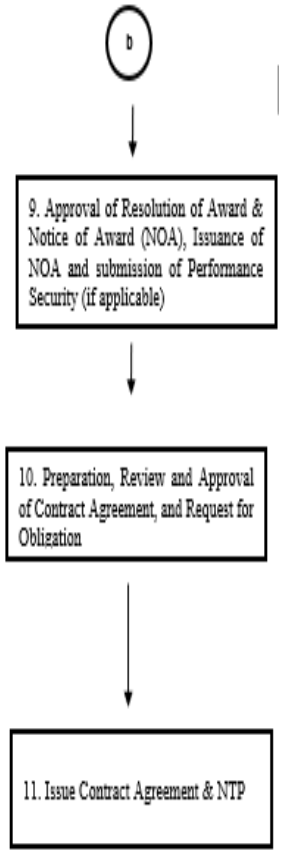
	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User Unit (EUU) submits documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Project Procurement Management Plan (PPMP), Clearance, Market Scoping, Detailed Architectural and Engineering Design (DAED), Scope of Works (SOW), Detailed Estimates (DE), Bill of Quantities (BOQ), and Technical Specification. ❖ Immediately, upon receipt of the documentary requirements, Central Office Bids and Awards Committee (COBAC) Secretariat reviews the completeness of the documentary requirements	EUU	0	0
2	❖ The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 0
3	❖ Bidding Documents/RfB shall be posted in the PhilGEPS, DOH website, and portal/website as required	COBAC Sec	7	Day 1 to 7
4	❖ COBAC discusses the bidding/RfB requirements and to clarify all issues and concerns of prospective bidders and EUU. ❖ EUU submits responses to queries of prospective bidders and submits revised documentary requirements as needed. ❖ If necessary, COBAC issues a Bid Bulletin reflecting changes in the Bidding Documents as agreed upon during the Pre-bid Conference and based on the revised documentary requirements	COBAC, COBAC Sec, EUU, BIDDER'S	22	Day 8-29
5	❖ Supplier(s) submits a bid proposal on or before the set deadline indicated in the Bidding Documents or Bid Bulletin, if any. ❖ COBAC opens the bids immediately after the set deadline of submission of bids. COBAC checks the submitted documents of each bidder against a checklist of required documents to ascertain if they are all present, using a non-discretionary "pass/fail" criterion. ❖ If a bidder submits the required document, it shall be rated "passed" for that particular requirement. In this regard, bids that fail to include any requirement or are incomplete or patently insufficient shall be considered as "failed."	BIDDER'S COBAC & COBAC Sec	1	Day 30
6	❖ COBAC through the designated Technical Working Group (TWG) conducts a detailed evaluation of all bids, to review completeness of bids and arithmetical corrections	TWG	10	Day 31-40
7	❖ The TWG reports shall be presented to the COBAC for deliberation. The Committee recommends the award of the contract to the supplier/vendor who has the most advantageous bid ❖ COBAC Secretariat prepares a Resolution recommending the award of contract in favor of the winning bidder.	COBAC & COBAC Sec	5	Day 41-45
8	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP), and memorandum requesting for Certificate of Availability of Funds (CAF). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of Award and NOA are submitted for HOPE's-Project Directors approval then forward the same to PS ❖ Issuance of approved NOA to the winning bidder and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts. ❖ NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of	PS, UHC-HSC-TO, HOPE, FMS	6	Day 46-51

		the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations. ❖ Posting of the required Performance Security and enter into contract within ten (10) calendar days upon receipt of NOA (if applicable)			
	9	❖ Request the winning bidder to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, NOA and Performance Security, if applicable to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	BIDDER, PS, UHC-HSC-TO, HOPE & FMS	16	Day 52-57
	10	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	PS & BIDDER	3	Day 58-60

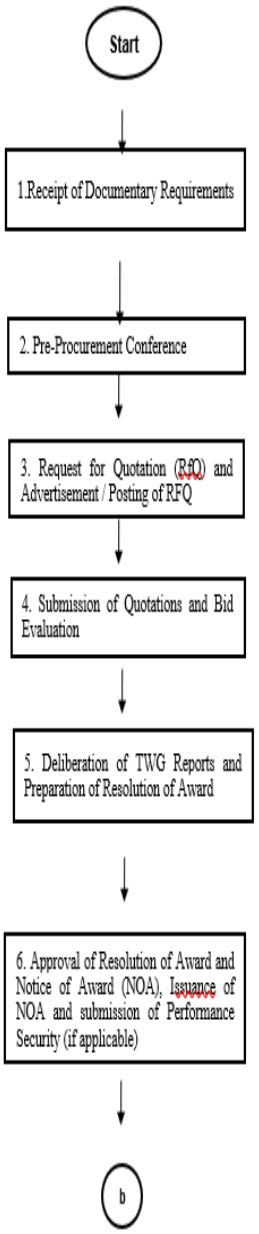
Goods and Services – Request for Bids (RFB) **(Market approach: Open Competition)**



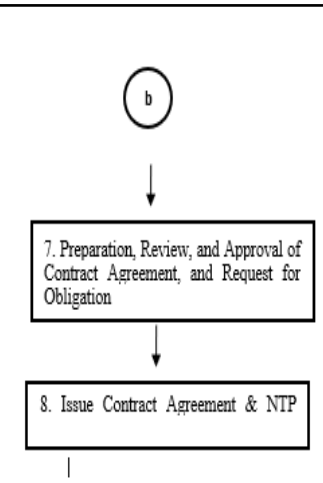
	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ The End-User Unit (EUU) submits documentary requirements, such as Purchase Request (PR), Terms of Reference (TOR), Clearance, Project Procurement Management Plan (PPMP), Market Scoping, and Allocation List ❖ Immediately, upon receipt of the documentary requirements, Central Office Bids and Awards Committee (COBAC) Secretariat reviews the completeness of the documentary requirements	EUU	0	0
2	❖ The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 0
3	❖ Bidding Documents/RfB shall be posted in the PhilGEPS, DOH website, and portal/website as required	COBAC Sec	7	Day 1 to 7
4	❖ COBAC discusses the bidding/RfB requirements and to clarify all issues and concerns of prospective bidders and EUU ❖ EUU submits responses to queries of prospective bidders and submits revised documentary requirements as needed ❖ If necessary, COBAC issues a Bid Bulletin reflecting changes in the Bidding Documents as agreed upon during the Pre-bid Conference and based on the revised documentary requirements	COBAC, COBAC Sec, EUU, BIDDER'S	22	Day 8-29
5	❖ Supplier(s) submits a bid proposal on or before the set deadline indicated in the Bidding Documents or Bid Bulletin, if any ❖ COBAC opens the bids immediately after the set deadline of submission of bids. COBAC checks the submitted documents of each bidder against a checklist of required documents to ascertain if they are all present, using a non-discretionary "pass/fail" criterion ❖ If a bidder submits the required document, it shall be rated "passed" for that particular requirement. In this regard, bids that fail to include any requirement or are incomplete or patently insufficient shall be considered as "failed."	BIDDER'S COBAC & COBAC Sec	1	Day 30
6	❖ COBAC through the designated Technical Working Group (TWG) conducts a detailed evaluation of all bids, to review completeness of bids and arithmetical corrections	TWG	3	Day 31-33
7	❖ TWG conducts post-qualification to verify, validate and ascertain the veracity, authenticity and validity of all documents submitted and other statements made by the bidder.	TWG	12	Day 34-45
8	❖ The TWG reports shall be presented to the COBAC for deliberation. The Committee recommends the award of the contract to the supplier/vendor who has the most advantageous bid ❖ COBAC Secretariat prepares a Resolution recommending the award of contract in favor of the winning bidder	COBAC & COBAC Sec	3	Day 46-48

	9	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning bidder and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts ❖ NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations ❖ Posting of the required Performance Security and enter into contract within ten (10) calendar days upon receipt of NOA (if applicable)	PS, UHC-H SC-TO, HOPE, FMS	5	Day 49-53
	10	❖ Request the winning bidder to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, NOA and Performance Security, if applicable to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	BIDDER, PS, UHC-HS C-TO, HOPE & FMS	5	Day 54-58
	11	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	PS & BIDDER	2	Day 59-60

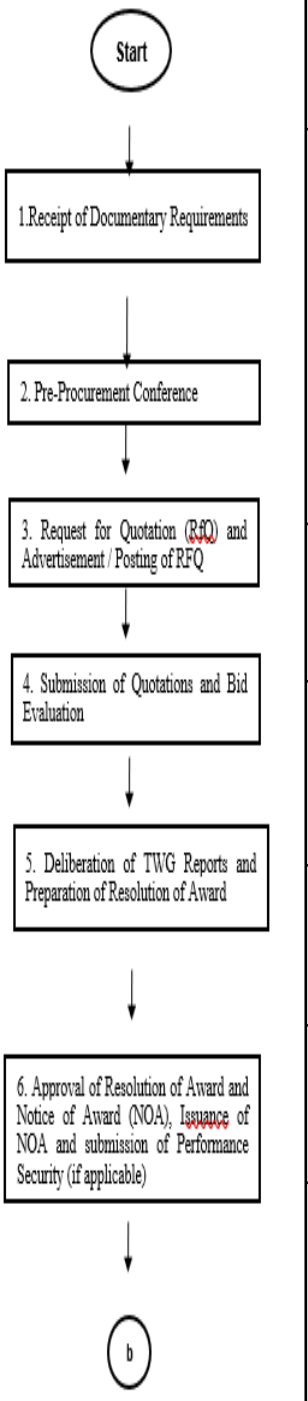
Goods, Services, and Works – Request for Quotation (Shopping) **(Market approach: Open Competition)**



	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User Units (EUU) submits documentary requirements, such as: **Goods & Services:** Purchase Request (PR), Terms of Reference (TOR), Clearance, Project Procurement Management Plan (PPMP), Market Scoping, and Allocation List **Civil Works:** Purchase Request (PR), Terms of Reference (TOR), Clearance, PPMP, Market Scoping, Detailed Architectural and Engineering Design (DAED), Scope of Works (SOW), Detailed Estimates (DE), Bill of Quantities (BOQ), and Technical Specifications ❖ Immediately, upon receipt of the documentary requirement, the Central Office Bids and Awards Committee (COBAC) Secretariat reviews the correctness and completeness of the documentary requirements.	EUU	0	0
2	❖ The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 0
3	❖ COBAC Secretariat prepares an RfQ and secure the approval by the COBAC ❖ Once approved, the COBAC Secretariat proceeds with the issuance/posting of RfQ ❖ RfQ shall be posted in the PhilGEPS, DOH website, and portal/website as required and if available, the RfQ can be issued directly to the reputable bidders ❖ Issue the RfQ to the interested bidders. Allow a minimum of seven (7) days for submission of quotations (a shorter period – 3 days – may be allowed for very small *contracts, or in case of emergencies)*. If national suppliers need to source prices from international markets, allow more time for submission	COBAC Sec & COBAC	7	Day 1-7
4	❖ Supplier(s) submits quotation(s) on or before the set deadline indicated in the RfQ. *(quotations can be received by hand, e-mail, fax, or other methods, as applicable, not requiring sealed envelopes)*. ❖ The COBAC through the designated Technical Working Group (TWG) conducts a detailed evaluation of all quotations received. The report must be submitted *within three (3) working days* ❖ A "jury duty" system may be used to ensure timely submission	BIDDER'S, COBAC & COBAC Sec	3	Day 8-10
5	❖ The TWG reports shall be presented to the COBAC for deliberation. The Committee recommends the award of the contract to the supplier/vendor who has the lowest calculated and responsive quotation. ❖ COBAC Secretariat prepares a Resolution recommending the award of contract in favor of the winning bidder.	TWG	3	Day 11-13
6	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning bidder and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts ❖ NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations ❖ Posting of the required Performance Security and enter into contract within ten (10) calendar days upon receipt of NOA (if applicable)	PS, UHC-HSC-TO, HOPE, FMS	5	Day 14-18

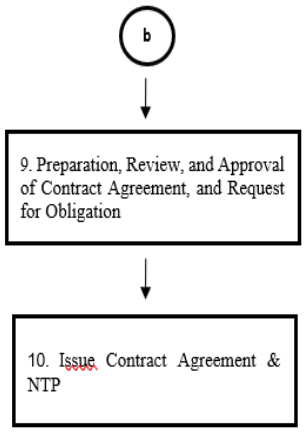
	7	❖ Request the winning bidder to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of the Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, NOA, and Performance Security, if applicable to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	BIDDER, PS, UHC-HSC-TO, HOPE & FMS	5	Day 19-23
	8	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	PS & BIDDER	2	Day 24-25

Goods, Services and Works **– Direct Selection**

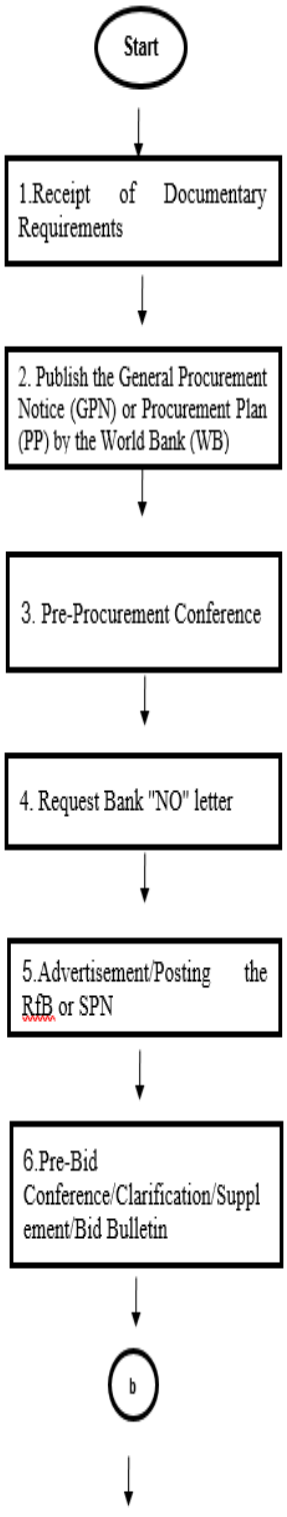


	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User Unit (EUU) submits documentary requirements, such as: **Goods & Services:** Purchase Request (PR), Terms of Reference (TOR), Clearance, Project Procurement Management Plan (PPMP), Market Scoping, Allocation List and Justification for Direct Selection **Works:** Purchase Request (PR), Terms of Reference (TOR), Clearance, PPMP, Market Scoping, Detailed Architectural and Engineering Design (DAED), Scope of Works (SOW), Detailed Estimates (DE), Bill of Quantities (BOQ), Technical Specification and Justification for Direct Selection ❖ Immediately, upon receipt of the documentary requirements, the Central Office Bids and Awards Committee (COBAC) Secretariat reviews the correctness and completeness of the documentary requirements	EUU	0	0
2	❖ The COBAC reviews the completeness of the submitted documentary requirements. If the COBAC finds the submitted documents in order, the Committee recommends the appropriate procurement method based on World Bank (WB) Procurement Regulations. On the other hand, further revision is requested to the EUU to comply with the requirements set by WB	COBAC & COBAC Sec	1	Day 0
3	❖ COBAC Secretariat prepares an RfQ and secure the approval by the COBAC using the template approved by WB and other documentary requirements submitted by the EUU ❖ Once signed by the COBAC Chairperson or Vice-Chairperson, the COBAC Secretariat issues the RfQ to the sole supplier/vendor. The supplier/vendor must submit its quotation with the deadline as stipulated in the RfQ	COBAC & COBAC Sec	7	Day 1-7
4	❖ Upon receipt of the quotation, it will be forwarded to the designated Technical Working Group (TWG) for evaluation ❖ TWG submits an evaluation report based on the requirements stipulated in the RfQ. *The report must be submitted within three (3) working days* ❖ A "jury duty" system may be used to ensure timely submission	TWG	3	Day 8-10
5	❖ The TWG reports shall be presented to the COBAC for deliberation and concurrence. Once, the COBAC concurs with the findings of the TWG, the Committee recommends the award of the contract to the sole supplier/vendor ❖ COBAC Secretariat prepares a Resolution recommending the award of contract in favor of the sole supplier/vendor	COBAC & COBAC Sec	3	Day 11-13
6	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for HOPE's-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning bidder and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts ❖ NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations ❖ Posting of the required Performance Security and enter into	PS, UHC-HSC-TO, HOPE, FMS	5	Day 14-18

		contract within ten (10) calendar days upon receipt of NOA (if applicable)			

	9	❖ Request the winning bidder to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, NOA and Performance Security, if applicable to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	BIDDER, PS, UHC-HSC-TO, HOPE & FMS	5	Day 19-23
	10	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder ❖ Posting in PhilGEPS and/or DOH website (within 5 calendar days), WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	PS & BIDDER	2	Day 24-25

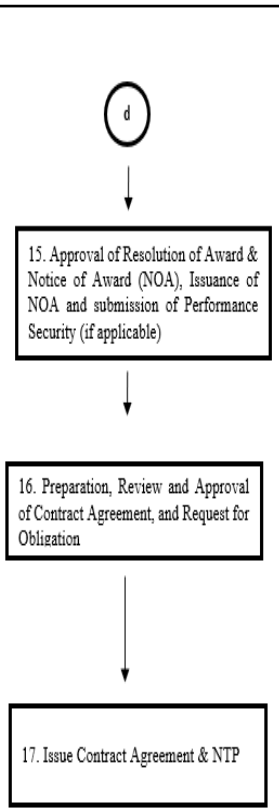
Goods, Services & Works- Request for Bids (RFB) **(Market Approach: International)**



	PROCUREMENT PROCESS	RESPONSIBLE OFFICE	MAXIMUM WORKING DAYS (WD) RECOMMENDED FOR ACTIVITY	OPERATIONAL TIMELINE (RECOMMENDED EARLIEST POSSIBLE TIME)
1	❖ End-User Unit (EUU) submits documentary requirements, such as: **Goods & Services:** Purchase Request (PR), Terms of Reference (TOR), Clearance, Project Procurement Management Plan (PPMP), Market Scoping, and Allocation List **Civil Works:** Purchase Request (PR), Terms of Reference (TOR), Clearance, PPMP, Market Scoping, Detailed Architectural and Engineering Design (DAED), Scope of Works (SOW), Detailed Estimates (DE), Bill of Quantities (BOQ), and Technical Specifications ❖ Immediately, upon receipt of the documentary requirements, Central Office Bids and Awards Committee (COBAC) Secretariat reviews the completeness of the documentary requirements	EUU	0	0
2	❖ The PS is required to prepare and submit to the WB a GPN or PP before beginning any procurement activity under a project. The WB arranges for the publication of the GPN or PP in UN Development Business online (UNDB Online) and on the WB's external website *(WB Procurement Regulations, Annex II, 7.1).* ❖ Once received the No Objection (NO) letter from the WB, COBAC shall proceed with the procurement process.	PS & WB	1	Day 0
3	❖ The COBAC determines the readiness of the procurement at hand and decides whether the procurement project shall proceed with the advertisement/posting	COBAC & COBAC Sec	1	Day 1
4	❖ COBAC Secretariat prepare and finalize the Request for Bids (RfB) document or Specific Procurement Notice (SPN), the COBAC shall then secure a "NO" letter from the WB *(WB Procurement Regulations, Annex II, 7.1)* ❖ Once the COBAC received the "NO" letter from the WB, the COBAC shall proceed with the advertisement/posting	COBAC & COBAC Sec & WB	1	Day 2-2
5	❖ Bidding Documents/RfB shall be posted in the PhilGEPS, DOH website, and portal on the SPN/website of the International Financial Institution (IFIs) and the Bank arranges for the simultaneous publication of the SPN on its external website *(WB Procurement Regulations, Section V, 5.23 & 5.24)*	COBAC SEC & WB	3	Day 3-5
6	❖ COBAC discusses the bidding/RfB requirements and clarifies all issues and concerns of prospective bidders and EUU ❖ Potential Bidders may request, in writing, clarifications of RfB to the COBAC; ❖ EUU responds to queries from prospective bidders and submits revised documentary requirements as needed. If there are any changes/revisions to the documentary requirements, COBAC Secretariat requests a "NO" letter from the Bank *(WB Procurement Regulations, Annex II, 7.1 (c)* ❖ If necessary, COBAC issues Bid Bulletin reflecting changes in the Bidding Documents as agreed upon during the Pre-bid Conference and based on the revised documentary requirements.	COBAC & COBAC Sec, EUU& BIDDERS	1	Day 6

7. Deadline of Submission and Receipt of Bids / Bid Opening of Technical Proposal	7	❖ Supplier(s) submits bid proposals on or before the set deadline indicated in the Bidding Documents or Bid Bulletin, if any. ❖ Suppliers/bidders/vendors may submit Bids/Proposals by mail or in person. COBAC may also use electronic systems in accordance with *WB Procurement Regulations, 5.8* ❖ The technical and financial Proposals shall be submitted at the same time in two (2) separate and sealed envelope ❖ The COBAC shall open the technical bids/proposals in public immediately after the set deadline of submission of bids ***Note:*** *The date, time and place for opening the second envelope shall also be appropriately announced as specified in RfB document (WB Procurement Regulations, Section V, 5.40)* ❖ At the Bid/Proposal opening, the COBAC shall neither discuss the merits of any Bid/Proposal nor reject any Bid/Proposal that has been received on time. ***Note: Bid/Proposal Opening (WB Procurement Regulations, Section V, 5.40 to 5.44), COBAC shall:*** *A. open in public the technical Proposals received by the submission deadline. Financial Proposals that have been submitted shall be kept, unopened, in a secure place; and* *B. read aloud and record the name of each Bidder/Proposer/Consultant that submitted Bids/Proposals, the presence or absence of sealed envelopes with the price Bid/Proposal, the presence or absence of a Bid security/Bid securing declaration, if required, and any other information deemed appropriate.* *C. the second envelope (financial Bid/Proposal) shall not be opened earlier than ten (10) Business Days from the communication, to the Bidders/ Proposers/ Consultants, of the results of the evaluation of the first envelope.*	BIDDERS , COBAC & COBAC Sec	24	Day 7-30
8.Bid Evaluation of Technical Proposal	8	❖ The COBAC through the designated TWG conducts an evaluation of all Technical Bids/Proposals and must be evaluated based on clearly defined criteria and methodologies stated in the procurement documents *(WB Procurement Regulations, Annex X: Evaluation Criteria)* ❖ TWG submits an evaluation report on the proposals (Most Advantageous Bid/Proposal *(as defined in Annex X)*. ❖ The report must be completed ***within three (3) working days*** of the technical proposal opening. ❖ A “jury duty” system may be used to ensure timely submission ***Note: Evaluation Criteria: Two-Envelope System (WB Procurement Regulations, Section V, 5.50)*** *For any procurement process subject to International competition and for which a Bank Document is used, "Rated Criteria" shall apply, and the process shall be conducted using two envelopes in accordance with Paragraphs 6.29 and 6.31 of WB Procurement Regulations*	TWG	3	Day 31-33
9. Deliberation of TWG Reports and Notify Bidders of results & Publish date Opening of Financial Proposal c	9	❖ The Technical TWG reports were presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then secure a 'NO' letter from the Bank. *(WB Procurement Regulations, Annex II, 7.1 (e)* ❖ Once the Bank has issued a "NO" letter, COBAC will proceed with the procurement process. All bidders who participated will be notified of the results of the criteria. Additionally, qualified bidders will receive notification regarding the date and time for the opening of financial proposals. ❖ Issue a letter to the qualified suppliers/bidders/vendors **Note:** *WB Procurement Regulations, Annex II, 7.1* *a. The Bid/Proposal evaluation report and recommendations for contract award, including documents demonstrating that any procurement complaints have been addressed to the satisfaction of the Bank.*	COBAC, COBAC Sec & WB	3	Day 34-36

10. Opening of Financial Proposals		*b. The TWG submits the Bid/Proposal evaluation report for each envelope/stage for the Bank's prior review and no-objection before proceeding to the next stage of the Procurement Process;* *c. The BAC shall not proceed with the next stage/phase of the Procurement Process, including with awarding a contract without receiving from the Bank confirmation of satisfactory resolution of Complaint. If, after the Bank's prior review and no-objection, analysis of a complaint leads the Borrower to change its contract award recommendation, it submits for the Bank's no-objection the reasons for that decision and a revised evaluation report;*			
11. Bid Evaluation of Financial Proposals	10	❖ The COBAC shall conduct the opening of the Financial bids/proposals in public immediately after the set deadline. ***Note:*** *The second envelope shall not be opened earlier than ten (10) business days from the communication, to the Bidders/Proposers /Consultants, of the result of the evaluation of the first envelope (WB Procurement Regulations, Section V, 5.40)* ***Note: Financial Bid/Proposal Opening, the COBAC shall:*** ***(WB Procurement Regulations, Section V, 5.45)*** *A. open in public the financial Proposals of the Bidders/Proposers/Consultants that meet the requirements set for the technical Bid/Proposal;* *B. read aloud and record the name of each Bidder/Proposer/Consultant that submitted a bid/proposal and, as applicable, the technical score, the total amount of each Bid/Proposal, and any discounts; and* *C. after the contract is signed, return unopened the financial Bids/Proposals of those whose technical Bids/Proposals did not meet the requirements set for the technical Bid/Proposal or were considered nonresponsive* ***(WB Procurement Regulations, Section V, 5.47)*** *A copy of the record of Bid/Proposal opening shall be promptly sent to all bidders/proposers/consultants whose Bids/Proposals were opened and, if subject to prior review, to the Bank.*	BIDDERS, COBAC & COBAC SEC	1	Day 37
12. Deliberation of TWG Reports and Request Bank "NO" Letter	11	❖ The COBAC through the designated TWG conducts an evaluation of Financial bids/proposals and full evaluation of bids and shall meet the requirements indicated in the RfP document. ❖ TWG submits evaluation reports on the Supplier's/Bidders'/vendors proposals (Most Advantageous Bid/Proposal (as defined in Annex X). The reports must be completed ***within ten (10) working days.*** ❖ A "jury duty" system may be used to ensure timely submission. **Note: Evaluation Criteria: Two-Envelope System (WB Procurement Regulations, Section V, 5.50)** *For any procurement process subject to International competition and for which a Bank Document is used, "Rated Criteria" shall apply, and the process shall be conducted using two envelopes in accordance with Paragraphs 6.29 and 6.31 of WB Procurement Regulations*	TWG	10	Day 38-47
13. Issued "NO" letter from Bank	12	❖ The TWG reports were presented to the COBAC for deliberation and concurrence. Upon concurrence of the COBAC, the Committee shall then secure a 'NO' letter from the Bank. (WB Procurement Regulations, Annex II, 7.1 (e) ***Note: WB Procurement Regulations, Annex II, 7.1*** *A. The Bid/Proposal evaluation report and recommendations for contract award, including documents demonstrating that any procurement complaints have been addressed to the satisfaction of the Bank* *B. The TWG submits the Bid/Proposal evaluation report for each envelope/stage for the Bank's prior review and no-objection before proceeding to the next stage of the Procurement Process* *C. The BAC shall not proceed with the next stage/phase of the Procurement Process, including with awarding a contract without receiving from the Bank confirmation of satisfactory resolution of Complaint. If, after the Bank's prior review and no-objection, analysis of a complaint leads the Borrower to change its contract award recommendation, it submits for the Bank's no-objection the reasons for that decision and a revised evaluation report*	COBAC, COBAC SEC & WB	3	Day 48-50
14. Deliberation of TWG Reports and Preparation of Resolution of Award	13	❖ Once the COBAC received the "NO" letter from the WB, the COBAC shall proceed with the deliberation and recommend the award of contract to the supplier/vendor who has the most advantageous bid.	WB	1	Day 51
d	14	❖ The "NO" letter shall be presented to the COBAC for deliberation. Upon concurrence of the COBAC, the Committee recommends the award of the contract to the supplier/vendor who has the most advantageous bid ❖ COBAC Secretariat prepares a Resolution recommending the award of	COBAC & COBAC SEC	3	Day 52-54

		contract in favor of the winning bidder.			
	**15**	❖ Contract Management Division (CMD) staff prepare Notice of Award (NOA), Contract Agreement, Notice to Proceed (NTP), and memorandum requesting for Certificate of Availability of Funds (CAF). CMD head reviews and forwards the documents to the Procurement Service (PS) Director for initials, for endorsement to EUU ❖ Issuance of CAF to PS ❖ COBAC Resolution of award and NOA are submitted for Head of Procuring Entity's (HOPE)-Project Directors approval, then forward the same to PS ❖ Issuance of approved NOA to the winning bidder and post in PhilGEPS and/or DOH Website, conspicuous places and if applicable official social media accounts and/or portal of the IFIs if applicable. ❖ NOA shall publish within ten (10) business days from the Procuring Entity;s Notification of Contract Award to the successful Bidder/Proposer/Consultant (paragraph 5.93 of the World Bank Procurement Regulations). The said contract award notice shall follow the minimum information required under paragraph 5.94 of WB Procurement Regulations. ❖ Posting of the required Performance Security and enter into contract ***within ten (10) calendar days*** upon receipt of NOA (if applicable)	PS, UHC-HSC-TO, HOPE, & FMS	7	Day 55-61
	16	❖ Request the winning bidder to sign the Contract Agreement and return the same to PS ❖ CMD to prepare a memorandum requesting for approval of Contract Agreement and NTP by the HOPE-Project Directors ❖ Endorse Obligation Request and Status (ORS), NOA, Contract Agreement, CAF, NOA and Performance Security, if applicable to CPU-FMS ❖ Obligate funds and Chief Accountant certifies the availability of funds ❖ CMD staff comply findings, if any	BIDDER, PS, UHC-HSC-TO, HOPE & FMS	7	Day 62-68
	17	❖ Upon receiving the approved Contract Agreement and NTP from the Accountant, PS issues the Notarized Contract Agreement and NTP to the winning bidder; ❖ Posting in PhilGEPS and/or DOH website ***(within 5 calendar days),*** WB's Systematic Tracking of Exchanges in Procurement (STEP) and Contract Management System (CMS) and/or portal of the IFIs if applicable. ❖ PS provides complete contract documents to relevant DOH units (COA, UHC-HSC-TO, EUU, Records Section)	BIDDER & PS	2	Day 69-70

5.8 Thresholds for Procurement

The thresholds for procurement approaches and methods are given in Table 5.1. The World Bank prior review thresholds are given in Table 5.2 in which a risk rating of 'Substantial' will apply for this Project.

Table 5.1 Threshold for procurement approaches and methods (amount in US$ million)

Works			Goods, IT, and Non-Consulting Services			National Consultants	
Open International ≥40.0	Open National < 40.0	RfQ ≤ 0.5	Open International ≥ 10.0	Open National < 10.0	RfQ ≤ 0.5	Consulting Services < 0.5	Engineering & Construction Supervision NA

For consulting services and the engineering and supervision consultants, the approach to either the National or International market would be based on the market and reflected in PPSD. For assignments less than USD 500,000 the national approach may be followed.

Currently, the project procurement risk is rated as "Substantial". However, depending on the implementation and review by the Bank during supervision missions, the risk assessment may be updated. Hence presently the Prior review thresholds in Table 5.2 are those under the substantial risk column.

Table 5.2 Procurement World Bank prior review thresholds (amount in US$ million)

Type of Procurement	High Risk	Substantial Risk	Moderate Risk	Low Risk
Works	5.0	10.0	10.0	10.0
Goods, IT, Non-Consulting Services	1.5	2.0	4.0	6.0
Consulting Services (Firms)	0.5	1.0	2.0	4.0
Consulting Services (Individuals)	0.2	0.3	0.4	0.5

The Threshold for market approach and review could be revised by the Bank any time without revising this manual and it will be immediately in effect.

6 Environmental and Social Risk Management

6.1 E&S risk management framework

The project is committed to full compliance with national regulations, the World Bank's Environmental and Social Standards (ESS) under the Environmental and Social Framework (ESF), and Good International Industry Practices (GIIP). All activities shall be conducted in alignment with the World Bank's ESF requirements, ensuring that environmental and social risks are effectively managed. Mitigation measures must adhere to internationally recognized best practices, including those outlined in the World Bank Group Environmental, Health, and Safety Guidelines (EHSGs) and relevant Philippine national guidelines.

The project shall fully integrate the applicable ESSs and World Bank EHSGs into HSRP implementation. Specifically, ESS 1, 2, 3, 4, 7, and 10 are identified as relevant to the project.

Prior to project appraisal, a comprehensive suite of ESF management tools was developed to mitigate potential E&S risks and impacts in alignment with applicable ESS. These tools include:

- **Environmental and Social Management Framework (ESMF)** – identifies the potential E&S risks and impacts of the Project activities and the corresponding mitigation measures to manage these risks and impacts. The document describes the principles, approaches, implementation arrangements, and environmental and social mitigation measures to be followed across all the phases of implementation. (*Access here: https://bit.ly/HSRP_ESMF)*

- **Stakeholder and Community Engagement Plan (SCEP)**– outlines the engagement plan with the project stakeholders, including the affected peoples or groups, parties and institutions with interest in the project including other government agencies and non-governmental organizations, disadvantaged groups or vulnerable individuals including Indigenous Peoples in unserved and underserved areas. (*Access here: https://bit.ly/HSRP_SCEP)*

- **Labor Management Procedures (LMP)**– establish the guidelines on labour matters, including the issues of health and safety at work, fair treatment, non-discrimination, and equal opportunities for the workers of the Project. (*Access here: https://bit.ly/HSRP_LMP)*

Each of these documents also outlines the design and implementation of a Grievance Redress Mechanism (GRM) to receive feedback and resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved.

The DOH shall be responsible for implementing key measures and actions to ensure the project's alignment with the ESF. These requirements are outlined in the Environmental and Social Commitment Plan (ESCP), which specifies the standard measures, actions, necessary documents or plans, and the timeline for implementing each environmental and social requirement in compliance with applicable ESS. (*Access here:* https://bit.ly/HSRP_ESCP).

6.2 Environmental and Social Risk Assessment and Mitigation Process

Environmental and social risks are generally associated with civil works related to the rehabilitation and equipping of healthcare facilities. Environmental and social impacts extend to the operation of these facilities, including the operation of new equipment at the laboratories. Environmental and social risks are also associated with the deployment of mobile clinics and sea ambulances in GIDAs, hard-to-reach areas.

Based on the initial assessment during, the overall environmental and social risk of the HSRP is categorized as **moderate social risk** and **substantial environmental risk**. Without mitigation, the "moderate" categorization for social risk is attributable to the limited access of GIDA and indigenous cultural communities (ICCs) in healthcare services. "Substantial" categorization for

environmental risk is attributable to poor healthcare waste management and lack of treatment for infectious wastes in primary healthcare facilities.

Management of environmental and social risks will be mainstreamed into the overall project implementation process flow. This means that the environmental and social mitigation measures will be applied from the time the sub-project activity is identified; during tender and bid preparation; at the project design stage of infrastructure projects; and also, during construction and implementation; and the operation of these facilities and equipment. **Table 6.1** illustrates the overall environmental and social risk management processes throughout the project implementation phases.

The planned activities and responsibilities specific to the sub-projects are described in the ESMF. The tasks will be reviewed after the first year of project implementation, and updated according to the needs of the project.

6.2.1 Identification, Assessment and Analysis Stage

This phase involves identifying, assessing, and analyzing sub-project activities for each project component. The screening procedure for proposed sub-project activities comprises two-stage processes, starting with an Initial screening using the Exclusion List, followed by a more detailed E&S Screening to identify the approach for managing environmental and social risks.

For healthcare facility upgrading sub-projects, the initial site selection screening utilizes a site-specific infrastructure assessment toolkit developed by the DOH-HFDB. This tool evaluates functionality and service availability to determine priority upgrade needs. It also incorporates E&S considerations, assessing factors such as hazard exposure, tenurial instruments, permits and licenses, building safety, and environmental compliance. Sites with high environmental or social risks will be excluded from consideration.

The sub-projects shortlisted at this stage are those included in the project proposal documents submitted to the Investment Coordination Committee and the World Bank Board for approval. Additionally, other planning documents, such as the work and financial plan for the first year of implementation and the 18 month- procurement plan, are also prepared based on the approved subprojects during this stage. Any additional sub-projects identified later must undergo the same assessment process outlined in **Figure 6.1** prior to its approval.

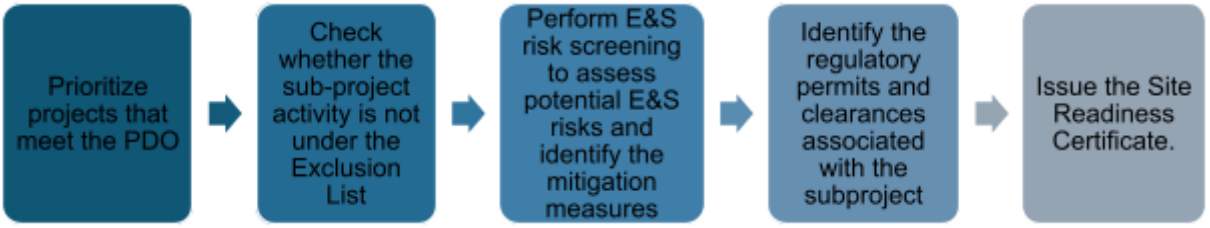


Figure 6.1- ESF in Sub-project Identification, Assessment and Analysis Process

Table 6.1- Summary of ESF Requirements

PROJECT PHASE	ESF REQUIREMENT	REFERENCE	RESPONSIBLE	FREQUENCY	APPROVALS	TIMELINE
Identification, Assessment and Analysis	Prioritization Criteria	Sec. 2.3.6 of ESMF: https://bit.ly/HSRP_ESMF	DOH/ NPMO	One time	DOH	Prior to sub-project approval
	Exclusion List	Table 12 of ESMF: https://bit.ly/HSRP_ESMF		One time	DOH, WB	
	E&S Screening Form	https://tinyurl.com/ESF-Screening	RPMO ESS & SSS	One time	ESF Focal, CHD	
	Site Readiness Certification	https://tinyurl.com/Site-Readiness	End-User (HCF/ LGU / PHO / IPHO)	One time	RPMO, CHD	
Formulation and Planning	**PEISS Requirement** For ECC: IEE or EPRMP For CNC: PDR	https://tinyurl.com/ESF-EIAReport	End-User (HCF operator)	One time (as required)	DENR-EMB	Prior to start of project construction
	NCIP Requirements FBI and FPIC or CNO	https://tinyurl.com/NCIP-FPIC		One time (as required)	NCIP	
	E&S Risks Assessment E&S Management Plan (ESMP) or E&S Codes of Practice (ESCOP)	https://tinyurl.com/ESF-ESMP https://tinyurl.com/ESF-ESCOP	RPMO ESS & SSS	One time	ESF Focal for PCF Upgrading and BUCAS; NPMO and WB for Laboratory and Hospital Infra Projects	
	Site- and project-specific SCEP, LMP, GRM			One time		
	E&S Requirements in Bidding / Tender Documents	https://tinyurl.com/Contractor-ESHS	RPMO ESS & SSS	All Regional procurement	ESF Focal, CHD	
			NPMO ESS & SSS	All National Procurement	Team Leader, NPMO	
	Site Specific Construction ESMP		Contractor	One time	RPMO	
Implementation and Monitoring	Clearances, Permits, and Authorizations (ECC or CNC, and other Environmental Regulatory Permits)		End-User (HCF/ LGU / PHO / IPHO)	As required	LGU, NGAs (permit specific)	Prior to start of project construction

			Contractor			
	ESMP/ESCOP, SCEP, LMP Implementation		RPMO ESS & SSS NPMO ESS & SSS			Throughout Project Implementation
	GRM Implementation		Local GRM Focal, RPMO SSS		Database Monitoring by NPMO	
	ESIRT Reporting	https://tinyurl.com/ESF-ESIRT	RPMO ESS & SSS		Corrective Action Plan approved by WB	ESIRT within 24-48 hours after incident
	E&S Progress Report	https://tinyurl.com/ESF-Monthly	Contractor	Monthly	RPMO	7 days after end of the month
	Consolidated E&S Progress Report (per region)	https://tinyurl.com/ESF-Monthly	RPMO ESS & SSS	Monthly	NPMO	15 days after the end of the month
	ECC compliance Self-Monitoring Report (SMR)	https://tinyurl.com/SMR-EMB	End-User (HCF operator)	Quarterly	DENR-EMB	Throughout Project Implementation
	ECC compliance Compliance Monitoring Reports (CMR)	https://tinyurl.com/EMB-CMR	End-User (HCF operator)	Semi-Annual	DENR-EMB	Throughout Project Implementation
	ESHS Progress Report	https://tinyurl.com/ESHS-Quarterly	NPMO ESS & SSS	Quarterly	World Bank	15 days after the end of the quarter

Project Completion	Decommissioning and Site Restoration Plan		Contractor	One time	RPMO	before construction completion; or in case of project termination
	Post-construction site inspection checklist		RPMO ESS & SSS	One time	ESF Focal, CHD	Upon construction completion
	Project Completion Report with E&S Performance Evaluation		RPMO ESS & SSS	One time	NPMO	Within 1 month after project completion

6.2.2 Formulation and Planning Stage

The formulation and planning phase involves a thorough environmental and social risk assessment to develop a site-specific management plan for addressing identified risks. The need for environmental permits[39] and social licenses[40] from relevant government agencies is also evaluated. Stakeholder engagement activities are conducted to inform affected communities about the EIA findings and proposed mitigation measures. Lastly, to ensure the integration of ESF requirements into the procurement process, E&S provisions will be incorporated into tender and bidding documents, as well as contractor agreements. A step-by-step process is presented in **Figure 6.2**.

6.2.3 Implementation and Monitoring

The implementation and monitoring stage covers the physical construction for infrastructure sub-projects, procurement of medical and laboratory equipment, digital infrastructure, and health-related goods, as well as the execution of the project's soft components. Key ESF compliance activities during this phase include obtaining necessary permits and clearances from LGUs and national government agencies, conducting compliance reporting and site inspections, facilitating capacity-building initiatives, and implementing the grievance redress mechanism. These activities are outlined in **Figure 3** below.

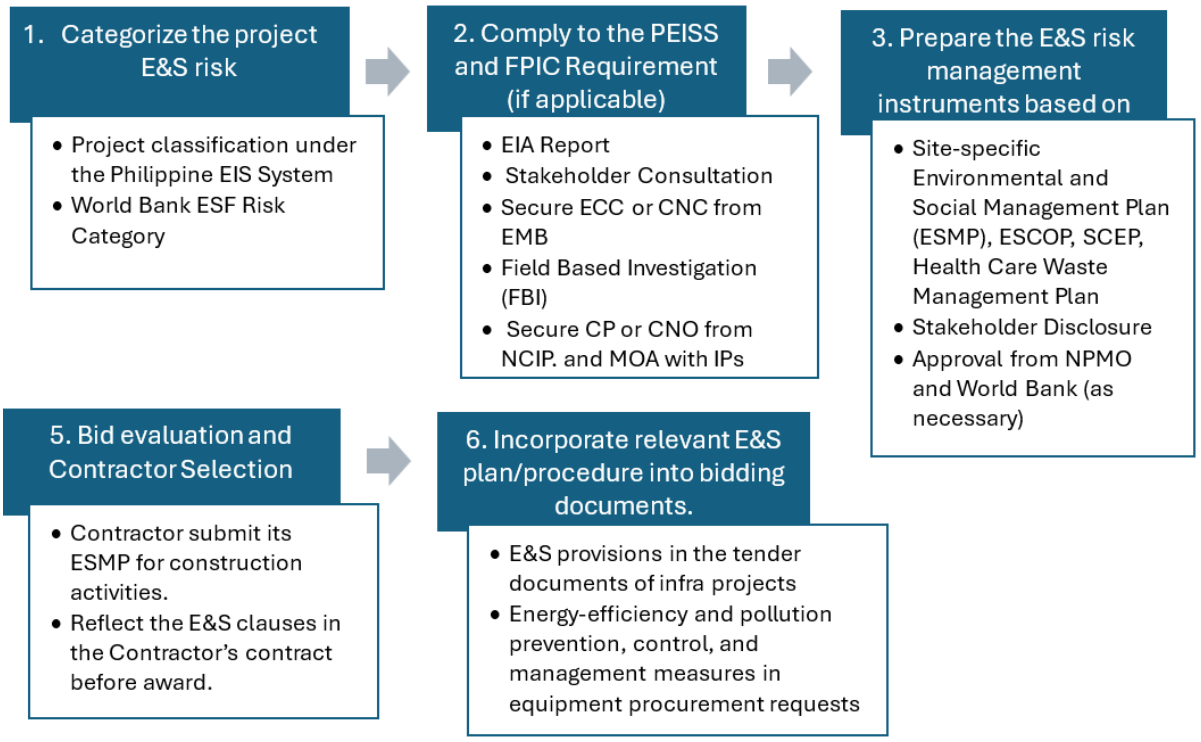


Figure 6.2- ESF in Formulation and Planning Stage

[39] The Philippine Environmental Impact Statement (EIS) system provides the legal and procedural framework for conducting Environmental Impact Assessments (EIAs) for projects likely to have significant environmental impact. Its implementing rules and regulations is provided in the Revised Procedural Manual for DENR AO 2003-30

[40] The guidelines in the issuance of Free Prior and Informed Consent (FPIC), Certificate of Precondition (CP), or Certificate of No Overlap (CNO) is provided in NCIP Administrative Order 2012-03.

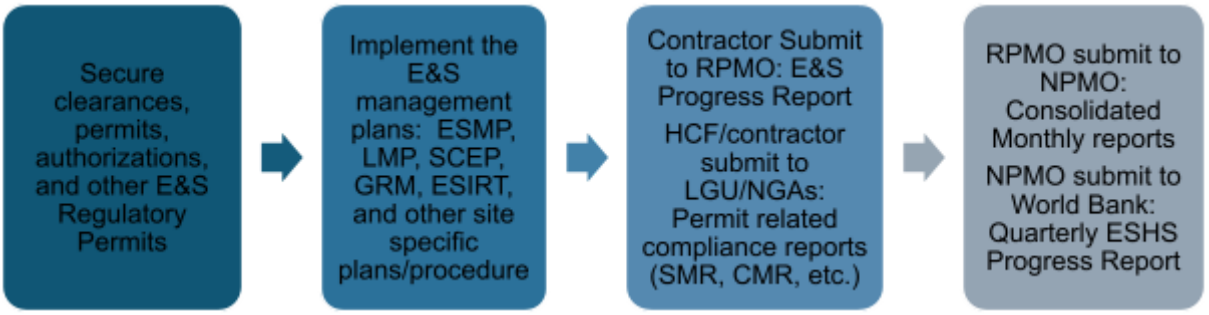


Figure 6.3- ESF requirements during Implementation and Monitoring

6.2.4 Project Completion, Review, and Evaluation Phase

ESF review and evaluation process is most applicable to construction sub-project activities. Completion of the subproject. At least 3 months prior to the construction completion, contractors are required to prepare a site restoration and contractor decommissioning plan to ensure that the construction site is restored and poses no safety hazard to the community. A site inspection shall be conducted by RPMO to verify compliance to ESMP mitigation including the decommissioning and restoration activities. This will be followed by the issuance of a completion certificate upon acceptance of the works and site restoration, and demobilization of contractor's equipment. The site restoration and decommissioning requirement also applies in the case of project termination, while awaiting work resumption.

All completed facilities will also be subject to an evaluation for Green and Resilient facilities. The project completion and evaluation process under the ESF component is summarized in **Figure 6.4**.

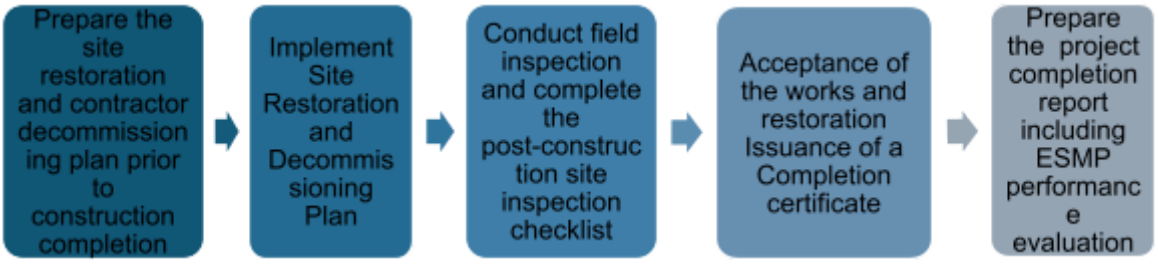


Figure 6.4- ESF Requirements upon Project Completion

6.3 Institutional Responsibilities and Compliance Mechanisms

The DOH is the primary coordinating body for day-to-day project implementation. The respective ESF project staff within the Project Management Office at the DOH Central Office (NPMO) and the regional Centers for Health Development (RPMO) shall be responsible for implementing E&S risk management. These staff members shall be engaged as project personnel and will collaborate closely with the DOH's organic staff to ensure alignment with established processes. This collaboration is expected to strengthen the sustainability of E&S risk management by integrating knowledge and best practices into the DOH's existing systems, thereby ensuring long-term capacity building and institutional continuity. **Figure 6.5** illustrates the structure of the ESF implementing units.

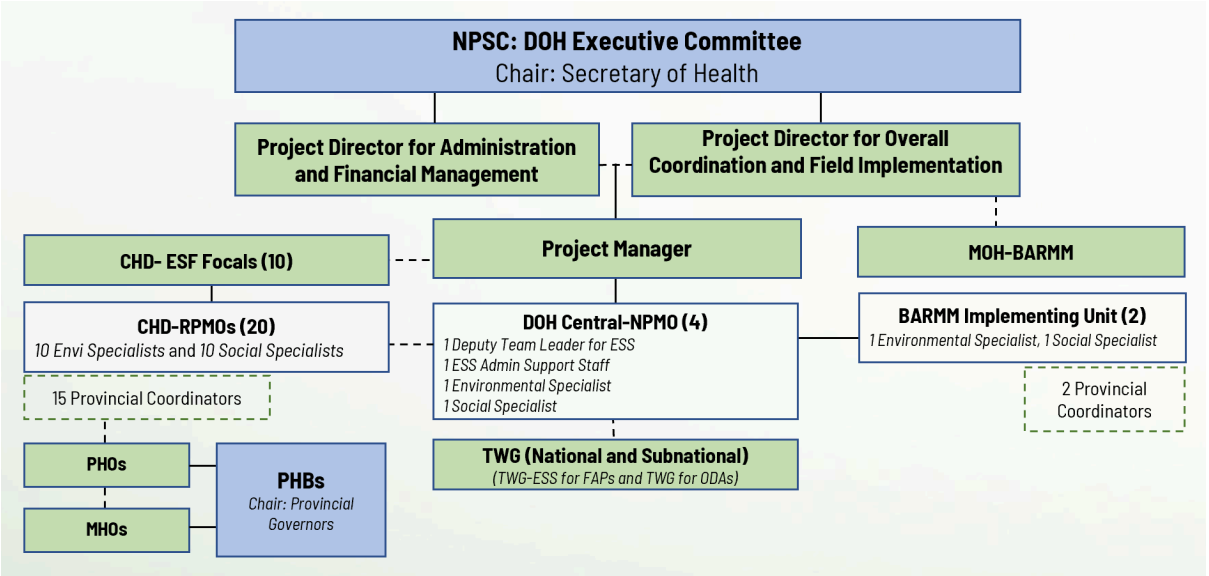


Figure 6.5- Organizational Structure of ESF Implementing Units

The ESF unit under the NPMO shall consist of one Environmental Specialist (ES), one Social Specialist (SS), and one Administrative Support Staff (ASS), all reporting to the Deputy Team Leader for ESF. The team shall be managed by the National Project Coordinator (Team Leader of the NPMO) and will coordinate with the RPMOs and the BARMM Implementing Unit, each of which shall have one ES and one SS. In total, 26 ESF staff will be engaged in supporting the implementation of ESF activities.

At the central level, a Technical Working Committee for ESF will also be established, comprising representatives from designated technical bureaus of the DOH Central Office. This committee will provide technical guidance on ESF implementation. A Department Personnel Order will be issued to formalize its composition and define the roles and responsibilities of the ESF TWG. Oversight of E&S risk management for HSRP shall be provided by the Project Manager.

For the RPMOs, the E&S specialists shall be supervised by the CHD Director or his designated ESF focal person, who shall be an organic CHD staff member. Operational management shall be carried out by the Regional Coordinator (Team Leader of the RPMO), while oversight responsibilities will rest with the UHC-HSC Director as the Project Manager for regional-level activities.

Each of the 17 implementation provinces will have a project hired as a provincial coordinator. Their task will not be primarily ESF implementation but they can assist in the ESF monitoring, inspection, and stakeholder coordination on the local level.

At the operational level, the healthcare facility owner/end-User (LGUs, DOH-CHD, and MOH) or an authorized operator overseeing the facility or rehabilitated asset shall comply with the necessary regulatory requirements, including the preparation of the environmental impact assessment (EIA) report and eventual signing of the accountability statement of the Environmental Compliance Certificate should it be required under the Philippine Environmental Impact Statement System (PEISS).

A summary of the roles and responsibility of the ESF Staff is provided in **Table 6.2** below.

Table 6.2- Roles and Responsibilities of HSRP ESF Staff

UHC-HSC-TO	**Project Manager** ● Hiring and recruitment of NPMO ● Provide overall oversight to the environmental and social (E&S) risk management of HSRP; ● Provide regular updates to the DOH-CHD Management Teams about the progress and issues of the E&S compliance of their respective provinces; ● Coordinate with DOH Project Directors and other DOH Technical Bureaus on relevant E&S-related activities; ● Report progress of E&S implementation to the UHC-HSC.
ESF Technical Working Committee	● Support the NPMO on the environmental and social (E&S) risk management of the HSRP; o Provide technical assistance to NPMO in updating, implementation, review, and monitoring of instruments including the ESMF, LMP, SCEP, GRM, and ESCOPs, among others; o Assist the NPMO in ensuring that the project's E&S initiatives are aligned with existing DOH programs and processes; o Provide capacity building activities for DOH and other relevant partners on E&S risk management for strengthened and effective ESF implementation; o Participate in scheduled field visits to assess ESF implementation and provide recommendations for improvements as needed; o Support the collection of data and relevant information from their office as required by the NPMO ESF team; o Assist the NPMO with policy development and related initiatives to enhance the sustainability of E&S risk management and ensure institutional continuity.
National Project Management Office (NPMO) at the DOH Central Office ● Deputy Team Leader for ESF ● Environmental Specialist ● Social Specialist ● Administrative Support Staff	**Project-based ESF Specialists (4 staff)** ● Collect, review, and provide quality assurance and approval to E&S Screening Forms and ESMPs submitted by RPMOs as relevant; ● Monitor the overall implementation of E&S mitigation and management activities at subnational levels; ● Compile monitoring reports submitted by RPMOs, and report to the World Bank on a quarterly basis; ● Provide technical support and trainings to the ESF specialists based at the RPMOs; ● For the contracts managed by NPMO, ensure that all bidding and contract documents include all relevant E&S management provisions per screening forms, ESMPs, and ESCOPs.
DOH-CHD Regional Offices and BARMM-MOH	CHD Regional Director for the hiring and recruitment of RPMO **Regional ESF Focal (1 staff per region, 11 in total)** ● ESF focal oversees the E&S risk management of the activities taking place in their respective region; ● ESF focal provide regular updates to Provincial Health Offices about the progress and issues of the E&S compliance of their respective provinces; ● ESF focal coordinate with the DOH-CHD regional director and technical offices as relevant for the E&S-related activities; ● ESF focal oversee the project-based ESF Specialists based at RPMO.
Regional Project Management Offices (RPMOs) at DOH-CHD Regional Offices ● Environmental Specialist ● Social Specialist	**Project-based ESF Specialists (2 staff per region, 22 in total)** ● Ensure project activities do not fall under the Exclusion List, and all bidding and contract documents include all relevant E&S management provisions per screening forms, ESMPs, and ESCOP; ● Fill out E&S Screening Forms for relevant subproject activities and submit forms to NPMO;

	● If contracting is managed regionally, ensure that all bidding and contract documents include all relevant E&S management provisions per screening forms, ESMPs, and ESCOPs; ● If relevant, prepare site-specific ESMPs for subproject activities and submit ESMPs to NPMO; ● Monitor the implementation of E&S mitigation and management activities in their region; ● Prepare monitoring reports and submit the reports to the NPMO quarterly; ● Provide technical support and training to local contractors and communities on relevant E&S mitigation measures, roles, and responsibilities.
Provincial Level	**Provincial project coordinator (1 staff per province, 17 in total, ESF is one of their responsibilities among others)** ● Monitor the daily implementation of E&S mitigation and management activities in their province; ● Conduct site inspections and provide regular updates to project-based ESF Specialists at RPMO; ● Liaise with project stakeholders to facilitate the implementation of E&S mitigation and management activities.
Project End-Users and Facility Owners	● Comply with the Project's E&S mitigation and management measures as specified in ESMPs, ESCOPs, and contract documents, as well as national and local legislation relevant to environmental and social compliance actions; ● Take all necessary measures to protect the health and safety of workers and community members, and avoid, minimize, or mitigate any environmental harm resulting from project activities; ● Sign Accountability Statement and fulfill the terms and conditions of project permits, Environmental Compliance Certificates (ECCs) and Free Prior and Informed Consent Memorandum of Agreement, where relevant, and other project clearances.
Local Contractors	● Prepare project- and site-specific Construction ESMP. ● Comply with the Project's E&S mitigation and management measures as specified in ESMPs, ESCOPs, and contract documents, as well as national and local legislation relevant to environmental and social compliance actions; ● Take all necessary measures to protect the health and safety of workers and community members, and avoid, minimize, or mitigate any environmental harm resulting from project activities.

6.4 Stakeholder Engagement

Stakeholder engagement is critical in shaping the project's design and implementation to minimize risks, enhance benefits, and integrate community feedback effectively. This complies with ESS 1, 7, and 10 to uphold social and environmental standards, particularly in engaging Indigenous Peoples (ICCs/IPs) and vulnerable populations.

The **Stakeholder and Community Engagement Plan (SCEP)** has been developed to ensure meaningful stakeholder engagement and transparent information disclosure throughout the project implementation. The overall objective of the SCEP is to establish an inclusive and effective stakeholder participation process, ensuring timely information dissemination and opportunities for feedback.

During the project preparation stage, extensive stakeholder engagement and dialogue have been conducted to gather insights from communities, particularly those potentially affected by the project. This process has provided a platform for stakeholders to express opinions,

concerns, and recommendations, which were considered in the project's design to mitigate adverse impacts and maximize positive outcomes.

A key focus of every engagement is the inclusion of ICCs/IPs and vulnerable groups, ensuring they benefit equitably from health service interventions under HSRP. Stakeholder discussions have also helped enhance understanding of the project's objectives, scope, and potential impacts, while fostering collaboration on strategies to minimize risks and optimize health resilience measures.

6.4.1 Project Stakeholders

Stakeholder refers to individuals or groups that will be affected, likely to be affected, and may benefit from the project (primary beneficiaries, project-affected persons and parties or project beneficiaries), and who may have interest or influence in the project (interested parties). For the purposes of effective and tailored engagement, stakeholders of the proposed Project can be divided into the following categories—primary beneficiaries, interested parties, and, to give a specific inclusion focus on indigenous cultural communities/indigenous peoples (ICCs/IPs), an additional section of this SCEP is dedicated to vulnerable groups. **Figure 6.6** presents the identified stakeholders for HSRP.

6.4.2 Stakeholder and Community Engagement Strategy

The Project prioritizes community and stakeholder engagement, dedicating resources to enhance transparency and accountability through established national platforms. It will strengthen stakeholder participation by supporting:

1. **Health Education and Awareness** – Implementing health education programs via multimedia platforms and campaigns to deliver culturally sensitive information in clear and accessible formats.
2. **Stakeholder Participation** – Engaging citizens in the planning, implementation, and evaluation of health initiatives through annual Local Health Forums.
3. **Patient Support Groups** – Establishing networks to provide peer support and strengthen community involvement in healthcare.

Additionally, the Project will enhance health literacy through targeted awareness campaigns, empowering citizens to understand and effectively use health-related information.

The stakeholder engagement methods will include structured meetings and workshops, multi-stakeholder consultations, joint site visits, small group discussions, interviews, and community meetings in local dialect, among others. Different engagement methods are proposed in **Figure 6.7** and **Figure 6.8** below to deliver various consultation agenda based on the specific stakeholder needs and interests.

The N/RPMO, PHOs/IPHOs, Provincial and District Hospitals, and RHUs, will conduct regular consultations and project disclosure activities, targeting the affected, disadvantaged, vulnerable groups, and other stakeholders, to report the overall project progress, status of environmental and social mitigating measures, and GRM updates.

The Local Annual Health Forums and health awareness campaigns through the community outreach activities will be utilized to inform local stakeholders of the Project progress, key lessons learned, and recommendations to improve project performance. The results of the client/patient satisfaction survey, through interviews and feedback forms at the health facilities, will be reported by the PHOs/IPHOs, Provincial and District Hospitals, and RHUs, through their respective public information bulletins, websites, and other media.



Figure 6.6- Project Stakeholder

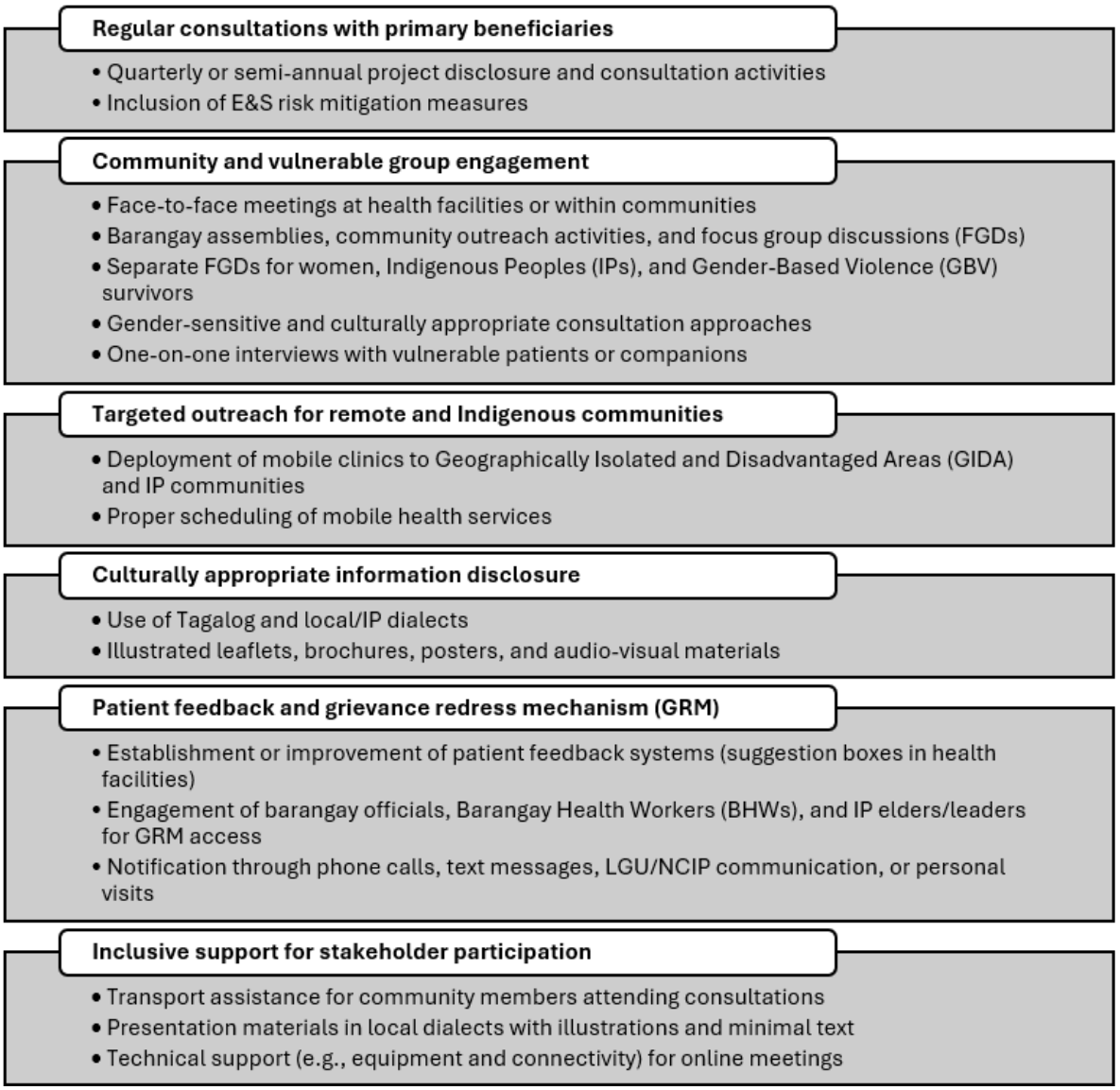


Figure 6.7- Engagement Strategies for Primary beneficiaries, Disadvantaged, Vulnerable Individuals and Groups

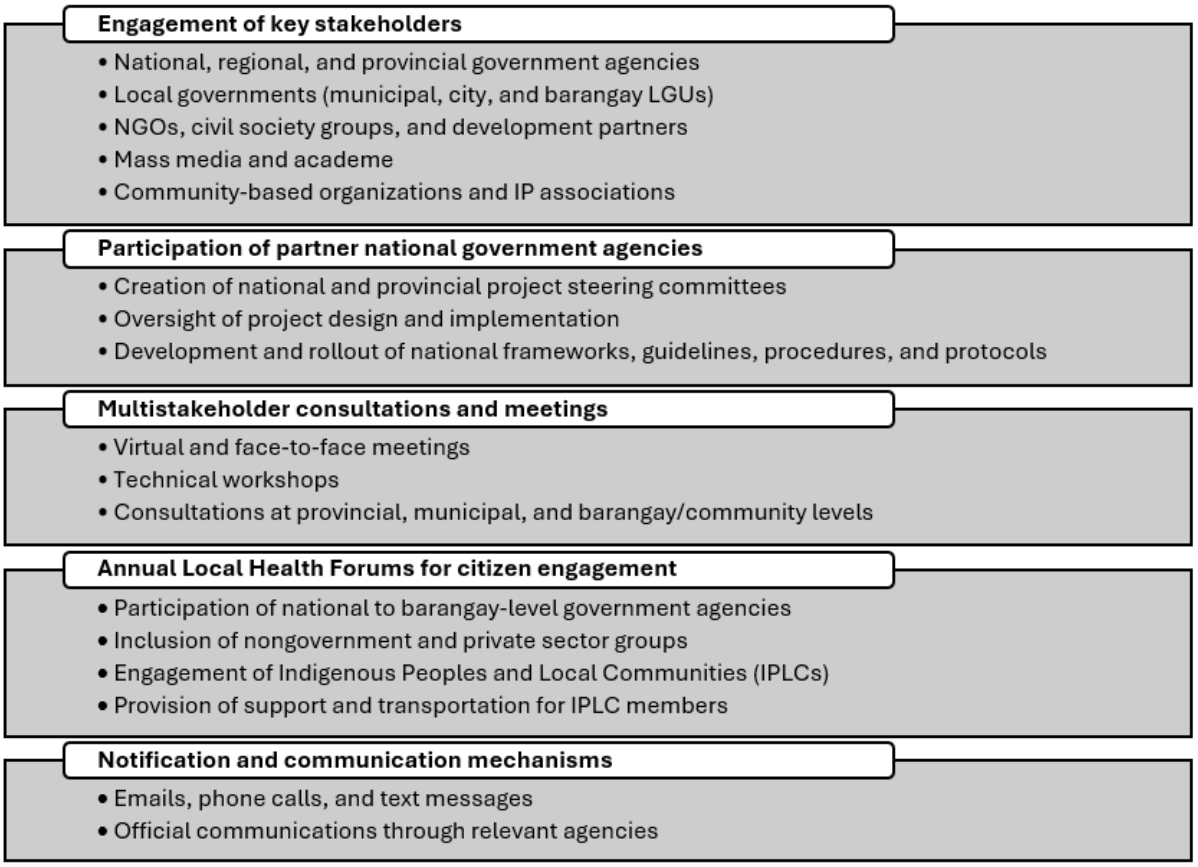


Figure 6.8- Engagement Strategy for Interested Parties

6.4.3 Implementation Arrangement for SCEP

The NPMO will take the lead in the SCEP implementation and in supervising the RPMOs in the specific stakeholder engagement activities under the proposed subprojects. Close coordination between DOH, other government agencies and the rest of the stakeholder groups will facilitate the alignment of the project implementation at the administrative level with the different government agencies.

The Social Specialist of the N/RPMOs will have the following responsibilities:

- anticipate and inform the relevant stakeholders about the possible environmental and social risks and impacts that may arise during the execution of the project;
- support the institutionalization and follow-up (report and resolve grievances from affected persons) on the regional GRM;
- implement and ensure compliance with the dissemination and consultation activities under this SCEP during all the stages of the project; and
- maintain a direct relationship with the stakeholders in the Project's area of influence.

All dissemination and consultation activities will be documented, which will serve as the basis for preparing the quarterly monitoring reports. The persons responsible for documenting the activities of the SCEP and preparing the progress reports will be the social safeguards and environmental safeguards focal persons at the RPMOs and the BARMM Task Force.

6.4.4 SCEP Monitoring and Reporting

The implementation of a site-specific SCEP may be necessary. Supervision and monitoring of the plan implementation is the responsibility of the respective ESF Units of the RPMO and BARMM Task Force, in coordination with the respective PHOs/IPHOs, LGUs, contractors, and community representatives from relevant stakeholders, including the affected and the disadvantaged or vulnerable groups.

The ESF Units in the N/RPMO will arrange stakeholder meetings on a regular basis (i.e., monthly or quarterly) to present the status of the subproject, particularly the implementation of the E&S plans, and gather feedback to improve project performance.

The monthly report to be prepared by the E&S specialists of the RPMO and BARMM Task Force will include accomplishments relative to SCEP, as well as the reported and resolved grievances from affected persons. Multipartite field visits may be done to verify compliance.

The ESF Unit at the NPMO will be responsible for consolidating the monthly submissions of the RPMO into a quarterly report for submission to the World Bank. The reporting will include key updates on the ESF activities, those carried out within the framework of the implementation of the SCEP. It shall also discuss the implementation issues, reported and resolved grievances, and best practices, to guide discussion on improving project management mechanisms and procedures. Prescribed templates for reporting are provided in the SCEP document *[Access the templates here: https://tinyurl.com/SCEP-Template].* The World Bank will incorporate these Quarterly E&S reports in its Implementation Support Missions as the basis for discussions and provision of technical support regarding compliance with ESS 7.

6.5 Indigenous Cultural Communities/ Indigenous Peoples (ICC/IP)

There are approximately 16.3 million indigenous peoples in the Philippines, which account for 14.1% of the national population. Of the 17 provinces under the proposed project, 22.4% of the targeted population belongs to IP and/or ethnic groups. Among the project provinces, Masbate has the lowest percentage of IPs at 0.24%, while the highest percentages are found in Mindanao (96.9%% in Maguindanao del Sur and 87.5% in Maguindanao del Norte).[41]

The identification, appraisal, and design of project activities in enhancing the delivery of essential health services for the ICCs/IPs is guided by the policies and principles presented in **Figure 6.9**.

[41] Lifted from ESMF of HSRP



Figure 6.9- Health Service Delivery for ICCs/IPs

The proposed engagement strategies for ICCs/IPs under the Project will primarily enhance the guidelines and actions outlined in the DOH-NCIP-DILG JMC 2013-01, and Indigenous Peoples Strategic Plan for Health 2025-2028 and its Operational Plan: Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples, including but not limited to the following:

- For subprojects that will potentially affect an ancestral domain, the IP rights are protected by the Republic Act 8371 or the Indigenous Peoples' Rights Act of 1997 (IPRA) and its implementing rules and regulations (NCIP AO 1998-01). This mandates the process of securing a Free Prior and Informed Consent (FPIC);
- Strengthen IP representation in the local health boards and in the annual local health forums under the project;
- Improve inter-LGU coordination and co-management in health service delivery where there is overlap in ancestral domain boundaries of ICCs/IPs and mobile IPs;
- Customize health educational and promotional materials to use local language and simple/indigenous illustrations, visuals, and concepts;
- Engage the participation of IPs/ICCs in health promotion education, especially in the development of related materials and resources;
- Strengthen role of IP health workers and Barangay Health Workers (BHWs) as health service providers and as facilitators towards community-managed health care;
- The project monitoring and evaluation system shall be developed with the participation of the ICCs/IPs;
- In-service training to include barangay health volunteers (BHWs, BNS) and traditional health workers, especially for IP and GIDA communities.
- Mentorship provided to ICCs/IPs members to participate in DOH scholarships and medical trainings; and
- Improved access and communication of health services in GIDA through mobile health units, among others.

6.6 Labor Management

In line with the World Bank's ESS 2 on Labor and Working Conditions, **the Labor Management Procedure (LMP)** establishes guidelines on labor management, covering key areas such as workplace health and safety, fair treatment, non-discrimination, and equal opportunities for Project workers. It serves as a framework for identifying labor requirements, potential hazards, and the necessary resources to address labor-related risks associated with the Project.

The regional DOH, through the N/RPMO and BARMM Task Force, will carry the main responsibility for the implementation and monitoring of the LMP. They will identify subproject activities, prepare subproject designs and bidding documents, as well as procure contractors. DOH will be responsible for contractor and site supervision, technical quality assurance, certification, and payment of works. DOH will ensure that labor management procedures are integrated into the specification section of the bidding documents and the procurement contracts.

As a living document, the LMP was initially developed during the Project's planning phase and will be continuously assessed and updated throughout its implementation.

6.6.1 Description of Project Workers

The LMP covers the Direct Workers[42], Contract Workers[43], Primary Provider Workers, and Community Workers to be engaged for the Project. Characteristics and subcategories for each type are presented in **Figure 6.10**.

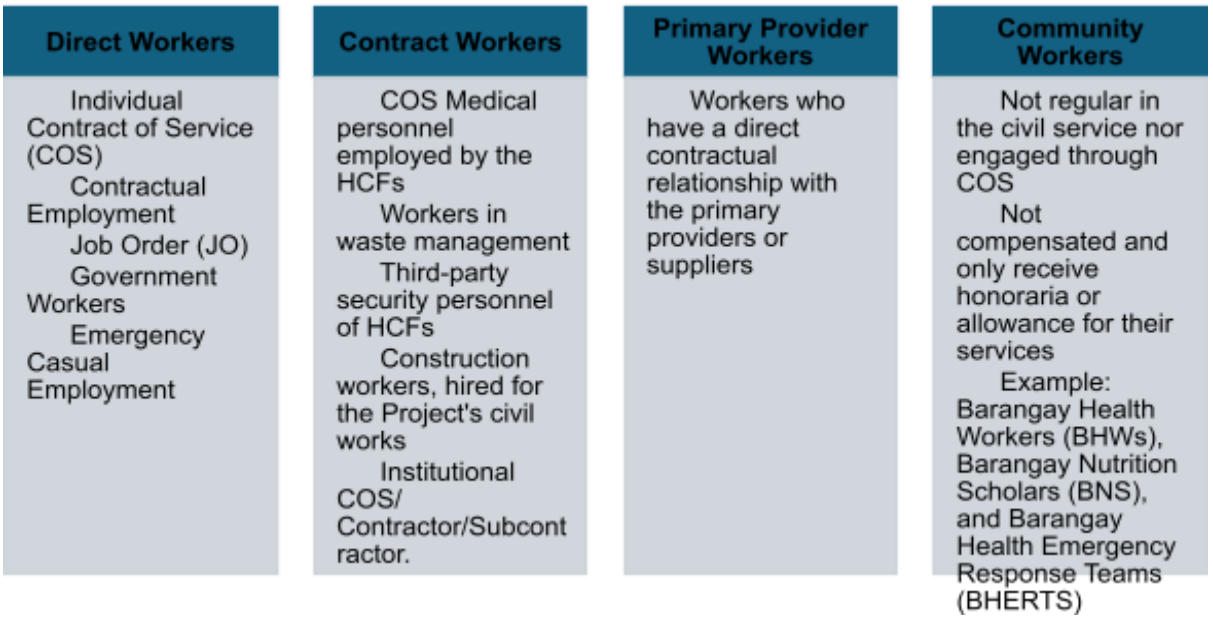


Figure 6.10- Worker Categories covered by LMP

6.6.2 Labor Terms and Conditions

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

Aside from Republic Act No. 11058, also known as the "An Act Strengthening Compliance with Occupational Safety and Health (OSH) Standards and Providing Penalties for Violations Thereof, the Department of Labor and Employment (DOLE) Department Order no. 13 series

[42] The direct workers are workers who are employed and have a direct contractual relationship with DOH and will work directly or perform specialized tasks associated with the project. Please refer to the LMP document for the definition of subcategories: *https://bit.ly/HSRP_LMP*

[43] Contract workers are workers who have a direct contractual relationship with the contractor or third parties to carry out tasks associated with the Project's primary operations.

of 1998 – Guidelines Governing Occupational Safety and Health in the Construction Industry also provides measures to ensure the protection and welfare of workers employed in the construction industry, the protection and welfare of the general public within and around the immediate vicinity of any construction worksite, and the promotion of harmonious employer-employee relationships.

The following international conventions, and directives may also support measures for addressing occupational health and safety issues relevant to the project:

- ILO Occupational Safety and Health Convention, 1981 (No. 155)
- ILO Occupational Safety and Health Recommendation, 1981 (No. 164)
- ILO Occupational Health Services Convention, 1985 (No. 161)
- ILO Safety and Health in Construction Convention, 1988 (No. 167)
- WHO International Health Regulations, 2005
- WHO Emergency Response Framework, 2017

The NPMO, RPMOs, BARMM Task Force, contractors, and any subcontractors shall adhere to labor provisions concerning minimum age requirements, working hours, worker compensation, occupational health and safety, equal treatment, collective bargaining and negotiation, as well as worker contracts and benefits. The labor terms and conditions presented in **Figure 6.11** will be explicitly outlined in the contracts established under the project.

Worker's Age	No person below 18 years shall be employed in hazardous or deleterious work. The project will implement measures to prevent the employment of workers under 18 years old. Worker documentation, especially identity documents, will be verified to confirm age and assigned tasks.
Working Hours	Standard Work Hours: Maximum 8 hours per day, excluding meal breaks Overtime pay follows the corresponding legal provisions
Workplace Health and Safety	Compliance with RA 11058 and OSH Standards, World Bank guidelines, and international best practices. Provide adequate welfare facilities Supply necessary work materials and communication network Conduct medical examinations at hiring, during employment, and upon exit, supervised by a Safety Officer Ensure confidentiality of workers' personal and medical data Maintain hygienic and safe restrooms with facilities for persons with disabilities. Establish designated eating areas at project sites Address mental health and stress management through counseling, seminars, and self-management programs. Implement mandatory safety training, signages, posters, and information campaigns on construction safety protocols.
Inclusive, Respectful, and Equal Treatment of Workers	Prevent discrimination, violence, sexual harassment, and workplace harassment. Coordinate with authorities (PNP, CSC, DOLE, LGUs) for prompt action on complaints. Conduct training and workshops on gender equality and anti-harassment policies. Ensure HR supervision over compliance with gender equality laws and rights of persons with disabilities. Confidentiality of personal and medical records must be maintained. No discrimination against workers with HIV/AIDS; protections per AIDS Policy Act. Zero tolerance for sexual harassment—victims have the right to seek legal assistance. Code of Conduct Compliance: Incorporated into project contracts for contractors and subcontractors.
Collective Bargaining	Guaranteed right to self-organization, collective bargaining, and peaceful protest Both unionized and non-unionized workers are entitled to labor rights

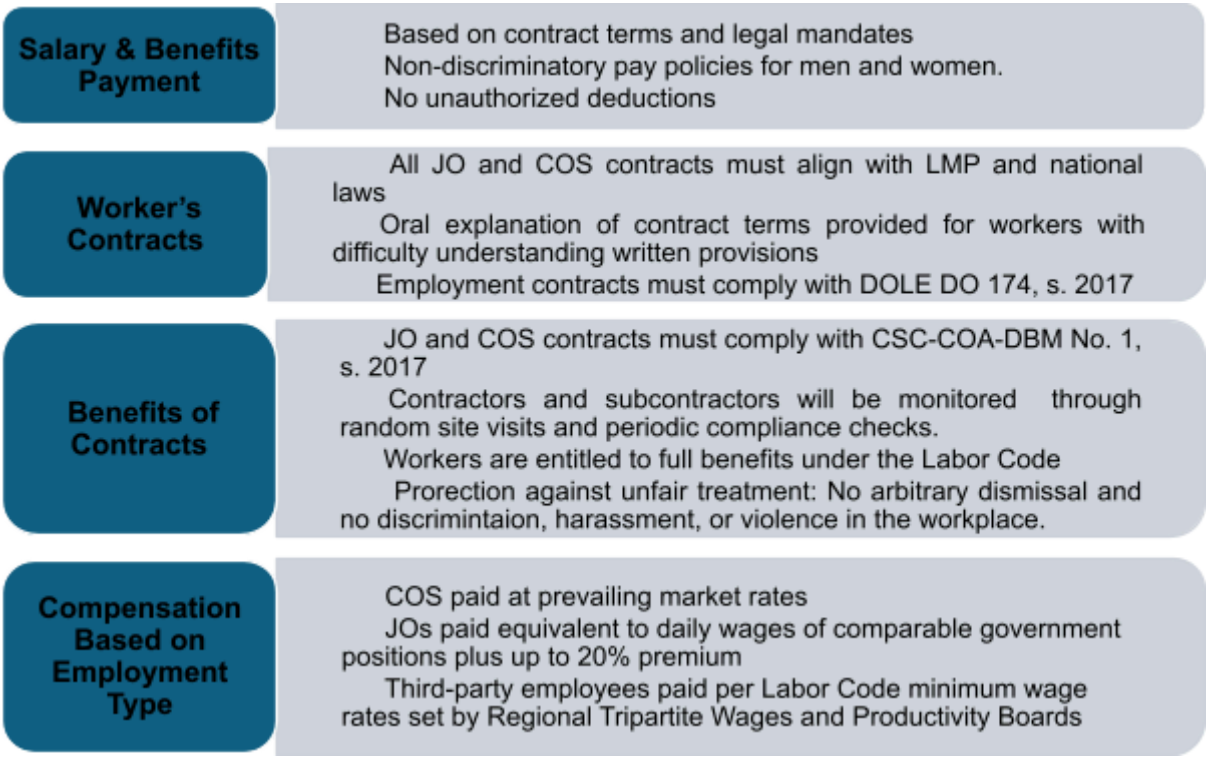


Figure 6.11- Labor Terms and Conditions for Project Workers

6.6.3 Project Specific Labor Procedure

The following general labor management procedures (**Figure 6.12**) shall be complied with by the DOH and contractors and will be the responsibility of the CHD, supported by the RPMOs:

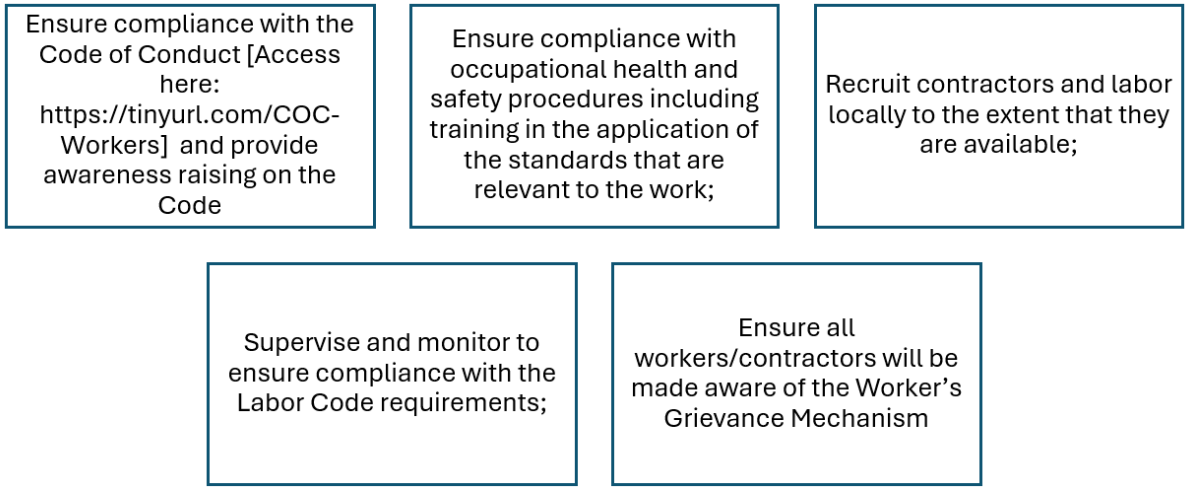


Figure 6.12- General Labor Management Procedure

To achieve and maintain a healthy and safe work environment for all project workers and the community, the DOH, through the N/RPMO shall require the contractors to adhere to the Occupational Health and Safety (OHS) guidelines in **Figure 6.13**:

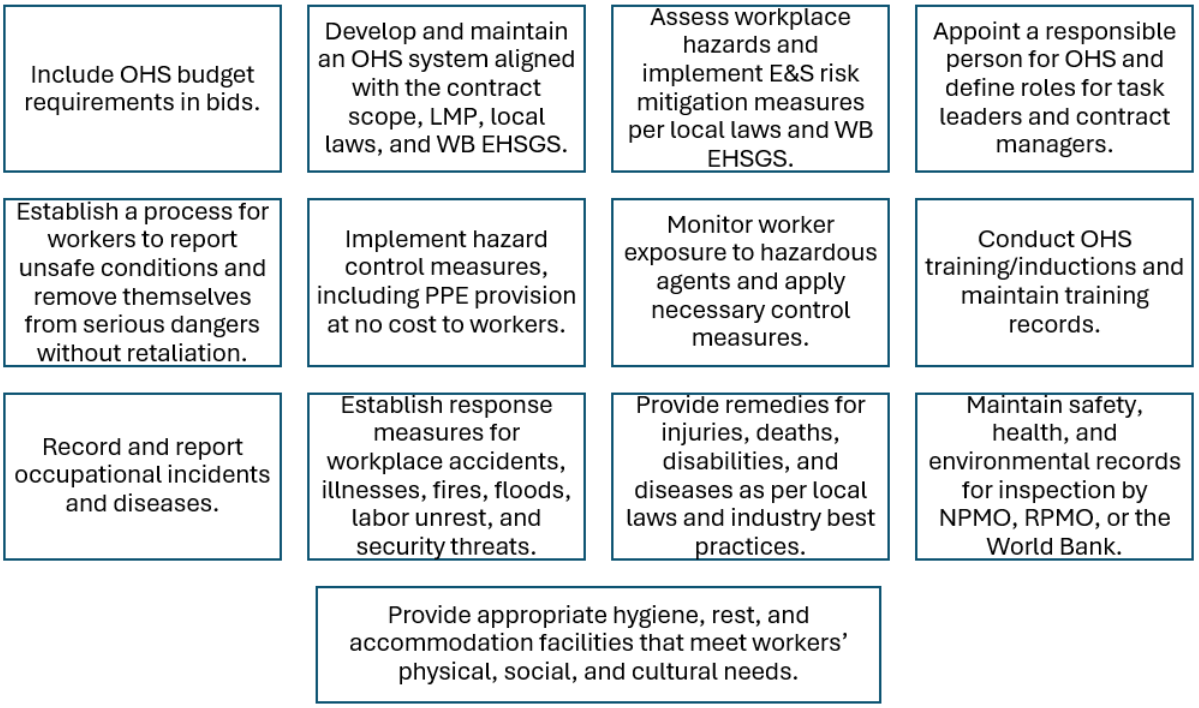


Figure 6.13- OHS Guidelines

6.6.4 Contractor Management Procedure

The responsibility for compliance with the LMP will be cascading, and not only applicable to N/RPMO, BARMM Implementing Unit, PHOs, and MHOs, but also on the contractor, subcontractors, and the primary suppliers or third parties in charge, which will be incorporated in the respective contracts.

To empower the NPMO, RPMO, and MOH with contractual authority to oversee contractors and take action against non-compliance with the LMP, the following Contractor Management Procedures (**Figure 6.14**) shall be implemented:

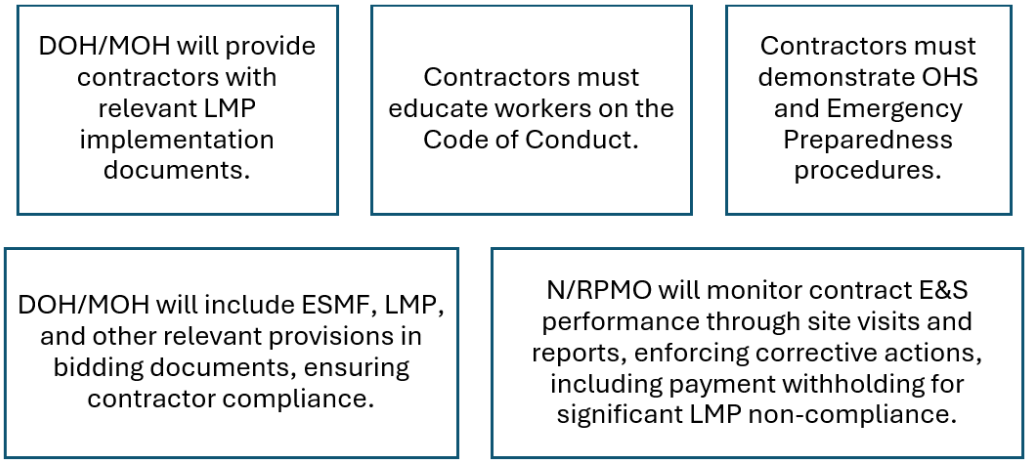


Figure 6.14- Contractor Management Guidelines

6.6.5 Procedures for Primary Suppliers

To effectively manage labor-related risks, particularly the prevention of child and forced labor and the mitigation of serious safety concerns arising from primary supply workers, the NPMO, RPMO, and all contractors will implement a series of proactive measures. They will ensure that all supplies are sourced exclusively from legally constituted suppliers, thereby upholding ethical procurement standards. Additionally, they will conduct thorough due diligence to verify that primary suppliers adhere to responsible labor practices. This includes confirming that suppliers perform age verification checks, employ workers without coercion or force, and maintain fundamental occupational health and safety (OHS) systems to protect their workforce. Through these measures, the project aims to foster a fair, safe, and compliant working environment across its supply chain.

6.6.6 Procedures for Community Workers Engagement

This procedure aims to ensure that community workers participate voluntarily and fully understand and agree to the terms and conditions of their employment. To uphold these standards, the DOH through, N/RPMO, and contractors engaging community workers will adhere to the following guidelines listed in **Figure 6.15**.

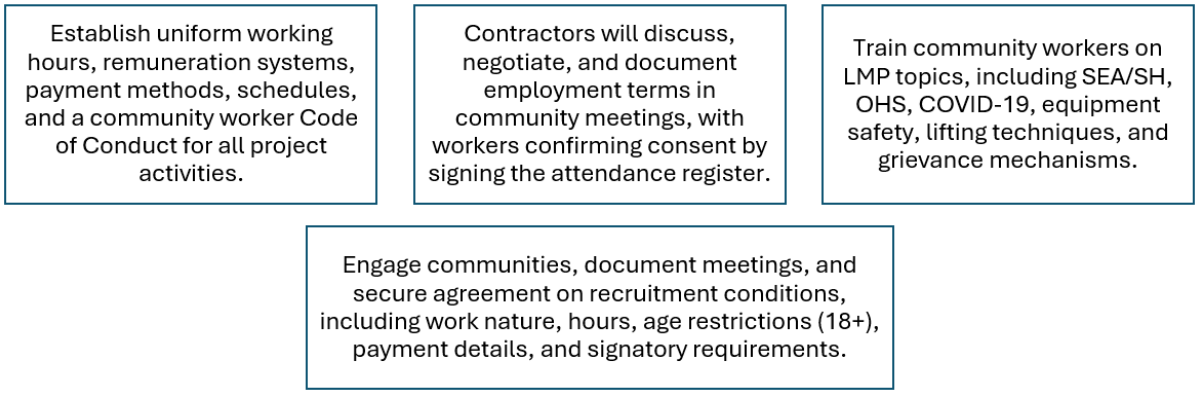


Figure 6.15- Community Workers Guidelines

6.7 Grievance Mechanism

The establishment of a **Grievance Redress Mechanism (GRM)** for the project aims to assist in resolving complaints, issues, claims and grievances and respond to queries or feedback raised by beneficiary groups or project-affected persons in connection with the project, particularly on environmental and social performance. The GRM will allow stakeholders to submit grievances, claims, complaints, issues, queries, or feedback regarding the Project and ensure that these are received, reviewed promptly, and addressed effectively and efficiently. The GRM also contributes to building trust and cooperation among the project stakeholders.

Please refer to **Section 7** of the POM entitled Grievance Redress Mechanism for its detailed discussion.

7 Grievance Redress Mechanism

The Grievance Redress Mechanism (GRM) aims to receive feedback and resolve complaints efficiently, effectively, and fairly, ensuring the satisfaction of all parties involved. It provides a transparent and credible process that fosters trust and cooperation as part of broader community engagement efforts. Specifically, the GRM:

- Provides affected people with avenues to submit grievances, complaints, claims, issues, queries or feedback that may arise throughout the project implementation phases;
- Ensures resolution in a timely, effective and efficient manner;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

The GRM is open to all Project stakeholders, including DOH personnel, health workers from provincial to barangay levels, project-affected communities, people's organizations, and civil society organizations.

The GRM is anchored in existing national policies, including:

- DOH Citizen's Charter (2nd Edition, 2020)
- DOH Administrative Order No. 2015-0048 – Revised Procedures on Handling Administrative Disciplinary Complaints in the DOH
- CSC Resolution No. 1701077 – 2017 Rules on Administrative Cases in the Civil Service (2017 RACCS)
- DILG Memorandum Circular No. 2017-109 – Designation of a Permanent Action Team for Citizen's Complaint Hotline 8888
- Labor Code of the Philippines (Presidential Decree No. 442 of 1974, as amended and renumbered)

Additionally, the GRM aligns with the Environmental and Social Framework (ESF) and Environmental and Social Standard (ESS) 10, ensuring compliance with international best practices for stakeholder engagement and grievance resolution.

7.1 GRM Implementation Arrangement

All project stakeholders can submit grievances, feedback, or complaints regarding project performance or activities, throughout the project implementation. A structured approach to grievance management ensures transparency, accountability, and timely resolution of grievances throughout the project lifecycle.

Figure 7.1 below shows the primary actors as regards the GRM implementation.

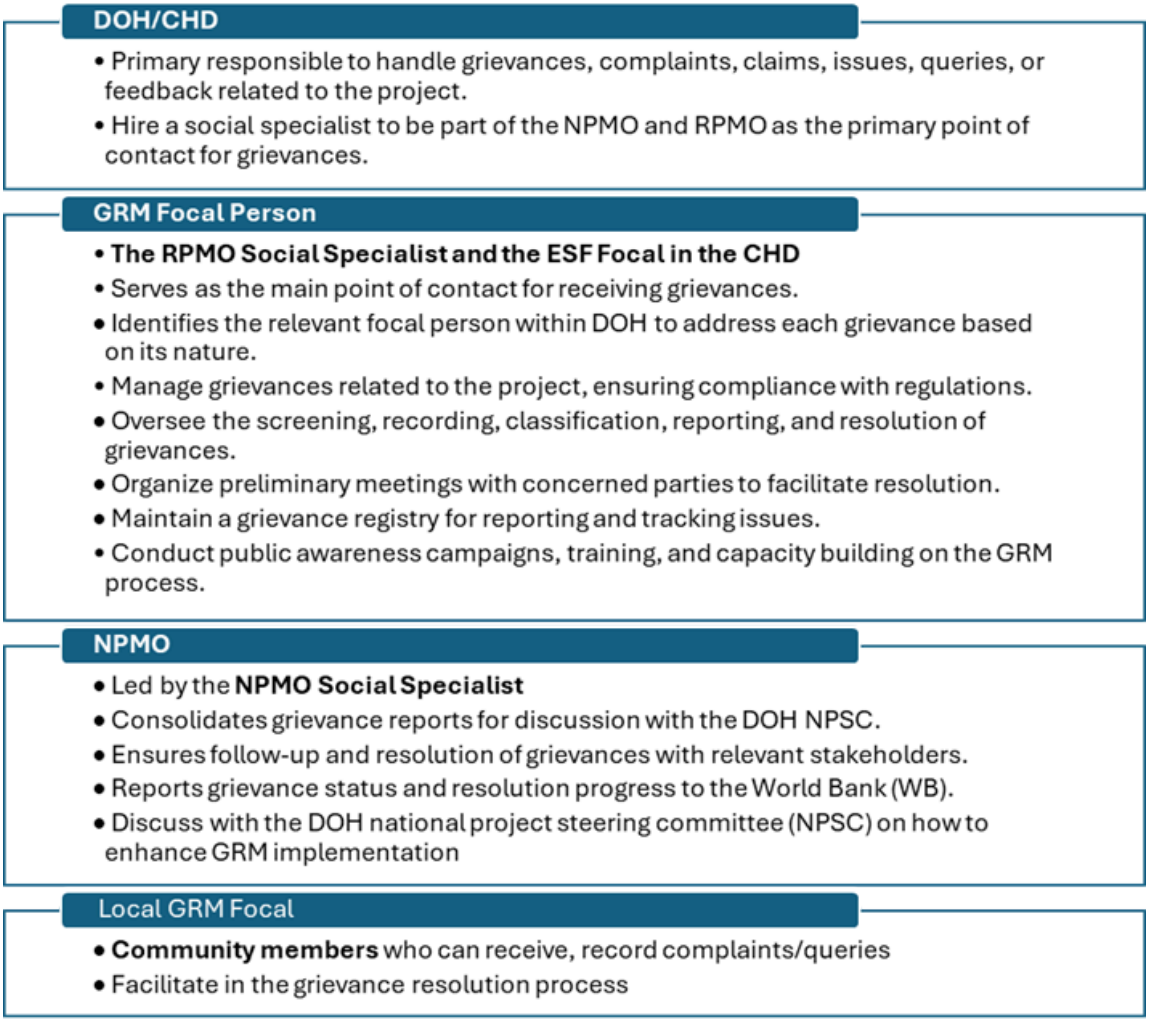


Figure 7.1- GRM Implementing Units

7.2 GRM Access

Various existing and newly established platforms will be used to ensure the Project GRM is accessible to all stakeholders.

All the grievances received through the different channels listed in **Figure 7.2**, whether verbal or written, will be integrated into a single GRM Case Registry Database, which will serve to generate the necessary reports, including the information on the grievances received by the contractors and their replies to them. This information will be taken into consideration in the quarterly ESF monitoring report to be submitted to the World Bank.

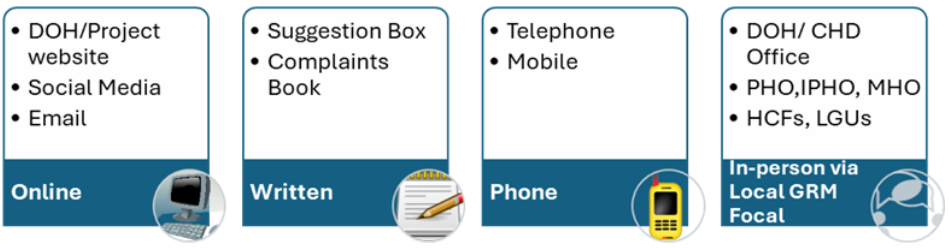


Figure 7.2- GRM Uptake Channels

Public disclosure of the contact details to access the GRM system will be undertaken through the DOH website, public announcements posted in the offices of the partner LGUs, hospitals, health centers, and in strategic places of the project's area of influence. Access to the project's GRM system will also be incorporated in the HSRP's information materials that will be developed, such as project brochures, flyers, posters, and video materials posted online (i.e., DOH and WB websites, YouTube, and other social media platforms, etc.).

Public disclosure of the contact details to access the GRM system will be undertaken through the DOH website, public announcements posted in the offices of the partner LGUs, hospitals, health centers, and in strategic places of the project's area of influence. Access to the project's GRM system will also be incorporated in the HSRP's information materials that will be developed, such as project brochures, flyers, posters, and video materials posted online (i.e., DOH and WB websites, YouTube, and other social media platforms, etc.).

7.3 Grievance Investigation and Resolution Process

Individuals or groups can provide feedback on HSRP activities, particularly on social and environmental performance, including impacts on indigenous communities, cultural heritage, community health and safety, labor conditions, and environmental quality. Complainants may include project beneficiaries, affect persons/households, or concerned organizations.

The GRM includes an appeals process for unresolved complaints. If all resolution efforts fail, complainants will be informed of their right to legal recourse. Sensitive and confidential complaints, such as Sexual Exploitation and Abuse/Harassment (SEA/SH) cases, will be handled per the World Bank ESF Good Practice Note on SEA/SH.

For labor-related grievances, contractors will appoint a Grievance Focal Person (GFP) and implement Labor GRM procedures in compliance with ESF requirements, Contracts, and the LMP. Monitoring and reporting of the Labor GRM will align with the main Project GRM. Worker grievances will follow the Contractor's GRM procedures, as outlined in the LMP.

If dissatisfied with the GRM resolution, individuals may escalate their case to judicial authorities, whose decisions will be binding. The World Bank and DOH prohibit reprisals and retaliation against stakeholders voicing concerns. The GRM process follows the steps shown in **Figure 7.3**.

In case the complaints or grievances are irrelevant to the project, the said case shall be referred to the appropriate office aside from informing the complainant. Moreover, special cases that are not within the capacity or jurisdiction of the MHO, PHO/IPHO, DOH CHD RPMO and NPMO shall be referred to the appropriate authority.

The GRM process, along with the prescribed timeline and process documentation is outlined in **Table 7.1.**

In case the complaints or grievances are irrelevant to the project, the said case shall be referred to the appropriate office aside from informing the complainant. Moreover, special cases that are not within the capacity or jurisdiction of the MHO, PHO/IPHO, DOH CHD RPMO and NPMO shall be referred to the appropriate authority.

A case will be registered as resolved if the Resolution Form or any other document of its equivalent has been secured from the complainant. If the complainant is still not satisfied with the decision of the DOH NPMO in the absence of any response within the stipulated time, the case will be deemed closed. The complainant, as a last resort, may opt to submit his/her case to the court, in which the decision is final.

The RPMOs will prepare a quarterly report to be submitted to the NPMO containing a summary of the grievances/concerns, the measures implemented, as well as the time taken to process and, if applicable, the amount executed to pay attention to the case.

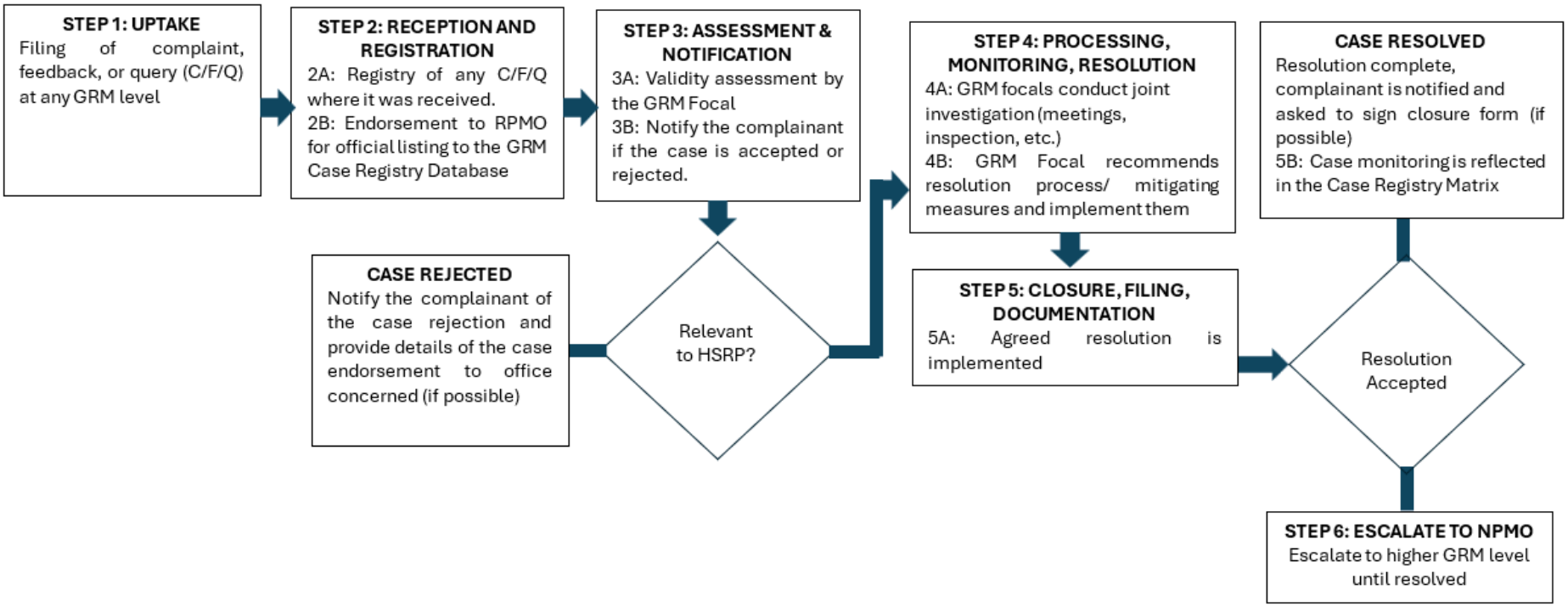


Figure 7.3- GRM Process Flow

Table 7.1- Steps in resolving grievances

Step 1: UPTAKE Filing of complaint, feedback/ query at any GRM level	complaint, feedback, query is submitted and received via the following channels: Telephone, Mobile, Email, Social media, letter to Grievance focal points at DOH CHD RPMOs, walk-in via grievance logbook/ suggestion box* **The suggestion box will be checked by the GRM Focal daily, and will be recorded, filed, and processed according to the GRM resolution steps.*	***Feedback/ Complaint/ Query Form**** ** Feedback/ Complaint/ Query Form shall be filed to the GFP of the relevant office/level (i.e., RPMO, N/PMO, HCF)*	1 working day	GRM Focal Person (GFP) at any level
Step 2: RECEPTION AND REGISTRATION Registry of any complaint, feedback/ query in the registry.	2A: Registry of any complaint, feedback, query will be recorded by the relevant office/level where it was received or filed* **If received at the barangay/IP community level, or LGU level (Provincial/City/Municipal), it shall be endorsed to relevant RPMO SS Unit tasked to register and update the status of all queries, feedback, and complaints into a web based GRM Case Registry Database.* 2B. The grievances received is identified with a registration number, with date and time of receipt, name of the complainant* and contact details, as well as the nature of complaint, feedback, query. ** For anonymous grievances, if possible, contact details will be noted, data will be treated confidentially.*	***GRM Case Registry Database*** ***Grievance registration number***	1-2 working days	GRM Focal Person (GFP) at any level

Step 3: ASSESSMENT & NOTIFICATION Assessing and admission of the validity of the query, feedback, or complaint.	3A: Validity of the complaint, feedback, query is assessed by the GRM Focal Person to determine the admission of the case. 3B: The GRM Focal Person notifies the complainant within a period not exceeding **10 days,** whether the case is accepted or rejected* by means acceptable to the complainant (i.e., official letter or email). **If not relevant to the project, the case shall be referred to the appropriate office aside from informing the complainant.* *If the intervention of external institutions is required to DOH, but linked to the Project, the grievance will be referred to the corresponding entity and the coordination and monitoring of the case will be carried out.* *The GRM Focal recipient also verifies if the case is appropriate for their level. If not, he will notify and endorse the grievance to the appropriate level for proper resolution.*	***Reply Format to the Complaint***	2-3 working days	GRM Focal Person (GFP) at any level

Step 4: PROCESSING, MONITORING & RESOLUTION Processing, monitoring, and implementation of mitigating or corrective measures	4A: If complaint, feedback, query is valid, the GRM focals concerned (local and regional level) organize meetings and/or site inspection visits with the relevant parties/ agencies/ contractors to discuss/investigate the case. 4B: The RPMO GRM Focal outlines recommendations to resolve the case and communicates to the complainant* to vet the proposed resolution **If the complainant or aggrieved party finds the mitigation measures acceptable, the RPMO GRM Focal will implement the mitigation measures.* **Alternative Scenario: The complainant cannot be reached** The Legal Unit of CHD will intervene and prepare a document that certifies the attention of the case, and it will be considered 'Closed.' 4C: Implement the agreed resolution/ corrective action plan, with complete documentation. When the measures have been implemented and throughout the process, the complainant will be formally notified for updates through the address and/or via email. Upon completion of mitigation measures, the case will be considered **'Closed.'** *All proceedings will be recorded and copies of the minutes of meetings will be provided to the complainant.*	***Proceedings documentation*** ***Corrective Action/ Resolution Plan*** ***Legal certification*** ***Proceedings documentation, Regular updates***	3-20 working days, in line with the ARTA Law or the Act of Promoting Ease of Doing Business (RA 11032) ***Simple grievances –*** *within 3 working days* ***Complex grievances –*** *within 7 working days* ***Highly technical grievances –*** *20 working days*	GRM Focal Person (GFP) at any level

Step 5: CLOSURE, FILING, DOCUMENTATION Confirmation of the case closure and proper documentation	5A: The aggrieved party agrees with the resolution, and the Case Closure/Resolution Form* is signed by the complainant to confirm closure, if possible. **Copy to be sent to the concerned LGU (Municipal/City/Provincial) and RPMO.* **Alternative Scenario: Signing of Closure Form is not possible due to complainant refusing to meet and sign personally** Complainants will be communicated through their provided contact information and will be asked to confirm the resolution via text message or email, after which the case will be considered **'Closed.'** **Alternative Scenario: Anonymous complaints or complainants cannot be reached** In the case that the complainants cannot be contacted, the case will be dealt with and after implementing the measures, the case will be considered **'Closed.'** **Alternative Scenario: Complainant Dissatisfied with the Outcome of Resolution and Appeal** The Project's GRM admits appeals and if the person who wishes to appeal requires it, they may request a meeting with the relevant RPMO GRM Focal. In the event of not reaching an agreement on the appeal, the parties may turn to an impartial third party to address the outstanding controversy or another instance they deem necessary.	***Case Closure/Resolution Form*** ***Case Registry Matrix:*** Date of receipt of the case Personal data of the complainant (name, telephone, e-mail, address). Type of case: Categorized according to the corresponding topic Closing date: The date on which the respective minute signed will be recorded.	10 working days	GRM Focal Person (GFP) at any level

	5B: DOH NPMO and RPMOs will keep a record of grievances throughout the life cycle of the Project and will be safeguarded by data security measures. Monitoring will be carried out through the Case Registry Matrix			
Step 6: ESCALATING GRIEVANCE TO NPMO	If no understanding or amicable solution is reached, or if no response is received from the relevant RPMO within **15 days** after the registration of complaint, the complainant can elevate appeal to the NPMO. The NPMO will organize meetings with relevant parties to discuss how to resolve the matter. If the aggrieved party agrees with the mitigation measure, DOH NPMO will implement it. The NPMO will implement mitigation measures within **30 working days** of receiving the appeal. When the complaint is resolved, the **Case Closure/Resolution Form** will be signed by the complainant and uploaded in the grievance registry along with other relevant documents.	***Case Closure/Resolution Form***	30 days	N/RPMO

7.4 Special Case Grievances

Below are special cases of grievances that will require special handling and management.

Grievances related to labor issues, including cases of sexual harassment associated with labor issues, would have a separate treatment that is aimed at protecting the confidentiality of those affected and avoiding retaliation associated with filing the grievance, and if necessary, instruct provides a mechanism for handling grievances for workers.

The cases that are the product of the labor relationship would have to follow the path of the LMP of the project (Section 9 of LMP: *https://bit.ly/HSRP_LMP*). Grievances about gender violence, sexual harassment, among others of this nature, will be treated with priority in this mechanism. This, without prejudice to the fact that the affected persons may file their grievance before the competent authorities, such as the Committee on Decorum and Investigation of the relevant government agency, Barangay Council, Rural Health Units, local police, City or Municipal Social Welfare and Development Office, among others.

Every grievance raised by a contractor worker will be documented with the actions undertaken by the office to address such grievance. The aggrieved worker may raise any issue anonymously through a letter which shall be submitted to his/her immediate supervisor's office. All non-anonymous grievances relative to adequate working conditions, standard occupational safety and health and other concerns from the workers shall be addressed following the procedures outlined below:

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

The registered cases received by the contractor or subcontractor will be processed by the operational area of the contractor/subcontractor company. The procedures indicated in the present SCEP and LMP are not only for the exclusive fulfilment of DOH but will also be extended to contractor companies (civil works executor) and subcontractors; and, therefore, its use and knowledge is mandatory.

Grievances related to gender-based violence, including cases of sexual exploitation, abuse, and sexual harassment. The handling of gender-based violence cases, including sexual exploitation, abuse, and sexual harassment (GBV-SEAH) will be guided by the country's relevant laws and World Bank's Guidance Note for addressing GBV-SEAH.18 The relevant country policies on GBV-SEAH include: (a) RA 7877 or Anti-Sexual Harassment Act (1995), (b) RA 9262 or Anti-Violence against Women and their Children Act (2004), and (c) RA 11313 or Safe Spaces Act (2019). Following World Bank's good practice notes on addressing GBV-SEAH civil works, to enable the survivors to safely access the GRM, multiple channels through which complaints can be registered in a safe and confidential manner will be enabled. The DOH NPMO, RPMO, and BARMM Implementing Unit will assist

the survivor/s by referring them to the local GBV service providers for support immediately after receiving the complaint from a survivor. For GBV SEAH cases, the GRM should primarily serve to refer complaints to the GBV service provider, and record resolution of the complaint. The referral of GBV-SEAH related complaints will be forwarded to the assigned and competent institutions such as the Barangay Violence Against Women and Children (VAWC) Desks, City/Municipal Social Welfare and Development Offices, Women and Child Protection Units in several hospitals, local police stations, and Public Attorney's Offices, for psycho-social, medical, security, legal, recovery, and rehabilitation support. The list of VAWC Hotlines by region, province, and municipality/city can be accessed through the website of the Philippine Commission on Women found here: https://pcw.gov.ph/violence-against-women-helplines/.

Grievances related to the participation of indigenous peoples, culturally appropriate and accessible. Topics to be discussed would include verification of FPIC following the ESMF.

8 Results Monitoring and Evaluation Arrangement

8.1. Key Monitoring and Evaluation (M&E) Activities

The key monitoring and evaluation activities and arrangement are listed in the Table 8.1 below.

Table 8.1 Key monitoring and evaluation activities

	Activities	Schedule	Leading/Coordination Office	Remarks
1.	Project progress update	Monthly (10th of month)	NPMO for overall update and validation of CHD/RPMOs' submission	A digital project dashboard and progress update template, such as a Google Form, will be created. The NPMO (for central activities) and RPMOs (for LGU activities) are requested to provide inputs to the NPMO to update the project dashboard every two weeks.
2.	Project meeting	Monthly (scheduled between 15th -20th each month to discuss the progress update submitted under #1)	NPMO	Virtual meetings, led by the Project Director, between the World Bank and DOH CO and CHDs to review progress and address any issues. The agenda for the meeting will be agreed between DOH CO and the World Bank 1 week before the meeting.
3.	LGU field visit	WB and DOH – at least four times per year UHC-HSC TO/NPMO/RPMO – as needed.	UHC-HSC TO, RPMO	Each field visit will involve visiting project sites in at least one region; a total of at least four regions will be visited annually. Two field visits are included in the semi-annual regular implementation support missions (ISMs, see #5) and two between these ISMs regular and ad-hoc, initially scheduled every quarter and subject to the needs and actual project status in the project provinces.
4.	Consolidated project progress report (including result framework)	Semi-annually (6-month interval, tentatively every May, November); to be submitted to the World Bank by NPMO one week before the missions	UHC-HSC-TO for overall update in collaboration and for following up and validation of CHD/RPMOs' submission	A project progress reporting template using Google Forms will be developed and deployed for bi-annual reporting. NPMO (for central activities) and RPMOs (for LGU activities) will submit their reports to NPMO for review and consolidation two weeks prior to missions.
5.	Project implementation support mission (ISM)	Bi-annually; might be more frequent according to the needs	UHC-HSC TO	Overall project ISMs include: (i) reviewing overall progress, (ii) holding one-to-one meetings with each CHD, and (iii) conducting a field visit to one CHD.

6.	Mid-term review (MTR) report	No later than 24 months after the Effective Date	UHC-HSC TO	A consolidated mid-term review report includes an assessment of the following: (i) overall progress in Project implementation; (ii) progress on procurement and disbursement; (iii) implementation arrangements; (iv) the results of the monitoring and evaluation activities performed, and (v) the need to make any adjustments to the Project and the measures recommended to ensure the continued efficient implementation of the Project and the achievement of its objectives.
7.	MTR mission	No later than 60 days after the submission of MTR report or 26 months since the Effectiveness Date	UHC-HSC TO	The MTR mission is to evaluate the progress of projects to ensure they are on track to achieve their intended outcomes and discuss any necessary adjustments.
8.	Thematic meeting	As needed	UHC-HSC TO	These meetings are scheduled as necessary to address specific project issues. Such meetings will be requested well in advance with the topics/issues including suggested solutions for both DoH and Bank task team preparation. . If possible, thematic meetings will be combined with the monthly meeting as appropriate.

8.2. Results Framework and M&E Plan

The Results Framework is presented in Table 8.2 and Table 8.3 . All the baselines and targets measure only the 17 project provinces (hereinafter referred to as “project provinces”). They exclude the highly urbanized cities of Iloilo City, Tacloban City, Zamboanga City, Iligan City, Cagayan de Oro City, and General Santos City, as well as Cotabato City. The achievement of Results Framework should be updated bi-annually as part of the project progress report.

Table 8.2: Results Framework - PDO Indicators by PDO Outcomes

Baseline	Closing Period
Improve utilization and quality of health services	
Percentage of fully immunized children (Percentage)	
Dec/2023	Jun/2030
58	80
Percentage of Rural Health Units that are licensed as Primary Care Facility (Percentage)	
Dec/2023	Jun/2030
38	80

Percentage of adults aged 20 years and above who were risk-assessed using PhilPEN protocol (Percentage)	
Dec/2023	Jun/2030
20	40
Enhance health emergency prevention, preparedness, and response	
Number of project provinces with improvement in IHR Core Capacity from baseline (Number)	
Dec/2023	Jun/2030
0	10

Table 8.3: Results Framework - Intermediate Indicators by Components

Baseline	Closing Period
Component 1: Strengthening Climate-Resilient Provincial Health Systems	
Number of health facilities constructed, renovated, or refurbished (Number)	
Dec/2023	Jun/2030
0	192
Number of project provinces with dedicated warehouses for storing medicines and medical supplies (Number)	
Dec/2023	Jun/2030
0	6
Percentage of Component Cities/Municipalities with at least one primary care facility staffed by a team of certified primary care workers (Percentage)	
Dec/2023	Jun/2030
13	70
Number of Provincial Health Offices with established system for quality of care in line with National Quality of Care Framework (Number)	
Dec/2023	Jun/2030
0	14
Percentage of 9-year-old girls who have received the HPV vaccine (Percentage)	
Dec/2023	Jun/2030
5.30	50
Number of people receiving quality health, nutrition, and population services (Number of people)	
Dec/2023	Jun/2030
0	10,000,000
- Number of people receiving quality health, nutrition, and population services - Female (Number of people)	
Dec/2023	Jun/2030
0	5,000,000
- Number of people receiving quality health, nutrition, and population services - Youth (Number of people)	
Dec/2023	Jun/2030
0	1,000,000
Component 2: Strengthening Health Emergency Prevention, Preparedness, and Response Systems	
Number of project provinces with functional Provincial Epidemiology and Surveillance Units (Number)	
Dec/2023	Jun/2030
5	14
Percentage of Component City/Municipal Epidemiology and Surveillance Units that have at least one staff member who has completed the Disease Surveillance Officer course (Percentage)	
Dec/2023	Jun/2030
0	80
Percentage of laboratories participating in the harmonized External Quality Assessment program (Percentage)	
Dec/2023	Jun/2030
0	80

Percentage of Component Cities/Municipalities with institutionalized Disaster Risk Reduction and Management in Health Systems (Percentage)	
Dec/2023	Jun/2030
56	85
Component 3: Building an Enabling Environment, Project Management, and Monitoring and Evaluation	
Number of project provinces with functional Provincial Health Boards (Number)	
Dec/2023	Jun/2030
10	17
Percentage of Component City/Municipal Epidemiology and Surveillance Units that have fully complied with DOH reporting guidelines (Percentage)	
Dec/2023	Jun/2030
20	80
Percentage of Rural Health Units providing telemedicine services (Percentage)	
Dec/2023	Jun/2030
0	50
Number of project provinces that conducted annual health forums in the past year (Number)	
Dec/2023	Jun/2030
0	14
- Percentage of representatives from indigenous peoples and local communities attended the annual health forums in the past year (Percentage)	
Dec/2023	Jun/2030
0	10
Number of people using digitally enabled services (Number of people)	
Dec/2023	Jun/2030
0	2,000,000
- Number of people using digitally enabled services - Female (Number of people)	
Dec/2023	Jun/2030
0	1,000,000
- Number of people using digitally enabled services - Youth (Number of people)	
Dec/2023	Jun/2030
0	200,000
Component 4: Contingent Emergency Response Component	

The Monitoring and Evaluation Plan for each indicator is described below.

Table 8.4: Monitoring & Evaluation Plan - PDO Indicators by PDO Outcomes

Improve utilization and quality of health services	
Percentage of fully immunized children (Percentage)	
Description	This indicator measures the progress of the country's immunization program, serving as a tracer indicator for service utilization at the primary level in the project provinces. "Fully immunized children" refers to children who have received 1 dose of BCG, 3 doses of OPV, 3 doses of DPT-HiB-HepB vaccines, and 2 doses of MCV by 12 months of age (MCV1 at 9 months and MCV2 at 12 months). Numerator: Number of fully immunized children in the project provinces in the past year Denominator: Number of children ages 0–12 months in the project provinces in the same period This indicator will be disaggregated by gender.
Frequency	Annual
Data source	Field Health Services Information System (FHSIS)
Methodology for	Administrative data

Data Collection	
Responsibility for Data Collection	DOH-Epidemiology Bureau (EB)
Percentage of Rural Health Units that are licensed as Primary Care Facility (Percentage)	
Description	This indicator measures the progress of compliance by rural health units (RHUs) in the project provinces with the licensing standards for primary care facilities, as stipulated in DOH Administrative Order No. 2020-0047 and in subsequent guidelines. Numerator: Number of RHUs in project provinces licensed as a Primary Care Facility Denominator: Number of RHUs in the project provinces
Frequency	Annual
Data source	List of Licensed Primary Care Facilities
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-Health Facilities and Services Regulatory Bureau (HFSRB)
Percentage of adults aged 20 years and above who were risk-assessed using PhilPEN protocol (Percentage)	
Description	This indicator measures the progress of the country's NCD prevention program (as a tracer indicator) in service utilization at the primary level in the project provinces. "PhilPEN protocol" refers to the Philippines Package of Essential NCD Interventions protocol on the Integrated Management of Hypertension and Diabetes, which was adopted from the WHO PEN and is to be used in all primary health care facilities in the country. Numerator: Number of adults ages 20 and above who were risk-assessed using the PhilPEN protocol in the project provinces in the past year Denominator: Total number of adults ages 20 and above in the project provinces in the same period This indicator will be disaggregated by gender.
Frequency	Annual
Data source	FHSIS
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-EB
Enhance health emergency prevention, preparedness, and response	
Number of project provinces with improvement in IHR Core Capacity from baseline (Number)	
Description	This indicator refers to the measurement of the number of project provinces that have shown an enhancement in their International Health Regulations (IHR) core capacities compared to their initial baseline status. This indicator is used to track progress in strengthening the ability of health systems to detect, report, and respond to public health risks and emergencies. Based on the existing IHR assessment tools, the IHR Core Capacity Assessment tool applicable for assessment at the LGU level focuses on the key investment areas of the project: disease surveillance, public health laboratories, and emergency response. Each area is measured using several indicators. Assessments are conducted in Year 1 as a baseline, Year 2 as mid-term, and Year 5 as end-term. Increased scores in at least 50 percent of the indicators is considered improved IHR core capacity.
Frequency	Year 1, Year 3, Year 5
Data source	IHR Core Capacity Assessments

Methodology for Data Collection	Per design of IHR Core Capacity Assessments
Responsibility for Data Collection	A third-party consulting firm contracted by the DOH with technical oversight from the DOH-EB

Table 8.5: Monitoring & Evaluation Plan - Intermediate Results Indicators by Component

Component 1: Strengthening Climate-Resilient Provincial Health Systems	
Number of health facilities constructed, renovated, or refurbished (Number)	
Description	The indicator refers to the total number of renovations or refurbishments of RHUs and LGU hospitals, and the construction of laboratories, that have been completed.
Frequency	Semiannual
Data source	Project progress report
Methodology for Data Collection	Collected and submitted by Regional Project Management Offices (RPMOs) through project supervision, and validated by the DOH Health Facility Development Bureau (HFDB)
Responsibility for Data Collection	RPMOs and DOH-HFDB
Number of project provinces with dedicated warehouses for storing medicines and medical supplies (Number)	
Description	This indicator measures the availability and adequacy of storage facilities for pharmaceuticals and medical supplies at the provincial level in the project provinces. "Dedicated warehouses" refers to storage facilities specifically designed and designated for the storage of medicines and medical supplies. These warehouses are equipped with appropriate infrastructure, such as temperature control systems, to ensure the integrity and safety of stored items. Refer to Department Memorandum No, 2021-0444 or Adoption and Implementation of the Warehouse Operations Manual for details.
Frequency	Semiannual
Data source	Project progress report
Methodology for Data Collection	Collected and submitted by RPMOs through project supervision, and validated by the DOH Supply Chain Management Service (SCMS)
Responsibility for Data Collection	RPMOs and DOH-SCMS
Percentage of Component Cities/Municipalities with at least one primary care facility staffed by a team of certified primary care workers (Percentage)	
Description	This indicator measures the availability of certified primary care workers (PCWs) in the Component Cities/Municipalities of the project provinces. PCWs are certified according to the Guideline on the Certification of Primary Care Workers for Universal Health Care (Joint Administrative Order No. 2020-01 between the DOH and the Professional Regulation Commission, PRC) and the Operational Guidelines on the Certification of Primary Care Workers for Universal Health Care (Joint Administrative Order No. 2022-0001 between the DOH and PRC). A full team of certified PCWs consists of 1 physician, 1 nurse, and 1 midwife, who could be either permanent or contract staff. Primary care facilities (PCFs) refer to institutions that primarily deliver primary care services and must be licensed or registered by the DOH, including both public and private facilities, as captured and validated through the National Health Facility Registry (NHFR). Numerator: Total number of Component Cities/Municipalities in project provinces with at least one primary care facility (PCF) staffed by a team of certified PCWs Denominator: Total number of Component Cities/Municipalities in the project provinces based on the Philippine Standard Geographic Code (PSGC)
Frequency	Annual
Data source	Primary care worker online certification system and NHFR
Methodology for	Administrative data

Data Collection	
Responsibility for Data Collection	DOH-HHRDB, HFDB and KMITS
Number of Provincial Health Offices with established system for quality of care in line with National Quality of Care Framework (Number)	
Description	This indicator measures the progress in improving the governance of the quality of care at the provincial level. The "National Quality of Care Framework" refers to the national policies and strategies designed to enhance the quality of care. These policies and strategies help clarify the structures, roles, and responsibilities within national quality efforts, support the institutionalization of a culture of quality, and secure buy-in from health system leaders and stakeholders.
Frequency	Semiannual
Data source	Project progress report
Methodology for Data Collection	Collected and submitted by RPMOs through project supervision, and validated by the DOH Performance Monitoring and Strategy Management Division (PMSMD)
Responsibility for Data Collection	RPMOs and DOH-PMSMD
Percentage of 9-year-old girls who have received the HPV vaccine (Percentage)	
Description	This indicator measures the proportion of 9-year-old girls who have received the HPV vaccine, and serves as a tracer indicator for reducing gender gaps. The priority for vaccine administration is a 9-year-old girl. Numerator: Total number of 9-year-old girls who have received at least one dose of the HPV vaccine in the project provinces in the past year Denominator: Number of 9-year-old girls in the project provinces in the same period
Frequency	Annual
Data source	HPV Vaccination Accomplishment Report from Centers for Health Development (CHDs)
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-DPCB
Number of people receiving quality health, nutrition, and population services (Number of people) **- This indicator will be disaggregated by gender and youth**	
Description	This is a World Bank corporate scorecard indicator. It measures the number of people benefiting directly from the utilization and quality improvements of health prevention, promotion, diagnostic, curative, rehabilitative and palliative care brought by the project activities during the intervention period. The project meets the criteria of quality given its support on (i) structural quality (infrastructure, HRH, equipment and supplies), (ii) the development and implementation of a National Quality of Care Framework, including the development and use of quality indicators and standards, the establishment and operationalization of institutional arrangements for quality care at different levels, and the implementation of quality monitoring and improvement interventions; and (iii) performance-based grants that incentivize the quality improvement. Because of the challenges in collecting reliable and timely utilization data related to the location of visit (for example, outpatient, inpatient, outreach), this indicator will be calculated based on the type of service received. Specifically, it will count the following services utilized by the population: (1) Number of women using modern birth control services (2) Number of births attended by skilled health personnel (3) Number of fully immunized children (ages 0–12 months) (this is PDO1) (4) Number of children ages 12–59 months who completed 2 doses of Vitamin A

	(5) Number of adults ages 20 and above who were risk-assessed using the PhilPEN protocol (this is PDO2) (6) Number of new tuberculosis cases The indicators above are in most cases mutually exclusive; there is therefore no need to remove the duplicates. The inpatient and outreach services will not be counted, as it is highly likely that the same group of people counted above would use these services. The number of people receiving quality health, nutrition, and population services will be the sum of indicator (1) through (6). It should be noted that the calculation above underestimated the number of people reached. Some adjustments may therefore be made during implementation based on a sampling study of the utilization of outpatient, inpatient, and outreach services. This indicator will be disaggregated by gender and youth.
Frequency	Annual
Data source	FHSIS
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-EB and DPCB
Component 2: Strengthening Health Emergency Prevention, Preparedness, and Response Systems	
Number of project provinces with functional Provincial Epidemiology and Surveillance Units (Number)	
Description	This indicator measures the functioning of Epidemiology and Surveillance Units in the project provinces. It assesses the operational readiness and capacity of the ESUs to effectively carry out surveillance and response functions. “Functional ESUs” are defined as those that accomplish the 3 levels of indicators (Preparatory, Organizational, and Functional) as indicated in the Integrated Monitoring and Evaluation Tool. *Preparatory-level* indicators indicate the initial steps taken toward establishing an effective epidemiology and surveillance unit. *Organizational-level* indicators are those that demonstrate the establishment of a structured and integrated unit within the organization. Finally, *functional-level* indicators exhibit the operational readiness and capacity of the ESU to effectively carry out its surveillance and response functions. According to the Department Memorandum 2023-0385 *Monitoring and Evaluation of the Functionality of Regional and Local Epidemiology and Surveillance Units for CY 2023*, in order to be considered Functional, ESUs must accomplish 100 percent of Preparatory and Organizational indicators and at least 75 percent of Functional indicators.
Frequency	Annual
Data source	Integrated Monitoring and Evaluation Tool for ESUs
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-EB
Percentage of Component City/Municipal Epidemiology and Surveillance Units that have at least one staff member who has completed the Disease Surveillance Officer course (Percentage)	
Description	This indicator assesses whether Component City/Municipal ESUs have the capacity to carry out core surveillance functions. Training for Disease Surveillance Officers (DSOs) in all component cities and municipalities will begin in 2026 once the module is fully developed. Numerator: Number of Component City/Municipal ESUs in the project provinces that have at least one staff member who has completed the DSO course Denominator: Total number of Component City/Municipal ESUs in the project

	provinces based on the PSGC
Frequency	Annual
Data source	List of Surveillance Personnel Trained (as part of the submission of IMET assessment)
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-EB
Percentage of laboratories participating in the harmonized External Quality Assessment program (Percentage)	
Description	This indicator measures the proportion of laboratories that are involved in a standardized program designed to ensure the quality and accuracy of laboratory testing. This program involves regular assessments and evaluations of laboratory performance by an external body to ensure that the laboratories meet specific quality standards. Participation in such a program helps to maintain high standards of laboratory testing, which is crucial for accurate diagnosis and treatment, particularly in the context of public health emergencies like the COVID-19 pandemic. Numerator: Number of laboratories participating in the harmonized External Quality Assessment program Denominator: Total number registered laboratories (both public and private) in the project provinces in the same period
Frequency	Annual
Data source	Database for the harmonized EQA Program
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-HFDB Office of Health Laboratory
Percentage of Component Cities/Municipalities with institutionalized Disaster Risk Reduction and Management in Health Systems (Percentage)	
Description	This indicator measures the extent to which Disaster Risk Reduction and Management in Health (DRRM-H) Systems have been institutionalized in Component Cities/Municipalities of the project provinces. A DRRM-H system is institutionalized if four components are met: (i) an approved, updated, integrated, disseminated, and tested DRRM-H Plan; (ii) an organized Health Emergency Response Team that has received at least the minimum required trainings: Basic Life Support and Standard First Aid; (iii) essential health emergency commodities, for example, medicines, that are available and accessible no later than 24 hours following the onset of an emergency or disaster; and (iv) a Health/Emergency Operations Center with functional command and control, coordination, and communication. Numerator: Total number of Component Cities/Municipalities in the project provinces with an institutionalized DRRM-H system Denominator: Total number of Component Cities/Municipalities in the project provinces based on the PSGC
Frequency	Annual
Data source	LGU Health Scorecard
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-HEMB
Component 3: Building an Enabling Environment, Project Management, and Monitoring and Evaluation	
Number of project provinces with functional Provincial Health Boards (Number)	
Description	The indicator measures the functioning of provincial health boards (PHBs).

	A “functional” PHB should meet the required minimum of members (compliant with Republic Acts 7160 and 11223), including a representative from civil society organizations (compliant with the Department of the Interior and Local Government Memorandum Circular 2022-0083). The PHB is mandated to perform the following functions: (i) deliberate on, and recommend to, the Sanggunian (the legislative council at the provincial level) an annual health budget that is responsive to the LGU's needs; (ii) recommend the development or updating of local health policies aimed at strengthening health systems management and service delivery in alignment with universal health care; and (iii) establish committees and involve community and private sector representatives in selected PHB activities.
Frequency	Annual
Data source	LGU Health Scorecard
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-Bureau of Local Health Systems Development (BLHSD)
Percentage of Component City/Municipal Epidemiology and Surveillance Units that have fully complied with DOH reporting guidelines (Percentage)	
Description	This indicator measures the extent to which Component City/Municipal ESUs in the project provinces have complied with DOH reporting guidelines. The “reporting guidelines” require the following for all Philippine Integrated Disease Surveillance and Response (PIDSR) notifiable diseases for all Morbidity Weeks in a calendar year: (i) If there are no cases during a Morbidity Week, a zero report must be submitted before the Morbidity Week deadline. (ii) If there are detected cases during a Morbidity Week, the cases must be encoded in the Epidemic-prone Disease Case Surveillance Information System (EDCS-IS) before the reporting deadline. (Refer to Department Memorandum No. 2022-0410 *Updating of the Cadence of Submission of Morbidity Week Reports to the Philippine Integrated Disease Surveillance and Response – Epidemic-prone Disease Case Surveillance System and Advisory on the Use of the Epidemic-prone Disease Case Surveillance Information System*). Numerator: Number of Component City/Municipal ESUs in the project provinces that fully complied with the DOH reporting guidelines in the past year Denominator: Total number of Component City/Municipal ESUs in the project provinces based on the PSGC
Frequency	Annual
Data source	EDCS-IS
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-EB
Percentage of Rural Health Units providing telemedicine services (Percentage)	
Description	The indicator measures the extent to which RHUs are equipped to deliver health services remotely through information and communication technologies to enable them to directly coordinate and refer patients requiring non-emergency but more advanced or specialized care (for example, from primary to secondary care) to providers with the appropriate service capacity. Numerator: Number of RHUs providing telemedicine services in the project provinces in the past year Denominator: Total number of RHUs in the project provinces in the same period
Frequency	Annual
Data source	KMITS monitoring report
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-KMITS

Number of project provinces that conducted annual health forums in the past year (Number) - **Percentage of representatives from indigenous peoples and local communities attended the annual health forums in the past year (Percentage)**	
Description	The parent indicator measures the number of project provinces that conducted annual health forums in the past year. Annual health forums bring together key stakeholders on a regular basis to discuss the collective health issues, knowledge, and concerns of the communities within the area they cover. A briefing will be prepared at the end of each forum to document the key issues, agreements, and next steps discussed during the forum. The sub-indicator measures the attendance of representatives from Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs) at the annual health forums. [Sub-indicator] Numerator: Number of ICCs/IPs representatives who attended annual health forums in the project provinces in the past year; Denominator: Total number of participants who attended annual health forums in the project provinces in the same period.
Frequency	Annual
Data source	Project progress report
Methodology for Data Collection	Collected and submitted by RPMOs through project supervision, and validated by DOH-BLHSD
Responsibility for Data Collection	RPMOs and DOH-BLHSD
Number of people using digitally enabled services (Number of people) - **This indicator will be disaggregated by gender and youth**	
Description	This is a World Bank corporate scorecard indicator. It measures the number of people using new or enhanced digitally enabled services supported by the project. The project finances new digitally enabled services (for example, the roll-out of telemedicine services) as well as enhancements to existing digitally enabled services (for example, improvements in the interoperability of health information systems such as electronic medical records). Given that the national ID system is under development, there is currently no way to measure the number of people using telemedicine services and having electronic medical records. Therefore, since the National Health Insurance Program (managed by Philippine Health Insurance Corporation, PhilHealth) has unique IDs, the number of people registered in the PhilHealth Konsulta outpatient benefit package and those who have received inpatient claims will be used as a proxy for the use of enhanced electronic medical records. This indicator will be disaggregated by gender and youth.
Frequency	Annual
Data source	PhilHealth Konsulta registration data and inpatient claims data
Methodology for Data Collection	Administrative data
Responsibility for Data Collection	DOH-PMSMD through PhilHealth
Component 4: Contingent Emergency Response Component	

Annex A: Forward Obligation Authority

REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF BUDGET AND MANAGEMENT

General Solano Street, San Miguel, Manila

FORWARD OBLIGATIONAL AUTHORITY

IMPLEMENTING DEPARTMENT	CODE	CREDITOR
Department of Health (DOH)	13 001 0100000 (A5619)	International Bank for Reconstruction and Development

PROJECT TITLE

Philippines: Health System Resilience Project, Phase 1

FUNDING SCHEDULE (In thousand pesos)

YR	LOAN PROCEEDS				PESO COUNTERPART								TOTAL				TOTAL
					REGULAR				OTHERS								
	PS	MOOE	FinEx	CO	PS	MOOE	FinEx	CO	PS	MOOE	FinEx	CO	PS	MOOE	FinEx	CO	
TOTAL	0	15,424,713	0	11,832,850	0	339,150	0	0	0	0	0	0	0	15,763,863	0	11,832,850	27,596,713

AMOUNT IN WORDS

*** TWENTY-SEVEN BILLION FIVE HUNDRED NINETY-SIX MILLION SEVEN HUNDRED TWELVE THOUSAND FIVE HUNDRED PESOS ONLY ***

NOTES

Forex Rate: USD1 : PHP55.00

DBM Copy

This is to certify that pursuant to Sections 20 and 22 of Article VII of the Constitution and LOI No. 880 dated 21 June 1979, the amounts indicated hereunder will be proposed to Congress by the President to be made available to cover the total loan proceeds and peso counterpart as required each year for the implementation of the project(s) identified herein. The final obligational authority shall be issued on the basis of the amount approved by Congress.

Signed By: Amenah F. Pangandaman
Department Secretary
C=PH, O=DBM, I-CN: Government Signing CA - G2
Date: January 16, 2025

In following - up, pls. cite barcode #FOA-2025-B00001B

AMENAH F. PANGANDAMAN
Secretary

FOA No.: FOA-BMB-B-25-0000001

Date of Issue: January 16, 2025

REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF BUDGET AND MANAGEMENT

General Solano Street, San Miguel, Manila

FORWARD OBLIGATIONAL AUTHORITY

IMPLEMENTING DEPARTMENT	CODE	CREDITOR
Department of Health (DOH)	13 001 0100000 (A5619)	International Bank for Reconstruction and Development

PROJECT TITLE

Philippines: Health System Resilience Project, Phase 1

FUNDING SCHEDULE (In thousand pesos)

YR	LOAN PROCEEDS				PESO COUNTERPART								TOTAL				TOTAL
					REGULAR				OTHERS								
	PS	MOOE	FinEx	CO	PS	MOOE	FinEx	CO	PS	MOOE	FinEx	CO	PS	MOOE	FinEx	CO	
2025	0	1,289,264	0	2,663,258	0	69,936	0	0	0	0	0	0	0	1,359,200	0	2,663,258	4,012,458
2026	0	3,744,837	0	4,381,600	0	76,768	0	0	0	0	0	0	0	3,821,604	0	4,381,600	8,203,204
2027	0	3,524,144	0	4,198,000	0	67,590	0	0	0	0	0	0	0	3,591,734	0	4,198,000	7,789,734
2028	0	3,497,384	0	600,000	0	67,590	0	0	0	0	0	0	0	3,564,974	0	600,000	4,164,974
2029	0	3,360,084	0	0	0	67,265	0	0	0	0	0	0	0	3,428,349	0	0	3,428,349

AMOUNT IN WORDS

*** TWENTY-SEVEN BILLION FIVE HUNDRED NINETY-SIX MILLION SEVEN HUNDRED TWELVE THOUSAND FIVE HUNDRED PESOS ONLY ***

NOTES

Forex Rate: USD1 : PHP55.00

DBM COPY

This is to certify that pursuant to Sections 20 and 22 of Article VII of the Constitution and LOI No. 880 dated 21 June 1979, the amounts indicated hereunder will be proposed to Congress by the President to be made available to cover the total loan proceeds and peso counterpart as required each year for the implementation of the project(s) identified herein. The final obligational authority shall be issued on the basis of the amount approved by Congress.

(Signature on the last page)

AMENAH F. PANGANDAMAN

Secretary

In following - up, pls. cite barcode #FOA-2025-B000018

FOA No.: FOA-BMB-B-25-0000001

Date of Issue: January 16, 2025

Annex B: Disbursement and Financial Information Letter

Public Disclosure Authorized

Public Disclosure Authorized

ZAFER MUSTAFAOGLU
Country Director
Philippines, Malaysia, Brunei

12-Mar-2025

Honorable Ralph Recto
Secretary
Department of Finance
Department of Finance Building
Roxas Boulevard corner P. Ocampo Sr. Street
Manila 1004 Philippines

Re: IBRD Loan 9781-PH (Philippines Health System Resilience Project)
Additional Instructions: Disbursement and Financial Information Letter

Dear Secretary Recto:

I refer to the Loan Agreement between Republic of the Philippines ("Borrower") and the International Bank for Reconstruction and Development ("Bank") for financing the above-referenced Project. The General Conditions, as defined in the Loan Agreement, provide that the Borrower may from time-to-time request withdrawals of Loan amounts from the Loan Account in accordance with the Disbursement and Financial Information Letter ("DFIL"), and such additional instructions as the Bank may specify from time to time by notice to the Borrower. The General Conditions also provide that the DFIL may set out Project-specific financial management and reporting requirements. This letter constitutes such DFIL and may be revised from time to time.

I. Disbursement Arrangements, Withdrawal of Loan Funds, and Reporting of Uses of Loan Funds for the Project

(i) Disbursement Arrangements

The *Disbursement Guidelines for Investment Project Financing*, dated February 2017 ("Disbursement Guidelines"), are available on the Bank's secure website "Client Connection" at https://clientconnection.worldbank.org and its public website at https://www.worldbank.org. The Disbursement Guidelines are an integral part of the DFIL, and the manner in which the provisions in the Disbursement Guidelines apply to the Loan is specified below.

The table in Schedule 1 sets out the disbursement methods which may be used by the Borrower, and conditions, information on registration of authorized signatories, processing of Withdrawal Applications (including the minimum value of applications and processing of advances), instructions on supporting documentation, and frequency of reporting on the Designated Account(s).

(ii) Withdrawal Applications (Electronic Delivery) [1]

The Borrower shall, through the Department of Health (DOH), submit applications for withdrawal or for special commitment ("Applications")" with supporting documents electronically through the Bank's web-based portal "Client Connection" at https://clientconnection.worldbank.org. This option will be effected after the officials designated in writing by the Borrower, who are authorized to sign and deliver Applications, have registered as users of "Client Connection." The designated officials shall deliver Applications electronically by completing Form 2380, which is accessible through "Client Connection." By signing the Authorized Signatory Letter, which can be delivered manually or electronically, the Borrower confirms that it is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the Bank by these means. The Borrower may exercise the option of preparing and delivering Applications in paper form on exceptional cases (including those where the Borrower encounters legal limitations) and which were previously agreed with the Bank. By designating officials to use SIDC and deliver the Applications electronically, the Borrower confirms through the Authorized Signatory Letter its agreement to (a) abide by the Terms and Conditions of Use of Secure Identification Credentials in connection with the Use of Electronic Means to Process Applications and Supporting Documentation, available in the Bank's public website at https://www.worldbank.org and "Client Connection" at https://clientconnection.worldbank.org; and (b) to cause such officials to abide by those terms and conditions.

II. Financial Reports and Audits [2]

(i) For the Project

- ***Financial Reports***

The Borrower shall, through DOH, prepare and furnish to the Bank, not later than sixty (60) days after the end of each calendar semester, Unaudited Interim Financial Reports ("IFRs"), for the Project covering the semester.

- ***Audits***

Each audit of the Project's Financial Statements shall cover the period of one (1) fiscal year of the Borrower, commencing with the fiscal year in which the first withdrawal was made. The audited Financial Statements for each such period shall be furnished to the Bank by the Borrower, through DOH, not later than six (6) months after the end of such period.

III. Other Important Information

For additional information on disbursement arrangements, please refer to the Loan Handbook available on the Bank's public website at https://www.worldbank.org and "Client Connection" at https://clientconnection.worldbank.org, the Bank recommends that you register as a user of "Client Connection." From this website, you will be able to prepare and deliver Authorized Signatory Letters and

[1] Section 10.01 (c) of the General Conditions

[2] Section 5.09 of the General Conditions

Withdrawal Applications, monitor the near real-time status of the Loan and retrieve related policy, financial, and procurement information. For more information about the website and registration arrangements, or if you have any queries in relation to the above, please contact the Bank by email at askloans@worldbank.org using the above reference.

Yours sincerely,

Zafer Mustafaoglu
Country Director
Philippines, Malaysia, Brunei
East Asia and Pacific Region

Attachments

1. Form of Authorized Signatory Letter
2. Interim unaudited Financial Report (IFR)
3. Statement of Expenditures (SOEs)
4. DA Reconciliation
5. Disbursement Forecast

With copies:

Honorable Ralph Recto
Secretary
Department of Finance
Department of Finance Building
Roxas Boulevard corner P. Ocampo Sr. Street
Manila, Philippines
Email: secfin@dof.gov.ph
Telephone: 8523-9220

Honorable Teodoro Herbosa
Secretary
Department of Health
San Lazaro Compound, Tayuman, Sta. Cruz,
Manila, Philippines
Email: dohosec@doh.gov.ph
Telephone: 8651-7800

Schedule 1: Disbursement Provisions

<table>
<tr><th colspan="6">Basic Information</th></tr>
<tr><td rowspan="3">IBRD Loan No.</td><td rowspan="3">IBRD 9781-PH</td><td>Country</td><td>Republic of the Philippines</td><td rowspan="2">Closing Date</td><td rowspan="2">Section III B.3 of Schedule 2 to the Loan Agreement.</td></tr>
<tr><td>Borrower</td><td>Department of Finance</td></tr>
<tr><td>Name of the Project</td><td>Philippines Health System Resilience Project</td><td>Disbursement Deadline Date
Subsection 3.7 **</td><td>Four months after the closing date</td></tr>
<tr><th colspan="6">Disbursement Methods and Supporting Documentation</th></tr>
<tr><td colspan="2">Disbursement Methods
Section 2 (**)</td><td>Methods</td><td colspan="3">Supporting Documentation
Subsections 4.3 and 4.4 (**)</td></tr>
<tr><td colspan="2">Direct Payment</td><td>Yes</td><td colspan="3">Copy of records (e.g., invoices and receipts)</td></tr>
<tr><td colspan="2">Reimbursement</td><td>Yes</td><td colspan="3">Statement of Expenditures (SOEs) in the format provided in Attachment 3 of the DFIL</td></tr>
<tr><td colspan="2">Advance (into a Designated Account)</td><td>Yes</td><td colspan="3">Statement of Expenditures (SOEs) in the format provided in Attachment 3 of the DFIL</td></tr>
<tr><th colspan="6">Designated Account (Sections 5 and 6 **)</th></tr>
<tr><td colspan="2">Type</td><td colspan="2">DA A- Treasury Single Account managed by Bureau of Treasury (BTr)</td><td>Ceiling</td><td>Variable</td></tr>
<tr><td colspan="2">Financial Institution - Name</td><td colspan="2">Bangko Sentral ng Pilipinas (BSP)</td><td>Currency</td><td>EURO</td></tr>
<tr><td colspan="2">Frequency of Reporting Subsection 6.3 (**)</td><td colspan="2">Quarterly</td><td>Amount</td><td>Based on six (6) months disbursement forecast approved by the Task Team Leader (Attachment 5)</td></tr>
<tr><th colspan="6">Minimum Value of Applications (subsection 3.5)</th></tr>
<tr><td colspan="6">The minimum value of applications for Reimbursement and Direct Payment is EURO 100,000 equivalent.</td></tr>
<tr><th colspan="6">Authorized Signatures (Subsection 3.1 and 3.2 **) The form for Authorized Signatories Letter is provided in Attachment 1 of this letter Withdrawal and Documentation Applications (Subsection 3.3 and 3.4 **)</th></tr>
<tr><td colspan="6">The form for Authorized Signatory Letter is provided in Attachment 1 of this letter.
The ASL and all Withdrawal Applications with their supporting documentation will be submitted electronically via the Bank’s “Client Connection” system.</td></tr>
<tr><th colspan="6">Additional Information</th></tr>
<tr><td colspan="6">● Modified Disbursement System (MDS) Project Peso sub-account: One separate Peso MDS’s sub-accounts for the Project shall be opened at the Land Bank of the Philippines and managed by the Department of Health Central Office (DOH-CO) for payment of eligible peso based/local currency expenditures.
● Transfer of Funds to Centers for Health Development (CHDs): Funds will be transferred to the CHDs from the DOH-CO based on quarterly forecasts and will be treated as an advance. The CHDs will report back monthly to the DOH-CO on the use of funds.
● PBG Financing: The funds for PBG will be disbursed by the DOH-CO and will be based on the independent verification report as accepted by the Bank showing (i) the verified achievement of</td></tr>
</table>

indicators included in the provincial performance scorecard; and (ii) evidence that the province provided and expended adequate funds (Provincial health spending on Maintenance and Other Operating Expenses) to achieve the desired outcomes.
Other

- Category 3, Contingent Emergency Response Component (CERC). No disbursement shall be requested for Category 3 until the disbursement conditions are fulfilled – please refer to the Disbursement Conditions in the Financing Agreement.
- A separate DA will be opened, or the already existing DA will be used, based upon the entity that will implement CERC.
- Category 4 may disburse under a Rapid Response Option (RRO) if the Borrower activates it. The specific amount to be disbursed in this category will be determined by the Borrower at the time of the activation of the RRO.

Attachment 1

Form of Authorized Signatory Letter
[Letterhead]
Ministry of Finance
[Street address]

[DATE]

The World Bank
1818 H Street, N.W.
Washington, D.C. 20433
United States of America

Attention: **[Country Director]** [3]

Dear [Country Director]:

Re: IBRD Loan [Loan No.] - PH - Philippines: Health System Resilience Project

I refer to the Loan Agreement (Agreement") between the International Bank for Reconstruction and Development ("Bank") and the Republic of the Philippines ("Borrower"), providing the above Loan. For the purposes of Section 2.02 of the General Conditions as defined in the Agreement, any [4] **[one/two/three]** of the persons whose authenticated specimen signatures appear below is/are authorized on behalf of the Borrower to sign and submit an application to request a withdrawal from the Loan Account ("Applications").

For the purpose of delivering the Applications to the Bank, [5] **[one/two/three]** of the persons whose authenticated specimen signatures appear below is/are authorized on behalf of the Borrower, acting **[individually / jointly**[6]**]** to deliver, in accordance with laws, rules and regulations, the Applications, and evidence in support thereof on the terms and conditions specified by the Bank.

This Authorization also confirms that the Borrower is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the Bank, including by electronic means. The Bank shall rely upon such representations and warranties, including the representations and warranties contained in the *Terms and Conditions of Use of Secure Identification Credentials in connection with Use of Electronic Means to Process Applications and Supporting Documentation* ("Terms and Conditions of Use of SIDC"), the Borrower represents and warrants to the Bank that it will cause such persons to abide by those terms and conditions.

---

[3] Instruction to Bank staff: please forward this letter to the Country Lawyer for further processing (Borrower: please do not delete this note).

[4] Instruction to the Borrower: Stipulate if more than one person needs to sign Applications, and how many or which positions, and if any thresholds apply. *Please delete this footnote in the final letter that is sent to the Bank.*

[5] Instruction to the Borrower: Stipulate if more than one person needs to *jointly* sign Applications, if so, please indicate the actual number. *Please delete this footnote in the final letter that is sent to the Bank.*

[6] Instruction to the Borrower: Use this bracket only if several individuals must jointly sign each Application; if this is not applicable, please delete it. *Please delete this footnote in the final letter that is sent to the Bank.*

This Authorization replaces and supersedes any Authorization currently in the Bank records with respect to the Agreement(s) referred to in the subject line of this Authorization.

Signatory Details

Name	Position	Email ID
[Signatory Name]	[Title]	[Email]

Specimen Signatures

Signatory Name	Signature 1	Signature 2	Signature 3
[User Name]			
[User Name]			

Yours truly,

/ signed /

_____

[Position][7]

[7] Instruction to Bank staff: please forward this letter to Country Lawyer for further processing (Borrower: please do not delete this note).

HSRP
Loan No.:
Statement of Sources and Uses of Funds by Component
Semester Ended:

NOTE:
Please provide a narrative (as an attachment) on the progress of the project, explanation of the variance between actual and budgetted expenses. In addition, you may attach the procurement progress and any FM issues encountered during the implementation

	Actual			Budget		Variance		PAD
	Current Semester	Year to date	Cumulative to date	Current Semester	Year to date	Current Semester	Year to date	
Receipts								
Advance to designated account	-	-	-	-	-	-	-	-
Direct payment	-	-	-	-	-	-	-	
Total Receipts	-	-	-	-	-	-	-	
Component 1								
Sub-component 1.1	-	-	-	-	-	-	-	
Sub-component 1.3	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-
Component 2.								
Sub-component 2.1	-	-	-	-	-	-	-	
Sub-component 2.2	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-
Component 3.								
Sub-component 3.1	-	-	-	-	-	-	-	
Sub-component 3.2	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-
Total Payments	-	-	-	-	-	-	-	
Excess/(deficit) receipts over payments	-	-	-	-	-	-	-	-
Opening funds balance								
Cash at Bank								
Cash on hand								
Advances								
Total opening funds balance	-	-	-					
Closing funds balance	-	-	-					
Closing funds balance								
Represented by:								
Cash at Bank								
Cash on hand								
Advances								
Total	-	-	-					
				-				

HSRP
Loan No.
Statement of Sources and Uses of Funds by Cost Category
Semester Ended:

	Actual			Budget		Variance		PAD
	Current Semester	Year to date	Cumulative to date	Current Semester	Year to date	Current Semester	Year to date	
Component 1.								
Sub-component 1.1	-	-	-	-	-	-	-	
Works	-	-	-	-	-	-	-	
Goods	-	-	-	-	-	-	-	
Consultant Services, Non consulting Services	-	-	-	-	-	-	-	
Training & Workshop	-	-	-	-	-	-	-	
Incremental Operating Expenses	-	-	-	-	-	-	-	
Sub-component 1.3	-	-	-	-	-	-	-	
Works	-	-	-	-	-	-	-	
Goods	-	-	-	-	-	-	-	
Consultant Services, Non consulting Services	-	-	-	-	-	-	-	
Training & Workshop	-	-	-	-	-	-	-	
Incremental Operating Expenses	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-
Component 2.								
Sub-component 2.1	-	-	-	-	-	-	-	
Works	-	-	-	-	-	-	-	
Goods	-	-	-	-	-	-	-	
Consultant Services, Non consulting Services	-	-	-	-	-	-	-	
Training & Workshop	-	-	-	-	-	-	-	
Incremental Operating Expenses	-	-	-	-	-	-	-	
Sub-component 2.2	-	-	-	-	-	-	-	
Works	-	-	-	-	-	-	-	
Goods	-	-	-	-	-	-	-	
Consultant Services, Non consulting Services	-	-	-	-	-	-	-	
Training & Workshop	-	-	-	-	-	-	-	
Incremental Operating Expenses	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-
Component 3. Coordination, management, monitoring and evaluation								
Sub-component 3.1	-	-	-	-	-	-	-	
Works	-	-	-	-	-	-	-	
Goods	-	-	-	-	-	-	-	
Consultant Services, Non consulting Services	-	-	-	-	-	-	-	
Training & Workshop	-	-	-	-	-	-	-	
Incremental Operating Expenses	-	-	-	-	-	-	-	
Sub-component 3.2	-	-	-	-	-	-	-	
Works	-	-	-	-	-	-	-	
Goods	-	-	-	-	-	-	-	
Consultant Services, Non consulting Services	-	-	-	-	-	-	-	
Training & Workshop	-	-	-	-	-	-	-	
Incremental Operating Expenses	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-
Total Payments	-	-	-	-	-	-	-	-

SOE Model Template (incl. listing of prior review payments)

IBRD – International Bank for Reconstruction and Development

Statement of Expenditures

Financier	
Loan/Credit/Grant #	
Application #	
Category #	
Page #	

Payment made during the period from [ ] to [ ]

	Yes	No
The following expenditures have been incurred during the retroactive financing period (please tick)		
The following expenditures have been incurred before the closing date of the loan/credit/grant (please tick)		

											ONLY for the Designated Account		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Item No	**Supplier's Name**	**Brief Description of the Expenditure**	**Prior Review (Contract?)** *(YES or NO)*	**Contract #** *(Client Connection # for Prior Review Contracts)*	**Contract Currency and Amount** *(Original + Amendment)*	**Invoice Number**	**Date of Payment**	**Total Amount of Invoice Covered by Application** *(Net of Retention)*	**% Financed from the Bank**	**Eligible Amount** *(Col 9 x 10)*	**Exchange Rate**	**Date of Withdrawal from the Designated Account**	**Amount Withdrawn from the Designated Account** *(Col 11/12)*
								0.00		0.00		TOTAL	0.00

Supporting documents for this SOE are retained at

_____

(insert location)

A separate form should be used for each category.

IBRD#
Account No._____
Bank's name _____

1.	Total Advance by World Bank		€ -	
2.	**Less:** Total amount recovered by World Bank		€ -	
3.	**Equals:** Present outstanding amount advanced to Special Account		€ -	
4a	Balance of Special Account per attached Bank statement	*(as of)*	€ -	
5.	+ Total amount claimed in this application	*(appl no.)*	€ -	
6.	+ Amounts not yet credited to account at date of bank statement from past applications *(Enter application numbers below)*		€ -	(i)
7.	Bank Charge		€ -	
	Interest earned		€ -	
			€ -	
8.	+ Total amount withdrawn and not yet claimed *(Enter explanations below)*		€ -	(ii)
9.	Total Advance accounted for (#s 4 through 8)		€ -	
10.	Difference to be explained		€ -	
11.	Explanation of any difference between the totals appearing on lines 3 and 9	*(Amounts)*		
	Total Advanced Accounted For			
12.	Unclaimed amount without explanation			

Note :
(i) Withdrawal application is created but fund is not credited to the PIU bank account

(ii) PIU have paid from Designated account but not reported in this period due to : Pending treasury certification; pending staff advance liquiditions or other reasons

13.

Project Director *(Date)*

HSRP
6 Monthly Forecast of Expenditure
For the period ended
Loan No. **(in Euro)**

Description	Note	Month - 1	Month - 2	Month - 3	Month - 4	Month - 5	Month - 6	Total
Component 1.								
Sub-component 1.1		-	-	-	-	-	-	-
Sub-component 1.3								
Component 2.								
Sub-component 2.1								
Sub-component 2.2								
Component 3.								
Sub-component 3.1								
Sub-component 3.2								
Sub-total		-	-	-	-	-	-	-
Less:								
Closing balance DA after adjustment								-
Direct payments/SC payments								-
DA Cash requirement from the financier for the next reporting periods								-