
ENVIRONMENTAL CODE OF PRACTICE
Rehabilitation and Improvement of Health Care Facilities

Project Description

The proposed project is a US\$300 million Result-based Sector Investment and Maintenance Loan (SIM) that uses a programmatic approach to support the implementation of the Governments' KP/UHC Agenda. Disbursements shall be made against selected Department of Health budget line items referred to as Eligible Expenditure Programs (EEPs), up to a capped absolute amount (annual and cumulative over five years of the project). The amount of credit disbursement shall be based on the KP/UHC roadmap referred to as disbursement-linked indicators (DLIs) determined in partnership with the Government. Approximately 10-12DLIs will be proposed for each year of the operation – a total of 50 – 60 over five years (TBC at appraisal).

The DLIs reflect priority elements of implementing KP/UHC. These include intermediate outcomes, implementation performance or institutional change indicators that are incrementally tracked throughout the life of the project. The DLIs are expected to leverage the substantial investments to date by the Government and development partners on results-based management/performance-based management in the DOH and take the implementation of these approaches to the next level – applied to the scaling-up of KP/UHC.

The DLIs reflect the DOH's priority of a results-based management/performance-based management approach to the implementation of KP/UHC and will be reflected in internal performance agreements between the Secretary of Health/Chairman of the Phil-Health Board with departments and the Corporation (Phil-Health). The DLIs will be integrated into the revised versions of the DOH, CHD, LGU, Phil-Health and DOH Hospital scorecards and will be used to track KP/UHC implementation on an annual basis.

Under Component 2 of the Project are the potential infrastructure investments which are basically the Rehabilitation of Existing Health Care Facilities.

Sub-Component 2: Transforming LGU Provision of Hospital and health-related MDG services

40. The sub-component would focus on the improved implementation of the Health Facility Enhancement Program (HFEP) and LGU performance grants to leverage improved service delivery by LGUs. This will also support the prioritization of the DOH inputs in 11 provinces and the National Capital Region (referred to as Breakthrough Provinces)¹ which would only prioritize the LGUs with the most numbers of NHTS poor families but also LGUs where gaps in vaccination, facility-based deliveries, and TB control are highest. These reforms are expected to lead to improved LGU provision of hospital and health-related MDG services for their constituents, particularly PhilHealth enrolled NHTS poor families.

General

1. The Project Proponent and his employees shall adhere to the mitigation measures set down in these specifications to prevent harm and nuisances on local communities, and to minimize the impacts in construction and operation on the environment. The project implementation can be done directly by the Project Proponent or through their Contractor. Project Proponent can refer to a Local Government Unit or a Health Care Facility.
2. Since the construction will be in the area of a health care facility, special consideration to dust and noise minimization is very important.
3. Remedial actions which cannot be effectively carried out during construction should be carried out on completion of the works (and before issuance of the acceptance of completion of works):
 - (a) All necessary remedial works should be undertaken without delay.
 - (b) water courses or drainage system should be cleared of debris and silt or clear flow paths; and
 - (c) All sites should be cleaned of debris and all excess materials properly disposed;

¹ The 11 Breakthrough provinces include: Metro Manila (NCR), Negros Occidental, Quezon, Cebu, Pangasinan, Iloilo, Cavite, Maguindanao, Zamboanga del Sur, Leyte, Davao del Sur, Pampanga.

Construction Activities and Environmental Rules for Project Proponent

The following information is intended solely as broad guidance to be used in conjunction with local and national regulations. Before initiation of construction activities, the Project Proponent shall present the Project Engineer with a Construction Plan which explicitly states how he plans to abide by these specifications. After approval of such Plan by the Project Engineer, construction activities can proceed.

Prohibitions

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

1. Use of regulated or unapproved² toxic materials, including lead-based paints, asbestos, etc.; The Contractor or the Project Proponent shall secure permit or clearance from the DENR through the Hazardous Waste Management Section if these materials will be used or generated during the demolition or upgrading of the health care facilities.
2. Disturbance to anything with architectural or historical value;
3. Building of fires;
4. Use of firearms (except authorized security guards);
5. Drinking of alcoholic beverages and/or use of illegal drugs by workers and personnel.

Transport

The Project proponent or the Contractor shall be held responsible for any damages/inconveniences caused due to the transportation construction materials and shall be addressed by the Project Proponent. As much as possible, they shall avoid using routes that will affects the normal operation of health care facilities i.e. emergency entrance.

The Project Proponent shall not use any vehicles, either on or off-road with grossly excessive, exhaust or noise emissions³. Emissions and noise level shall be in accordance with

² The Dept. of Environment and Natural Resources (DENR) has a Chemicals Division in charge of tracking the use toxic materials. The Hazardous Waste Section has strict guidelines on the disposal of such materials after use. This system is well established in the country.

³ EMB - DENR monitors noise and air pollution.

the standard set by the DENR. In any built up areas, noise mufflers shall be installed and maintained in good condition on all motorized equipment under the control of the Project Proponent.

Workforce and Temporary Bunkhouse

The Project Proponent should whenever possible locally recruit the majority of the workforce and shall provide appropriate health and safety training as necessary.

The Project Proponent shall install and maintain temporary sanitation facilities for any bunkhouse or workers camp and without causing foul odors and pollution of nearby watercourses. If not possible, the project proponent shall utilize the sanitation facilities of the existing health care establishment.

The Contractor shall establish a method and system for storing and disposing of all solid wastes generated by the labor camp and/or base camp. Storage, collection and disposal of wastes generated during construction/upgrading phase shall be in conformity with the Health Care Waste Management manual and the provisions of the Ecological Solid Waste Management Act or RA 9003 which has relevant provisions for a rational method and system based on segregation.

The Project Proponent shall ensure that temporary site offices, and workshops are located in appropriate areas as approved by the Project Engineer and are operated so that no pollutants enter watercourses, either overland or through groundwater seepage, especially during periods of rain.

Waste Management and Siltation

Sanitation, solid and hazardous wastes must be properly controlled, through the implementation of the following measures:

Waste Management:

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1. Minimize the production/generation of solid and liquid waste through a waste minimization program. Procurement of materials with less packaging is strongly encouraged i.e. cartoons, styrofoam, etc. Likewise, washing of clothes by construction workers within the health care facilities shall be avoided. Identify and classify the type of waste generated. If hazardous wastes are generated, e.g, paints, solvents, asbestos containing materials and used batteries among others, proper procedures must be taken, in accordance with the provisions of RA 6969, regarding their storage, collection, transportation and disposal.
 2. Identify and demarcate temporary storage areas (waste transfer station) clearly indicating the specific materials that can be storage/deposited in each. All waste materials will be removed from the site and sent to DENR approved disposal sites which are typically landfills or controlled dump sites.
 3. Control placement of all construction waste and solid waste to DENR approved disposal sites.

Siltation Control:

In all construction sites, install sediment control structures i.e. sediment catchment basins, where needed to slow or redirect run-off and trap sediment.

Spray water or apply covers such as canvas sheets, on exposed areas and stockpiled construction materials to reduce wind-induced dust, as needed.

All spills and/or collected spilled materials/products shall be disposed of in accordance with standard environmental procedures/guidelines prescribed in the MSDS of each material/substance as well as of the RA 6969.

Disposal of Construction Waste

The Contractor shall establish and enforce daily site clean-up procedures, including maintenance of adequate storage area/facilities for construction debris.

Debris generated due to the dismantling of the existing structures shall be suitably reused, to the extent feasible, in the proposed construction (e.g. as fill materials). The disposal of remaining debris shall be carried out only at approved disposal facility by the government

regulatory agency i.e. DENR. Under no circumstances shall the contractor dispose of any material in environmentally sensitive areas.

In the event any debris or silt from the site is deposited on adjacent land, the Contractor shall immediately remove such, debris or silt and restore the affected area to its original state to the satisfaction of the Project Engineer.

All arrangements for transportation during construction including provision, maintenance, dismantling and clearing debris, where necessary, will be considered incidental to the work and should be planned and implemented by the contractor as approved and directed by the Engineer.

Occupational Health and Safety during Demolition and Construction

The Project Proponent through their contractor has the responsibility to include the protection of every person and nearby property from construction accidents. The Contractor shall be responsible for complying with all national and local Occupational Health and Safety requirements and any other measures necessary to avoid accidents, including the following:

1. Carefully and clearly mark pedestrian-safe access routes;
2. If school children are in the vicinity, include traffic safety personnel to direct traffic during school hours;
3. Conduct safety training/orientation for construction workers prior to beginning work;
4. Provide personal protective equipment and clothing (goggles, gloves, respirators, dust masks, hard hats, safety shoes, etc.) for construction workers and enforce their use;
5. Post Material Safety Data Sheets for toxic and hazardous substances present on the worksite;
6. Require that all workers read, or are read, all Material Safety Data Sheets. Clearly explain the risks to them and their partners, especially when pregnant or planning to start a family. Encourage workers to share the information with their physicians, when relevant;
7. Ensure that the removal of asbestos-containing materials or other toxic substances be performed and disposed of by specially trained workers and in accordance with the requirements of RA 6969.
8. During heavy rains or emergencies of any kind, suspend all work.
9. Brace electrical and mechanical equipment to withstand seismic events during the construction.

Nuisance and Dust Control

To control nuisance and dust the Project Proponent should:

1. To the extent possible, maintain noise levels associated with all machinery and equipment at or below 90 db. Healthcare facilities are noise sensitive areas. It is the responsibility of the Contractor to implement a noise pollution control program specified in this ECOP and shall not exceed allowed noise level for sensitive areas such as hospitals, as prescribed by local regulations.
2. Minimize production of dust and particulate materials at all times, to avoid impacts on surrounding families and businesses, and especially to vulnerable people (patients, children, elders).
3. Place dust screens around construction areas, paying particular attention to areas close to areas with patients and sensitive areas of the healthcare facilities.
4. Spray water as needed on dirt roads, and soil stockpiles.
5. Apply proper measures to minimize disruptions from vibration or noise coming from construction activities.

Community Relations

To enhance adequate community relations the Contractor shall:

1. Inform the population about construction and work schedules, interruption of services, traffic detour routes, as appropriate.
2. Limit construction activities at night. When necessary ensure that night work is carefully scheduled and the community is properly informed so they can take necessary measures.
3. At least five days in advance of any service interruption (including water, electricity, telephone, the community must be advised through postings at the project site, and in affected homes/businesses.

HIV/AIDS Education

The Contractor shall ensure that detection screening of sexually transmitted diseases, especially with regard to HIV/AIDS, amongst laborers is actually carried out and will submit a certificate of compliance to the Project Engineer. Through the Contractor, all workers shall

secure a medical certificate from the local health authority or through DOH accredited laboratory.

Environmental Supervision during Construction

The Project Engineer will supervise compliance with these specifications. Major non-compliance by the Project Proponent will be cause for suspension of works and other penalties until the non-compliance has been resolved to the satisfaction of the Project Engineer. Project Proponents are also required to comply with national and municipal regulations governing the environment, public health and safety.

The Contractor shall conduct on site monitoring and submission of quarterly self-monitoring report to the EMB regional offices of the DENR that has jurisdiction over the project, for evaluation and validation.

On the other hand, the DOH shall also conduct regular monitoring or visits to determine the contractor's compliance to the provisions of this ECOP and other DOH related policies and guidelines i.e. HCWM, etc. The frequency of monitoring is once every six months at the minimum.

ANNEX 1

National Environmental Regulations

RA 9003 – Ecological Solid Waste Management Act

RA 6969 – Toxic and Hazardous Waste Management Act

PD 1586 – Philippines' Environmental Impact Assessment System

RA 8749 – Clean Air Act of the Philippines

RA 9275 - Clean Water Act of the Philippines

Health Care Waste Management Manual – DOH