

# **Environmental and Social Management Framework**

## **The Philippine Multisectoral Nutrition Project**

**Department of Health (DOH) &  
Department of Social Welfare and Development (DSWD)**

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### **Abbreviations and Acronyms**

AEFI	Adverse Events Following Immunization
ANC	Antenatal care
AO	Administrative order
API	Annual poverty indicator
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BHC	Barangay Health Committee
BHW	Barangay health worker
BNC	Barangay Nutrition Committee
BNS	Barangay Nutrition Scholar
CHS	Community health and safety
CNC	Certificate of non-coverage
CNSPMC	Community Nutrition Subproject Management Committee
COVID-19	Coronavirus Disease 2019
CSC	Civil service commission
DA	Department of Agriculture
DENR	Department of Environment and Natural Resources
DOH	Department of Health
DOLE	Department of Labor and Employment
DOST-FNRI	Department of Science and Technology's Food and Nutrition Research Institute in the recent National Nutrition Summit
DSWD	Department of Social Welfare and Development
ECC	Environmental compliance certificate
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECOP	Environment Code of Practice
EHS	Environment, Health and Safety
EIS	Environmental Impact Statement
EMB	Environmental Management Bureau
EMNC	Expanded Municipal Nutrition Committee
ESA	Environmental and Social Assessment
ESF	Environmental and Social Framework
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
ESS	Environment and Social Standards
GBV	Gender-based violence
GCM	General Construction Management
GIDA	Geographically Isolated and Disadvantaged Areas
GRM	Grievance redress mechanism
HCI	Human Capital Index
HCW	Healthcare wastes
HCWM	Healthcare wastes management
HVC	High-value crops
IATF-ZH	Inter-Agency Task Force on Zero Hunger
IKSP	Indigenous Knowledge Systems and Practices
IPM	Integrated Pest Management
IPRA	Indigenous People's Rights Act
IRR	Implementing rules and regulations
JMC	Joint Memorandum Circular
KALAHI-CIDSS	Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services
KC-NCDDP	Kapit-Bisig Laban sa Kahirapan Comprehensive and Integrated Delivery of Social Services - National Community Driven Development Program
LGU	Local Government Unit

LMP	Labor Management Procedure
LNAP	Local Nutrition Action Plan
MAM	Moderate acute malnutrition
MAO	Municipal Action Officer
MCH	Maternal and child healthcare
MNC	Municipal Nutrition Committee
NCDDP	National Community-Driven Development
NNC	National Nutrition Council
NPMO	National Project Management Office
NWRB	National Water Resources Board
OHS	Occupational health and safety
PDO	Project Development Objectives
PDRRM	Philippine Disaster Risk Reduction and Management
PEISS	Philippine Environmental Impact Statement System
PHC	Primary healthcare
PMNP	Philippine Multisectoral Nutrition Project
PMO	Project Management Office
PNSDW	Philippine National Standards for Drinking Water
PPAN	Philippine Plan of Action for Nutrition
PPE	Personal Protective Equipment
RP	Resettlement Plan
RPF	Resettlement Policy Framework
RPMO	Regional Project Management Office
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SBCC	Social Behavior Change Communication
SEP	Stakeholder Engagement Plan
TSD	Treatment, Storage, and Disposal
UNICEF	United Nations Children's Fund
VAWC	Violence against women and their children
WASH	Water, sanitation and hygiene
WB	World Bank
WHO	World Health Organization

## Executive Summary

**The Project Development Objective of the Philippine Multisectoral Nutrition Project** is to increase the utilization of a package of nutrition-specific and nutrition-sensitive interventions and improve key health behaviors known to reduce stunting in targeted regions.

**The Environmental and Social Management Framework (ESMF).** The Project consists of a number of different activities and/or investments (subprojects) for which the risks and impacts cannot be determined until implementation. The ESMF describes the principles, processes, and technical guidance for the Project implementing agencies and their consultants to assess the environmental and social risks and impacts of the Project activities.

Specifically, the following are the objectives of the ESMF:

- To identify, and minimize or avoid adverse impacts on the health and safety of project stakeholders, project-affected persons/communities, and project workers throughout the project cycle (i.e. planning/pre-construction, construction, and operation/implementation);
- To promote quality and safety in the design and construction of infrastructure and/or program of activities;
- To avoid or minimize community exposure to project-related safety risks;
- To avoid possible exposure and risks of workers and communities to infectious diseases, criminality and gender-based violence during project implementation;
- To develop measures to address emergency events; and
- To specify a process of public participation and consultation in the planning and implementation of the project.

**Eligible Project Activities.** The project will cover 235 municipalities and 5,936 barangays in the 12 regions and 26 provinces in the country. These municipalities will receive the full range of nutrition services to be offered by the project. An additional 40 municipalities from 3 provinces in BARRM shall be provided with technical assistance packages to support the region's development of health and nutrition programs and increase capacities of their service providers. In total, 275 municipalities will benefit from the project.

The project would finance a number of activities based on the following three components:

**1. Strengthened Delivery of Nutrition and Primary Health Services**

- the component will involve activities:

- a. Supporting primary health care services through provision of medical equipment, health and nutrition supplies, hiring of Municipal Nutrition Action Officers (MNAOs), cadre-based training and supportive supervision.
- b. Strengthening health and nutrition service systems involving the formulation of local nutrition action plans, advocacy for LCEs and provision of technical assistance in local development planning and mobilization of community support for nutrition, support activities that will allow the local system to collect and analyze service coverage and nutrition outcomes data, capacity building, and SBCC interventions.
- c. Employing Performance Based Grants (PBG) to stimulate the implementation of high impact interventions.
- d. Technical Assistance to BARMM - program development and planning, capacity building, and supportive supervision.

**2. Community Based Nutrition Service Delivery and Multisectoral Nutrition Convergence** - the second component will focus on community-based and household focused interventions to improve food diversity, security, and livelihoods and complement the delivery of nutrition-specific interventions, high impact multi sector

interventions to improve food diversification, livelihoods, and access to sanitation by targeted households.

One of the cross-cutting themes for components 1 and 2 is on indigenous peoples. The project will include some indicators with ethnicity disaggregation to monitor service delivery to indigenous peoples and develop culturally sensitive activities to better target the communities in the project area. This will include concerted efforts to systematically collect relevant health and nutrition data on IP and ethnicity in the project's management information systems at the central and local level—actively ensuring IP representation in project citizen engagement activities—and delivering more inclusive services to IP. In addition, the project has a citizen-oriented design and intends to engage with citizens during implementation. A beneficiary feedback indicator is included in the Results Framework to monitor citizen engagement throughout project implementation.

**3. Institutional Strengthening, Monitoring and Evaluation, and Communications.** The project will support capacity strengthening of key implementing entities and specifically the LGU, finance technical, fiduciary and environmental and social specialists to strengthen the implementation capacity of implementing agencies, and finance the monitoring and evaluation of the project.

**Applicable ESS for the Project.** Based on the assessment, it is found that ESS1, ESS2, ESS3, ESS4, ESS5, ESS7 and ESS 10 are applicable to the project.

**Potential Environmental Impacts and Risks.** Based on the possible subprojects and services of PMNP, the environmental risk is considered *moderate*. The proposed project interventions are expected to have positive long-term health benefits to the community, specifically on maternal and child healthcare.

The potential environmental impacts from the possible subprojects and activities are: (i) generation of healthcare wastes from the immunization, deworming and other healthcare and nutrition services (i.e., syringe, PPEs, spent vaccine vials); (ii) noise, water, and air (dust) pollution, generation of solid wastes (municipal, construction and hazardous), OHS, CHS from the small infrastructure WASH/ECCD community subprojects; and (iii) air (odor) and water pollution. The impacts from these community subprojects are localized (community or household level), temporary and can be considered to **have a low or moderate** rating.

These risks and negative impacts will be mitigated by: (i) strictly implementing the Philippines' Healthcare Waste Management Manual in the collection, storage, transport, and final disposal of healthcare wastes; (ii) preparation and implementation of ESMP and/or ECOP for the small infrastructure WASH/ECCD community subprojects; (iii) meaningful consultation with the communities (i.e. properly informed on schedule and location of these community subprojects) and (iv) implementation of international best practices such as the IFC General EHS Guidelines.

**Potential Social Impacts and Risks.** The rating of the potential social impacts is considered **moderate** in as much as the Project is expected to have long term social positive impacts in the nutrition status of beneficiary populations in targeted regions of the country, including indigenous populations. Another important risk is that health and nutrition interventions are not designed and implemented in a manner that is culturally appropriate or adapted to the social and cultural characteristics and norms of vulnerable people, including IPs. Social risks associated with small community subprojects activities are predictable, site specific and likely to have minimal adverse social impacts which are mitigable with the capacity strengthened to address the issues within the implementing agencies.

Though minor, potential impacts under Component 2 may trigger ESS5 that revolve around (i) ownership issues of water source, (ii) land clearing resulting to damaged trees and crops, (iii) damage to structures, (iv) potential ROW conflicts for the distribution pipes/hoses, installation of WASH, and (v) potential issues with Indigenous Peoples rights particular to water source.

The risks on labor management are on child labor, misuse of labor contract, non-compliance and working conditions, gender-based sexual harassment/violence and inequality of properties. The risks can be prevented, mitigated, and minimized with the preparation of the LMP.

**Procedures to Address Environmental and Social Issues.** The ESMF provides a screening tool for potential project activities to allow determination of potential environmental and social issues. The screening process identifies possible instruments, e.g., Environmental and Social Plan (ESMP), Environmental Codes of Practice (ECOP), to be applied during Project implementation, based on subproject typology. These issues will also be addressed through relevant capacity building activities, observance of the labor management procedures and environmental and social management plans for project sites, conduct of community consultations, and active observance of the Grievance Redress Mechanism. The Stakeholder Engagement Plan includes provisions for engaging affected and interested stakeholders throughout the project implementation. Measures to address concerns of vulnerable groups, including persons with disabilities and indigenous peoples, are included in the ESMF and SEP.

**Institutional Arrangement for ESMF implementation.** The Department of Health (DOH) and Department of Social Welfare and Development (DSWD), as co-PMOs and lead implementing agencies, shall be responsible for preparation of project's plans; project implementation, management, and monitoring; and facilitation and management of fiduciary process and other fund management concerns of the budget allocation per component. Both PMOs will be supported by two staff who will be responsible for the environmental and social management.

**ESMF Budget.** The DSWD and DOH will allocate budget for the implementation of the ESMF such as for training and capacity building on ESMF implementation, salary of environment and social specialists, and EHS focal persons, monitoring and reporting, and for the hiring of support consultants on E&S matters. For Component 2, the indicative allocation for capacity building of Community Nutrition Sub-Project Management Committees and members of the DSWD's Regional Program Management Offices hired for PMNP, as well as the Operating Costs related to the hiring of Area Coordinators, Community Empowerment Facilitators, and Community Development Officers whose tasks include provision of technical assistance to LGUs and communities and monitoring and reporting of ESMF, shall be charged in Component 2 budget. The specific ESMF budget will be determined once the subproject components and implementation arrangements have been finalized. Monitoring needs will be finalized and budgeted part of each subproject costing. ESMP monitoring costs will be included in individual ESMP, bid documents, and additional mitigation/monitoring shall be the contractor's responsibility. The ESMF budget does not include resettlement costs of any nature. These costs shall be borne from the counterpart funding.

**Summary of public consultation and disclosure of information.** Several consultations were conducted since 26 March 2021 where the PMNP and the ESMF and associated instruments like the LMP, RFP, and SEP, was presented to stakeholders: (i) institutional/government that include the National Commission on Indigenous Peoples (NCIP), National Anti-Poverty Commission (NAPC) and the Presidential Commission for the Urban Poor (PCUP), (ii) local government chief executives/representatives, (iii) IP communities and mandatory representatives along with the NCIP, (iv) nutrition experts and partners from various groups, including international organizations, civil society groups, and

academic institutions. Key issues that surfaced during the consultation were on: (a) Loan arrangements and financial administration, (b) Actual date of project start, (c) Institutional strengthening and absorptive capacities for DOH-NNC and LGUs, (d) Synergy amongst the inter-agency membership, and (e) Targeting/site selection.

Specific to IP concerns, the following recommendations were generated from the consultations and most have been incorporated in the PMNP design: (i) strengthening of the implementation and sustainability of health and nutrition programs and projects by providing additional budget allocation for these programs and projects, as well as additional manpower and support to health/nutrition workers; (ii) training of more IP members to become health and nutrition workers so that they can serve their own communities; (iii) strengthening of information dissemination and visibility in far-flung and GIDA communities; (iv) continuous provision of medicines and other health commodities; (v) provision of trainings and technology assistance to IPs and other marginalized communities; (vi) establishment of farm-to-market roads; (vii) provision of safe and potable water source to far-flung and GIDA communities; (viii) provision of seedlings and livestock; (ix) capacity building activities on backyard gardening, livestock raising and other livelihood programs; and (x) development of programs and projects for linking smallholder farmers to markets. Other recommendations call for the involvement of ICCs/IPs, as well as the agencies that promote and protect the rights and well-being of ICCs/IPs in the planning process of any programs, projects and activities intended for them.

Additional consultations will be conducted on October 11, 13 and 15, 2021 with stakeholders clustered by geographic island groups (Luzon, Visayas and Mindanao) scheduled, where the updated PMNP and PMNP ESMF will be presented.

The updated ESMF and ESF instruments were disclosed on 30 September 2021 at the DSWD KALAHI-CIDSS website (<https://kalahi.dswd.gov.ph/press/downloads/category/52-environmental-and-social-management-frameworks>). DOH and DSWD disclosed the revised instruments in the DSWD-KALAHI official website on October 22 and 25, 2021, available at the following links: (<https://DOH.gov.ph/project/philippines-multisectoral-nutrition-project>; <https://kalahi.dswd.gov.ph/press/downloads/category/52-environmental-and-social-management-frameworks>). The DSWD together with DOH, will upload the final approved versions as soon as these are available.

## I. Introduction

1. The Philippines was one of Asia's fastest growing economies - enjoying sustained growth of 6.4% per annum since 2010 prior to the coronavirus disease 2019 (COVID-19) pandemic. Prospects for sustained long term economic growth will depend on the extent to which the Philippines invests in human capital and emphasizes childhood undernutrition and harnesses the rising tide of technological change; and expands its high-skills services sector.

2. The Philippines' human capital index (HCI)<sup>1</sup> in 2020 is 0.52, ranking 84<sup>th</sup> in the world and 124<sup>th</sup> among 24 East Asia and Pacific Countries. The HCI value of 0.52 implies that the future productivity of a child born today could be 48% below what they could have achieved with a complete education and full health. In terms of the HCI's subcomponents, the Philippines ranked high in quantity (i.e., expected years) of schooling but low in education quality – measured by harmonized test scores – and low in health and nutrition measures. Further, about 30% of the country's children under 5 years are stunted<sup>2</sup>, 19% are underweight<sup>3</sup> and 6% are wasted.<sup>4</sup> Childhood stunting has been associated with lower learning outcomes, poor academic performance, and lower productivity and lower wages in adulthood. Stunted children are unable to develop their human capital to its full potential, with negative consequences on the aggregate in terms of labor market productivity and economic growth.

3. The Philippine Plan of Action for Nutrition (PPAN) 2017–2022 is the Philippines' blueprint of actions for nutrition improvement and is consistent with the government's socio-economic agenda and the *All for Health towards Health for All* of the Department of Health (DOH). It is a results-focused plan designed to achieve outcomes in different forms of malnutrition comprising stunting, wasting, micronutrient deficiencies, and overweight and obesity. The general objectives of the plan of action comprise (a) a focus on the first 1,000 days of life; (b) complementation of nutrition-specific and nutrition-sensitive programs; (c) intensified mobilization of government units, giving priority to local government units (LGUs) with the highest burden of stunting; (d) reaching of geographically isolated and disadvantaged areas (GIDA) and communities of indigenous peoples; and (e) complementation of actions of national and local government.

4. To achieve the expected improvement in health and nutrition outcomes, The *Philippine Multisectoral Nutrition Project (PMNP)* will provide interventions that will focus on strengthening the delivery of essential maternal and child health and nutrition services through the primary healthcare (PHC) system as well as leverage existing community structures to take ownership of and support the delivery of community-based nutrition and nutrition-related activities. This project will support activities aimed at setting-up systems and/or scaling up the

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<sup>1</sup> The Human Capital Index is an international metric that benchmarks key components of human capital across countries, and it highlights how current health and education outcomes shape the productivity of the next generation of workers. It has been annually reported and published by the World Bank since 2018.

<sup>2</sup> *Stunting* reflects chronic undernutrition, a consequence of a cumulative process that starts in pregnancy and continues in infancy and early childhood as repeated experiences of illness (such as diarrhea, malaria, or acute respiratory infection), combined with insufficient dietary intake, cause a child's growth to falter. It is measured by height-for-age. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted. Height growth and brain development not achieved during the first 1,000 days of life (from conception to 2 years of age) is largely irrecoverable and is associated with measurable negative consequences for health, cognition, productivity, and income across the life course.

<sup>3</sup> Low weight-for-age is the least specific and most difficult indicator to interpret. Underweight can be the result of small body size (stunting) or small body mass (wasting).

<sup>4</sup> *Wasting*, measured by weight-for height, describes the recent or current severe process leading to significant weight loss, usually a consequence of acute starvation or severe diseases. It is a preferred indicator of use in emergency situations such as famine.

systems to enable LGUs to deliver nutrition interventions, improving service delivery and utilization as well as create an awareness on the knowledge and behaviors to improve health and nutrition. Innovative aspects of this project are the combined use of social behavior change communication for optimal health and nutrition behaviors, performance-linked approaches, and community-driven approach on the demand- supply-sides and at the community and PHC levels to improve health and nutrition outcomes.

## **A. Project Development Objectives**

5. PMNP, which will be financed by the World Bank (WB), has the following Project Development Objectives (PDO): (i) increase the utilization of a package of nutrition-specific and nutrition-sensitive interventions; and (ii) improve key health behaviors and practices known to reduce stunting in targeted local government units.

6. Nutrition-specific actions are interventions, programs or policies intended to have a direct impact on immediate determinants of nutrition. Nutrition specific actions include: promotion of adequate food and nutrient intake, feeding, caregiving and parenting practices; and prevention of infectious diseases. Examples are breastfeeding promotion, disease management and treatment of acute malnutrition in emergencies (2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives).

7. Nutrition-sensitive actions are interventions, programs or policies in sectors other than nutrition that address the underlying determinants (referred to as social determinants in this report) of fetal and child nutrition and development and incorporate specific nutrition goals and actions. Sectors include, health, social protection, early child development, education, and water and sanitation. The social determinants that nutrition-sensitive actions can address include poverty, , scarcity of access to adequate care resources, inadequate services for health or water and sanitation (2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives).

## **B. Purpose of the ESMF**

8. This Environmental and Social Management Framework (ESMF) has been prepared to assess and manage the environmental and social risks and impacts of the PMNP. The framework has been prepared since the project involves a series of subprojects, whose specific locations, detailed design, and other relevant information are not known until implementation. The ESMF serves as a tool for the environmental and social assessment process to be undertaken once the respective technical details of the subprojects are available.

9. The purpose of this framework is to guide the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Agriculture (DA), National Nutrition Council (NNC), Local Government Units (LGUs) of the target areas, and other concerned agencies on the environmental and social screening, assessment, and management of specific project activities during implementation. The document also provides guidance on the preparation of location specific Environmental and Social Plans (ESMPs), and Environmental Code of Practice (ECOP) when needed, in accordance with the ESMF. Specifically, the following are the objectives of the ESMF:

- To identify, and minimize or avoid adverse impacts on the health and safety of project stakeholders, project-affected persons/communities, and project workers throughout the project cycle (i.e. planning/pre-construction, construction, and operation/implementation);

- To promote quality and safety in the design and construction of small infrastructure community subprojects and/or program of activities;
- To avoid or minimize community exposure to project-related safety risks;
- To avoid possible exposure and risks of workers and communities to infectious diseases, criminality and gender-based violence during project implementation;
- To develop measures to address emergency events; and
- To specify a process of public participation and consultation in the planning and implementation of the project.

### **C. Methodology**

10. The information in the ESMF is based on environmental and social due diligence on available secondary information (i.e., approved and disclosed ESMF or similar projects, project proposal and concept paper, concept environmental and social review summary); online workshops and meetings with Technical Working Group (TWG) of the key stakeholders (i.e., DOH, DWSO, DA) and other concerned agencies; and initial consultations done by DOH and DSWD with partner agencies and participating LGUs. The documentation and details of the consultation activities are presented in the Stakeholder Engagement Plan (SEP)

### **D. Scope of the ESMF**

11. The framework presents criteria and procedures to screen, identify, and mitigate potential environmental and social risks on the proposed activities and interventions on strengthening delivery of nutrition intervention and primary health services, community-based nutrition service delivery and multisectoral nutrition convergence, with provisions of water, sanitation and hygiene (WASH) facilities.

The ESMF contains the following:

- a) Description of the proposed activities to be financed under the Project;
- b) Requirements and procedures that will be followed for the screening of Project activities and the requirements for environmental and social assessment;
- c) Anticipated environmental and social risks and impacts of project components and activities;
- d) Implementation procedures for further assessing and managing the risks and impacts of Project activities;
- e) Environmental and Social plan (ESMP), Environmental Code of Practice (ECOP), guidelines, and other plans addressing significant risks and impacts as identified in the environmental and social assessment;
- f) Compliance monitoring and reporting requirements;
- g) Description of institutional responsibilities for the preparation, implementation, and monitoring and supervision of the ESMP; and
- h) Overview of the capacity of DOH, DSWD, DA and other concerned agencies to implement the national regulations on E&S and WB Environmental and Social Framework (ESF) and identified needs for capacity building concerning managing environmental and social risks and impacts of the Project.

12. The ESMF also provides a negative list that include infrastructure investments with large-scale irreversible environmental or social impacts, including sub projects located in critical habitats, culturally- or socially sensitive areas, sub projects involving issues on land acquisition and involuntary resettlement (Annex 1). These subprojects will not be supported under the Project.

## I. Project Description

### A. Project Components

13. The three components of PMNP are: (i) Component 1: Strengthened Delivery of Nutrition and Primary Health Services; (ii) Component 2: Community-based nutrition service delivery and multisectoral nutrition convergence; and (iii) Component 3: Institutional Strengthening, Monitoring and Evaluation and Communications.

#### 14. Component 1: **Strengthened Delivery of Nutrition and Primary Health Services**

This component finances the delivery of selected nutrition and health care services at the primary care level. Within this context, the component will support the DOH in addressing key gaps in the delivery of essential MCH and nutrition services by: (a) financing health and nutrition inputs, capacity-building initiatives, and TA to LGUs to enable them to deliver the defined packages of health and nutrition services in PHC facilities; (b) entering into performance-based agreements with LGUs to roll out a defined package of high-impact health and nutrition-specific interventions and; (c) supervising such health and nutrition services delivered by LGUs through the engagement of health supervision providers (DOH regional offices) under results-based service delivery contracts. Component 1 will be comprised of the following sub-components:

- I. Primary Health Care Support – this sub-component shall finance the LGUs to deliver a defined package of high-impact essential health and nutrition services delivered at the primary level of care through a Performance-Based Grants (PBG) mechanism. Six LGU performance measures have been carefully selected to a) improve nutrition and health outcomes and (b) strengthen institutional capacity and accountability between LGUs and national-level agencies for nutrition outcomes. These indicators will reflect not only the key results of the project’s results framework but also the areas where it is important to have transformational change focusing on the most challenging areas that have potential to influence the success of PPAN.
- II. The indicator will support the strengthening of the LGUs’ (multisectoral nutrition) planning, budgeting, and implementation of nutrition-specific and nutrition-sensitive actions by the health sector.
  - a. Health and Nutrition Service Systems Strengthening – this sub-component will comprise four broad activities:
  - b. LGU Mobilization – support to the LGUs’ (i) formulation of the Local Nutrition Action Plans at the provincial, municipal, and barangay levels, which will integrate both nutrition-specific and nutrition-sensitive interventions; (ii) integration of nutrition in the Annual Investment Programming of LGUs which will ensure increased investments for health, nutrition, and other community services in support of the delivery of nutrition outcome; (iii) provision of TA to LGUs in local development planning and mobilization of community support for nutrition programs; and (iv) advocacy with local chief executives to secure support for nutrition programs and elicit community participation in accessing basic health, nutrition, and other community services.
  - c. Capacity building – this will focus on building the capacity of the LGUs to plan, deliver, and monitor primary health and nutrition

services. This will entail two sets of investments: (i) procurement of equipment to improve LGUs' PHC facilities to deliver a minimum package of services mostly during the first year of the project and (ii) training and mentorship to strengthen health care workers' skills to deliver high-quality MCH and nutrition services. In line with this, this subcomponent will provide financial support for the procurement of equipment and supplies and include the financing of LGU grants. Procured items will include growth measuring equipment and training on the use of various tools, for example, electronic Operation Timbang (OPT) Plus tool, ECCD checklist, mid upper arm circumference tapes, and growth monitoring charts, to enable the LGUs to deliver the package of MCH and nutrition services in line with national standards. Health worker capacity building will include provision of project funds to produce job aids and competency-based training and coaching for LGU staff, PHC staff, and community health and nutrition volunteers. Capacity building will be streamlined, with all trainings driven by assessment of LGU skills gap and needs and through provision of cadre- or audience-specific training, thus consolidating all needed competencies of each health care professional into a single training curriculum (for example, one training for planners, one for physicians, one for midwives, one for BNSs, and so on). In addition, training and capacity building will be based on coaching and practical application in the workplace rather than traditional classroom training. Online training courses and job aids, including job aid apps, will also be considered.

- d. Information System – The proposed project will directly contribute toward strengthening existing information systems in the following areas: (i) anchoring monitoring of the nutrition-specific and nutrition-sensitive information to the existing Kalahi-CIDDS database, the Project Information Management System (PIMS), and Geotagging Web-Application (GTWA); it will be harmonized to the system which will be developed under this component; (ii) particularly for the supply-side systems, the project will support capacity building initiatives and strengthen information and communication technology (ICT) standards and procedures; and (iii) timely utilization of data will be strengthened by building in local data processing and use of LNAP time charts and annual outputs. Through the PBGs, the project will support activities that will allow the local system to collect and analyze service coverage and nutrition outcome data and support local planning and budgeting and transmit this to the regional and national levels in an effortless manner. The project provides incentives for LGUs to use integrated information systems for data entry, analysis, and timely reporting to Municipal Councils and to national agencies.
- e. SBCC - The project will support two sets of SBCC interventions: (i) the development and rollout of multimedia, cross-cutting communications on nutrition and nutrition-related behaviors and (ii) health facility- and community-based social behavior change and communication interventions to enable targeted households and communities to adopt behaviors crucial to improving nutrition outcomes for women and children. The first set of SBCCs will create the environment for giving priority to nutrition and position it as part of an integrated approach to PHC strengthening. The second set of SBCCs will be the development and rollout of context-specific

communication and use of local languages and facilitation packages that will increase awareness of community stakeholders on health and nutrition issues and concerns, enable them to participate in taking action, and contribute to efforts to sustain the adoption of behaviors crucial to improving nutrition outcomes among women and children, including household-level and community-level efforts on improving access to food and food diversification. Development of the second set of SBCCs will be done based on a social ethnographic assessment about perception of nutrition services among different target communities, particularly indigenous communities.

- III. Technical Assistance to BARMM - To support the BARMM in developing and implementing child-focused programs, including health and nutrition interventions, the DOH, in collaboration with NNC and DSWD, will provide TA and capacity-building support to the region. The DOH will provide TA to the BARMM Ministries of Health and of Social Services, as well as the BARMM regional nutrition coordinator, to develop context-appropriate health and nutrition action plans and strengthen management of nutrition interventions. The project will provide the needed assistance in program development and planning and training of ministry personnel to equip them with the necessary competencies to implement and manage primary health care and community-based nutrition interventions. In addition, the TA will provide cadre-specific training like that provided for non-BARMM LGUs. The TA will be informed by a needs assessment to be completed in 2022. In consultation with relevant BARMM authorities, the project will develop detailed capacity-building plans for the BARMM before project effectiveness.

## **15. Component 2: Community-based Nutrition Service Delivery and Multisectoral Nutrition Convergence**

This component will focus on multisector community-based promotion of key family practices (i.e., the 12 family and community practices that promote child survival, growth, and development)<sup>5</sup> and health care seeking behaviors for improved maternal and child health and nutrition outcomes. The component supports the design and implementation of household and community level interventions to improve mother and child health and nutrition, with emphasis on the first 1,000 days of life. The interventions complement the health system interventions and SBCC interventions supported under Component 1. Within this context, the component supports community-based and household focused interventions to improve and complement the delivery of nutrition-specific interventions. In response to the multi-dimensional causes of malnutrition in the Philippines, this component will support the convergence of priority nutrition-sensitive interventions on targeted communities and households. In addition, the component supports high impact multi sector interventions to improve access to water, sanitation and hygiene, and early childhood care services by targeted households.

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<sup>5</sup> (1) Take children as scheduled to complete a full course of immunizations (BCG, DTP, OPV and measles before their first birthday. (2). Breastfeed infants exclusively for six months. (3). Starting at six months of age, feed children freshly prepared energy- and nutrient-rich complementary foods, while continuing to breastfeed up to two years or longer. (4). Ensure that children receive adequate amounts of micronutrients (vitamin A, iron, and zinc in particular), either in their diet or through supplementation. (5). Dispose of feces, including children's feces, safely; and wash hands after defecation, before preparing meals, and before feeding children. (6). Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated bednets. (7). Continue to feed and offer more fluids, including breast milk, to children when they are sick. (8). Give sick children appropriate home treatment for infections. (9). Recognize when sick children need treatment outside the home and seek care from appropriate providers. (10). Follow health workers' advice about treatment, follow-up, and referral. (11). Promote mental and social development by responding to a child's needs for care, and through talking, playing, and providing a stimulating environment. (12). Ensure that every pregnant woman has adequate antenatal care. This includes her having at least four antenatal visits with an appropriate health care provider, and receiving the recommended doses of the tetanus toxoid vaccination.

Global as well as regional evidence has found that a “nutrition convergence” approach, in which multisectoral interventions are coordinated to jointly target priority geographic areas and beneficiaries, is critical to tackling childhood undernutrition. This component shall provide the necessary platform for the realization of this convergence.

This convergence approach is central to the Philippine Plan of Action for Nutrition 2017-2022 (PPAN). PPAN is anchored upon the complementation of actions across sectors, particularly when mobilizing for nutrition at local levels. This approach also dovetails the success of Kalahi-CIDSS’ community driven approach and provides financial and technical support to communities to better understand their health and nutrition-related issues and engage them in developing and/or supporting solutions to these issues. This is to ensure that the proposed nutrition-specific and nutrition-sensitive interventions would receive full support and ownership by the concerned households, communities and respective LGUs.

Specifically, the following activities, which involve multisectoral activities, will be supported:

- a) **Increased access to and use of clean water, appropriate sanitation, and improved hygiene practices.** Safe and sufficient drinking water, sanitation, and hygiene (WASH) are essential to health and well-being and are particularly crucial for child growth. In addition to the more readily recognized consequences of diarrhea, inadequate WASH conditions put a growing child at risk for Environmental Enteric Dysfunction (EED). EED is a subclinical condition that causes inflammation of the gastrointestinal lining, preventing the effective absorption of nutrients that is now known to contribute to child stunting and may impair the immune response to orally administered vaccines such as those for polio and rotavirus.
- b) **Access to Early Childhood Care and Development (ECCD) services.** There is a growing body of evidence from the disciplines of both nutrition and ECD that suggests that there are common skills for effective caregiving and by enhancing these common skills, it is possible to benefit outcomes for both nutrition and child development. Hence given that poor nutrition and inadequate opportunities for early learning are both risks for poor children’s development, nutritional and ECCD inputs should be optimized—and possibly integrated—for best developmental outcome.
- c) **Increasing access of Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries to Nutrition Programs and Services.** The 4Ps program provides an important demand side (household) incentive and promotes behavioral changes through cash transfers and conditionalities (which include take up of maternal child health care services, immunization, nutrition, early childhood education, and family development session participation). This will greatly complement supply side intervention pursued by PMNP and create synergies through a holistic approach. In order to maximize the synergies between PMNP and 4Ps, the project will pursue the following activities: i) For existing 4Ps women, identify and update information of new pregnancy/newborn children so that they can also be monitored under 4Ps (leveraging PhilSys adoption, unified beneficiary database through Beneficiary FIRST SP project ii) Support 4Ps beneficiaries to benefit from PMNP activities (esp. WASH and ECCD Support interventions); iii) Include in PMNP the monitoring of 4Ps recipients of the program, and iv) Potentially use FDS modules/platforms for beneficiaries beyond 4Ps through SBCC.
- d) **Community Capacity Building and Implementation Support (CBIS).** This will provide community mobilization and capacity building support to Barangay LGU officials, parent leaders, and core community volunteer groups to enhance their competencies in implementing and managing nutrition-sensitive community

projects complementing the nutrition-specific interventions in Component 1. The activities to be identified and implemented under CBIS shall also prepare them to sustain the results of the interventions and continuously contribute to the achievement of desired nutrition outcomes. Capacity building will focus on increasing awareness and knowledge on the importance of the communities in achieving desired health and nutrition outcomes; key nutrition-sensitive interventions, community-based project design, implementation, and management; procurement following required government policies, and financial management. CBIS will also support the hiring of implementation team members to be deployed as front liners in the implementation of the project. These teams shall provide the necessary technical assistance to the communities to ensure that the interventions and targets are delivered and that necessary coordination and technical support to the LGUs and communities are provided.

#### **16. Component 3: Institutional Strengthening, Monitoring and Evaluation and Communications**

This component will finance the following activities:

1. **Institutional Strengthening.** The component will support the capacity strengthening of key implementing entities and specifically the LGU. Some key areas for institutional capacity strengthening will include fostering evidence-based decision making by sectoral departments and LGUs and institutionalizing the use of performance-based management of health and nutrition services use of data for decision making and prioritization. The component will finance focused quality improvement interventions to be executed by the DOH to address gaps in quality of primary care services in targeted LGUs. In addition, the project will facilitate the strengthening of technical support teams at the provincial level to enhance cross-sectoral nutrition planning, program management, and results reporting, with the aim of building the implementation capacities of local governments and mitigating any related risks.
2. **Project Management.** The component will support the day-to-day implementation, coordination and cooperation, communication, procurement, financial management (FM), environmental and social (E&S) management, and monitoring and evaluation (M&E) of the project. The project will finance technical, fiduciary and E&S specialists to strengthen the implementation capacity of implementing agencies.
3. **Monitoring and Evaluation.** The sub-component will finance the development of planning guidelines to be used at different levels; training and operational costs for the execution of the coordination, development, and implementation of M&E functions (e.g., additional staffing and facilitation of regular multisectoral nutrition coordination meetings at LGU level, and regular supervision); and studies, surveys, and citizen engagement activities to assess operational effectiveness of the convergence approach. The component will also finance the independent verification of PBC achievements by an independent academic/research institution. The project will also support capacity-building activities to systematically include and collect ethnicity data into different health and nutrition surveys at the national and local level. This will include ethnicity modules; collecting, compiling, and sharing IP data, including IP data into information systems; and administrative data, including the third party and independent monitoring of PBG indicators. The component could also finance operations research on behavior change, nutrition interventions, and PHC.

17. Overall, Table 1 shows the project typology- goods, services, and small infrastructure community subprojects anticipated from each component of the project.

Table 1. List of Proposed Activities and Interventions for PMNP

<b>Component 1: Strengthened Delivery of Nutrition and Primary Health Care Integration</b>
<p><b>Goods</b></p> <ul style="list-style-type: none"> <li>▪ Micronutrient supplements-iron, folic acid, zinc, vitamin A</li> <li>▪ Ready-to-use supplementary and therapeutic foods</li> <li>▪ Health commodities, vaccines, and medicine for immunization, and deworming,</li> <li>▪ Materials for child growth monitoring-weighing scale, height and length board, etc.</li> </ul>
<p><b>Services</b></p> <ul style="list-style-type: none"> <li>▪ Promotion and support of infant and young child feeding services</li> <li>▪ Child growth monitoring services</li> <li>▪ Micronutrient supplementation</li> <li>▪ Nutrition in emergencies</li> <li>▪ Management of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) and dietary supplementation</li> <li>▪ Integrated management of childhood illness</li> <li>▪ Deworming services</li> <li>▪ Maternal care services including dietary supplementation of nutritionally risk pregnant, lactating and children 6-23 months old: Antenatal and postnatal care services; Reproductive health services; Infant and young childcare and services</li> <li>▪ Training and capacity building activities such as development of modules; advertisements/informercials in television, radio and social media; IEC materials translated in local dialect, nutrition classes, etc.</li> <li>▪ Formulation of the Local Nutrition Action Plan at the provincial, municipal and barangay levels.</li> <li>▪ Technical assistance to LGUs in local development planning and mobilization of community support for nutrition programs</li> <li>▪ Conduct of Social and Behavioral Change Communications (SBCCs)</li> <li>▪ Capacity building and implementation support</li> <li>▪ Technical assistance to BARMM</li> </ul>
<b>Component 2: Community based nutrition service delivery and multisectoral nutrition convergence</b>
<p><b>Services</b></p> <ul style="list-style-type: none"> <li>▪ Community-based enterprise development and marketing assistance;</li> <li>▪ Capacity building and implementation support</li> </ul>
<p><b>Small Infrastructure Community Subprojects</b></p> <ul style="list-style-type: none"> <li>▪ Water, sanitation, and hygiene facilities: Level I or II water supply, latrines, hand washing station<sup>2</sup></li> <li>▪ Early Childhood Care and Development facilities</li> </ul>
<b>Component 3: Institutional strengthening, monitoring, and evaluation and communications</b>
<p><b>Goods</b></p> <ul style="list-style-type: none"> <li>▪ Management information system- computer, software for data management, etc.</li> </ul>
<p><b>Services</b></p> <ul style="list-style-type: none"> <li>▪ Capacity building + supportive supervision activities</li> <li>▪ Support to project implementation and monitoring; conduct of project monitoring activities such as field/site visits, surveys, external audit, etc.</li> </ul>

18. The project activities, services and programs will be implemented from January 2022 to December 2025.

## B. Target Areas

19. The project will prioritize LGUs with the highest burden of childhood stunting based on best available data. Primary project beneficiaries will comprise children under five years old (with attention to children under two years who will be reached by project activities before stunting becomes largely irreversible), as well as pregnant and lactating women in LGUs prioritized for PMNP support. Other beneficiaries will include women of reproductive age and adolescent girls to improve their health and nutrition status prior to their most critical reproductive health years. The poorest households will benefit from improved nutrition-sensitive interventions (delivered by the Agriculture, Social Protection, WASH, and Education Sectors), and the public at large will benefit from national media campaigns as well as health- and nutrition-related SBCC.

20. The primary project beneficiaries will comprise pregnant and lactating women and children under five years of age, with a special focus on the first 1,000 days of life—from conception to a child’s second birthday.<sup>6</sup> Other beneficiaries will include adolescent girls to improve their health and nutritional well-being and health seeking behaviors before entering their reproductive health years. The poorest households, including 4Ps households and IP, will be among the main beneficiaries from improvements in nutrition-sensitive services (delivered by the, social protection, WASH, and education interventions), and the public at large will benefit from national media campaigns as well as health- and nutrition-related SBCC. Project beneficiaries who are part of the identified population groups will benefit from culturally acceptable and appropriate health and nutrition services provided by the PMNP. The project will target LGUs based on the following criteria: i) municipalities with stunting rate higher than or equal to 17.5%; ii) incidence of poverty; iii) with experience in Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) implementation; and iv) covered by the Human Development and Poverty Reduction Cluster (HDPRC)/PPAN priority areas.

21. The project will cover 235 municipalities and 5,936 barangays in the following 12 regions and 26 provinces. These municipalities will receive the full range of nutrition services to be offered by the project. An additional 40 municipalities from 3 provinces in BARRM shall be provided with technical assistance packages to support the region’s development of health and nutrition programs and increase capacities of their service providers. In total, 275 municipalities will benefit from the project (Table 2 and Figure 1).

*Table 2. PMNP Target Areas for Implementation*

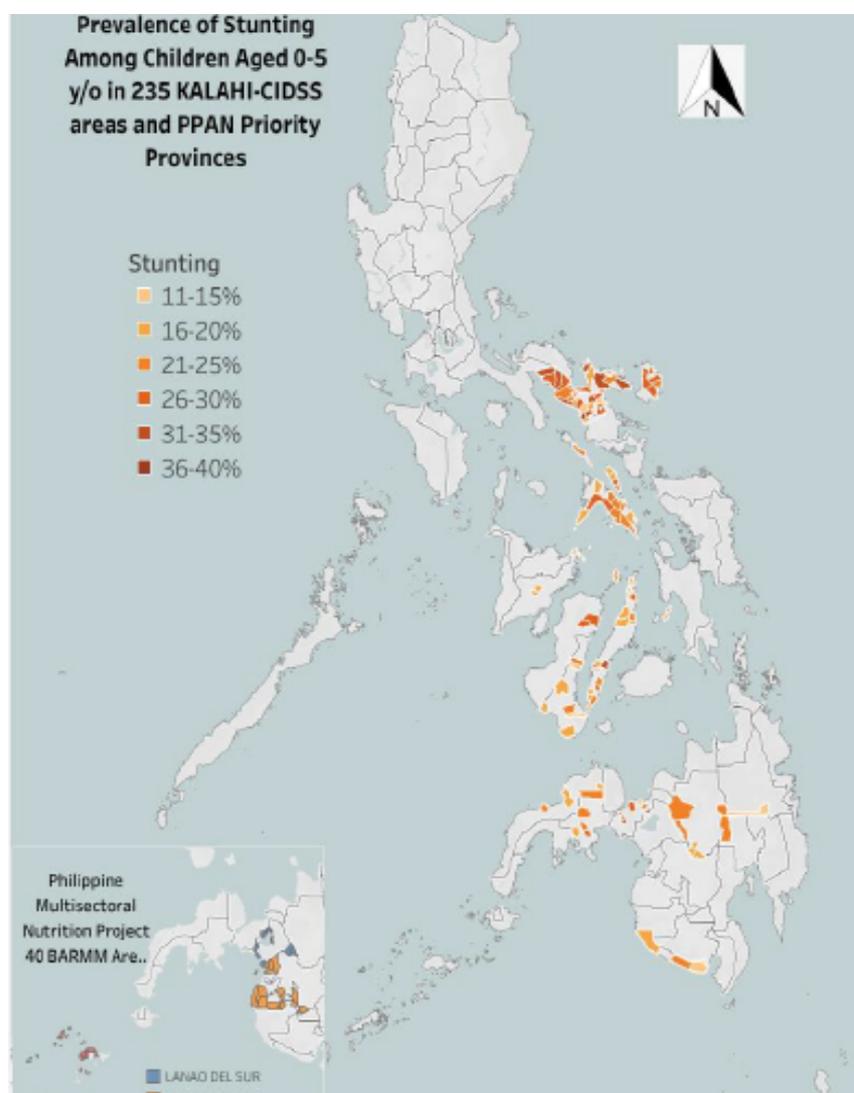
Region	Province
Region IIIA-Central Luzon	Nueva Ecija
Region IV-A Calabarzon	Quezon
Region IV-B Mimaropa	Occidental Mindoro, Romblon
Region V-Bicol	Camarines Sur, Catanduanes, Masbate, Sorsogon
Region VI-Western Visayas	Iloilo, Negros Occidental
Region VII Central Visayas	Cebu, Negros Oriental
Region VIII-Eastern Visayas	Eastern Samar, Leyte, Northern Samar, Samar (Western Samar)

<sup>6</sup> The focus on the first 1,000 days is consistent with the Early Years Act that refers to the full range of health, nutrition, early education, and social services development program for the holistic needs of young children, but it further narrows down the age group to the golden window of opportunity for the child’s growth and development. Even before the enactment of Republic Act 11148 or the *Kalusugan at Nutrisyon ng Mag-nanay* Act in 2018, the NNC, as a member of the ECCD Council, implemented a multi-agency program called the Early Childhood Care and Development in First 1,000 Days Program (ECCD-F1K) in 2016, which is anchored on the key elements expressed in the Early Years Act.

Region	Province
Region IX Zamboanga Peninsula	Zamboanga Del Norte, Zamboanga Del Sur
Region X- Northern Mindanao	Bukidnon, Lanao Del Norte
Region XI Davao	Davao Del Sur, Davao Occidental
Region XII SOCCSKSARGEN	North Cotabato, Sarangani, Sultan Kudarat
Region CARAGA	Surigao Del Sur
BARMM Region	Lanao Del Sur, Maguindanao, Sulu

Source: Draft PMNP Proposal, 2020

Figure 1. PMNP target areas showing the prevalence of stunting among children aged 5 in 235 KALAHY-CIDSS areas and PPAN priority province



### C. Prohibited/Negative List

22. The Project will **not** involve activities with high potential environmental and social risks. The following are PMNP ineligible subproject activities and/or expenditure types:

#### 1. Prohibited Activities

- a. Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly;
- b. Activities that could adversely affect forest and forest health.;
- c. Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values;
- d. Use of goods and equipment on lands abandoned due to social tension/conflict, or the ownership of the land is disputed or cannot be ascertained;
- e. Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners were consulted and had concurred;
- f. Land acquisition that results in physical displacement (relocation) and economic displacement to 200 or more affected persons;
- g. Activities that would result to adverse impacts on land and natural resources customarily used by IPs, including relocation from those lands, or significant impacts on their cultural heritage material to their identity.
- h. Repair of government offices; meeting halls and places of worship;
- i. Environmentally hazardous materials such as chainsaws, explosives, pesticides, herbicides, insecticides, asbestos and other potentially dangerous materials;
- j. Fishing boats (beyond the weight limit set by Bureau of Fisheries and Aquatic Resources (BFAR));
- k. Activities that have alternative prior sources of committed funding;
- l. Activities for fiesta and other religious and cultural activities;
- m. International travel;
- n. Salaried activities that employ children below the age of 14, and production or activities involving harmful or exploitative forms of forced labor or child labor;
- o. Consumption items will not include food and other basic necessities usually included in the relief packages;
- p. Maintenance and operation of infrastructure built from Project funds;
- q. Production of or trade in any product or activity deemed illegal under the Philippines laws or regulations or international conventions and agreements or subject of international phase outs or bans, such as (a) pharmaceuticals, pesticides, and herbicides; (b) ozone-depleting substances, (c) polychlorinated biphenyls and other hazardous chemicals, (d) wildlife or wildlife products regulated under the Convention on International Trade in Endangered Species of Wild Fauna and Flora and (e) transboundary trade in waste or waste products;
- r. Production of or trade in weapons and munitions, including paramilitary materials;
- s. Production of or trade in alcoholic beverages, excluding beer and wine;
- t. Production of or trade in tobacco;
- u. Gambling, casinos and equivalent enterprises;
- v. Production of or trade in radioactive materials, including nuclear reactors and components thereof;
- w. Commercial logging operations or the purchase of logging equipment for use in primary tropical moist forests or old-growth forests; and
- x. Marine and coastal fishing practices, such as large-scale pelagic drift net fishing, harmful to vulnerable and protected species in large numbers and damaging to marine biodiversity and habitats.

## **2. Prohibited Infrastructures and Expenditures**

- a. Construction of facility/infrastructure located in or adjacent to sacred grounds and burial sites of indigenous communities;
- b. Construction of facility/infrastructure located in or adjacent to identified international and local cultural and heritage sites;

- c. Construction of facility/infrastructure located in or adjacent to critical areas identified or reserved by the ICCs/IPs for special purposes,
- d. National communal and irrigation systems;
- e. Regulatory services (i.e. establishments of laboratories, procurement of laboratory equipment)
- f. Large production and post-harvest and processing equipment and facilities (i.e., four-wheel tractors, harvesters, processing equipment and facilities);
- g. Large market-related infrastructures (i.e. trading centers and food terminals);
- h. Training centers (including equipment);
- i. Multiple types of livestock in one project;
- j. Use of goods and equipment for military or paramilitary purposes aside from vaccination activities involving these personnel;
- k. For the new and/or rehabilitation of backyard fishponds and community ponds, required buffer zones shall be maintained as well as vegetative cover for exposed earthwork:
  - (i) For brackish water, a buffer zone of at least 100 meters from the sea to the main peripheral dike and 50 meters along the river banks (for typhoon areas) and 50 meters from the sea and 20 meters along the river banks (for non-typhoon prone areas), shall be left undisturbed for ecological reasons and physical protection from flooding and wave action;
  - (ii) For freshwater, a distance of 20 meters (for non-typhoon areas) away from the embankment and 50 meters (for typhoon prone areas) shall be maintained to serve as buffer zone to minimize flood risk and related environmental hazards.
- l. Projects classified as “environmentally critical projects” or category A based on the screening and categorization of the Philippine Environmental Impact Statement System (PEISS);
- m. Use or promotion of products covered under the Executive Order 51 otherwise known as “National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements, and Other Related Products” or “Milk Code” and by its Revised Implementing Rules and Regulations. Whether purchased or donated, this covers products marketed as “complete or partial” substitute to breastmilk, regardless of the age of the child, i.e., infant milk formula, feeding bottles, and teats.
- n. Activities such as advertisements, receiving donations, promotional campaigns and other marketing strategies through any form of involvement of distributors, manufacturers, marketing personnel, marketing firms of companies that are defined and covered by Executive Order No. 51 and its IRR.
- o. Partnership or any involvement in PMNP multimedia and community-based activities of companies manufacturing, selling, or marketing of food and beverages that are high in sugars, sodium (salt), and fats with conflict of interests on advocacies of the DOH, especially any marketing that targets children. This includes but not limited to chips, candies, chocolates, fast foods, sugar sweetened beverages, cigarettes, and alcoholic beverages.

### III. Policy, Legal and Regulatory Framework

#### **Philippines Regulatory Provisions and World Bank’s Environmental and Social Standards**

23. The Project will apply the WB's Environmental and Social Framework (ESF), which defines ten specific Environmental and Social Standards (ESSs) designed to avoid, minimize, reduce, or mitigate adverse environmental and social risks and impacts of projects. The Project will also comply with the Philippine Government's environmental laws, standards, rules, and requirements, which impose restrictions on activities to avoid, minimize, or mitigate likely impact on the environment and people. It is the responsibility of DOH, DSWD, DA, LGUs and other concerned agencies to ensure that all activities under the Project are under the legal framework.

24. This section provides a summary of the applicable WB's ESSs, Philippine laws and regulations, and their applicability to the Project. Table 3 shows the identified gaps between the laws and regulations of the Philippines compared to WB's ESSs, and the proposed E&S instruments to address the gaps.

25. **World Bank's Environmental and Social Standards (ESSs).** The ten (10) ESSs are designed to help Governments manage project risks and impacts, and improve the environmental and social performance, consistent with good international practice and national and international obligations. The standards include objectives that define the environmental and social outcomes to be achieved and include requirements that help Governments achieve ESS objectives through means appropriate to nature, scale, and risks of the project.<sup>7</sup>

26. **Philippine Government's Laws and Regulations.** The discussion below provides an overview on the Philippine Government's relevant laws and regulations pertinent to the ESSs and applicable to PMNP. Annex 7 provides the complete details on these laws and regulations.

#### A. ESS1: Assessment and Management of Environmental and Social Risks and Impacts

27. ESS1 sets out the Borrower's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank that results to environmental and social outcomes consistent with the ESS. The Philippines has sufficient policy framework, especially Presidential Decree 1586 otherwise known as the Philippine Environmental Impact Statement System (PEISS) and its implementing rules and regulations, including administrative orders (principally Department Administrative Order or DAO 2003-30) and memorandum circulars which were issued by the Department of Environment and Natural Resources (DENR). The PEISS is fundamentally consistent with the core principles of ESS1, particularly in terms of the requirement for screening, scoping, assessment of the direct and indirect environmental and social risks/impacts throughout the development process; health impact assessment; independent review; and mitigation of adverse impacts. DAO 2003-30<sup>8</sup> also recognizes in the assessment and review process the relevant ESS standards under the mandate of other laws such as those pertaining to protected areas and ecosystem services, water resources, indigenous peoples, resettlement, grievance mechanisms, labor, climate change, socio-cultural heritage, among others<sup>9</sup>. The release of the Environmental Clearance Certificate (ECC) leads to the next stage of project planning and acquisition of approvals from other government agencies and the local government units (LGUs) and the ECC and Environmental Impact Statement

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<sup>7</sup> For the comprehensive discussion on the objectives and requirements of the 10 ESSs, refer to the WB's ESF. <https://pubdocs.worldbank.org/en/837721522762050108/Environmental-and-Social-Framework.pdf>

<sup>8</sup> Implementing Rules and Regulations of Presidential Decree No. 1586 , Establishing the PEISS

<sup>9</sup> The other laws are presented in detail in relation to the other ESS to which each of them are specifically relevant.

(EIS) report serves as guidance document to other agencies and LGUs in their decision making.<sup>10</sup>

28. While there are sufficient Philippine policy mandates for environmental and social assessment based on the PEISS and DAO 2003-30, some ESF requirements, while not negated by any law, could be made explicit to broaden the E & S assessment.

29. The PEISS is implemented primarily by the DENR through EMB and its 16 regional offices and by the Ministry of Environment, Natural Resources and Energy (MENRE) in BARMM. Other agencies such as the Ecology Center of the Subic Bay Metropolitan Administration (SBMA) and the Palawan Council for Sustainable Development (PCSD) that review mitigation plans of projects in their areas of jurisdiction. Other concerned agencies are responsible for addressing social issues, such as the NCIP for IP concerns; LGUs and the DILG for community issues, land uses/zoning; the Department of Human Settlements and Urban Development (DHSUD) for, housing, human settlements, and urban development, including land use and zoning issues; the Department of Labor and Employment (DOLE) for worker's rights; the DSWD for the promotion of social protection in general; the National Council on Disability Affairs (NCDA) for promotion of welfare of persons with disability; the Council for the Welfare of Children (CWC) for protection of children; and DOH for the promotion of community health and sanitation. There are also other government agencies with focus on specific population groups such as the National Commission on Senior Citizens and the Philippine Commission on Women.

## B. ESS2: Labor and Working Conditions

30. ESS2 introduces labor management procedures and emphasizes non-discrimination; equal opportunity; protecting the vulnerable workers and preventing child labor or any form of forced labor; and providing mechanisms for association as well as grievance redress. It provides specific requirements on occupation health and safety, expanding upon the World Bank Group's Environmental, Health and Safety Guidelines. It includes provisions on the treatment of direct, contracted, community, and primary supply workers, and government civil servants. In most part, ESS2 invokes that compliance to ESS2 standards and requirements shall be subject to the applicable provisions of relevant national laws.

31. The Philippines has a Labor Code, a comprehensive legislation that regulates employment relationships providing details on labor and working conditions for the private sector. Updates were made through several subsequent amendatory laws, including Republic Act (RA) 11058 (2017)<sup>11</sup>, Anti-Age Discrimination in Employment Act (2016), RA 9481 (2007)<sup>12</sup>, Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act (2003), and Wage Rationalization Act (1988).

32. For the public sector, Executive Order 292, s. 1987 or Administrative Code of 1987 and Civil Service rules and regulations are applicable. Other laws enacted that relate to labor and working conditions are: Safe Spaces Act, Expanded Maternity Leave Law, Social Security Act of 2018, Expanded Anti-Trafficking in Persons Act of 2012, Magna Carta of Women, Magna Carta for Disabled Persons, as amended, Wage Rationalization Act (2000), and the Indigenous Peoples' Rights Act of 1997. These laws, together with their rules and regulations, prescribe the applicability of labor laws, labor management procedures, terms and conditions

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<sup>10</sup> DENR Memorandum Circular 2007-008

<sup>11</sup> An Act Strengthening Compliance with Occupational, Safety and Health Standards and Providing Penalties for Violations Thereof

<sup>12</sup> An Act Strengthening The Workers' Constitutional Right To Self-Organization, Amending For The Purpose Presidential Decree No. 442, As Amended, Otherwise Known As The Labor Code Of The Philippines

of employment, rights of workers, occupational health and safety, non-discrimination and equal opportunity, forced labor, workers' organizations, grievance mechanism, and provisions for vulnerable workers, including child worker, in all labor-management or employee-employer arrangements. Compliance with these legal requirements and standards is enforced by the concerned government agencies as prescribed by applicable laws.

33. As stated in ESS 1, the PEISS process includes manpower requirements and occupational health and safety risks and mitigation measures in the assessment of project impacts and risks that may occur during the different phases of project implementation as well as identifying the responsible entities and resources needed to ensure workers' safety. The PEISS recognizes that occupational health and safety standards are observed by all organization, projects, sites or any workplace in both the private and public sectors as prescribed under RA 11058 and CSC-DOH-DOLE Joint Memorandum Circular (MC) No. 1, s. 2020.

34. The PH policy framework on labor could be more explicit in terms of measures to prevent harassment<sup>13</sup> apart from sexual and gender-based exploitation in the implementing rules and regulations. Provisions could also be enhanced with regard to monitoring of compliance of contractors with labor welfare and protection; and, applicability of grievance mechanism to contracted employees in the public sector. There are no standards under Philippine laws governing community workers as defined in ESS2.

35. The lead agency that implement labor laws for the private sector is the DOLE, while rules and regulations on public sector employment are implemented primarily by the Civil Service Commission (CSC).

### C. ESS3: Resource Efficiency and Pollution Prevention and Management

36. This ESS promotes the sustainable use of resources as well as avoidance/minimizing pollutants, generation of hazardous and non-hazardous waste and use or negative impact of pesticides. ESS3 supports implementation of technically and financially feasible measures to improve efficient consumption of energy. It includes a requirement on management of wastes, chemical and hazardous materials. Where technically and financially feasible, Borrowers are required to estimate gross GHG emissions and when the project involves historical pollution, must establish a process to identify the responsible party. ESS3 lists specific requirements where a project is a potentially significant user of water or would have potentially significant impacts on water quality. It puts an emphasis on the World Bank Group's Environmental Health and Safety Guidelines (ESHG) and on other Good International Industry.

37. Although there is no single law covering all the aspects of ESS3, the Philippine legislative framework is comprehensive and covers several regulations on the conservation and protection of natural resources such as water resources, fisheries, mineral resources, and forests. Overarching laws to address the conflicting demands of population growth, urbanization, industrial expansion, rapid natural resources utilization and increasing technological advances are provided in Presidential Decree No. 1151 (Philippine Environmental Policy) and PD 1152 (Philippine Environment Code), which were promulgated in 1977. The succeeding laws on air, water, waste, minerals, forestry, among others, are anchored on these two Presidential Decrees. These laws and implementing rules and regulations prescribe the rational appropriation, utilization, exploitation, development, conservation, and protection of resources, including provisions to safeguard the environment

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<sup>13</sup> Under ILO Convention C190, "violence and harassment in the world of work" refers to "a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment."

and rights of affected communities. The legislative framework covering pollution prevention is likewise comprehensive with laws, regulations and standards on managing solid waste<sup>14</sup>, air pollution<sup>15</sup>, land-based water pollution<sup>16</sup>, marine pollution<sup>17</sup>, sanitation<sup>18</sup>, hazardous wastes and chemicals<sup>19</sup>, fertilizer and pesticide<sup>20</sup>, and climate change<sup>21</sup>.

38. The impacts of projects to the environment and communities due to use of resources and the generation of pollution are assessed through the PEISS. For instance, the PEISS requires the assessment of water demand, sources, and water quantity (water balance) and quality impacts, including issues on resource competition. Provision of pollution control systems and other mitigation measures that comply to standards (i.e. air quality and emission standards of the Clean Air Act, water quality and effluent standards of the Clean Water Act, Ecological Solid Waste Management Act, and the Toxic, Hazardous and Nuclear Control Act) are cross-referenced in the PEISS.

39. Consistency of Philippine regulations with ESS3 including capacities of agencies to implement the laws could be further enhanced through adoption of some of the relevant good international industry practices including WB ESHG.

#### D. ESS4: Community Health and Safety

40. ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities. This ESS thus addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their circumstances, may be vulnerable.

41. Philippine regulations contain elements that address health, safety, and security risks and impacts on project-affected communities. Project implementers are required to conduct risk hazard assessment particularly for facilities and installations that utilize chemicals and hazardous materials. The Philippines has a framework to address climate change, natural hazards, and disasters. The country system however could provide explicit guidelines for anticipating and avoiding the transmission of sexually transmitted communicable diseases due to influx of temporary or permanent workers as an enhancement to the implementing rules and regulations.

42. The lead agencies for implementing community health and safety laws and regulations are , the DENR; DOH; DOLE; Department of Science and Technology (DOST); Department of Agriculture (DA); DILG; Department of Transportation (DOTr); Department of Public Works and Highways (DPWH); Bureau of Fire Protection (BFP); and the CCC as well as the local government units under which the jurisdiction the project is located.

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<sup>14</sup> Ecological Solid Waste Management Act (RA9003)

<sup>15</sup> Philippine Clean Air Act (RA8749)

<sup>16</sup> Philippine Clean Water Act (RA9275)

<sup>17</sup> Marine Pollution Decree (PD979)

<sup>18</sup> Sanitation Code of the Philippines (PD856)

<sup>19</sup> Toxic, Hazardous and Nuclear Waste Control Act (RA6969)

<sup>20</sup> Fertilizer and Pesticide Act (PD1144)

<sup>21</sup> Climate Change Act (RA9729)

## E. ESS5: Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement.

43. Although major development projects could have far-reaching or broad-based benefits, they could also entail acquisition of land that causes loss of productive assets and/or involuntarily relocate project-affected persons. ESS5 seeks to avoid involuntary resettlement, forced eviction or economic losses due to land acquisition as a first recourse. If resettlement and/or economic losses due to land acquisition are unavoidable, the affected persons should be duly compensated, or their losses should be replaced in a manner that would restore or even improve the quality of their lives. Special attention should be given to vulnerable groups such that they directly benefit from the project and attain a better quality of life. The affected persons should be duly consulted throughout the process.

44. The Philippines' policy framework on land acquisition, restrictions on land use, and involuntary resettlement is comprised of several laws and their corresponding rules and regulations, the most relevant of which are: RA 10752 (2016)<sup>22</sup>, RA 7279 (1992)<sup>23</sup>, RA 8371 (1997)<sup>24</sup>, RA 7160 (1991)<sup>25</sup>, RA 7586 (1992)<sup>26</sup>, as amended, RA 9147 (2001)<sup>27</sup>, and PD 1586<sup>28</sup>, their implementing rules and regulations and procedural manuals. These laws and their respective implementing rules and regulations, prescribe rules on: the permissible modes of real property and Right-of-Way (ROW) acquisition; alternatives to reduce impacts of land acquisition; statutory compensation and other entitlements, including livelihoods and transition support, to owners of lands and/or improvements; rights of informal and customary settlers, including their security of tenure; protection of vulnerable groups; restrictions of access to natural resources; and, appropriate resettlement and eviction guidelines in connection with all national government projects. Also, negotiation is the primary mode utilized to start the process of land acquisition, and expropriation is done as a last resort. It is noted, likewise, that all implementing agencies are mandated to develop their own ROW Manual of Procedures in accordance with the outline in RA 10752.

45. Variances between the ESS and country system have been identified: (i) criteria for determining eligibility of informal settlers; (ii) time of entry and use of acquired land by the project prior to full compensation is made; (iii) just compensation for expropriated land and/or improvements; (iv) adequacy of transition support, alternative income-earning opportunities, and livelihoods restoration, particularly for vulnerable people; (v) restrictions of access to natural resources in declared critical habitats; and (vi) the standards/protocols (in terms of content and process) for development of ROW Manual by different implementing agencies as required under RA 10572.

46. Laws and regulations on land acquisition, restrictions on land use and involuntary resettlement are implemented by several government agencies, such as the DENR, DHSUD, LGUs and concerned implementing agency of a project that requires land acquisition and resettlement.

## F. ESS10: Stakeholder Engagement and Information Disclosure

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<sup>22</sup> The Right-of-Way Act

<sup>23</sup> Urban Development and Housing Act of 1992

<sup>24</sup> The Indigenous Peoples' Rights Act of 1997

<sup>25</sup> The Local Government Code of 1991

<sup>26</sup> The National Integrated Protected Area System (NIPAS) Act, as amended by e-NIPAS

<sup>27</sup> Wildlife Resources Conservation and Protection Act

<sup>28</sup> Establishing an Environmental Impact Statement System Including other Environmental Management Related Measures and for other Purposes

47. ESS10 recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. ESS10 requires the engagement of various project stakeholders in an appropriate and timely manner throughout the project life.

48. Requirements for stakeholder engagement under Philippine regulations (principally PEISS) are comprehensive and consistent with the requirements of ESS10 that advocate essential elements of disclosure of information for ECPs (Category A) and those located in ECAs which fall within the threshold of EIS under Category B, stakeholder identification, engagement, public scoping, public hearing, meaningful consultations, grievance redress, and documentation. Category B projects which require IEE under Category B are required to present proofs of social acceptability.

49. Stakeholder consultations are undertaken throughout the stage of project development and management stages. Enabling mechanisms are in place through the PEISS, IPRA, ROW Act, DPWH Right-of-Way, and Acquisition Manual, and DOTr Right-of-Way and Site Acquisition Manual for development activities to consult stakeholders throughout the project life-cycle. Meaningful consultations and grievance redress are also observed across development stages. Institutionally, the organizational capacity, roles and responsibilities, and authorities are clearly identified due to mandates of agencies and organizations as specified in the different laws and regulations.

50. Stakeholder engagement is the responsibility of all project proponents. As a requirement under the PEISS, stakeholder engagement is the responsibility of DENR, project implementing agencies, LGUs, NCIP, and project proponents.

#### G. Other relevant laws, regulations and guidelines on nutrition programs and activities

- Executive Order 51 – Philippine Milk Code and its Revised Implementing Rules and Regulations Philippine Code of Marketing of Breastmilk Substitutes (E.O. 51), Administrative Order 2006-0012 (Revised Implementing Rules and Regulations of Executive Order No. 51m (The "Milk Code", Relevant International Agreements, Penalizing, 15-05-06), and Expanded Breastfeeding Promotion Act of 2009 (RA 10028).
- RA 10028 – Expanded Breastfeeding Promotion Act of 2009
- RA 11148 – Kalusugan at Nutrisyon ng Mag-Nanay Act
- RA 11210 – Expanded Maternity Leave Law
- RA 8172 – An Act for Salt Iodization Nationwide
- RA 8976 – Food Fortification Law
- RA 10410 – Early Years Act
- RA 10611 - Food Safety Act
- NNC Governing Board Resolution No. 1 Series of 2017 Approving the Philippine Plan of Action for Nutrition 2017-2022
- NNC Governing Board Resolution No. 1 Series of 2016 Adopting the 2015 Philippine Dietary reference Intakes for Use in the Philippines
- Nutrition Cluster Advisories issued in 2020 related to COVID-19 pandemic response
- Presidential Decree 1569 – Strengthening the Barangay Nutrition Program
- DILG Memo Circular 2018-42 on the Adoption and Implementation of the Philippine Plan of Action for Nutrition 2017-2022
- NNC Governing Board Resolution No. 1 Series of 2009, National Policy on Nutrition Management in Emergencies and Disasters Covers interventions during

emergencies, i.e. infant and young child feeding, vitamin A supplementation and management of acute malnutrition

- NNC’s Guidelines on Operation Timbang Plus in 2010 and Electronic OPT Plus Tool or e-OPT Tool in 2016
- NNC National Dietary Supplementation Guidelines
- DOH National Guidelines on the Management of Moderate Acute Malnutrition for Children under five years (Manual of Operations) (May 2020)
- Guidelines on the distribution and utilization of RUTF and RUSF for exceptional circumstances

51. The Philippine Government’s laws and regulations in relation to community health and safety, rights of persons with disabilities, gender-based violence (GBV), climate change, disaster risk reduction and management; and guidelines and memorandum circulars during the coronavirus disease (COVID-19) are also applicable to the Project.

52. Table 3 provides summary of applicable WB ESSs and relevant Philippine Laws and regulations.

*Table 3. Applicable World Bank ESSs and Relevant Philippine Laws and Regulations to PMNP*

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
<p>ESS1: Assessment and Management of Environmental and Social Risks and Impacts</p>	<ul style="list-style-type: none"> <li>● PD 1586 (1987) – Philippine EIS System (PEISS) and its implementing rules and regulations stipulated in DENR AO 2003-30; EMB MC 2014-005 Revised Guidelines for Coverage Screening and Standardized requirements under the PEISS</li> <li>● PD 1151 - Philippine Environmental Policy</li> <li>● PD 1152 - Philippine Environmental Code</li> <li>● RA 10121 – Philippine Disaster Risk Reduction and Management (PDRRM) Act</li> <li>● RA 10174 – Climate Change Act of 2009</li> <li>● DOH Health Care Waste Management Manual</li> </ul>	<p>Based on the revised guidelines for coverage screening and standardized requirements under the PEISS (EMB MC 2014-005), the nutrition-specific interventions, maternal and childcare healthcare activities, and WASH facilities, are classified as Category D -projects or undertakings that are deemed unlikely to cause significant adverse impact on the quality of the environment. These projects are not covered by PEISS and are not required to secure an environmental certificate and exempted from the submission of any documentary requirements to DENR.</p> <p>The PEISS categorization and classification is based on the scale of the operation of the industries/activities, as compared to the risk-based approach of ESS1. In view of this variance, the Project will adopt the WB requirements in ESS1 through the review/screening of anticipated subprojects environmental and social impacts and risks and the preparation and implementation of related environmental and social management plans (ESMPs) and/or Environment Code of Practice</p>

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
		<p>(ECOPs) specific to types of activities covered by the Project.</p> <p>Given that the proposed activities and programs in PMNP are small-scale and will be located at the household and community levels, the anticipated impacts would be minor and temporary. To address such impacts, under the provisions of ESS1, the proposed activities and programs will undergo: (i) an Environmental and Social (E&amp;S) screening using a predefined checklist to identify the potential environmental and social risks throughout the project cycle; and (ii) implement applicable measures provided in ESMP and/or ECOPs, and relevant Philippine's guidelines; and (iii) secure the applicable permits and clearances for the subprojects.</p>
ESS2: Labor and Working Conditions	<ul style="list-style-type: none"> <li>● PD 442 (1974), as amended - Labor Code of the Philippines and its Implementing Rules and Regulations</li> <li>● EO 292, s. 1987 – The Administrative Code of the Philippines and EO 292, s. 1987 and Omnibus Rules Implementing Book V of EO 292</li> <li>● CSC-COA-DBM Joint Circular No. 1, s. 2017 - Rules and Regulations Governing Contract of Service and Job Order Workers in the Government</li> <li>● RA 11058 - An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof and DOLE DO 198, s. 2018</li> <li>● Occupational Safety and Health (OSH) Standards, 2017</li> <li>● Joint Memorandum Circular No. 1, series 2020 – Occupational Safety and Health Standards for the Public Sector</li> </ul>	<p>The Philippine labor laws and regulations contain the key elements of ESS2 that includes labor management procedures, terms and conditions of employment, rights of workers, occupational health and safety, non-discrimination and equal opportunity, prohibition on forced labor, and provisions on workers' organizations, grievance mechanism, and regulations for vulnerable workers, including child workers.</p> <p>The Labor Management Procedures (LMP) (Annex 5) has been prepared to fully align with the ESS2. Guidelines for civil works in the time of COVID-19 pandemic and contingency planning for an outbreak will also be implemented. In addition, ECOP on Occupational Health and Safety (OHS) will be prepared and implemented for the Project's activities and programs.</p>

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
	<ul style="list-style-type: none"> <li>• DOH Department Memorandum 2020-0056 provides for the interim guidelines on COVID-19</li> <li>• DTI-DOLE 20-04-A - Supplemental Guidelines on Workplace Prevention and control of COVID-19</li> <li>• RA 9710 – Magna Carta of Women</li> <li>• RA 7277, as amended by RA 10524 - The Magna Carta For Persons With Disability</li> <li>• RA 7610, as amended by RA 9231 - Special Protection of Children Against Abuse, Exploitation and Discrimination Act and DOLE DO 65-04</li> <li>• RA 10364 - Expanded Anti-Trafficking in Persons Act of 2012</li> <li>• RA 10028 - Expanded Breastfeeding Promotion Act of 2009</li> </ul>	
<p>ESS3: Resource Efficiency and Pollution Prevention and Management</p>	<p><u>Water</u></p> <ul style="list-style-type: none"> <li>• PD 1067-Water Code of the Philippines</li> <li>• PD 856 – Sanitation Code of the; Philippines; and</li> <li>• DOH AO 2017-0010- Philippine National Standards for Drinking Water (PNSDW)</li> <li>• DOH AO 2014-0027- National Policy on Water Safety Plan (WSP)</li> <li>• RA 9275 – Philippine Clean Water Act and its implementing rules and regulations (IRR) or DENR AO 2005-10</li> <li>• Water Pollution: DENR AO No. 2016-08- Water Quality Guidelines and General Effluent Standards of 2016.</li> <li>• Republic Act 3571 - Prohibit Cutting, Destroying or Injuring of Planted or Growing Trees Act</li> <li>• Presidential Decree No. 705 - Revised Forestry Code of the Philippines</li> </ul>	<p>The installation, repair, and improvement of Level I and/or II water supply and hand-washing sanitations will be according to the requirements PD 1856 and PD 1067; and drinking water quality will comply with the standards of DOH AO 2017-0010.</p> <p>Municipal and hazardous waste generated from the nutrition and immunization programs will comply with the requirements of RA 6969, RA 9003 and DOH Healthcare Waste Management (HCWM) Manual. Also, ECOP on HCWM will be prepared for the proposed activities and programs of the project. Further, prevention of air and noise pollution during the construction period shall be instituted in accordance with RA 8749.</p>

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
	<ul style="list-style-type: none"> <li>● DENR AO No. 11 Series of 2021 - Issuance of Tree Cutting Permit</li> </ul> <p><u>Solid Waste</u></p> <ul style="list-style-type: none"> <li>● RA 6969 - Toxic Substances and Hazardous and Nuclear Wastes Control Act</li> <li>● RA 9003 – Ecological Waste Management Act and DENR AO 2001-34</li> <li>● DOH Health Care Waste Management Manual</li> </ul> <p><u>Air</u></p> <ul style="list-style-type: none"> <li>● RA 8749 – Philippine Clean Air Act and DENR AO 2000-81 (IRR)</li> </ul> <p><u>Soil/Land:</u></p> <ul style="list-style-type: none"> <li>● Department of Agriculture Department Order 09-2020. Rationalizing and strengthening the crop pest management functions, services, and related tasks of the Department of Agriculture</li> </ul>	
ESS4: Community Health and Safety	<ul style="list-style-type: none"> <li>● Batasang Pambansa 344 – Accessibility Law</li> <li>● RA 11058 - Occupational Safety and Health Standards</li> <li>● Republic Act 7277 – An Act Providing for The Rehabilitation, Self-Development and Self-Reliance Of Disabled Person And Their Integration Into The Mainstream Of Society And For Other Purposes</li> <li>● The Republic Act 9262 or the Anti-Violence Against Women and Their Children Act of 2004</li> <li>● The Special Protection of Children Against Abuse, Exploitation and Discrimination Act or Republic Act 7610</li> <li>● Republic Act 10354, the Responsible Parenthood and Reproductive Health Act of 2012</li> </ul>	<p>Compliance on crowd management to observe social distancing and minimum health protocols and standards prescribed by the national government and by the barangays/municipalities for the prevention of COVID-19.</p> <p>ECOP on Community Health and Safety (CHS) will be prepared and implemented on project activities.</p> <p>Primary beneficiaries of the project are children, pregnant and lactating women and RA 9262, RA 7610, RA 10354, and other related laws and guidelines will be strictly observed during project implementation.</p>

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
	<ul style="list-style-type: none"> <li>● Republic Act 386 - An Act to Ordain and institute the Civil Code of the Philippines (Section 8 - Easement Against Nuisance)</li> </ul>	
ESS5: Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement	<ul style="list-style-type: none"> <li>● RA 10752 (2016) - The Right-of-Way Act</li> <li>● RA 7279 (1992) - Urban Development and Housing Act of 1992</li> <li>● RA 8371 (1997) - The Indigenous Peoples' Rights Act of 1997,</li> <li>● RA 7160 (1991) - The Local Government Code of 1991,</li> <li>● RA 7586 (1992) - The National Integrated Protected Area System (NIPAS) Act, as amended by e-NIPAS, as amended,</li> <li>● RA 9147 (2001) - Wildlife Resources Conservation and Protection Act, and</li> <li>● PD 1586 - Establishing an Environmental Impact Statement System Including other Environmental Management Related Measures and for other Purposes</li> <li>● Republic Act 3571 - Prohibit Cutting, Destroying or Injuring of Planted or Growing Trees Act</li> <li>● Presidential Decree No. 705 - Revised Forestry Code of the Philippines</li> <li>● DENR AO No. 11 Series of 2021 - Issuance of Tree Cutting Permit</li> </ul>	<p>Though minor, potential impacts may revolve around (i) ownership issues of water source, (ii) land clearing resulting to damaged trees and crops, (iii) damage to structures, (iv) potential ROW conflicts for the distribution pipes/hoses, installation of WASH and agri-fisheries facilities, and (v) potential issues with Indigenous Peoples rights particular to water source. The land needed for the small infrastructure community sub-projects financed under component 2 will be mostly donated by the LGUs, through individual voluntary land donations (VLD), or under a willing buyer and willing seller market transactions.</p> <p>In the case that some sub-projects require small land acquisition or easement and right of way negotiation to use someone else's property, the project shall apply the principles and procedures in the project RPF (Annex 6).</p>
ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	-	The project does not envisage activities in protected areas since these will be in existing settlements. ESS 6 would not be of relevance
ESS7: Indigenous Peoples	<ul style="list-style-type: none"> <li>● The Philippines' Indigenous Peoples Rights Act (IPRA) of 1997</li> </ul>	Integrated in overall PMNP project design; No separate IPF is prepared

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
	<ul style="list-style-type: none"> <li>● Philippine Environmental Impact Statement System (PD 1586)</li> <li>● Others such as RA 10752, RA 7942, RA 10121, RA 11054, and RA 7586 (as expanded in 2018)</li> <li>● DOH-NCIP-DILG Joint Memorandum Circular No. 2013-01</li> </ul>	
ESS8: Cultural Heritage	-	ESS on Cultural Heritage is not relevant as risks are not foreseen to impact any cultural heritage; small infrastructure community subprojects are minor.
ESS9: Financial Intermediaries	-	ESS on Financial Intermediaries is not relevant; the project will not involve financial intermediaries.
ESS10: Stakeholder Engagement and Information Disclosure	<ul style="list-style-type: none"> <li>● 1987 Philippine Constitution</li> <li>● The Philippine Environmental Impact Statement System (PEISS)</li> <li>● Right-of-Way Act (RA 10752)</li> <li>● Indigenous Peoples Rights Act (IPRA) of 1997</li> <li>● Local Government Code of 1991</li> <li>● Executive Order No. 02, s. 2016, Freedom of Information Act</li> <li>● The Arbitration Law (RA 876)</li> <li>● Republic Act 9485 - Anti-Red Tape Act (ARTA) of 2007</li> <li>● Republic Act 11032 - Ease of Doing Business and Efficient Government Service Delivery Act of 2018</li> <li>● Republic Act 10173 - Data Privacy Act of 2012</li> <li>● Civil Service Commission (CSC) Resolution No. 1701077 - 2017 Rules on Administrative Cases in the Civil Service (2017 RACCS)</li> <li>● Civil Service Commission (CSC) Citizen Charter 2020 (2nd edition)</li> <li>● Department of Health (DOH) Citizen Charter 2020 (2nd edition)</li> <li>● Department of Health (DOH)</li> </ul>	ESS10 applies to the Project. The Stakeholder Engagement Plan (SEP) is developed to guide the conduct of public participation through open and participatory consultations with communities and affected persons. The public disclosure and consultations will enable stakeholders to give feedback on Project risks and impacts, which may help develop measures to address these issues during project implementation. Key stakeholders of the Project include DOH, DSWD, NNC, DA, barangay health officers, and other concerned agencies and LGUs.

World Bank ESS	Philippine Laws and Regulations	Applicable and Relevant to the PMNP
	Centers for Health Development (CHD) Citizen Charter <ul style="list-style-type: none"> <li>• Department of Social Welfare and Development (DSWD) Citizen's Charter 2020 (4th edition)</li> </ul>	

53. Based on the comparison between the WB's ESSs and Philippine laws and regulations, it is evident that the Philippines has a comprehensive environmental and social policy and regulatory framework that corresponds to the core principles of the ESF specific to the pertinent ESSs for this project. The significant congruence of Philippine policy framework to the ESF provides a strong legal platform for the application of the ESF standards. There are, however, variances between the Philippine policy framework and some requirements of the ESF in terms of the operational/enabling policies. This ESF therefore harmonizes the variances between country systems with those of the WB procedures and requirements in ESS1, ESS2, ESS3, ESS4, ESS5, ESS7, and ESS10 to be fully compliant with the requirements of the ESF.

## IV. Environmental and Social Baselines

54. This section will provide an overview on the status of child malnutrition and child and maternal health and nutrition; and on baseline information on the identified nutrition sensitive interventions in improving nutrition outcomes- WASH facilities; and household and individual food consumption in relation to food availability from agricultural products.

### A. Status of Child Nutrition in the Philippines

55. The key findings of the 2020 Joint Child Malnutrition Estimates of United Nations Children's Fund (UNICEF), World Bank, and World Health Organization (WHO) are: (i) stunting affected an estimated 21.3 per cent (%) or 144.0 million children under 5 globally in 2019; (ii) wasting continued to threaten the lives of an estimated 6.9 % or 47.0 million children under 5 globally; and (iii) an estimated 5.6% or 38.3 million children under 5 around the world were overweight in 2019.<sup>29</sup> Southeastern Asia, where the Philippines is included, has a prevalence of 24.7% (high) for stunting and 8.2% for wasting (Figure 2).

56. In the Philippines, based on the results of the 2018 Expanded National Nutrition Survey (ENNS) conducted and reported by Department of Science and Technology's Food and Nutrition Research Institute (DOST-FNRI), the prevalence of malnutrition indicators in 2018 are (Figure 3):

- a. among children, under five years old (0-59 months)- (i) 30.3% for stunting; (ii) 19.1% underweight; (iii) 5.6% wasting; and (iv) 4.0% overweight-for-height. There is a slight decrease of prevalence on all indicators, except for overweight-for-height, as compared to the date in 2015; and
- b. among children 6-10 years – (i) 24.5% for stunting; (ii) 25% for underweight; (iii) 7.6% for wasting; and (iv) 11.7% for overweight-for height. All indicators decreased compared to the 2015 data, except for overweight-for-height.

57. The results of the 2019 ENNS showed a continuing decrease, albeit slight, in the prevalence on all indicators for under five years old children - (i) 28.8% for stunting; (ii) 19.0% for underweight; and (iii) 2.9% for overweight for height except for wasting (5.7%), compared to the 2018 results. On the other hand, prevalence for all indicators for school-age children increased from the 2018 data (i) 25.2% for stunting; (ii) 26.0% for underweight; and (iii) 8.0% for wasting except for overweight-for-height (9.1%).

58. The data shows that: (i) stunting remains to be of high magnitude among under-five children; (ii) overweight is becoming a problem as the child grows; (iii) stunting and overweight among school children is still a public health problem of high severity; and (iv) overweight is a growing problem among children 6-10 years old.

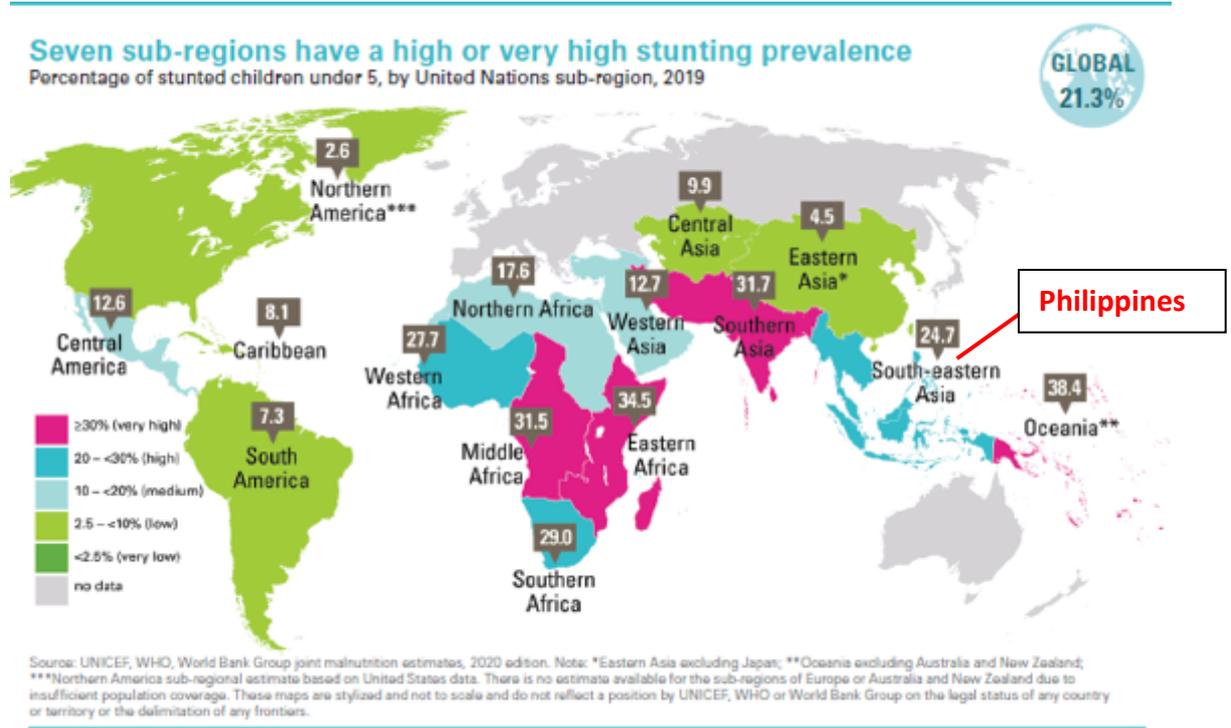
59. In terms of regional variation, the 2015 ENNS noted that wasting, stunting and underweight are scarcest in National Capital Region, Central Luzon, Cordillera Administrative Region (CAR), Davao, CALABARZON (Region IV-A), and Northern Mindanao. The rate of overweight, however, is more prevalent in these regions. On the other hand, the highest

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<sup>29</sup> Definitions from the 2020 Joint Child Malnutrition Estimates of UNICEF, WB and WHO: (i) Stunting refers to a child who is too short for his or her age. These children can suffer severe irreversible physical and cognitive damage that accompanies stunted growth. The devastating effects can last a lifetime and even affect the next generation; (ii) Wasting refers to a child who is too thin for his or her height. Wasting is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible; (iii) Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from energy intakes from food and beverages that exceed children's energy requirements. Overweight increase the risk of diet-related noncommunicable diseases later in life.

prevalence of underweight, stunting and wasting is more apparent among those in the rural areas and in the poorest quintile. Among the regions, the highest rankings in wasting, stunting and underweight are interchanging among MIMAROPA (Region IV-B), Eastern Visayas, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and Bicol regions; while overweight is prevalent in NCR, Central Luzon, CALABARZON (Region IV-A) and BARMM.

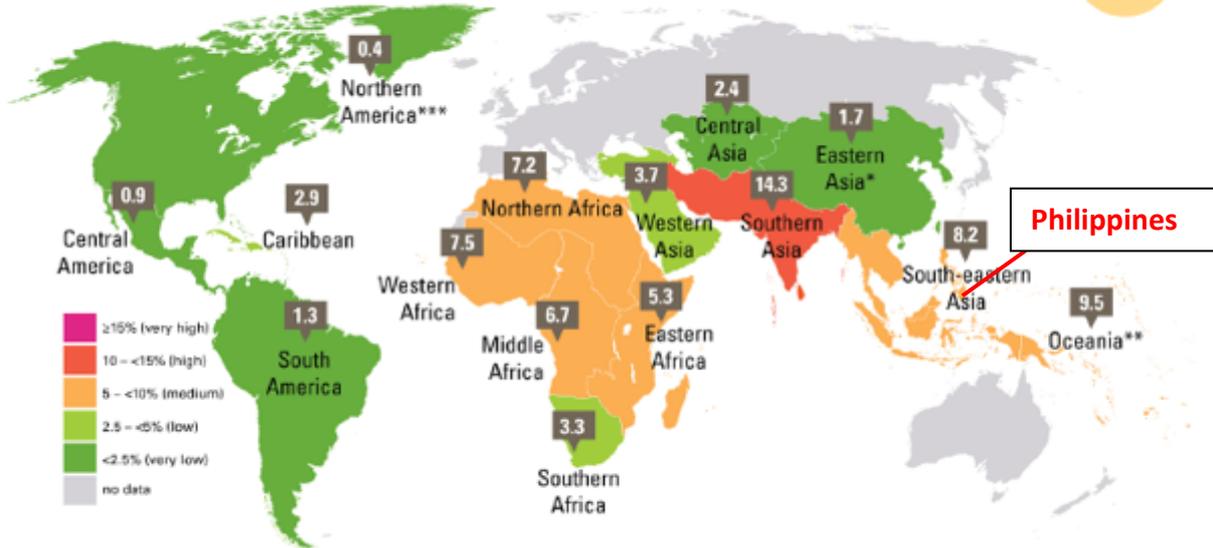
60. It is evident from the results of the survey and report of DOST-FNRI that malnutrition has remained a public health issue because there is either slow improvement or the degree of undernutrition continues to be prevalent in the country, especially among children. Moreover, the global social and economic crisis triggered by the COVID-19 pandemic poses grave risks to the nutritional status and survival of young children. Initial indications show that hunger in the Philippines rose sharply following the start of the pandemic. Results from the September 2020 survey of Social Weather Stations self-rated hunger show that 30.7 % of families were suffering hunger and 8.7 % were suffering severe hunger—in both cases the highest levels recorded in more than 20 years. These results make it likely that the levels of childhood undernutrition will rise in 2021. Millions of Filipino children who survive these deficits will suffer the consequences of poor school performance and low adult productivity later unless immediate action is taken.



## Southern Asia is the sub-region with the highest wasting prevalence in the world

Percentage of wasted children under 5, by United Nations sub-region, 2019

GLOBAL  
6.9%



Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2020 edition. Note: \*Eastern Asia excluding Japan; \*\*Oceania excluding Australia and New Zealand; \*\*\*Northern America sub-regional estimate based on United States data. There is no estimate available for the sub-regions of Europe or Australia and New Zealand due to insufficient population coverage. These maps are stylized and not to scale and do not reflect a position by UNICEF, WHO or World Bank Group on the legal status of any country or territory or the delimitation of any frontiers. The legend contains a category for ≥15 per cent (pink) but there is no sub-region with a prevalence this high.

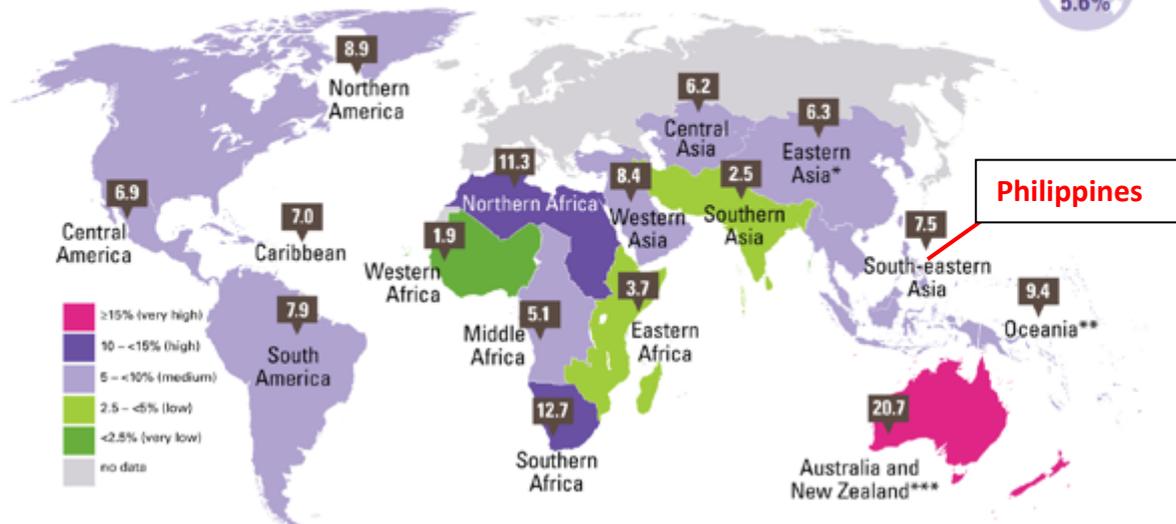


## Overweight PREVALENCE

### Overweight is a concern in almost all regions of the world

Percentage of overweight children under 5, by United Nations sub-region, 2019

GLOBAL  
5.6%



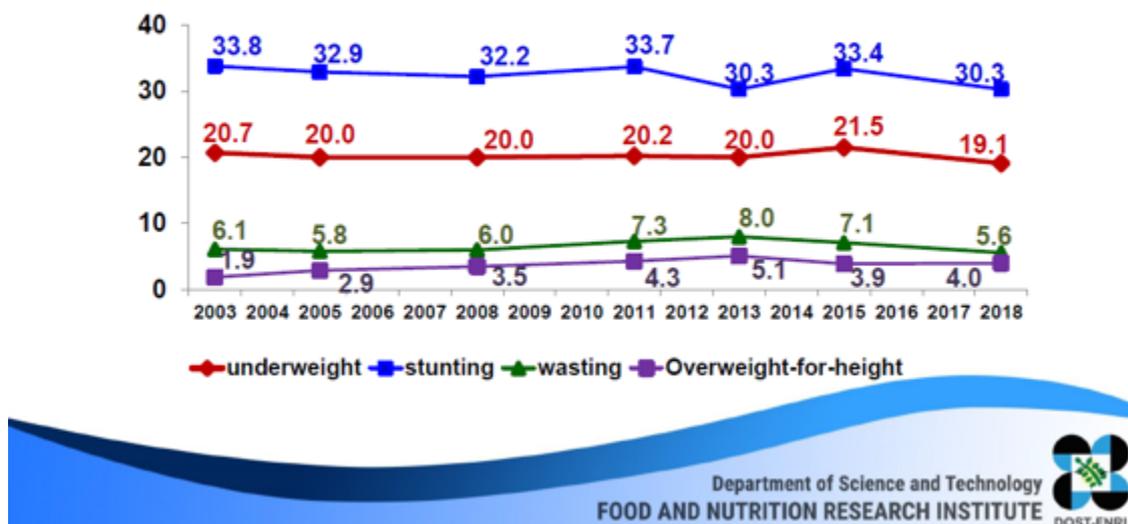
Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2020 edition. Note: \*Eastern Asia excluding Japan; \*\*Oceania excluding Australia and New Zealand; \*\*\*The Australia and New Zealand sub-regional estimate is based only on Australia data. There is no estimate available for the sub-region of Europe due to insufficient population coverage. These maps are stylized and not to scale and do not reflect a position by UNICEF, WHO or World Bank Group on the legal status of any country or territory or the delimitation of any frontiers.

There has been no progress to stem the rate of overweight in nearly 20 years

Figure 2. Global Prevalence of Stunting, Wasting, and Obesity in 2019

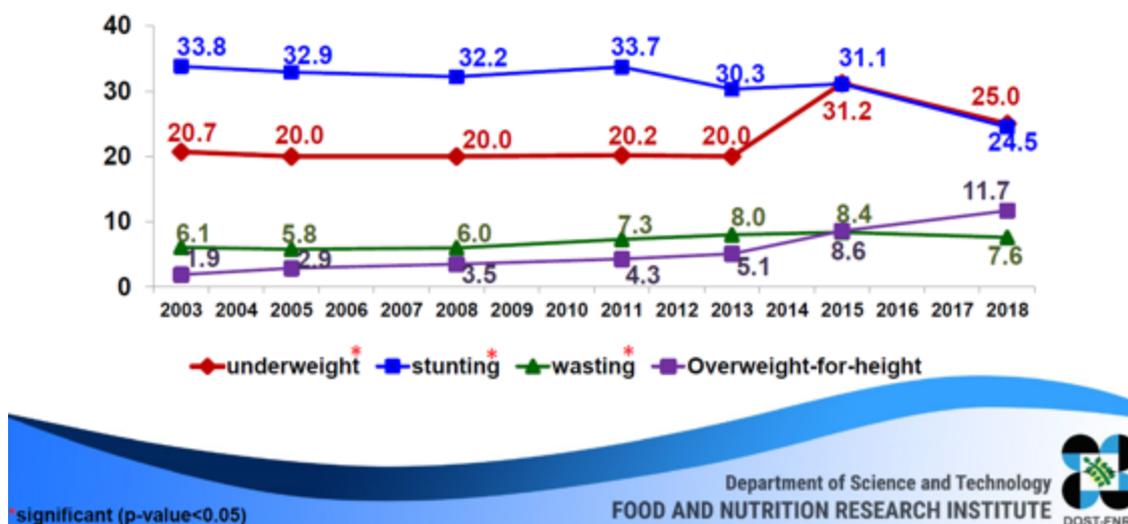
Figure 3. Trends in the prevalence of malnutrition indicators in the Philippines 2013-2018: a) among children under five years old and b) among children 6 to 10 years old

### Trends in the prevalence of malnutrition among children, under-five years old (0-59 months): Philippines, 2003-2018



(a)

### Trends in the prevalence of malnutrition among school children, (6 to 10 years old): Philippines, 2003-2018



(b)

Source: DOST-FNRI ENNS, 2019

61. It is evident from the results of the survey and report of DOST-FNRI that malnutrition has remained a public health issue because there is either slow improvement or the degree of undernutrition continues to be prevalent in the country, especially among children. Moreover, the global social and economic crisis triggered by the COVID-19 pandemic poses grave risks to the nutritional status and survival of young children. Initial indications show that hunger in the Philippines rose sharply following the start of the pandemic. Results from the September 2020 survey of Social Weather Stations self-rated hunger show that 30.7 % of families were suffering hunger and 8.7 % were suffering severe hunger—in both cases the

highest levels recorded in more than 20 years. These results make it likely that the levels of childhood undernutrition will rise in 2021. Millions of Filipino children who survive these deficits will suffer the consequences of poor school performance and low adult productivity later unless immediate action is taken.

62. To reduce the prevalence of childhood stunting and wasting, Component 1 of the Project aims to strengthen the delivery of nutrition intervention and primary health services by: (i) promotion and support of infant and young child feeding; (ii) child growth monitoring; (iii) micronutrient supplementation; (iv) nutrition in emergencies; (v) management of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) and dietary supplementation; (vi) maternal care services including dietary supplementation of nutritionally at risk pregnant, lactating, and children 6-23 months old; (vii) local government unit mobilization; (viii) primary healthcare services and delivery strengthening focusing on ante-natal and post-natal cares and integrated management of childhood illnesses (including immunization programs); and (x) technical assistance to BARMM, the region with the highest prevalence of stunting.

## B. Status of Child and Maternal Health and Nutrition

63. **Maternal Health- Antenatal care, delivery, and postnatal care.** The information below is based on the key findings of the 2017 National Demographic Health Survey.

64. Antenatal care (ANC). Nine in ten Filipino women receive antenatal care (ANC) from a skilled provider such as a midwife (50%), doctor (39%), or nurse (4%). Three percent of women received no ANC. The timing and quality of ANC are also important. Seven in ten women have their first ANC visit in the first trimester, as recommended. Eighty-seven percent of women make four or more ANC visits.

65. Among women who received ANC for their most recent birth, 99% had their blood pressure taken, 72% had a blood sample taken, and 78% had urine sample taken. Most women were weighed and had their height measured (99% and 87%, respectively). Eighty percent of women's most recent births are protected against neonatal tetanus.

66. Delivery and Postnatal Care. More than 3 in 4 births (78%) are delivered in a health facility, primarily in public sector facilities. One in five births are delivered at home. Health facility births are most common among women with college education (92%) and those in the wealthiest households (97%). Health facility deliveries have nearly tripled, from 28% in 1993 to 78% in 2017.

67. Overall, 84% of births are assisted by a skilled provider, the majority by doctors. Another 14% are assisted by *hilot*.<sup>30</sup> Delivery assistance from a skilled provider is highest among urban women (92%), those with college education (97%), and those from the wealthiest households (99%).

68. Postnatal care helps prevent complications after childbirth. More than 80% of mothers aged 15-49 receive a postnatal check within two days of delivery, while 9% did not have a postnatal check within 41 days of delivery. Eighty-six percent of newborns receive a postnatal check within two days of birth.

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<sup>30</sup> *Hilot* is a traditional Filipino healing practice, involving chiropractic manipulation and massage." (<https://www.wordsense.eu/hilot/>)

A Manghihilot is the term used in the Philippines for a person who specializes in healing muscular aches and pains by using massage or a midwife with non-formal midwifery education. Many of them do not have any formal training. Rather the skill is passed down from generation to generation. Like the arbolaryo, the manghihilot does not charge but a voluntary fee is usually demanded ( [definitions.net/definition/manghihilot](https://www.definitions.net/definition/manghihilot)).

69. **Problems in accessing health care.** Overall, more than half of women aged 15-49 have at least one problem accessing health care for themselves. Getting money for treatment is the most common problem (45%). Younger women aged 15-19 (64%), women with no education (76%), and women from the poorest households (72%) are more likely than the other women to report problems in accessing health care for themselves.

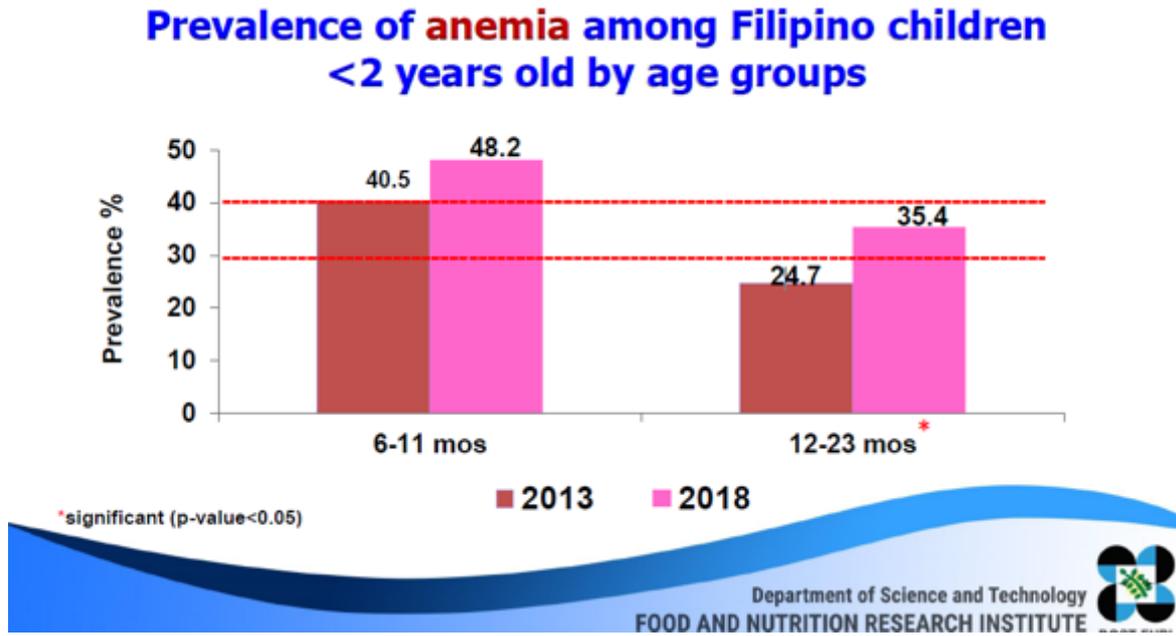
70. **Feeding Practices and Supplementation.** Breastfeeding is very common in the Philippines, with 93% of children ever breastfed. More than half (57%) of children is breastfed within the first hour of life, and 85% within the first day (NDHS, 2017). The 2019 ENNS on infant and young child feeding (IYCF) results showed that although early breastfeeding initiation (74.0%) and exclusive breastfeeding (57.9%) were common feeding practices, the rate of breastfeeding exclusively until 5.9 months was low at 35.9%, recording an average of 4.4 months duration.

71. Results also showed that there was low adherence to IYCF guidelines/recommendations: (i) 7 out of 10 of children 6-23 months (74.2%) received timely introduction of complementary feeding at 6 months; (ii) 8 out of 10 children 6-23 months (79.9%) were not meeting the minimum dietary diversity; and (iii) 9 out of 10 children 6-23 months (90.1%) did not receive appropriate complementary feeding based on minimum acceptable diet (i.e. a diet that meets both minimum dietary diversity and minimum meal frequency), suggesting poor quality and quantity of complementary foods.

72. **Vitamin A and Iron Supplementation.** Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Seventy-six percent of children aged 6–59 months received a vitamin A supplement in the six months prior to the survey.

73. Iron is essential for cognitive development in children and low iron intake can contribute to anemia. Twenty-eight percent of children received an iron supplement in the week before the survey. Overall, 43% of children took deworming medication in the past 6 months. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Half of women took iron tablets for at least 90 days during their last pregnancy. The prevalence of anemia among Filipino children in 2018: (i) 48.2% for 6-11 months; (ii) 35.4% for 12-23 months. Both age groups show a considerable increase as compared to the 2013 data (Figure 4).

Figure SEQ Figure \\* ARABIC 4. Prevalence of anemia among Filipino children <2 years old by age group



Source: DOST-FNRI ENNS, 2019

74. Micronutrient inadequacies was also seen in all age/population groups. The prevalence of vitamin A inadequacy was highest among the school children, elderly, and lactating women. Iron was the least micronutrient in the diet of all age/population groups (Figures 5 and 6)

Figure 5. Prevalence of Vitamin A Inadequacy by age group: Philippines, 2018

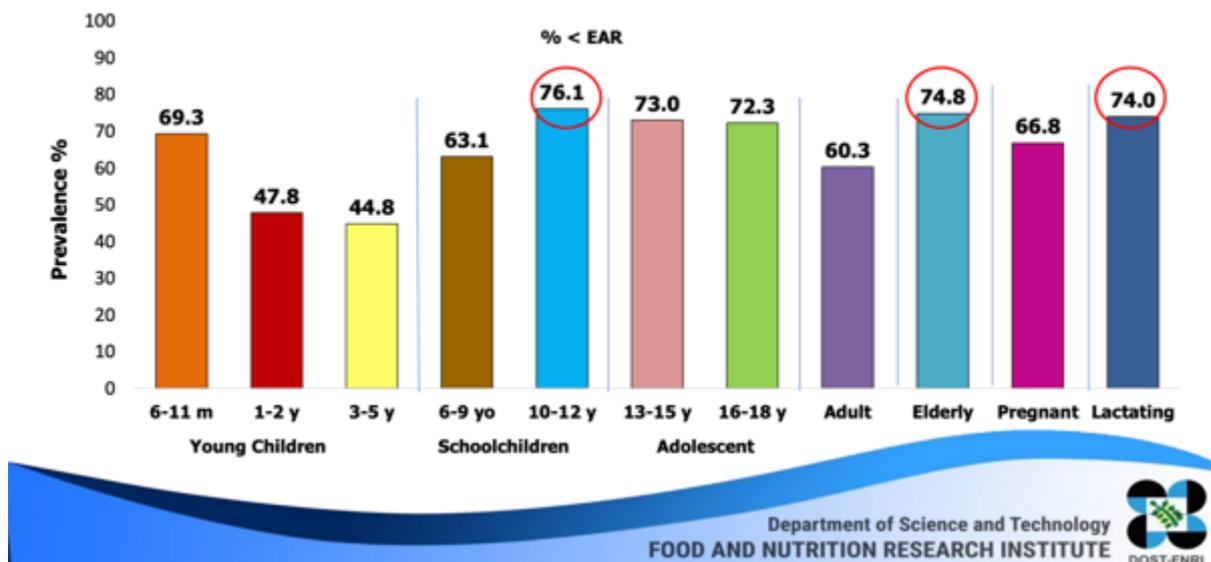
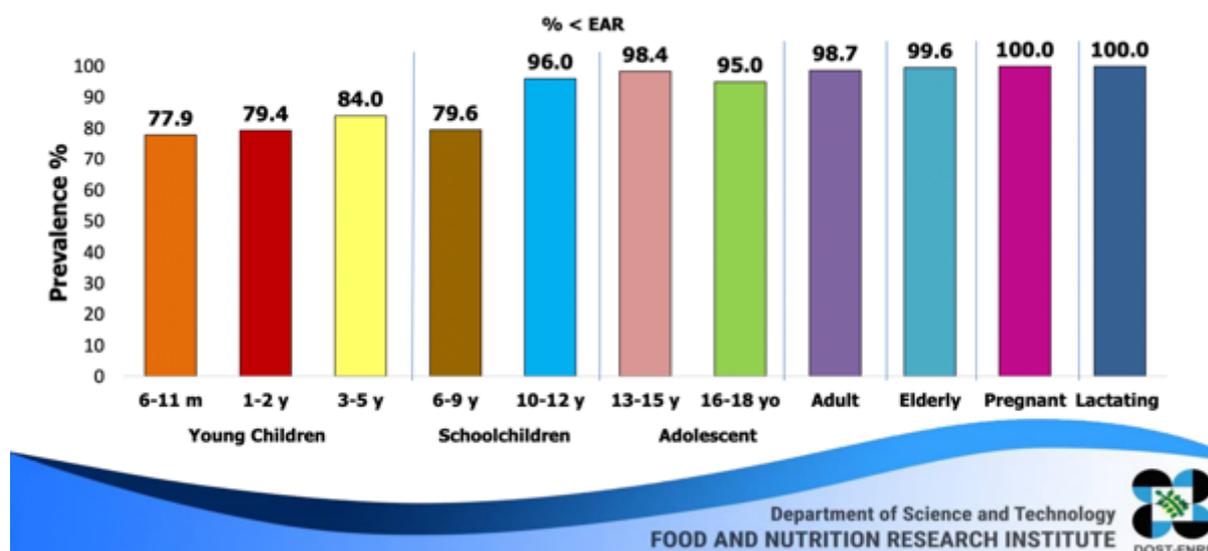
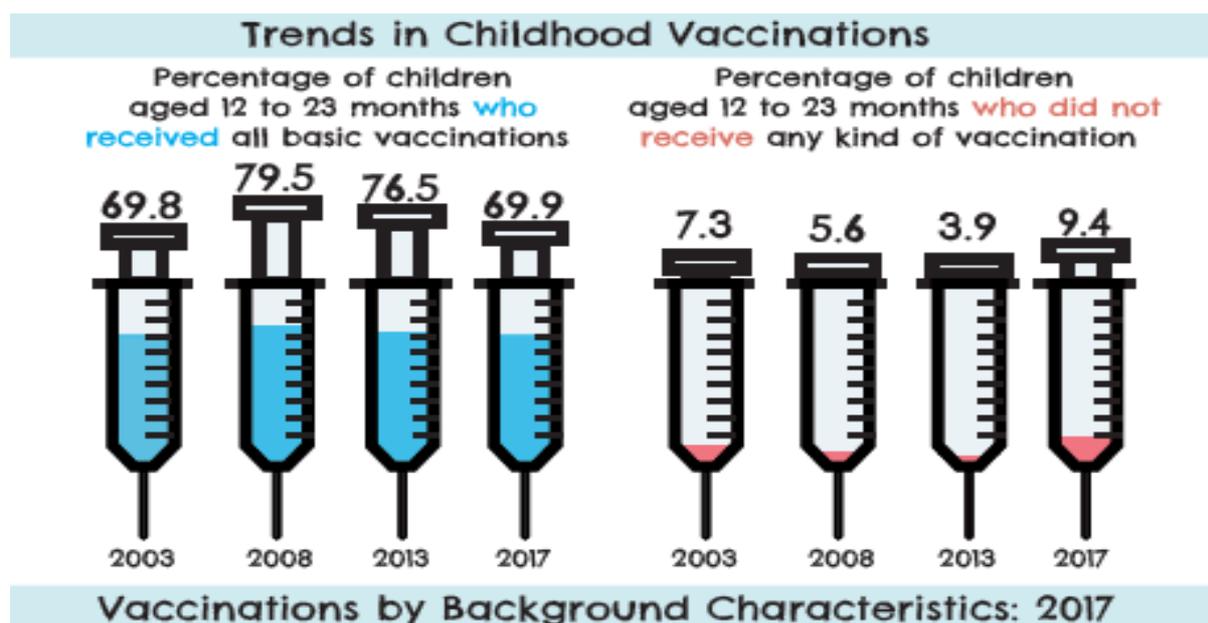


Figure 6. Prevalence of Iron Inadequacy by age group: Philippines, 2018



75. **Child Vaccination Coverage.** According to the 2017 National Demographic Health Survey (NDHS), 70% of Filipino children age 12-23 months have received all eight basic vaccinations – one dose of Bacille Calmette-Guerin (BCG), one dose of measles; three doses of diphtheria, pertussis (whooping cough), and tetanus (DPT); three doses of oral polio vaccine (OPV) or inactivated polio vaccine (IPV)-containing vaccine and polio vaccine. Nine percent of children have received none of the recommended vaccinations. Basic vaccination coverage is slightly higher in urban areas than rural areas (75% versus 66%). Regionally, basic vaccination coverage ranges from 18% in BARMM to 87% in Davao. Basic vaccination coverage has fluctuated over time, rising from 72% in 1993 to 80% in 2008, and the decreasing to 70% in 2017 (Figure 7).

Figure 7. Trends in Childhood Vaccination



Source: Philippine Statistics Authority

## C. Nutrition-Sensitive Interventions

### Water, Sanitation and Hygiene (WASH)

76. Based on the publication “*Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes*,” prepared by WHO, UNICEF, and United States Agency for International Development (USAID)<sup>31</sup>, Lack of access to WASH can affect a child’s nutritional status in many ways. Existing evidence supports at least three direct pathways: via diarrheal diseases, intestinal parasite infections and environmental enteropathy. WASH may also impact nutritional status indirectly by necessitating walking long distances in search of water and sanitation facilities and diverting a mother’s time away from childcare.

77. Diarrhea is a leading killer of children, accounting for approximately 8 per cent of all deaths among children under 5 worldwide in 2017. This translates to over 1,400 young children dying each day, or about 525,000 children a year, despite the availability of a simple treatment solution (UNICEF, 2017). Children who die from diarrhea often suffer from underlying malnutrition, which makes them more vulnerable to diarrhea. Each diarrheal episode, in turn, makes their malnutrition even worse and is considered as a leading cause of malnutrition in children under five years old (WHO, 2017)<sup>32</sup>. Diarrhea can impair the nutritional status through loss of appetite, malabsorption of nutrients, and increased metabolism (UNICEF, USAID, WHO, 2015).

78. In the Philippines, the prevalence of diarrhea among children under 5 five years old is 6.1 percent (NDHS, 2017). However, based on the 2018 Field Health Services Information System (FHSIS, 2020), 57.99% of children up to 59 months with diarrhea received oral rehydration salts with zinc and only 52.57% of sick children (12-59 months) were given Vitamin A supplements when treated in health facilities.

79. The following discussion shows the baseline information on the status on the provision of WASH in the Philippines (Annual Poverty Indicator Survey of the Philippine Statistics Authority, 2020).<sup>33</sup>

80. **Hand Washing.** Majority (93.7 percent) of the 25 million Filipino families had a hand washing facility, mainly in the form of fixed facility (sink/tap) in the dwelling unit (69.9 percent), majority of which had available water (96.6 percent), and with provision of bar/liquid soap (82.9 percent) and/or detergent soap (43.0 percent) for hand washing. In 2019, most families (92.9 percent) had access to basic service level handwashing facilities or handwashing facilities on premises with soap and water. This was a significant increase from 76.9 percent in 2017. Urban areas had a higher proportion (93.9 percent) of families with access to basic handwashing facility compared to rural areas (91.8 percent).

81. Across regions, families in BARMM had the highest share of handwashing facility with limited service (15.1 percent), and without hand washing facility (14.1 percent) (Figure 7).

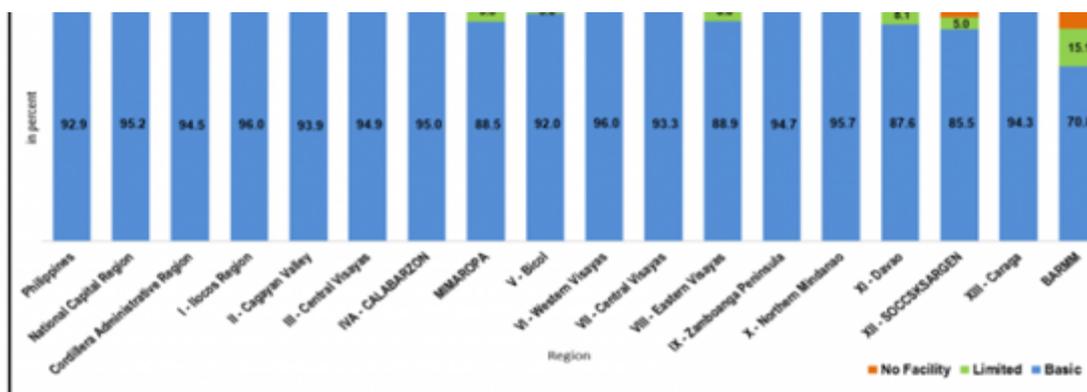
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<sup>31</sup> Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes, 2015, UNICEF, USAID, and WHO.

<sup>32</sup> Key Facts on Diarrhoeal Disease, 2017, World Health Organization, Accessed on 16 May 2021 at <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>.

<sup>33</sup> Meaning of service levels-basic, limited, no facility are discussed are discussed in the Technical Notes of the Survey, [https://psa.gov.ph/sites/default/files/attachments/ird/pressrelease/PR-WASH\\_signed\\_technotes.pdf](https://psa.gov.ph/sites/default/files/attachments/ird/pressrelease/PR-WASH_signed_technotes.pdf).

Figure 8. Percent distribution of families by service level in which handwashing facility was observed by Regions (2019)



Source: Philippine Statistics Authority, 2019 Annual Poverty Indicators Survey

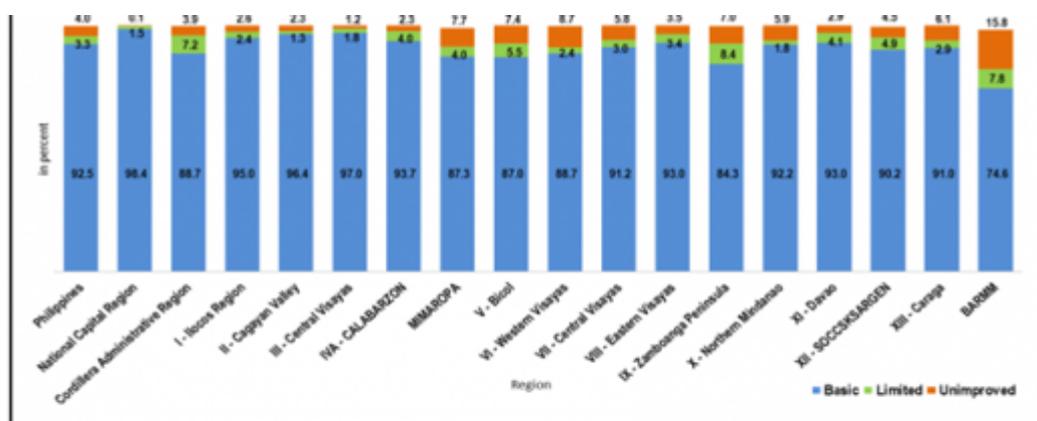
82. **Drinking Water.** Results of the 2019 APIS showed that the majority (95.8 percent) of families had an improved source of drinking water, mostly of which were water refilling stations (45.2 percent), and water piped into dwelling units (20.4 percent). Coverage of families with improved drinking water sources in urban areas (98.1 percent) was slightly higher compared to rural areas (93.4 percent).

83. On the sufficiency of drinking water, the majority (85.2 percent) of families reported that drinking water was sufficient. However, four in every five families (78.8 percent) did not practice any method or treatment in ensuring their drinking water is safe to drink.

84. About nine in every ten families (92.5 percent) had at least basic service level drinking water or those from improved source and roundtrip collection time is not more than 30 minutes, which has significantly increased from the proportion of families that reported the same service level in 2017 (90.8 percent).

85. Across regions, BARMM (74.6 percent) had the lowest proportion of families with access to basic drinking water services, followed by Zamboanga Peninsula (84.3 percent) and Bicol region (87.0 percent). (Figure 8)

86. A DOH Study in 2014 revealed that 42% of the 249 water samples from 83 drinking water sources in nine regions nationwide was positive for fecal contamination.



Source: Philippine Statistics Authority, 2019 Annual Poverty Indicators Survey

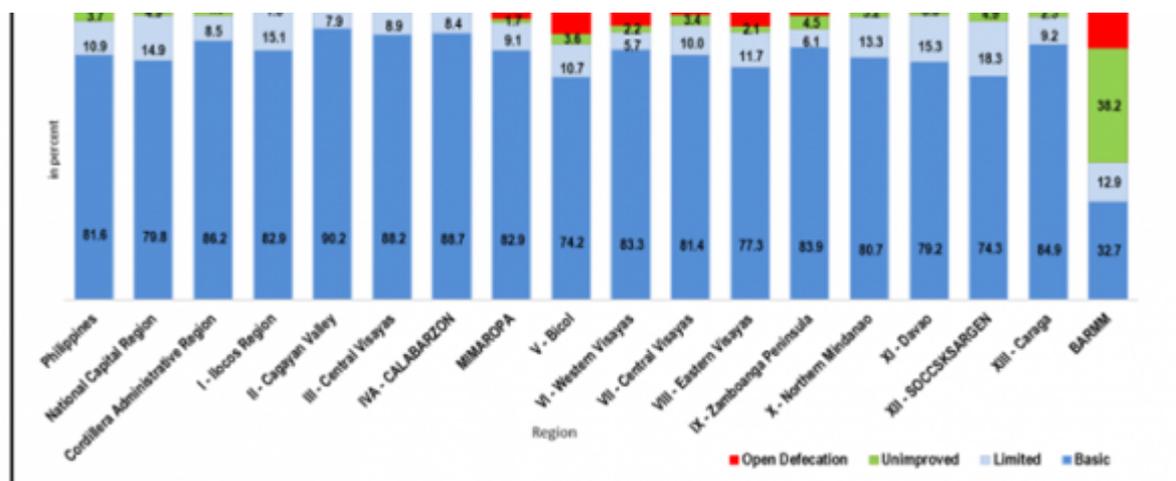
Figure 9. Percent distribution of families by service level of drinking water supply by Region (2019)

87. **Sanitation.** In 2019 APIS, about 81.6 percent of families had an improved sanitation facility not shared with another household, while about 10.9 percent had an improved sanitation facility but shared with two or more households. Only 3.7 percent had an unimproved sanitation level service.

88. About four in every five families (81.6%) had basic service level sanitation or the use of improved facilities that are not shared with other households, with coverage in 2019, significantly higher than the 73.7 percent in 2017.

89. By region, the proportion of families using basic sanitation level services ranged from 32.7 percent in BARMM to 90.2 percent in the Cagayan Valley. The top three regions with the highest percentage of families with no toilet facility or still practicing open defecation were BARMM (16.1 percent), Bicol (11.5 percent), and Eastern Visayas (8.9 percent). (Figure 9).

Figure 10. Percent distribution of families by service level of sanitation facility (2019)



Source: Philippine Statistics Authority, 2019 Annual Poverty Indicators Survey

90. **Solid waste.** Municipal solid waste (MSW) comes from residential, commercial, institutional and industrial sources. Residential waste constitutes the bulk (56.7%). Commercial sources which include commercial establishments and public or private markets contribute 27.1% of which, in some regions, about two-thirds of commercial wastes come from the latter. Institutional sources such as government offices, educational and medical institutions account for about 12.1% while the remaining 4.1% are wastes coming from the industrial or manufacturing sector. Biodegradable wastes comprise about half (52.31%) of MSW.. Special wastes which consist of household healthcare waste, bulky waste, and other hazardous materials contribute a measly 1.93% with values ranging from negligible up to 9.2%. It is estimated that the yearly amount of waste in the country is expected to increase from 13.48 million tons in 2010 to 14.66 million tons in 2014 to 18.05 million tons in 2020.

91. **Air quality.** In accordance with the World Health Organization's guidelines, the air quality in the Philippines is considered moderately unsafe. The most recent data indicates the country's annual mean concentration of PM2.5 is 18 µg/m3 which exceeds the recommended maximum of 10 µg/m3. In 2018, a study by the WHO said there were 45.3 air pollution-related deaths for every 100,000 people in the Philippines. According to figures from 2016, 80 percent

of the country's air pollution comes from motor vehicles while the remaining 20 per cent comes from stationary sources, such as factories and the open burning of organic matter.

92. **Water quality.** Access to clean and adequate water remains an acute seasonal problem in urban and coastal areas in the Philippines. Forty of the more than 400 main rivers in the country are reportedly polluted in varying degrees. 91% of the country's population have access to at least basic quality water services; but access is highly inequitable across the country, with regional basic water services access ranging from 62% to 100%. The National Capital Region (Metro Manila), Central Luzon, Southern Tagalog, and Central Visayas are the four urban critical regions in terms of water quality and quantity. The Government's monitoring data indicates: Just over a third or 36 percent of the country's river systems are classified as sources of public water supply; Up to 58 percent of groundwater sampled is contaminated with coliform and needs treatment; Approximately 31 percent of illness monitored for a five-year period were caused by water-borne sources; and Many areas are experiencing a shortage of water supply during the dry season. In the four water-critical regions, water pollution is dominated by domestic and industrial sources.

93. **Ecosystems.** The Philippines has widely varied geographic features from isolated islands surrounded by water, to staggered mountain ranges, to the various inland waters within them and make the country conducive to the survival of many types of ecosystems. The main ecosystems in Philippines are described here: **Forest Ecosystem:** It is estimated that from having 70% forest cover at the start of the 1900s, only about 24% remain, based recent studies, according to the DENR's Forest Management Bureau and deforestation is at an alarming pace. The problem of forest degradation and destruction continues due to the prevalence of logging practices both legal and otherwise, mining, and land conversion. More proactive measures are being undertaken to restore them at present such as the DENR's National Greening Program; **Mangrove Ecosystem:** The Philippines boasts having more than half of the world's 70 mangrove species and contribute to ecological balance by stabilizing and minimizing sedimentation and siltation in coral reefs, while also facilitating the increase of land area by way of accumulated soil and debris; **Agricultural Ecosystem:** There are approximately 1,210 local agricultural plant species in Philippines and over a third of which has food value. Agriculture also supports other cash crops for feed, medicinal/herbal, ornamental, and industrial values. Rice, corn, and coconut are the main types of produce obtained through agriculture in the Philippines. **Marginal Ecosystems:** These are either natural or artificial, such as areas adapted or reappropriated for agricultural use. Marginal lands now comprise about 70% (over 11 million hectares) of declared forest area in the Philippines.; **Coral Reef Ecosystem:** Philippines boasts of 5% of the world's total coral reefs and with 617,000 sq km of coral reefs, the Philippines is part of the world's "Coral Triangle". Verde island in Batangas has been noted to be "the center of the center" of marine biodiversity in the world. Only 5% of Philippine coral reefs are in excellent condition, while 32% are already severely damaged (Haribon, 2006); **Freshwater Ecosystem:**

94. **Critical Habitat:** In Philippines Critical Habitats refer to areas outside protected areas under Republic Act No. 7586 that are known habitats of threatened species. These areas are designated as critical areas based on scientific data taking into consideration species endemicity and/or richness, presence of man-made pressures and threats to the survival of wildlife living in the area, among others. Currently there are eight critical habitats declared/proclaimed through legal instruments covering almost 60,000 ha. They are areas declared for protection of specific species and ecosystems. The designated critical habitats are: *Rafflesia schadenbergiana* Critical Habitat, Bukidnon; Cabusao Wetland Critical Habitat, Camarines Sur; Malasi Tree Park and Wildlife Sanctuary Critical Habitat, Isabela; Carmen Critical Habitat, Agusan del Norte; Adams Wildlife Critical Habitat, Ilocos Norte; Magsaysay Critical Habitat for Hawksbill turtle, Magsaysay, Misamis Oriental; Cleopatra's Needle Critical Habitat, Puerto Prinsesa City; Dumaran Critical Habitat, Dumaran, Palawan (source: [bmb.gov.ph](http://bmb.gov.ph))

## Household and Individual Food Consumption

95. Information for this section is from the 2018 Household Food Consumption Survey (HFCS) conducted by DOST-FNRI and 2017 and 2020 Agricultural Indicator System (AIS) of the Philippine Statistics Authority. Refer to Annex 8 for comprehensive information and data on household and individual food consumption.

96. Household Food Consumption. Results from the 2018 HFCS showed that the: (i) quality of Filipino diet which mainly consists of rice, vegetables and fish and products, was persistently inadequate in energy, macronutrients (e.g. carbohydrates, proteins, and fats), and micronutrients (e.g. vitamins and minerals); (ii) mean one-day household food intake of Filipino households was 3,072 grams (g) in 2018, 328 g lower than that of 2015 which was 3,400 g; and (iii) mean one day household food intake among rural dwellers which was 3,079 g was insignificantly higher by 14 g compared to that of the urban dwellers which was 3,065 g. (Table 3).

97. Individual Food Consumption. The DOST-FNRI also conducted an Individual Food Consumption Survey (IFCS) as part of the 2018 ENNS. Results on the contribution of food groups to the mean one-day food intake and top five food sources for each population group are shown in Figures 10 and 11, respectively. Based on the gathered data, rice is considered as the main source of energy and the preferred source of protein is pork and milk (for young children and pregnant women).

*Table 4. Mean one-day household food intake by food group and percent distribution to the total intake by place of residence: Philippines 2015 and 2018*

Food Group	Philippines				Rural				Urban			
	2015		2018		2015		2018		2015		2018	
	grams	%	grams	%	grams	%	grams	%	grams	%	grams	%
Cereal and Cereal Products	1467.0	43.1	1198.2	39.0	1561.0	45.9	1248.0	40.5	1360.0	40.0	1134.0	37.0
Starchy Roots and Tubers	54.0	1.6	40.7	1.3	64.0	1.9	42.0	1.4	42.0	1.2	40.0	1.3
Sugar and Syrups	47.0	1.4	33	1.1	51.0	1.5	38.0	1.2	42.0	1.2	26.0	0.8
Fats and Oils	60.0	1.8	57.4	1.9	55.0	1.6	55.0	1.8	66.0	1.9	61.0	2.0
Fish, Meat and Poultry	740.0	21.8	705.6	23.0	633.0	18.6	639.0	20.8	863.0	25.4	792.0	25.8
Eggs	71.0	2.1	81.2	2.6	63.0	1.9	78.0	2.5	80.0	2.4	86.0	2.8
Milk and Milk Products	175.0	5.1	198.5	6.5	131.0	3.9	160.0	5.2	225.0	6.6	248.0	8.1
Dried Beans	34.0	1.0	36.5	1.2	32.0	0.9	34.0	1.1	36.0	1.1	40.0	1.3
Vegetables	496.0	14.6	454.1	14.8	574.0	16.9	513.0	16.7	406.0	11.9	378.0	12.3

Fruits	144.0	4.2	145.7	4.7	142.0	4.2	156.0	5.1	147.0	4.3	133.0	4.3
Miscellaneous	112.0	3.3	120.8	3.9	93.0	2.7	116.0	3.8	134.0	3.9	127.0	4.1
TOTAL	3,400.0	10.0	3,071.7	10.0	3,399.0	10.0	3,079.0	10.0	3,401.0	10.0	3,065.0	10.0

Figure 11. Contribution of food groups to mean one-day food intake among different population groups: Philippines 2018

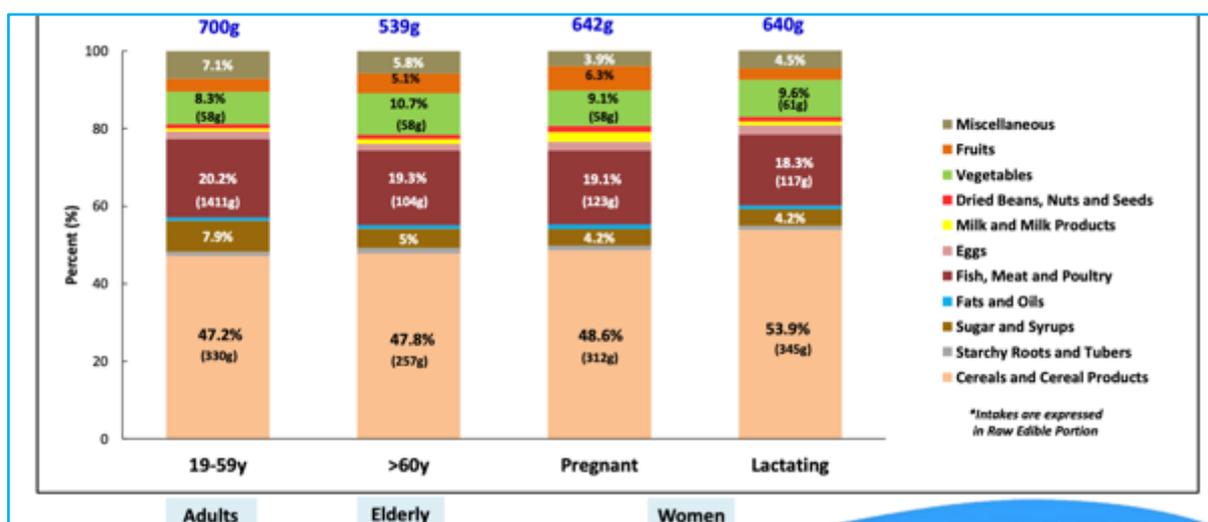
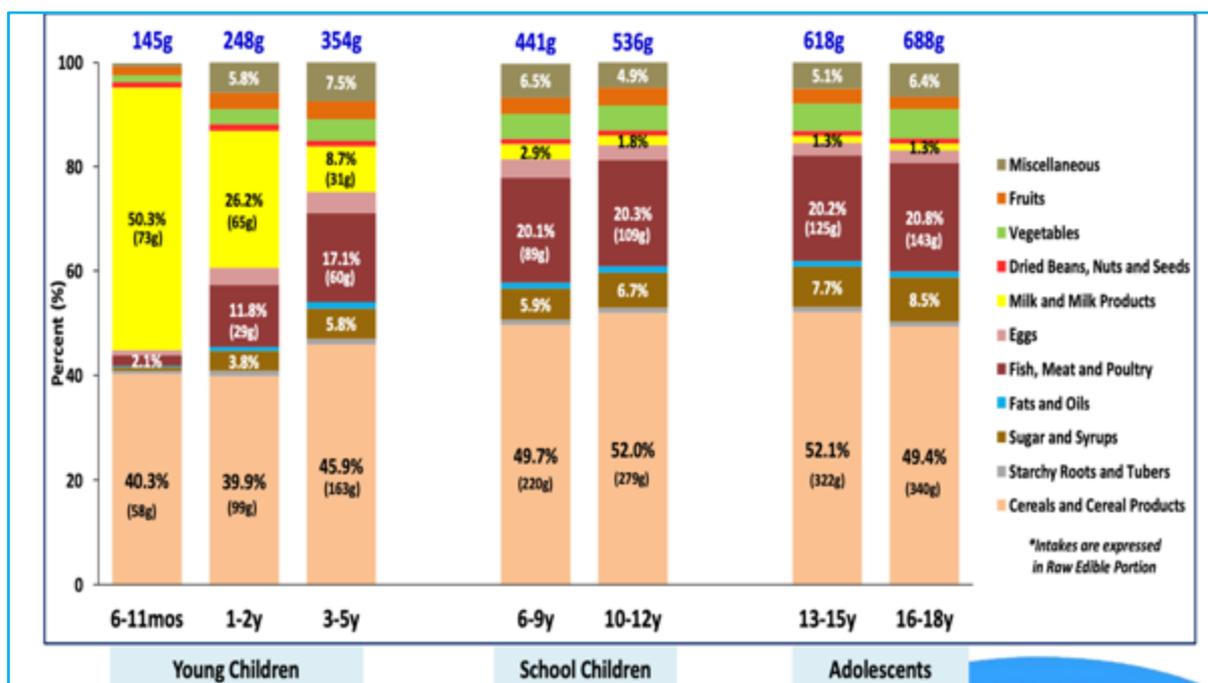
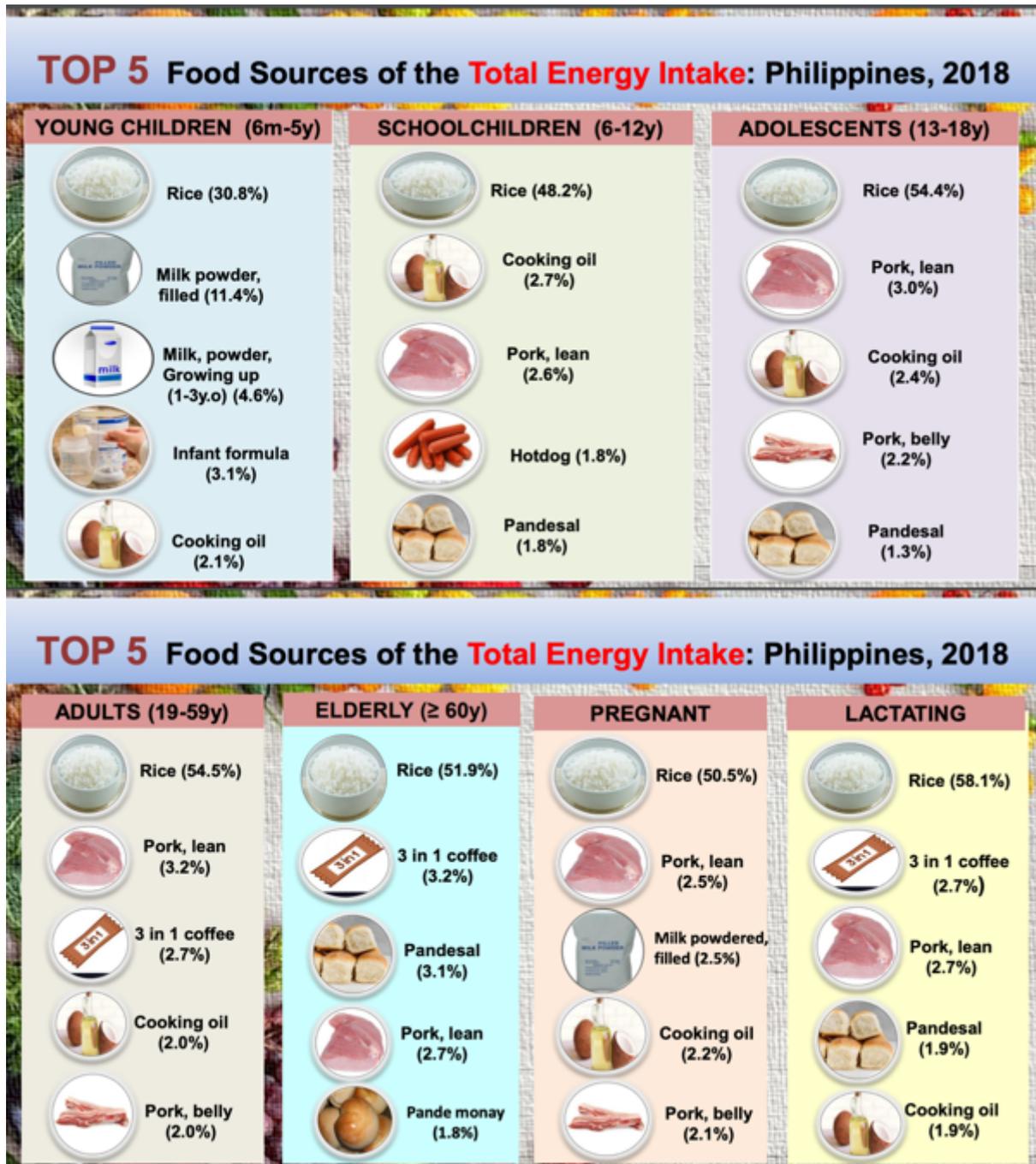


Figure 12. Top 5 food sources of the total energy intake: Philippines, 2018



98. In connection with the mean one-day household food intake is the daily per capita net food disposable (NFD). NFD refers to the volume of commodity available in its original (unprocessed) form for human consumption. Some of the NFD data<sup>34</sup> in grams per day for the year 2019 are: (i) rice-351.85; (ii) corn-51.08; (iii) mango-17.37; (iv) banana-83.77; (v) cabbage 3.01; (vi) ampalaya-2.10; (vii) pork-42.94; (viii) carabeef-2.63; (ix) beef-2.63; and (x) roundscad-4.49.

<sup>34</sup> For detailed information on the per capita production and NFD, refer to the 2020 AIS of Philippine Statistics Authority.

99. Further, the 2019 data on per capita supply of calories, proteins and fats from agricultural products are:

- a. **Calories.** Rice continued to be the major source of calories as it supplied 1,252.59 kcal per person per day in 2019. About 182.37 kcal came from corn. Among the commercial crops, the highest daily calorie content was noted in coconut at 19.23 kcal per person. In the case of fruits, banana contained the biggest amount of calories at 94.13 kcal per capita per day. Pineapple and mango contributed 14.86 kcal and 12.53 kcal of daily per capita calories, respectively. For vegetables and root crops, greater quantities of calories were contributed by sweet potato at 15.39 kcal and peanut at 11.09 kcal. For the livestock and poultry products, pork, chicken (dressed) and chicken egg were the main sources of calories with corresponding contents of 153.36 kcal, 80.40 kcal and 19.05 kcal. Low supply of calories came from the fishery products. tuna had bigger daily calorie content at 14.65 kcal per person;
- b. **Proteins.** Daily per capita protein supply of rice was 26.04 grams while that of corn, at 4.24 grams. Other prime sources of protein were pork at 6.51 grams and chicken (dressed) at 7.31 grams. Among the reference fishery products, tuna contributed more protein supply at 3.09 grams.
- c. **Fats.** About 1.76 grams were sourced from rice and 0.77 gram came from corn in 2019. Coconut and chicken egg supplied 1.00 gram and 1.29 grams of fat contents, respectively. About 14.13 grams of fats were provided by pork while around 5.70 grams by chicken (dressed).

#### D. Indigenous Peoples

100. The Philippines is a culturally diverse country that has an estimated 14- 17 million IPs belonging to 110 ethno-linguistic groups. Ips are mainly concentrated in Northern Luzon (33%) and Mindanao (61%), with some groups in the Visayas area. In recognition of this diversity and under the framework of national unity and development, the Philippine Constitution mandates state recognition, protection, promotion, and fulfillment of the rights of IPs. Republic Act 8371 (Indigenous Peoples Rights Act of 1997, otherwise known as IPRA), recognizes the right of IPs to manage their ancestral domains and thus has become the cornerstone of current national policy on IPs.<sup>35</sup>

101. In general, IPs are disadvantaged in various aspects of human development because they face issues of land dispossession, denial of rights, forced displacement, and armed conflict.<sup>36</sup> Armed conflict results to food insecurity as it damages the environment, restricts access to livelihoods, and disrupts both crop cultivation and food production. Conflict affects income and prevents the capacity of IPs to purchase healthy food products hence they suffer from relatively higher levels of malnutrition compared to the non-IPs.<sup>37</sup> IPs residing in upland areas are more likely to become malnourished compared to non-IPs who reside in urban areas due to limited access to resources.<sup>38</sup>

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<sup>35</sup> [https://www.ph.undp.org/content/philippines/en/home/library/democratic\\_governance/FastFacts-IPs.html](https://www.ph.undp.org/content/philippines/en/home/library/democratic_governance/FastFacts-IPs.html)

<sup>36</sup> United Nations Inter-Agency Support Group. 2014. The Health of Indigenous Peoples. Inter-Agency Support Group on Indigenous Peoples' Issues. United Nations Economic and Social Council.

<sup>37</sup> Ramirez-Zea, M., M. F. Kroker-Lobos, R. Close-Fernandez, and R. Kanter. 2014. "The Double Burden of Malnutrition in Indigenous and Nonindigenous Guatemalan Populations." *The American Journal of Clinical Nutrition* 100(6): 1644S-1651S.

<sup>38</sup> Dutta, A. and K. Pant. 2003. "The Nutritional Status of Indigenous People in the Garhwal Himalayas, India". *Mountain Research and Development* 23(3): 278-283.

102. In a study by Ricalde, et. Al (2014), it was determined that indigenous children in conflict area mostly consume locally available food with minimal consumption of store-bought food while indigenous children in non-conflict area consume a combination of store-bought and locally available food. Both diets, however, have low levels of energy and nutrients. Their diets were optimized to meet the daily recommended energy and nutrient intakes. While capable of meeting most of the nutritional requirement, the optimized diets based on local food resources resulted in low levels of fats and riboflavin and very high level of fiber for IP children in conflict area. Also, the optimized diets resulted in high levels of protein and fiber for IP children in non-conflict area. Moreover, the iron needs for female respondents in older age groups are difficult to achieve using the available local food resource. While most nutritional requirements were met, if children in conflict area rely on the available food in the locality, the only readily available food items with high source of fats are sardines and instant noodles while coffee and sweet potato are the sources of riboflavin. The high level of fiber mostly from consuming corn grits, banana, sweet potato, corn, and taro may likely indicate limited food choices in the area.

103. IPs are found within the PMNP project regions. In Luzon, particularly in the provinces of Quezon, Mindoro, and the Bicol Peninsula, the Mangyan (whose subgroups include the Iraya, Alanga, Tadyawan, Batangan, Hanunoo and Buhid) and Agta (also known as Ayta, Ati and Dumagat) are predominant. In the Visayas, The Atis live principally in Panay and Negros islands. In the island of Mindanao, there are about fifteen major indigenous groups and a number of subgroups living in the interior rainforest, hills, plateaus, narrow valleys and marginal plains, which include the Mandaya, Manobo, Bilaan, T'boli, Tiruray, Subanun, Higaonon, Tasaday, Bagobo, Manuvu, Matigsalug, Ata, and others; collectively they are called Lumad. The majority Muslim population in Mindanao, called Moro, is not considered as indigenous peoples under IPRA but some marginalized Muslim groups such as the nomadic Badjao can be found.<sup>39</sup>

104. The Food and Nutrition Research Institute Department of Science and Technology (FNRI-DOST) is mandated by Executive Order 128 to conduct research that defines the nutritional status of the population, to develop and recommend policy options, strategies, programs and projects and to disseminate research findings and recommendations. In 2013, FNRI-DOST conducted its 8<sup>th</sup> national survey, part of which was to provide a profile of its study population. A sector of the study was identified to be from marginalized population – the indigenous peoples that account for 10%-15% of the total population.<sup>40</sup> The study also identified **geographically isolated and disadvantaged areas** or GIDA that the DOH in 2004 recognized through DOH Administrative Order No. 185 in 2004 to determine the deterioration of primary health care services, especially in geographically isolated and depressed communities as a consequence of devolution of the health care delivery system. The DOH defines GIDAs as communities with a marginalized population physically and socio-economically separated from the mainstream society characterized by physical factors and socioeconomic factors. The physical factors include isolation due to distance, weather conditions and transportation difficulties (island, upland, lowland, landlocked, hard to reach and unserved/underserved communities). Socioeconomic factors include high poverty incidence, presence of vulnerable sector, communities in or recovering from a situation of crisis or armed conflict.

105. The FNRI-DOST study was able to determine that 3.8% of the study population identified themselves as IP and further stated that IPs are considered to be among the poorest and most disadvantaged group in the country as evidenced by high illiteracy and

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<sup>39</sup> The World Bank and Department of Agrarian Reform. (2020) Indigenous Peoples Policy Framework (IPPF). Support To Parcelization Of Lands For Individual Titling (SPLIT). Indigenous Peoples Policy Framework (IPPF).

<sup>40</sup> Cariño, J. K. (2012). *Country Technical Notes on Indigenous People's Issues-Republic of the Philippines*. International Fund for Agricultural Development (IFAD).

unemployment rates and poverty incidence. The nature of their settlements, which is remote, deprives them of access to basic services and thus, a high prevalence of morbidity, mortality and malnutrition might exist.<sup>41</sup>

106. In 2019, the DSWD recorded that of the 4,186,249 4Ps beneficiary households, 643,402 or 15.4% are IPs; 74% of these are from Mindanao, 23% from Luzon, and 3% from the Visayas. Region XI has the highest number of IP beneficiaries accounting for 16.7% of all IP beneficiary households. This is followed by Autonomous Region in Muslim Mindanao (16.0%), Region IX (14.4%), Region XII (12.8%), and Region X (8.8%).<sup>42</sup>

107. The 4Ps program has been criticized for not reaching out to the poorest of the poor due to the targeting system deemed to be flawed. In an effort to remedy the situation, the Modified Conditional Cash Transfer (MCCT) program was launched in 2014 and extends 4Ps to eligible households not covered by the regular Conditional Cash Transfer (RCCT) program. MCCT thus targets (i) homeless street families, which includes families who live and work on the streets without permanent housing; (ii) indigenous people in geographically isolated and disadvantaged areas (IP-GIDA); and (iii) families in need of special protection, to include disaster stricken families and other vulnerable groups. The goal was to allow for the meaningful participation of indigenous peoples, and ensure that the program is implemented in a culturally-appropriate manner. While RCCT and MCCT have the same program conditions for the health and education packages, the MCCT-IP has an emphasis on integrating indigenous knowledge systems and practices (IKSP) to ensure health and education conditions can be complied with (for example, in some areas when indigenous women give birth in a health facility they are accompanied by a trusted traditional midwife). Unlike the RCCT, the MCCT-IP does not limit the family development sessions to beneficiaries, but opens them to the wider community. With MCCT, DSWD was able to increase IP inclusion by about 27.2%.

108. Based on the 2021 national budget from the Department of Budget and Management, the three regions with low budget allocations are CAR (1.89%), CARAGA (2.33%), and MIMAROPA (2.54%). Poverty incidence among population in Mindanao per PSA 2018 is 31.6%, a decrease of 7.1% from PSA 2015 figures (38.7%). These are also areas where significant IP population can be found. Mindanao poverty incidence rate is 14.9% higher than the national average of 16.7%. Subsistence incidence, or the proportion of families and individuals not earning enough to meet basic food needs, is also highest in Mindanao at 12.2% according to the PSA 2018 data. The Cordillera Region, where 99% of the population is indigenous, is one of the poorest regions in the country<sup>43</sup> with lowest budget allotment though not targeted under PMNP.

109. Table 5 provides the distribution of IPs and GIDA households along with 4Ps IP beneficiaries across PMNP regions.

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<sup>41</sup> Philippine Nutrition Facts and Figures 2013 8<sup>th</sup> National Nutrition Survey Overview. Food and Nutrition Research Institute Department of Science and Technology Bicutan, Taguig City, Metro Manila. July 2015.

<sup>42</sup> ADB IPP for Philippines: Social Protection Support Project – Second Additional Financing. Draft, November 2019.

<sup>43</sup> CAR (2018, Poverty incidence among families –8.6%) one of the lowest poverty incidence in the country, 5<sup>th</sup> lowest.

Table 5. Percentage of IP population and GIDA HHs (2013), and 4Ps IP Beneficiaries by PMNP region, (2019)

Region	IP population (2013) <sup>a</sup>		GIDA HHs (2013) <sup>a</sup>		4Ps Beneficiaries by Program (2019) <sup>b</sup>			
	n	%	n	%	RCCT	MCCT	Total	%
Reg III Central Luzon	14,543	11.2%	2,985	11.1%	8,092	4,272	12,364	2.2%
Reg IVA CALABARZON	16,297	12.6%	3,468	12.9%	1,715	1,163	2,878	0.5%
Reg IVB MIMAROPA	7,229	5.6%	1,565	5.8%	30,250	15,585	45,835	8.2%
Reg V Bicol	11,133	8.6%	2,203	8.2%	1,978	5,523	7,501	1.3%
Reg VI Western Visayas	11,993	9.3%	2,517	9.4%	11,707	1,588	13,295	2.4%
Reg VII Central Visayas	12,063	9.3%	2,542	9.5%	1,114	2,704	3,818	0.7%
Reg VIII Eastern Visayas	9,764	7.5%	2,050	7.6%	153	108	261	0.0%
Reg IX Zambo Peninsula	7,169	5.5%	1,470	5.5%	66,265	26,295	92,560	16.5%
Reg X Northern Mindanao	8,347	6.4%	1,734	6.5%	37,772	18,537	56,309	10.1%
Reg XI Davao	8,488	6.5%	1,827	6.8%	79,020	28,740	107,760	19.2%
Reg XII SOCCSKARGEN	8,679	6.7%	1,784	6.7%	59,979	22,495	82,474	14.7%
Reg XIII Caraga	7,582	5.8%	1,090	4.1%	21,873	10,282	32,155	5.7%
BARMM	6,345	4.9%	1,578	5.9%	75,742	26,919	102,661	18.3%
<b>TOTAL</b>	<b>129,632</b>	<b>100.0%</b>	<b>26,813</b>	<b>100.0%</b>	<b>395,660</b>	<b>164,211</b>	<b>559,871</b>	<b>100.0%</b>

Sources: a = Food and Nutrition Research Institute; b = ADB IPP for Philippines: Social Protection Support Project – Second Additional Financing

## V. Potential Environmental and Social Risks

110. This section will discuss the potential environmental and social risks on the proposed project activities of PMNP.

### A. Component 1- Strengthened Delivery of Nutrition and Primary Health Services

111. The analysis of the potential environmental and social risks is focused on the following project activities of the Components 1 of PMNP.

112. Programs and activities for Component 1 includes enhanced nutrition-specific services: antenatal care services; facility-based and skilled birth deliveries; postnatal care services; reproductive health services (with specific activities to address early pregnancies and safe motherhood) and integrated management of childhood illnesses (IMCI)<sup>44</sup> for children below five years old. To address key gaps and enhance nutrition service delivery, LGUs in targeted provinces will be supported to improve the delivery and utilization of an enhanced package of high impact nutrition-specific interventions. These interventions will comprise largely of those identified interventions in the government's PPAN and which are aligned with the 2013 Lancet recommendations. These include mandatory (for all Project LGUs) nutrition-specific interventions namely: 1) promotion of optimal infant and young child feeding practices especially complementary feeding of children 6-23 months old; 2) facility and community management of moderate and severe acute malnutrition 3) regular growth monitoring and promotion for children under 5 years old; 4) micronutrient supplementation and fortification (iron/ folic supplementation for pregnant women and women of reproductive age; vitamin A supplementation of children 6-59 months; zinc supplementation during management of diarrhea. No civil works are anticipated for the activities and interventions of Component 1.

113. The identified risks for the activities of Component 1 are associated with the generation of municipal and healthcare wastes, adverse events following immunization and/or allergic reactions to RUTF, OHS of healthcare workers and/or volunteers, and CHS of project beneficiaries/participants and the residents in or near the location of the project activities.

1. Generation of municipal solid wastes and healthcare wastes (HCW). Solid wastes that may be generated from the project's activities are municipal solid wastes such as product/food packing, food scraps, disposable plates, cups, and cutlery from nutrition/feeding programs; and HCW such as used personal protective equipment (PPE), syringe and needle, spent vials and bottles of vaccines, pharmaceuticals/medicine.

Unsafe handling and improper management- collection, transport, treatment and disposal (i.e. uncollected and untreated) of municipal and infectious wastes will result to (i) noncompliance to existing regulations on municipal and health care wastes (i.e. RA 9003, RA 6969 and DOH HCWM Manual); (ii) odor and vermin problems; (iii) risks to health and safety of the community (e.g. hepatitis B and C); (iv) flow obstruction of nearby watercourses and could negatively impact the landscape and physical natural environment.

Applicable Permit and Clearance. HCW generated from the nutrition and healthcare activities should be collected, transported, and treated by DENR-accredited treatment, storage and disposal (TSD) facilities. In addition, interim guidelines on the management of HCW during the COVID-19 pandemic should be complied in the implementation of project activities.

2. Occupational Health and Safety. OHS risk associated with the nutrition-specific activities and primary health services is on the transmission of COVID-19. There is a risk for health workers and/or volunteers to be exposed (and infected) with COVID-19 from crowding or influx of people at the barangay centers and/or immunization sites and noncompliance to the basic health protocols (physical distancing, wearing of face masks and face shields, measuring temperature). The hazard will vary according to

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<sup>44</sup>IMCI is an integrated approach to the most childhood illnesses – diarrhea, respiratory tract infections, skin problems, in addition, the approach provides opportunities for growth assessment and nutrition counseling.

the location and length of exposure of health workers.<sup>45</sup> A secondary transmission mode is airborne. Airborne transmission is different from droplet transmission as it refers to the presence of microbes within droplet nuclei, which are generally considered to be particles less than 5 microns ( $\mu\text{m}$ ) in diameter which can remain in the air for long periods of time and be transmitted to others over distances greater than one meter. Exposures to health care wastes such as sharps and other infectious wastes may pose health and safety risks among health workers such as accidental prick from infectious syringes and needles.

3. Community Health and Safety. The beneficiaries/participants (i.e., pregnant women, infants, young children, mothers) are also at risk of the exposure and transmission of COVID-19 from crowding or influx of people at the barangay centers and/or immunization sites and noncompliance to the basic health protocols. Also, pregnant women, infants and young children may experience adverse events following immunization (AEFI) and/or allergic reactions to RUTF. The community may also be exposed to health care waste due to improper collection and disposal.

In addition, there is a minor risk to the safety and security of health workers, volunteers, and beneficiaries/participants in “conflict zone” areas, like those in BARMM.

## **B. Component 2 - Community-based Nutrition Service Delivery and Multisectoral Nutrition Convergence**

114. As previously mentioned, small infrastructure community subprojects are anticipated at community or household level for the WASH and ECCD programs to augment and complement the nutrition-specific interventions of Component 1. The following discussion is based on the anticipated activities and provisions for WASH and ECCD programs during planning and design, construction, and operation stages of the project.

115. WASH Interventions. infrastructure community subprojects anticipated for the provision of Level I and II water supply, hand washing station, toilets/latrines, repair/rehabilitation of standpost are: (i) construction of a spring box for point source, including a silt trap to serve as the reservoir collecting water from the source; (ii) construction of water tank; (iii) pipe laying from the source to households; (iii) utilization and rehabilitation of existing wells; (iv) drilling wells/digging shallow wells; (v) excavation/digging, carpentry, and masonry for the installation of toilets and/or latrines; and (vi) carpentry and plumbing works for hand washing facilities. Materials that will be utilized for the small infrastructure community subprojects include concrete materials (cement, sand, hollow blocks, gravel), water pipe, faucet, wood, toilet fixtures, galvanized iron sheets, and chemicals for disinfection.

### **Planning and Design Stage**

116. Potential pre-construction phase (planning and design) impacts are primarily related to project siting (i.e., land acquisition, encroachment, and resettlement), planning and details of the technical design, and application and approval of applicable permits and clearances.

- a. Location impacts include impacts associated with site selection and include potential loss of biodiversity, land acquisition and resettlement and encroachment on historical,

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<sup>45</sup> World Health Organization (WHO) notes “COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes.” Contact routes involve viral particles emitted from the respiratory tract of an infected individual landing on a surface. Then another person touches that object then touches their nose, mouth or eyes and the virus enters the body via the mucous membranes, infecting the second person. These are the predominant modes of COVID-19 transmission. WHO (2020) *Modes of Transmission of virus causing COVID-19: implications for IPC precaution recommendations*. Scientific Brief. March 27, 2020.

cultural, and protected areas. The location of the household and community levels intervention for WASH.. The environmental and social assessment will be updated based on the detailed design of the subprojects. The identified potential impacts are:

- Ownership issues on water source;
  - Damaged to structures and removal/cutting of trees and crops from land clearing activities;
  - Right-of-way (ROW) conflicts for the pipe distribution network; and
  - Noncompliance to regulatory requirements (i.e., permits and clearances)
- b. Land acquisition and restriction to access. Though minor, potential impacts may revolve around:
- Ownership issues of water source;
  - Land clearing resulting to damaged trees and crops;
  - Damage to structures; and
  - Potential ROW conflicts for the distribution pipes/hoses, installation of WASH and agri-fisheries facilities, and potential issues with Indigenous Peoples rights particular to water source
- c. Technical design standards. The potential impacts associated with the noncompliance to the Philippine Sanitation Code (PD 856) on Water Supply are:
- Water quality of the source is not within the applicable standards of the PNSDW;
  - Potential contamination of arsenic and heavy metals in groundwater (water source) due to anthropogenic activities;
  - Presence of naturally occurring substances such as iron and arsenic
  - Excessive groundwater abstraction may produce a diversity of negative side effects: declining groundwater levels; diminishing or even disappearing spring discharges and baseflows; degradation of wetlands; land subsidence; and intrusion of saline, brackish, or other low-quality water.
- d. Applicable Permit and Clearance. All subprojects are category D (not covered by PEISS) and there are no documentary requirements from DENR and the application of the certification of non-coverage is optional. However, such non-coverage shall not be construed as an exemption from compliance with other environmental laws and government permitting requirements. Permits and clearance that may be required from the subprojects are:
- Water permit and registration from National Water Resources Board (NWRB) for water supply<sup>46</sup> subprojects;
  - Based on the amended IRR of the Water Code (PD 1067)<sup>47</sup>, all applications involving extraction of groundwater shall include a duly registered well driller who will undertake the drilling;
  - Permit to establish and/or rehabilitate backyard (earthen) and/or community fishpond;

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<sup>46</sup> Based on the Amended Implementing Rules and Regulation of the Water Code, permit/authority shall be secured from NWRB for the “use of water for municipal purposes is the utilization of water for supplying the water requirements of a community, whether by piped or bulk distribution for domestic and other uses, direct consumption, the drawer or abstractor of which being the national government, its subsidiary agencies, local government units, private persons, cooperatives or corporations. Exempted from the application of permit are for Use of water for domestic purposes is the utilization of water directly drawn from a source by a household for drinking, washing, bathing, cooking, watering of gardens or animals and other domestic uses. provided that such use shall be registered with the Board. “Purely domestic purpose” as used in these rules is defined as the use of not more than 250 liters/capita/day of water by a single household.  
[http://www.nwr.gov.ph/images/laws/pd1067\\_amended.pdf](http://www.nwr.gov.ph/images/laws/pd1067_amended.pdf)

<sup>47</sup> Based on the Amended Implementing Rules and Regulation of the Water Code.  
[http://www.nwr.gov.ph/images/laws/pd1067\\_amended.pdf](http://www.nwr.gov.ph/images/laws/pd1067_amended.pdf)

- Permits and clearance associated with the schedule and location of project activities, specifically the requirements for entry (i.e. checkpoints, entry pass, etc.) and minimum number of attendees on community programs during the COVID-19 pandemic;
- Other applicable local, national, and international guidelines and standards as identified during the final design of the subprojects.

## **Construction Stage**

117. The anticipated impacts during the construction stage of the proposed activities requiring minor civil works are:

- a. Air quality/pollution. Construction activities may generate dust and gaseous pollutants that may result in health and safety issues to the workers and residents near the construction area. The anticipated impacts are:
  - Dust emissions from movement of earth materials, contact of construction equipment, excavation/dredging activities, and exposure of bare soil piles to wind;
  - Increase in ground level of concentration of total suspended particulate matter from excavation and backfilling works; and
  - Secondary sources of emission may include exhaust from vehicles and equipment (such as carbon monoxide, sulfur oxides, particulate matter, nitrous oxides, and hydrocarbon).
- b. Water quality/pollution. The anticipated impacts are:
  - Run-off or soil erosion from stockpiled construction materials and spoils, domestic sewage from construction workers;
  - Accidental spillage of oil and other lubricants, wastewater from washing of construction equipment and vehicles;
  - Improper disposal of solid wastes resulting in flow; and obstruction of watercourses, including drainage and irrigation canals.
- c. Generation of solid wastes. The solid wastes that may be generated from the construction and rehabilitation activities are the following: (a) construction wastes such as excess excavated earth (spoils), discarded construction materials, cement bags, wood, steel, oils, fuels, and other similar items; and (b) municipal wastes such as food wastes, paper and plastic bottles. Improper solid waste management will result to:
  - Odor and vermin problems,
  - Air pollution,
  - Risks to health and safety,
  - Flow obstruction of nearby watercourses and could negatively impact the landscape.
- d. Noise and Vibration. The major sources of noise and vibration from the possible subprojects are from the excavation/drilling of wells/boreholes. Noise and vibration may cause disruption to nearby communities and other sensitive receptors (i.e. schools, hospitals, place of worship) and damage to other structures in the project area.
- e. Biological environment and safety. Activities are located at the household and community levels. However, laying of distribution pipes, establishment of new fishponds and community ponds may result in cutting of trees, and/or removal of vegetation.
- f. Occupational health and safety. Construction activities may cause harm and danger to the lives and welfare of workers and/or community volunteers. Potential impacts on OHS are:

- Occupational hazards include ergonomic hazards from carrying/lifting heavy materials and equipment;
  - Exposure to excessive and continuous noise from drilling water well/borehole;
  - Equipment or excavated soil falling on workers, excavation exposure to hazardous materials; and
  - Spread of communicable diseases such as COVID-19
- g. Community health and safety. The construction activities will be within the premises of household beneficiaries and/or in the community common areas. The potential risks to CHS are:
- Nuisance from noise,
  - Dust emissions,
  - Excavated areas which may pose falling and entrapment hazards;
  - Labor influx is not expected because workers will be from the community. However, social issues related to harassment or gender-based violence may be encountered.
- h. Labor Management. Risks associated with labor management are:
- Misuse of labor contract,
  - Non-compliance with labor and working conditions,
  - Gender-based sexual harassment/violence, and
  - Inequality of opportunities.

## Operation Stage

118. The following are the anticipated impacts on the provided WASH facilities.

- a. WASH: water supply
- Contaminated drinking water- water quality is not within the prescribed standards of PNSDW. Presence of the following contaminants:
  - Physical- sediment or organic material suspended in the water;
  - Chemical -arsenic and other heavy metals; and
  - Biological- fecal coliform organisms
  - Bursting or leakage in distribution pipes; and
  - Worker's health and safety on chlorine handling during disinfection.
- b. Child labor. Possible child labor situations could arise in minor construction projects under the WASH interventions.
- c. Unanticipated impact for Components 1 and 2. Facilities/infrastructures such as construction of barangay health centers, milk collection centers, etc. may be funded by LGUs to complement the services and programs of the Project. These facilities may be categorized as associated facility<sup>48</sup> based on WB's ESF, and should comply with the environmental and social assessment outlined in the ESF and with requirements of the PEISS.

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<sup>48</sup>“Associated Facilities” means facilities or activities that are not funded as part of the project and are: (a) directly and significantly related to the project; and (carried out, or planned to be carried out, contemporaneously with the project; and (c) necessary to the project to be viable and would not have been constructed, expanded or conducted if the project did not exist (World Bank. Environmental and Social Framework. ESF Guidance Note for Borrowers for ESS1)

### **C. E&S Performance of DOH and DSWD (lead implementing agencies) on WB-financed projects**

119. DSWD has a strong track record of implementing WB-financed and large-scale national programs such as the KALAHY-CIDSS and 4Ps Projects. Also, DSWD has an existing ESF (November 2020) for their National Community-Driven Development Project (NCDDP), which builds on DSWD's ten years of experience in implementing CDD. Also, the KALAHY-CIDSS website<sup>49</sup> contains manuals/modules and guidelines on environmental and social instruments implementation.

120. DOH has an ongoing WB-financed project on Philippines COVID-19 Emergency Response Project with an ESF. Despite its limited experience on ESF implementation it has developed some guidelines and tools on environmental and social instruments implementation including a comprehensive information on standards and guidelines on HCWM. To some extent, the DOH had participated in the Environmental Impact Assessment Review of environmental critical projects in the country. The Water Safety Plan which uses risk assessment and risk management approach from water catchment to consumer premises to ensure drinking water safety is one of its programs. DOH AO 2014 -0027 sets the national policy on water safety plans for all drinking water service providers.

121. Moreover, the implementation arrangements for the proposed Project will leverage existing functioning systems in other implementing/partnering agencies including the DILG, DA, DOH-NNC, and concerned LGUs.

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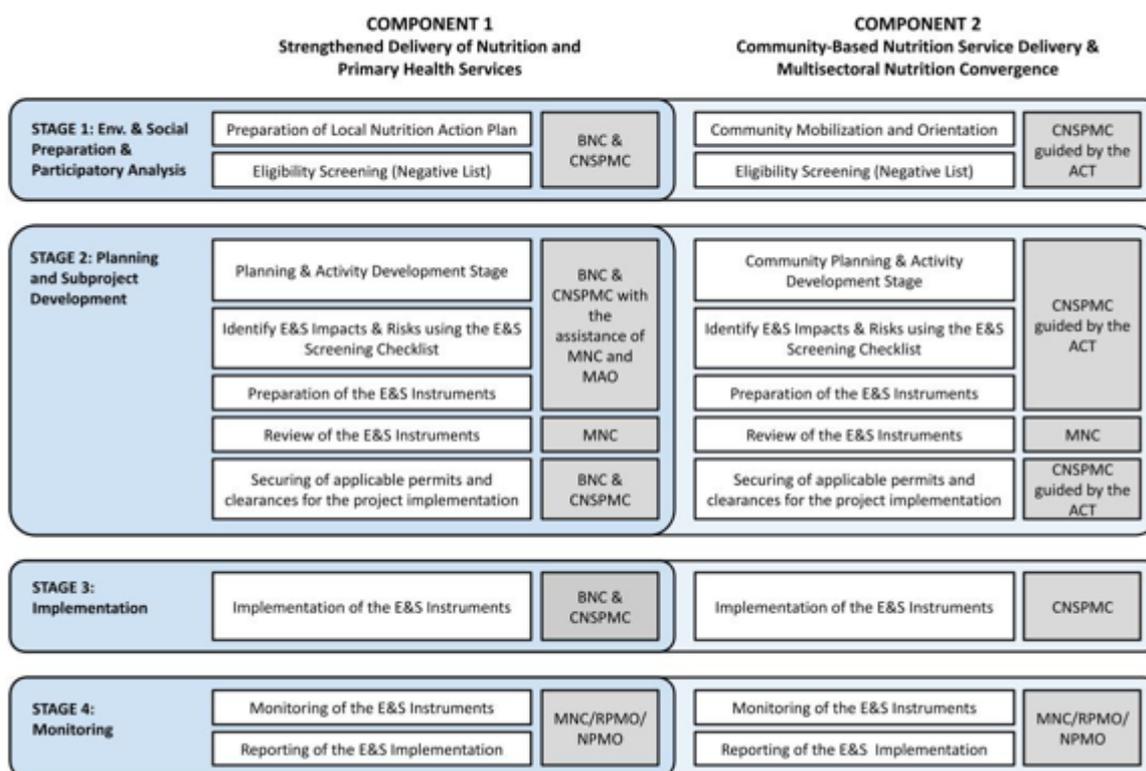
<sup>49</sup> Link for the KALAHY-CIDSS website <https://ncddp.dswd.gov.ph/site/index>.



## V. Procedures to Address Environmental and Social Risks

122. This section outlines the procedures to avoid, mitigate and minimize the identified risks and issues for Components 1 and 2 ( ref. Section V). The integration of E&S activities in the planning and implementation of proposed interventions and services per component, responsible agencies/ teams are described and illustrated in Fig 13 below:

Figure 13. Procedures to address environmental and social risks



### A. Key E&S Activities in the Implementation Process of PMNP

123. Stage 1 – Social Preparation and Participatory Analysis: Key E&S Activities

Component 1	Component 2
<p><b>Eligibility Screening.</b> Based on the design of the Project, the preparatory activities for Component 1 are community meetings (consultation), workshops, and trainings to mobilize and engage the LGUs in the preparation of their local (multisectoral) nutrition action plans (LNAPs) containing the nutrition-specific interventions and maternal and child health services. Therefore, discussion related to the ESMF should be included at this stage of the</p>	<p><b>Eligibility Screening.</b> The discussion on the ESMF will be included during the development of the SBCC action plan to screened out activities that are not eligible for funding based on the Prohibited/Negative List of the Project.</p>

<p>project and the proposed interventions and services in the LNAP will be screened based on the Prohibited/Negative List of the Project (Annex 1).</p>	
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124. Stage 2 – Planning and Project Development: Key E&S Activities

Component 1	Component 2
<p><b>Environmental and Social (E&amp;S) Screening.</b> The screening process is guided by the E&amp;S screening checklist (Annex 2) to screen the potential environmental and social risks of the proposed activity and identify the corresponding environmental and social management measures. The objectives of the E&amp;S screening are to: (i) evaluate the environmental and social risks of the subproject activities; (ii) identify the required permits and clearances prior to project implementation; and (iii) identify the applicable E&amp;S plans (Table 4) to avoid, mitigate and minimize the identified environmental and social risks.</p> <p><b>Management of E&amp;S impacts and risks.</b> Eligible subprojects from the screening process will prepare the applicable E&amp;S plan/s (Table 4) to ensure that the identified environmental and social risks are avoided, mitigated, and or minimized. Below is the discussion on the mitigation measures on the identified risks and impacts of the activities and programs of Component 1.</p> <p>Outputs from this stage are (i) accomplished environmental and social screening checklist; (ii) list of required clearance/permit from the subproject activities; (iii) required E&amp;S plans to be submitted, evaluated, and approved prior to project implementation; (iv) approved E&amp;S plan/s; (v) approval of applicable permits/clearances; and (vi) documentation of community consultation activities.</p>	<p><b>Environmental and Social Screening.</b> The screening process is guided by the E&amp;S checklist (Annex 2) to screen the potential environmental and social risks of the proposed activity and identify the corresponding environmental and social management measures. The objectives of the E&amp;S checklist are to: (i) evaluate the environmental and social risks of the subproject activities; (ii) identify the required permits and clearances prior to project implementation; and (ii) identify the applicable E&amp;S plans (Table 4) to avoid, mitigate and minimize the identified environmental and social risks.</p> <p><b>Management of E&amp;S impacts and risks.</b> Eligible subprojects from the screening process will prepare the applicable E&amp;S plan/s to ensure that the identified environmental and social risks are avoided, mitigated, and or minimized. Below is the discussion on the mitigation measures on the identified risks and impacts in Section V for the proposed activities in Component 2. Compared to the activities of Component 1, interventions of Component 2 will involve small infrastructure community subprojects for the facilities/infrastructure for WASH and agricultural livelihood programs.</p> <p>Outputs from this stage are: (i) accomplished environmental and social screening checklist; (ii) list of required clearance/permit from the subproject activities; (iii) required E&amp;S plans to be submitted, evaluated, and approved prior to project implementation; (iv) approved E&amp;S plan/s; (v) approval of applicable permits/clearances; and (vi) documentation of community consultation activities.</p>

125. Stage 3 – Implementation

Component 1	Component 2
<p><b>Implementation of E&amp;S Plan/s.</b> Prior to project implementation, a pre-implementation workshop will be conducted by municipal officers/LGU to the community beneficiaries to provide feedback on the final approved E&amp;S plans.</p>	<p><b>Implementation of E&amp;S Plan/s.</b> Prior to project implementation: a pre-implementation workshop to be conducted by municipal officers/LGU to the community beneficiaries to provide feedback on the final approved E&amp;S plans.</p>

126. Stage 4 – Monitoring

Component 1	Component 2
<p><b>Monitoring of E&amp;S Plan/s.</b> Monitoring and supervision on the compliance of the mitigation measures in the E&amp;S plan/s.</p> <p><b>Reporting requirements.</b> Monthly reports on the status of E&amp;S implementation, including complaints received, will be submitted by municipal/LGU to RPMO; quarterly reports from RPMO to the two NPMOs and endorsed to the PMNP-NTWG. The NPMOs will submit a semi-annual E&amp;S monitoring report (<i>in addition to the quarterly progress report on the overall implementation of the project</i>) to the Inter-Agency Task Force on Zero Hunger (IATF-ZH) and the World Bank (Annex 9).</p> <p>In addition, World Bank and NPMOs may periodically monitor compliance through its supervision missions. The RPMO and PMNP TWG E&amp;S officers will participate in such missions.</p>	<p><b>Monitoring of E&amp;S Plan/s.</b> Monitoring and supervision on the compliance of the mitigation measures in the E&amp;S plan/s.</p> <p><b>Reporting requirements.</b> Monthly reports on the status of E&amp;S implementation, including complaints received, will be submitted by municipal/LGU to RPMO; quarterly reports from RPMO to the two NPMOs and endorsed to the PMNP-NTWG. The NPMOs will submit a semi-annual E&amp;S monitoring report (<i>in addition to the quarterly progress report on the overall implementation of the project</i>) to IATF-ZH and the World Bank (Annex 9).</p> <p>In addition, the World Bank and NPMOs may periodically monitor compliance through its supervision missions. The RPMO and PMNP TWG E&amp;S officers will participate in such missions.</p>

B. Mitigation Measures for Component 1

127. As previously mentioned, the identified risks for the activities of Component 1 are associated with the generation of municipal and healthcare wastes, adverse events following immunization and/or allergic reactions to RUTF, OHS of healthcare workers and/or volunteers, and CHS of project beneficiaries/participants and the residents in or near the location of the project activities.

1. **Healthcare waste management (HCWM).** The purpose of HCWM is to avoid wastes from being scattered indiscriminately in the barangay/municipal health centers, immunization areas, and immediate areas of the target communities. The HCWM is based on the guidelines of the DOH HCWM Manual (4<sup>th</sup> Edition-2020) and consistent

with the measures implemented by the ongoing project of DOH-Philippines COVID-19 Emergency Response. Mitigation measures to be implemented are:

- a. Waste segregation and packaging.
  - Segregation of sharps from non-sharps. The basic rule for segregation of infectious/hazardous wastes is using the “two-bin solution” that is, sorting waste into used sharps and non-sharps wastes (including general wastes and infectious, pathological, and pharmaceutical residues). The two bins should be kept segregated until final disposal.
  - Discard the entire syringe with needle in a safety box immediately after use. Sharps wastes should be stored safely in puncture-proof and leak-proof containers.
  - Placement of the safety boxes (when full) into plastic bags closed hermetically<sup>50</sup> and with clear marking to avoid leakage during transportation.
  - Placement of empty vials into waste containers with plastic lining to avoid leakage.
  - All non-sharps wastes, without exception, should be collected in medical areas in rigid containers, such as plastic buckets with a cover, to prevent waste items from being exposed to disease transmission by contact by hand, airborne particles, and flying insects.
  - Containers and covers should be washed and disinfected daily after being emptied.
  - Reuse of rigid waste containers after disinfection with a chlorine (0.2%) solution may be the most practical option and at low cost in (remote) areas or cases when resources for better forms of waste segregation and storage are limited.
- b. Waste treatment and final disposal.
  - Placement of sharp boxes and containers of empty vials into secure septic vaults for on-site burial of non-sharps and sharps wastes in pits or trenches may be considered as a pragmatic option in emergency situations. Refer to the DOH HCWM Manual Section 8.5-HCW Disposal for the acceptable options of waste disposal systems.<sup>51</sup>
  - If septic vaults are not available, employ the services of a DENR-licensed hazardous waste treatment facility for the off-site transportation and treatment of the vaccination wastes.
- c. Return back to supplier/Extended Producer Responsibility.

The procurement program of the project will apply the Extended Producer Responsibility (EPR) concept of return back condition as a green procurement approach in managing vaccine wastes. The return-back condition in the contract agreement with vaccine suppliers will be specifically applied in areas with limited capacities for safe onsite disposal or in areas with no available third-party hazardous waste treatment facilities or whose municipal landfills do not have dedicated cells for hazardous wastes. In addition, the procurement of goods and materials for nutrition-specific interventions (i.e. plates, cups, food containers, cutlery for the feeding programs) should consider eco-friendly products.

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<sup>50</sup> A hermetic seal is any type of sealing that makes a given object airtight (preventing the passage of air, oxygen, or other gases).

<sup>51</sup> The options for HCW disposal for sharps/needles and pharmaceutical residues are: (i) encapsulation; (ii) inertization-stabilization/solidification; (iii) sharps pit/concrete vault; (iv) placenta pit; (v) safe on-site burial at healthcare facilities located in remote areas; and (vi) sanitary landfill facility (DA HCWM Manual, 4<sup>th</sup> edition, 2020).

- d. Secure applicable permit/s and clearance/s that may be required for the proposed activities of the project such as permit to transport and/or interim COVID-19 guidelines in the transport of hazardous wastes; and to ensure that healthcare wastes are collected, transported, and treated by DENR-accredited treatment, storage and disposal (TSD) facilities
2. **Occupational Health and Safety.** To prevent the exposure of healthcare workers to infectious diseases, including COVID-19, mitigation and preventive measures are:
    - Provision of adequate and appropriate personal protective equipment (PPE) to healthcare workers and/or volunteers.
    - Strict implementation of the basic health protocols/ minimum public health standards for the prevention of COVID-19- wear a mask and face shield, regular hand washing/hand and respiratory hygiene, maintain physical distance, and quarantine for those who have been exposed to known infected with COVID-19
    - Ensure close coordination and meaningful consultation with concerned municipalities and LGUs on the applicable permits, clearances, and safety measures (i.e., checkpoint requirements for entry to municipalities, crowd management, request for security assistance).
  3. **Community health and safety.** To prevent the exposure of the participants and/or beneficiaries to exposure to COVID-19 and to adverse events even following immunization and/or allergic reactions to the ready-to-use therapeutic food.
    - Strict implementation of the basic health protocols/ minimum public health standards for the prevention of COVID-19- wear a mask and face shield, regular hand washing/hand and respiratory hygiene, and maintain physical distancing.
    - Ensure close coordination and meaningful consultation with concerned municipalities and LGUs.
    - DOH guidelines on AEFI will be implemented on the immunization services of Component 1.
    - Ask beneficiaries on history of allergic reaction to peanuts in order to prevent allergic reaction upon consumption of ready-to-use therapeutic food
    - Project beneficiaries/participants should be properly informed through consultation activities the guidelines and procedures in reporting AEFI through the grievance redress mechanism (GRM) of the project.
  4. **Guidelines on Adverse Events following immunization (AEFI)**

The Revised Guidelines on Surveillance and Response to Adverse Events Following Immunization was issued by the DOH in February 2016 through Administrative Order (AO) 2016-0006. It aims to provide guidelines for concerned stakeholders on the early detection, reporting, investigation, and appropriate response to adverse events following immunization and to establish mechanisms for collaboration between and among Epidemiology Bureau, Food and Drug Administration, Disease Prevention and Control Bureau and other stakeholders involved in AEFI surveillance and response. This Administrative Order supplements the Manual of Procedure issued in 2014.

Specifically, it provided guidelines on the following: principles of immunization and vaccine, adverse event following immunization, AEFI surveillance, case detection and notification, case investigation, causality assessment, data management and utilization, feedback, response and follow-up activities, risk communication, and monitoring and evaluation.

In addition to the identified mitigation measures, ECOPs on General Construction Management (GCM), OHS, CHS, HCWM, and IPM (Annex 3) are prepared to be adapted and implemented on the project's activities and programs.

### C. Mitigation Measures for Component 2

5. Location impacts. Mitigation measures to address risks associated with site selection, land acquisition and resettlement, and encroachment on historical, cultural, and protected areas are:
  - For subprojects that will require small land acquisitions or easement and ROW negotiation to use someone else's property, the project shall apply the principles and procedures in the RPF (Annex 6);
  - Meaningful consultations with the affected community.
  
6. Technical design standards. The installation and rehabilitation of Level I and II water supply should be according to the guidelines of Philippine Sanitation Code (PD 856) on Water Supply and guidelines developed in the 2012 Rural Water Supply Manual of World Bank. Based on PD 856, the location of the well shall conform with the following requirements:
  - No well site shall be located within a distance 25 meters radius on flat areas from sewage treatment plant, sewage wet well, sewage pumping stations, or a drainage ditch which contains industrial waste discharges or wastes from sewage treatment systems, sanitary landfill or land-irrigated sewage treatment plant effluent, sanitary sewers, septic tanks, cesspools, open jointed drain-fields, animal feedlots or livestock pastures, dump grounds, especially in limestone areas; and ;
  - Drilling water well within 50 meters distance from a cemetery is prohibited;
  - Water quality parameters from the WASH facilities should be within the acceptable standards of PNSDW;
  - Ensure adequate water is available for proposed extraction rates to ensure sustainable use and yields of groundwater resources;
  - Ensure that the well is accessible to the community and that the access route to the well is not susceptible to flooding;
  - Assessment of water quality and sustainability of the water source, and preparation of Water Safety Plan (as applicable) should be included in the project proposal of WASH subprojects.
  
7. Applicable Permit/s and Clearance/s. All permits and clearances should be secured prior to minor civil works. To avoid the risks of noncompliance, discussions on the ESF, E&S instruments, applicable permits and clearance are part of the project development session with the community. Also, ensure close coordination with the concerned LGUs regarding the schedule and details of project activities.

All subprojects are category D (not covered by PEISS) and there are no documentary requirements from DENR and the application of the certification of non-coverage is optional. However, such non-coverage shall not be construed as an exemption from compliance with other environmental laws and government permitting requirements. Permits and clearance that may be required from the subprojects are: (i) water permit and permit from NWRB for Level II water supply<sup>52</sup>; (ii) water supply projects involving

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<sup>52</sup> Based on the Amended Implementing Rules and Regulation of the Water Code, permit/authority shall be secured from NWRB for the "use of water for municipal purposes is the utilization of water for supplying the water requirements of a community, whether by piped or bulk distribution for domestic and other uses, direct consumption, the drawer or abstractor of which being the national government, its subsidiary agencies, local government units, private persons, cooperatives or corporations.

extraction of groundwater shall include a duly registered well driller who will undertake the drilling; (iii) permits and clearance associated with the schedule and location of project activities, specifically the requirements for entry (i.e. checkpoints, entry pass, etc.) and minimum number of attendees on community programs during the COVID-19 pandemic; (iv) strict compliance with crowd management - observe social distancing and minimum health protocols and standards for the prevention of COVID-19; and (v) other applicable local, national and international guidelines and standards as identified during the finalization of the subprojects.

8. Contract Management for small infrastructure community subprojects. For the small infrastructure community subprojects that will require a contractor such as the community Level II water supply, the concerned LGUs should ensure that applicable ESMPs, ECOPs are included in the bidding and contract documents. The concerned LGUs will ensure that contractors will comply with all applicable laws and regulations (i.e., securing all applicable permits and clearance) on environment, health and safety, labor standards, and interim guidelines in the municipality/concerned LGU in the prevention of COVID-19. Also, Contractors are required to implement the environmental mitigation and monitoring measures including the preparation of the Water Safety Plan (as applicable). The contractor will be required to appoint a full-time Environment, Health and Safety (EHS) Engineer (or equivalent) on site, to ensure implementation of EMP during civil works.

For water supply projects which are not contracted (i.e., implemented by the community). The project through the Area Coordinating Team (ACTs), Regional Project Management Office (RPMOs), and relevant LGU Departments/Personnel will provide training and assistance for the Community Volunteers (CVs) and /or CNSPMCs to be able to comply with the requirements (i.e., application for permit/s and clearance/s).

#### 9. WASH: Water Supply

- As previously mentioned, the following should be included in the bidding and contract documents of Level II water supply contractors: i) preparation of WSP, (ii) maintenance and repairs schedule; and (iii) OSH for chlorine handling
- For household level water supply, regular monitoring of water quality is done by the concerned local municipal health office. For household and community level water supply (not contracted), the community volunteers and the LGUs will be responsible for the operations and maintenance of these water supply projects, with the LGUs providing allocations for the cost requirements. The project will provide the necessary trainings to ensure that Barangay and/or Municipal LGUs and community volunteers are equipped with the training and skills for the operation and maintenance activities of the water supply projects.
- Provide adequate protection from pollution around communal wells and faucets;

128. For sections B and C above, Table 5 provides the list of plans necessary to mitigate risks and impacts under the project.

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Exempted from the application of permit are for Use of water for domestic purposes is the utilization of water directly drawn from a source by a household for drinking, washing, bathing, cooking, watering of gardens or animals and other domestic uses. provided that such use shall be registered with the Board. "Purely domestic purpose" as used in these rules is defined as the use of not more than 250 liters/capita/day of water by a single household.  
[http://www.nwrb.gov.ph/images/laws/pd1067\\_amended.pdf](http://www.nwrb.gov.ph/images/laws/pd1067_amended.pdf)

Table 5. List of Environment and Social Management Plans

Environmental and Social Instrument	Applicability
Environmental Codes of Practice (ECOP) on General Construction Site Management	This serves as the primary environment and social instrument to be used for construction activities. The ECOP is intended to cover all construction-related impacts and mitigation measures. The ECOP contains mitigation measures to control and manage impacts of dust, air pollution, noise and vibration, water pollution, construction wastes, and community and worker health and safety issues. All applicable ECOPs are discussed in Annex 3.
ECOP on OHS	The ECOP provides mitigation measures to prevent and minimize occupational hazards during the implementation of project activities.
ECOP on CHS	The ECOP provides mitigation measures to ensure the safety of the community in the area/s in or near the location of the project activities.
ECOP on Healthcare Waste Management	The ECOP provides guidelines and mitigation measures to minimize the impacts from healthcare wastes. The ECOP was adapted from the existing ECOP of the ongoing project of DOH - Philippines COVID-19 Emergency Response Project.
Environmental and Social Management Plan (ESMP)	<p>The ESMP applies to subprojects that generate medium to high impacts such as construction/installation of Level II water supply.</p> <p>The ESMP contains specific sub plans such as the waste management plan (particularly activities generating hazardous waste materials), construction safety and health plan on excavation and drilling activities, construction materials transport and storage plan, and stakeholder engagement plan. The template of the ESMP is outlined in Annex 4.</p>
Labor Management Procedure (LMP)	The LMP is consistent with the national labor laws and policies and standards occupational safety and health and the WB Environmental and Social Standards ESS2 provisions addressing labor risks and issues that may arise during the implementation of the project. The LMP includes GRM for project workers. (Annex 5). This will be applied to all subprojects.
Stakeholder Engagement Plan (SEP)	The SEP applies to all subprojects to guide consultations with key stakeholders throughout the different stages from subproject design to implementation. The SEP also contains a GRM for stakeholders which applies to the Project. SEP is prepared and disclosed as a stand-alone document
Resettlement Plan	The Full or Short RP will include among others: (a) a completed inventory; (b) a detailed socioeconomic survey of displaced persons describing their age, sex, ethnicity, education, main occupation, sources of income, and total household income per year; (c) detailed compensation and entitlement calculations for each

Environmental and Social Instrument	Applicability
	affected household, where applicable; (d) location, area and category of the replacement residential and agricultural land to be provided, if that be the case; (e) a time-bound action plan for implementation; (f) a detailed budget and source of funding for the various compensation measures; and (g) arrangements for external monitoring and evaluation. A sample checklist of land acquisition activities is included in the Resettlement Policy Framework (RPF) under the project
Grievance Redress Mechanisms	The GRM applies to subprojects where there are affected parties, community members, and other interest groups that may be adversely affected by the implementation of the subproject.

#### D. Environmental and Social Risks Rating

129. **Environmental Risk Rating.** Based on the possible subprojects and services of PMNP as described in Table 1 the environmental risk is considered as **moderate**. The proposed project interventions are expected to have positive long-term health benefits to the community, specifically on maternal and child healthcare. Also, the convergence of WASH, nutrition-specific interventions can be considered as a holistic approach for the prevention of MAM and SAM and undernutrition.

130. The potential environmental impacts from the possible subprojects and activities are: (i) generation of healthcare wastes from the immunization, deworming and other healthcare and nutrition services (i.e., syringe, PPEs, spent vaccine vials); (ii) noise, water, and air (dust) pollution, generation of solid wastes (municipal, construction and hazardous), OHS, CHS from the small infrastructure community subprojects; and (iii) air (odor) and water pollution. The impacts from the community subprojects are localized (community or household level), temporary and can be considered to **have a low or moderate** rating.

131. These risks and negative impacts will be mitigated by: (i) strictly implementing the Philippines' Healthcare Waste Management Manual in the collection, storage, transport, and final disposal of healthcare wastes; (ii) preparation and implementation of ESMP and/or ECOP for the community subproject activities; (iii) meaningful consultation with the communities (i.e. properly informed on schedule and location of small infrastructure community subproject) and (iv) implementation of international best practices such as the IFC General EHS Guidelines.

132. However, it should be noted that the Project target area covers 235 municipalities and 5,936 barangays. The **low or moderate environmental risk of individual subprojects may lead to moderate risk** if there is no systematic management and adequate monitoring of environmental safeguards at the project management unit (from national to barangay levels). Therefore, it is imperative to increase the capacity of the project team on implementing the guidelines and requirements in the ESF (i.e. ESA, preparation of E&S plans, project supervision and monitoring).

133. **Social Risk Rating** is considered **moderate** in as much as the Project is expected to have long term social positive impacts in the nutrition status of beneficiary populations in targeted regions of the country, including indigenous populations. Another important risk is that health and nutrition interventions are not designed and implemented in a manner that is culturally appropriate or adapted to the social and cultural characteristics and norms of

vulnerable people, including IPs. Social risks associated with small infrastructure community subprojects activities are predictable, site specific and likely to have minimal adverse social impacts which are mitigable with the capacity strengthened to address the issues within the implementing agencies.

134. The land needed for the small infrastructure community subprojects financed under component 2 will be mostly donated by the LGUs, through individual voluntary land donations (VLD), or under a willing buyer and willing seller market transactions. In the case that some sub-projects require small land acquisition or easement and right of way negotiation to use someone else's property, the project shall apply the principles and procedures in the RFP. Though minor, potential impacts under Component 2 may trigger ESS5 that revolve around (i) ownership issues of water source, (ii) land clearing resulting to damaged trees and crops, (iii) damage to structures, (iv) potential ROW conflicts for the distribution pipes/hoses, installation of WASH and ECCD facilities, and (v) potential issues with Indigenous Peoples rights particular to water source.

135. The risks on labor management are on child labor, misuse of labor contract, non-compliance and working conditions, gender-based sexual harassment/violence and inequality of properties. The risks can be prevented, mitigated, and minimized with the preparation of the LMP. In many cases workers are also beneficiaries in this project. Therefore, social risk rating related to labor management is also **moderate**.

136. These risks will be mitigated and consider the experiences and lessons learned from the implementation of the CDD KC- NCDDP foremost of which is integrating key elements of community mobilization and investment in communities. The Project will include a sub-component and indicators to address the lack of health and nutrition related data by supporting IPs health services and nutrition status. The Project will ensure availability of this data/information during its course and will engage with relevant counterparts. Based on KALAHI experience, for component activities- designs and tools are designed by indigenous knowledge; IP represented by chieftain. As practice NCIP is part of the MIAC- NCIP is always present in the MIAC and based on the culture of the communities.

## VII. Public Consultation, Information Disclosure, and Grievance Mechanism

137. **Consultations and Information Disclosure.** A Stakeholder Engagement Plan has been developed and disclosed based on information obtained from preliminary studies and consultations. The SEP identifies all project affected parties and different interest groups including those that may be disadvantaged or vulnerable. The SEP focuses on describing the project and identifying its stakeholders. It is key to identify what information will be in the public domain, in what languages, and where it will be located. It explains the opportunities for public consultation, provides a deadline for comments, and explains how people will be notified of new information or opportunities for comment. It further explains how comments will be assessed and taken into account. The SEP also provides the project's grievance mechanism and how to access this mechanism. The SEP commits to releasing routine information on the project's environmental and social performance, including opportunities for consultation and how grievances will be managed.

138. During the conceptualization of the project, the DOH and DSWD consulted its different units and offices at the Central, Regional, Provincial and Municipal levels. A series of consultations known as the KUMAIN series were conducted to discuss the concept and objectives of the project, as well as to obtain valuable inputs on the implementation stage despite the onslaught of the Corona-19 virus pandemic. The results of these consultations and meetings were considered in the conceptualization of the project.

139. Orientation activities and signing of MOAs with LGUs are continuously facilitated within 2021. Aside from ESS10 requirements, the Department of Budget Management (DBM) necessitates commitments from LGUs be secured prior to implementation through such instrumentalities as Memorandum of Agreement (MOA) from participating LGUs prior to the first year of implementation.

140. Summary of consultations held during project preparation is presented below while a details are furnished in SEP.

- (i) On 26 March 2021, the PMNP was presented to institutional stakeholders comprised of Regional Nutrition Program Coordinators (RNPCs) or Officers-in-Charge (OIC) and other Nutrition Officers from 5:00 to 7:25 pm via Google Meet. Twenty-five were documented to have attended virtually (Appendix 1). Key issues that surfaced during the consultation were on: (a) Loan arrangements and financial administration, (b) Actual date of project start, (c) Institutional strengthening and absorptive capacities for DOH-NNC and LGUs, (d) Synergy amongst the inter-agency membership, and (e) Targeting/site selection.
- (ii) On March 29, 2021, a Consultation Session with LCEs on the Proposed Philippine Multisectoral Nutrition Project "Kasapatan at Ugnayan ng Mamamayan sa Akmang Pagkain at Nutrisyon" was virtually held from 1-5 pm. The main objective of the consultation was to solicit support from the local chief executives (LCEs) on the implementation of the PMNP. Specific objectives of the session were: (a) to present to the LCEs a situationer report on child stunting and other nutrition concerns in the country; (b) to discuss the objectives, key targets, activities, and timeline of the proposed project; (c) to confirm that the proposed PMNP reflect the national priorities under the COVID-19 situation; (d) to gather inputs from the LCEs on how to improve the implementation process of the project; and (e) to promote and advocate for the LCEs' participation to the project implementation. There were 142 participants in this consultation (Appendix 2). Issues raised were on (a) DOH-NNC institutional strengthening and enabling mechanisms needed for crafting Local Nutrition Action

Plans, (b) Need for timely data generation and processing towards responsive implementation, (c) Funds sourcing and allocation by component, ie Municipal Social Welfare and Development (MSWD), Gender and Development (GAD) Program, (d) LGU roles across levels, and (e) Targeting/site selection; inclusion of cities aside from the 235 municipalities.

- (iii) From March 29, 2021 to April 16, 2021, 38 consultation sessions, in the form of focus group discussions (FGDs), with IPs and community nutrition implementers in the targeted areas were conducted. The FGDs aimed to 1) gather inputs and suggestions from prospective stakeholders of the proposed PMNP; and 2) assess the health and nutrition situation of the community. The FGD Questionnaire was composed of four key areas of inquiries, namely: 1) health and nutrition concerns or problems which are most common in their communities; 2) gender issues in relation to health and nutrition concerns experienced in the communities; 3) appropriate nutrition-specific and nutrition-sensitive programs to address the health and nutrition concerns in the community; and 4) recommendations for PMNP. The ROs were given options to conduct the FGDs either through face-to-face or via video conference such as Zoom, Google Meet, or Facebook Video Call. A total of 141 IPs and 381 community nutrition implementers participated in the FGDs. Their recommendations included 1) strengthening of the implementation and sustainability of health and nutrition programs and projects by providing additional budget allocation for these programs and projects, as well as additional manpower and support to health/nutrition workers; 2) training of more IP members to become health and nutrition workers so that they can serve their own communities; 3) strengthening of information dissemination and visibility in far-flung and GIDA communities; 4) continuous provision of medicines and other health commodities; 5) provision of trainings and technology assistance to IPs and other marginalized communities; 6) establishment of farm-to-market roads; 7) provision of safe and potable water source to far-flung and GIDA communities; 8) provision of seedlings and livestock; 9) capacity building activities on backyard gardening, livestock raising and other livelihood programs; and 10) development of programs and projects for linking smallholder farmers to markets. Other recommendations call for the involvement of ICCs/IPs, as well as the agencies that promote and protect the rights and well-being of ICCs/IPs in the planning process of any programs, projects and activities intended for them.
- (iv) The DSWD during its 4th Management Committee Meeting in June also presented the PMNP, including ESF and associated instruments (LMP, RFP, and SEP), to the National Commission on Indigenous Peoples (NCIP), National Anti-Poverty Commission (NAPC) and the Presidential Commission for the Urban Poor (PCUP). Per the Secretariat, there were no comments submitted by these three agencies but their comments during the meeting are all related to the project design and clarificatory.
- (v) An Expert Meeting held on July 2, 2021 convened nutrition experts and partners from various groups, including international organizations, civil society groups, academic institutions, national government agencies and representatives from the PMNP technical working group. Specifically, representatives from the following groups were engaged: Nutrition International, Alive & Thrive Southeast Asia, Quezon - Provincial Health Office, Galing Pook, University of the Philippines - Los Baños, Save the Children, Kalusugan ng Mag-Ina, USAID ProtectHealth, Zuellig Family Foundation, Philippine Institute for Development Studies, Department of Social Welfare and Development, Department of Agriculture, National Nutrition Council, Office of the Cabinet Secretariat, Philippine Health Insurance Corporation, Department of Interior and Local Government, National Economic and Development Authority. Options for implementation models were discussed as regards the redesigned PMNP as proposed by DOH and UNICEF in June 30, 2021. All comments and suggestions from the open forum were compiled and relevant comments are taken into consideration.

141. Much of the above stakeholder generated issues, concerns, and recommendations were incorporated in the design. Most of the recommendations from the IP sector have been taken into account by the PMNP TWG in finalizing the updated project design. Another round of the Kasapatan at Ugnayan ng Mamayan sa Akmang Pagkain at Nutrisyon (KUMAIN) series of consultations will be conducted on October 11, 13 and 15, 2021. Stakeholders will be clustered by geographic island groups (Luzon, Visayas and Mindanao) scheduled, where the updated PMNP and PMNP ESMF will be presented. The TWG with the DILG will provide the reports from these consultations upon completion and updating of this ESMF and SEP will be made.

142. For 2022, the Project will conduct an assessment of the capacities of the LGUs to implement the project and further discussion on the implementation details will be done. The capacity assessment at this point is meant to determine the level of preparedness of the LGUs for the implementing agencies to gauge the technical assistance and capacity building to be provided to the LGUs. Also, social preparation for Batch 1 municipalities will be done and will include orientation activities, completion of LGU enrolment requirement, and reorganization and Capacity Building of MNCs/BNCs. These activities will likewise inform updates to this ESMF and the SEP.

143. The updated ESMF and ESF instruments were disclosed on 30 September 2021 at the **DSWD KALAHI-CIDSS** website (<https://kalahi.dswd.gov.ph/press/downloads/category/52-environmental-and-social-management-frameworks>). DOH and DSWD disclosed the revised instruments in the DSWD-KALAHI official website on October 22 and 25, 2021, available at the following links: (<https://DOH.gov.ph/project/philippines-multisectoral-nutrition-project>; <https://kalahi.dswd.gov.ph/press/downloads/category/52-environmental-and-social-management-frameworks>). The DSWD together with DOH will upload the final approved versions as soon as these are available.

144. **Grievance Mechanism.** DOH and DSWD shall establish a functional and accessible GRM in line with the SEP GRM as prepared for this project to respond in a timely manner to any concerns and grievances of affected parties on PMNP project E&S performance. The GRM will stipulate and widely disclose/generate awareness on procedures, responsible person(s), and contact details of all multiple levels (persons responsible) and channels as well as the duration within which grievances will be resolved and feedback is communicated. Project management shall put in place the GRM prior to commencing with project activities. The grievances and resolutions shall be recorded and periodically monitored. **Project workers** shall be provided with GRM in line with the LMP .

145. The GRM shall respond to resolve the grievances at the earliest time possible. The aggrieved party is informed of the course of action being taken thus reporting back to the complainant shall be undertaken within a specified time for disposal of grievances. If the complaint is not resolved to the satisfaction of the aggrieved party, the complainant is free to take legal recourse. The decision of the judiciary will be binding on the Project, in case project-affected persons seek to exercise legal option for grievance redress. Vulnerable and physically disadvantaged persons are provided with special focus in the GRMs. The project will assess the existing entry points for GRMs including the LMP GRM in respect of GBV/SEASH incidents and strives to strengthen them early on into the project.



## VI. Institutional Arrangements, Responsibilities, and Capacity Building

146. This section discusses the institutional arrangements, responsibilities and capacity building activities on the environmental and social management during project implementation (Table 6).

### A. Project Implementation

1. **National Technical Working Group (NTWG)** - comprising technical departments from the Inter-Agency Task Force on Zero Hunger (IATF-ZH) will be responsible for coordinating technical support services of different agencies at the regional and provincial levels. The NTWG will also provide technical inputs to, as well as review results of the continuing development of the project's implementation systems, processes, and technical manuals. The NTWG will be co-chaired by the DSWD and the DOH. A counterpart body at the regional level, through the Regional Social Development Council (RSDC), will ensure that accountability of implementing and partner agencies are delivered.
2. **The Department of Health (DOH) and Department of Social Welfare and Development (DSWD)**. As co-PMOs and lead implementing agencies, the DSWD, through the KALAHI-CIDSS National Program Management Office (KC-NPMO) and the DOH PMO shall be responsible for preparation of project's plans; project implementation, management, and monitoring; and facilitation and management of fiduciary process and other fund management concerns of the budget allocation per component. The two PMOs shall also prepare the progress reports and other required reports to be submitted to the NTWG, IATF-ZH, and the World Bank. They will also provide technical assistance to their regional/provincial/municipal implementation teams and coordinate with the other participating agencies in ensuring the project work plan is implemented.

The NTWG shall assign the lead agency for ESF reporting who will do tasks related to consolidating E&S monitoring reports to be submitted to WB. The NPMOs of DOH shall employ full-time E&S officers (1 for environment and 1 for social) to oversee the E&S implementation of PMNP subprojects. On the other hand, the NPMO of DSWD shall designate a E&S Officer to monitor ESF in Component 2 implementation. This E&S Officer is also the focal for E&S Monitoring in other DSWD KALAHI-CIDSS Program modalities and projects being implemented.

3. The **DSWD** as a co-lead implementing agency and one of the Project Management Office (PMO), through the KALAHI-CIDSS Program' National Program Management Office (KC-NPMO), shall have the responsibility for the day-to-day management of Component 2 - Community Based Nutrition Service Delivery and Multisectoral Nutrition Convergence targets and activities of the project.
4. The **DOH** together with the **DSWD** shall provide technical guidance on the design and implementation of health and nutrition interventions. The DOH and the DSWD will be responsible for the development of capacity building and technical guidelines of the project, facilitation guides, activity designs, and monitoring standards and mechanisms for the implementation of nutrition-specific interventions. The DOH shall have a separate PMO responsible for project management and administration, fiduciary

aspects, project implementation and tracking of achievements of activities under Component 1.

5. Other partner agencies for project implementation:

- DA provides technical oversight on the design livelihood support projects. Livelihood projects will be included in the menu of to be proposed by target Local Government Units (LGUs). In coordination with DOH, the DA shall help provide technical assistance and training to those LGUs who will have livelihood as their projects and help ensure that these LGUs will be able to develop viable and sustainable alternative sources of food to support the nutrition targets of families.
- The Department of Interior and Local Government (DILG) will work closely with the DSWD and DOH in capacitating the LGUs in ensuring that nutrition concerns and targets are included in the long-term programs of the LGUs. It will develop policy guidelines to enable the LGUs ensure the sustainability of health and nutrition programming at the local level.
- DOST-FNRI shall provide technical guidance and oversight in the development and conduct of monitoring, evaluation, and learning mechanisms of the project. It will work closely with DSWD and DOH in designing studies and conduct of activities that will facilitate knowledge building and management.

6. **Regional and Provincial Project Management (RPMO).** DOH and DSWD RPMOs meet and consolidate the technical inputs and provide feedback to the RSDCs.

- **Component 1:** DOH-RPMO will employ 2 full-time E&S officers (1 for environment and 1 for social) to provide technical assistance, review, and compliance monitoring on environmental and social instruments.
- **Component 2:** DSWD RPMO- technical assistance, review, and compliance monitoring of environmental and social instruments is the responsibility of Regional Infrastructure Engineer (RIE) and the Regional Community Development Officers (RCDO), respectively.
- Responsibilities of DOH and DSWD RPMOs on E&S instruments implementation are:
  - Review E&S documentation, screening checklist and E&S plans of subprojects;
  - Provide technical assistance (TA) on environmental and social management of subprojects, OHS and CHS, including health and safety protocols on the prevention of COVID-19 to the municipal local government unit (MLGU), Area Coordinating Teams (ACT), and Community Nutrition Sub-Project Management Project Management Committees (CNSPMCs); facilitate and/or act as Resource Person on the Project's ESF during conduct of trainings;
  - Review ESS Checklists and applicable E&S plan/s (i.e. ESMP, ECOPs, RP, LMP) submitted by the CNSPMCs) and provide TA as needed.
  - Do monitoring of sub-project's adherence/compliance to ESF Guidelines and Policies.; prepare reports to be submitted to the DSWD Field Office and to the DSWD KC NPMO

7. The **Municipal LGUs** will have the primary responsibility for developing their specific multisectoral nutrition action plans, costing them out and implementing them. Municipal

LGUs will also set up and manage special funds where the money earmarked for the project's multisectoral nutrition plans would be kept. The municipal LGUs will apply the same methodology and protocol to the development of multisectoral nutrition plans, as they use for their standard planning processes. The municipal LGUs will be supported and guided by the DOH, NNC, DA and the DSWD.

8. **Municipal Level Project Management Office (MPMO).** The PMNP Expanded Municipal Nutrition Committee (EMNC) for Components 1 and 2 will review the screening checklist and E&S plans and provide a pre-implementation workshop on ESF. Members of the EMNC: (i) BHW; (ii) BNS; (iii); (iv) nutrition health officers; (v) municipal nutrition committee; (vi) municipal engineers; (vii) municipal area coordinating team.

## 9. **Community/Barangay Level**

- **Component 1:** Preparation of environmental and social instruments for subprojects at the community level will be the responsibility of the Barangay Nutrition Committees (BNC)

Barangay Nutrition Committees (BNCs) – Composed of members of the barangay council chaired by the barangay captain, representatives of local committees or organizations, and of BNC, BHW, ECCD Workers, and other designated by the BHC, the BNCs' key roles in the implementation of nutrition specific interventions includes the following, to ensure that the intended beneficiaries of the project receive the services.

- Facilitate the profiling of children affected by stunting, who will be the primary targets of the direct services.
- Undergo capacity building activities organized by the DOH and DSWD and facilitate roll-out of necessary training and/or IEC activities to the communities, especially for the parents or caregivers of the children.
- Assist the Barangay Health Center' and/or Municipal Health Office' medical personnel in the administration of direct nutrition services for the identified children needing interventions.
- Monitor the progress on the health status of the children; provide technical assistance to the parents.
- Ensure participation of the CNSPMCs in the BNAP formulation process.
- Serve as the mechanism for convergence of project activities and multi sectoral initiatives;
- Provide assistance to the CNSPMCs in preparing screening checklist and E&S plans, and monitor the compliance of measures and guidelines in E&S plans.

**Component 2:** Preparation of environmental and social instruments for subprojects at the community level will be the responsibility of community volunteer (CV) members of the subproject preparation team, guided by the Area Coordinating Teams (ACT). Roles and responsibilities of the ACTs are:

- Facilitate effective implementation of project development processes along the Community Empowerment Activity Cycle
- Build and strengthen the capabilities of (a) community members and volunteers, and (b) LGU stakeholders, to identify, design, select, and implement community subprojects using the CDD strategy;
- Ensure the transfer of the CDD facilitation technology to the municipal and barangay local government unit;

- Facilitate the formation and strengthening of community-based structures and grassroots organizations to engage in participatory, transparent, and accountable governance;
- Facilitate the formation of municipal learning networks for the generation and sharing of lessons on CDD; and
- Ensure that the M&E data generated by the subprojects are correct, complete, and consistent with project standards, and are shared with the LGU.

Table 6. Responsibilities of agency/committee on E&S implementation

E&S Unit		Responsibilities	
Component 1	Component 2		
<p>N a t i o n a l  L e v e l</p>	<p><b>DOH NPMO</b></p> <p>2 E&amp;S officers -1 social; 1 environment</p> <p>Full-time personnel employed by PMNP.</p>	<p><b>DSWD NPMO</b></p> <p>2 E&amp;S officers -1 social; 1 environment</p> <p>*E&amp;S Officers employed by Kalahi-CIDSS NCDDP Program who cover all projects in all four modalities of Kalahi-CIDSS implementation</p>	<ul style="list-style-type: none"> <li>▪ Preparation of project plans;</li> <li>▪ project implementation, management and monitoring, including E&amp;S implementation;</li> <li>▪ ensure that sufficient funds are available for E&amp;S implementation; and</li> <li>▪ ensure that project implementation complies with the ESF, and applicable environmental policies and guidelines.</li> </ul>
<p>R e g i o n a l</p>	<p>2 E&amp;S officer -1 social; 1 environment</p> <p>Full-time personnel employed by PMNP.</p> <p>Provincial Nutrition Council will provide technical assistance and guidance on project implementation</p>	<p>Community Development Officers employed by PMNP based in the Regional Program Management Offices</p>	<ul style="list-style-type: none"> <li>▪ Review and approval/rejection of the project proposal with the screening checklist and applicable E&amp;S plans of subprojects (i.e. ESMP, ECOP, OHSP, CHSP);</li> <li>▪ Provide capacity building activities on environmental and social management of subprojects, OHS and CHS, including health and safety protocols on the prevention of COVID-19</li> </ul>
<p>M u n i c i p a l</p>	<p>Convergence of project activities and multisectoral initiatives.</p> <p>EMNC: (i) BHW; (ii) BNS; (iii); (iv) nutrition health officers; (v) municipal nutrition committee; (vi) municipal engineers; (vii) municipal area coordinating team.</p>		<ul style="list-style-type: none"> <li>▪ Review and recommend the screening checklist and E&amp;S plans to be submitted to RPMO; and</li> <li>▪ Provide a pre-implementation workshop on ESF.</li> </ul>

<p>C o m m u n i t y / B a r a n g a y</p> <p>L e v e l</p>	<p>Convergence of project activities and multisectoral initiatives</p> <p>Component 1: CNSPMC and BNC</p> <p>Component 2: Community volunteer (CV) members of the subproject preparation team, area coordinator/coordinating teams, deputy area coordinator.</p> <p>Note: Component 2 is limited to the households/families that are recipients of the maternal and child health services and nutrition programs of Component 1. Hence, the Area Coordinator will join the BNC for E&amp;S implementation.</p>	<ul style="list-style-type: none"> <li>▪ Participate in the screening process and with the assistance of community volunteers and BNC, accomplish the screening checklist; and prepare the applicable E&amp;S plan/s.</li> <li>▪ Implement the measures and guidelines in the E&amp;S plan/s.</li> <li>▪ Monitor the implementation of E&amp;S plans.</li> <li>▪ Identify baseline information on the potential project beneficiaries- profiling of children affected by stunting, and need for WASH and ECCD interventions.</li> <li>▪ Facilitate community consultation sessions and actively participate in the BNCs/Barangay Health Committees to ensure that health and nutrition concerns are discussed and included in the local planning of the barangay.</li> </ul>
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147. Community Nutrition Sub-Project Management Committees (CNSPMCs) – CNSPMCs shall be composed of parent leaders and community volunteers who will lead and manage delivery of nutrition-sensitive sub-projects work together to ensure complementation of nutrition interventions and in mobilization for community participation and benefit the targets of the project. Their key roles shall include the following:

- Participate in the formulation of barangay nutrition action plans (BNAP) and integrate their identified nutrition-sensitive activities.
- Assist the BNCs in the administration of direct services for children.
- Mobilize the parents of child beneficiaries and other community members to participate in the identification of appropriate nutrition-sensitive community projects that will support and sustain the impacts of direct services for children.
- Facilitate the development, delivery, and monitoring of nutrition-sensitive community projects focusing on , WASH, and ECCD.
- Facilitate community consultation sessions and actively participate in the BNCs/Barangay Health Committees (BHC) to ensure that health and nutrition concerns are discussed and included in the local planning of the barangay.
- Participate in the screening process and with the assistance of community volunteers and BNC, accomplish the screening checklist; and prepare the applicable E&S plan/s.

## B. Capacity Building

148. It is vital that institutional and capacity development are provided for environmental and social instruments guidelines, E&S frameworks, capacity building, training, and other measures for ensuring that the knowledge gaps are immediately addressed for development of the subprojects, from project preparation to implementation stage. Technical assistance activities such as trainings and workshops are deemed necessary to enhance knowledge and

technical skills of the key project personnel (E&S specialists among others) in the application of environmental and social instruments to the project that will lead to more effective implementation and monitoring of E&S instruments. Table 7 below summarizes the proposed trainings and workshops for PMNP.

Table 7. Proposed Training/Workshops on Project's E&S Implementation

No	Training/Workshop Topics	Target Key Personnel
1	World Bank ESF and process for community-initiated programs	All PMOs-national, regional, provincial
2	ESF and mitigation instruments documentation/plans- ESMP, ECOPs, SEP, LMP, RF, GRM, etc.	All PMOs-national, regional, provincial
3	Environmental and Social Management of subprojects-screening, E&S plans Project Evaluation and Monitoring (for PMOs)	All PMOs-national, regional, provincial
4	Environmental and Social Management of subprojects-screening, E&S plans Project Evaluation and Monitoring (for beneficiaries)	LGUs, Community/Barangay Levels
5	Occupational Health and Safety, Community Health and Safety, including GBV	LGUs, Community/Barangay Levels

### C. Budget for ESMF Implementation

149. The DSWD and DOH will allocate budget for the implementation of the ESMF such as for training and capacity building on ESMF implementation, salary of environment and social specialists, and EHS focal persons, monitoring and reporting, and for the hiring of support consultants on E&S matters.

150. For Component 2, the indicative allocation for capacity building of Community Nutrition Sub-Project Management Committees and members of the DSWD's Regional Program Management Offices hired for PMNP, as well as the Operating Costs related to the hiring of Area Coordinators, Community Empowerment Facilitators, and Community Development Officers whose tasks include provision of technical assistance to LGUs and communities and monitoring and reporting of ESMF, shall be charged in Component 2 budget.

DSWD Costs	Total	Loan Proceeds	GOP	LCC
Component 2: Community-Based Nutrition Service Delivery and Multisectoral Nutrition Convergence				
1) Multisectoral Convergence Efforts (WASH, ECCD and/or MNCHN, Increase access to 4Ps) towards Nutrition Outcomes	2,708,315,882.00	2,302,068,500.00		406,247,382.00
2. Capacity Building and Implementation Support	1,604,776,850.00	-	1,604,776,850.00	-
Component 3: Institutional Strengthening, Monitoring and Evaluation				
Administrative Costs for Component 2	155,238,906.00	85,992,383.00	69,246,523.00	

151. The specific ESMF budget will be determined once the subproject components and implementation arrangements have been finalized. Monitoring needs will be finalized and budgeted part of each subproject costing. ESMP monitoring costs will be included in individual ESMP, bid documents, and additional mitigation/monitoring shall be the contractor's

responsibility. The ESMF budget does not include resettlement costs of any nature. These costs shall be borne from the counterpart funding.

#### D. Linkage to ESCP

152. The Environmental and Social Commitment Plan (ESCP) sets out material measures and actions, any specific documents or plans, as well as the timing for each of these. The ESCP which will be part of legal agreement and will be signed by Implementing agency (IA). IA will require to comply with the provisions of any other E&S documents required under the ESF and referred to in the ESCP, such as the ECOPs, ESMPs, SEP, RP etc. The ESCP will be prepared considering the findings of the E&S baseline based on the ESMF, the Bank's environmental and social due diligence and the results of engagement with stakeholders. It will clearly spell out the plans to be prepared with timeframe and responsibility. Adherence to the aforementioned ESMF processes and provisions will therefore be ensured through the ESCP.

#### E. Updating ESMF

153. This ESMF will be an "up-to-date" or a "live document" enabling revision, when and where necessary. Unexpected situations and/or changes in the project or subcomponent design would therefore be assessed and appropriate management measures will be incorporated by updating the Framework to meet the requirements of country's legislations and Bank ESF. Such revisions will also cover and update any changes/modifications introduced in the legal/regulatory regime of the country/ state. Also, based on the experience of application and implementation of this framework, the provisions and procedures would be updated, as appropriate in consultation with the World Bank and the implementing agencies/departments. Finalized version of updated ESMF will be submitted to WB for its review and approval.

#### F. Incorporation of ESMF in Project Operation Manual

154. The ESMF process and requirements will be incorporated into the Project Operation Manual (POM) as applicable.

#### G. Contingency Emergency Response Component

155. CERC is not anticipated in the project. In case of emergency and if Government of Philippines through DOH and DSWD requests the World Bank to activate the CERC, the current ESMF prepared by DOH and DSWD will be updated within 90 days of activating the CERC prior to financing of CERC activities, to include a positive list of eligible activities / expenditures at the time of activation. In addition, the ESCP will be accordingly amended to include the provision as per the updated ESMF within 90 days of CERC activation. Project Operation Manual shall contain CERC Annex to ensure readiness for responding to CERC, if activated by DOH and DSWD.

Annexes

**Environmental and Social Management Framework  
Philippines Multisectoral Nutrition Project**

## Annex 1: Prohibited and Negative List of PMNP

The following are PMNP ineligible subproject activities, infrastructure, and/or expenditure types:

### A. Prohibited Activities

1. Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly;
2. Activities that could adversely affect forest and forest health.;
3. Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values;
4. Use of goods and equipment on lands abandoned due to social tension/conflict, or the ownership of the land is disputed or cannot be ascertained;
5. Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners were consulted and had concurred;
6. Land acquisition that results in physical displacement (relocation);
7. Land acquisition that results to economic displacement to 200 or more affected persons;
8. Activities that would result to adverse impacts on land and natural resources customarily used by IPs, including relocation from those lands, or significant impacts on their cultural heritage material to their identity
9. Expropriation as a modality for land acquisition;
10. Repair of government offices; meeting halls and places of worship;
11. Environmentally hazardous materials such as chainsaws, explosives, pesticides, herbicides, insecticides, asbestos and other potentially dangerous materials;
12. Fishing boats (beyond the weight limit set by Bureau of Fisheries and Aquatic Resources (BFAR));
13. Activities that have alternative prior sources of committed funding;
14. Activities for fiesta and other religious and cultural activities;
15. International travel;
16. Salaried activities that employ children below the age of 14, and production or activities involving harmful or exploitative forms of forced labor or child labor;
17. Consumption items will not include food and other basic necessities usually included in the relief packages;
18. Maintenance and operation of infrastructure built from Project funds;
19. Production of or trade in any product or activity deemed illegal under the Philippines laws or regulations or international conventions and agreements or subject of international phase outs or bans, such as (a) pharmaceuticals, pesticides, and herbicides; (b) ozone-depleting substances, (c) polychlorinated biphenyls and other hazardous chemicals, (d) wildlife or wildlife products regulated under the Convention on International Trade in Endangered Species of Wild Fauna and Flora and (e) transboundary trade in waste or waste products;
20. Production of or trade in weapons and munitions, including paramilitary materials;
21. Production of or trade in alcoholic beverages, excluding beer and wine;
22. Production of or trade in tobacco;
23. Gambling, casinos and equivalent enterprises;
24. Production of or trade in radioactive materials, including nuclear reactors and components thereof;
25. Commercial logging operations or the purchase of logging equipment for use in primary tropical moist forests or old-growth forests; and
26. Marine and coastal fishing practices, such as large-scale pelagic drift net fishing, harmful to vulnerable and protected species in large numbers and damaging to marine biodiversity and habitats.

## **B. Prohibited Infrastructures and Expenditures**

1. Construction of facility/infrastructure located in or adjacent to sacred grounds and burial sites of indigenous communities;
2. Construction of facility/infrastructure located in or adjacent to identified international and local cultural and heritage sites;
3. Construction of facility/infrastructure located in or adjacent to critical areas identified or reserved by the ICCs/IPs for special purposes,
4. National communal and irrigation systems;
5. Regulatory services (i.e. establishments of laboratories, procurement of laboratory equipment)
6. Large production and post-harvest and processing equipment and facilities (i.e., four-wheel tractors, harvesters, processing equipment and facilities);
7. Large market-related infrastructures (i.e. trading centers and food terminals);
8. Training centers (including equipment);
9. Multiple types of livestock in one project;
10. Use of goods and equipment for military or paramilitary purposes aside from vaccination activities involving these personnel;
11. For the new and/or rehabilitation of backyard fishponds and community ponds, required buffer zones shall be maintained as well as vegetative cover for exposed earthwork:
  - (i) For brackish water, a buffer zone of at least 100 meters from the sea to the main peripheral dike and 50 meters along the river banks (for typhoon areas) and 50 meters from the sea and 20 meters along the river banks (for non-typhoon prone areas), shall be left undisturbed for ecological reasons and physical protection from flooding and wave action;
  - (ii) For freshwater, a distance of 20 meters (for non-typhoon areas) away from the embankment and 50 meters (for typhoon prone areas) shall be maintained to serve as buffer zone to minimize flood risk and related environmental hazards.
12. Projects classified as “environmentally critical projects” or category A based on the screening and categorization of the Philippine Environmental Impact Statement System (PEISS);
13. Use or promotion of products covered under the Executive Order 51 otherwise known as “National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements, and Other Related Products” or “Milk Code” and by its Revised Implementing Rules and Regulations. Whether purchased or donated, this covers products marketed as “complete or partial” substitute to breastmilk, regardless of the age of the child, i.e., infant milk formula, feeding bottles, and teats.
14. Activities such as advertisements, receiving donations, promotional campaigns and other marketing strategies through any form of involvement of distributors, manufacturers, marketing personnel, marketing firms of companies that are defined and covered by Executive Order No. 51 and its IRR.
15. Partnership or any involvement in PMNP multimedia and community-based activities of companies manufacturing, selling, or marketing of food and beverages that are high in sugars, sodium (salt), and fats with conflict of interests on advocacies of the DOH, especially any marketing that targets children. This includes but not limited to chips, candies, chocolates, fast foods, sugar sweetened beverages, cigarettes, and alcoholic beverages.



## Annex 2: Environmental and Social (E&S) Screening Checklist

### Component 1: Strengthened Delivery of Nutrition and Primary Health Care Services

*The objectives of the environmental and social screening checklist are to identify: (i) the potential environmental and social risks of subprojects; (ii) required E&S plan/s to mitigate the risks; and (iii) identify the required permits/clearances for the subproject.*

*The E&S screening checklist is an initial assessment of the potential risk and impacts and it is not a substitute for specific E&S assessments or specific mitigation plans, if needed. The E&S screening checklist was adapted from the ongoing project of DOH on Covid-19 Emergency Response Project.*

*The screening form will be accomplished during the social preparation and participatory analysis stage by the Barangay Nutrition Committee and/or Community Nutrition Subproject Management Committee, with the guidance of the Municipal Nutrition Coordinator and/or Municipal Action Officer.*

#### A. Project Details

##### Instructions:

- Provide the complete information on the items below.
- Please write clearly legibly and use only blue or black ink/pen.
- Do not use acronym/abbreviations.

<b>Name of subproject:</b>			
<b>Project Location</b>	<b>Region:</b>		
	<b>Municipality</b>		
	:		
	<b>Barangay:</b>		
<b>Project cost (PhP)</b>			
<b>Project Duration</b>	<b>Start Date:</b> (dd/mm/year)	<b>End date:</b> (dd/mm/year)	
<b>Description of the type of nutrition-specific and health interventions:</b>			

#### B. Environmental and Social Screening Checklist

##### Instructions:

- Provide the complete information on the items below.
- Please write clearly legibly and use only blue or black ink/pen.
- Use the "Remarks" section for the additional information and/or mitigation measures.
- Use ✓ mark in answering the questions (Yes or No columns)

Screening question	Yes	No	Remarks	Required Action/s
1. Does the activity include any of those in the negative list?				If yes, activity is not eligible for funding
2. Does the project activity involve land acquisition and/or restriction on land use?				If yes, prepare Resettlement Action Plan (RAP)

3. Is the local health facility associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?				In both cases (Y/N), prepare ESMP or ECOP (scope and substance will depend on risks)
4. Is there a sound set of practices, protocols, procedures, and institutional capacity in place for healthcare facility infection control and healthcare waste management?				In both cases, prepare ESMP or ECOP (scope and substance will depend on risks)
5. Does the local health facility have an adequate system in place (capacity, processes and management) to address healthcare waste?				In both cases, prepare ESMP or ECOP (scope and substance will depend on risks)
6. Does the project activity involve recruitment of workers including direct, contracted and/or community workers?				If yes, prepare LMP and observe SEP
7. Does the local health facility have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				In both cases, prepare ECOP on OHS
8. Does the project activity involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?				If yes, prepare ECOP and/or ESMP
9. Does the project activity involve use of security or military personnel during the delivery of services and programs in or near a conflict zone (i.e., armed conflict, civil unrest)?				If yes, prepare Assessment of Risks, Code of Conduct, training and report any incidents base on WB incident categorization: indicative, serious, severe. Severe incidents need to be reported to the WB within 48 hours.
10. Is the project activity located within or in the vicinity of any ecologically sensitive areas that will cause to generate significant impacts?				If yes, activity is not eligible for funding
11. Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed project activity negatively or positively?				if yes, observe SEP provisions. Meaningful consultations with IP community and traditional health practitioners, coordination with traditional health practitioners
12. Is the project activity located within or in the vicinity of any known cultural heritage sites that will cause the generation of significant impacts?				If yes, activity is not eligible for funding
13. Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?				If yes prepare Code of Conduct and training
14. Is the project area under the following community quarantine status for the prevention of COVID-19?				If yes, closely coordinate with the concerned LGUs on the schedule and details of the project activities and secure applicable clearance/permit.

				Include mitigation measures in ECOP of OHS and CHS
• Enhanced community quarantine (ECQ)				
• Modified enhanced community quarantine (MECQ)				
• General community quarantine				
• Modified general community quarantine				

Based on the above screening, the subproject is required to:

- Prepare Environment Code of Practice (ECOP):
  - Occupational Health and Safety
  - Community Health and safety
  - Healthcare Waste Management Plan
- Prepare Environmental and Social Management Plan (ESMP)
- Grievance Redress Mechanism
- Stakeholder Engagement Plan
- Resettlement Action Plan
- Required permits and clearances: (Example: Clearance/permit to conduct dietary programs in barangay health centers, permit to transport healthcare wastes, etc.)

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<b>Prepared/Submitted by:</b>	<b>Approved by:</b>	<b>Noted by:</b>
<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>
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## Annex 3: Environmental Codes of Practice

### I. Introduction

The *Philippine Multisectoral Nutrition Project (PMPN)* will provide interventions that will focus on strengthening the delivery of essential maternal and child health and nutrition services through the

primary healthcare (PHC) system as well as leverage existing community structures to take ownership of and support the delivery of community-based nutrition and nutrition-related activities. This project will support activities aimed at setting-up systems and/or scaling up the systems to enable LGUs to deliver nutrition interventions, improving service delivery and utilization as well as create an awareness on the knowledge and behaviors to improve health and nutrition. Innovative aspects of this project are the combined use of social behavior change communication for optimal health and nutrition behaviors, performance-linked approaches, and community-driven approach on the demand- supply-sides and at the community and PHC levels to improve health and nutrition outcomes.

There are no civil works anticipated for Component I. For Component 2, small infrastructure community subprojects are anticipated on the installation and rehabilitation of WASH-facilities- Level I and II water supply, hand provisions of toilet/latrines, hand washing stations. The multisectoral convergence will strengthen and augment nutrition-specific interventions and activities. However, the construction activities may also lead to adverse social and environmental impacts such as disturbance or nuisances to the building occupants and surrounding communities, triggering the need to develop the Environmental Codes of Practice (ECOP).

## **II. Purpose of the ECOP**

The ECOP aims to provide guidance to the planning and implementation of the mitigation measures to be carried out by the communities and Barangay Local Government Units (BLGUs) and/or Barangay Nutrition Committee (BNC) Area Coordinating Team, the Expanded Municipal Nutrition Committee (EMNC) and contractors during civil works activities. It sets out the standard practices and procedures for managing the potential negative impacts on local environment and communities of all civil works to be carried out through measures to prevent adverse environmental impacts including monitoring and institutional arrangements on E&S instruments. The responsible parties are expected to follow these procedures and keep records and documentation of implementation of mitigation measures for periodic audits. The ECOP will be included as a separate annex in all bidding documents.

The ECOP is applicable to construction and rehabilitation activities of the PMNP subprojects. If significant impacts are identified based on the environment and social screening in Annex 2, the ECOP is supplemented by the Environmental and Social Management Plan (ESMP) to address the site-specific impacts that have been identified. The ECOP contains the following sub-plans:

1. ECOP 1: General Construction Site Management
2. ECOP 2: Occupational Health and Safety
3. ECOP 3: Community Health and Safety
4. ECOP 4: Healthcare Waste Management Plan

## **III. Responsibilities**

The contractors and/or community representative at the site level are the key entities responsible for the implementation of the ECOP. The NPMO, RPMO, particularly the E&S Monitoring Unit and their focal persons, are responsible for supervision and monitoring of implementation of ECOPs.

## **ECOP 1: General Construction Site Management**

The ECOP on construction site management provides the overarching guidelines with regards to construction and civil works to implement the minor civil works anticipated for the project. This ECOP on site management sets out the measures to be applied to mitigate the potential impact of site activities to the building occupants, local residents, roads, and communities in the immediate vicinity of the project site. The code refers to the requirements of the World Bank General Environment, Health and Safety (EHS) Guidelines and national laws and regulations.

For Component 2, the communities and BLGUs will ensure compliance to ECOP, with technical assistance from the KC's Area Coordinating Team and the Expanded Municipal Nutrition Committee (EMNC)

### **A. General Requirements Prior to Construction**

Prior to site mobilization: (i) all applicable E&S plans are submitted and approved; (ii) conduct a pre-workshop orientation to the community representatives on E&S implementation; (iii) secure all the applicable permits/clearances for the subproject; and (iv) closely coordinate with concerned LGUs on guidelines related to civil works during COVID-19 pandemic.

### **B. Prohibitions During Construction**

The following activities are prohibited on or near the project site:

1. Cutting of trees for any reason outside the approved construction area;
2. Use of unapproved toxic materials, including lead-based paints, asbestos, etc.;
3. Deposition of chemicals, sanitary wastewater, spoil, waste oil, and concrete agitator washings in watercourses;
4. Disturbance to anything with archaeological or historical value;
5. Use of alcohol and prohibited drugs by workers at the workplace;
6. For purposes of this Project, children under 14 years of age or any other form of child labor will not be employed. Likewise, minors under 18 years of age will not be employed in jobs that are dangerous to their health or to their physical, mental, moral or social development, in accordance with the World Bank's ESS2;
7. Discrimination regarding recruitment, wages and compensation.

### **C. Requirements During Construction**

#### **1. Materials Management**

Materials that will be utilized for the civil works include concrete materials (cement, sand, hollow blocks, gravel), water pipe, faucet, wood, toilet fixtures, galvanized iron sheets, and chemicals for disinfection. Storage of construction materials will require some space within the site; hence, a materials management plan is necessary to avoid disturbance and ensure safety in the construction site. During delivery of the materials at the site, spill of materials while in transit may also cause road accidents. The following materials management measures are proposed:

- Where possible, avoid stockpiles by only ordering the supplies needed.
- Stockpiles of aggregates and sand should be placed at least 10 meters away from any canal or surface water.
- Stockpiles of aggregates should be provided with sediment control measures such as silt traps.
- Cement bags should be covered with tarpaulin.
- Coordinate the schedule of delivery of materials with the concerned LGUs
- Ensure that materials stockpiles are placed in safe and secure area

- Schedule delivery of materials on a weekly basis to limit movement of delivery vehicles to the site.
- Provide barricade on stockpile of materials
- Provide a spill kit on site for oils.

## **2. Waste Management**

The solid wastes that may be generated from the construction and rehabilitation activities are the following: (a) construction wastes such as excess excavated earth (spoils), discarded construction materials, cement bags, wood, steel, oils, fuels, and other similar items; and (b) municipal wastes such as food wastes, paper and plastic bottles.

Improper solid waste management could cause odor and vermin problems, air pollution, risks to health and safety, flow obstruction of nearby watercourses and could negatively impact the landscape. The following are mitigation measures to minimize impacts from waste generation:

- Construction materials and stockpiles of soils should be covered to reduce material loss
- Stockpiles, lubricants, fuels, and other materials should be located away from steep slopes and water bodies;
- Avoid stockpiling any excess spoils. Excess excavated soils should be disposed to approved designated areas;
- Domestic solid wastes should be properly segregated in biodegradable, recyclable and non-biodegradable for collection and disposal to designated solid waste disposal site;
- Prohibit open burning and littering or disposal of solid wastes into canals, rivers and other watercourses;
- Residual and hazardous wastes such as oils, fuels, and lubricants shall be disposed in designated/approved disposal sites; and
- Ensure that wastes are not haphazardly dumped within the project site and adjacent areas.
- Provision of waste bin/s at the project site

### **Hazardous Waste**

Hazardous waste should always be segregated from the non-hazardous wastes. Designate an area for the temporary storage of empty containers (paints, solvents, epoxy resins, adhesives, degreasers), oily rags, and busted lamps. Proper labels should be affixed on these types of hazardous wastes. As a hazardous waste generator, the contractor is required to secure a Hazardous Waste Generator Registration with the DENR and to commission the services of a DENR-registered hazardous waste transporter and treater for the collection and disposal of hazardous wastes. A Hazardous Waste Manifest must be completed to document the amount of hazardous waste generated and collected/disposed for offsite treatment. The DENR-recognized treater should issue a Certificate of Treatment (COT) ascertaining the safe treatment and disposal of the hazardous waste. The COT records shall be kept for proper documentation.

**3. Air quality.** construction activities may generate dust and gaseous pollutants. Dust generation is usually caused by a combination of on-site excavation and movement of earth materials, contact of construction equipment and machinery with bare soil, and exposure of bare soil and soil piles to wind. Excavation and backfilling works will also give rise to the increase in ground level concentration of total suspended particulate matter (TSP). Secondary sources of emission may include exhaust from vehicles and equipment (such as carbon monoxide, sulfur oxides, particulate matter, nitrous oxides, and hydrocarbon).

WASH-related sub projects will be located at household and community levels. It is anticipated that excavation will be done manually, and a simple cable tool will be used for drilling wells.<sup>53</sup> No heavy equipment and machineries are anticipated on-site. Potential environmental risks are dust emission, increase in ground level concentration of TSP, emissions from vehicles transporting the construction materials (i.e., bags of cement, steel pipes, wood, concrete) to the project area, and odor nuisance from the improper management of animal manure. To minimize the impacts on air quality, the following measures should be implemented:

To manage and mitigate these impacts and risks, the following measures will be implemented:

- Water spraying in work areas, especially during dry weather;
- Place stockpiled soil in areas shielded from prevailing winds; and
- Vehicles transporting materials should be adequately covered (i.e., tarpaulin)
- Require workers to wear particle masks.
- Keep a stockpile of aggregate and sand materials covered with well-fixed plastic sheeting, tarpaulins or other geotextiles to avoid suspension or dispersal of fine soil particles during dry and windy days.
- Equip concrete mixing equipment with dust shrouds.
- Periodically clean debris.
- Maintenance of hauling vehicles to ensure compliance with the motor vehicle emissions standards.
- Establish a shelterbelt/greenbelt by planting trees surrounding the area used for rearing animals;
- Prohibit idling of construction vehicles while unloading materials at the site.

#### **4. Noise**

The major sources of noise and vibration from the possible subprojects are from the excavation/drilling of wells/boreholes. Noise and vibration may cause disruption to nearby communities and other sensitive receptors (i.e. schools, hospitals, place of worship) and damage to other structures in the project area. To minimize noise and vibration impacts, the following measures should be implemented:

- Planning activities in consultation with the community;
- Construction activities will be avoided during night time;
- Secure applicable permit or clearance from the barangay and/or municipality for the drilling of water well.
- Require workers to wear ear plugs

#### **5. Water Pollution**

Water sources are susceptible to pollution from run-off or soil erosion from stockpiled construction materials and spoils, domestic sewage from construction workers, accidental spillage of oil and other lubricants, wastewater from washing of construction equipment and vehicles and improper disposal of solid wastes. These wastewaters are likely to cause deterioration of surface water quality, flooding and flow obstruction of watercourses, including drainage and irrigation canals. To minimize the impacts on water quality, the following are the mitigation measures:

Water sources are susceptible to pollution from run-off or soil erosion from stockpiled construction materials and spoils, domestic sewage from construction workers, accidental

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<sup>53</sup> This method is used to construct wells by repeatedly lifting and dropping a heavy string of drilling tools into the borehole.

spillage of oil and other lubricants, wastewater from washing of construction equipment and vehicles and improper disposal of solid wastes.

**6. Biological environment.** The construction activities are located at the household and community levels and no protected areas or areas of ecological interest around the project site.

If during project implementation, there will be cutting of trees or removal of vegetation, compensatory plantation for trees lost at a rate of two trees for every cut (or based on local regulations in the project area). Special attention shall be given to giant or old trees and locally important trees (with religious importance) that may be situated near spring water sources.

**7. Traffic.** Construction activities may result to an increase in movement of heavy vehicles for the transport of materials and equipment. Aside from the generation of noise and dust on hauling routes, the movement of construction vehicles will disrupt normal traffic patterns and expose the local community to risk of injury or accidents. The following measures shall be implemented during project implementation:

- Using locally sourced materials, whenever possible, to minimize transport distances;
- Meaningful consultation with the affected community regarding the schedule of civil works;
- Regular maintenance of vehicles and use of manufacturer approved parts to minimize potentially serious accidents caused by malfunction or premature failure;

## **ECOP 2: Occupational Health and Safety**

Construction activities may cause harm and danger to the lives and welfare of workers and/or community volunteers. Occupational hazards include ergonomic hazards from carrying/lifting heavy materials and equipment, exposure to excessive and continuous noise from drilling water well/borehole, equipment or excavated soil falling on workers, excavation exposure to hazardous materials, and spread of communicable diseases such as COVID-19. In addition to the measures included in the LMP (Annex 5), to manage OHS risks:

- Assign a contact person onsite to receive/respond to complaints from the barangay/community; provide the name/contact number of the responsible person to the Barangay.
- Assign one member of the community/beneficiaries to monitor the implementation of measures on OHS such as wearing of adequate PPE, provision of first-aid kit in the construction site;
- Require workers to wear PPEs such as hard hats, gloves, safety belts, rubber boots, and goggles, appropriate to the task.
- Post safety signs/reminders in strategic areas within the construction area
- Provide sufficient lighting at night.
- Provide barricades / safety barriers particularly at excavations and stockpiles of aggregates.
- Provide first-aid stations within the construction site to ensure immediate medical attention in case of accidents.
- Document and record all accidents and incidents, and corresponding corrective measures implemented;
- Comply with the COVID-19 health and safety protocols in compliance with DPWH DO No. 38, series of 2020 and as

**COVID-19.** The workers are required to follow the basic hygiene procedures at all times to prevent the transmission of COVID-19. Number of personnel at the site will be limited. Disinfection and temperature monitoring will be undertaken on a daily basis.

**Labor Management.** Risks associated with labor management are:

- Misuse of labor contract,
- non-compliance with labor and working conditions,
- gender-based sexual harassment/violence, and
- inequality of opportunities.

Mitigation measures, guidelines including the grievance redress mechanism for workers are discussed in detail in Annex 5-Labor Management Procedures (LMP)

### **ECOP 3: Community Health and Safety**

The construction activities will be within the premises of household beneficiaries and in the community common areas. The potential risks to health and safety of the community associated by the project the project activities include:

- nuisance from noise,
- dust emissions,
- excavated areas which may pose falling and entrapment hazards;
- labor influx is not expected because workers will be from the community. However, social issues related to harassment or gender-based violence (GBV) may be encountered.

To manage community and health issues, the following mitigation measures will be included in the COP of CHS and strictly implement during project implementation:

- Conduct meaningful consultations with neighboring communities and barangay about the project and the schedule of works.
- Provision of fence/barricade on excavated areas;
- Posting warning signs and information in the construction area on public safety hazards and emergency contact information;
- Abide by the LMP developed for the Project.
- Conduct awareness trainings on sexual harassment and gender-based violence to all workers;
- Install effective GRM including for dealing with instances of GBV.

### **ECOP 4: Healthcare Waste Management Plan**

The activities and programs for Component 1- strengthened delivery of nutrition and primary health services may result to the following negative environmental impacts:

- Generation of municipal solid wastes such as product/food packing, food scraps, disposable plates, cups and cutlery from nutrition/feeding programs;
- Generation of healthcare wastes such as used personal protective equipment (PPE), syringe and needle, spent vials and bottles of vaccines, pharmaceuticals/medicine;
- OHS and CHS of workers and volunteers, beneficiaries (i.e., infant/children, mother) including the risk to exposure to COVID-19);

To prevent and minimize the impacts from healthcare wastes, the following are the mitigation measures based on the ongoing project of Department of Health (DOH)- Philippines COVID-19 Emergency Response Project.

**Target: To be implemented on Health Care Facilities<sup>54</sup> (barangay rural health unit, municipal health centers, etc.)**

#### General Instructions

- Train the staffs who are assigned in handling and disposal of waste management
- Train staff on how to put and remove PPE.
- Ensure necessary PPE (Gown, gloves, face mask, goggles or face shield, gumboots) is provided to all staff.
- Ensure staff wear PPE when handling and disposing waste according to HCWM guidelines.

### **A. Types of Solid Wastes**

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

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

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

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

Sharps Waste

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

### **B. Waste Management Measures**

Prior to the delivery of services and programs to the identified community/beneficiary, ensure that the barangay/municipal healthcare facility (HCF) has an existing infection control and waste management plan.

The following are best practices for the management of healthcare wastes:

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<sup>54</sup> References for the waste management plan are: (i) WHO interim guidance on [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#); (ii) WHO technical brief [water, sanitation, hygiene and waste management for COVID-19](#); (iii) WHO guidance on [infection prevention and control at health care facilities \(with a focus on settings with limited resources\)](#); (iv) WHO interim practical manual for [improving infection prevention and control at the health facility](#); (v) CDC Guidelines for [isolation precautions: preventing transmissions of infectious agents in healthcare settings](#); (vi) CDC [guidelines for environmental infection control in healthcare facilities](#); and (vii) DOH Healthcare Waste Management Manual.

1. Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.
2. Delivery and storage of specimens, samples, reagents, pharmaceuticals (vaccines) and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.
3. Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted methods for packaging, color coding and labeling the wastes should be followed.
4. Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
5. Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at the design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
6. Onsite waste treatment and disposal (e.g. an incinerator): HCFs with their own waste treatment or disposal facilities installed onsite should practice due diligence to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended.
7. Transportation and disposal at off site waste management facilities: Not all HCF has adequate or well-performed onsite treatment or disposal facilities. Hence off site waste disposal facilities provided by local government or the private sector are probably needed. These off site waste management facilities may include treatment facilities using non-burn technologies and hazardous wastes landfill. Due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
8. Wastewater treatment: HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into the municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged.

## **Mitigation Measures**

### **(i) Waste segregation and packaging.**

- Segregation of sharps from non-sharps. The basic rule for segregation of infectious/hazardous wastes is using the "two-bin solution" that is, sorting waste into used sharps and non-sharps wastes (including general wastes and infectious, pathological, and pharmaceutical residues). The two bins should be kept segregated until final disposal.
- Discarding the entire syringe with the needle in a safety box immediately after use. Sharps wastes should be stored safely in puncture-proof and leak-proof containers.
- Placement of the safety boxes (when full) into plastic bags closed hermetically<sup>55</sup> and with clear marking to avoid leakage during transportation.

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<sup>55</sup> A hermetic seal is any type of sealing that makes a given object airtight (preventing the passage of air, oxygen, or other gases).

- Placement of empty vials into waste containers with plastic lining to avoid leakage.
- All non-sharps wastes, without exception, should be collected in medical areas in rigid containers, such as plastic buckets with a cover, to prevent waste items from being exposed to disease transmission by contact by hand, airborne particles, and flying insects.
- Containers and covers should be washed and disinfected daily after being emptied.
- Reuse of rigid waste containers after disinfection with a chlorine (0.2%) solution may be the most practical option and at low cost in (remote) areas or cases when resources for better forms of waste segregation and storage are limited.

(ii) Waste treatment and final disposal.

- Placement of sharp boxes and containers of empty vials into secure septic vaults for on-site burial. Burial of non-sharps and sharps wastes in pits or trenches may be considered as a pragmatic option in emergency situations. Refer to the DOH HCWM Manual Section 8.5-HCW Disposal for the acceptable options of waste disposal systems.<sup>56</sup>
- If septic vaults are not available, employ the services of a DENR-licensed hazardous waste treatment facility for the off-site transportation and treatment of the vaccination wastes.

(iii) Return back to supplier/Extended Producer Responsibility.

The procurement program of the project will apply the Extended Producer Responsibility (EPR) concept of return back condition as a green procurement approach in managing vaccine wastes. The return-back condition in the contract agreement with vaccine suppliers will be specifically applied in areas with limited capacities for safe onsite disposal or in areas with no available third-party hazardous waste treatment facilities or whose municipal landfills do not have dedicated cells for hazardous wastes. In addition, the procurement of goods and materials for nutrition-specific interventions (i.e. plates, cups, food containers, cutlery for the feeding programs) should consider eco-friendly products.

(iv) Secure applicable permit/s and clearance/s that may be required for the proposed activities of the project such as permit to transport and/or interim COVID-19 guidelines in the transport of hazardous wastes; and to ensure that healthcare wastes are collected, transported, and treated by DENR-accredited treatment, storage and disposal (TSD) facilities

**Occupational Health and Safety.** To prevent the exposure of healthcare workers to infectious diseases, including COVID-19, mitigation and preventive measures are:

- Provision of adequate and appropriate personal protective equipment (PPE) to healthcare workers and/or volunteers.
- Strict implementation of the basic health protocols for the prevention of COVID-19- wear a mask and face shield, regular hand washing/hand and respiratory hygiene, maintain physical distance.
- Ensure close coordination and meaningful consultation with concerned municipalities and LGUs on the applicable permits, clearances, and safety measures (i.e., checkpoint requirements for entry to municipalities, crowd management, request for security assistance).

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<sup>56</sup> The options for HCW disposal for sharps/needles and pharmaceutical residues are: (i) encapsulation; (ii) inertization-stabilization/solidification; (iii) sharps pit/concrete vault; (iv) placenta pit; (v) safe on-site burial at healthcare facilities located in remote areas; and (vi) sanitary landfill facility (DOH HCWM Manual, 4<sup>th</sup> edition, 2020).

### D. Emergency Preparedness and Response

Emergency incidents occurring in a HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, communities, the HCF's operation and the environment. Ensure that the barangay/municipal healthcare facility (HCF) has an existing emergency preparedness and response plan.

### E. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities.

The HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing systems should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

Below is a sample template for the monitoring of solid wastes generated during project implementation.

#### Solid Wastes Monitoring Template

<b>Name of subproject:</b>			
<b>Project Location</b>	<b>Region:</b>		
	<b>Municipality</b> :		
	<b>Barangay:</b>		
<b>Project cost (PhP)</b>			
<b>Project Duration</b>	<b>Start Date:</b> (dd/mm/year)	<b>End date:</b> (dd/mm/year)	
<b>Type of programs and services:</b>			
<b>Solid Wastes Generated:</b>			
<b>Types of solid wastes</b>	<b>Details and estimated amount (in kg)</b> (example: <u>General Waste</u> - Food waste, paper, disposable cups, plates, spoons etc.)		
<b>General</b>			
<b>Infectious</b>			
<b>Sharps</b>			
<b>Others (please specify)</b>			
<b>Waste Management Measures implemented:</b>			
	<b>Management Measures</b>		
<b>Collection</b>			
<b>Storage</b>			
<b>Transport</b>			

<b>Final Disposal/Treatment</b>	
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<b>Prepared/Submitted by:</b>	<b>Approved by:</b>	<b>Noted by:</b>
<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>
Date:	Date:	Date

## Annex 4: Environmental and Social Management Plan (ESMP) Template

The ESMP is prepared following the result of the environmental and screening process in Annex 2.

Based on the proposed activities for Component 2 of PMNP, ESMP will be prepared for the construction of water supply systems (Level I or Level II). This ESMP is based on the *template provided in the KC-NCDDP ESMF*.

The ESMP sets out specific plans, including budgets, organization arrangements and responsibilities for social and environmental impact management during project implementation. It should be specific in its description of the individual mitigation and monitoring measures and the assignment responsibilities. The ESMP will contain, as appropriate, sub-plans on waste management, occupational safety and health, construction site management, materials management, and monitoring and reporting plan. Outlined below is a template of the ESMP matrix.

### A. Project Description

Type of subproject: \_\_\_\_\_

Barangay: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Province: \_\_\_\_\_ Region: \_\_\_\_\_

### B. ESMP Template

#### I. Subproject Information

<b>Subproject Name</b>	
<b>Estimated Investment</b>	
<b>Start/Completion Date</b>	

#### II. Site/Location Description

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

#### III. ESMP Matrix

Potential E&S Risks and Impacts	Proposed Risk Mitigation Measures	Responsibility	Timeline	Budget

Below is a sample of accomplished ESMP Matrix (elaborate the risks and impacts as applicable)

Potential E&S Risks and Impacts	Proposed Risk Mitigation Measures	Responsibility	Timeline/ Budget
Community Health and Safety			
Legal issues of the construction	All legally required permits have been acquired for construction and/or rehabilitation.  The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works).	Contractor	

	The local construction and environment inspectorates and communities have been notified of upcoming activities		
Dust due to construction activities	<p>Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust.</p> <p>During pneumatic drilling/wall destruction, dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at site.</p> <p>The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust.</p> <p>During interior demolition, debris-chutes shall be used above the first floor</p>	Contractor	
Road blockage/heavier traffic due to construction activities.	<p>There will be no excessive idling of construction vehicles at sites.</p> <p>Allocation of designated areas for construction vehicles.</p>	Contractor	
Increased community solid waste.	<p>There will be no open burning of construction/waste material at the site.</p> <p>The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.</p> <p>Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.</p> <p>Proper waste collection, storage, and disposal of wastes generated from construction activities.</p> <p>Construction waste will be collected and disposed properly by licensed collectors.</p> <p>Mineral construction and demolition wastes will be separated from general refuse, organic, liquid, and chemical wastes by on-site sorting and stored in appropriate containers.</p>	Contractor	
Increased wastewater discharge.	<p>The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities.</p> <p>Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment.</p>	Contractor	

Noise from construction activities	<p>Construction noise will be limited to restricted times agreed in the permit.</p> <p>During operations, the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible.</p> <p>Monitoring of new wastewater systems (before/after) will be carried out.</p> <p>Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.</p>	Contractor	
Community exposures to physical hazards (dust, noise, traffic)	Compliance of contractors to DOLE Department Order No. 198 (DO 198-18) (Implementing Rules of Republic Act No. 11058)		
Fear, mistrust and resistance among the local community	Conduct of community consultations and open feedback loop for communities.	Contractor	
Potential discrimination of marginalized groups, GBV, Sexual Exploitation and Abuse (SEA) and/or VAC	Law enforcement personnel must adhere to Code of Conduct (CoC), including fair treatment and non-discrimination	Contractor	
Civil servants and outsourced staff/contractors may be involved in misconduct impacting women and children at local level.	Training on community interaction and GBV/VAC	Contractor, DOH	
Pest Management Subprojects may involve purchase/handling of pesticides	<p>Implement ECOP on Pest Management Plan</p> <ul style="list-style-type: none"> <li>• Through DA provide specialized trainings on integrated crop pest management to the project beneficiaries, including OHS in farm management.</li> <li>• Subproject beneficiaries to be trained on Integrated Pest Management in coordination with the Municipal Agricultural Office (MAO) or the regional agricultural office. The training to cover chemical handling, dose calculation, storage and disposal of spent pesticide containers and expired chemicals.</li> <li>• Encourage subproject beneficiaries to use organic fertilizers.</li> </ul>	Contractor DoH/ DSWD	
<b>Occupational Health and Safety</b>			
Transfer of potentially infected equipment and exposure to contaminated working/construction area	Observance of biosafety practices.	Contractor DoH	

Occupational, Health, and Safety (OHS) risks for project workers associated with the construction activities	Compliance to construction regulations. All employers must develop an Occupational Health and Safety Program in accordance with of DO 198-18 Section 12 All workers must undertake the Mandatory 8-hour Safety and Health Seminar for Workers (Section 3). Each workforce must have a qualified Safety Officer in accordance with DO 198 Section 14	Contractor	
OHS risks related to the spread of the virus	Rational use of PPE. All workers involved with construction activities must follow basic hygiene procedures at all times to prevent the transmission of COVID-19. Conduct on-site awareness-raising activities to remind personnel about occupational exposures and safe practices. Practice of minimum public health standards. Practice of occupational Safety and Health Standards.	Contractor	
Workers may be asked to work overtime	Provide OT pay. Consult with workers.	Contractor	
Occupational health risks: Exposure to infectious waste (chemical and physical hazards)	Encourage hand hygiene (washing, preferably followed by disinfection). Use gloves for handling waste. Raise the awareness of staff about simple post exposure prophylaxis in the event of an occupational injury (e.g., needle-stick injury).	Contractor	
Workers experiencing respiratory symptoms may fear not getting paid and continue to show up at work	All workers must be reassured that they will continue to get paid if they need to self-isolate if they are showing with COVID-19/respiratory symptoms. These provisions must be made including for contracted staff and are included in the Labor Management Procedures (LMP).	Contractor	
Possibility of underaged workers	Ensure that all staff must be over 18 years and below 60 years old.	Contractor	
Other Social Impacts			
Accidental damage to properties and public infrastructure during construction	Contract shall include a clause on liability for damages caused by contractors	Contractors	
Failure of the subproject Proponent to address some impacts and damages to individuals	Set up a Grievance Redress Mechanism	DoH/DSWD	

### C. Potential environmental and social impacts, and mitigation measures

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
Pre-construction Phase (Social Preparation, Land/ROW Acquisition and Damage Compensation, Hiring, Procurement)					
Lack of information sharing and/or low participation of the community, particularly the marginalized sectors such as IP and women, in sub-project planning and activities	Hold consultative meetings with project beneficiaries and affected persons on the sub-project components and management plan with particular attention given to marginalized sectors such as IP and women. Prior coordination and separate consultations with marginalized sectors such as IP and women's groups	Proof of prior coordination, consultation <sup>57</sup> , participation in various stages of the project starting from planning activities to operation and maintenance: General community IP groups Focused women's groups *Proof: e.g. Attendance Sheet, Minutes of Meetings (including summary of issues raised and project response), Copy of Presentation Materials (to validate content and coverage of disclosure/consultation)	LGU/Proponent to take the lead in coordination and consultations, particularly the Municipal Social Welfare Department and the Community Relation Officers. For sub-projects with IP communities, continuing coordination with NCIP required.	Both measures and monitoring to be done as follows: During sub-project conceptualization and initial design Prior to finalization of the sub-project design Prior to construction	Consultative meetings to be held about 3x prior to construction: P100/meeting x 50 pax/mtg x 3 meetings x 2 sectoral groupings (one general, one women) x ___ barangays = P_____
Land or ROW acquisition, damages to crops and other structures	Disclosure of the Project's Resettlement and Policy Framework including compensation guidelines, e.g. market value as basis for pricing of land or crops and other properties Prepare compensation package for land or ROW acquisition, including crop damage compensation based on RPF and prior consultation <sup>58</sup> with project-affected persons	Proof (full documentation. Including attendance, minutes of meetings) of prior consultation and disclosure of WB/GOP guidelines for compensation Presence of compensation package Proof of compensation/ payment is completed before construction works	LGU to facilitate the consultations, disclosure of information and E&S planning documents, preparation of compensation and rehabilitation packages and payment of compensation Where screening identifies IP impacts, project proponent to coordinate closely with NCIP	All activities to be implemented prior to construction.	Consultative meetings for disclosure and package drafting to be held about 2x prior to construction, with 4 barangays (spatial approach) or sectors, including separate meetings as needed with affected IPs and other vulnerable groups: P100/meeting x 50 pax/mtg x 2 meetings x ___ barangays or sectors = P_____

<sup>57</sup> Summary of consultations to be attached to the ESMP. Detailed minutes must be kept on file at the A/MCT office.

<sup>58</sup> To be fully documented, including attendance sheets and minutes showing issues raised by households and response of project proponent.

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
	Secure proper land acquisition documentation (Deed of Donation or Quit Claim on land /other properties – to be attached to the ESMP) Payment of compensation prior to construction works				
Entry of external workforce	Give hiring preference to qualified local community residents, particularly those who will be displaced	Proof of local residence, e.g. Community Tax Certificate (CTC) or certificate of residence issued by the Brgy. Captain	LGU to facilitate arrangements for local hiring	Prior to construction	No additional ESMP cost for hiring from the locality
Possible illegal or unauthorized sourcing of construction materials	Procure construction materials from sources with valid environmental sources, i.e. for sand and gravel, from those with DENR-MGB/EMB permits; for timber resources, from those with valid DENR-FMB/EMB permits	Presence and validity of environmental permits and/or license of sources of construction materials: to be monitored prior to award to every contractor	LGU Municipal Project Office (MPO)	Every procurement activity prior to construction	No additional ESMP Cost, as this requirement is part of the Standard Operating Procedure in the GOP Procurement Guidelines
Non-inclusion of E&S management condition in the bid and contract documents of civil works requiring a contractor.	For the civil works that will require a contractor such as the community Level II water supply and ECCD, the concerned LGUs should ensure that applicable ESMPs, ECOPs are included in the bidding and contract documents. The concerned LGUs will ensure that contractors will comply with all applicable laws and regulations (i.e., securing all applicable permits and clearance) on environment, health and safety, labor standards, and interim	Inclusion of E&S management condition in the bid and contract documents Training and assistance for the CVs and CNSPMC to comply with the requirements	LGU Municipal Project Office (MPO) ACTs, RPMOs, and relevant LGU Departments/Personnel	Prior to the bidding process	No additional ESMP cost

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
	<p>guidelines in the municipality/concerned LGU in the prevention of COVID-19. Also, Contractors are required to implement the environmental mitigation and monitoring measures including the preparation of Water Safety Plan (as applicable). The contractor will be required to appoint a full-time Environment, Health and Safety (EHS) Engineer (or equivalent) on site, to ensure implementation of EMP during civil works.</p> <p>For water supply projects which are not contracted (i.e., implemented by the community). The project through the ACTs, RPMOs, and relevant LGU Departments/Personnel will provide training and assistance for the CVs (CNSPMCs) to be able to comply with the requirements.</p>				
Not securing the applicable permit/s and clearance/s	Secure applicable permit/s and clearance/s identified during the E&S screening. Applicable permit/s and clearance/s that may be required is the water (and drilling) permit and registration from National Water	Approved permit/s and clearance/s	LGU MPO to ensure that inclusion of this condition in the contract and bid documents. Contractors to secure permit/s and clearance/s	Prior to Construction	<p>Estimated application fee are from the Resolution 03-0715 of NWRB<sup>61</sup>: Application Fee- Municipal Level I and II = PhP 550</p> <p>Transfer of water permit for municipal- PhP 7,200</p>

<sup>61</sup> <http://www.nwr.gov.ph/index.php/publications/fees-and-charges>

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
	<p>Resources Board for water supply<sup>59</sup> subprojects. Based on the amended IRR of the Water Code (PD 1067)<sup>60</sup>, all applications involving extraction of groundwater shall include a duly registered well driller who will undertake the drilling. Activities and programs should be closely coordinated with the LGUs, specifically the requirements for entry (i.e. checkpoints, entry pass, etc.) and minimum number of attendees on community programs during the COVID-19 pandemic.</p> <p>Strict compliance on crowd management to observe social distancing and minimum health protocols and standards prescribed by the national government and the subproject's barangay/municipality for the prevention of COVID-19</p>				<p>Registration for Domestic use- PhP 100</p> <p>Permit to drill for observation/monitoring of deep wells- PhP 1,000</p>

<sup>59</sup> Based on the Amended Implementing Rules and Regulation of the Water Code, permit/authority shall be secured from NWRB for the "use of water for municipal purposes is the utilization of water for supplying the water requirements of a community, whether by piped or bulk distribution for domestic and other uses, direct consumption, the drawer or abstractor of which being the national government, its subsidiary agencies, local government units, private persons, cooperatives or corporations. Exempted from the application of permit are for Use of water for domestic purposes is the utilization of water directly drawn from a source by a household for drinking, washing, bathing, cooking, watering of gardens or animals and other domestic uses. provided that such use shall be registered with the Board. "Purely domestic purpose" as used in these rules is defined as the use of not more than 250 liters/capita/day of water by a single household.  
[http://www.nwr.gov.ph/images/laws/pd1067\\_amended.pdf](http://www.nwr.gov.ph/images/laws/pd1067_amended.pdf)

<sup>60</sup> Based on the Amended Implementing Rules and Regulation of the Water Code.  
[http://www.nwr.gov.ph/images/laws/pd1067\\_amended.pdf](http://www.nwr.gov.ph/images/laws/pd1067_amended.pdf)

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
	Other applicable local, national and international guidelines and standards as identified during the final design of the subprojects.				
The potential impacts associated with the noncompliance to the Philippine Sanitation Code (PD 856) on Water Supply are: Water quality of the source is not within the applicable standards of the PNSDW; Potential contamination of arsenic and heavy metals in groundwater (water source); Excessive groundwater abstraction may produce a diversity of negative side effects: declining groundwater levels; diminishing or even disappearing spring discharges and baseflows; degradation of wetlands; land	The installation and rehabilitation of Level I and II water supply should be according to the guidelines of Philippine Sanitation Code (PD 856) on Water Supply and guidelines developed in the 2012 Rural Water Supply Manual of World Bank. Based on PD 856, the location of the well shall conform with the following requirements: No well site shall be located within a distance 25 meters radius on flat areas from sewage treatment plant, sewage wet well, sewage pumping stations, or a drainage ditch which contains industrial waste discharges or wastes from sewage treatment systems, sanitary landfill or land-irrigated sewage treatment plant effluent, sanitary sewers, septic tanks, cesspools, open jointed drain-fields, animal feed lots or livestock pastures, dump grounds, especially in limestone areas; and ; drilling water well within 50 meters distance from a	Inclusion of the technical design parameters in the project proposal and/or bid and contract documents	LGU Municipal Project Office (MPO) and/or Contractor	Prior to Construction	Included in the total project cost.

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
subsidence ; and intrusion of saline, brackish, or other low-quality water	<p>cemetery is prohibited;</p> <p>water quality parameters from the WASH facilities should be within the acceptable standards of PNSDW;</p> <p>Ensure adequate water is available for proposed extraction rates to ensure sustainable use and yields of groundwater resources;</p> <p>Ensure that the well is accessible to the community and that the access route to the well is not susceptible to flooding;</p> <p>Assessment of water quality and sustainability of the water source, and preparation of Water Safety Plan (as applicable) should be included in the project proposal of WASH subprojects.</p>				
Construction Phase					

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
Soil erosion Destabilization of slopes and soil erosion due to earthworks	Schedule the construction works during the relatively drier months Implement appropriate erosion control, slope stabilization and protection measures Vegetative stabilization of the sloping areas Designate a Spoils Storage Area near the construction site	Presence of erosion control, slope stabilization and protection structures in the site Absence of massive erosion induced by the construction works	Contractors to include in their bids the estimate of stabilization and erosion control measures; Contractors to implement and the LGUs to supervise the Contractors  Barangay Local Government Units (BLGUs) Area Coordinating Team	Erosion control and stabilization measures shall be implemented simultaneously with construction works.	Vegetative stabilization estimate: P5,000/hectare * _____ sub-projects = P_____/ha No additional ESMP cost for Mechanical or Engineering measures for soil erosion control and slope stabilization, as these are integrated in Sub-project design and cost for roads with critical slope.
Physical Environment: Water Hydrology and Water Quality					
Run-off or soil erosion from stockpiled construction materials and spoils, domestic sewage from construction workers; Accidental spillage of oil and other lubricants, wastewater from washing of construction equipment and vehicles; Improper disposal of solid wastes resulting in flow; and obstruction of watercourses, including drainage and irrigation canals.	Minimize spoil by balancing cut and fill wherever possible. Spoil shall only be disposed to areas approved by local authority; Impacts due to soil erosion will be mitigated by careful grading of the construction site such that water is not allowed to run off of the construction site into adjacent drainages. Where excavated soils are onsite, adequate measures will be implemented to control runoff, including covering exposed soils, construction of settling basins, or temporary silt traps along the drainage leading to water bodies; All earthworks must be conducted during the dry season to prevent the problem of soil	No visible oil and grease film on waterbodies # public complaints received by Proponent/ Contractor Presence of soil erosion control measures	Contractors to implement while the LGU supervises the Contractors	Daily operations	No additional ESMP cost; integrated in the sub-project cost

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
	run-off during monsoon season; Implementation of solid wastes collection and disposal system, with provision for waste segregation; Provision on adequate on-site sanitation facilities with septic tanks (as necessary) to prevent untreated sewage from being channeled into the drainage canals, irrigation canals, and river; Ensure that no cesspools will be created during construction activities; Place storage areas for fuels and lubricants away from any drainage leading to water bodies. Designate area for equipment and vehicle washing and maintenance. The area should be provided with oil and grease traps to prevent oil from being washed into drainage canals.				
Air Quality					
Dust emissions from movement of earth materials, contact of construction equipment, excavation/dredging activities, and exposure of bare soil piles to wind; Increase in ground	Water spraying in work areas, especially during dry weather; Place stockpiled soil in areas shielded from prevailing winds; Vehicles transporting materials should be adequately covered (i.e., tarpaulin); and Workers should wear protective masks.	Presence of truck cover during deliveries # of people's complaints on disturbance caused by construction	Contractors to implement while the LGU supervises the Contractors  Barangay Local Government Units (BLGUs) Area Coordinating Team	Daily operations	Water spraying: only when needed.

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
level of concentration of total suspended particulate matter from excavation and backfilling works; and Secondary sources of emission may include exhaust from vehicles and equipment (such as carbon monoxide, sulfur oxides, particulate matter, nitrous oxides, and hydrocarbon).					
Noise and Vibration					
The major sources of noise and vibration from the possible subprojects are from the excavation/drilling of wells/boreholes; Noise and vibration may cause disruption to nearby community and other sensitive receptors (i.e. schools, hospitals, place of worship) and damage to	Planning activities in consultation with the community; Construction activities will be avoided during night time; Workers should wear ear plugs; and Comply with the requirements/guidelines the secured water in relation to the drilling wells/boreholes for the water source.	# of people's complaints on disturbance caused by construction	Contractors to implement while the LGU supervises the Contractors Barangay Local Government Units (BLGUs) Area Coordinating Team	Daily operations	Included in the project cost

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
other structures in the project area					
Generation of Solid Wastes					
The solid wastes that may be generated from the construction and rehabilitation activities are the following: (a) construction wastes such as excess excavated earth (spoils), discarded construction materials, cement bags, wood, steel, oils, fuels, and other similar items; and (b) municipal wastes such as food wastes, paper and plastic bottles.  Improper solid waste management may result to: odor and vermin problems, air pollution, risks to health and safety, flow obstruction	Construction materials and stockpiles of soils should be covered to reduce material loss; Stockpiles, lubricants, fuels, and other materials should be located away from steep slopes and water bodies; Avoid stockpiling any excess spoils; Excess excavated soils should be disposed to approved designated areas; Domestic solid wastes should be properly segregated in biodegradable, recyclable and non-biodegradable for collection and disposal to designated solid waste disposal site; Prohibit open burning and littering or disposal of solid wastes into canals, rivers and other watercourses; Residual and hazardous wastes such as oils, fuels, and lubricants shall be disposed in designated/approved disposal sites; and Ensure that wastes are not haphazardly dumped within the project site and adjacent areas; and	Presence of waste segregation/ waste bins No indiscriminately scattered solid waste	Contractors to implement while the LGU supervises the Contractors  Barangay Local Government Units (BLGUs) Area Coordinating Team	Daily operations	Included in the project cost

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
of nearby watercourses and could negatively impact the landscape.	Provision of waste bins in the construction area.				
Biological Environment					
Activities are located at the household and community levels. However, laying of distribution pipes, may result to: Cutting of trees, removal of vegetation s	Prior acquisition of Tree Cutting Permit(TCP) Compliance with conditions in secured permits - Implementation of tree planting around the facility (at the school site) Compensatory plantation for trees lost at a rate of two trees for every cut (or based on local regulations in the project area). Avoid cutting/removal of giant or old trees and locally important trees (with religious importance) that may be situated near spring water sources.	Presence of permit Compliance with conditions of TCP	LGU or Contractor may apply for the permits Contractors to implement while the LGU supervises the Contractors  Barangay Local Government Units (BLGUs) Area Coordinating Team	Daily operations	Permit acquisition cost, about: P2,000 x _____ SPs = P _____, total one-time application, including meetings and follow ups, and compliance with condition on disposition of the cut trees (e.g. may be requested by LGU from the DENR for use in the school to be constructed)
Occupational Health and Safety					
Construction activities may cause harm and danger to the lives and welfare of workers and/or community volunteers; Occupational hazards include ergonomic hazards from carrying/lifting heavy materials and equipment; Exposure to excessive	To manage OHS risks, the subproject should prepare and strictly implement COP for OHS containing guidelines and measures on: use of appropriate PPE like hard hats, safety gloves, ear muffers, closed shoes, face masks and provision of first-aid kit at the construction site; approved specific industry set of standards of devices and equipment for the workplace are used;	Records and documentation on the number of accidents/incidents in the project area	Contractor's project management and self-monitoring LGU/ Community-based monitoring	Daily	No additional ESMP cost and included in the project design

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
and continuous noise from drilling water well/borehole Equipment or excavated soil falling on workers, excavation exposure to hazardous materials; and Spread of communicable diseases such as COVID-19.	provision of potable drinking water, adequate sanitation facilities, and clean eating area for workers; occupational health and safety training to all workers (i.e. first aid measures, excavation/drilling water wells documenting safety procedures to be followed for all construction site activities; maintaining records of accident and the corrective actions implemented; emergency response plan during fire, earthquake, and other incidents; and health and safety protocols for the prevention of COVID-19;				
Community Health and Safety					
Nuisance from noise, dust emissions, excavated areas which may pose falling and entrapment hazards; labor influx is not expected because workers will be from the community. However, social issues related to harassment or gender-based violence	To manage community and health issues, the following mitigation measures will be included in the COP of CHS and will be strictly implemented during project implementation: Conduct meaningful consultations with neighboring communities and barangay about the project and the schedule of works. Provision of fence/barricade on excavated areas; Posting warning signs and information in the	Presence of signages and lighting # of accidents/near-accidents reported to the barangay # of public complaint	Contractor's project management and self-monitoring LGU/ Community-based monitoring	Daily operations	Signages cost allocation: P2,000 x _____ SPs = P_____ (Normally, signages are standard costs of construction works, so this measure should not be attributed as an additional ESMP Cost)

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
may be encountered.	construction area on public safety hazards and emergency contact information; Abide by the LMP developed for the Project. Conduct awareness trainings on sexual harassment and gender-based violence to all workers; Install effective GRM including for dealing with instances of GBV.				
<b>Labor Management</b>					
Risks associated with labor management are: Misuse of labor contract, non-compliance with labor and working conditions, gender-based sexual harassment/violence, and inequality of opportunities.	Mitigation measures, guidelines including the grievance redress mechanism for workers are discussed in detail in Annex 5-Labor Management Procedures (LMP) of ESMF	# of complaint from workers	Contractor's project management and self-monitoring LGU/ Community-based monitoring	Daily operations	Included in the project cost
<b>Operations and Maintenance Phase</b>					
Contaminated drinking water; water quality is not within the prescribed standards of PNSDW. Presence of the following	As previously mentioned, the following should be included in the bidding and contract documents of Level II water supply contractors: The preparation of WSP Maintenance and repairs schedule OSH for chlorine handling	Water quality is according to the standards of PNSDW. Complaints from the community on the quality of water Reported cases of diarrhea, cholera, polio, etc.	Contractor the community volunteers and the LGUs will be responsible for the operations and maintenance of these water supply projects, with the LGUs providing allocations for the cost requirements. The project will provide the necessary trainings to ensure that	Daily operation	Part of the project cost

Potential Impacts	Mitigation Measures	Monitoring Parameter	Responsible Entity	Implementation Schedule	Cost and Source of Funds
contaminants: Physical-sediment or organic material suspended in the water; Chemical - arsenic and other heavy metals; and Biological-bacteria, viruses, protozoa, and parasites Bursting or leakage in distribution pipes; and Worker's health and safety on chlorine handling during disinfection.	The project will provide the necessary trainings to ensure that B/MLGUs and community volunteers are equipped to do O&M. Provide adequate protection from pollution around communal wells and faucets;		B/MLGUs and community volunteers are equipped to do O&M.		
Social Environment					
Lack of participation of the marginalized sectors such as IP and women in sub-project operation and maintenance of the sub-project	Sustain IP and women's involvement thru coordination/conduct of activities and facilitation of some meetings in relation to the operation of the following: O&M committee for access infra Barangay Waterworks and Sanitation Association (BAWASA) for PWS School Board Local Health Office Local Social Welfare Office IP Organizations Multi-purpose Cooperative Other people's associations	Proof* of coordination and participation of IP and women  * Proof: e.g. Attendance Sheet, Minutes of Meetings, Inventory of roles and tasks assumed by women and IPs	LGU/Proponent to take the lead in coordination and consultations, particularly the Municipal Social Welfare Department and the Community Relation Officers - ISA, BAWASA and School Board to handle the women's participation program for their women members Coordination with NCIP for sub-projects with IP impacts (state entity responsible for monitoring of measures to address IP impacts during Operations and maintenance)	Daily operations	No additional ESMP cost: Part of day-to-day management of the associations



## Annex 5 Labor Management Procedures

### ABBREVIATIONS AND ACRONYMS

-	BHW	Barangay Health Worker
-	BNS	Barangay Nutrition Scholar
-	CDW	Community Development Worker
-	CSC	Civil Service Commission
-	COA	Commission on Audit
-	COS	Contract of Service
-	DBM	Department of Budget and Management
-	DILG	Department of Interior and Local Government
-	DOLE	Department of Labor and Employment
-	DOST-FNRI	Department of Science and Technology – Food and Nutrition Research Institute
-	DTI	Department of Trade and Industry
-	ECQ	Enhanced Community Quarantine
-	MECQ	Modified Enhanced Community Quarantine
-	ESS	Environmental and Social Standard
-	ESF	Environmental and Social Framework
-	GSIS	Government Service Insurance System
-	GRC	Grievance Redress Committee
-	IATF	Interagency Task Force
-	ILO	International Labor Organization
-	IRR	Implementing Rules and Regulations
-	JO	Job Order
-	LCE	Local Chief Executive
-	LGU	Local Government Unit
-	LGBTI	Lesbian, gay, bisexual, transgender, intersex and other
-	LMP	Labor Management Procedures
-	MR	Motion for Reconsideration
-	OCS	Office of the Cabinet Secretary
-	OSH	Occupational Safety and Health
-	PMO	Project Management Office
-	PMNP	Philippines Multisectoral Nutrition Project
-	PNP	Philippine National Police
-	PWD	Person With Disability
-	RA	Republic Act
-	SSS	Social Security System
-	SUC	State Universities and Colleges
-	WB	World Bank

## INTRODUCTION

This Labor Management Procedures (LMP) has been prepared within the framework of the Philippines Multisectoral Nutrition Project (PMNP) to be implemented in 235 municipalities and 5,936 barangays in 12 regions and 26 provinces across the Philippines.

The project development objective of the PMNP is to increase the simultaneous utilization of a package of nutrition-specific and nutrition-sensitive interventions and improve key behaviors and practices known to reduce stunting in targeted LGUs.

The DSWD and the DOH are co-implementing this project under the national-level strategic direction leadership of the Inter-Agency Task Force (IATF) on Zero Hunger and the Office of the Cabinet Secretary (OCS). The co-implementing agencies will work closely with the Department of Agriculture (DA), Department of Interior and Local Government (DILG), the Department of Science and Technology-Food and Nutrition Research Institute (DOST-FNRI), and the concerned Local Government Units (LGUs).

The PMNP has the following components:<sup>62</sup>

*Component 1: Strengthened Delivery of Nutrition and Primary Health Services:* This component aims to focus on strengthening primary health care systems to enhance the delivery of nutrition specific and sensitive interventions, as well as the provision of Social and Behavioral Change Communication to improve key behaviors important to address stunting. The component finances Performance Based Grants (PBG) to stimulate the implementation of high impact interventions. The activities under this component can be categorized into three sub-components: (i) Primary Health Care Services Support; (ii) Health and Nutrition Service Systems Strengthening; and (iii) Technical Assistance to the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

*Component 2: Community-based Nutrition Service Delivery and Multisectoral Nutrition Convergence:*

The component will focus on multisector community-based promotion of key family practices (i.e., the 12 family and community practices that promote child survival, growth, and development)<sup>63</sup> and health care seeking behaviors for improved maternal and child health and nutrition outcomes. The component supports the design and implementation of household and community level interventions to improve mother and child health and nutrition, with emphasis on the first 1,000 days of life. The interventions complement the health system interventions and SBCC interventions supported under component 1. Within this context, the component supports community-based and household focused interventions to improve and complement the delivery of nutrition-specific interventions. In response to the multi-dimensional causes of malnutrition in the Philippines, this component will support the convergence of priority nutrition-sensitive interventions on

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<sup>62</sup> PMNP PAD

<sup>63</sup> Take children as scheduled to complete a full course of immunizations (BCG, DTP, OPV and measles before their first birthday. (2). Breastfeed infants exclusively for six months. (3). Starting at six months of age, feed children freshly prepared energy- and nutrient-rich complementary foods, while continuing to breastfeed up to two years or longer. (4). Ensure that children receive adequate amounts of micronutrients (vitamin A, iron, and zinc in particular), either in their diet or through supplementation. (5). Dispose of feces, including children's feces, safely; and wash hands after defecation, before preparing meals, and before feeding children. (6). Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated bednets. (7). Continue to feed and offer more fluids, including breast milk, to children when they are sick. (8). Give sick children appropriate home treatment for infections. (9). Recognize when sick children need treatment outside the home and seek care from appropriate providers. (10). Follow health workers' advice about treatment, follow-up, and referral. (11). Promote mental and social development by responding to a child's needs for care, and through talking, playing, and providing a stimulating environment. (12). Ensure that every pregnant woman has adequate antenatal care. This includes her having at least four antenatal visits with an appropriate health care provider, and receiving the recommended doses of the tetanus toxoid vaccination.

targeted communities and households. In addition, the component supports high impact multi sector interventions to improve access to water, sanitation and hygiene, and early childhood care services by targeted households.

Building on the Kalahi-CIDSS Project, several of the poorest and most vulnerable LGUs will be selected for intervention, and within those LGUs, vulnerable populations such as 4Ps beneficiaries, nutritionally-at-risk women and young children, and IPs will be identified as target households. These households and communities will receive multisectoral interventions with a convergence approach central to the PPAN 2017–2022. In this regard, community-based and household-focused interventions to improve food diversity, security and livelihoods, WASH, and optimal caregiving practices will be financed under this component.

*Component 3: Institutional Strengthening, Monitoring and Evaluation and Communications:* This component will finance the following activities: (i) Institutional strengthening of project implementing entities including the LGUs; (ii) Project Management to support the day-to-day implementation, coordination and cooperation, communication, procurement, financial management (FM), environmental and social (E&S) management, and monitoring and evaluation (M&E) of the project. The project will finance technical, fiduciary and E&S specialists to strengthen the implementation capacity of implementing agencies; and (iii) Monitoring and Evaluation for the development of planning guidelines to be used at different levels; training and operational costs for the execution of the coordination, development, and implementation of M&E functions (e.g., additional staffing and facilitation of regular multisectoral nutrition coordination meetings at LGU level, and regular supervision); and studies, surveys, and citizen engagement activities to assess operational effectiveness of the convergence approach. The component will also finance the independent verification of PBC achievements by an independent academic/research institution. The project will also support capacity-building activities to systematically include and collect ethnicity data into different health and nutrition surveys at the national and local level.

This LMP was prepared to establish the guidelines on labor matters, including the issues of health and safety at work, child labor, fair treatment, non-discrimination and equal opportunities for the workers of the Project.

## **OVERVIEW OF THE NATIONAL LABOR LAWS AND THE REQUIREMENTS OF THE ENVIRONMENTAL AND SOCIAL STANDARD 2 (ESS 2)**

The LMP has been prepared in accordance with the applicable Philippine laws and regulations, international agreements and conventions on labor matters ratified by the Philippines before international organizations such as the ILO, the General Guidelines on Environment, Health and Safety the World Bank Group<sup>64</sup> and the ESS2 of ESF of the World Bank. It serves to provide for the minimum working conditions for the development of the Project and aims to address the labor risks and issues that may arise during Project implementation. In cases of discrepancy between the Philippine regulations and ESS2, ESS2 prevails for the purposes of Project implementation. It should be noted, however, that Philippine labor legislations and their implementing rules and regulations (IRR) address the requirements of ESS2.

### **Terms and Conditions**

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<sup>64</sup> The guides can be found in the following link <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/157871484635724258/environmental-health-and-safety-general-guidelines>

This Project will hire workers under the following contracting modalities:

#### *Direct Workers*

Direct worker refers to the people employed directly to work specifically in relation to the project. This may be done through the following working arrangements:

- Individual Contract of Service<sup>65</sup>

Individuals may be engaged by the government as consultants/contractors to undertake special project or job within a specific period under a Contract of Service (COS).<sup>66</sup> The term of contract between the agency and the individual contractor shall be for a maximum period of one (1) year, renewable at the option of the Head of the procuring entity, but in no case shall exceed the term of the latter.

Individuals hired through COS shall be paid wages equivalent to the daily wages/salary of comparable positions in government and a premium of up to 20% of such wage/salary. The premium payment may be paid monthly, in lump sum or tranches (i.e. mid-year and year-end payments) as may be stated in the agreement or contract with the agency. However, payment of services of persons engaged through RA 9184 shall be subject to the provisions of the said law and its IRR.<sup>67</sup> Individuals hired through the COS have the option to enroll themselves in social benefit program thru the Social Security System (SSS), PhilHealth and Pag-IBIG Fund as self-employed members.<sup>68</sup>

- Job Order (JO)<sup>69</sup>

JO refers to piece work (pakyaw) or intermittent or emergency jobs such as driving services, clearing of debris on the roads, canals, waterways, etc. after natural/ man-made disasters/occurrences and other manual/trades and crafts services such as carpentry, plumbing, electrical and the like. These jobs are of short duration and for a specific piece of work.<sup>70</sup> The services of a JO worker are either paid according to an agreed contract amount for the piece of work or on a daily wage basis. Individuals hired through JO shall be paid wages equivalent to the daily wages/salary of comparable positions in government and a premium of up to 20% of such wage/salary.<sup>71</sup>

Workers under contracts of service and JO are not considered as government workers<sup>72</sup>. CSC-COA-DBM Joint Circular No. 1, Series of 2017, as amended, governs JO and COS workers in the government.

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<sup>65</sup> Par. 6.2, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>66</sup> Par. 5.1, CSC-COA-DBM Joint Circular No. 1, Series of 2017. COS also covers the hiring of private firm, other government agency, non-governmental agency or international organization as consultant, learning service provider or technical expert to undertake special project or job within a specific period.

<sup>67</sup> Par. 11.5 and 11.6, CSC-COA-DBM Joint Circular No. 1, Series of 2018

<sup>68</sup> Par. 8.0, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>69</sup> Par. 6.3, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>70</sup> Par. 5.4, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>71</sup> Par. 9.0, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>72</sup> Revised Omnibus Rules on Appointments and other Personnel Actions and Civil Service Commission (CSC) Memorandum Circular No. 15, Series of 1999

Under Section 77 of the Local Government Code of 1991, the LCE may employ emergency or casual employees or laborers paid on a daily wage or piecework basis and hired through job orders for local projects authorized by the *Sanggunian* concerned, without need of approval or attestation by the CSC.<sup>73</sup>

- *Government workers*

Government employees may be assigned or detailed and be part of dedicated officials and staff of the Project. These personnel shall remain subject to the existing terms and conditions and working arrangements of the government. They are subject to the relevant provisions of EO 292, s. 1987, and the CSC rules and regulations.

- *Contracted Workers /Outsourcing*

This refers to people employed through third parties to perform work related to core functions of the project, regardless of location. Third parties may include contractors, subcontractors, or intermediaries. Hiring through this mode shall be covered by RA 9184.

Contractor or service providers may be engaged by the government agency through an institutional COS to provide services such as janitorial, security, consultancy, and other support services. It covers lump sum work or services to perform janitorial, security, consultancy, and other support functions for a maximum period of one (1) year subject to the provisions of RA 9184 and pertinent budgeting, accounting and auditing rules and regulations.<sup>74</sup>

Workers hired through institutional contract of service shall remain to be employees of the contractor or service provider.<sup>75</sup> The discipline of workers under institutional contract of service shall be the responsibility of the contractor or service provider. The head of the procuring entity may report to the contractor or service provider any misconduct or wrongdoing of the said worker/s.<sup>76</sup> The contractor or service provider shall be responsible for providing the workers with compensation and benefits compliant with existing labor law<sup>77</sup> including the necessary social security and other benefits mandated by law in addition to the direct compensation as payment for their services.<sup>78</sup>

Contracting and subcontracting arrangements are permitted under the Philippine labor laws and must follow the rules regarding observance of workers' rights to fair and humane work conditions, security of tenure, self-organization, and collective bargaining, and the other requirements of Presidential Decree No. 442 (1974), as amended, or the Labor Code of the Philippines, including compliance with OSH standards.<sup>79</sup> Labor-only contracting is illegal<sup>80</sup>.

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<sup>73</sup> Sec. 2, CSC RESOLUTION NO. 021480 re: Clarifications on Policy Guidelines for Contracts of Service

<sup>74</sup> Par. 6.1.1, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>75</sup> Par. 6.1.2, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>76</sup> Par. 6.1.3, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>77</sup> Title II (Wages), Book 3 (Conditions of Employment) of the Labor Code, as amended

<sup>78</sup> Par. 6.1.4, CSC-COA-DBM Joint Circular No. 1, Series of 2017

<sup>79</sup> DOLE DO 198, s. 2018

<sup>80</sup> There is "labor-only" contracting where the person supplying workers to an employer does not have substantial capital or investment in the form of tools, equipment, machineries, work premises, among others, and the workers recruited and placed by such person are performing activities which are directly related to the principal business of such employer. In such cases, the person or intermediary shall be considered merely as an agent of the employer who shall be responsible to the workers in the same manner and extent as if the latter were directly employed by him. (Art. 106, Labor Code)

Vulnerable workers such as members of the Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs), person with disability (PWD), women and children are protected under the Labor Code, RA 8371 or the Indigenous Peoples' Rights Act, RA 10524, RA 11210, RA 7877, RA 11313, and CSC regulations.

In the implementation of national and local public works projects of the national government or any LGU, including foreign-assisted projects, such as roads, schools, power and water systems, piers, airports, all private contractors and subcontractors must employ 50% of the unskilled and 30% of the skilled labor requirements from the unemployed bona fide and actual residents in the area who are ready, willing and able as determined by the local chief executive concerned where the projects are to be undertaken.<sup>81</sup>

### *Community Workers*

Community workers providing volunteer work are not covered under the Labor Code or the Civil Service regulations. However, specific laws apply to certain community or volunteer workers.

For the PMNP, BNS and BHW will be engaged under Component 1. Under PD 1569, the BNS is a barangay based volunteer worker responsible for delivering nutrition services and other related activities such as community health, backyard food production, environmental sanitation, culture, mental feeding, and family planning to the barangay.<sup>82</sup> A BNS receives a modest monthly traveling allowance from the DOH-NNC, and from provincial, city, municipal or barangay governments. The amount of the allowance varies depending on the financial capability of the LGUs. In addition, the DOH-NNC provides survivorship assistance for the families of deceased BNSs, and medical assistance to BNSs who have been confined in a medical facility.

Under RA 7883, BHW refers to a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board. All accredited BHWs who are actively and regularly performing their duties are entitled to hazard allowance in an amount to be determined by the local health board and the local peace and order council of the LGU; and, subsistence allowance equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing circumstances as determined by the LGU; free legal services in cases of coercion, interference, and in other civil and criminal cases filed by or against BHW arising out of or in connection with the performance of their duties as such; among others.

Community Development Workers (CDWs) have transitioned from volunteer positions to paid roles within LGUs depending on the availability of funds from LGUs and the number of open positions to support additional permanent staff members. LGUs appoint and provide honorarium to the CDWs. Supervision of CDWs is provided by Municipal Social Welfare Development Officers or City Social Welfare Development Officers.

### *Community Volunteers*

Members of the community who will be identified and selected to form the Community Nutrition Sub-Project Management Committee (CNSPMC) will render volunteer services

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<sup>81</sup> Sec. 1, RA 6685

<sup>82</sup> Sec. 2, PD1569

for the implementation of the sub-project. As community volunteers, they are not covered under the Labor Code or the Civil Service regulations and will not receive wages or allowances. In exchange, they will be provided with training on nutrition services and project management.

The CNSPMC is an organized group composed of parent leaders, community volunteers and other stakeholders who shall be responsible for the implementation of the proposed projects, management of the funds provided and conduct of necessary monitoring and evaluation activities at the barangay level. They will be expected to develop nutrition sub-project proposals, comply with E&S instruments and other technical requirements of their sub-projects, and compile the corresponding means of verification and/or supporting documents to complete the Request for Fund Release.

### **Safety and Health in the Workplace**

To guarantee safety and health at work, the PMNP and its contractors or subcontractors, will adopt the best labor and occupational practices for the Project, in accordance with RA 11058, CSC-DOH-DOLE Joint Memorandum Circular No. 1, s. 2020 and other applicable regulations, General Guidelines on the Environment, Health and Safety of the World Bank group and World Bank<sup>83</sup> ESS2.

Under RA 11058, the State guarantees a safe and healthy working environment for employees by providing protection from all possible dangers in the workplace. It applies to all organization, projects, sites, or any place where work is being done, but not including the public sector. Workers are also mandated to abide by the Occupational Safety and Health (OSH) Standards, which has been formulated to protect every working man against the dangers of injury, sickness or death through safe and healthful working conditions.

For the public sector, CSC-DOH-DOLE Joint Memorandum Circular No. 1, s. 2020 provides for the OSH Standards for the Public Sector, including JO and COS.<sup>84</sup> It provides for reasonable working conditions in the workplace; emergency preparedness; establishment of OSH Program; provision of support facilities; strict enforcement of the rules on working hours and break privileges; reporting requirements; monitoring and evaluation. The Head of the Agency shall ensure comprehensive dissemination of OSH information through a Communication Plan. Its Human Resource Office shall maintain and keep an accident or illness record.

Due to the global context caused by COVID-19, it is pertinent to specify a list of temporary regulations carried out in the labor regulations on the subject. In this sense, at the international level, the International Labor Organization (ILO) shared recommendations on practices and strategies in health and safety for the prevention of COVID-19 through the Guide for employers on the prevention of COVID- 19<sup>85</sup>. Likewise, the World Health Organization (WHO) has issued guidelines on preventive measures to avoid the contagion and spread of the coronavirus in the work site<sup>86</sup>.

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<sup>83</sup> The guides can be found at the following link: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/157871484635724258/environmental-health-and-safety-general-guideline>

<sup>84</sup> To be observed by National Government Agencies, LGUs, Government-owned and Controlled Corporations with Original Charters and State Universities and Colleges

<sup>85</sup> For further information: [https://www.ILO.org/actemp/publications/WCMS\\_744784/lang--es/index.htm](https://www.ILO.org/actemp/publications/WCMS_744784/lang--es/index.htm)

<sup>86</sup> For more information: <https://iris.paho.org/handle/10665.2/52057>

In the Philippines, there are some labor-related issuances that must be taken into consideration for any ongoing project during the COVID-19 pandemic. Specifically, DOH Department Memorandum 2020-0056 provides for the interim guidelines on COVID-19 response in the workplace for all employers and workers, both public and private, to comply which include:

- a. General preventive measures require observance of personal protection and hygiene, such as respiratory etiquette and hand hygiene; social distancing measures; environmental measures; food safety measures;
- b. Management of symptomatics requires employers to provide the worker with a face mask; immediately isolate the worker in a well-ventilated room in the workplace, away from other workers; refer the worker to the company healthcare provider if there is any or the nearest hospital; and decontaminate the work areas;
- c. OSH Officer of the workplace to report symptomatics and asymptomatics to the Municipal/City Health Officer for verification and investigation; and for the Health Officer to report to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System (ESR) of the Epidemiology Bureau (EB) of the DOH;
- d. On leave of absence and entitlements, the applicable regulations of the CSC and DOLE, PhilHealth, and SSS will apply. The completion of quarantine for workers who underwent quarantine shall be issued by local quarantine/health official;
- e. Closure of office is not recommended; contingency or work continuity plans should be activated; and
- f. Everyone is advised to refrain from sharing unverified reports and/or false news; DOH health promotion materials may be used and reproduced; for announcements and public advisories, visit the official DOH channels.

Also, DTI and DOLE issued supplemental guidelines on workplace prevention and control of COVID-19. Under DTI-DOLE 20-04-A, all private establishments are directed to implement all necessary workplace safety and health programs, including the following COVID-related programs, at no cost to the employees:

- a. Increase physical and mental resilience through the provision of psychosocial support; promotion of work-life balance; and alignment of company policies on COVID with the existing minimum public health standards and guidelines issued by DOH;
- b. Reducing transmission of COVID-19 through compliance with the minimum public health standards, such as wearing of masks, face shields, physical distancing, and frequent disinfection; provision of disinfecting/washing resources or materials to the workers; displaying signages / reminders; provision of shuttle services for large and medium establishments; enforcing adequate ventilation; among others
- c. Reduce contact through observance of work-from-home arrangements for the most-at-risk employees; restriction of mass gatherings; adoption of staggered meal schedules; and, minimize customer transactions to less than 15 minutes;
- d. Reduce duration of infection;
- e. Management of asymptomatic and symptomatic employees;
- f. Isolation and referral;
- g. Contact tracing;
- h. COVID-19 testing;
- i. Notification and reporting of cases to DOH, LGU, and DOLE;
- j. Disinfection and closure of buildings/workplaces

In the meantime, the CSC issued guidelines for alternative work arrangements and support mechanisms for workers in the government, including JO and COS workers, during the COVID-19 Pandemic. *ATTACHMENT 2* presents the list of Philippine regulations referring to the COVID-19 context applicable to the Project.

Philippine laws also recognize the protection of maternity and paternity rights. Under RA 11210, qualified<sup>87</sup> female workers, regardless of civil status, employment status, and legitimacy of her child, whether in the public sector or in the private sector, including those in the informal economy, are entitled to leave benefit; however, entitlement to paid leave benefit is subject to applicable regulations of the social benefit programs they may have enrolled themselves in. Under RA 8187, paternity leave benefit is given to all married male employees, regardless of employment status, in the private or public sector. Moreover, in addition to leave privileges under existing laws, parental leave of not more than 7 working days every year shall be granted to any solo parent employee who has rendered service of at least one year.<sup>88</sup>

Under RA 10028, lactation stations must be established in all workplaces.<sup>89</sup> Moreover, nursing employees shall be granted break intervals in addition to the regular time-off for meals to breastfeed or express milk. These intervals shall be counted as compensable hours worked.<sup>90</sup>

### **Assessment of Possible Main Labor Risks**

Based on initial assessment, labor risk is moderate for the PMNP. Nevertheless, the following risks have been identified that could violate the rights of Project workers:

- Misuse of Labor Contract

The Project will guarantee the correct relationship between its activities and its employment contract and the terms and conditions under national labor legislations. For this reason, Regional PMOs / Regional Offices will make unannounced visits to verify compliance with the conditions and benefits according to the corresponding contractual arrangements. If there is any case of labor contract misuse, Regional PMOs/Regional Offices must guarantee that the corresponding rights of the worker are recognized by the contractors or subcontractors, and that the contracts are not used to the detriment of the workers.

In the specific context of the Project, possible situations of misuse of the contract could arise in the following instances:

- Assigning of tasks that are not consistent with the assumed position or those outlined in the contract;
- Avoidance of or non-compliance with the mandatory social benefits;
- Stipulations in the contract concerning hours of work, rest periods, allowable leaves as may be applicable, wages, overtime pay, and welfare requirements inconsistent with labor laws.

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<sup>87</sup> Eligible female worker in the public sector is any pregnant female worker in the government service, regardless of employment status and length of service under Sec. 1, Rule V of the IRR of RA 11210. A qualified female worker in the private sector is a worker with at least 3 monthly contributions in the 12-month period immediately preceding the semester of childbirth, miscarriage, or emergency termination of pregnancy; and has notified her employer of her pregnancy and the probable date of her childbirth under Sec. 1, Rule VI of the IRR of RA 11210.

<sup>88</sup> Sec. 8, RA 8972 or the Solo Parents' Welfare Act of 2000

<sup>89</sup> Sec. 11, RA 10028

<sup>90</sup> Sec. 12, RA 10028

- Non-compliance with labor and working conditions

For regular employees of the third parties, contractor and subcontractors, the labor code and other related laws provide for the mandatory terms and working conditions, including welfare clauses, that these employees are entitled and that must be implemented by the employers. Similarly, government employees, JOs and COS workers, including BNS, BHW and CDW have specific entitlements under applicable laws and regulations.

In the specific context of the Project, these legal obligations of the employers, such as minimum wage, hours of work, rest days, leaves, manner of payment of wages/salaries, and the like may not be observed contrary to the provisions of applicable laws and regulations. Moreover, there is also the risk that BNS, BHW and CDW may not receive the proper allowances and benefits provided under the law.

### **Child Labor**

The minimum age to work will be 14 years according to the ESS2 of the World Bank, although Art. 139 of the Labor Code establishes a higher age<sup>91</sup>. For purposes of this Project, children under 14 years of age or any other form of child labor will not be employed. Likewise, minors under 18 years of age will not be employed in jobs that are dangerous to their health or to their physical, mental, moral or social development, in accordance with the World Bank's ESS2<sup>92</sup>

In the specific context of the Project, possible child labor situations could arise in minor construction projects under the WASH interventions. The ESS shall prevail in that children under 14 years of age or any other form of child labor will not be employed. Likewise, minors under 18 years of age will not be employed in jobs that are dangerous to their health or to their physical, mental, moral or social development. Efforts shall be made by PMNP management to underscore this provision down to the barangay level during subproject planning onto implementation.

### **Gender-Based Sexual Harassment/Violence**

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<sup>91</sup> Art. 139, Labor Code indicates:

- employees may not be less than 15 years of age unless they are working directly under their parents or guardian and their work does not hinder their education
- Persons between 15 and 18 years old may work for a certain number of hours and periods of the day. Regardless, no person below 18 years old may be employed in occupations that are considered dangerous

In addition, RA 9231 indicates that Children below 15 years old may be employed if: (1) the child works directly under his/her parents or guardian and the other employees are his/her family members as well; (2) the employer must guarantee the protection, safety, health, normal development, and morals of the child; (3) the employer must establish initiatives to safeguard against the exploitation and discrimination of the child, particularly in terms of system and level of remuneration, and length and arrangement of working hours; (4) the employer shall devise and execute a program for the child's training and skills acquisition; (5) acquire a work permit from DOLE

<sup>92</sup> See reference to EAS 2 paragraph 18 of the World Bank Environmental and Social Framework: Work considered dangerous for children are those that, due to their nature or the circumstances in which they are carried out, may endanger the health, safety or morals of children. Examples of hazardous work activities prohibited for children include the following: a) work exposed to physical, psychological or sexual abuse; b) work in underground areas, under water, or in heights or enclosed spaces; c) work with machinery, tools or equipment that is dangerous or that involves handling or transporting heavy loads; d) work in unhealthy environments in which the child is exposed to dangerous substances, agents or processes, or to temperatures, noise or vibrations that damage health, or e) work in difficult conditions, such as long hours, work at night or confinement in employer premises.

The Project will consider sexual harassment as a serious offense under RA 7877 as well as the crime of gender-based sexual harassment<sup>93</sup> in the workplace as prohibited under RA 11313.

In the specific context of the Project, possible situations of sexual harassment could arise in construction sites, where workers may harass persons by wolf whistling, inappropriate name calling of members of the LGBTI community, or other similar acts. It is also possible that female workers are penalized or reprimanded for her manner of dressing, and other analogous circumstances. For reference, Attachment 4 of this LMP provides for a Code of Conduct of the different parties involved in the Project that have workers and Attachment 5 sets the guidelines through the Policy And Administrative Procedure For The Prevention And Punishment Of Sexual Harassment.

### **Inequality of Opportunities**

In the Project, any differentiated treatment based on factors such as gender, sexual orientation, disability status, among others, will not be tolerated. In the specific context of the Project, possible situations of unequal opportunities could arise in the provision of capacity building opportunities. Under Component 3, institutional strengthening will be pursued by supporting the development of management capacity of project implementing entities. Training opportunities may not be available to all eligible employees, on the ground of sex, place of origin, ethnicity, political opinion, and the like.

### **Non-Compliance with Norms of Safety and Health in the Workplace**

The Project will comply with all national regulations regarding safety and health at work in accordance with RA11058, CSC-DOH-DOLE Joint Memorandum Circular No. 1, s. 2020 and other regulations as well as regulations on labor-related COVID-19 issuances in *ATTACHMENT 2*.

In the specific context of the Project, possible situations of non-compliance with occupational health and safety regulations could arise in the PMOs, concerned regional offices, construction sites, field work areas, community sites and production areas under the following circumstances, among others:

- a. No complete job safety instructions and proper orientation to all workers;
- b. No approved specific industry set of standards of devices and equipment for the workplace, as applicable, are used;
- c. No appropriate training, medical examination, and when necessary, provisions on protective and safety devices such as PPE and machine guards.
- d. No mechanism for workers and their representatives to have the time and resource to participate actively in the processes of organizing, planning and implementation, monitoring, evaluation and action for improvement of the OSH management system/program;
- e. No measures are in place for dealing with emergencies, fires and accidents including first-aid arrangements.
- f. Non-compliance with other legal requirements under RA 11058 and OSH Standards.
- g. Non-compliance with the guidelines on COVID-19 measures in the workplace and community.

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<sup>93</sup> (a) any unwelcome sexual advances, requests or demand for sexual favors or any act of sexual nature, whether done verbally, physically or through the use of technology that has or could have a detrimental effect on the conditions of an individual's employment or education, job performance or opportunities; (b) A conduct of sexual nature and other conduct-based on sex affecting the dignity of a person, which is unwelcome, unreasonable, and offensive to the recipient; (c) unwelcome and pervasive conduct that creates an intimidating, hostile or humiliating environment for the recipient.

The National PMOs through the Regional PMOs and concerned regional offices will provide reports to the World Bank related to the implementation and management of the risks identified in the Project. Likewise, it will report to the IATF on Zero Hunger and to the World Bank immediately and within 24 hours any case of fatality or severe accident in Project activities. For this, Regional PMOs/concerned regional offices will be responsible for monitoring and verifying compliance with risk prevention measures. *ATTACHMENT 3* contains the reporting model for risk management.

## **POLICIES AND PROCEDURES OF THE PROJECT**

### **Policies**

The PMNP as well as the contractors and subcontractors will have the following regulatory instruments to manage health, safety and working conditions issues:

- Code of Conduct (*ATTACHMENT 4*).
- Policy and administrative procedure for the prevention and punishment of sexual harassment (*ATTACHMENT 5*).
- Company Rules and Regulations/Human Resources Manual (*ATTACHMENT 6*).
- Internal Policy for Safety and Health at Work

### **Procedures**

- *Procedures for labor treatment*

The hiring and termination procedures that will be taken into consideration for the Project are explained below:

- *Labor hiring procedures (recruitment and evaluation):*

The Project will not hire people under the JO or COS arrangement who are disqualified from contracting with the Government. This can be verified through the submission of relevant government clearances from competent authorities such as the National Bureau of Investigation, Philippine National Police, Office of the Ombudsman, the courts. Compliance to CSC-COA-DBM Joint Circular No. 1, s. 2017 and RA 9184 and its IRR shall be strictly enforced.

In the case of contractors and subcontractors, the concerned PMOs will monitor and supervise compliance with labor obligations in favor of workers, independently, and without prejudice, to the individual obligations that correspond to them in accordance with the Labor Code and labor regulations, and ESS2.

- *Procedure for termination of the employment relationship:*

For this procedure, the provisions of the Labor Code and the individual contracts for the JO and COS workers, and the following aspects will be taken into consideration:

- a. In cases of resignation, or voluntary withdrawal, the worker must notify it in writing thirty days in advance; the term can be waived at the will of the company/executing unit. In case of mutual agreement, it must be in writing.
- b. The dismissal will proceed only for just causes related to the capacity and conduct of the worker indicated in the applicable labor regulations.
- c. The contractors and subcontractors are obliged to comply with the legal dismissal procedure under applicable provisions of labor laws.

This procedure will also be required of contractors and subcontractors in favor of the workers.

## **LABOR TERMS AND CONDITIONS OF THE PROJECT**

The Project undertakes to comply with the following labor provisions regarding:

- **Worker's Age**

The PMNP will undertake necessary measures to avoid the hiring of workers under the age allowed for the Project. An age verification process is required to be undertaken by the winning contractor/institutional consultant prior to the engagement of the project worker. All contractual provisions should comply with the minimum age requirements and the responsible staff is required to maintain a labor registry of all hired project workers. The concerned PMOs / regional offices will conduct random visits to the Project and verify the documentation of workers, especially their identify documents to verify their age. The following are means to verify the age of the worker:

- Two (2) government-issued ID;
- Certified true copy of Birth Certificate
- Certified true copy of marriage certificate, if applicable
- National Bureau of Investigation (NBI) Clearance or Police Certificate

- **Working Hours**

The normal hours of work of project workers shall not exceed 8 hours a day, exclusive of time for meals. The schedule may be modified due to the need for service. If the work performed exceeds the normal working hours, overtime pay may be given in accordance to the applicable national law and regulations.

- **Safety and Health in the Workplace**

The Project, including all concerned agencies and the LGUs, the contractors and subcontractors, if any, will comply with safety and health requirements at work established in RA 11058 and the OSH standards and labor-related issuances on COVID-19 mentioned in *ATTACHMENT 2*, subject to the provisions of the General Guidelines On Environment, Health And Safety of the World Bank Group<sup>94</sup>. In this sense, as a minimum and without being limiting, it will comply with the following:

- Provide adequate facilities with a safe infrastructure that does not endanger the life or physical integrity of workers and visitors, eliminating all roads and access that represent a danger or risk to life;
- Provide the necessary and appropriate work material, as well as communications networks for the performance of functions, such as connection and access to the Internet, fixed and / or cellular telephone networks, equipment and / or machines, office supplies, and safety equipment to carry out their tasks, such as personal protective equipment;

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<sup>94</sup> These can be found at the following link: [https://www.ifc.org/wps/wcm/connect/eb6fddc1-a3e3-4be5-a3da-bc3e0e919b6e/General%2BEHS%2B-%2BSpanish%2B-%2BFinal%2Brev\\_%2Bcc.pdf?MOD=AJPERES&CVID=jqel7M5](https://www.ifc.org/wps/wcm/connect/eb6fddc1-a3e3-4be5-a3da-bc3e0e919b6e/General%2BEHS%2B-%2BSpanish%2B-%2BFinal%2Brev_%2Bcc.pdf?MOD=AJPERES&CVID=jqel7M5)

- Schedule medical examinations during the employment period;
  - Guarantee the confidentiality of the information and documents provided by the worker, be they personal, family, health, economic, sexual, religious, or of any kind subject to the provisions of RA 10173 or the Data Privacy Act of 2012;
  - Provide properly safe hygienic services, in good condition of use, that do not threaten the health or dignity of the workers, providing the necessary facilities for the safe access of personnel who have limitations in their movement; and,
  - Provide a suitable area for people eat their food in the places where the Project is being executed.
- Inclusive, Respectful and Equal Treatment

The PMNP assumes the social responsibility of recognizing, respecting and ensuring the protection of the inherent rights of all workers as individuals. Mechanisms will be implemented to prevent, in any of its forms, any discriminatory act, violence, sexual harassment, and / or any other workplace harassment, whether verbal, physical and / or psychological that occurs as a consequence of labor relations within the Project. As well as those acts that may occur as a result of the interaction between workers, contractors, subcontractors and with the community (general population).

To achieve these objectives, the Project consistent the objectives of the National Government in in preventing violence against women, the gender approach policy and respect for individual freedoms, will consider the following actions:

- a. Promotion of cooperative relations with the authorities (Philippine National Police, Civil Service Commission, Department of Labor and Employment, LGUs, among others) to ensure timely and diligent responses when filing complaints of harassment or gender violence. These measures seek to protect the vulnerable population;
- b. Training of workers by informing them about current legislation and internal procedures regarding workplace sexual harassment, providing the necessary guidelines to prevent and punish harassment in the public and private sectors;
- c. Awareness of workers through the development of workshops and awareness-raising talks on the Gender Approach;
- d. Supervise the respect and observance of the current regulations on gender equality, hiring of foreign personnel, and people with disability;
- e. Rejection and sanction of the discriminatory treatment that stigmatizes workers with HIV / AIDS, implementing prevention and protection measures that protect them against situations of unjustified dismissal due to their physical condition in accordance with RA No. 11166 or the Philippine HIV and AIDS Policy Act; and,
- f. Rejection and sanction of acts of sexual harassment in the workplace, including respect of the right of those who identify themselves as a victim to go to the police, fiscal and / or judicial authorities in defense of their rights.

All the aforementioned will be implemented in the Code of Conduct for the Project which will comply with the minimum requirements established in *ATTACHMENT 4*. The said Code of Conduct will be complied by contractors and subcontractors through its incorporation in their contracts under the Project.

- Workers Compensation

Individuals hired through COS shall be paid by the prevailing market rates, subject to the provisions of Republic Act No. 9184 and its Implementing Rules and Regulations. On the other hand, individuals hired through job order shall be paid wages equivalent to the daily wages/salary of comparable positions in government and a premium of up to 20%

of such wage/salary. Workers employed by the third parties shall be paid in accordance with the Labor Code. Volunteer community workers are entitled to allowances under existing laws and regulations.

The remunerations will be made:

- a. Respecting the amounts established in the employment contracts and/or the law;
- b. Complying with the policies and legal provisions on non-discrimination in wages between men and women;
- c. Without applying adjustments or deductions not authorized by the worker or applicable law;
- d. On a monthly basis by means of an account payment, on the date established in the contract; and,
- e. With the delivery of the respective payment slip.

The Project, contractor, or sub-contractor, if any, will assume the timely payment of the social benefits generated (bonuses, unemployment, vacation, among others), in full and when appropriate.

The scope and procedures of the LMP are not only exclusively for the Project and the workers that it hires but is also extended to the contractor companies (works executor), the work supervisor, subcontractors, primary suppliers, third parties, and all personnel related to the execution of the Project; therefore, it must be disseminated and enforced.

## COMPLAINTS AND LABOR GRIEVANCE MANAGEMENT SYSTEM

The Project undertakes to implement and disseminate the mechanism for handling complaints and grievances for workers, which will be a transparent and timely procedure and will allow workers to raise complaints, claims, labor inquiries, or suggestions even anonymously. The grievance mechanism shall be made easily accessible to all project workers. Regular meetings with the project workers to discuss any work-related issues and concerns will be conducted. Every grievance raised by a worker will be documented with the actions undertaken by the office to address such grievance. This mechanism will be replicated in contractor and subcontractor companies.

Complaints about sexual harassment shall be subject to the procedure outlined in RA 7877. Government workers' complaints shall observe the grievance redress mechanism of the concerned agency. For other labor issues or complaints emanating from the implementation of the Project, this grievance mechanism will apply. Availing of the grievance mechanism process provided herein is without prejudice to the filing of appropriate complaint before the DOLE, CSC, or the proper courts and other competent authority.

The means (face-to-face, virtual, telephone call) to make complaints, claims, work inquiries, or suggestions are as follows:

Table A5.1 Data for complaints, claims, labor inquiries, or suggestions

Means	Data
TELEPHON	[Numbers]
E:	Hours of attention]
EMAIL:	[EMAIL]
WEB:	[Web page]
	[Office address]

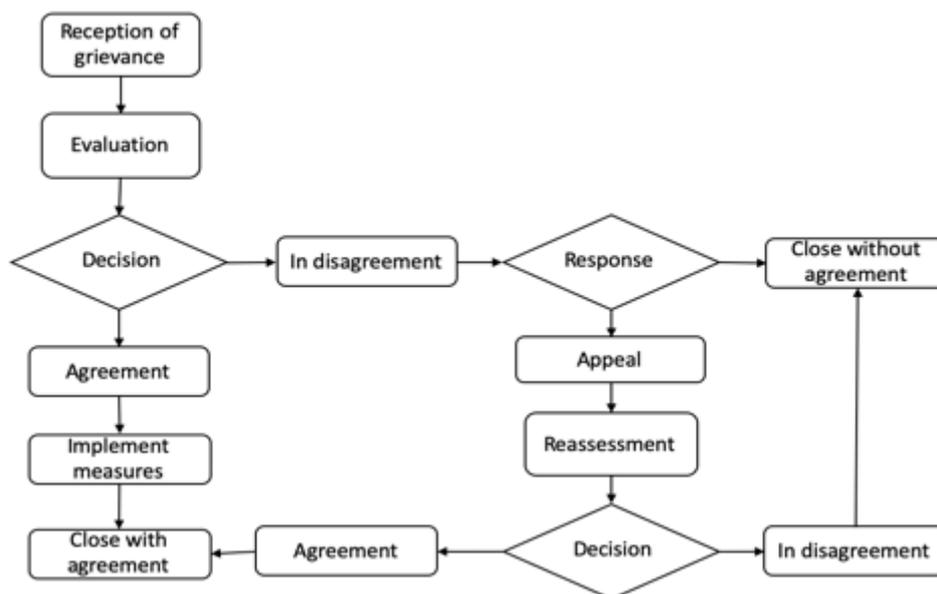
IN	[Hours of attention]
PERSON:	[Direct contact (person responsible)]

The contact numbers, email addresses, website and other details shall be posted in public places in the targeted municipalities and barangays. The complaints may also be filed through a Grievance Redress Committee (GRC) logbook or via text or letter to any member of the GRC. Each concerned barangay shall form a GRC, and provided by a logbook by the Project.

The procedure for the complaints and grievance mechanism will be as follows:

1. The person will formulate the complaint, claim, labor consultation, or suggestion through the established means, which will be received, registered and evaluated by concerned PMO.
2. The concerned PMO shall determine the validity of the complaint filed. It shall likewise ensure confidentiality until proper venue has been provided to discuss and settle the reported issues.
3. In case complainant/claimant does not agree with the response of the concerned PMO, he/she may file a motion for reconsideration (MR) before the said Office. It should be specified that the worker, according to the nature of his complaint or claim, may at any time continue through administrative or judicial means.
4. The MR will be ground for re-evaluation of the first decision of concerned PMO which will issue a decision on MR.
5. In case complainant/claimant does not agree with the decision on the MR, the procedure will be closed without any agreement. The complainant/claimant may follow the applicable administrative procedure according to the nature of the complaint or claim.
6. In case complainant/claimant agrees with the decision of the concerned PMO, the agreement will be implemented after the corresponding negotiation in order to close the procedure.

The following is the flow chart for the labor complaints and grievances mechanism:



For workers of Contractors/Sub-contractors, the aggrieved worker may raise any issue anonymously through a letter which shall be submitted to his/her immediate supervisor's

office. All grievances that are not anonymous pertaining to adequate working conditions, standard occupational safety and health and other concerns from the workers shall be addressed following the procedures outlined below:

1. The grievance shall be submitted 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;
2. 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 concerned PMO, which shall act on the complaint/grievance within 15 days from the day of its filing. If the concerned PMO does not see itself fit to address the complaint it will immediately bring the matter to the concerned DOLE office.
3. If the complainant is not satisfied with the resolution offered by the Project Executing Unit, he/she can bring the complaint to the concerned DOLE office, which shall act on the complaint/grievance in accordance with its rules of procedure.

For their part, every worker can file a complaint with the competent authorities. The following Table presents the authorities according to their functions to receive specialized complaints:

**Table A5.2 Competent authorities to receive complaints**

N°	Institutions	Functions
1	CSC	CSC shall hear and decide administrative cases instituted by or brought before it, directly or on appeal. <sup>95</sup>
2	Head of Agency /LGU	They take cognizance of complaints involving their respective personnel. <sup>96</sup> All agencies must establish grievance machinery. <sup>97</sup>
3	Private Arbitration	The parties may agree to private arbitration, but this will not deprive Philippine labor courts or agencies of jurisdiction over certain labor disputes as provided by law
4	Grievance Machinery under the CBA	The Labor Code requires parties to a CBA to establish a machinery for the adjustment and resolution of grievances arising from the interpretation or implementation of their CBA.
5	DOLE/SeNA Desk Officers	The DOLE through its regional offices and attached agencies shall provide a speedy, impartial, inexpensive and accessible settlement of labor issues arising from employer-employee relations, including issues on OSH Standards, to prevent them from ripening into full blown labor dispute or actual labor case, of the Single Entry Approach (SeNA) <sup>98</sup>
6	Committee on Decorum and Investigation (CODI) in Sexual Harassment Cases	Receive complaints of sexual harassment; Investigate sexual harassment complaints in accordance with the prescribed procedure; Submit a report of its findings with the corresponding recommendation to the disciplining authority for decision; and Lead in the conduct of discussions about sexual harassment within the agency or

<sup>95</sup> Revised Rules on Administrative Cases in the Civil Service

<sup>96</sup> Revised Rules on Administrative Cases in the Civil Service

<sup>97</sup> CSC Memorandum Circular 2, s. 2001

<sup>98</sup> RA 10396 and DOLE Department Order No. 151-16, s. 2016

		institution to increase understanding and prevent incidents of sexual harassment.
7	Labor Arbiters/ National Labor Relations Commission (NLRC)	Labor Arbiters have original and exclusive jurisdiction to hear and decide the following cases involving all workers, whether agricultural or non-agricultural: unfair labor practice cases; termination disputes; claim for reinstatement; claims damages; cases arising from strikes and lockouts; and all other claims arising from employer-employee relations. Cases decided by Labor Arbiters are appealable to the NLRC <sup>99</sup> .
8	Philippine National Police (PNP)	Through the police stations, they intervene in the reception and processing of complaints, as well as in the investigation of crimes

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<sup>99</sup> Art. 217, Labor Cod

## Attachment 1 – DEFINITIONS

**Child labor:** it will be all that work carried out by a child who does not have the minimum age established in ESS2, so that he cannot be employed or contracted in connection with the project. The labor management procedures will specify the minimum age for employment or recruitment in the project, which will be 14 years unless national laws stipulate a higher age.

**Community Workers:** Projects may involve the use of community workers in various circumstances, such as when labor is provided by the community as a contribution to the Project or when projects are designed and carried out in order to foster development driven by the community, and provide a social safety net or specific assistance in fragile and conflict-affected situations.

**Contracted worker:** is the employee by a third party to perform a job or provide services related to the core functions of the Project; in this case, the third party exercises control over the work, working conditions and treatment of the Project worker.

**Contractor:** the company that enters into a contract with the borrowing entity.

**Direct worker:** one with whom the Executing Unit has a direct contractual employment relationship, in which the Executing Unit exercises specific control over the work, working conditions and treatment of the Project worker. The worker is employed or contracted by the Executing Unit, receives his payment directly from it and is subject to its control and daily instructions.

**Discrimination:** any distinction, exclusion, restriction or preference based on certain grounds - such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or any other social condition - and whose purpose or result is to nullify or impair the recognition, enjoyment or exercise, under conditions of equality, of the human rights and fundamental freedoms of the people<sup>100</sup> belonging to the Project.

**Gender:** refers to the identities, functions and socially constructed attributes of women and men and the social and cultural meaning attributed to these biological differences<sup>101</sup>.

**Sex:** refers to the biological differences between men and women, their physiological characteristics, the sum of the biological characteristics that defines the spectrum of people as women and men or the biological construction that refers to genetic characteristics, hormonal, anatomical and physiological on the basis of which a person is classified as male or female at birth<sup>102</sup>.

**Sexual assault:** an act by any person by inserting his penis into another person's mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person<sup>103</sup>

**Sexual harassment:** an act or a series of acts involving any unwelcome sexual advance, request or demand for a sexual favor, or other verbal or physical behavior of a sexual nature, committed by a government employee or official in a work-related, training- or education- related environment.

**Support services** may include janitorial, security, driving, data encoding, equipment and grounds maintenance and other services that support the day to day operations of the agency.

**Third Parties:** May include contractors, subcontractors, brokers, agents, or intermediaries.

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<sup>100</sup> According to the case of Gonzales Lluy et al. V. Ecuador before the Inter-American Court. Sentence of September 1, 2015. It should be noted that sexual orientation should also be considered a prohibited motive.

<sup>101</sup> Inter-American Court of Human Rights. Advisory Opinion No. 24 of November 24, 2017, which is binding on the Peruvian state. Likewise, this definition is in accordance with the provisions of the World Bank in the Good Practice Note. Non-Discrimination: Sexual Orientation and Gender Identity (SOGI).

<sup>102</sup> Inter-American Court of Human Rights. Advisory Opinion No. 24 of November 24, 2017.

<sup>103</sup> Sec. 2, RA 8353

## Attachment 2 - PH GUIDELINES IN THE COVID-19 CONTEXT

PH LAW/REGULATION	General Description	Audit/Monitoring Institutions
Executive Order No. 112 s. 2020	It approved the IATF Omnibus Guidelines for the Implementation of Community Quarantine in the Philippines. In its amendment, it is provided that the operation of industries and establishments are subject to the visitorial and enforcement powers of the DOLE and DTI, and other appropriate agencies to ensure compliance, especially the compliance with the provisions on maximum allowable operational capacity in establishments, as well as minimum public health standards and protocols.	
IATF Resolution No. 50 (June 2020)	It supports the recommendation to further open up the economy while revisiting strategies to boost the confidence of people to go back to work and to strengthen the mitigating measures on strictly enforcing minimum public health standards, among others	
DOH Administrative Order No. 2020-0013	It included COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the DOH.	DOH
DOH Administrative Order No. 2020-0015	It prescribes the minimum public health standards to be adhered by all sectors and requiring, among others, employers to subject all employees and customers to temperature checks prior to entering the establishment, building or office spaces.	DOH, other NGAs, LGUs
DOH Memorandum Order No. 2020-0022	It provides for the interim guidelines on the Return-to-Work enumerating the protocols on screening and testing of asymptomatic returning employees and workers, among others.	DOH, DOLE
CSC Memorandum Circular No. 10, s. 2020, as amended by CSC Memorandum Circular No. 18, s, 2020	<p>It allows any or a combination of alternative working arrangements in government offices:</p> <ul style="list-style-type: none"> <li>- Work-from-Home – refers to an output-oriented work arrangement that authorizes the worker to produce outputs/results and accomplishments outside of the office;</li> <li>- Skeleton (Skeletal) Workforce – refers to a work arrangement where a minimum number of employees is required to man the office to render service when full staffing is not possible;</li> </ul>	CSC

	<ul style="list-style-type: none"> <li>- Four-day (Compressed) Workweek – refers to a work arrangement whereby the employees’ workweek is compressed to four (4) days each week;</li> <li>- Work Shifting/Flexible (Staggered) Working Hours – refers to a work arrangement applicable to offices/agencies that observe work shifting or flexible working time; and</li> <li>- Other Alternative Work Arrangements – refer to work arrangements consisting of a combination of the above enumerated work arrangements or other work arrangements subject to the prevailing community quarantine in the area where the agency is located and appropriate/applicable to the agency mandate/functions.</li> </ul> <p>It mandates the provision of support mechanisms, including: health/ psychosocial interventions PPE to frontline service providers and employees; reasonable transportation facilities and housing quarters; allowable monetary incentives. It requires implementation of precautionary measures, such as disinfection or decontamination, health status survey, modification of workplace layout.</p>	
CSC Memorandum Circular No. 23, s. 2020	It provides for the interim guidelines on absences of government officials and employees, regardless of status of appointment (permanent, temporary, provisional, substitute, coterminous, casual, contractual or fixed term) including local elective officials, during the community quarantine due to Covid-19 Pandemic.	COA and DBM
COA-DBM Joint Circular No. 1, s. 2020	It provides for the interim guidelines governing JO and COS workers in the government for the duration of state of calamity and community quarantine due to Covid-19, excluding institutional COS workers assigned to provided janitorial, security, consultancy and other support services.	COA
DTI-DOLE Joint Memorandum Circular No. 20-04, as amended by DTI-DOLE JMC No. 20-04-A	It provides guidelines to assist private institutions that are allowed to operate during the ECQ and GCQ in developing the minimum health protocols and standards in light of the COVID-19 pandemic. It requires employers to implement all necessary workplace safety and health programs, including the following COVID-related programs, at no cost to the employees: a) Increase Physical and Mental Resilience; b) Reducing Transmission of COVID-19; c) Reduce Contact; and, d) Reduce duration of infection	DOLE DTI Concerned LGU’s Health and Sanitation Office

	It also mandates management of asymptomatic and symptomatic employees in the workplace through remote management of cases and close contacts, isolation and referral, contact tracing, and COVID-19 testing	
DOLE Department Order No. 209, s. 2020	It specifies the objective, program assistance and corresponding requirements, procedures concerning the delivery of financial support as means of social protection and welfare for affected workers in the formal sector under the COVID-19 Adjustment Measures Program (CAMP). The CAMO is a safety net program that offers financial support to affected workers in private establishments that have adopted Flexible Work Arrangements (FWA) or temporary closure during the COVID-19 pandemic.	DOLE
DOLE Department Order No. 210, s. 2020	It provides guidelines for the implementation of the Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers Program (TUPAD) #Barangay Ko, Buhay Ko (TUPAD #BKBK) Disinfecting/Sanitation Project. TUPAD aims to contribute to poverty reduction and inclusive growth. It is a community based package of assistance that provide temporary wage employment for the displaced workers, underemployed and self-employed workers. It incorporates measures to prevent transmission of COVID-19 to the program beneficiaries.	LGU/Accredited Co-Partner DOLE
Labor Advisory No. 09, s. 2020	It specifies the guidelines for the implementation of Flexible Work Arrangements as remedial measure due the COVID-19 outbreak. FWA includes, among others: reduction of workhours and/or workdays; rotation of workers; and forced leave	DOLE
Labor Advisory No. 11, s. 2020	It reiterates and encourages FWAs and observance of strict social distancing measures between and among workers.	DOLE
Labor Advisory No. 18, s. 2020	All employers, including contractors or subcontractors in the private sector, are required to shoulder the cost of COVID-19 prevention and control measures such as but not limited to the following: testing, disinfection facilities, hand sanitizers, PPEs, signages, proper orientation and training of workers including IEC materials on COVID-19 prevention and control. In the case of contracts for construction projects and for security, janitorial and other services, the cost of COVID-19 prevention and control measures shall be borne by the principals or clients of the construction/service contractor.	DOLE



**Attachment 3 - RISK MANAGEMENT REPORTING MODEL**

N°	Risk	Offense Committed – Detail	Offending company or institution	Date of infraction	Sanction	Corrective measures	Follow-up
1	<b>Safety and Health at Work</b>						
1	<b>Sexual Harassment</b>						
2	<b>Child Labor</b>						
3	<b>Inequality of Opportunities</b>						
3	<b>[Misuse of Contract]</b>						
4	<b><i>[Others: (Place as identified in the Project)]</i></b>						

## **Attachment 4 – CODE OF CONDUCT**

*The minimum content of the Code of Conduct of the different parties involved in the Project that have workers covered by the Labor Management Procedure - LMP must include the following elements:*

### **I. INTRODUCTION**

The Department of Health , as the co-implementor of the World Bank-financed Philippines Multisectoral Nutrition Project (PMNP) is committed to intensify the simultaneous utilization of a package of nutrition-specific and nutrition-sensitive interventions and subsequently, improve key behaviors and practices known to reduce stunting in targeted Local Government Units (LGUs). policies.

The DOH Code of Conduct is the management document designed to treat risk situations and adverse impacts, related to labor and working conditions that arise around the Investment Project. This Code is compatible with the specific environmental and social guidelines required of entities that execute World Bank-financed investment projects.

This labor management instrument complies with the commitment to develop the minimum concepts aimed at regulating the behavior required of workers and people linked to the execution of the Project, promoting an inclusive, respectful, and equal treatment of workers among themselves, as well as with the community.

Our workplace is an environment where unsafe, offensive, abusive, or violent behavior will not be tolerated and where everyone should feel comfortable raising issues or concerns without fear of intimidation or harassment.

### **II. OBJECTIVES**

The main objective of this Code of Conduct is to establish professional work standards for the effective implementation of the PMNP. It serves as a guide to all workers involved in the Project on the standard of conduct, demeanor and behavior guidelines that are consistent with DOH policies and overall image in the community.

### **III. SCOPE**

The Code of Conduct is applicable to all workers of the DOH up to the highest level and, without exception, to all workers of the contractor (work executor); supervisor workers, subcontractor workers and / or personnel hired by them related to the Project, either with or without a dependency relationship.

The contractor, the supervisor and the work subcontractors are obliged to comply with the guidelines and procedures contained in this document, as well as to inform all their personnel, having to deliver the corresponding copy with the reception charge. The contractor and the supervisor are obliged to include in the contracts they sign with the subcontractors the clause of subjection to the Code of Conduct.

### **IV. DESCRIPTION OF THE PROJECT WORKERS**

As may be applicable, project workers shall include the following:

#### Individual Contract of Service (COS)

Individuals may be engaged by the government as consultants/contractors to undertake special project or job within a specific period under a Contract of Service (COS). The term of contract between the agency and the individual contractor shall be for a maximum period of one (1) year, renewable at the option of the Head of the procuring entity, but in no case shall exceed the term of the latter.

Individuals hired through COS shall be paid wages equivalent to the daily wages/salary of comparable positions in government and a premium of up to 20% of such wage/salary. The premium payment may be paid monthly, in lump sum or tranches (i.e. mid-year and year-end payments) as may be stated in the agreement or contract with the agency; however, payment of services of persons engaged through RA 9184 shall be subject to the provisions of the said law and its IRR.<sup>5</sup> Individuals hired through the COS have the option to enroll themselves in social benefit program thru the Social Security System (SSS), PhilHealth and Pag-IBIG Fund as self-employed members.

#### Job Order (JO)

JO refers to piece work (pakyaw) or intermittent or emergency jobs, such as clearing of debris on the roads, canals, waterways, etc. after natural/man-made disasters/occurrences, and other manual/trades and crafts services, such as driver, carpentry, plumbing, electrical and the like. These jobs are of short duration and for a specific piece of work.<sup>8</sup> The services of a JO worker are either paid according to an agreed contract amount for the piece of work or on a daily wage basis. Individuals hired through JO shall be paid wages equivalent to the daily wages/salary of comparable positions in government and a premium of up to 20% of such wage/salary.

Workers under contracts of service and JO are not considered as government workers. CSC-COA-DBM Joint Circular No. 1, Series of 2017, as amended, governs JO and COS workers in the government.

Under Section 77 of the Local Government Code of 1991, the LCE may employ emergency or casual employees or laborers paid on a daily wage or piecework basis and hired through job orders for local projects authorized by the *Sanggunian* concerned, without need of approval or attestation by the CSC.

#### Government workers

Government employees may be assigned or detailed and be part of dedicated officials and staff of the Project. These personnel shall remain subject to the existing terms and conditions and working arrangements of the government. They are subject to the relevant provisions of EO 292, s. 1987, and the CSC rules and regulations. Whenever applicable, an Office Order shall be issued by the Head of Agency for this purpose.

#### Contracted Workers / Outsourcing

This refers to people employed through third parties to perform work related to core functions of the project, regardless of location. Third parties may include contractors, subcontractors, or intermediaries. Hiring through this mode shall observe related provisions of RA 9184.

Contractor or service providers may be engaged by the government agency through an institutional COS to provide services such as janitorial, security, consultancy, and other support services. It covers lump sum work or services to perform janitorial, security, consultancy, and other support functions for a maximum period of one (1) year

subject to the provisions of the procurement law and pertinent budgeting, accounting and auditing rules and regulations.

Workers hired through institutional contract of service shall remain to be employees of the contractor or service provider.<sup>13</sup> The discipline of workers under institutional contract of service shall be the responsibility of the contractor or service provider. The head of the procuring entity may report to the contractor or service provider any misconduct or wrongdoing of the said worker/s. The contractor or service provider shall be responsible for providing the workers with compensation and benefits compliant with existing labor laws including the necessary social security and other benefits mandated by law in addition to the direct compensation as payment for their services.<sup>16</sup>

Contracting and subcontracting arrangements are permitted under the Philippine labor laws and must follow the rules regarding observance of workers' rights to fair and humane work conditions, security of tenure, self-organization, and collective bargaining, and the other requirements of Presidential Decree No. 442 (1974), as amended, or the Labor Code of the Philippines, including compliance with OSH standards. Labor-only contracting is illegal.

Vulnerable workers such as members of the Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs), person with disability (PWD), women and children are protected under the Labor Code, RA 8371 or the Indigenous Peoples' Rights Act, RA 10524, RA 11210, RA 7877, RA 11313, and CSC regulations.

In the implementation of national and local public works projects of the national government or any LGU, including foreign-assisted projects, such as roads, schools, power and water systems, piers, airports, all private contractors and subcontractors must employ 50% of the unskilled and 30% of the skilled labor requirements from the unemployed bona fide and actual residents in the area who are ready, willing and able as determined by the local chief executive concerned where the projects are to be undertaken.<sup>19</sup>

#### Community Workers

Community workers providing volunteer works are not covered under the Labor Code or the Civil Service regulations. However, specific laws apply to certain community or volunteer workers.

For the PMNP, Barangay Nutrition Scholars (BNSs) and Barangay Health Workers (BHWs) will be engaged under Component 1. Under PD 1569, the BNS is a barangay-based volunteer worker responsible for delivering nutrition services and other related activities such as community health, backyard food production, environmental sanitation, culture, supplemental feeding and family feeding to the barangay. A BNS receives a modest monthly travelling allowance from the DOH-NNC, and from provincial, city, municipal or barangay governments. The amount of the allowance varies depending on the financial capability of the LGUs. In addition, the DOH-NNC provides survivorship assistance for the families of deceased BNSs, and medical assistance to BNSs who have been confined in medical facility.

Under RA 7883, BHW refers to a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board. All accredited BHWs who are actively and regularly performing their duties are entitled to hazard allowance in an amount to be determined by the local health board and the local peace and order council of the LGU; and, subsistence allowance equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing circumstances as determined by the LGU; free legal services in cases of coercion, interference, and in other civil and criminal cases filed by or

against BHW arising out of or in connection with the performance of their duties as such; among others.

Community Development Workers (CDWs) are transitioning from volunteer positions to paid role within LGUs depending on the availability of funds from LGUs and the number of open positions to support additional permanent staff members. LGUs appoint and provide honorarium to the CDWs. Supervision of CDWs is provided by Municipal Social Welfare Development Officers or City Social Welfare Development Officers.

## V. DEFINITIONS

For the purposes of the execution of the Project, the following concepts are defined:

**Child labor:** it will be all that work carried out by a child who does not have the minimum age established in ESS2, so that he cannot be employed or contracted in connection with the project. The labor management procedures will specify the minimum age for employment or recruitment in the project, which will be 14 years unless national laws stipulate a higher age.

**Community Workers:** Projects may involve the use of community workers in various circumstances, such as when labor is provided by the community as a contribution to the Project or when projects are designed and carried out in order to foster development driven by the community and provide a social safety net or specific assistance in fragile and conflict-affected situations.

**Contracted worker:** is the employee by a third party to perform a job or provide services related to the core functions of the Project; in this case, the third-party exercises control over the work, working conditions and treatment of the Project worker.

**Contractor:** the company that enters into a contract with the borrowing entity.

**Direct worker:** one with whom the Executing Unit has a direct contractual employment relationship, in which the Executing Unit exercises specific control over the work, working conditions and treatment of the Project worker. The worker is employed or contracted by the Executing Unit, receives his payment directly from it and is subject to its control and daily instructions.

**Discrimination:** any distinction, exclusion, restriction or preference based on certain grounds - such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or any other social condition - and whose purpose or result is to nullify or impair the recognition, enjoyment or exercise, under conditions of equality, of the human rights and fundamental freedoms of the people<sup>36</sup> belonging to the Project.

**Gender:** refers to the identities, functions and socially constructed attributes of women and men and the social and cultural meaning attributed to these biological differences<sup>37</sup>.

**Sex:** refers to the biological differences between men and women, their physiological characteristics, the sum of the biological characteristics that defines the spectrum of people as women and men or the biological construction that refers to genetic characteristics, hormonal, anatomical and physiological on the basis of which a person is classified as male or female at birth<sup>38</sup>.

**Sexual assault:** an act by any person by inserting his penis into another person's mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person<sup>39</sup>

Sexual harassment: an act or a series of acts involving any unwelcome sexual advance, request or demand for a sexual favor, or other verbal or physical behavior of a sexual nature, committed by a government employee or official in a work-related, training- or education-related environment.

Support services may include janitorial, security, driving, data encoding, equipment and grounds maintenance and other services that support the day to day operations of the agency.

Third Parties: May include contractors, subcontractors, brokers, agents, or intermediaries.

## VI. CONDUCT GUIDELINES

All the people included in Section IV of this Code, contribute to generating positive labor relations through fair, dignified, inclusive, tolerant and equal treatment in the workplace, work site or public spaces related to the Project. They are obliged to observe the following:

1. Perform their duties with competence and diligence;
2. Comply with this Code of Conduct and with all applicable laws, regulations and other requirements, including requirements to protect the health, safety and welfare of other contractor personnel and any other person;
3. Maintain a safe work environment, taking into consideration the following:
  - a. Ensure that workplaces, machinery, equipment and processes under the control of each person are safe and without health risks;
  - b. Wear the required personal protective equipment (PPE);
  - c. Use appropriate measures in relation to chemical, physical and biological substances and agents; and
  - d. Follow applicable emergency operating procedures.
4. Report work situations that are not safe or healthy and move away from a work situation that is reasonably considered to present an imminent and serious danger to their life or health;
5. Treat other people with respect and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
6. Not engage in any form of sexual harassment, including unwelcomed sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature with another Contractor or Employee Personnel;
7. Not engage in sexual exploitation, which means any actual abuse or attempted abuse of someone in a vulnerable situation or anyone for sexual purposes;
8. Do not engage in sexual assault or harassment, which means any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching the genitals, breasts and buttocks; not engaging in any form of sexual activity with persons under the age of 18, except in the case of a pre-existing marriage;
9. Complete the relevant training courses to be taught in relation to the environmental and social aspects of the Contract, including those related to health and safety, sexual exploitation and sexual assault;
10. Report violations of this Code of Conduct;
11. Not to retaliate against anyone who reports violations of this Code of Conduct or who makes use of the Grievance Mechanism for workplace complaints and claims.

12. Comply with other specific rules and regulations found in *ATTACHMENT 6*.

#### VII. CASE REPORTING

Operationalization of the grievance/complaint component of the LMP is solely anchored on the installation of the overall Grievance Machinery for the PMNP.

If anyone observes behavior that it is believed that may represent a violation of this Code of Conduct, or that may be a case for concern, this matter should be raised as soon as possible. This can be done in any of the following ways:

1. Contact [write the name of the Contractor's Social Expert with relevant experience in handling gender-based violence, or if such person is not required under the Contract, another person designated by the Contractor to handle these matters] by writing [indicate address] or by telephone [indicate telephone number]
2. [indicate other contact information] The identity of the person will be kept confidential. Anonymous complaints or allegations may also be made and given all due and appropriate consideration. [Indicate name of the Executing Unit] will take seriously all reports of possible misconduct, will investigate and take the appropriate measures.

There will be no retaliation against anyone who in good faith raises a concern about any behavior prohibited by this Code of Conduct. Such retaliation would constitute a violation of this Code of Conduct.

#### VIII. CONSEQUENCES OF VIOLATION OF THE CODE OF CONDUCT

Any violation of this Code of Conduct by Contractor Personnel can have serious consequences, including termination and possible referral to legal authorities.

#### IX. FOR THE STAFF OF NATIONAL NUTRITION COUNCIL:

I have received a copy of this Code of Conduct written in a language that I understand. I understand that, if I have any questions about this Code of Conduct, I can contact [Indicate the name of the contact person of the Executing Unit, with relevant experience in the management of gender-based violence] requesting an explanation.

Name of the worker of the Executing Unit: **[Insert name]**

Signature: \_\_\_\_\_

Date (day / month / Year): \_\_\_\_\_

Name of the representative of the Executing Unit: **[Insert name]**

Signature: \_\_\_\_\_

Date (day / month / year): \_\_\_\_\_

## **Attachment 5 - POLICY AND ADMINISTRATIVE PROCEDURE FOR THE PREVENTION AND PUNISHMENT OF SEXUAL HARASSMENT**

Pursuant to the Civil Service Commission (CSC) Resolution No. 01-0940, the following policies and guidelines shall be adopted for the prevention and punishment of sexual harassment.

### **RULE TITLE**

Section I. These Rules shall be known as the "*Administrative Disciplinary Rules on Sexual Harassment Cases.*"

### **RULE II COVERAGE**

Section 2. These Rules shall apply to all officials and employees in government, whether in the career or non-career service and holding any level of position, including Presidential appointees and elective officials, regardless of status, in the national or local government, state colleges and universities, including government-owned or controlled corporations, with original charters.

### **RULE III DEFINITION**

Section 3. For the purpose of these Rules, the administrative offense of sexual harassment is an act, or a series of acts, involving any unwelcome sexual advance, request or demand for a sexual favor, or other verbal or physical behavior of a sexual nature, committed by a government employee or official in a work-related, training or education related environment of the person complained of.

- a. Work related sexual harassment is committed under the following circumstances:
  - i. submission to or rejection of the act or series of acts is used as a basis for any employment decision (including, but not limited to, matters related to hiring, promotion, raise in salary, job security, benefits and any other personnel action) affecting the applicant/employee; or
  - ii. the act or series of acts have the purpose or effect of interfering with the complainant's work performance, or creating an intimidating, hostile or offensive work environment; or
  - iii. the act or series of acts might reasonably be expected to cause discrimination, insecurity, discomfort, offense or humiliation to a complainant who may be a co-employee, applicant, customer, or word of the person complained of.
- b. Education or training-related sexual harassment is committed against one who is under the actual or constructive care, custody or supervision of the offender, or against one whose education, training, apprenticeship, internship or tutorship is directly or constructively entrusted to, or is provided by, the offender, when:
  - i. submission to or rejection of the act or series of acts as a basis for any decision affecting the complainant, including, but not limited to, the giving of a grade, the granting of honors or a scholarship, the payment of a stipend or allowance, or the giving of any benefit, privilege or consideration.
  - ii. the act or series of acts have the purpose or effect of interfering with performance, creating an intimidating, hostile or offensive academic environment of the complainant; or
  - iii. the act or series of acts might reasonably expected to cause discrimination, insecurity, discomfort, offense or humiliation to a complainant who may be a trainee, apprentice, intern, tutee or ward of the person complained of.

Section 4. Sexual harassment may take place:

1. in the premises of the workplace or office or of the school or training institution;
2. in any place where the parties were found as a result of work or education or training responsibilities or relations;
3. at work or education or training-related social functions;
4. while on official business outside the office or school or training institution or during work or school or training-related travel;
5. at official conferences, fora, symposia or training sessions; or
6. by telephone, cellular phone, fax machine or electronic mail.

#### RULE IV FORMS OR SEXUAL HARASSMENT

Section 5. The following are illustrative forms of sexual harassment:

- a. Physical
  - i. Malicious Touching;
  - ii. Overt sexual advances;
  - iii. Gestures with lewd insinuation.
- b. Verbal, such as but not limited to, requests or demands for sexual favors, and lurid remarks;
- c. Use of objects, pictures or graphics, letters or writing notes with sexual underpinnings;
- d. Other forms analogous to the forgoing.

#### RULE V PERSONS LIABLE FOR SEXUAL HARASSMENT

Section 6. Any government official or employee, regardless of sex, is liable for sexual harassment when he/she:

- a. directly participates in the execution of any act of sexual harassment as defined by these Rules;
- b. induces or directs another or others to commit sexual harassment as defined by these Rules;
- c. cooperates in the commission of sexual harassment by another through an act without which the sexual harassment would not have been accomplished;
- d. cooperates in the commission of sexual harassment by another through previous or simultaneous acts.

#### RULE VI COMMITTEE ON DECORUM AND INVESTIGATION OF SEXUAL HARASSMENT CASES

Section 7. A Committee on Decorum and Investigation shall be created in all national or local agencies of the government, state colleges and universities, including government-owned or controlled corporations with original charter. The Committee shall perform the following functions:

- a. Receive complaints of sexual harassment;
- b. Investigate sexual harassment complaints in accordance with the prescribed procedure;

- c. Submit a report of its findings with the corresponding recommendation to the disciplining authority for decision;
- d. Lead in the conduct of discussions about sexual harassment within the agency or institution to increase understanding and prevent incidents of sexual harassment;

Localized Committees on Decorum and Investigation established in the regional or field offices, as the case may be, of the agency or institution shall have the same functions as stated above and shall submit the report of investigation with its recommendation directly to the disciplining authority.

When a member of the Committee is the complainant or the person complained of in a sexual harassment case, he/she shall be disqualified from being a member of the Committee.

Section 8. *Composition.* - In a work-related environment, a Committee on Decorum and Investigation shall be composed of at least one (1) representative each from the management, the accredited union, if any, the second level employees, and from the first level employees, duly selected by the unit concerned.

In an educational or training institution, the Committee shall be composed of at least one (1) representative from the administration, the trainers, teachers, instructors, professors or coaches, and students or trainees, as the case may be, duly selected by the level concerned.

Section 9. The agency may formulate its own rules governing the term of office of its members which should be more than two years, and other matters pertaining to the functions of the Committee not otherwise provided in these Rules.

#### RULE VII PRE-FILING STANDARD OPERATING PROCEDURES IN ATTENDING TO VICTIMS OF SEXUAL HARASSMENT

Section 10. *The Pre-filing Stage.* – The agency may adopt mechanisms to provide assistance to an alleged victim of sexual harassment which may include counseling, referral to an agency offering professional help, and advice on options available before the filing of the complaint.

#### RULE VIII STANDARD PROCEDURAL REQUIREMENTS

Section 11. The procedural rules provided hereunder are the standard requirements in handling a sexual harassment case.

Section 12. Complaint.

The complaint may be filed at any time with the disciplining authority of the office or agency, or with the Committee on Decorum and Investigation. Upon receipt of the complaint by the disciplining authority of the office or agency, the same shall be transmitted to the Committee on Decorum and Investigation, if there is any. In the absence of a Committee on Decorum and Investigation, the head office or agency shall immediately cause the creation of Committee on Decorum and Investigation in accordance with the law and rules and transmit the complaint to the Committee.

The complaint must be in writing, signed and sworn to by the complainant. It shall contain the following:

1. the full name and address of the complainant;
2. the full name, address, and position of the respondent;
3. a brief statement of the relevant facts;
4. evidence, in support of the complainant, if any;
5. a certification of non-forum shopping.

In the absence of any one of the aforementioned requirements, the complaint shall be dismissed without prejudice to its refiling.

Where the complaint is not under oath, the complainant shall be summoned by the Committee to swear to the truth of the allegations in the complaint.

- a. Complaints sent by telegram, radiogram, electronic mail or similar means of communication shall be considered non-filed unless the complainant shall comply with the requirements provided in Section 12(b) within ten (10) days from receipt of the notice for compliance.
- b. Withdrawal of the complaint at any stage of the proceedings shall not preclude the Committee from proceeding with the investigation where there is obvious truth or merit to the allegations in the complaint or where there is documentary or direct evidence that can prove the guilt of the person complained of.

Section 13. *Action on the Complaint.* – Upon receipt of a complaint that is sufficient in form and substance, the Committee on Decorum and Investigation shall require the person complained of to submit a Counter-Affidavit/Comment under oath within three (3) days from receipt of the notice, furnishing a copy thereof to the complainant, otherwise the Counter-Affidavit/Comment shall be considered as not filed.

Section 14. *Preliminary Investigation.* – A preliminary investigation shall be conducted by the Committee on Decorum and Investigation. The investigation involves the *ex parte* examination of documents submitted by the complainant and the person complained of, as well as documents readily available from other government offices.

During the preliminary investigation, the parties may submit affidavits and counter-affidavits. Upon receipt of the counter-affidavit or comment under oath, the Committee on Decorum and Investigation may now recommend whether a *prima facie* case exists to warrant the issuance of a formal charge.

During preliminary investigation, proceedings before the Committee on Decorum and Investigation shall be held under strict confidentiality.

Section 15. *Duration of the Investigation.* – A preliminary investigation shall commence not later than five (5) days from receipt of the complaint by the Committee on Decorum and Investigation and shall be terminated within fifteen (15) working days thereafter.

Section 16. *Investigation Report.* – Within five (5) working days from the termination of the preliminary investigation, the Committee on Decorum and Investigation shall submit the Investigation Report and the complete records of the case to the disciplining authority.

Section 17. *Decision or Resolution After Preliminary Investigation.* – If a *prima facie* case is established during the investigation, a formal charge shall be issued by the disciplining authority within three (3) working days from receipt of the Investigation Report.

In the absence of a *prima facie* case, the complaint shall be dismissed within the same period.

Section 18. *Formal Charge.* – After finding a *prima facie* case, the disciplining authority shall formally charge the person complained of. The formal charge shall contain a specification of the charge(s), a brief statement of material or relevant facts, accompanied by certified true copies of the documentary evidence, if any, sworn statements covering the testimony of witnesses, a directive to answer the charge(s) in writing under oath in not less than seventy-two hours from receipt thereof, an advice for the respondent to indicate in his/her answer whether or not he/she elects a formal investigation of the charge(s), and a notice that he/she is entitled to be assisted by a counsel of his/her choice.

If the respondent has submitted his/her comment and counter-affidavits during the preliminary investigation, he/she shall be given the opportunity to submit additional evidence.

The Committee on Decorum and Investigation shall not entertain requests for clarification, bills of particulars or motions to dismiss which are obviously designed to delay the administrative proceeding. If any of these pleadings is filed by the respondent, the same shall be considered as part of his/her answer which he/she may file within the remaining period for filing the answer.

Section 19. *Answer.* – The answer which must be in writing and under oath, shall be specific and shall contain material facts and applicable laws, if any, including documentary evidence, sworn statements covering testimonies of witnesses, if there be any, in support of respondent's case. It shall also include a statement indicating whether he/she elects a formal investigation.

Section 20. *Failure to File an Answer.* – If the respondent fails or refuses to file his/her answer to the formal charge within seventy-two (72) hours from receipt thereof without justifiable cause, he/she shall be considered to have waived his right thereto and formal investigation may commence.

Section 21. *Preventive Suspension.* – Upon petition of the complainant or *motu proprio* upon the recommendation of the Committee on Decorum and Investigation, at any time after the service

of the Formal Charge to the respondent, the proper disciplining authority may order the preventive suspension of the respondent during the formal investigation, if there are reasons to believe that he/she is probably guilty of the charges which would warrant his/her removal from the service.

An order of preventive suspension may be issued to temporarily remove the respondent from the scene of his/her misfeasance or malfeasance and to preclude the possibility of his/her exerting undue influence or pressure on the witnesses against him/her or tampering of documentary evidence on file with this office.

Section 22. *Duration of Preventive Suspension.* - When the administrative case against the respondent under preventive suspension is not finally decided by the disciplining authority within the period of ninety (90) days after the date of his/her preventive suspension, unless otherwise provided by special law, he/she shall be automatically reinstated into the service: *Provided*, that when the delay in the disposition of the case is due to the fault, negligence or petition of the respondent, the period of delay should not be included in the counting of the ninety (90) calendar days period of preventive suspension: *Provided, further*, That should the respondent be on paternity/maternity leave, said preventive suspension shall be deferred or interrupted until such time that said leave has been fully enjoyed.

Section 23. *Remedies from the Order of Prevention Suspension.* – The respondent may file a motion for reconsideration with the disciplining authority or may elevate the same to the Civil

Service Commission by way of an appeal within fifteen (15) days from receipt thereof.

Section 24. *Conduct of Formal Investigation.* – Although the respondent does not request a formal investigation, one shall nevertheless be conducted by the Committee on Decorum and Investigation if it deems such investigation as necessary to decide the case judiciously.

The investigation shall be held not earlier than five (5) days nor later than ten (10) days from receipt of the respondent's answer. Said investigation shall be finished within thirty (30) days from the issuance of the formal charge or the receipt of the answer unless the period is extended by the disciplining authority in meritorious cases.

Section 25. *Pre-hearing Conference.* – At the commencement of the formal investigation, the Committee on Decorum and Investigation may conduct a pre-hearing conference for the parties to appear, consider and agree on any of the following:

- a. stipulation of facts;
- b. simplification of issues;
- c. identification and marking of evidence of the parties;
- d. waiver of objections to admissibility of evidence;
- e. limiting the number of witnesses, and their names;
- f. dates of subsequent hearings; and
- g. such other matters as may aid in the prompt and just resolution of the case.

The parties may submit position paper/memoranda and submit the case for resolution based on the result of the pre-hearing conference without any need for further hearing.

Section 26. *Continuous Hearing Until Terminated; Postponement.* – Hearing shall be conducted on the hearing dates set by the Committee on Decorum and investigation or as agreed upon during a pre-hearing conference.

Where no pre-hearing conference is conducted, the parties, their counsels and witnesses, if any, shall be given a notice of at least five (5) days before the first scheduled hearing specifying the time, date and place of the said hearing and subsequent hearings. Thereafter, the schedule of hearings previously set shall be strictly followed without further notice. A party shall be granted only three (3) postponements upon oral or written requests. A further postponement may be granted only upon written request and subject to the discretion of the Committee on Decorum and investigation.

If the respondent fails to appear during the scheduled hearings despite due notice, the investigation shall proceed *ex-parte* and the respondent is deemed to have waived his right to be present and to submit evidence in his favor during those hearings.

Section 27. *Preliminary Matters.* – At the start of the hearing, the Committee on Decorum and Investigation shall note the appearances of the parties and shall proceed with the reception of evidence for the complainant.

If the respondent appears without the aid of a counsel, he/she shall be deemed to have waived his/her right to counsel.

Before taking the testimony of a witness, the Committee on Decorum and Investigation shall place him/her under oath and then take his/her name, address, civil status, age, and place of employment.

Section 28. *Appearance of Parties.* – Any person representing any of the parties before any hearing or investigation shall manifest orally or in writing his/her appearance for either the respondent or complainant, stating his/her full name and exact address where he/she can be served with notices and other documents. Any pleading or appearance made without complying with the above stated requirements shall not be recognized.

Section 29. *Order of Hearing.* – Unless the Committee on Decorum and Investigation directs otherwise, the order of hearing shall be as follows:

- a. The complainant shall present evidence in support of the charge;
- b. The respondent shall then offer evidence in support of his/her defense;
- c. The complainant may then offer rebuttal evidence, and the respondent, surrebuttal evidence.

Every witness may be examined in the following order:

- a. Direct examination by the proponent;
- b. Cross-examination by the opponent;
- c. Re-direct examination by the opponent;
- d. Re-cross examination by the opponent.

A sworn statement of a witnesses, properly identified and affirmed by the witness before the Committee on Decorum and Investigation shall constitute his/her direct testimony.

When the presentation of evidence has been concluded, the parties shall formally offer their evidence either orally or in writing and thereafter objections thereto may also be made either orally or in writing. Thereafter, both parties may be given time to submit their respective memorandum which in no case shall be beyond five (5) days after the termination of the investigation. Failure to submit the memorandum within the given period shall be considered a waiver thereof.

Section 30. *Objections.* – All objections raised during the hearing shall be resolved by the Committee on Decorum and Investigation. However, objections that cannot be ruled upon by the Committee shall be noted with the information that the same shall be included in the memorandum of the concerned party to be ruled upon by the proper disciplining authority.

The Committee on Decorum and Investigation shall accept all evidence deemed material and relevant to the case. In case of doubt, the Committee on Decorum and Investigation shall allow the admission of evidence subject to the objection interposed against its admission.

Section 31. *Markings.* – All documentary evidence or exhibits shall be properly marked by letters (A, B, C, etc.) if presented by the respondent. These shall form part of the complete records of the case.

Section 32. *Request for Subpoena.* – If a party desires the attendance of a witness or the production of documents or things, he/she shall make a request for the issuance of the necessary subpoena, at least three (3) days before the scheduled hearing.

Section 33. *Issuance of Subpoena.* – The Committee on Decorum and Investigation may issue *subpoena ad testificandum* to compel the attendance of witnesses and *subpoena duces tecum* for the production of documents or objects.

Section 34. *Records of Proceedings.* – The proceedings of the formal investigation must be recorded either through shorthand or stenotype or by any other method.

Section 35. *Effect of the Pendency of an Administrative Case.* – The pendency of any administrative case shall not disqualify the respondent for promotion or from claiming

maternity/paternity benefits. For this purpose, an administrative case shall be construed as pending when the disciplining authority has issued a formal charge.

Section 36. *Formal Investigation Report.* – Within fifteen (15) days after the conclusion of the formal investigation, a report containing a narration of the material facts established during the investigation, the findings and the evidence supporting said findings, as well as the recommendations, shall be submitted by the Committee on Decorum and Investigation to the disciplining authority. The complete records of the case shall be attached to the Report of Investigation.

The complete records shall be systematically and chronologically arranged, paged, and securely bound to prevent loss. A table of contents shall be prepared. Whoever is in-charge of the transmittal of the complete records shall be held responsible for any loss or suppression of pages thereof.

Section 37. *When Case is Decided.* – The disciplining authority shall render his decision on the case within thirty (30) days from receipt of the Report on Investigation.

Section 38. *Finality of Decisions.* – A decision rendered by heads of agencies where a penalty of suspension for not more than thirty (30) days or a fine in an amount not exceeding thirty (30) days salary is imposed, shall be final and executory. However, if the penalty imposed is suspension exceeding thirty (30) days or a fine exceeding thirty (30) days salary, the same shall be final and executory after the lapse of the reglementary period for filing a motion for reconsideration or an appeal and no such pleading has been filed.

## RULE IX REMEDIES AFTER A DECISION

Section 39. *Filing of Motion for Reconsideration.* – The party adversely affected by the decision may file a motion for reconsideration with the disciplining authority who rendered the decision within fifteen (15) days from receipt thereof.

Section 40. *When Deemed Filed.* – A motion for reconsideration shall be deemed filed on the date stamped on the official copy by the proper receiving authority, and in case it was sent by mail, on the date shown by the postmark on the envelope which shall be attached to the records of the case.

Section 41. *Grounds for Motion for Reconsideration.* – The motion for reconsideration shall be based on any of the following:

- a. New evidence has been discovered which materially affects the decision rendered; or
- b. The decision is not supported by the evidence on record; or
- c. Errors of law irregularities have been committed prejudicial to the interest of the movant.

Section 42. *Limitation.* – Only one motion for reconsideration shall be entertained.

Section 43. *Effect of Filing.* – The filing of a motion for reconsideration within the reglementary period of fifteen (15) days shall stay the execution of the decision sought to be reconsidered.

Section 44. *Filing of Appeals.* – Decisions of heads of departments, agencies, provinces, cities, municipalities and other instrumentalities imposing a penalty exceeding thirty (30) days suspension or fine in an amount exceeding thirty (30) days salary, may be appealed to the

Commission Proper within a period of fifteen (15) days from receipt thereof.

In case the decision rendered by a bureau or office head is appealable to the Commission, the same may be initially appealed to the department head and finally to the Commission Proper. Pending appeal, the same shall be executory except where the penalty is removal, in which case the same shall be executory only after confirmation by the Secretary concerned.

A notice of appeal including the appeal memorandum shall be filed with the appellate authority, copy furnished the disciplining office. The latter shall submit the records of the case, which shall be systematically and chronologically arranged, paged and securely bound to prevent loss with its comment, within fifteen (15) days, to the appellate authority.

Section 45. *When Deemed Filed.* – An appeal sent by mail shall be deemed filed on the date shown by the postmark on the envelope which shall be attached to the records of the case and in the case of personal delivery, the date stamped thereon by the proper office.

Section 46. *Appeal Fee.* – The appellant shall pay an appeal fee of Three Hundred Pesos (P300.00) and a copy of the receipt thereof shall be attached to the appeal.

Section 47. *Perfection of an Appeal.* – To perfect an appeal, the appellant shall within fifteen (15) days from receipt of the decision submit the following:

- a. Notice of appeal which shall specifically state the date of the decision appealed from and the date of receipt thereof;
- b. Three (3) copies of appeal containing the grounds relied upon for the appeal, together with the certified true copy of the decision, resolution or order appealed from, and certified copies of the documents or evidence;
- c. Proof of service of a copy of the appeal memorandum to the disciplining office;
- d. Proof of payment of the appeal fee; and
- e. A statement or certification of non-forum shopping.

Failure to comply with any of the above requirements within the reglementary period shall be construed as failure to perfect an appeal and shall cause its dismissal.

Section 48. *Effect of Filing.* – An appeal shall not stop the decision from being executory, and in case the penalty is suspension or removal, the respondent shall be considered as having been under preventive suspension during the pendency of the appeal, in the event he wins the appeal.

Section 49. *When Case is Remanded for Violation of Respondent's Right to Due Process.* – If the case on appeal with the Commission Proper is remanded to the proper disciplining authority for further investigation, the said disciplining authority through the Committee on Decorum and Investigation shall finish the investigation within three (3) calendar months from the date of receipt of the records from the Commission, unless the investigation is delayed due to the fault, negligence or petition of the person complained of, or an extension is granted by the Commission Proper in meritorious cases. The period of delay shall not be included in the computation of the prescribed period.

Within fifteen (15) days from the submission of the investigation report to the disciplining authority, it shall render its decision. If, at the end of said period, the disciplining authority fails to decide the case, the Commission Proper shall vacate and set aside the appealed decision and declare the person complained of exonerated of the charge. If the person complained of is under preventive suspension, he shall be immediately reinstated.

The Civil Service Regional Office or the Office for Legal Affairs of the Civil Service Commission shall evaluate requests for the extension of formal investigations and grant the same on meritorious grounds. In disposing the requests, said office shall be guided by the principles of justice and fair play, provided, that the extension shall not be for more than twenty (20) days.

For this purpose, the Regional Director shall monitor the implementation of the CSC Resolution remanding the case to the proper disciplining authority for further investigation and submit a report to the Commission Proper.

*Section 50. Petition for Review.* - A complainant may elevate the decision of the disciplining authority dismissing a complaint for lack of a *prima facie* case before the Commission Proper through a Petition for Review within fifteen (15) days from the receipt of said decision.

*Section 51. Petition for Review with the Court of Appeals.* – A party may elevate a decision of the Commission before the Court of Appeals by way of Petition for Review under Rule 43 of the 1997 Revised Rules of Court.

*Section 52. Petition for Certiorari.* – When the disciplining authority has acted without or in excess of jurisdiction, or with grave abuse of discretion amounting to lack or excess of jurisdiction and there is no appeal, nor any plain, speedy and adequate remedy in the ordinary course of law, a person aggrieved thereby may file a verified petition for certiorari in the proper court under Rule 65 of the Rules of Court.

RULE X  
CLASSIFICATION OF ACTS OF SEXUAL HARASSMENT

*Section 53. Sexual harassment is classified as grave, less grave and light offenses.*

- A. Grave Offenses shall include, but are not limited to:
  - 1. unwanted touching of private parts of the body (genitalia, buttocks and breast);
  - 2. sexual assault;
  - 3. malicious touching;
  - 4. requesting for sexual favor in exchange for employment, promotion, local or foreign travels, favorable working conditions or assignments, a passing grade, the granting of honors or scholarship, or the grant of benefits or payment of a stipend or allowance, and
  - 5. other analogous cases.
- B. Less Grave Offenses shall include, but are not limited to:
  - 1. unwanted touching or brushing against a victim's body;
  - 2. pinching not falling under grave offenses;
  - 3. derogatory or degrading remarks or innuendoes directed toward the members of one sex, or one's sexual orientation or used to describe a person;
  - 4. verbal abuse with sexual overtones; and
  - 5. other analogous cases.
- C. The following shall be considered Light Offenses;
  - 1. surreptitiously looking or staring a look of a person's private part or worn undergarments;
  - 2. telling sexist/smutty jokes or sending these through text, electronic mail or other similar means, causing embarrassment or offense and carried

- out after the offender has been advised that they are offensive or embarrassing or, even without such advise, when they are by their nature clearly embarrassing, offensive or vulgar;
3. malicious leering or ogling;
  4. the display of sexually offensive pictures, materials or graffiti;
  5. unwelcome inquiries or comments about a person's sex life;
  6. unwelcome sexual flirtation, advances, propositions;
  7. making offensive hand or body gestures at an employee;
  8. persistent unwanted attention with sexual overtones;
  9. unwelcome phone calls with sexual overtones causing discomfort, embarrassment, offense or insult to the receiver; and
  10. other analogous cases.

#### RULE XI ADMINISTRATIVE LIABILITIES

Section 54. The head of office who fails to act within fifteen (15) days from receipt of any complaint for sexual harassment properly filed against any employee in that office shall be charged with Neglect of Duty.

Section 55. Any person who is found guilty of sexual harassment shall, after the investigation, be meted the penalty corresponding to the gravity and seriousness of the offense.

Section 56. The penalties for light, less grave, and grave offenses are as follows:

- A. For light offenses:
  - 1st offense – Reprimand
  - 2nd offense – Fine or suspension not exceeding thirty (30) days
  - 3rd offense – Dismissal
- B. For less grave offenses:
  - 1st offense – Fine or suspension of not less than thirty (30) days and not exceeding six (6) months
  - 2nd offense – Dismissal
- c. For grave offenses: Dismissal

Section 57. If the respondent is found guilty of two or more charges or counts, the penalty to be imposed should be that corresponding to the most serious charge or count and the rest shall be considered as aggravating circumstances.

#### RULE XII

##### DUTY OF THE AGENCIES OF THE GOVERNMENT

Section 58. All national and local government agencies, state colleges and universities, including government-owned or controlled corporations with original charter, shall promulgate or modify their own rules and regulations in conformity with these Rules, in consultation with their employees, within six (6) months from the effectivity of this Resolution.

Section 59. All agencies of the government shall submit an authenticated copy of their rules and regulations on sexual harassment to the Commission for approval within one (1) month from the date of their promulgation. They shall likewise submit to the Commission a list of the members of their Committee on Decorum and investigation immediately after its composition.

Section 60. All agencies of the government shall develop an education and training program for their officials and employees and the members of their Committee on Decorum and Investigation to increase understanding about sexual harassment, prevent its occurrence, and ensure proper investigation, prosecution and resolution of sexual harassment cases.

Section 61. The head of office who after six (6) months from the effectivity of this Resolution, fails to cause the promulgation or modification of the agency's rules and regulations on sexual harassment in conformity with these Rules, shall be charged with Neglect of Duty.

### RULE XIII DUTY OF THE COMMISSION

Section 62. The Commission, through its Field Offices, shall monitor the implementation of the directive to all government agencies to promulgate or modify, as the case may be, their rules and regulations on sexual harassment, as well as the conduct of the training programs as provided in Sections 59 and 60.

Section 63. In case a complaint alleging acts constituting sexual harassment as defined herein is filed with the Commission, the same shall be remanded to the agency where the alleged offender is employed for appropriate action in accordance with their own rules and regulations on sexual harassment.

Section 64. The Civil Service Commission shall render technical assistance to agencies in the formulation of their rules and regulations on sexual harassment and the development and implementation of an intervention and prevention program on sexual harassment.

### RULE XIV CASES DURING THE INTERVENING PERIOD

Section 65. During the period when the agency is still in the process of promulgating or modifying its own rules and regulations on sexual harassment, a complaint alleging acts constituting sexual harassment shall be administratively prosecuted, resolved and adjudicated based on these Rules.

### RULE XV FORUM SHOPPING

Section 66. Under the same set of ultimate facts, the filing of a complaint based on an agency's rules and regulations on sexual harassment shall preclude the filing of another administrative complaint under any other law.

### RULE XVI REPEALING CLAUSE

Section 67. Rules and regulations and other issuances or parts thereof inconsistent with the provisions of these Rules are hereby repealed or modified accordingly.

### RULE XVII EFFECTIVITY CLAUSE

Section 68. These Rules shall take effect fifteen (15) days after its publication in a newspaper of general circulation.

Quezon City, May 21, 2001.

[Annex 6: Resettlement Policy Framework](#)

### Introduction

The proposed project would support the Government of the Philippines in adopting a bold, multi-sectoral nutrition approach to deliver a coordinated package of nutrition-specific and nutrition-sensitive interventions across the various LGU platforms. The project is expected to have the following impact: First, through transferring Project funding directly to LGUs – rather than passing them through line departments' budget program which likely slows budget execution – the Project will increase the availability of nutrition funds at the local level for activity implementation; through strengthening local-level planning and budgeting, as well as

ensuring that the nutrition challenges are addressed multisectorally, it will increase the efficiency of resource use by better aligning local level nutrition interventions with nutrition needs, and it will encourage a focus on results through the provision of financial incentives at the local level for the attainment of nutrition results. Finally, the project will build on a community-based approach to mobilize the target communities and support critical behavioral changes for improved nutrition outcomes. To this end, the proposed project will comprise three main components.

## Project Components

### Component 1: **Strengthened Delivery of Nutrition and Primary Health Services**

This component finances the delivery of selected nutrition and health care services at the primary care level. Within this context, the component will support the DOH in addressing key gaps in the delivery of essential MCH and nutrition services by: (a) financing health and nutrition inputs, capacity-building initiatives, and TA to LGUs to enable them to deliver the defined packages of health and nutrition services in PHC facilities; (b) entering into performance-based agreements with LGUs to roll out a defined package of high-impact health and nutrition-specific interventions and; (c) supervising such health and nutrition services delivered by LGUs through the engagement of health supervision providers (DOH Centers for Health Development) under results-based service delivery contracts. Component 1 will be comprised of the following sub-components:

- A. Primary Health Care Support – this sub-component shall finance the LGUs to deliver a defined package of high-impact essential health and nutrition services delivered at the primary level of care through a Performance-Based Grants (PBG) mechanism. Six LGU performance measures have been carefully selected to a) improve nutrition and health outcomes and (b) strengthen institutional capacity and accountability between LGUs and national-level agencies for nutrition outcomes. These indicators will reflect not only the key results of the project’s results framework but also the areas where it is important to have transformational change focusing on the most challenging areas that have potential to influence the success of PPAN. The indicator will support the strengthening of the LGUs’ (multisectoral nutrition) planning, budgeting, and implementation of nutrition-specific and nutrition-sensitive actions by the health sector.
- B. Health and Nutrition Service Systems Strengthening – this sub-component will comprise four broad activities:
  - a. LGU Mobilization – support to the LGUs’ (i) formulation of the Local Nutrition Action Plans at the provincial, municipal, and barangay levels, which will integrate both nutrition-specific and nutrition-sensitive interventions; (ii) integration of nutrition in the Annual Investment Programming of LGUs which will ensure increased investments for health, nutrition, and other community services in support of the delivery of nutrition outcome; (iii) provision of TA to LGUs in local development planning and mobilization of community support for nutrition programs; and (iv) advocacy with local chief executives to secure support for nutrition programs and elicit community participation in accessing basic health, nutrition, and other community services.
  - b. Capacity building – this will focus on building the capacity of the LGUs to plan, deliver, and monitor primary health and nutrition services. This will entail two sets of investments: (i) procurement of equipment to improve LGUs’ PHC facilities to deliver a minimum package of services mostly during the first year of the project and (ii) training and mentorship to strengthen health care workers’ skills to deliver high-quality MCH and nutrition services. In line with this, this subcomponent will

provide financial support for the procurement of equipment and supplies and include the financing of LGU grants. Procured items will include growth measuring equipment and training on the use of various tools, for example, electronic Operation Timbang (OPT) Plus tool, ECCD checklist, mid upper arm circumference tapes, and growth monitoring charts, to enable the LGUs to deliver the package of MCH and nutrition services in line with national standards. Health worker capacity building will include provision of project funds to produce job aids and competency-based training and coaching for LGU staff, PHC staff, and community health and nutrition volunteers. Capacity building will be streamlined, with all trainings driven by assessment of LGU skills gap and needs and through provision of cadre- or audience-specific training, thus consolidating all needed competencies of each health care professional into a single training curriculum (for example, one training for planners, one for physicians, one for midwives, one for BNSs, and so on). In addition, training and capacity building will be based on coaching and practical application in the workplace rather than traditional classroom training. Online training courses and job aids, including job aid apps, will also be considered.

- c. Information System – The proposed project will directly contribute toward strengthening existing information systems in the following areas: (i) anchoring monitoring of the nutrition-specific and nutrition-sensitive information to the existing Kalahi-CIDDS database, the Project Information Management System (PIMS), and Geotagging Web-Application (GTWA); it will be harmonized to the system which will be developed under this component; (ii) particularly for the supply-side systems, the project will support capacity building initiatives and strengthen information and communication technology (ICT) standards and procedures; and (iii) timely utilization of data will be strengthened by building in local data processing and use of LNAP time charts and annual outputs. Through the PBGs, the project will support activities that will allow the local system to collect and analyze service coverage and nutrition outcome data and support local planning and budgeting and transmit this to the regional and national levels in an effortless manner. The project provides incentives for LGUs to use integrated information systems for data entry, analysis, and timely reporting to Municipal Councils and to national agencies.
- C. SBCC - The project will support two sets of SBCC interventions: (i) the development and rollout of multimedia, cross-cutting communications on nutrition and nutrition-related behaviors and (ii) health facility- and community-based social behavior change and communication interventions to enable targeted households and communities to adopt behaviors crucial to improving nutrition outcomes for women and children. The first set of SBCCs will create the environment for giving priority to nutrition and position it as part of an integrated approach to PHC strengthening. The second set of SBCCs will be the development and rollout of context-specific communication and use of local languages and facilitation packages that will increase awareness of community stakeholders on health and nutrition issues and concerns, enable them to participate in taking action, and contribute to efforts to sustain the adoption of behaviors crucial to improving nutrition outcomes among women and children. Development of the second set of SBCCs will be done based on a social ethnographic assessment about perception of nutrition services among different target communities, particularly indigenous communities.
- D. Technical Assistance to BARMM - To support the BARMM in developing and implementing child-focused programs, including health and nutrition interventions, the DOH, in collaboration with NNC and DSWD, will provide TA and capacity-building support to the region. The DOH will provide TA to the BARMM Ministries of Health and of Social Services, as well as the BARMM regional nutrition coordinator, to develop context-appropriate health and nutrition action plans and strengthen management of nutrition interventions. The project will provide the needed assistance in program development and planning and training of ministry personnel to equip them with the necessary competencies to implement and manage primary health care and community-based nutrition interventions. In addition, the TA will provide cadre-specific training like that provided for non-BARMM LGUs. The

TA will be informed by a needs assessment to be completed in 2022. In consultation with relevant BARMM authorities, the project will develop detailed capacity-building plans for the BARMM before project effectiveness.

## **Component 2: Community-based Nutrition Service Delivery and Multisectoral Nutrition Convergence**

This component will focus on multisector community-based promotion of key family practices (i.e., the 12 family and community practices that promote child survival, growth, and development)<sup>104</sup> and health care seeking behaviors for improved maternal and child health and nutrition outcomes. The component supports the design and implementation of household and community level interventions to improve mother and child health and nutrition, with emphasis on the first 1,000 days of life. The interventions complement the health system interventions and SBCC interventions supported under Component 1. Within this context, the component supports community-based and household focused interventions to improve and complement the delivery of nutrition-specific interventions. In response to the multi-dimensional causes of malnutrition in the Philippines, this component will support the convergence of priority nutrition-sensitive interventions on targeted communities and households. In addition, the component supports high impact multi sector interventions to improve access to water, sanitation and hygiene, and early childhood care services by targeted households.

Global as well as regional evidence has found that a “nutrition convergence” approach, in which multisectoral interventions are coordinated to jointly target priority geographic areas and beneficiaries, is critical to tackling childhood undernutrition. This component shall provide the necessary platform for the realization of this convergence.

This convergence approach is central to the Philippine Plan of Action for Nutrition 2017-2022 (PPAN). PPAN is anchored upon the complementation of actions across sectors, particularly when mobilizing for nutrition at local levels. This approach also dovetails the success of Kalahi-CIDSS’ community driven approach and provides financial and technical support to communities to better understand their health and nutrition-related issues and engage them in developing and/or supporting solutions to these issues. This is to ensure that the proposed nutrition-specific and nutrition-sensitive interventions would receive full support and ownership by the concerned households, communities and respective LGUs.

Specifically, the following activities, which involve multisectoral activities, will be supported:

- a) **Increased access to and use of clean water, appropriate sanitation, and improved hygiene practices.** Safe and sufficient drinking water, sanitation, and hygiene (WASH) are essential to health and well-being and are particularly crucial for child growth. In addition to the more readily recognized consequences of diarrhea, inadequate WASH conditions put a growing child at risk for Environmental Enteric Dysfunction (EED). EED is a subclinical condition that causes inflammation of the gastrointestinal lining, preventing the effective absorption of nutrients that is now known to contribute to child stunting and

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<sup>104</sup> (1) Take children as scheduled to complete a full course of immunizations (BCG, DTP, OPV and measles before their first birthday. (2). Breastfeed infants exclusively for six months. (3). Starting at six months of age, feed children freshly prepared energy- and nutrient-rich complementary foods, while continuing to breastfeed up to two years or longer. (4). Ensure that children receive adequate amounts of micronutrients (vitamin A, iron, and zinc in particular), either in their diet or through supplementation. (5). Dispose of feces, including children’s feces, safely; and wash hands after defecation, before preparing meals, and before feeding children. (6). Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated bednets. (7). Continue to feed and offer more fluids, including breast milk, to children when they are sick. (8). Give sick children appropriate home treatment for infections. (9). Recognize when sick children need treatment outside the home and seek care from appropriate providers. (10). Follow health workers’ advice about treatment, follow-up, and referral. (11). Promote mental and social development by responding to a child’s needs for care, and through talking, playing, and providing a stimulating environment. (12). Ensure that every pregnant woman has adequate antenatal care. This includes her having at least four antenatal visits with an appropriate health care provider, and receiving the recommended doses of the tetanus toxoid vaccination.

may impair the immune response to orally administered vaccines such as those for polio and rotavirus.

- b) **Access to Early Childhood Care and Development (ECCD) services.** There is a growing body of evidence from the disciplines of both nutrition and ECD that suggests that there are common skills for effective caregiving and by enhancing these common skills, it is possible to benefit outcomes for both nutrition and child development. Hence given that poor nutrition and inadequate opportunities for early learning are both risks for poor children's development, nutritional and ECCD inputs should be optimized—and possibly integrated—for best developmental outcome.
- c) **Increasing access of Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries to Nutrition Programs and Services.** The 4Ps program provides an important demand side (household) incentive and promotes behavioral changes through cash transfers and conditionalities (which include take up of maternal child health care services, immunization, nutrition, early childhood education, and family development session participation). This will greatly complement supply side intervention pursued by PMNP and create synergies through a holistic approach. In order to maximize the synergies between PMNP and 4Ps, the project will pursue the following activities: i) For existing 4Ps women, identify and update information of new pregnancy/newborn children so that they can also be monitored under 4Ps (leveraging PhilSys adoption, unified beneficiary database through Beneficiary FIRST SP project ii) Support 4Ps beneficiaries to benefit from PMNP activities (esp. WASH and ECCD Support interventions); iii) Include in PMNP the monitoring of 4Ps recipients of the program, and iv) Potentially use FDS modules/platforms for beneficiaries beyond 4Ps through SBCC.
- d) **Community Capacity Building and Implementation Support (CBIS).** This will provide community mobilization and capacity building support to Barangay LGU officials, parent leaders, and core community volunteer groups to enhance their competencies in implementing and managing nutrition-sensitive community projects complementing the nutrition-specific interventions in Component 1. The activities to be identified and implemented under CBIS shall also prepare them to sustain the results of the interventions and continuously contribute to the achievement of desired nutrition outcomes. Capacity building will focus on increasing awareness and knowledge on the importance of the communities in achieving desired health and nutrition outcomes; key nutrition-sensitive interventions, community-based project design, implementation, and management; procurement following required government policies, and financial management. CBIS will also support the hiring of implementation team members to be deployed as front liners in the implementation of the project. These teams shall provide the necessary technical assistance to the communities to ensure that the interventions and targets are delivered and that necessary coordination and technical support to the LGUs and communities are provided.

**Component 3: Institutional Strengthening, Monitoring and Evaluation and Communications** - this component will finance the following activities: (i) Institutional strengthening of project implementing entities including the LGUs; (ii) Project Management to support the day-to-day implementation, coordination and cooperation, communication, procurement, financial management (FM), environmental and social (E&S) management, and monitoring and evaluation (M&E) of the project. The project will finance technical, fiduciary and E&S specialists to strengthen the implementation capacity of implementing agencies; and (iii) Monitoring and Evaluation for the development of planning guidelines to be used at different levels; training and operational costs for the execution of the coordination, development, and implementation of M&E functions (e.g., additional staffing and facilitation of regular multisectoral nutrition coordination meetings at LGU level, and regular supervision); and studies, surveys, and citizen engagement activities to assess operational effectiveness of the convergence approach. The component will also finance the independent verification of PBC achievements by an independent academic/research institution. The project will also

support capacity-building activities to systematically include and collect ethnicity data into different health and nutrition surveys at the national and local level.

**Objectives.** Overall, the project's development objectives is to increase the simultaneous utilization of a package of nutrition-specific and nutrition-sensitive interventions and improve key health behaviors and practices known to reduce stunting in target LGUs. At the end of project implementation, PMNP aims to:

- Reduce gaps in key nutrition and maternal and child health outcomes between low performing and high performing regions.
- Strengthen institutional capacity of central agencies and LGUs in designing and implementing high impact nutrition interventions.
- Strengthen primary health care delivery of maternal and child health services directly linked to improvements in maternal and child nutrition.
- Increase the efficiency of resource use by better aligning local-level nutrition interventions with nutrition needs.
- Encourage a focus on results at the local level through the provision of resources for the attainment of nutrition results.

CDD for nutrition will be reflected in this project through the following features intended to leverage on existing KALAHI-CIDSS initiatives:

- Mobilization of parents/primary caregivers of children – organizing and enjoining the primary stakeholders for the project will warrant a more fitting view of the health and nutrition issues and concerns of the community, as well as generating a common understanding of the need for suitable interventions to address the identified concerns. Also, the project intends to mobilize the households of children affected by stunting - the parents and caregivers, to become proactive in the implementation of Component 1 interventions which will provide direct services on health and nutrition to benefit their children.
- Partnership with community members – with the guidance of local health and nutrition specialists and project staff, organized groups of parents and caregivers will design and develop their nutrition-related sub-projects that focus on supporting the nutrition-specific and nutrition-sensitive interventions of the local government. Community participation in both the implementation of the LGU's nutrition program and in the identification and implementation of other nutrition-sensitive and enabling initiatives will increase the likelihood of achieving the desired project objectives.
- Capacity building for organized groups for project implementation –Capacity building will include health and nutrition monitoring to help the community volunteers, especially the health care service providers, in ensuring that improvements in the nutritional status of children will be maintained. Organized groups of parents and caregivers will also assist the Barangay Nutrition Committee in the mobilization of parents of target children to ensure that they receive the necessary health and nutrition interventions designed for them.
- Community-based implementation and monitoring – provision of grants to proposed community subprojects focused on improving the health and nutritional well-being of project beneficiaries (and especially pregnant and lactating women, and infants and young children under the age of 5 years). Community groups will facilitate related procurement, implementation, and community monitoring activities with the technical assistance of the LGUs and concerned agencies.
- Institutional development for local government units – identification and facilitation of enabling programs and initiatives for LGUs to prioritize health and nutrition in their policy decisions and resource allocations will sustain the gains of the community-sub-projects and achieve a lasting effect and impact on the target reach of the project and on the health and nutrition of communities.

**Project Considerations for Indigenous Peoples.** One of the cross-cutting themes for components 1 and 2 is on indigenous peoples. The project will include some indicators with ethnicity disaggregation to monitor service delivery to indigenous peoples and develop culturally sensitive activities to better target the communities in the project area. This will include concerted efforts to systematically collect relevant health and nutrition data on IP and ethnicity in the project's management information systems at the central and local level—actively ensuring IP representation in project citizen engagement activities—and delivering more inclusive services to IP. In addition, the project has a citizen-oriented design and intends to engage with citizens during implementation. A beneficiary feedback indicator is included in the Results Framework to monitor citizen engagement throughout project implementation.

To ensure IPs accessing health and nutrition services, the project will support a benchmark assessment of IP and ethnicity data and information systems across the participating institutions at national and local levels to systematically improve tracking performance among indigenous communities. The project will also provide training on culturally sensitive techniques and practices to relevant staff, to support implementation of the package of nutrition and essential MCH interventions and services at national and local levels, and to the participating LGUs. Where feasible, the project will encourage the recruitment and training of IP to become community health workers in their own communities, effectively reducing social and cultural constraints and enhancing access and acceptability.

Building on the Kalahi-CIDSS Project, several of the poorest and most vulnerable LGUs will be selected for intervention, and within those LGUs, vulnerable populations such as 4Ps beneficiaries, nutritionally-at-risk women and young children, and IPs will be identified as target households. These households and communities will receive multisectoral interventions with a convergence approach central to the PPAN 2017–2022. In this regard, community-based and household-focused interventions to improve food diversity, security and livelihoods, WASH, and optimal caregiving practices will be financed under this component.

### Target Areas

The project will prioritize LGUs with the highest burden of childhood stunting based on best available data. Primary project beneficiaries will comprise children under five years old (with attention to children under two years who will be reached by project activities before stunting becomes largely irreversible), as well as pregnant and lactating women in LGUs prioritized for PMNP support. Other beneficiaries will include women of reproductive age and adolescent girls to improve their health and nutrition status prior to their most critical reproductive health years. The poorest households will benefit from improved nutrition-sensitive interventions (delivered by the Agriculture, Social Protection, WASH, and Education Sectors), and the public at large will benefit from national media campaigns as well as health- and nutrition-related SBCC.

The primary project beneficiaries will comprise pregnant and lactating women and children under five years of age, with a special focus on the first 1,000 days of life—from conception to a child's second birthday.<sup>105</sup> Other beneficiaries will include adolescent girls to improve their health and nutritional well-being and health seeking behaviors before entering their reproductive health years. The poorest households, including 4Ps households and IP, will be

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<sup>105</sup> The focus on the first 1,000 days is consistent with the Early Years Act that refers to the full range of health, nutrition, early education, and social services development program for the holistic needs of young children, but it further narrows down the age group to the golden window of opportunity for the child's growth and development. Even before the enactment of Republic Act 11148 or the *Kalusugan at Nutrisyon ng Mag-nanay* Act in 2018, the NNC, as a member of the ECCD Council, implemented a multi-agency program called the Early Childhood Care and Development in First 1,000 Days Program (ECCD-F1K) in 2016, which is anchored on the key elements expressed in the Early Years Act.

among the main beneficiaries from improvements in nutrition-sensitive services (delivered by the agriculture, social protection, WASH, and education interventions), and the public at large will benefit from national media campaigns as well as health- and nutrition-related SBCC. Project beneficiaries who are part of the identified population groups will benefit from culturally acceptable and appropriate health and nutrition services provided by the PMNP. The project will target LGUs based on the following criteria: i) municipalities with stunting rate higher than or equal to 17.5%, ii) incidence of poverty, iii) with experience in Kalahi-CIDSS implementation, and iv) covered by the Human Development and Poverty Reduction Cluster (HDPRC)/PPAN priority areas.

The project will cover 235 municipalities and 5,936 barangays in the following 12 regions and 26 provinces. These municipalities will receive the full range of nutrition services to be offered by the project. An additional 40 municipalities from 3 provinces in BARRM shall be provided with technical assistance packages to support the region's development of health and nutrition programs and increase capacities of their service providers. In total, 275 municipalities will benefit from the project (Table 2 and Figure 1).

**Table 1: PMNP Target Areas**

Region	Province
Region IIIA-Central Luzon	Nueva Ecija
Region IV-A Calabarzon	Quezon
Region IV-B Mimaropa	Occidental Mindoro, Romblon
Region V-Bicol	Camarines Sur, Catanduanes, Masbate, Sorsogon
Region VI-Western Visayas	Iloilo, Negros Occidental
Region VII Central Visayas	Cebu, Negros Oriental
Region VIII-Eastern Visayas	Eastern Samar, Leyte, Northern Samar, Samar (Western Samar)
Region IX Zamboanga Peninsula	Zamboanga Del Norte, Zamboanga Del Sur
Region X- Northern Mindanao	Bukidnon, Lanao Del Norte
Region XI Davao	Davao Del Sur, Davao Occidental
Region XII SOCCSKSARGEN	North Cotabato, Sarangani, Sultan Kudarat
Region CARAGA	Surigao Del Sur
BARMM Region	Lanao Del Sur, Maguindanao, Sulu

Source: PMNP Proposal, 2020

## POLICY FRAMEWORK

### Rationale for this Resettlement Policy Framework

This Resettlement Policy Framework (RPF) provides the policies, processes and procedures in addressing involuntary resettlement impacts resulting from activities under the aegis of the **Philippines Multisectoral Nutrition Project** (PMNP) of the Department of Health (DOH) and the Department of Social Welfare and Development (DSWD) as implementing agencies.<sup>106</sup>

The project is being considered for World Bank funding and is required to comply with the World Bank Standards under the new World Bank Environmental and Social Framework (ESF). This Resettlement Policy Framework (RPF) is subsumed under the Environmental and Social Management Framework (ESMF). An Environmental and Social Assessment (ESA) was conducted for the project.

**Activities Potentially Causing Involuntary Resettlement Impacts.** Component 1 is not expected to result in triggers for involuntary resettlement. Under Component 2, minor civil works for infrastructure interventions at community or household-level are envisaged for WASH, community water supply, sanitation, and community level agricultural production support.

- Activities for the WASH subprojects pertain to the installation and rehabilitation of Level I and/or II water supply, provision of toilet/latrines, and hand washing stations requiring (i) construction of a spring box for point source, including a silt trap to serve as the reservoir collecting water from the source; (ii) utilization and rehabilitation of existing wells; (iii) drilling wells/digging shallow wells; (iv) laying out of distribution pipes/hoses and communal faucet sites; (v) excavation/digging, carpentry, and masonry for the installation of toilets and/or latrines; and (vi) carpentry and plumbing works for hand washing facilities. WASH facilities are expected to be located in health centers or rural health units, schools, or common spaces centers or near to the houses of the beneficiaries of the project. The location of these facilities will be finalized and identified during the project development sessions with the community.

The land needed for the small infrastructure community subprojects financed under component 2 will be mostly donated by the LGUs, through individual voluntary land donations (VLD), or under a willing buyer and willing seller market transactions. In the case that some sub-projects require small land acquisition or easement and right of way negotiation to use someone else's property, the project shall apply the principles and procedures in this RFP.

### The WB ESF and Philippine Enabling Mechanisms

Under this project, land acquisition shall include public land that is used or occupied by individuals or households. Restrictions on land use refers to limitations or prohibitions on the use of agricultural, residential, commercial or other land that are directly introduced and put into effect as part of the project as well as restrictions on access to legally designated parks and protected areas, restrictions on access to other common property resources, and restrictions on land use within utility easements or safety zones (World Bank, ESF, fn1-2; p53). These two activities are anticipated to be encountered under the Project.

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<sup>106</sup> With the following as partner agencies: Department of Health, Department of the Interior and Local Government, Department of Agriculture, Department of Science and Technology – Food and Nutrition Research Institute (DOST-FNRI), and Office of the Cabinet Secretariat.

The ESS5 requires that: (i) the Borrower will consider feasible alternative project designs to avoid or minimize land acquisition or restrictions on land use, especially where this would result in physical or economic displacement; (ii) when land acquisition or restrictions on land use (whether permanent or temporary) cannot be avoided, the Borrower will offer affected persons compensation at replacement cost, and other assistance as may be necessary to help them improve or at least restore their standards of living or livelihoods.

The Philippines' policy framework on land acquisition, restrictions on land use, and involuntary resettlement is comprised of several laws rules and regulations, the most relevant of which are: RA 10752 (2016)<sup>107</sup>, RA 7279 (1992)<sup>108</sup>, RA 8371 (1997)<sup>109</sup>, RA 7160 (1991)<sup>110</sup>, RA 7586 (1992)<sup>111</sup>, as amended, RA 9147 (2001)<sup>112</sup>, and PD 1586<sup>113</sup>, their implementing rules and regulations and procedural manuals. These laws and their respective implementing rules and regulations, prescribe rules on: the permissible modes of real property and Right-of-Way (ROW) acquisition; alternatives to reduce impacts of land acquisition; statutory compensation and other entitlements, including livelihoods and transition support, to owners of lands and/or improvements; rights of informal and customary settlers, including their security of tenure; protection of vulnerable groups; restrictions of access to natural resources; and, appropriate resettlement and eviction guidelines in connection with all national government projects. Also, negotiation is the primary mode utilized to start the process of land acquisition, and expropriation is done as a last resort. All implementing agencies are mandated to develop their own ROW Manual of Procedures in accordance with the outline in RA 10752.

Variances between the ESS and country system have been identified<sup>114</sup>: (i) criteria for determining eligibility of informal settlers; (ii) time of entry and use of acquired land by the project prior to full compensation is made; (iii) just compensation for expropriated land and/or improvements; (iv) adequacy of transition support, alternative income-earning opportunities, and livelihoods restoration, particularly for vulnerable people; (v) restrictions of access to natural resources in declared critical habitats; and (vi) the standards/protocols (in terms of content and process) for development of ROW Manual by different implementing agencies as required under RA 10572.

Laws and regulations on land acquisition, restrictions on land use and involuntary resettlement are implemented by several government agencies, such as the DENR, DHSUD, LGUs and concerned implementing agency of a project that requires land acquisition and resettlement.

## RPF Objectives and Principles

The exact number of people that will be affected and the magnitude of adverse impact cannot be ascertained prior to the conduct and preparation of detailed proposals, although the project foresees these to be minimal. If under certain circumstances, land acquisition and involuntary resettlement are warranted, this Project shall ensure, through this RPF, that any negative impacts are avoided, properly managed and minimized.

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<sup>107</sup> The Right-of-Way Act

<sup>108</sup> Urban Development and Housing Act of 1992

<sup>109</sup> The Indigenous Peoples' Rights Act of 1997

<sup>110</sup> The Local Government Code of 1991

<sup>111</sup> The National Integrated Protected Area System (NIPAS) Act, as amended by e-NIPAS

<sup>112</sup> Wildlife Resources Conservation and Protection Act

<sup>113</sup> Establishing an Environmental Impact Statement System Including other Environmental Management Related Measures and for other Purposes

<sup>114</sup> The World Bank. Philippines Country Environmental and Social Framework Assessment – Phase 1, Summary Report. Final Draft, April 2021.

The main objective of this framework is to provide common guidance to project staff and management in the assessment and management of involuntary resettlement impacts of the project in compliance to the requirements of the World Bank Standard for Land Acquisition, Restrictions on Land Use and Involuntary Resettlement (ESS5). Once the scope and bounds of the project and specific project locations are properly identified through screening procedures, this RPF may result to specific resettlement plan/s (RP) to augment and respond to the potential risks and impacts on land use and involuntary resettlement concerns to assist affected people in improving or at least restoring their income levels and livelihoods.

The specific objectives of this document are:

- to ascertain that all project affected persons (PAP) are informed and consulted regarding the proposed subprojects that will be implemented in their area using the different fora in the different project stages;
- that compensation have been provided and supporting legal documents have been executed prior to subproject implementation, and
- specific arrangements between the Project and the local government unit (LGU) and or the community have been documented and complied with.

The following principles and objectives shall govern Project implementation:

- Both physical (i.e. relocation of homes to another area far away from the original abode) and economic (i.e. substantive loss of livelihood or of access to traditional sources of livelihood) displacement of PAPs will be avoided where feasible and acquisition of land and other assets will be minimized as much as possible.
- Where it is not feasible to avoid displacement, RPs shall be conceived and executed as sustainable development Projects, providing sufficient investment resources to enable the displaced persons to improve their incomes and living standards at least back to pre-displacement levels, or even better.
- Displaced persons will be consulted and will have opportunities to participate in planning and implementing resettlement plans; PAPs are to be fully informed and consulted and have agreed on resettlement and compensation options with due observance to information disclosure.
- Any involuntary loss or involuntary incurrence of damage to assets (i.e. lands, homes, structures and trees and crops) whether such loss would constitute displacement or not, shall be justly compensated through mutually agreed compensation schemes. No person (whether beneficiary of the subproject or not) shall be pressured to donate assets for the benefit of the subprojects.
- Persons who lose more than 20% of their productive assets shall be considered economically displaced and in addition to just compensation of the lost asset, shall be provided with livelihood assistance.
- Lack of legal rights to lost assets will not hinder PAPs from entitlement to such compensation or rehabilitation measures, with particular attention paid to households headed by women and other vulnerable groups, such as the elderly, persons with disabilities, and indigenous peoples. Appropriate assistance should be provided to help them avail of rehabilitation or compensation packages.
- Occurrence of unanticipated involuntary resettlement impacts will subject to due diligence through a social and risk assessment with the necessary corrective actions and mitigating measures.
- Any unintended impacts and associated facility shall be subject to a full environmental and social impact assessment and should there be triggers for involuntary resettlement, the necessary planning document will be prepared.

## Project Entitlements

Component 2 is directly under the aegis of the Department of Social Welfare and Development (DSWD), through the KALAHI-CIDSS Program's National Program Management Office (KC-NPMO) with the Department of Agriculture (DA) as partner agency as lodged in the PMNP-National Technical Working Group (PMNP-NTWG). The KC-NPMO ensures that sub-project concept development is within the Community Empowerment Activity Cycle (CEAC) and that all displaced persons PAPs are consulted, informed of the decisions regarding the proposed projects in the community and their entitlements, and when necessary, compensated for their losses and provided with assistance to improve, or at least maintain, their pre-Project living standards and income earning capacity. PMNP shall work closely with LGUs in the implementation of this RPF through the KC-NPMO, as represented by the Regional Project Management Offices (RPMO), will coordinate with the duly authorized representative/s of the LGU in determining the appropriate compensation for PAPs in accordance with the following compensation scheme:

- **PAPs involuntarily losing residential land and structures**

If the displaced person so wishes and the portion of the land to be lost represents 20% or less of the total area of the residential land area, and the remaining land is still a viable residential lot, cash compensation for the land and structure lost, at full replacement cost (market value), may be provided to the person;

- **PAPs involuntarily losing agricultural land and crops**

The general mechanism for compensation of lost agricultural land will be through provision of "land for land" arrangements of equal productive capacity, satisfactory to the displaced person. However, if the displaced person so wishes and the portion of the land to be lost represents 20% or less of the total area of the landholding, and the remaining land is still a viable economic holding, cash compensation, at full replacement cost (market value), may be provided to the person;

- i. PAPs will be compensated for the loss of standing crops and fruit or industrial trees at market price; and
- ii. PAPs, whose land is temporarily taken by the works under the Project will be compensated for their loss of income, standing crops and for the cost of soil restoration and damaged infrastructure.

- **PAPs involuntarily losing business**

The mechanism for compensating loss of business will be cash compensation for the loss of income during the transition period and shall be provided with livelihood assistance and support within the community.

- **PAPs involuntarily losing means of livelihood or access to livelihood**

PAPs shall be provided with livelihood assistance and support within the community. They will also be provided compensation at full replacement cost, without depreciation for any other fixed assets affected in part or into by the project, such as sheds and water wells. In cases where community infrastructure such as water sources, the Project will ensure that these would be restored or repaired as the case may be, at no cost to the community.

Additional details are provided in the following Compensation Matrix (**Table 1**).

**Table 1: Compensation Matrix**

<b>Asset</b>	<b>Impact Category</b>	<b>AP/DP</b>	<b>Compensation Entitlement</b>
Arable land	Less than 20% of land holding and the remaining land remains	Farmer/title holder	a. Cash compensation for affected land at full replacement cost
		Tenant/lease holder	b. Cash compensation equivalent to market value of gross harvest of the affected land for one year or for the remaining period of tenancy/lease agreement, whichever is greater.
Commercial land	Land used for business partially affected, limited loss	Title holder/bus. man	c. Cash compensation for affected land at full market value d. Cash compensation equivalent to 5% of gross annual income
		Rental/lease holder	e. Cash compensation equivalent to 10% of gross annual income.
Residential and other non-commercial land	Less than 20% of land holding affected and the remaining land remains viable for present use	Title holder	f. Cash compensation for affected land at full replacement cost
		Rental/lease holder	g. Minimum cash compensation equivalent to 10% of lease/rental fee for the remaining period of rental/lease agreement
Structures (includes public utilities/structures)	Structure partially affected but the remaining structure remains viable for continued use	Owner	h. Cash compensation for affected structure and other fixed assets i. Full (cash) assistance in restoration of the remaining structure
		Rental/lease holder	j. Cash compensation for affected assets 28. Disturbance compensation equivalent to two-month salary or rental whichever is greater
Standing crops	Crops affected by land acquisition or temporary acquisition or easement	AP/DP	k. Cash compensation at full market value PLUS 5% premium

Trees	Trees lost	Title holder	Cash compensation based on type, age and productive value of affected trees PLUS 10% premium
Easement	Temporary acquisition or easement	Title holder	Minimum cash compensation equivalent to 10% of the value of affected asset

## Procedural Guidelines for Land Acquisition and Resettlement

### 1. Inventory and Entitlement

An inventory for each water supply pipe alignment or segment and community agri-fisheries sub-projects will be prepared by the Community with the assistance of the MNC and BNC. The initial output shall be reviewed and discussed during the barangay assembly prior to the preparation of a RP.

The information to be obtained in the Inventory will include the following information for each PAP household:

- (i) number of persons and names;
- (ii) amount and area of all the residential plots lost;
- (iii) amount, category/type and area of agricultural land lost;
- (iv) number, types and size of structures present on the land and their owners;
- (v) livelihood/business that will be adversely affected with the taking of the land;
- (vi) quantity and types of crops and trees lost;
- (vii) persons other than owners or occupants of the land/structure;
- (viii) Productive assets lost as a percentage of total productive assets; and
- (ix) temporary damage to productive assets.

The entitlements of assets and land affected shall be calculated based on the above information and per negotiation approval and acceptance of the community/barangay assembly.

### 2. Valuation of Affected Lands and Other Assets.

Once PAPs are identified, the concerned LGU, with the assistance and/or guidance of the KC-NPMO, shall determine the value of the affected assets (lands, structures, trees and crops) for each PAP using replacement cost standards as below:

- (i) *for land*, the prevailing market value of the property;
- (ii) *for structures*, the estimated value of the materials based on current prices of the same and the amount of labor required to build the structure, without depreciation;
- (iii) *for crops, trees, and other plants*, the current value of crops, trees, and other plants based on the schedule of prices maintained and updated by the Provincial / Municipal Agriculture Office and / or Assessor's Office, whichever is applicable. If no available schedule in the municipal or city level, the concerned LGU may adopt the schedule of the province through a Sanggunian Resolution.

The estimated value shall be presented to the PAP in a reasonable level of details or itemization. The PMNP through the KC-NPMO shall develop, adopt, and continuously refine valuation sheets for affected lands, structures, and crops to be used by the proponent Local

Government Units (LGUs) using as basis the provisions stated under RA 10752 on how to determine the appropriate price offer for the acquisition. The valuation amount to be offered shall be the price at the time of taking of the property.

The Standard Market Determination should be determined through conducting at least two (2) of the following valuation processes:

- (i) Provincial Committee Appraiser Assessment
- (ii) Latest transaction in the area
- (iii) Private appraiser (Bank)
- (iv) DAR valuation based on production of the land perpetuity

Whichever is the higher value should prevail. In addition, valuation based on zonal value may be conducted for comparison purposes.

The PAP shall be allowed to review the estimated values of the affected assets and shall be allowed to negotiate for any reasonable adjustments in the final amounts or the nature of compensation. The KC-NPMO shall validate that the compensation amount/package agreed with the PAP meets the “replacement cost” standard of this RPF.

The Proponent LGU shall shoulder cost for taxes and other associated fees such as documentary stamp tax, transfer tax, and registration fee, title annotation costs and others which are applicable to the manner the land/ROW was acquired (i.e. Deed of Donation or Deed of Sale).

ROW Valuation shall be subject to the approval of KC-NPMO, based on the submission of the following documents:

- (i) Certification from the regional and municipal offices on the submission of complete and correct legal and supporting documents
- (ii) Submission of Inventory of Project Affected Persons and Improvements
- (iii) Submission of Summary Table of Right-of-Way (ROW) valuation with corresponding supporting documents (copy of Deed of Sale/Provincial Assessor’s Valuation Schedule/BIR Zonal Valuation Schedule as basis of valuation for land and improvements that will be affected by the proposed project)

### **3. Validity of ROW Valuation**

Validity of ROW valuation shall be based on the Minutes of Meeting to be submitted by the MLGU reflecting the following: (i) that consultation with the project affected stakeholders has been conducted and they were informed of the proposed sub-project(s), (ii) that the proposed sub-project(s) will traverse private properties which were donated or acquired by the MLGU, and (iii) the basis of valuation for land shall be Proof of Sale or Land Bank of the Philippine Certification or Provincial Assessor’s Valuation or BIR Zonal Valuation and for improvements that will be damaged during construction, the basis of valuation shall be Provincial Assessor’s Valuation or BIR Zonal Valuation or Bill of Materials.

### **4. Modalities of Acquisition**

Under RA 10752, there primarily exist three modalities for land acquisition; donation, negotiation, and expropriation. For this project, acquisition shall be limited to donation and negotiation. Considering the tenets of the CEAC, expropriation is not an option.

- **Voluntary Land Donations**

In the rural areas where donations of lands for community use are generally practiced, arrangements have to be made to ensure that the donation is indeed voluntarily given, that the donor is the legitimate owner of such lands, and that the donor is fully informed of the nature of the sub-project and the implications of donating the property (See Attachment 1 for sample VLD). Should the donor decide to donate the property on a conditional basis, the terms and conditions for the temporary use (usufruct rights) of the property must be clearly stated in the Conditional Deed of Donation document.

Under these situations, the following E&S instruments need to be applied, based on their relevance to the cases being encountered by sub-project proponents:

- (i) An assessment that the affected person does not suffer a substantial loss affecting his/her economic viability as a result of the donation;
- (ii) Certification from the LGUs and the proponents, that the land is free of claims or encroachments from any third party;
- (iii) Deed of Donation to the LGU (barangay, municipality) concerned or the community organization, as witnessed by the LGU barangay and municipal government officials, notarized by a registered Lawyer, with copies of donation papers furnished the Office of the Municipal Assessor and the Provincial Register of Deeds;
- (iv) Declaration of Ownership with Waiver of Claims for Affected Assets;
- (v) Joint Affidavits of Two Adjoining Landowners or Barangay Officials (for unregistered lands);
- (vi) Waiver of Rights/Quit Claim (for Plants, Trees, Houses, Structures claimed by Tenants, Informal Settlers)
- (vii) Waiver of Rights/Quit Claim (With Sharing of Claim)

As incentive of the LGU to PAPs who voluntarily donated portions of their properties to facilitate construction/rehabilitation of the proposed subproject, proponents and LGUs can discuss possible incentive schemes, which may include:

- (i) Privileges to use community facilities with minimal fees to be paid by donor, as compared to other members of the Association;
- (ii) Amnesty for payment of back taxes (for those with no Tax Declarations);
- (iii) Employment during construction;
- (iv) Transfer/resettlement assistance, when necessary; or
- (v) Assistance in getting alternative employment.

- **Negotiation**

The displaced person may opt for any alternative compensation package which, through negotiation that the PAP agreed with the project proponent, provided the total equivalent value of the package is not less than replacement cost of all the lost assets. The PAP may waive any or all types of involuntary resettlement compensation and instead opt for an alternative compensation package as negotiated with the project proponent, provided that:

- (i) the total value of the compensation package is commensurate with the total assessed replacement cost of all the lost assets, lost livelihood and income opportunities;
- (ii) the PAP has been prior-informed of the project entitlements.

## **5. Appropriations**

Land/RROW acquisition, shall be the responsibility of and handled by the Proponent LGU as part of their counterpart. Concerned LGUs shall provide adequate appropriations to acquire the required right-of-way, site or location of the subproject in advance of the project implementation. These appropriations shall include the funds needed to cover the expenses for activities directly related to land/right-of-way acquisition for the subprojects. Expenses related to land/right-of-way acquisition have been enumerated in RA 10752 which can be used by LGUs as basis (i.e. Cost of parcellary surveys and appraisal of properties affected by the projects, compensation, cost of development and implementation of resettlement projects).

## **6. Preparation of Resettlement Plan (RP)**

To ensure that the anticipated negative social impacts of proposed sub-projects, preparation of the RP is deemed necessary and shall be part of the sub-project proposal that will be submitted to the RPMO. The outline is attached as Attachment 2-a.

The Full RP shall be required under the following circumstances:

- (i) Direct impact on 100 PAPs or more that include indigenous peoples or in some way vulnerable, e.g., households headed by women, persons without legal title; or
- (ii) 50 PAPs or more are particularly vulnerable, e.g., hunter-gatherers, conflict affected persons

The Short RPs shall be required if the number of PAPs do not reach the above level. The recommended outline for the RP and Short Description on Resettlement (SDR) are found in Attachment 2-b.

The Full or Short RP will include among others: (a) a completed inventory; (b) a detailed socioeconomic survey of displaced persons describing their age, sex, ethnicity, education, main occupation, sources of income, and total household income per year; (c) detailed compensation and entitlement calculations for each affected household, where applicable; (d) location, area and category of the replacement residential and agricultural land to be provided, if that be the case; (e) a time-bound action plan for implementation; (f) a detailed budget and source of funding for the various compensation measures; and (g) arrangements for external monitoring and evaluation. Attachment 3 provides a matrix of PAP inventory by impact and corresponding entitlement.

The approved RP shall be disclosed in the PMNP website.

## **7. Subproject Approval Process**

The guiding principles contained in this document shall be adapted. Sub-project selection and approval is anchored upon households or families that are recipients of Component 1 services and should be reflected in the survey results as well as inventory of affected persons and properties, number of persons eligible for each entitlement or form of assistance as stated in the RPF and Implementation Guidelines, cost estimates and arrangements for consultation and participation.

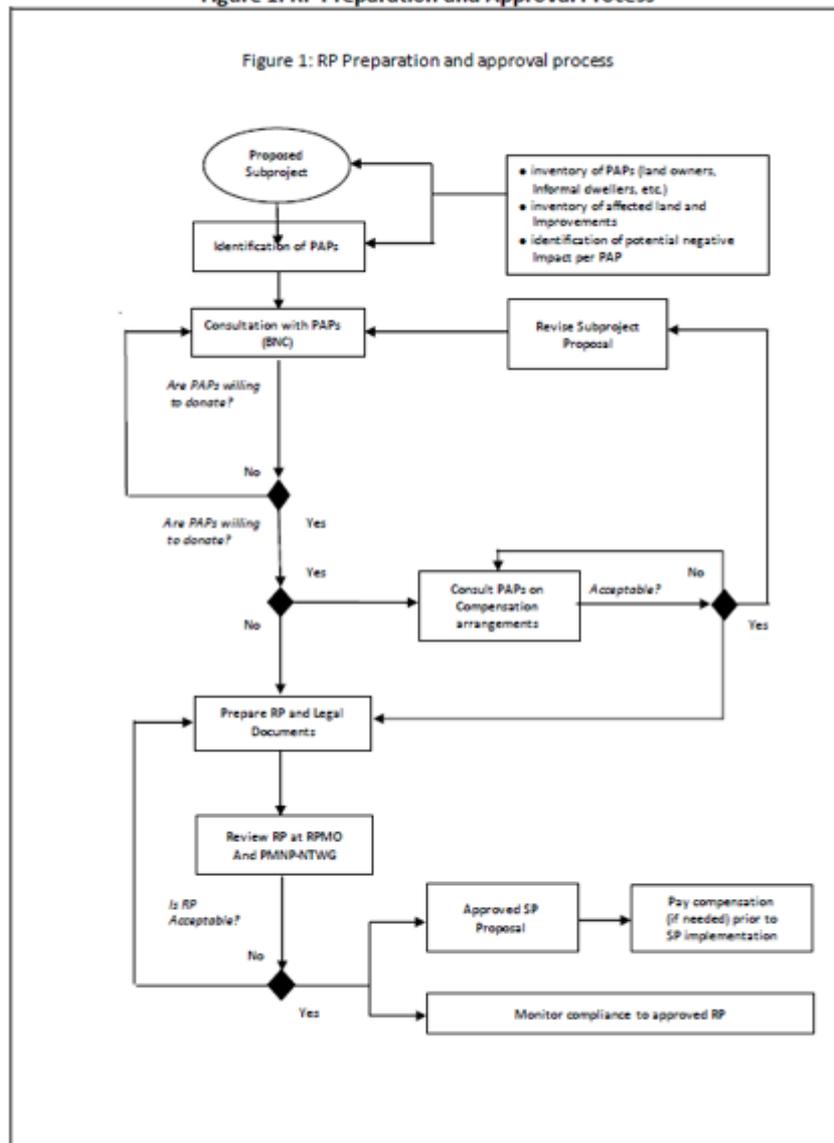
If indigenous peoples are among the sub-project beneficiaries, the RP should incorporate details and documentation on IP consultation which should include:

- (i) Extensive consultation with and informed participation of IPs to ensure that development is culturally appropriate hence with close coordination and/or facilitation with the NCIP and/or the IP Mandatory Representative at the municipal or barangay level;
- (ii) In cases of provision for individual titling, areas with IPs should get IEC sessions so that they are aware of what they are getting into and some of its potential dangers;
- (iii) Capacity building activities

Payment of compensation and provision of other entitlements (in cash or in-kind) shall be satisfactorily completed for each sub-project prior to the commencement of civil works by the community.

The same time requirement would apply if PAPs voluntarily contribute any part of their land and/or assets for the sub-project. That is, all deeds of donations and other relevant legal instruments for each sub-project shall be satisfactorily completed prior to the conduct of the MENC technical review and subsequent request for fund release (RFR).

Figure 1. RP Preparation and Approval Process



## Public Consultation, Participation, and Disclosure

The PAPs will participate throughout the various stages of the RP documentation and implementation. For these purposes and prior to any resettlement activity, the PAPs will be fully informed about the proposed subproject and about the provisions of this RFP and Implementation Guidelines, during barangay assembly.

Several consultations will be conducted at the earlier stages of project preparation. Information about the RFP requirements will be included during the Municipal Orientation.

After the census of households or during the social investigation stage, a public assembly at the barangay level will be called to orient the PAPs on the project and explore other alternatives with them, when necessary.

These consultation meetings will include:

- An orientation on the project;
- Subproject designs;
- Schedules of implementation;
- Probable benefits and adverse impacts; and mitigating measures to be taken;
- Compensation packages and the subsequent schedule of disclosure meetings on valuation, payment, and the grievance process

Copies of the Project background, RPF and Implementation Guidelines and entitlements will be distributed and explained to the PAPs and as much as possible using their local language.

A walk-through of the alignments to determine the specific location of sub-projects on the ground may be arranged by the community and or together with the ACT or MCT members upon the request of PAPs. Field verification activities will be conducted parallel with the field validation led by the DAC together with the Project preparation Team.

All consultation meetings and other activities shall be properly documented. In the event that a subproject involves acquisition of land and other assets and results in other adverse impacts, the community/LGU shall not proceed with the implementation of the subproject unless a compensation package in accordance with this document, satisfactory to all concerned, is agreed upon between the community/LGU and the owners of land/asset affected as well as those who stand to lose their crops, jobs or sources of income.

**Disclosure** of the following documents is advised:

- A draft resettlement plan and/or resettlement framework endorsed by the Inter-Agency Task Force on Zero Hunger (IATF-ZH) before project appraisal;
- The final resettlement plan endorsed by the IATF-ZH after the census of affected persons has been completed;
- A new resettlement plan or an updated resettlement plan, and a corrective action plan prepared during project implementation, if any; and
- The resettlement monitoring reports

## Complaints and Grievance Mechanisms

Complaints and grievances relating to any aspect of the resettlement entitlements and/or activities, including the determined area and price of the lost assets and environment-related complaints, will be managed through the project grievance redress mechanism (See GRM in Stakeholder Engagement Plan).

## Implementation Arrangements

The responsibility for implementing the policy and guidelines set forth in this document are as follows:

- The overall responsibility for the implementation and enforcement of the policy and guidelines under this document rests with the IATF-ZH through the PMNP-NTWG specifically through the DSWD/KC-NPMO at the National Level;
- The Regional Community Process Specialist, with the assistance of the Regional Community Infrastructure Specialist (RCIS) and Counterpart, shall work closely with the Municipal Nutrition Committee (MNC), Nutrition Expanded Municipal Nutrition Committee (ENMC), and Barangay Nutrition Committee (BNC) to assist them in: (a) PAPs inventory, (b) conduct of consultations, (c) preparation of RP per proposed subproject, (d) preparation of Minutes of Meeting for all meetings/consultations conducted, (e) completion of required legal documents, and other activities necessary in the completion of documentary requirements
- At the Community level, the BNC together with the CF, shall be responsible in preparing the asset inventories, the RP, and day-to-day implementation within their respective jurisdiction. The BNC will ensure the active and effective consultation and participation of the PAPs in the preparation and implementation of the RP.
- Disputes/ grievances, shall be filed through the Grievance and Redress Committee (GRC) which had been used and were established from the barangay up to the national level and documentation shall be undertaken by the assigned secretary of the committee. Report shall be submitted to the PMNP-NTWG on a monthly basis or depending on the urgency of issues filed to the committee.
- Funds for implementing the inventories and RP will be provided by the LGU or the community as part of the budgetary requirements established by Municipal and Barangay Committees in consultation with the PAPs.

Construction shall not be allowed to commence by the PMNP-NTWG until compensation has been paid and entitlements like income restoration for vulnerable, when necessary, commences in accordance with the approved RP and to the satisfaction of the PAPs. The formulation of the compensation package and subsequent payments made shall be properly documented.

The RPMO through the MNC, shall be in charge of monitoring LGU compliance to agreements reached by the LGU and PAPs based on the approved RPs. Periodic monitoring shall also be conducted by the PMNP-NTWG through the KC-NPMO to monitor if the agreed RPF and Implementing Guidelines are being observed and implemented. This will also serve as venue to evaluate the processes and make adjustments as may be necessary.

## Supervision, Monitoring and Evaluation

**Internal Monitoring.** Implementation of the RP will be regularly supervised and monitored by the respective RPMO in coordination with the respective MNC and BNC. The findings will be recorded in quarterly reports to be submitted to the PMNP-NTWG.

Internal monitoring and supervision by RPMO and MNC/BNC will:

- Verify that the baseline information of all PAPs has been carried out and that the valuation of assets lost or damaged, the provision of compensation and other entitlements, and relocation has been carried out.
- Formulate performance indicators, benchmarks and success/hurdle rates for the project.
- Oversee that the inventory and RP is implemented as designed and approved.

- Verify that funds for implementing the inventory and RP are provided by the Municipality in a timely manner and in amounts sufficient for their purposes, and that such funds are used in accordance with the provisions of the respective inventory and RP.
- Record all grievances and their resolution and ensure that complaints are dealt with in timely manner.

The PMNP-NTWG through its assigned focal agency shall conduct periodic monitoring of LGU compliance of the required procedures to:

- Determine whether the procedures for PAPs participation, relocation and delivery of compensation and other entitlements have been done in accordance with this RPF and the respective inventories and action plans.
- Assess if the objective of restoration of living standards and income levels of PAP have been met.

**External Monitoring.** As these are small-scale community subprojects, external monitoring shall be carried out thrice: prior to civil works, mid civil works schedule, and one year upon completion of civil works. This engagement will be commissioned by the PMNP-NTWG to a qualified individual or a consultancy firm with qualified and experienced staff. The Terms of Reference shall be prepared by the PMNP-NTWG and shall be acceptable to the IATF-ZH and WB prior to the engagement. PMNP-NTWG shall (i) be responsible for the engagement of the external monitor; (ii) ensure that funds are available for monitoring activities; and (iii) submit Monitoring Reports to the IATF-ZH and the WB. The PMNP-NTWG shall provide copies of RPs and other related documents of the monitoring activities to the external monitor. Specifically, external monitoring activities are as follows:

- Verify results of internal monitoring;
- Verify and assess the results of the information campaign for AP/DPs rights and entitlements;
- Verify that the compensation process has been carried out with the procedures communicated with the AP/DPs during the consultations;
- Assess whether resettlement objectives have been met; specifically, whether livelihoods and living standards have been restored or enhanced;
- Assess efficiency, effectiveness, impact and sustainability of resettlement implementation, drawing lessons as a guide to future resettlement policy making and planning;
- Ascertain whether the resettlement entitlements were appropriate to meet the objectives, and whether the objectives were suited to PAP conditions;
- Suggest modification in the implementation procedures of the RPs, if necessary, to achieve the principles and objectives of the RPF;
- Review on how compensation rates were evaluated; and
- Review of the handling of compliance and grievances cases.

External monitoring reports will be made available to all implementing units, including the PAPs. The external monitoring contractor is accountable to the PMNP-NTWG and reports to the PMNP-NTWG. The PMNP-NTWG submits copies of external monitoring reports to the IATF-ZH and the WB.

**Monitoring in IP Communities.** Monitoring within the affected IP community observe the context of customary law and indigenous knowledge systems and practices, and with guidance and presence of the relevant staff of the NCIP office with jurisdiction over the area or the IP Mandatory Representative of the local government unit.

**Unanticipated Impacts.** If unanticipated involuntary resettlement impacts are determined during project implementation, the PMNP-NTWG through the KC-NPMO will see to the

conduct of a social impact assessment and update the RP or formulate a new RP covering all applicable requirements specified in this ESMF. The social impact assessment will be done in accordance with the procedures stipulated under the CEAC.

### Costs and Budget

Each inventory and resettlement plan will include detailed cost of relocation, compensation and other entitlements, with a breakdown of replacement or rehabilitation costs for agricultural land, residential land, business land, houses, business and other assets, public facilities and services, and utilities. The cost estimates will make adequate provision for continuous consultation and information, dissemination, surveys (parcellary) and project supervision for contingencies.

Sources of funding for the various inventories and resettlement activities will be clearly specified in the cost tables. In view of Cost-Sharing Arrangement for the project, LGU equity as far as costs related to RP documentation and implementation, shall cover the following items:

- Value of land – depending on the type of area that will be traversed by the project
- Value of Improvements that will be damaged during construction (crops, trees, structures, etc)
- Other costs related to ROW acquisition (inventory of project affected stakeholders, consultation with affected individuals, notarization, cost of parcellary survey for annotation of individual land titles, etc.)
- Expenses related to voluntary land donation shall be part of LGU share.

Attachment 1: Sample Deed of Donation

**DEED OF DONATION**

**KNOW ALL MEN BY THESE PRESENTS:**

That I, \_\_\_\_\_ of legal age, single / married to \_\_\_\_\_ with postal address at \_\_\_\_\_ hereinafter referred to as the DONOR, and \_\_\_\_\_, likewise of legal age, single / married to \_\_\_\_\_ with postal address at \_\_\_\_\_ hereinafter called the DONEE, witnesseth:

That the DONOR is the registered owner of a parcel of land, more particularly described as follows:  
*(Insert description of property to be donated)*

That the DONEE is a \_\_\_\_\_;

That the DONOR hereby voluntarily GIVES, TRANSFERS, and CONVEYS by way of donation, unto the said DONEE, his heirs and assigns, the above described property, together with all the improvements found thereon, free from all liens and encumbrances;

That the DONOR affirms that this donation is not made with intent to deceive his creditors, and that he has reserved for himself sufficient funds and property;

That the DONEE hereby accepts and receives this donation made in his favor by the DONOR, and hereby manifests his gratefulness for the latter's generosity.

IN WITNESS WHEREOF, both the DONOR & DONEE have hereunder subscribed their names this \_\_\_\_\_ day of \_\_\_\_\_ 200\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_ DONOR \_\_\_\_\_ DONEE

WITNESSES: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Republic of the Philippines) \_\_\_\_\_) S.S

BEFORE ME, a notary for and in the \_\_\_\_\_(Locality)\_\_\_\_\_, personally appeared:

Name CTC Number Date/Place Issued  
(Donee) 00000000 (Date), 200\_ / Locality

known to me and to me known to be the same persons who executed the foregoing Deed of Donation and acknowledged to me that the same is their free and voluntary act and deed.

**WITNESS MY HAND AND SEAL**, on the date and place first above written. Notary Public  
Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;

Book No. \_\_\_\_\_;  
Series of 200\_.

## Attachment 2: Resettlement Plan Sample Outlines

### Attachment 2-a: Full Resettlement Action Plan - Outline Example

1. Sub-project description (e.g., municipal road link, communal irrigation system, water supply system, etc.)
2. Avoidance or minimization of displacement and other adverse social impacts (steps taken to minimize land acquisition by modifying designs and other approaches)
3. Amount of land acquisition and number of displaced persons and vulnerable groups
4. Full inventory
5. Socio-economic survey (sample respondents) of the project area and the proposed resettlement site
6. Consultation and participation plan
7. Entitlement and compensation package
8. Rehabilitation and income restoration measures
9. Institutional arrangements, required capacity and implementation skills
10. Implementation plan and schedule (e.g., what steps are taken to prepare for resettlement and/or paying compensation; when will it take place; how will it be coordinated with civil works of sub-project; etc)
11. Training Project (if appropriate, as part of rehabilitation measures for affected people)
12. Monitoring (internal and external) and reporting (refer to guidelines in the Resettlement Policy Framework)
13. Grievance procedures specific to sub-project and location (see guidelines in Stakeholder Engagement Plan)
14. Information dissemination plan and transparency measures
15. Budgeting and funding source

Attachment 2-b: Short Description on Resettlement (SDR) – sample outline

The SDR covers the following minimum elements:

1. a census survey of displaced persons and valuation of assets;
2. description of compensation and other resettlement assistance to be provided;
3. consultations with displaced people about acceptable alternatives;
4. institutional responsibility for implementation and procedures for grievance redress;
5. arrangements for monitoring and implementation; and
6. a timetable and budget.

### Attachment 3: PAP Survey Form and Entitlement

This survey form is intended to gather data about a household whose socio-economic well-being is at risk to be adversely affected by implementing a certain rural infrastructure or enterprise development subproject proposed by a proponent Local Government Unit (LGU) for funding assistance under the Philippine Rural Development Project (PRDP). It also outlines potential measure/s or entitlements to mitigate adverse impact/s of the subproject to the lives of the affected households / persons.

The survey shall be administered by the proponent LGU (Province/City/Municipality) with the involvement of the officials of the barangay LGU/s with jurisdiction over the sites where a subproject will be implemented or put in place.

Date of Survey: \_\_\_\_\_

Household (HH) Survey Number: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Affiliation with the Household (HH) Head: \_\_\_\_\_

*[A respondent must be: (i) member of the HH; (ii) at least 18 years of age; (iii) residing with the HH in at least three years prior to the conduct of the survey]*

Subproject ID No:						
Barangay:		Municipality:			Province:	
Household Composition: This form should contain data about one Household (HH). Check among the choices below if it applies to the Household:						
<input type="checkbox"/> Person with Disability (PWD) <input type="checkbox"/> Solo-parent <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Senior Citizen						
Please note if there is among household members any other vulnerabilities/special conditions: (i.e. pregnant with small children)						
Name of HH Head and Members	Gender	Age	Ethnicity	Education	Occupation and sources of Income	Estimated Total Income per Year
<b>HH Head:</b> [Household head is the decision maker of the family and can either be male or female]						
<b>HH Members:</b>						
1.						
2.						
3. etc... add rows as needed						
<b>Total Landholding:</b>	<b>Sq.m.</b> [Total Land Holdings is the current total land area owned / occupied by the affected person in sq. m.]		<b>Lot No:</b>		<b>Parcellary No.</b> (N.A for Ancestral Domain)	
<b>PROPERTIES TO BE AFFECTED BY THE PROJECT</b>	<b>QUANTIT Y and COST</b>		<b>TENURIAL STATUS</b> (e.g. owned, rented, tenant, etc.)		<b>ENTITLEMENTS</b> [This may either be in the form of donation / compensation / others. The current market value of the	

			affected properties should be stated]
<b>A. LAND</b>			
1. Residential [Land can be considered as residential if it is used by the owner or tenant as their residential area]	Sqm & Cost		
2. Commercial [Land can be considered as commercial if it is used by the owner or tenant for business or enterprise]	Sqm & Cost		
3. Agricultural [Land can be considered as agricultural if it is used by the owner or tenant for farming]	Sqm & Cost		
<b>B. CROPS</b> (Pls. Specify; If the Owner or tenant has an agricultural land, the affected crops should be stated here. If the affected person encroached the site right-of-way with crops, it should still be stated here.)			
1.	Sqm & Cost		
2. (Add rows when necessary)	Sqm & Cost		
<b>C. TREES</b> (Specify Age; Disaggregate forest and fruit trees)			
1.	No & Cost		
2. (Add rows when necessary)	No & Cost		
<b>D. STRUCTURES</b> (Specify)			
1. Permanent [This are concrete and immovable structures that have been used by the household for a long time]	Sqm & Cost		
2. Temporary [This are made from light materials]	Sqm & Cost		
3. Tombs	Sqm & Cost		
4. Wells	Sqm & Cost		
5. Fence	Linear m		
<b>E. ECONOMIC LOSSES</b> (Explain Briefly)			
1. Business Loss [Number and Type of Businesses affected should be stated] and Cost			
2. Income Loss [Amount of income loss and source of income that has been affected should be stated. Temporary losses should not be included] and Cost			
3. Temporary Losses [Businesses needed to be stopped for a period of time due to implementation of the subproject. Amount of income loss and source of income that has been affected should be stated] and Cost			
<b>F. OTHERS</b> (Explain briefly)			
1.			
2. (Add rows when necessary)			

**Survey Conducted by:**

\_\_\_\_\_  
Barangay Nutrition  
Facilitator  
Council Representative

\_\_\_\_\_  
Municipal Nutrition  
Council Representative:

\_\_\_\_\_  
Community

**CONFORME:**

\_\_\_\_\_  
Name and Signature of HH Representative (Respondent)

**Note:** Attach donation paper or affidavit of “quit claim” in case the affected person shall not claim for any entitlement. Likewise, please remove guidelines or instructions prior filling up this form. Instructions, however, should be clearly explained to the affected person by the surveyor.

## Annex 7: Philippine Laws, Regulations, Guidelines and Standards

### 1. Presidential Decree 1586 – Philippine Environmental Impact Statement System (PEISS)

This law established the Environmental Impact Statement (EIS) System that requires all agencies and instrumentalities of the national government, government-owned or controlled corporations, as well as private corporations, firms, and entities to conduct an environmental impact assessment for every proposed project and undertaking which significantly affect the quality of the environment. The PEISS requires identifying direct and indirect impacts of a project on the biophysical and human environment and the development of appropriate environmental protection and enhancement measures to address adverse impacts and risks. The rules and regulations to implement the PEISS are outlined in the Department of Environment and Natural Resources (DENR) Administrative Order No. 2003-30.

Projects covered by the PEISS need to secure an Environmental Compliance Certificate (ECC) while those that are not covered qualify for a Certificate of Non-Coverage (CNC). DENR Administrative Order 2003-30 and EMB Memorandum Circular 2014-05 outline the project thresholds for coverage screening and categorization under the PEISS.

The PEISS also covers the aspects of community safety and health. It includes the assessment of impacts to public health and safety due to potential environmental and social risks of a project. The procedures for the screening, scoping, the conduct of the EIA, and review are outlined in DENR Administrative Order 2003-30. The requirements for public participation under the PEISS are stipulated in DENR Administrative Order No. 2017-15. It aims to improve and rationalize public participation by incorporating best practice principles and standardizing the procedures and requirements and to achieve meaningful public participation at the various stages of the EIA process in the EIS System. Under the PEISS, public participation is a requirement from the social preparation prior to scoping to impact management and monitoring during project implementation.

Other laws related to EIA are:

- (i) **Philippine Environmental Policy -Presidential Decree 1151: 1977** required government agencies and private developers to submit an environmental impact statement for every project and activity; and
- (ii) **Philippine Environment Code (PD 1152:1977)** established a comprehensive program for environmental protection and management.

Under PEISS (PD 1586), the nutrition-specific interventions, maternal and child care healthcare activities, WASH facilities are classified as Category D -projects or undertakings that are deemed unlikely to cause significant adverse impact on the quality of the environment. These projects are not covered by PEISS and are not required to secure an environmental certificate. However, such non-coverage shall not be construed as an exemption from compliance with other environmental laws and government permitting requirements. Category D projects shall not be required to submit any document to EMB. However, proponents of these projects may, however, still opt to secure a certificate of Non-Coverage (CNC) from the EMB. Table 1 shows the DENR classification for the possible PMNP subprojects.

**Table 1: DENR Requirements for possible PMNP subprojects**

Subproject	DENR Classification	Category <sup>115</sup>	DENR Documentary Requirement
Nutrition and primary healthcare services and programs	Not included in the list of industries and/or activities in PEISS	Not covered	None
Water Supply	3.1.3 Level I and II Water Supply (Deep well and communal faucet)	D	None
Livestock Animal Industries	2.2.7a Livestock/Piggery Projects (e.g., pigs, goats) $\leq$ 100 heads	D	None
	2.2.7c Livestock/poultry projects $\leq$ 10 000 heads	D	None
Fishery Projects	2.3.1 Fishery/Aquaculture Projects using fresh or brackish water including pear farm and similar activities $\leq$ 1ha or seaweed farming	D	None

Note: The DENR Classification is based on the Revised Guidelines for Coverage Screening and Standardized requirements under the PEISS: EMB Memorandum Circular 005-July 2014

## 2. Republic Act 8749 – Philippine Clean Air Act of 1999

This law is a comprehensive air quality management policy and program which aims to achieve and maintain healthy air for the people. It addresses air pollution coming from stationary sources such as fuel-burning equipment and industrial plants; mobile sources such as motor vehicles; and other potential sources of air pollutants; and includes certain limits/standards and its corresponding penalties. It also contains provisions for air quality management funds, air quality monitoring and information network and designated airsheds. DENR Administrative Order No. 2000-81 sets the rules and regulations for the implementation of the Philippine Clean Air Act.

RA 8749 applies to the project due to the potential for emissions from healthcare waste incineration. Section 20 of RA 8749 states:

*Ban on Incineration* - Incineration, hereby defined as the burning of municipal, bio-medical and hazardous wastes, which process emits poisonous and toxic fumes, is hereby prohibited: Provided, however, that the prohibition shall not apply to traditional small-scale method of community/neighborhood sanitation "siga", traditional, agricultural, cultural, health, and food preparation and crematoria: Provided, further, That existing incinerators dealing with bio-medical wastes shall be phased out within three (3) years after the effectivity of this Act: Provided, finally, that in the interim, such units shall be limited to the burning of pathological and infectious wastes, and subject to close monitoring by the Department.

In relation to the effects of climate change, the DOH shall promote the use of state-of-the-art, environmentally- sound, and safe non-burn technologies for the handling, treatment, thermal

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<sup>115</sup> PEISS categorization: (i) Category A- environmentally critical projects; (ii) Category B- projects not classified as environmentally critical but located in environmentally critical areas; (iii) Category C-projects intended to directly enhance the quality of the environment or directly address existing environmental problems; and (iv) Category D -projects or undertakings that are deemed unlikely to cause significant adverse impact and are not covered by PEISS.

destruction, utilization, and disposal of sorted, unrecycled, uncomposted municipal, bio-medical and hazardous wastes.

These provisions of RA 8749 were clarified by the DENR Memorandum Circular (DMC-2002-05), which:

- states that RA 8749 does not prohibit incineration of wastes except those burning processes which emit poisonous and toxic fumes;
- recognises that appropriate disposal techniques for medical and bio-medical wastes are limited; and
- incineration of these wastes is only permitted in state-of-the-art facilities which are proven to emit minimal air pollutants with concentrations meeting RA 8749 criteria.

The phasing out of bio-medical incinerators contemplated under RA 8749 was deemed impracticable due to lack of affordable best available technology.

### **3. Republic Act 9275- Clean Water Act of 2004**

The Clean Water Act applies to water quality management in all water bodies, and it shall primarily apply to the abatement and control of pollution from land-based sources (industries and commercial establishments, agriculture and community/household activities). The Act encompasses all water bodies such as fresh, brackish, and saline waters, and includes but not limited to aquifers, groundwater, springs, creeks, streams, rivers, ponds, lagoons, water reservoirs, lakes, bays, estuarine, coastal, and marine waters. The DENR Administrative Order 2016-08 provides the “Water Quality Guidelines and General Effluent Standards pursuant to the requirements of RA 9275. The discharge of wastewater into any inland water that exceeds the general effluent standards is prohibited.

**4. Presidential Decree 1067- Water Code of the Philippines** provides appropriation, utilization, exploitation, development, conservation, and protection of water sources. PD 1067 was amended in 2005 to clearly indicate the coverage and requirements for the “water permit” application.

**5. Presidential Decree 856- Sanitation Code of the Philippines** The law provides the guidelines and standards to ensure health and safety of the people with the DOH as the lead agency to ensure the promotion and preservation of the health of the people and raise the health standards of individuals and communities in the Philippines. The Code is a compilation of implementing rules and regulations (i.e., guidelines, standards, required permits) related to on water and sanitation for: (i) water supply; (ii) food establishments; (iii) market abattoirs; (iv) public laundry; (v) school sanitation and health services; (vi) industrial hygiene; (vii) public swimming or bathing places; (viii) various establishments such as dancing schools, wellness and personal care, and hotels; (ix) port, airport and aircraft sanitation; (x) vermin control; (xi) sewage collection and disposal; (xiii) refuse disposal; (xiv) pollution of the environment; and (xv) disposal of dead persons. Other rules and regulations pertaining to provision of drinking water relevant to the Code are the following:

- a. **DOH Administrative Order 2017-0010 - Philippine National Standards for Drinking Water (PNSDW)** which includes standards for the acceptable values of water quality parameters for drinking water.
- b. **DOH A.O. 2014-0027 – National Policy on Water Safety Plan (WSP) for All Drinking-Water Service Providers**
- c. **DOH A.O. 2017-0006 – Guidelines for the Review and Approval of the Water Safety Plans of Drinking-Water Service Providers**

## **5. Republic Act (RA) 9003 – Ecological Waste Management Act and DENR AO 2001-34 for its implementing rules and regulations (IRR)**

The Ecological Waste its implementing rules and regulations stipulated in DENR Administrative Order No. 2001-34 promotes proper segregation, collection, transport, storage, treatment and disposal of solid waste through the formulation and adoption of best environmental practice, ensure protection of public health and the environment, encourage greater private sector participation in solid waste management, and encourage cooperation and self-regulation among waste generators. It describes ecological waste management as the systematic administration of activities which provide for segregation at source, segregated transportation, storage, transfer, processing, treatment, and disposal of solid waste and all other waste management activities which do not harm the environment. The manner by which these activities are conducted shall be in accord with the best principles of public health, economics, engineering, conservation, aesthetics, other environmental considerations, and public attitudes. The implementing rules and regulations RA 9003 are detailed in DENR AO 2001-34.

## **6. Republic Act (RA) 6969 —Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990; DENR Administrative Order (DAO) 1992-29 IRR of RA 6969**

The Philippine Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990 was enacted to regulate, restrict, or prohibit the importation, manufacture, processing, sale, distribution, use and disposal of chemical substances and mixtures that present unreasonable risk and/or injury to health or the environment; to prohibit the entry, even in transit, of hazardous and nuclear wastes and their disposal into the Philippine territorial limits for whatever purpose; and to provide advancement and facilitate research and studies on toxic chemicals.

The implementing rules and regulations are stipulated in DENR Administrative Order No. 1992-29 which also sets the registration and permitting requirements for hazardous waste generators, transporters, and treaters. It requires hazardous waste generators to register with the DENR-Environmental Management Bureau (DENR-EMB), properly manage, and dispose of hazardous wastes generated in its facility. The hazardous wastes must be segregated, labelled, kept in proper storage facility, transported, treated/recycled and disposed of through DENR- accredited waste transporters and/or treatment facilities. In compliance with the Section 27 of the IRR, a transporter of health care wastes is required to register and obtain a Transport Permit from the DENR-EMB.

Related laws and administrative orders to the management of hazardous wastes are:

### **a. Joint DOH-DENR DAO Order No. 2005-02 – Policies and guidelines on effective and proper handling, collection, transport, treatment, storage and disposal of health care waste**

The Joint DOH-DENR Administrative Order (JAO) 2005-02 dated 24 August provides definition and classification of health care wastes. The classification includes general waste, infectious waste, pathological waste, sharps, pharmaceutical wastes, genotoxic waste, chemical waste, waste with high heavy metals content, pressurized containers, and radioactive waste.

Also, The DENR-DOH JAO was developed to clarify the roles and responsibilities of DOH and DENR in regulating the activities of health care facilities based on the DAO 2004-36 Procedural Manual on Hazardous Management, which was later revised and updated in 2013

as DAO 2013-22 or the Revised Procedures and Standards for the Management of Hazardous Wastes. All onsite activities are to be managed and supervised by the DOH while movement of hazardous healthcare wastes are required to comply with the requirements of the DENR in accordance with RA 6969 and its implementing rules and regulations.

#### **b. DAO 2013-22 – Revised Procedures and Standards for the Management of Hazardous Wastes**

This policy aims to further streamline the procedures for generation and compliance to the legal and technical requirements of hazardous waste management, including guidelines for waste generators, transporters, and treatment, storage, and disposal facilities.

Under this law, healthcare wastes from hospitals, medical centers, and clinics containing pathological, pathogenic, and infectious wastes, sharps and others are categorized as M501 or pathological or infectious wastes. Meanwhile, pharmaceuticals and drugs (M503) include expired pharmaceuticals and drugs stocked at producers and retailers' facilities which contain hazardous constituents harmful to the environment such as antibiotics, veterinary, and phytopharmaceutical and others.

The vaccine vials from the proposed immunization activities in Component I are categorized under pharmaceutical and drugs (M503) while the syringes, cottons, and other materials used in the vaccination programs which had contact to the patient will be considered as infectious wastes (M501).

The policy mandates waste generators to avail services of waste transporters and TSD facilities duly registered by the EMB Central Office and whose permits are valid within the period that the wastes are being transported and treated, stored, or disposed of

#### **c. DOH Department Circular (DC) 2020-0191 – Circulation of the Health Care Waste Management Manual Fourth Edition**

The DoH issued the DC 2020-0191 last 23 April 2020 institutionalizing the use of the 4<sup>th</sup> Edition of the Health Care Waste Management Manual. It is intended to serve as the most comprehensive set of guidelines on the safe management of wastes generated from health care activities in the country. It incorporates the requirements of all Philippine laws and regulations governing HCWM and considers the recommendations of the World Health Organization (WHO) and stakeholders, including end-users.

This edition is intended and designed for the use of individuals, establishments, and other entities involved in the segregation, collection, handling, storage, treatment, and disposal of waste generated.

The DOH Health Care Waste Management (HCWM) Manual (4<sup>th</sup> edition) classifies discarded items used in handling of vaccines, such as vials, or boxes with residues, gloves, and masks, as pharmaceutical wastes.

**Related laws are:** Republic Act No. 3720, or the Food, Drug and Cosmetic Act as amended by Executive Order No. 175, s. 1987, and Republic Act No. 9711, or the Food and Drug Administration Act of 2009 and Bureau of Food and Drug (BFAD) Circular 16, series of 1999 – Amending BFAD MC No. 22 dated September 8, 1994, regarding Inventory, Proper Disposal, and/or Destruction of Used Vials or Bottles

#### **7. Republic Act 10174 – Amending the Climate Change Act of 2009**

Republic Act 10174 provides the regulatory framework for the development of the National Framework Strategy on Climate Change (NSFCC) and the National Climate Change Action Plan (NCCAP). These documents serve as guidance to the government in managing climate risk and vulnerability and in determining appropriate adaptation and mitigation measures for the country.

#### **8. Republic Act 10121 – Philippine Disaster Risk Reduction and Management (PDRRM) Act of 2010**

Republic Act 10121 law provides the National Disaster Risk Reduction and Management Framework and institutionalizes the National Disaster Risk Reduction and Management Plan of the country. It adopts a disaster risk reduction and management approach that is holistic, comprehensive, integrated and proactive to lessen the socio-economic and environmental impacts of disaster including climate change. The law requires national agencies to strengthen their capacity for mitigation, preparedness, response, and recovery to reduce risks to human life and assets.

**9. Republic Act (RA) 10752 - An Act to Facilitate the Acquisition of Right-Of- Way (ROW), Site or Location for National Government Infrastructure Projects.** The law took effect on April 03, 2016 and its Implementing Rules and Regulations (IRR) became effective on 07 August 2017 repealing RA 8974. The IRR of this law aims to expedite the implementation of infrastructure projects. With its implementation, it is expected to reverse the pattern of expropriation as a preferred mode of acquisition, which is usually a long-drawn process. The new law provides a clear and simple ROW acquisition guideline which benefits both the property owners/project-affected persons (APs) and Implementing Agencies (IAs). Section 4 of the Act explicitly states that the modes of acquiring real property are: (i) donation, (ii) negotiated sale, and (iii) expropriation. Property valuation is market-based and undertaken using Government Financial Institutions (GFIs) or Independent Property Appraisers which help promote objective property valuation. The assumption by the IA of the capital gains tax also provides an additional incentive to the lot owners to negotiate with the government.

**10. The Indigenous Peoples' Rights Act (IPRA) of 1997 -** IPRA sets conditions, requirements, and E&S instruments for plans, programs, and projects affecting IPs. NCIP issued a number of Administrative Orders (AO) that put into operation the provisions of IPRA. The most important AO for purposes of this RF is NCIP Administrative Order No. 3 or the Revised Guidelines on Free and Prior Informed Consent Guidelines and Related Processes of 2012.

**11. RA 11054 of 2018, or the Organic Law for the Bangsamoro Autonomous Region -** The Bangsamoro Organic Law (Republic Act No. 11054), also known as Bangsamoro Basic Law and often referred to by the acronym "BOL" and "BBL" is a Philippine law providing for the establishment of an autonomous political entity known as the Bangsamoro Autonomous Region, replacing ARMM on July 26, 2018." The purpose of this Organic Law is to establish a political entity, provide for its basic structure of government in recognition of the justness and legitimacy of the cause of the Bangsamoro people and the aspirations of Muslim Filipinos and all indigenous cultural communities in the Bangsamoro Autonomous Region in Muslim Mindanao to secure their identity and posterity, allowing for meaningful self-governance within the framework of the Constitution and the national sovereignty as well as territorial integrity of the Republic of the Philippines.

**12. Republic Act 6389 of 1971 -** provides for disturbance compensation to agricultural lessees equivalent to 5 times the average gross harvest in the last 5 years.

**13. Article 1137, Civil Code Art. 1137** - Ownership and other real rights over immovable assets also prescribes through uninterrupted adverse possession thereof for thirty years, without need of title or of good faith. The provision (1959a) is without prejudice to what is established for the acquisition of ownership and other real rights by prescription (1963).

**14. RA 11231** - The Agricultural Free Patent Reform Act (2019). An Act Removing the Restrictions Imposed on the Registration, Acquisition, Encumbrance, Alienation, Transfer and Conveyance of Land Covered by Free Patents Under Sections 118, 119, and 121 of Commonwealth Act No. 141, Otherwise Known as "The Public Land Act", as Amended. Previously, Section 118 of the CA No. 141 prohibits the encumbrance or alienation of lands acquired under free patent, except to the government or any of its branches, within five (5) years from the issuance of the patent or grant. Likewise, Section 119 provides that the applicant, his widow, or legal heirs can repurchase land acquired under the free patent provisions within five (5) years from the date of transfer or sale. With the enactment of RA No. 11231, an agricultural free patent is now a title free of any restriction on its encumbrance or alienation. It applies retroactively such that any restrictions on the acquisition, encumbrances, or dispositions on agricultural free patents issued prior to the enactment of RA No. 11231 shall be removed and immediately lifted.

**15. Commonwealth Act 141 Section 112 or Public Land Act** - prescribes a twenty (20) meter strip of land reserved by the government for public use, with damages being paid for improvements only. Presidential Decree 635 amended Section 112 of CA 141 increasing the width of the reserved strip of twenty (20) meters to sixty (60) meters. Under section ii, a quit claim is provided where the Government has the right to acquire a 20 to 60 m width of the land acquired through CA 141. Only improvements will be compensated. It further stipulates that holders of free or homesteads patents and CLOA under CA 141 follow the other modes of acquisition enumerated in the IRR of RA10752, if the landowner is not the original patent holder and any previous acquisition of said land is not through a gratuitous title; Cash compensation for loss of land at 100% current market value and improvements at replacement cost or follow the provisions under CA No. 141 regarding acquisition of ROW on patent lands, if the landowner is the original patent holder or the acquisition of the land from the original patent holder is through a gratuitous title except for improvements at replacement cost.

**16. The Comprehensive Agrarian Reform Law Republic Act 6657 (1988)** - Section 28 provides that landowner shall retain his share of any standing crop unharvested at the time the DAR shall take possession of the land under Section 16 of this Act, and shall be given a reasonable time to harvest.

**17. Republic Act 8972 or the Solo Parent's Welfare Act** - provides for benefits and privileges to solo parents and their children. It aims to develop a comprehensive package of social development and welfare services for solo parents and their children to be carried out by the Department of Social Welfare and Development (DSWD), as the lead agency, various government agencies including NSO and other related NGOs.

**18. Republic Act No. 7277** - is an act providing for the rehabilitation, self-development and self-reliance of disabled persons and their integration into the mainstream of society and for other purposes.

**19. Republic Act No. 9442** - is an act amending Republic Act No. 7277, otherwise known as the Magna Carta for disabled persons, and for other purposes.

**20. Republic Act No. 9710** - with Implementing Rules and Regulation is an act providing for the Magna Carta of Women.

**21. Republic Act 7432 (1992)** - is an Act to maximize the contribution of Senior Citizens to nation building, grant benefits and special privileges and for other purposes provides the privileges for senior citizens such as grant of 20% discount from all establishments relative to the utilization of transportation services, hotels and similar lodging establishments, restaurants and recreation centers and purchase of medicine anywhere in the country.

**22. Presidential Decree (PD) No. 442 (1974), as amended and renumbered - the Labor Code of the Philippines**

The Labor Code is a comprehensive legislation that regulates employment relations and provides the labor and working standards. The law extends protection to labor, strengthen the constitutional rights of workers to self-organization, collective bargaining and peaceful concerted activities, foster industrial peace and harmony, promote the preferential use of voluntary modes of settling labor disputes, and reorganize the national labor relations commission. The labor code and its implementing rules and regulations provide for the terms and conditions of employment that includes requirements on working conditions and rest periods, hours of work, service incentive leaves, service charges, wage rates and deductions, health, safety and social benefits, among others.

**23. Republic Act 11058 – An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof**

This law strengthens the compliance with OSH Standards to ensure a safe and healthy working environment for employees by providing protection from all possible dangers in the workplace. The law applies to all organizations, projects, sites, or any place where work is being done. The DOLE Department Order No. 198-2018 sets out the implementing rules and regulations of this act. The order provides that all workers must be appropriately informed by the employer about all types of hazards in the workplace, and be provided access to training, education, and orientation of chemical safety, electrical safety, ergonomics, and other hazards and risks.

This law does not only ensure the protection and safety of the workers but also of the public/community of the possible hazards in the worksite. Chapter III – Duties and Rights of Employers, Workers and Other Persons, Section 9 (Safety Signage and Devices) of DOLE Department Order No. 198-2018, states that all establishments, projects, sites and all other places where work is being undertaken shall have safety signage and devices to warn the workers and the public of the hazards in the workplace.

**Related law: Joint Memorandum Circular No. 1, series 2020 – Occupational Safety and Health Standards for the Public Sector** The joint memorandum circular is an offshoot of the National OHS Policy Framework that was signed by the Civil Service Commission (CSC), DOH, and the DOLE to guide key stakeholders in the development, implementation, monitoring and evaluation of occupational safety and health for both the public and private sector workers.

**24. Batas Pambansa 344 – Accessibility Law**

This law requires certain buildings, institutions, establishments and public utilities to provide access for disabled, elderly and children. No license or permit for the construction, repair or renovation of buildings for public use will be granted unless architectural facilities or structural features such as sidewalks, ramps, railing, and the like are incorporated to enhance the mobility of disabled persons.

Related laws to Batas Pambansa 334 are:

a. **Persons with Disabilities (PWDs) Republic Act 7277** – An Act Providing For The Rehabilitation, Self-Development And Self-Reliance Of Disabled Person And Their Integration Into The Mainstream Of Society And For Other Purposes

b. **Republic Act 11106** – An Act Declaring the Filipino Sign Language as the National Sign Language of the Filipino Deaf and the Official Sign Language of Government in All Transactions Involving the Deaf, and Mandating its Use in Schools, Broadcast Media, and Workplaces

## **25. Gender-Based Violence (GBV) and Violence Against Women and Their Children (VAWC)**

a. **The Republic Act 9262 or the Anti-Violence Against Women and Their Children Act of 2004** upholds the dignity and rights of women and children cognizant of the need to protect the family and its members particularly women and children, from violence and threats to their personal safety and security. This is in accordance with the Constitution and the Provisions of the Universal Declaration of Human Rights, the convention on the Elimination of all forms of discrimination Against Women, Convention on the Rights of the Child and other international human rights instruments of which the Philippines is a party. This law covers the acts of violence against women and their children, penalties, and protection orders.

b. **The Special Protection of Children Against Abuse, Exploitation and Discrimination Act or Republic Act 7610** aims to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control. It provides special protection to children from all forms of abuse, neglect, cruelty exploitation and discrimination and other conditions, prejudicial their development; and provide prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination.

c. **The Republic Act 10354 , the Responsible Parenthood and Reproductive Health Act of 2012**, also highlights the elimination of violence against women and children and other forms of sexual and gender-based violence. In addition, the DOH Administrative Order 1-B entitled “Establishment of a Women and Children Protection Unit in All Department of Health (DOH) Hospitals” was promulgated in response to the increasing number of women and children who consult due to violence, rape, incest, and other related cases.

d. **PD 603 (The Child and Youth Welfare Code) and RA 7610 (Special Protection of Children Against Abuse, Exploitation, and Discrimination Act)**

## **26. Local Government Code of 1991**

The LGU Code requires all national agencies and offices to conduct periodic consultations with appropriate LGUs, non-governmental and people’s organizations, and other concerned sectors of the community before any project or project is implemented in their respective jurisdictions.

## **27. Relevant laws on nutrition**

- Executive Order 51 – Philippine Milk Code and its Revised Implementing Rules and Regulations Philippine Code of Marketing of Breastmilk Substitutes (E.O. 51), Administrative Order 2006-0012 (Revised Implementing Rules and Regulations of Executive Order No. 51m (The "Milk Code", Relevant International Agreements, Penalizing, 15-05-06), and Expanded Breastfeeding Promotion Act of 2009 (RA 10028).
- RA 10028 – Expanded Breastfeeding Promotion Act of 2009
- RA 11148 – Kalusugan at Nutrisyon ng Mag-Nanay Act
- RA 11210 – Expanded Maternity Leave Law

- RA 8172 – An Act for Salt Iodization Nationwide
- RA 8976 – Food Fortification Law
- RA 10410 – Early Years Act
- NNC Governing Board Resolution No. 1 Series of 2017 Approving the Philippine Plan of Action for Nutrition 2017-2022
- NNC Governing Board Resolution No. 1 Series of 2016 Adopting the 2015 Philippine Dietary reference Intakes for Use in the Philippines
- Nutrition Cluster Advisories issued in 2020 related to COVID-19 pandemic response
- Presidential Decree 1569 – Strengthening the Barangay Nutrition Program
- DILG Memo Circular 2018-42 on the Adoption and Implementation of the Philippine Plan of Action for Nutrition 2017-2022
- NNC Governing Board Resolution No. 1 Series of 2009, National Policy on Nutrition Management in Emergencies and Disasters Covers interventions during emergencies, i.e. infant and young child feeding, vitamin A supplementation and management of acute malnutrition

## **28. Guidelines and Memorandum Circulars during the COVID-19 pandemic**

### **a. Management of Hazardous Wastes**

#### **(i) . DENR Memorandum Circular (MC) 2020-16 – Amendment of the Interim Guidelines on Issuance of Special Permit to Transport (SPTT) for the Transportation of Hazardous Wastes within the Community Quarantine Period**

This policy covers registered transporters and registered treatment, storage and disposal (TSD) facilities which respectively haul, treat, and/or dispose healthcare wastes nationwide. The transporters with existing valid regular permit to transport (PTT) for M501 shall continue to collect/haul hazardous COVID-19 wastes and other pathological and infectious wastes from healthcare facilities and are allowed to pass through checkpoints for delivery at designated TSD facility during the community quarantine period. If the PTT expires during the period, an SPTT is to be secured online. Similarly, TSD facilities with TSD Registration Certificates and transporters with Transporter Registration Certificate (TRC) handling M501 with certificates expiring during the Enhanced Community Quarantine are automatically extended for 60 days and the Application for Renewal shall be immediately processed within 5 days upon lifting of ECQ.

#### **(ii) . Memorandum Circular (MC) 2020-20 – Provisional Guidelines on the Hazardous Wastes Management within the Extended Enhanced Community Quarantine**

DENR MC 2020-20 dated 30 April 2020 provides the guidelines for waste transporters and treatment, storage, and disposal (TSD) facilities to comply during the extended enhanced community quarantine. It upholds the policy of the government to continuously monitor the transport, treatment, storage, and disposal of hazardous wastes in order to prevent or avoid the likelihood of environmental disaster and contamination and provide temporary protocols for waste handlers, transporters, treaters, local government units, law enforcement authorities, and other stakeholders in the smooth implementation of proper hazardous waste management.

It describes the coverage and simplification of existing procedures for the issuance of PTT to registered transporters and registered TSD facilities during the extended enhanced community quarantine period to enable them to haul, treat and dispose healthcare wastes and related hazardous wastes. The transporters and TSD facilities are required to follow safety protocols as outlined in their health, safety, and environmental (HSE) plan.

### **b. Occupational Health and Safety**

**(i) Joint Memorandum Circular no. 20-04-A series of 2020 – DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19**

The JMC 20-04-A of DTI and DOLE issued last August 15, 2020 provides guidelines on workplace safety and health during the COVID-19 pandemic which covers all private establishments regardless of economic activity, including those located inside special economic zones and other areas under the jurisdiction of Investment Promotion Agencies (e.g. Philippine Economic Zone Authority (PEZA), Clark Development Corporation (CDC), Authority of the Freeport Area of Bataan (AFAB), Aurora Pacific Economic Zone and Freeport (APECO, etc.)) It describes measures on increasing physical and mental resilience, reducing virus transmission, management of symptomatic and asymptomatic employees in the workplace, COVID-19 testing, notification and reporting, OSH Committees, disinfection and closure of buildings/workplaces, and leave of absences and entitlements.

**c. DOH COVID-19 Interim Guidelines**

DOH has developed a series of Interim Guidelines specifically targeted at COVID-19 response that can be accessed at the DOH website. The application of these Guidelines should be considered in comparison with evolving WHO guidance to ensure that minimum health standards and protocols are observed during the implementation of all components (including subprojects) of the project.

**B. Guidelines and Standards**

**1. DOH National Guidelines on the Management of Moderate Acute Malnutrition for Children under five years (Manual of Operations) (May 2020)**

The purpose in formulating the guidelines is to establish the management of Moderate Acute Malnutrition (MAM), both by prevention at the early onset or treatment of nearly severe cases, among children in the Philippines from 6-59 months of age.

The end goal of these guidelines is to have a sustained implementation of services for the management of MAM as components within the context of Community-Based Management of Acute Malnutrition (CMAM). To achieve this goal, the following are considered:

- A harmonized approach in the diagnosis and treatment that is in line with the latest global evidence;
- A national set of guidelines for nationwide implementation of MAM programs in normal situations and in times of emergencies;
- Well-integration of MAM guidelines with other established public health and nutrition services and interventions to prevent all forms of malnutrition: (early initiation of breastfeeding; exclusive breastfeeding for infants under 6 months; continued breastfeeding with complementary feeding for children aged 6–24 months; expanded access to high quality foods and fortified foods, quality health care, improved water sources and sanitation facilities; micronutrient supplementation for vulnerable children; better knowledge of caring practices for development; growth monitoring; Expanded Program of Immunization (EPI); management of childhood illnesses; maternal nutrition, etc.)
- Operationalization and scale up.

These guidelines are primarily intended for community service workers such as the Barangay Nutrition Scholars (BNS), Barangay Health Workers (BHW), and the Community Health Team (CHT); social welfare and day care workers; nutritionist-dietitians; health care providers (doctors, nurses, and midwives); Nutrition Action Officers (NAOs) to help implement nutrition interventions; Health Facility Managers, and Parent Leaders (of DSWD's Pantawid Pamilyang

Pilipino Program-4Ps who can also be BHW and BNS). It is also integral that private clinics and institutions, as well as professional organizations (e.g. Philippine Pediatric Society), are encouraged to participate.

## **2. Guidelines related to nutrition-specific interventions of PMNP are:**

- (i) Guidelines on the distribution and utilization of RUTF and RUSF for exceptional circumstances
- (ii) NNC's Guidelines on Operation Timbang Plus in 2010 and Electronic OPT Plus Tool or e-OPT Tool in 2016
- (iii) NNC National Dietary Supplementation Guidelines
- (iv) (ii) Interim Guidelines for Immunization Services in the Context of COVID 19 Outbreak
- (v) Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID 19 Pandemic
- (vi) Interim Guidelines in the Conduct of OPT Plus, Nutrition Screening, Growth Monitoring and (v) Promotion Activities in the Context of COVID 19 Pandemic and other Related Disasters

## **3. DOH Guidelines on Adverse Events Following Immunization (AEFI)**

In 2014, the Department of Health, with the lead of the National Epidemiology Center, now referred to as the Epidemiology Bureau, developed the Adverse Events Following Immunization (AEFI): A Manual of Procedure for Surveillance and Response to AEFI. This Manual of Procedure or MOP provides guidelines for health professionals from the public and private sectors who are providing vaccination nationwide which include the DOH- concerned offices and attached agencies, epidemiology and surveillance units, private and government health facilities, local government units, and the community involved in the surveillance and management of AEFIs to properly respond to these cases and maintain public confidence with the immunization program of the DOH. Specifically, it provided guidelines on the following: principles of immunization and vaccine, adverse event following immunization, AEFI surveillance, case detection and notification, case investigation, causality assessment, data management and utilization, feedback, response and follow-up activities, risk communication, and monitoring and evaluation.

The Revised Guidelines on Surveillance and Response to Adverse Events Following Immunization was issued by the DOH in February 2016 through Administrative Order (AO) 2016-0006. It aims to provide guidelines for concerned stakeholders on the early detection, reporting, investigation, and appropriate response to adverse events following immunization and to establish mechanisms for collaboration between and among Epidemiology Bureau, Food and Drug Administration, Family Health Office and other stakeholders involved in AEFI surveillance and response. This Administrative Order supplements the Manual of Procedure issued in 2014.

## **3. DOH Health Care Waste Management Manual (4<sup>th</sup> Edition)<sup>116</sup>.**

The manual contains a comprehensive guideline on the safe management of waste generated from health care activities in the Philippines. It incorporates the requirements of all Philippine laws and regulations governing health care waste management and is designed for the use of individuals, public and private establishments and other entities involved in segregation,

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<sup>116</sup> This is the latest edition prepared by DOH through the Environmental Health Services in 2020. The First edition was in 1997; second edition in 2004; third edition in 2011. Review and updating of the manual is every five years so as to align with the current initiatives and strategies and provide responsive information to all the stakeholders.

collection, handling, storage, treatment, and disposal of waste generated from health care facilities.

**4. Department of Agriculture Department Order 09-2020. Rationalizing and strengthening the crop pest management functions, services, and related tasks of the Department of Agriculture.** Governing policy to provide cost-efficient, effective, healthy, ecologically sound, and smart crop pest management measures to support the government's intensified food production programs and activities in order to ensure food security and resilience.

**5. Rural Water Supply Design Manual (World Bank, 2012)** introduces the key concepts and considerations involved in the design of small waterworks facilities for Level II and III systems. It is prepared to guide the use of prospective and actual owners, operators, managements, technical staff, consultants, government planners and contractors of small Level III and Level II water supply systems in the Philippines.

**6. RA 10611 "Food Safety Act of 2013" and its IRR where the Department of Agriculture (DA) and the Department of Health (DOH) jointly adopt and promulgate the said Implementing Rules and Regulations**

**National Food Authority: Emergency Rice Reserves for Disaster and Crisis Preparedness Program – Presidential Decree Circular No. 4**

**7. AO No. 2005-0014: National Policies on Infant and Young Child Feeding Nationwide implementation involving government and other partners agencies**

**8. AO No. 2010-0010: Revised Policy on Micronutrient Supplementation Nationwide implementation. Policy includes general guidelines specifying the roles and responsibilities of different concerned agencies. The Department of Health is tasked for the overall execution of the policy.**

**Other applicable guidelines developed by executing agencies based on previously approved projects.**

a. KALAHI-CIDDS environmental and social management framework for the community-based implementation of the integration of WASH, livelihood, and nutrition projects.

b. Implementing guidelines of the special area for agricultural development (SAAD) program of DA for the multisectoral nutrition convergence.

### **C. Relevant International and Regional Conventions Adopted by the Philippines**

#### **1. Relevant international and regional conventions adopted by the Philippines**

a. Stockholm Convention on Persistent Organic Pollutants

b. The Basel Convention on the Control of Transboundary Movements of Hazardous Wastes

c. International Code of Marketing of Breastmilk Substitute of 1981 as basis for EO 51

**2. International Finance Corporation -World Bank Group General Environmental, Health and Safety (EHS) Guidelines.**<sup>117</sup> The EHS Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice.

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<sup>117</sup> The link for the IFC's General EHS guidelines is <https://www.ifc.org/wps/wcm/connect/29f5137d-6e17-4660-b1f9-02bf561935e5/Final%2B-%2BGeneral%2BEHS%2BGuidelines.pdf?MOD=AJPERES&CVID=jOWim3p>.

## Annex 8: Baseline data on: (a) Household and Individual Food Consumption; and (b) Infant and Young Child Feeding

- The Department of Science and Technology – Food and Nutrition Research Institute (DOST-FNRI) conducted the Food Consumption Survey (FCS) as a component of the 2018 Expanded National Nutrition Survey (ENNS). The FCS was conducted in two levels: household and individual.
- The Household FCS (HFCS) aims to 1) provide a direct measure of the food situation; 2) provide a direct measure of the food situation; 3) reflect the food and nutrients actually available to the household; and 4) presents food intake data in relation to regional, economic, demographic and socio-economic differences in the country.
- The recent HFCS showed that the quality of Filipino diet which mainly consists of rice, vegetables, and fish and products, was persistently inadequate in energy, macronutrients (e.g. carbohydrates, protein and fats), and micronutrients (e.g. vitamins and minerals).
- The mean one-day household food intake of Filipino households was 3,072 grams (g) in 2018. The mean one-day household food intake by food group and percent contributions to the total food intake are as follows:

**Table 1. Mean one-day household food intake by food group and percent contribution to the total intake: Philippines, 2018**

<b>Food Group</b>	<b>Mean One-day Household Food Intake (g)</b>	<b>Percent Contribution (%)</b>
<b>Cereals and Cereal Products</b>	1198.2	39.0
<b>Vegetables</b>	454.1	15.0
<b>Fish and Products</b>	338.1	11.0
<b>Meat and Products</b>	236.0	8.0
<b>Milk and Milk Products</b>	198.5	6.0
<b>Fruits</b>	145.7	5.0
<b>Poultry</b>	131.5	4.0
<b>Miscellaneous</b>	120.8	4.0
<b>Eggs</b>	81.2	3.0
<b>Fats and Oils</b>	57.4	2.0
<b>Starchy Roots and Tubers</b>	40.7	1.0
<b>Dried Beans and Seeds</b>	36.5	1.0
<b>Sugars and Syrups</b>	33	1.0
<b>TOTAL</b>	<b>3071.7</b>	<b>100</b>

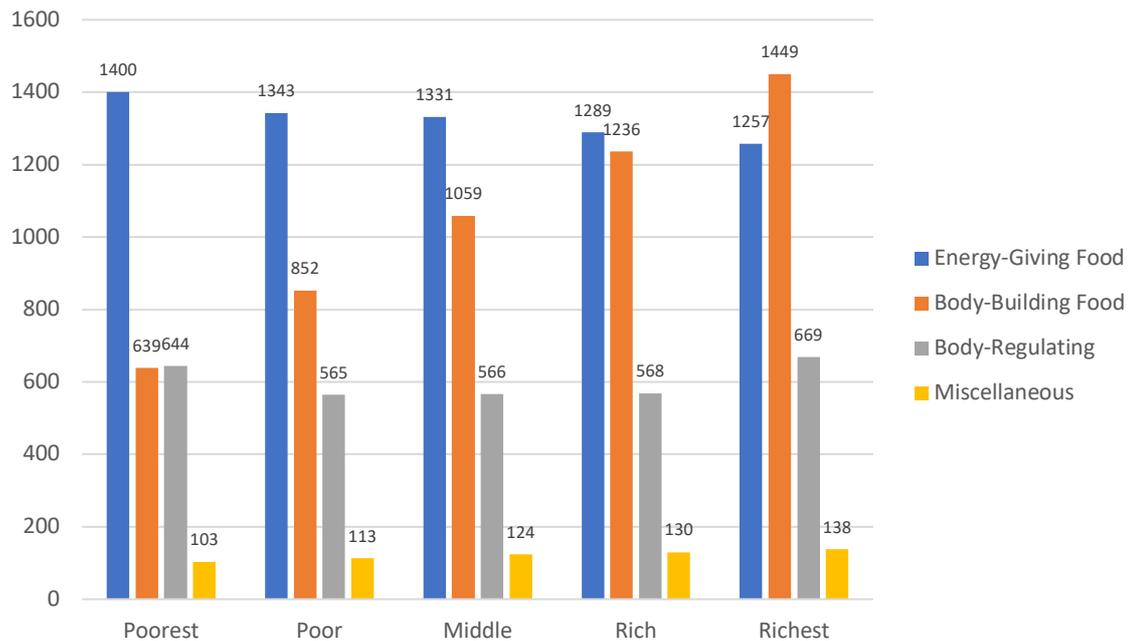
- The mean one-day household food intake in 2018 (3,072 g) was 328 g lower than that of 2015 which was 3,400 g.

- The mean one-day household food intake among rural dwellers which was 3079 g was insignificantly higher by 14 g compared to that of the urban dwellers which was 3,065 g.

**Table 2. Mean one-day household food intake by food group and percent contribution to the total intake by place of residence: Philippines 2015 and 2018**

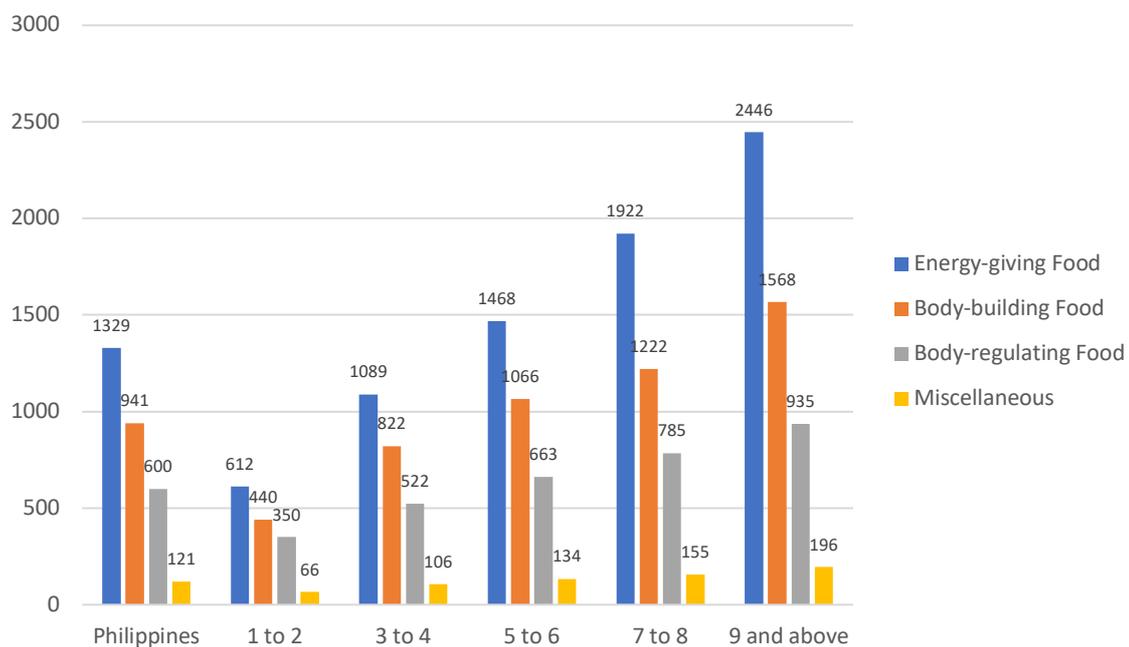
Food Group	Philippines				Rural				Urban			
	2015		2018		2015		2018		2015		2018	
	g	%	g	%	g	%	g	%	g	%	g	%
<b>Cereal and Cereal Products</b>	1467.0	43.1	1198.2	39.0	1561.0	45.9	1248.0	40.5	1360.0	40.0	1134.0	37.0
<b>Starchy Roots and Tubers</b>	54.0	1.6	40.7	1.3	64.0	1.9	42.0	1.4	42.0	1.2	40.0	1.3
<b>Sugar and Syrups</b>	47.0	1.4	33	1.1	51.0	1.5	38.0	1.2	42.0	1.2	26.0	0.8
<b>Fats and Oils</b>	60.0	1.8	57.4	1.9	55.0	1.6	55.0	1.8	66.0	1.9	61.0	2.0
<b>Fish, Meat and Poultry</b>	740.0	21.8	705.6	23.0	633.0	18.6	639.0	20.8	863.0	25.4	792.0	25.8
<b>Eggs</b>	71.0	2.1	81.2	2.6	63.0	1.9	78.0	2.5	80.0	2.4	86.0	2.8
<b>Milk and Milk Products</b>	175.0	5.1	198.5	6.5	131.0	3.9	160.0	5.2	225.0	6.6	248.0	8.1
<b>Dried Beans</b>	34.0	1.0	36.5	1.2	32.0	0.9	34.0	1.1	36.0	1.1	40.0	1.3
<b>Vegetables</b>	496.0	14.6	454.1	14.8	574.0	16.9	513.0	16.7	406.0	11.9	378.0	12.3
<b>Fruits</b>	144.0	4.2	145.7	4.7	142.0	4.2	156.0	5.1	147.0	4.3	133.0	4.3
<b>Miscellaneous</b>	112.0	3.3	120.8	3.9	93.0	2.7	116.0	3.8	134.0	3.9	127.0	4.1
<b>TOTAL</b>	<b>3400.0</b>	<b>100</b>	<b>3071.7</b>	<b>100</b>	<b>3399.0</b>	<b>100</b>	<b>3079.0</b>	<b>100</b>	<b>3401.0</b>	<b>100</b>	<b>3065.0</b>	<b>100</b>

- The HFCS also revealed that the mean one-day household food intake of the poorest households is mostly composed of energy-giving foods. On the other hand, the average one-day household food intake of the richest households is mostly composed of body-building foods.



**Figure 1. Mean one-day household food intake by household wealth quintile: Philippines, 2018**

- The HFCS also showed the mean one-day household food intake by major food groups and household size. The household food intakes for all household sizes were mostly comprised of energy-giving foods followed by body-building foods, body-regulating food and miscellaneous food items.



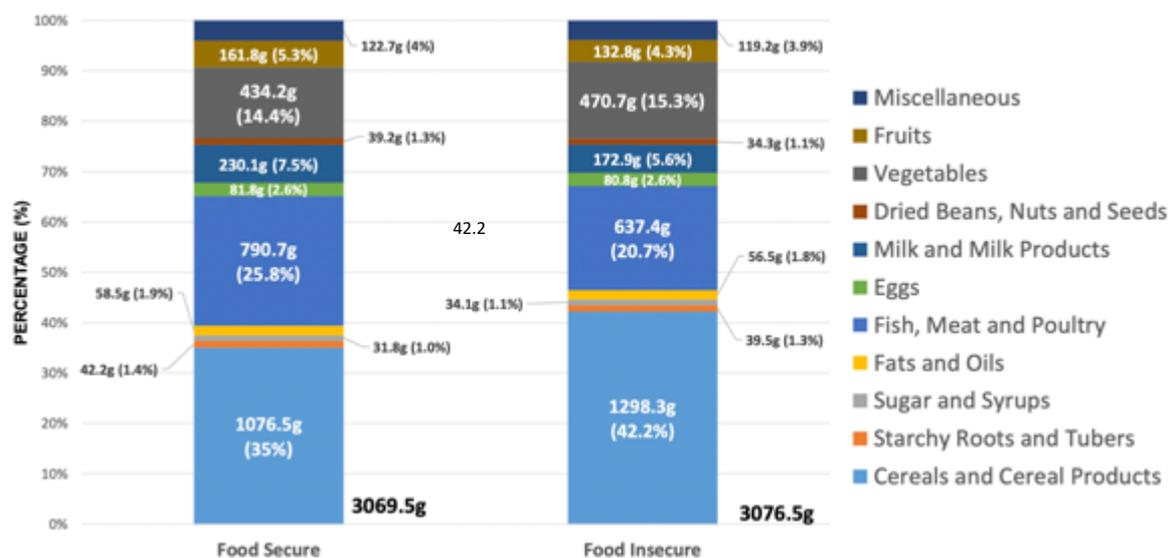
**Figure 2. Mean one-day household food intake by major food groups and household size: Philippines, 2018**

- The HFCS also showed the comparison between the percent contribution of food groups to total intake and mean one-day food intake of food secure and food insecure households. The mean one-day food intake of food secure households which was 3069.5 g was slightly lower than that of the food insecure households which was 3076.5 g. Results also showed that intakes

of cereal and cereal products, starchy roots and tubers, sugars and syrups and vegetables were higher among food insecure households. Meanwhile, intakes of fish, meat and poultry, fats and oils, milk and milk products, dried beans, nuts and seeds, fruits and miscellaneous items were higher among the food secure households.

**Figure 2. Mean one-day household food intake by major food groups and household size: Philippines, 2018**

- Despite the declining household food intake from 2015 to 2018, the latest HFCS showed an increasing one-day household food cost. From PHP 262.87 in 2015, the mean one-day household food cost increased to PHP 276.10 in 2018.



- Households spent the most on fish, meat and poultry, followed by cereal and cereal products, vegetables, miscellaneous items, milk and milk products, eggs, fruits, fats and oils, sugar and syrups and dried beans.



**Figure 3. Mean one-day household food cost by food group and percent contribution to the total intake: Philippines, 2018**

- Households in the urban areas (PHP 313.00) have higher food cost than households in the rural communities (PHP 247.00). Both urban and rural dwellers allocated most money on buying fish, meat and poultry.

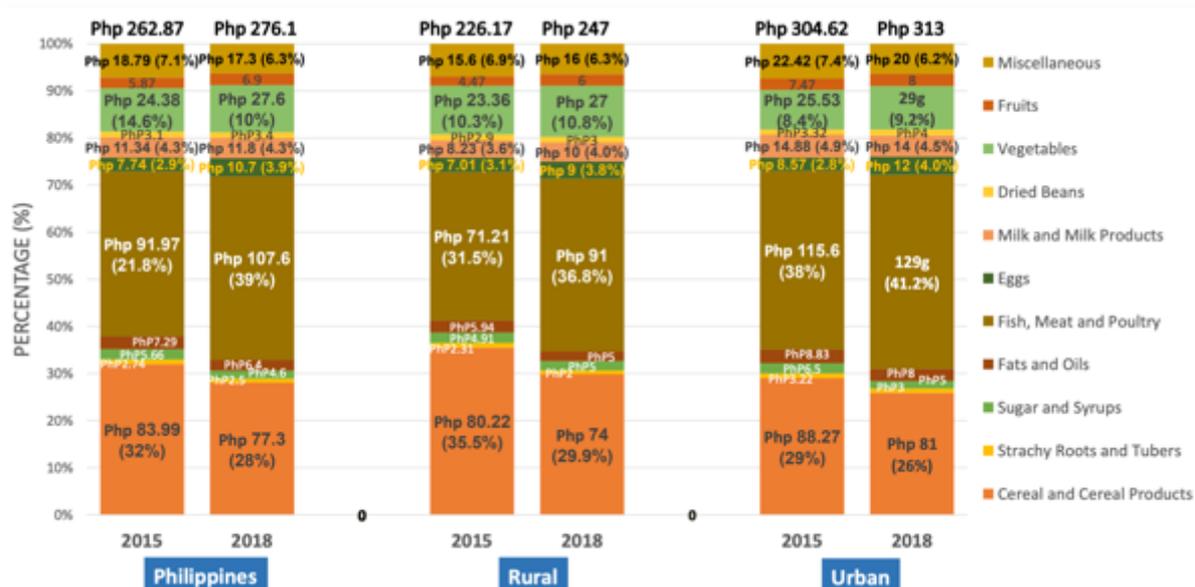
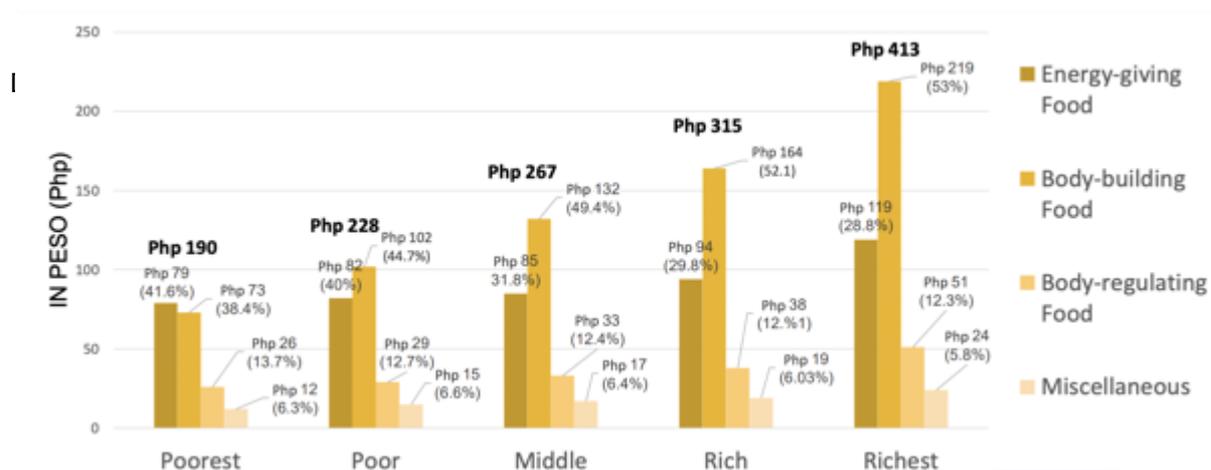


Figure 4. Mean one-day household food cost by food group and percent contribution to the total intake by place of residence: Philippines 2015 and 2018

- The HFCS also showed the mean one-day household food peso value and percent to total cost by food group and by wealth quintile. The mean one-day food cost of the poorest household was at PHP 190.00. Meanwhile, that of the richest households was at PHP 413.00.



and by wealth quintile: Philippines, 2016

- The average one-day total household plate waste in the Philippines is 66.8 g (~67 g). This figure is 5 g higher than 2015's 62 g. The average food waste was also higher in rural areas than in urban areas.

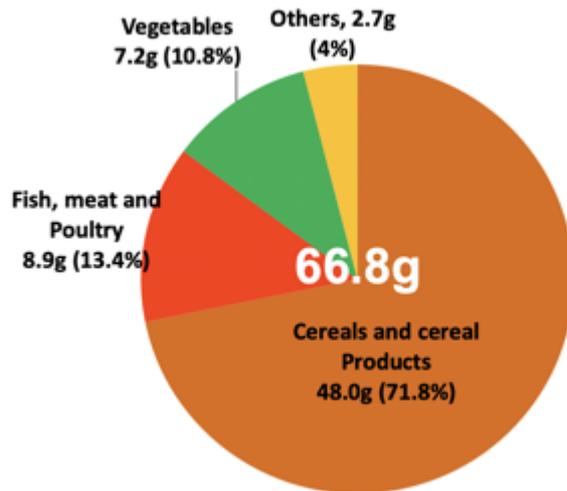


Figure 6. Mean one-day total household plate waste and percent contribution: Philippines, 2018

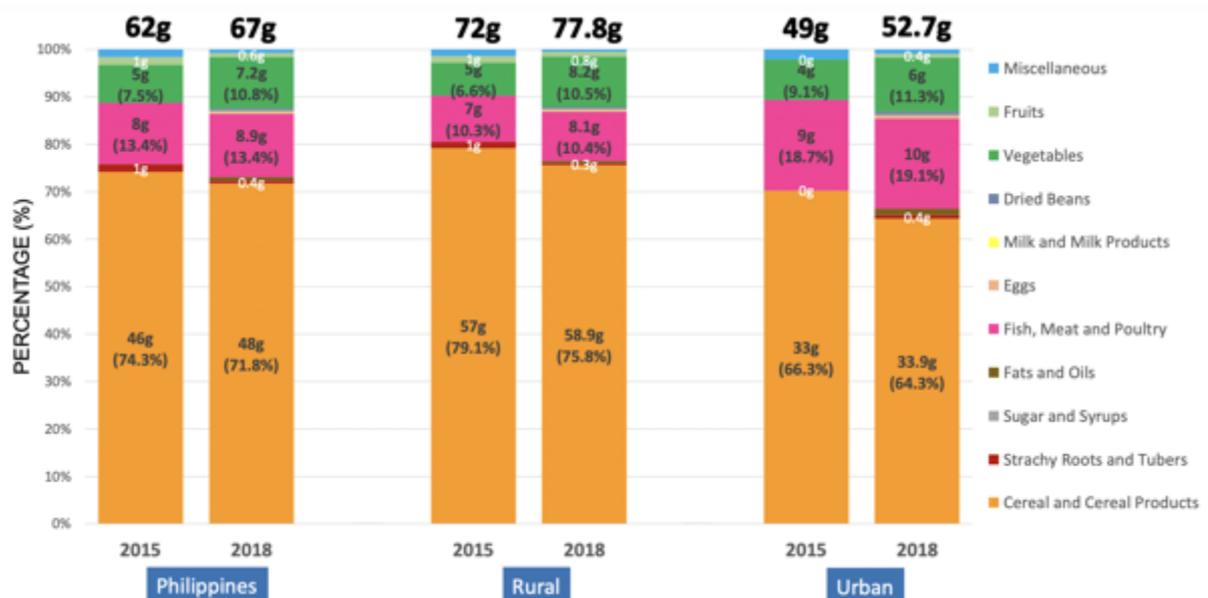
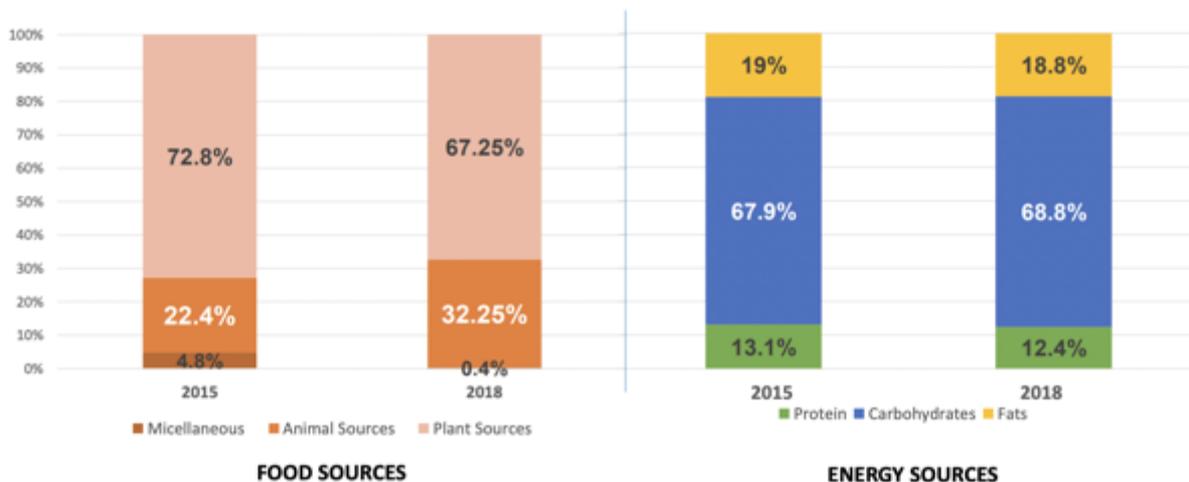


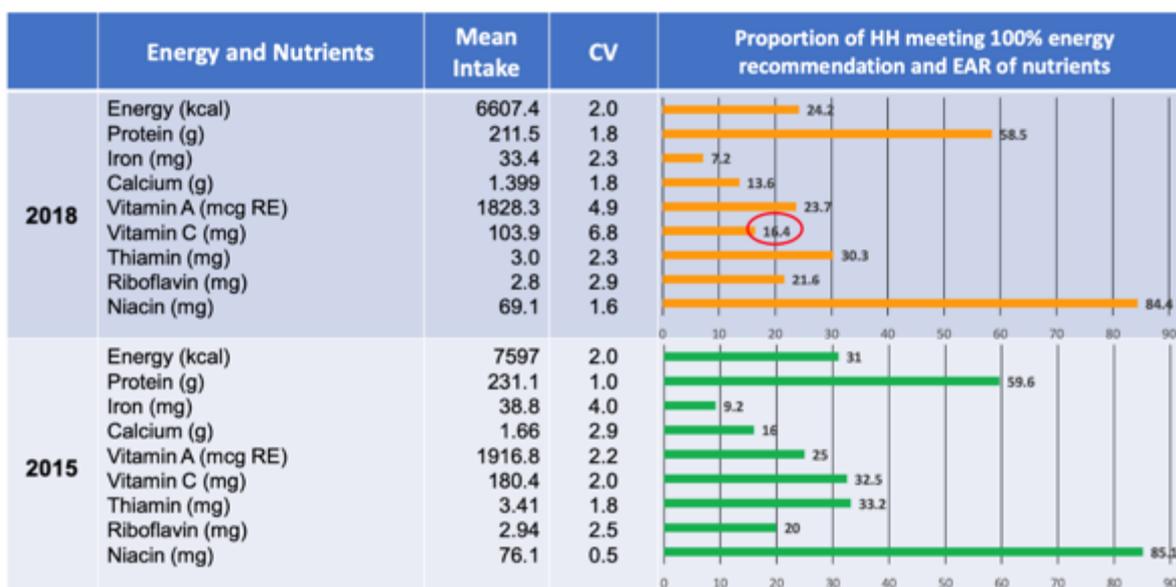
Figure 7. Mean one-day total household food waste by food group and by place of residence: Philippines, 2015 and 2018

- The food of Filipino households mostly came from plant sources while the households' energy sources mostly came from carbohydrates.



**Figure 8. Food and energy sources of households: Philippines, 2015 and 2018**

- The quality of Filipino diet was persistently inadequate in macro- and micronutrients. In 2018, only 24.2% of Filipino households met 100% of the recommended energy intake (REI). This is lower than the 2015 proportion of 31%. The proportion of households meeting 100% of the estimated average requirements (EAR) based on the 2015 Philippine Dietary Reference Intakes (PDRIs) can be seen in the figure below.



**Figure 9. Proportion of households meeting 100% REI and EAR: Philippines, 2015 and 2018**

- The proportion of households meeting the 100% of the REI was higher in the rural areas (25.3%) compared to the urban areas (22.8%).

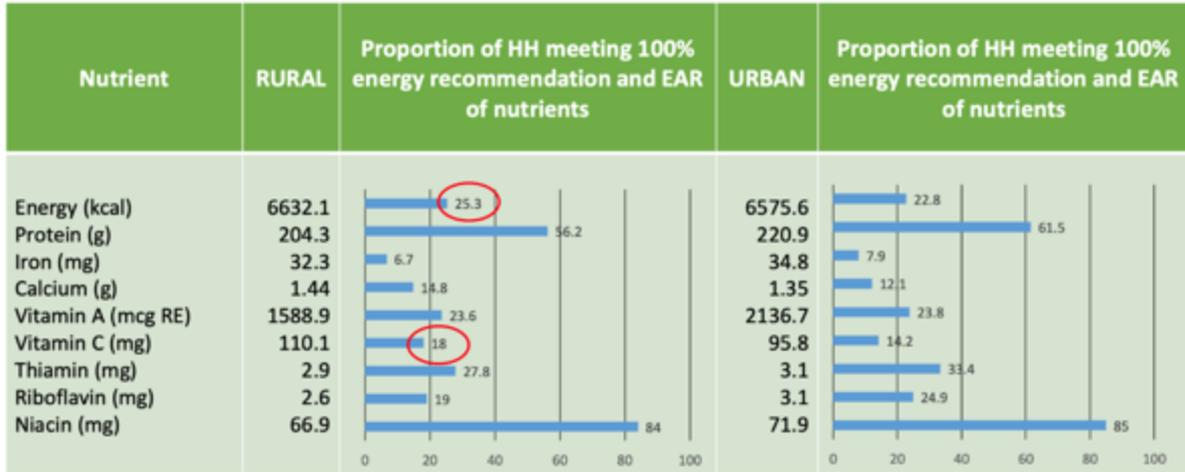


Figure 10. Proportion of households meeting 100% REI and EAR for nutrients of rural and urban areas: Philippines, 2018

- Trends in the mean one-day per capita intake showed a declining per capita food intake. Furthermore, it also showed that there was a decline in energy intake from 2003 to 2013. The per capita energy intake increased in 2015 but decreased in 2018.

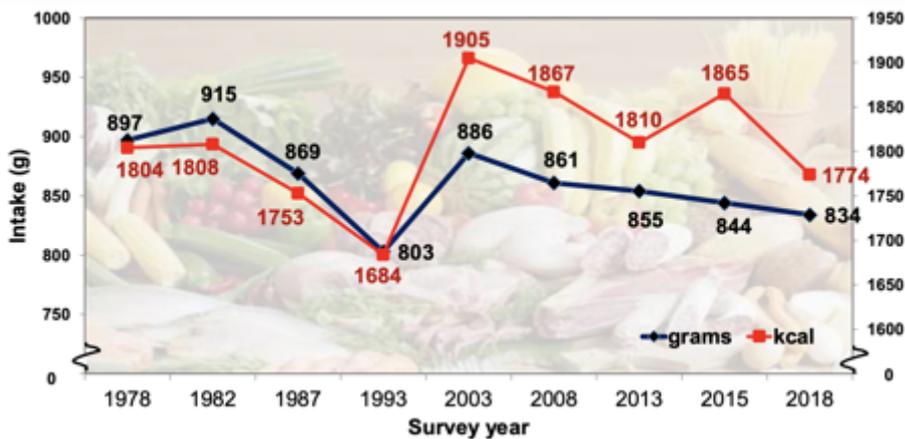
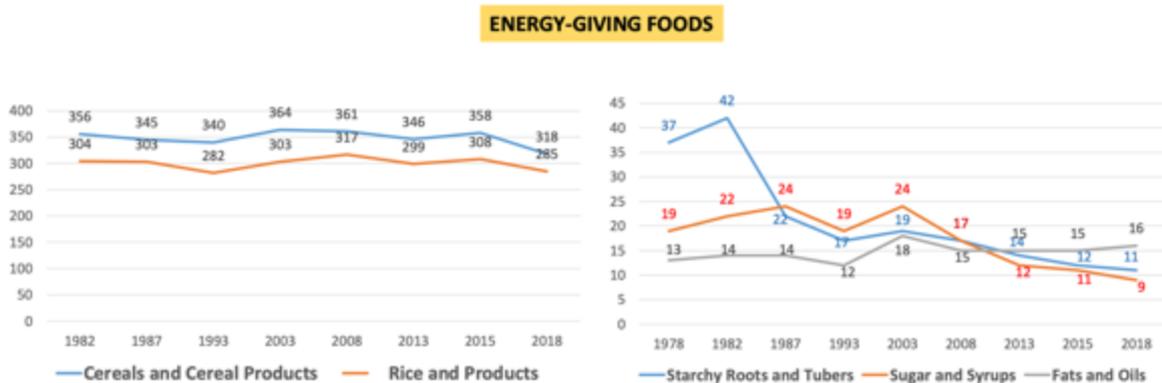


Figure Trends in mean one-day per capita food and energy intake: Philippines, 1978-2018

11.



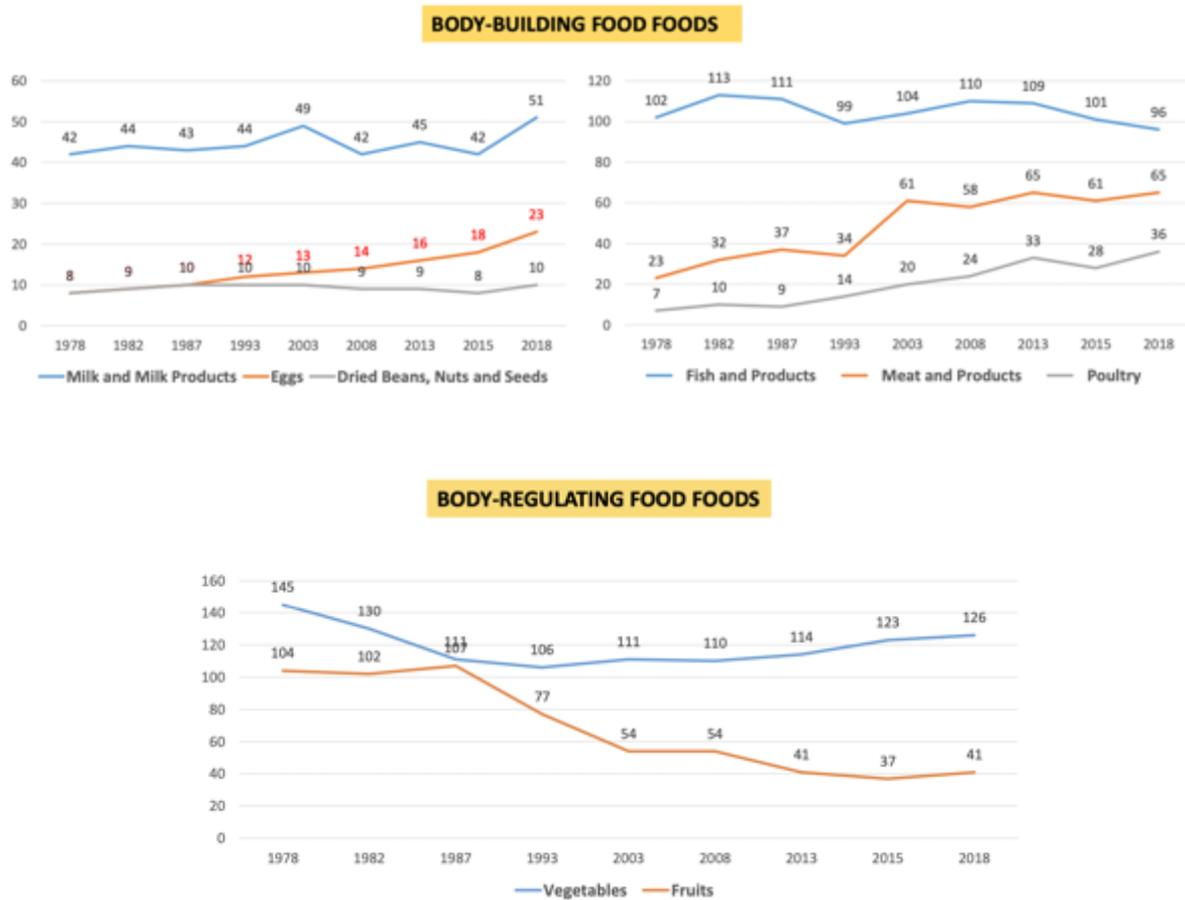


Figure 12. Trends in mean one-day per capita food consumption: Philippines, 1978-2018

#### Data on Individual Food Consumption

- The DOST-FNRI also conducted an Individual Food Consumption Survey (IFCS) as part of the 2018 ENNS. IFCS provides data on the intake, food quantities, and nutrient adequacies of the different population groups.
- The contribution of food groups to the mean one-day food intake of various population groups can be seen in the figures below.

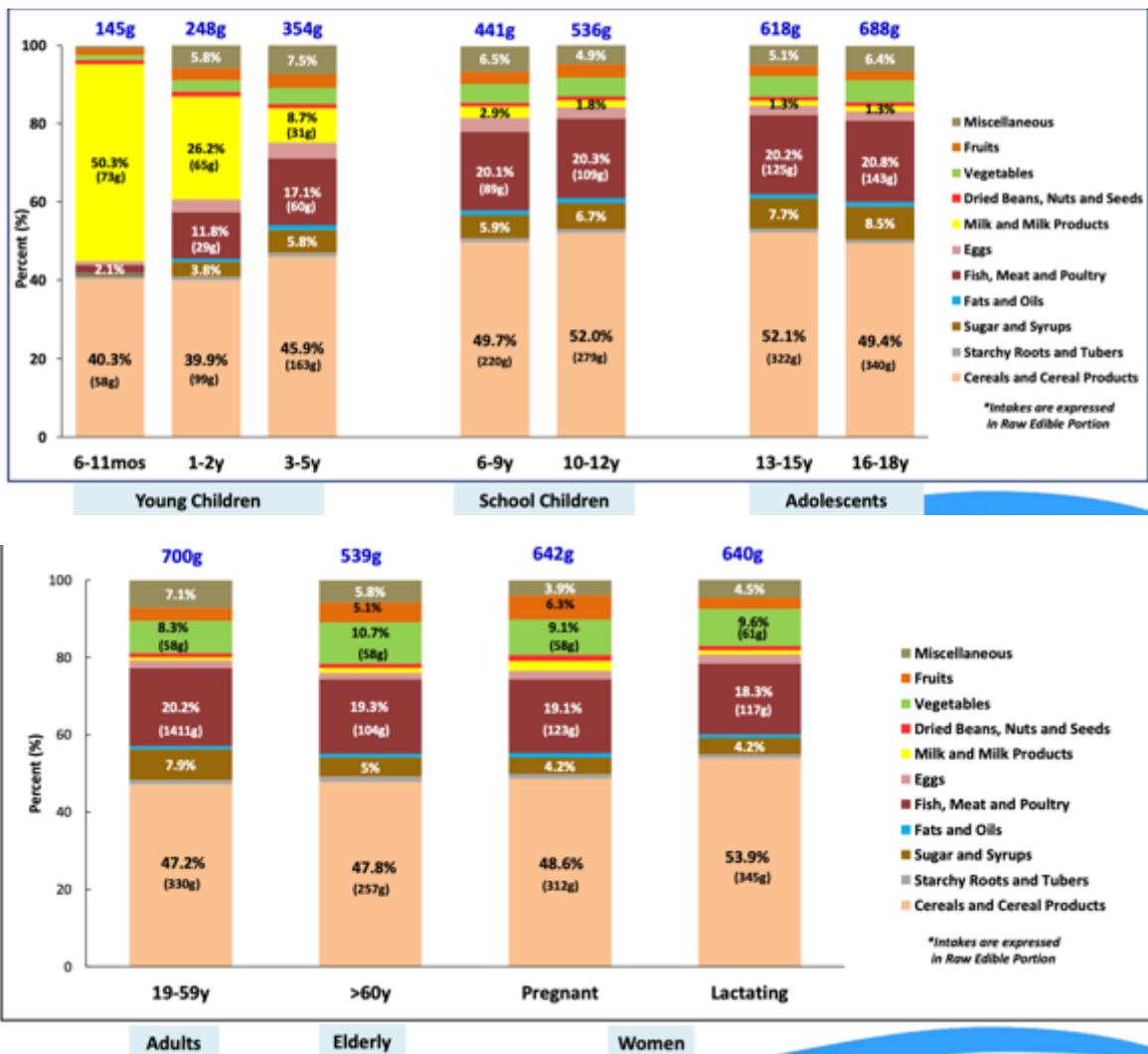


Figure 13. Contribution of food groups to mean one-day food intake among different population groups: Philippines, 2018

- No population groups have reached 100% estimated energy requirements (EER) and REI.

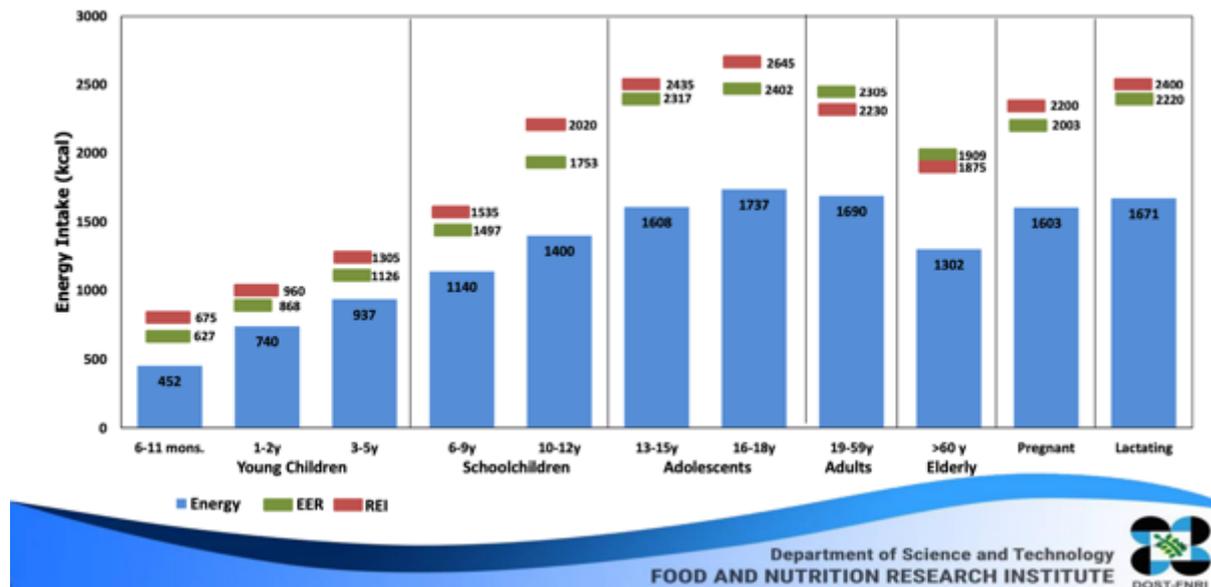
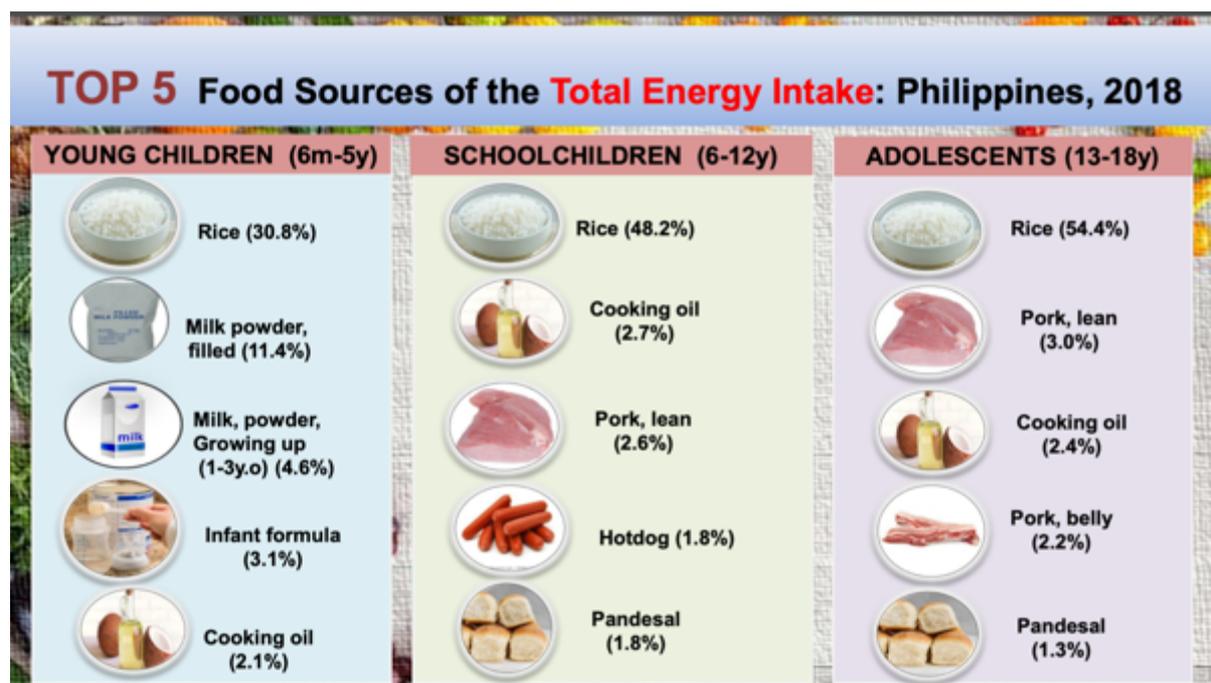


Figure 14. Mean Energy Intake, Estimated Energy Requirement (EER) and Recommended Energy Intake (REI) by age groups: Philippines, 2018

- The top five food sources for each population group can be find below.



## TOP 5 Food Sources of the Total Energy Intake: Philippines, 2018

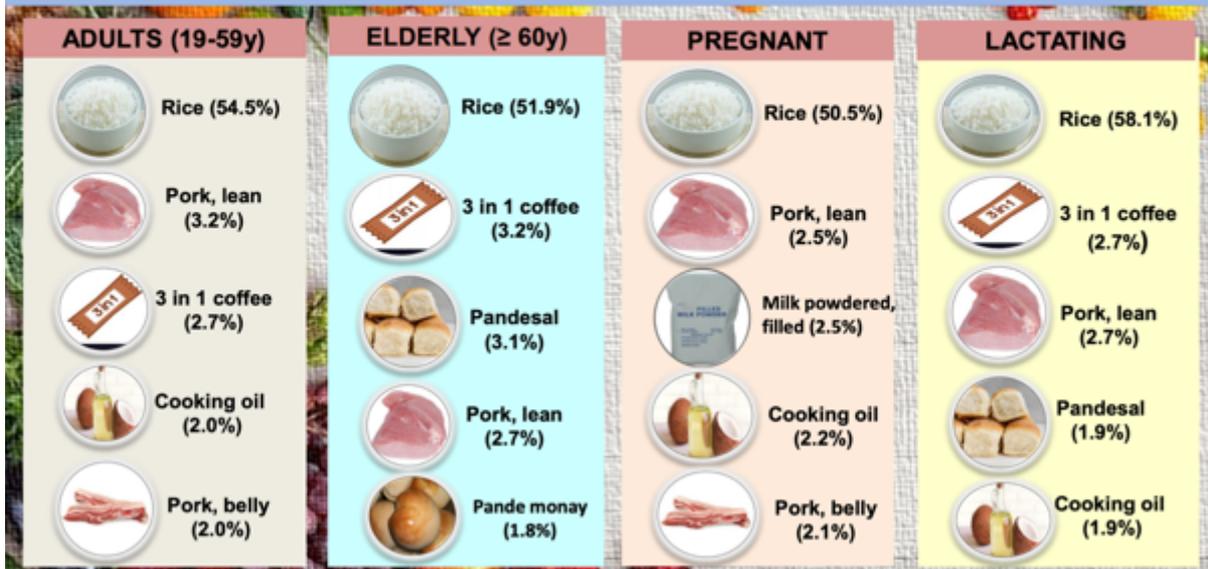
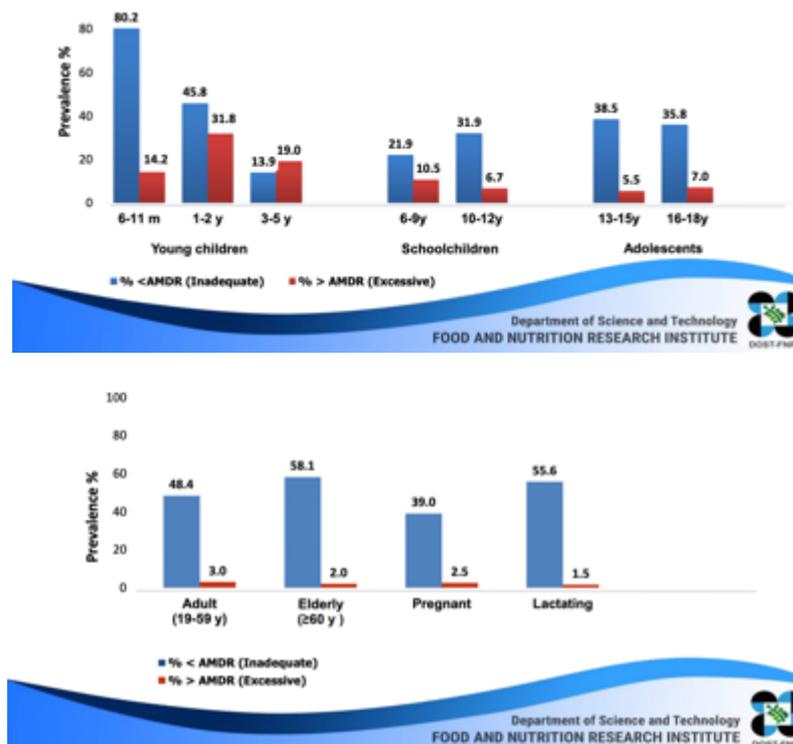


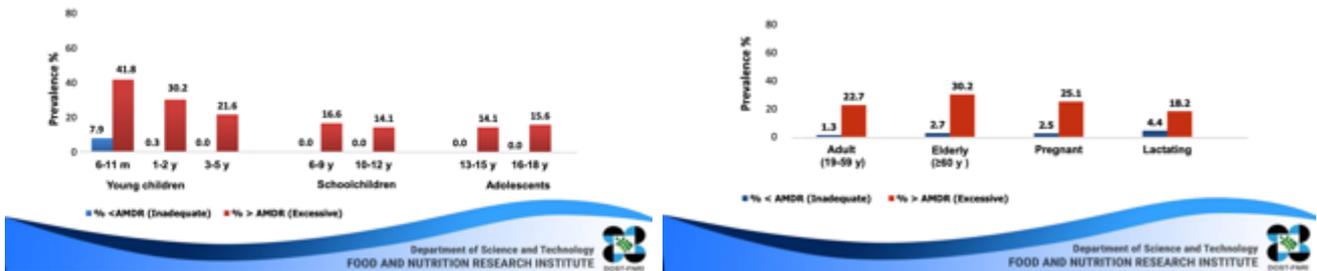
Figure 15. Top 5 Food Sources of the Total Energy Intake: Philippines, 2018

- Inadequacy and excessiveness of energy intake for total fat, protein and carbohydrates were observed across age/population groups with young children, elderly and lactating mothers having the highest prevalence of inadequacy for fat but also having the highest excessiveness for carbohydrates. The prevalence of macronutrients inadequacy and excessiveness for every population group can be found below.
- Most population groups had inadequate fat intake. Fat inadequacy was highest among infants aged 6-11 months old.



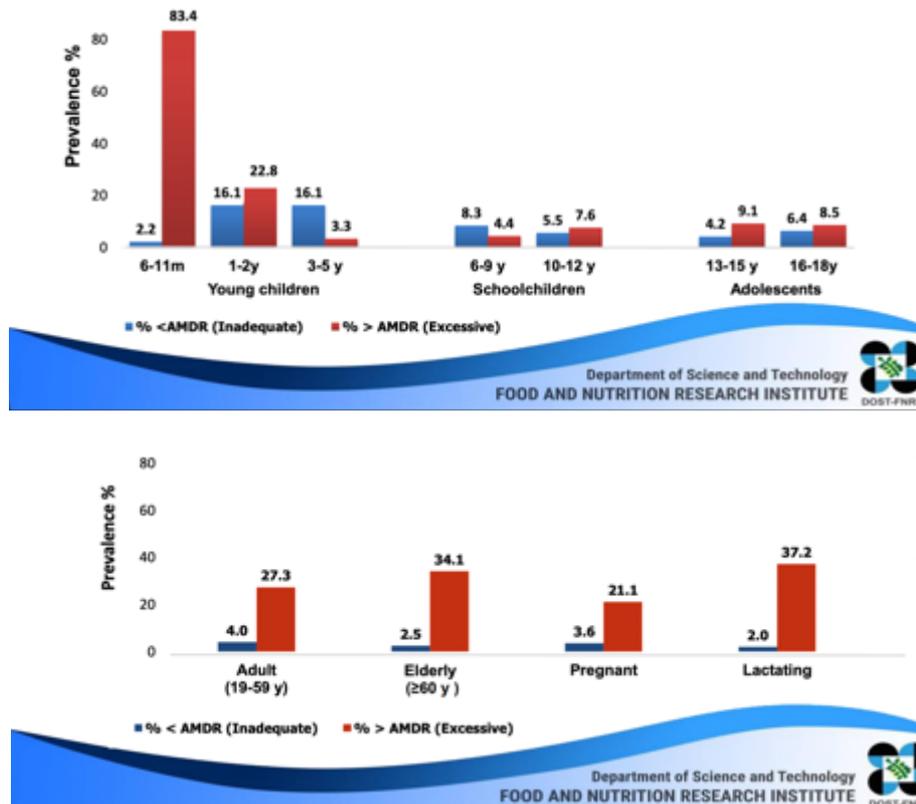
**Figure 16. Prevalence of Fat Inadequacy and Excessiveness among population groups (as % energy)**

- All population groups had higher prevalence of excessive protein intake than inadequate protein intake. The prevalence of protein excessiveness was highest among infants aged 6-11 months old.



**Figure 17. Prevalence of Protein Inadequacy and Excessiveness among population groups (as % energy)**

- Prevalence of carbohydrates excessiveness was highest among young children aged 6-11 months old.



**Figure 18. Prevalence of Carbohydrate Inadequacy and Excessiveness among population groups (as % energy)**

- Micronutrient inadequacies was seen in all age/population groups. The prevalence of vitamin A inadequacy was highest among the school children, elderly and lactating women.

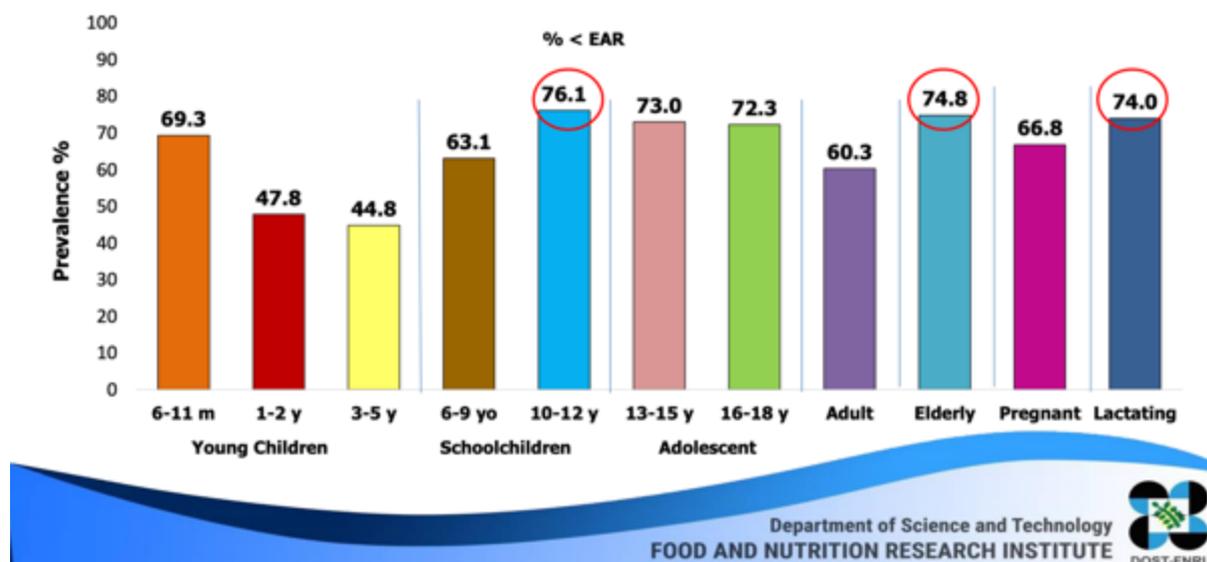


Figure 19. Prevalence of Vitamin A Inadequacy by age groups: Philippines, 2018

- Iron was the least met micronutrient in the diet of all age/population groups.

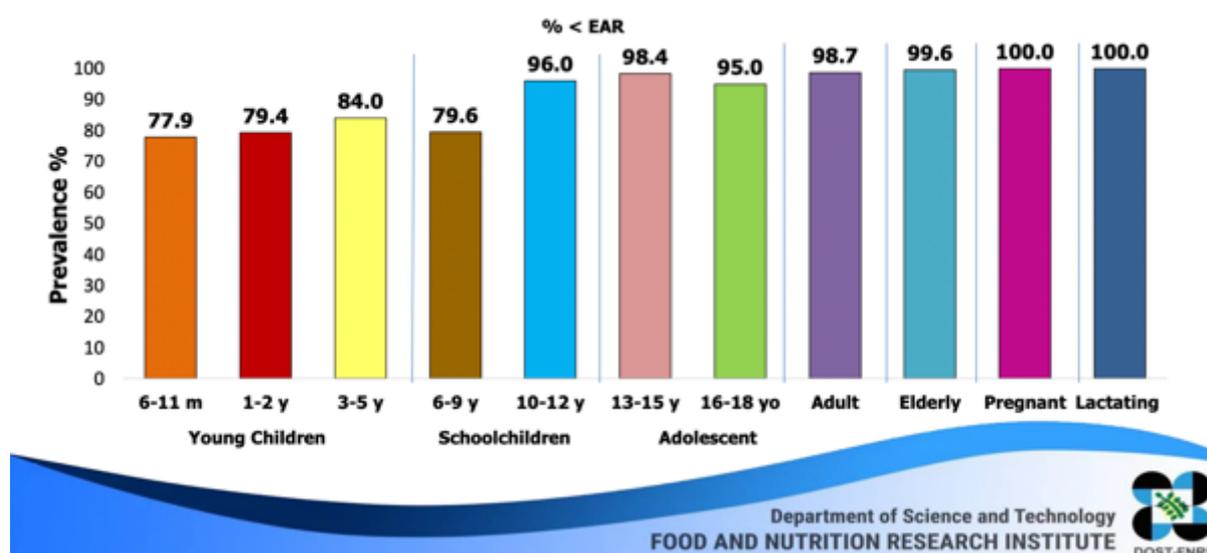
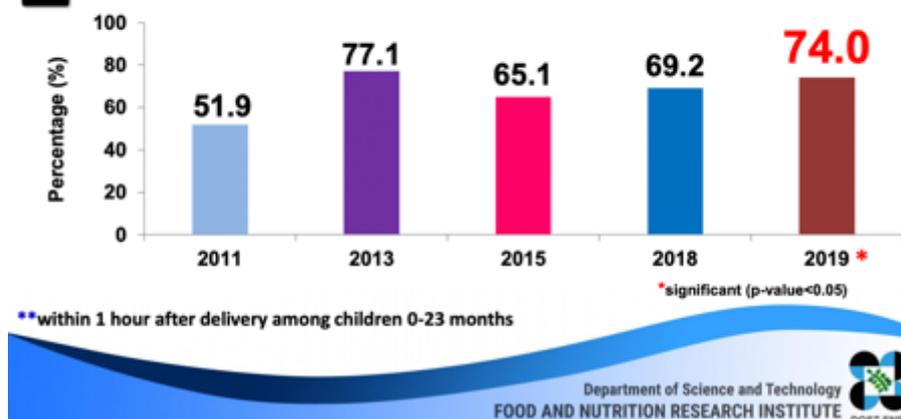


Figure 20. Prevalence of Iron Inadequacy by age groups: Philippines, 2018

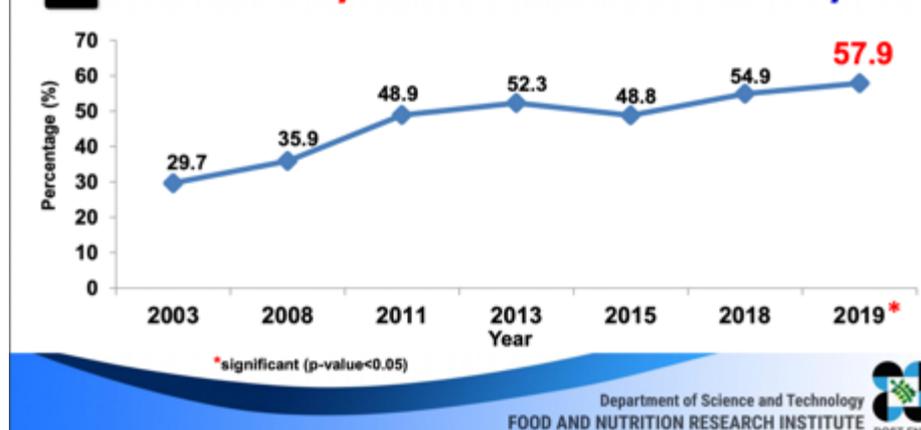
### Data on Infant and Young Child Feeding

- The 2019 ENNS results showed that although early breastfeeding initiation (74.0%) and exclusive breastfeeding (57.9%) were common feeding practices, the rate of breastfeeding exclusively until 5.9 months was low at 35.9%, recording an average of 4.4 months duration.

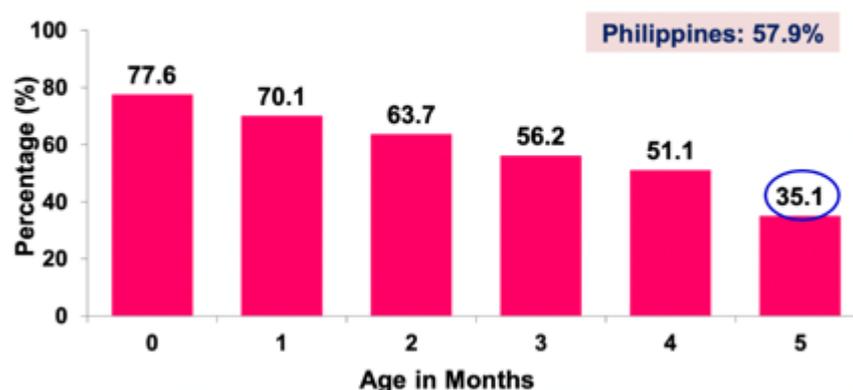
# 1 Timely breastfeeding initiation\*\* in the Philippines



# 2 Proportion of infants less than 6 months old exclusively breastfed at the time of survey

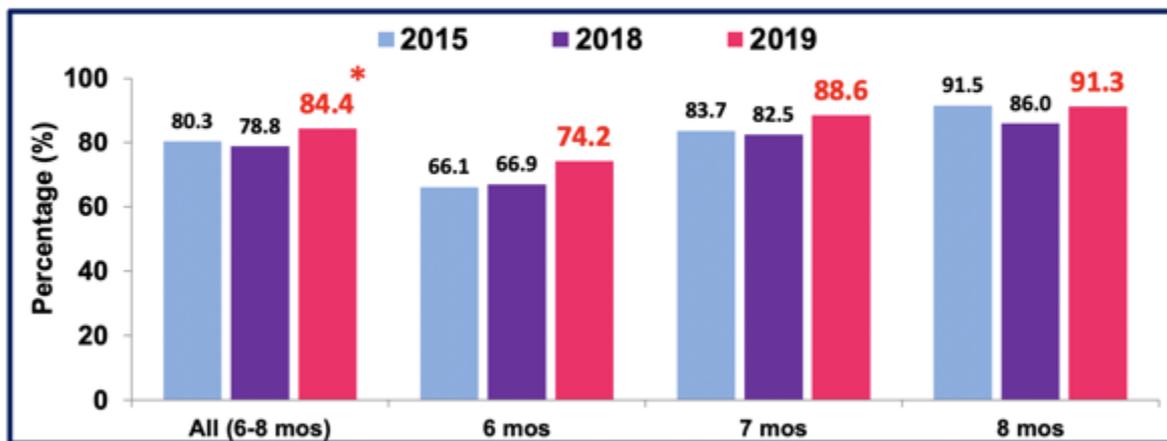


## Percentage distribution of exclusively breastfed infants under 6 months old by single age in months: Philippines, 2019



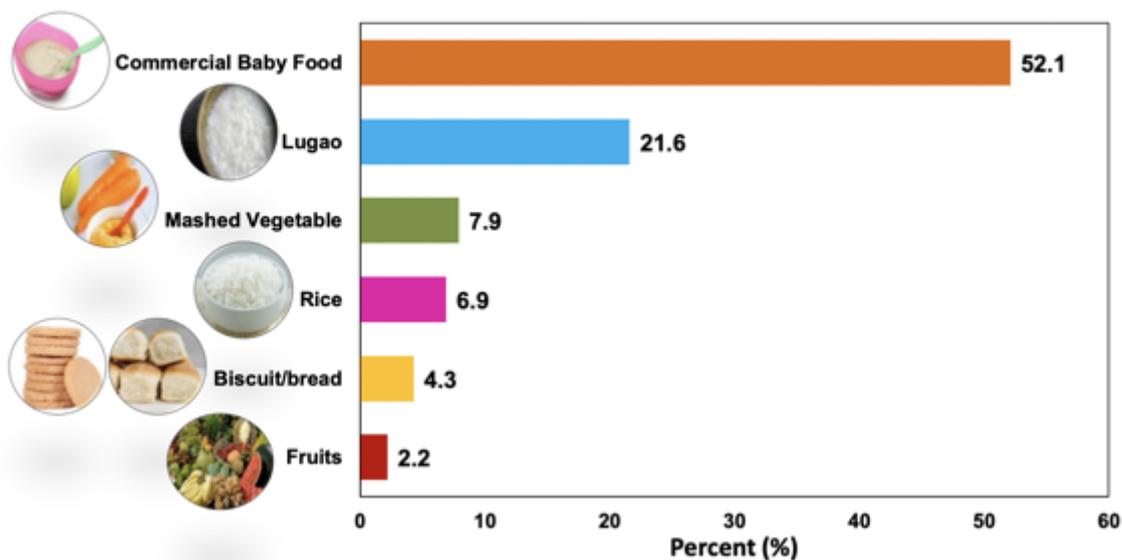
- Results also showed that there was low adherence to IYCF guidelines /recommendations:
  - 7 out of 10 of children 6-23 months (74.2%) received timely introduction of complementary feeding at 6 months.
  - 8 out of 10 children 6-23 months (79.9%) were not meeting the minimum dietary diversity.
  - 9 out of 10 children 6-23 months (90.1%) did not receive appropriate complementary feeding based on minimum acceptable diet, suggesting poor quality and quantity of complementary foods.

## Trends in the proportion of children who received timely complementary foods at 6-8 months: Philippines, 2015-2019

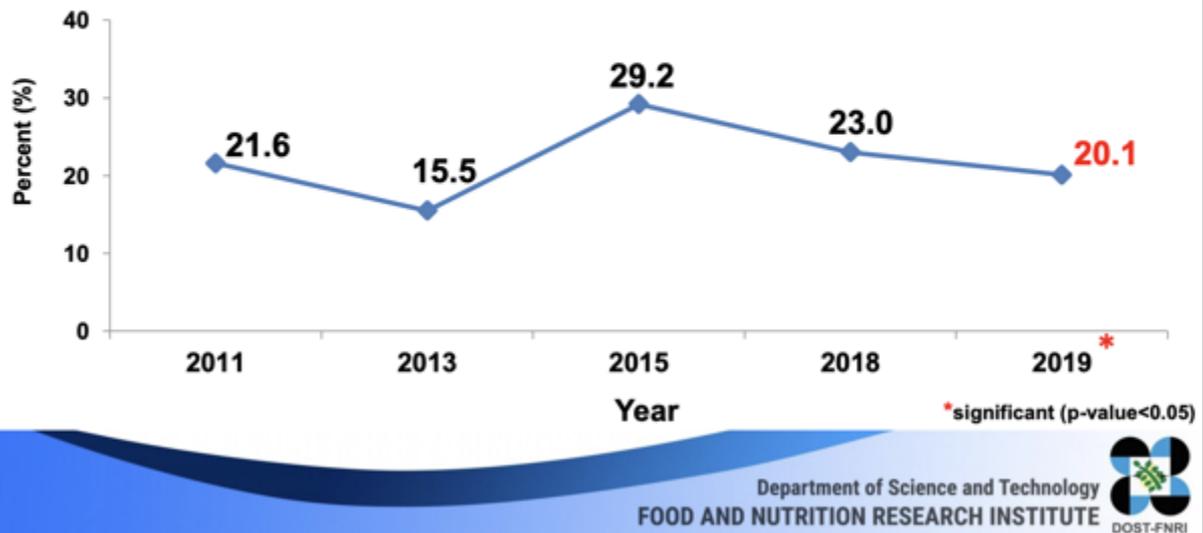


\*significant (p-value<0.05)

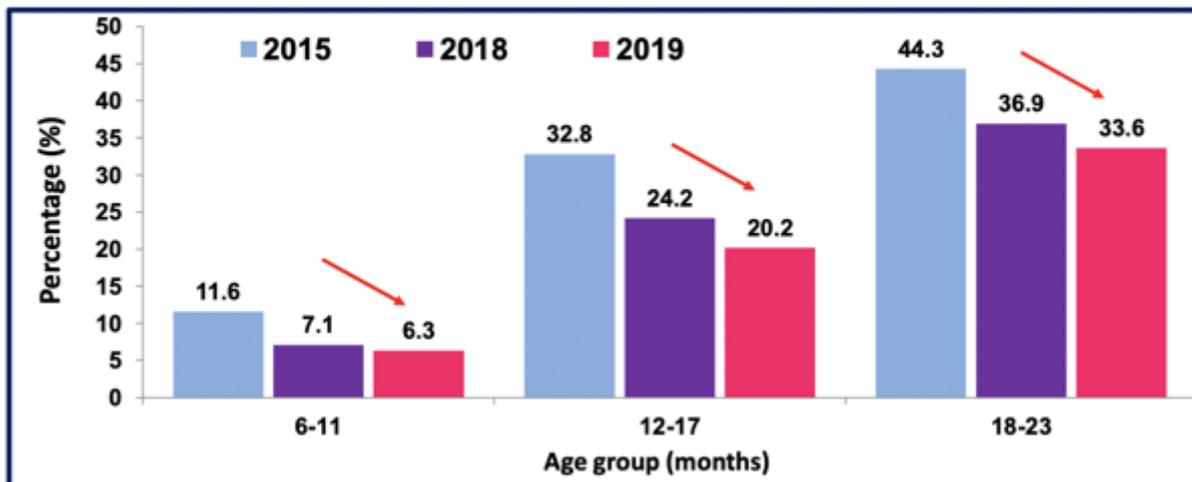
## What complementary foods do young children 6-23 months old eating?



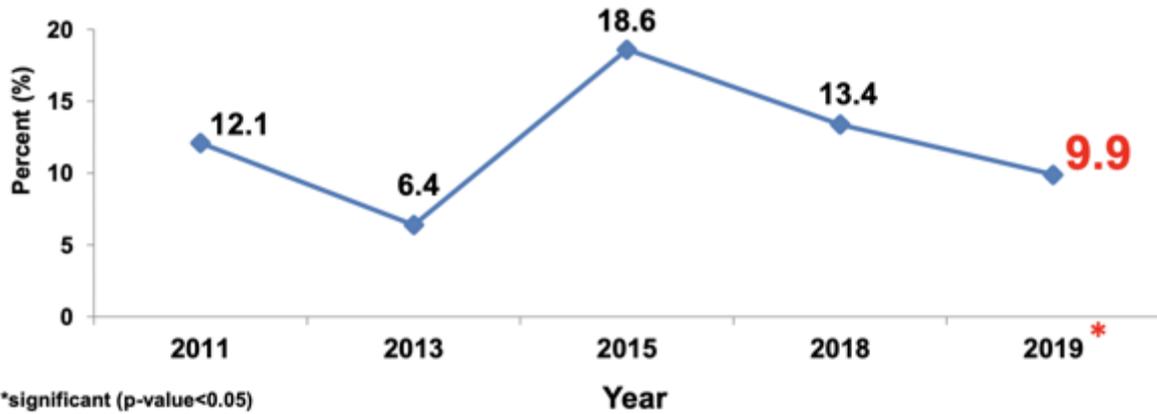
## Trends in the proportion of Filipino children 6-23 months meeting the **Minimum Dietary Diversity (MDD)**



## Trends in the proportion of children meeting the **Minimum Dietary Diversity (MDD)** by age group: Philippines, 2015-2019



## Trends in the proportion Filipino children of 6-23 months meeting the **Minimum Acceptable Diet**

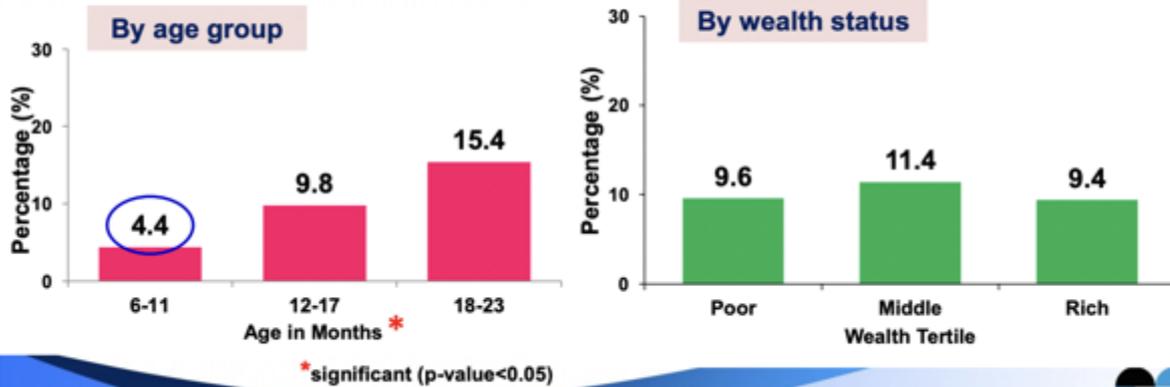


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## Proportion of children 6-23 months meeting the **Minimum Acceptable Diet: Philippines, 2019**

Philippines: 9.9



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## Annex 9: Environmental and Social Monitoring Template

### I. Introduction

- a. Project Description
- b. Applicable World Bank's Environmental and Social Standards
- c. Type of projects/activities implemented during the reporting period.

### II. Environmental and Social Management Framework (ESMF) Performance Monitoring

- a. Type of projects/activities implemented during the reporting period.
- b. Environmental and Social Performance Monitoring
  - i. Environmental Code of Practice and Environmental and Social Management Plan (ESMP) implemented during the reporting period.
    - *summary on the types of ECOPs and/or the number of ESMPs submitted during the reporting period.*
    - *mitigation measures implement for the risks associated with:*
      - *healthcare wastes (collection, transport, and disposal of waste).*
      - *occupational health and safety*
      - *community health and safety*
      - *operation and maintenance of water supply subproject/s*
    - *summary of compliance with environmental and social instruments based on the conducted field visit/s and site supervision and monitoring.*
    - *issues/concerns for further action*

Regions	No. of subprojects requiring ESMPs	No. of ESMPs submitted

#### ii. Occupational and community health and safety

*The table below can be used as a template in reporting accidents/incidents (i.e., including the allergic reactions from RUTF, adverse event following immunization) resulting from the project activities. Also, clearly indicate the measures implemented to ensure occupational and community health safety (i.e., first-aid kit, training on occupational safety).*

Region	No. of accidents/incidents reported	No. of deaths	Corrective Actions Implemented

#### iii. Social Performance Monitoring

##### 1. RAP Implementation Progress

##### a. Public Information Disclosure and Consultation

##### i. Disclosure

*Provide text for Table 1.*

**Table 1: Disclosure on Social Planning Documents and Related Activities (As of Date)**

Information disseminated	Date	Method of dissemination	Key issues

**ii. Consultations**

*Provide text for Table 2 that summarizes the Public Consultation and Participation activities and outcomes during the monitoring period. Attendance will be disaggregated by gender and ethnicity.*

Table 2: Consultation / Meetings Conducted (As of Date)

Consultation topic	Date	Venue	Participants							Key Issues
			Male		Female		Total			
			IP	Non-IP	IP	Non-IP	IP	Non-IP	All	

**b. Payment of Compensation, Allowances, and Assistance Viz Civil Works**

**i. Measurements of Loss Process**

*Complete Table 3 and discuss particulars in text.*

Table 3. Updated Progress of Social Implementation (As of Date)

Measurements of Loss & Valuation		Payment of Compensation		Resettlement and site clearance		Bid awarded
Start	End	Start	End	Start	End	

**ii. Progress of Payments for Compensation, Relocating AHs and Civil Works**

*This section covers two key areas as operationalized for this monitoring period: (i) compliance to payment of compensation and allowances - noting relocation (includes simple moving back), and (ii) start of civil works. The purpose of this section is to assess progress and readiness to hand land over for civil works as well as compliance with conditions for handing over. Complete Table 4 below and present key points in text.*

Table 4: General Progress in Land Clearance and Handing Over of Land for Civil Works (As of Date)

PAPs Eligible for Compensation/ Allowance			PAPs Required to Relocate		Remaining Encumbrances (Yes/No)	Date Land Hand Over for Civil Works
Total AHs	# fully paid PAPs	% Progress	Total PAPs	Actual PAPs to be Resettled		

**iii. Compliance status on the Environmental and Social Commitment Plan (ESCP)**

iv. Social Aspects Performance Monitoring

1. **RAP Implementation Progress**

2. **Livelihood Restoration and Rehabilitation**

*Restoration and rehabilitation approaches may vary significantly from barangay to barangay. Complete Table 5 and describe participation in available livelihood restoration and rehabilitation programs, disaggregated by gender and ethnicity. You may add columns for more livelihood restoration project/activity types.*

**Table 5: Participation to Livelihood Restoration and Rehabilitation (As of Date)**

Livelihood Restoration x			Livelihood Restoration y			Livelihood Restoration z			Grand Total		
Male	Female	Both	Male	Female	Both	Male	Female	Both	Male	Female	Both

v. **Institutional Support to Social Aspects**

1. **Staff Support to Ensure Compliance**

*This section presents the involvement of social aspects-related staff within DOH-NNC and DSWD across levels. All focal persons will be listed along with contact details. Include any issues specifically addressed by management when engaging at the site level.*

2. **Funding Allocation and Disbursement**

*Funds disbursement refers to handing over payments from source down to the PAPs per stipulated RAP budget allocation. Discuss Table 7.*

**Table 7: Disbursement of Funds (As of Date)**

E&S Management Budget	Funds Disbursed this Monitoring Period	Comment/s

vi. **Grievance Redress**

**Table 8: Case Record Matrix: Complaints, Claims And Queries (As of Date)**

Case #	Information on the Complainant						Information on the grievance		Forwarded			Case closure			
	Date registered	Name	Phone	E-mail	Address	Anonymous	Issue	Request	Area forwarded to	Date of forwarding	Date of reply from the area	Issuance of reply to complainant	Closure date	Days for processing	Amount executed for case processing
1															
2															
3															
4															
5															
6															
7															

8															
9															
10															

**III. Compliance status on the Environmental and Social Commitment Plan (ESCP)**

Annex: Photo documentation: (i) implementation of ECOPs; (ii) training and capacity building activities; and (iii) public information disclosure and consultation.