Kingdom of Cambodia

Nation Religion King

Ministry of Health

Cambodia COVID-19 Emergency Response Project (P173815), the First Additional Financing (P174605) and the Second Additional Financing (P176212)

UPDATED STAKEHOLDER ENGAGEMENT PLAN

March 31, 2021

Stakeholder Engagement Plan (SEP)
Cambodia COVID-19 Emergency Response Project (P173815), the First Additional Financing (P174605) and the Second Additional Financing (P176212)

1. INTRODUCTION/PROJECT DESCRIPTION

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 28 , 2021, the outbreak has already resulted in over 125 million cases and almost 2.8 million deaths worldwide.

2. In Cambodia, the first case in the country was diagnosed on 27 January, 2020 in a Chinese man who had flown from Wuhan to Sihanoukville who then recovered and returned home. There have been two community transmission events, the first one was declared on November 28 and was over on December 15, 2020, with a total of 41 cases detected and zero death; the second event was declared on February 20, 2021 and by March 31 there have been 2,440 cases detected with 11 deaths, as informed by the Ministry of Health (MOH).

3. The Cambodia COVID-19 Emergency Response Project (ERP), its first additional financing (AF1) and second additional financing (FA2) aim to assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The AF2 will not finance vaccine acquisition. The COVID-19 vaccination is provided free of charge and on a voluntary basis to all Cambodians and foreigners who live and work in Cambodia. The parent project, AF1 and the AF2 comprise the following components:

- **Component 1. Emergency COVID-19 Prevention and Response [US$13.15 million]:** The activities in the parent project under Component 1 will remain unchanged, but become sub-component 1.1 titled “Case detection and management”. A sub-component 1.2, “Preparedness and Deployment of COVID-19 Vaccination”. With the inclusion of this AF2, the cost for Component 1 will be revised.

    - ***Subcomponent 1.1: Case detection and management (US$9.5million)[1]:*** Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation. National Institutes of Public Health (NIPH) will be upgraded; diagnostic capacity of the four provincial laboratories as well as laboratories attached to the 21 provincial referral hospitals will be built; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be upgraded.

- ***Subcomponent 1.2: Preparedness and Deployment of COVID-19 Vaccination (US$3.5 million)*:** This sub-component will finance activities associated with the cold chain, logistic and medical consumable for the vaccine deployment. This support will include the

[1] The sub-component 1.1: IDA US$ 8.5 million and PEF US$ 1.15 million

procurement of cold chain equipment for storage of vaccine at national and sub-national level, procurement of refrigerated trucks for timely and safe transportation and distribution of vaccines from the national level to regional and provincial levels, along with procurement of vaccination commodities such as syringes, needles, cotton and safety boxes. In addition, this sub-component 1.2 will finance activities associated with preparedness for effective deployment of COVID-19 vaccination. This support will cover (a) the establishment (design and implementation) of a mechanism to provide identification of the defined at-risk groups and register them; (b) design and implement campaigns to familiarize the population with issues related to vaccination and the roll out plan of the vaccine; (c) capacity building and training of health workers and Village Health Support Groups (VHSGs) for appropriate and effective provision of the vaccines; (d) delivery of vaccines to reach difficult to access priority groups, (e) building on support from WHO, management of vaccination waste, including ensuring proper waste collection, transportation and disinfection and proper disposal of vaccination wastes; (f) monitoring and evaluation of the vaccine deployment, and adverse events following immunization (AEFI) if any, but not vaccines.***Component 2. Medical Supplies and Equipment [US$6.5 million]: This component will finan***ce the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services.

- **Component 3. Preparedness, Capacity Building and Training [US$3.5 million]:** This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan.

- ***Component 4*. Project Implementation and Monitoring [US$1.5 million]:** Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the Cambodia's Health Equity and Quality Improvement Project (H-EQIP)[2]. Activities include: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and Training of project management unit and technical consultants; and (iii) operating costs. The AF2 would make no changes to this component.

4. The Cambodia COVID-19 ERP and its AF1 and AF2 are being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interfere**nce, coercion, discrimination and intimidation.**

5. **The Stakehol**der Engagement Plan (SEP) applies to the parent project, AF1 and AF2. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental

[2] H-EQIP (P157291) which seeks to improve access to quality health services for targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. STAKEHOLDER IDENTIFICATION AND ANALYSIS

6. Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project (interested parties). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

7. Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

8. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;

- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns; and

- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods.

Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

9. For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[3], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected Parties

10. Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID19 infected people
- Communities (i.e. religions, race, gender) of COVID19 infected people
- People under COVID19 quarantine
- Family members of COVID19 infected people
- Family members of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers, including laboratory staff, NIP staff, COVID-19 vaccinators and workers serve in vaccine storage and transportation, and health professional volunteered to support the effort of responding to COVID-19 pandemic in the country, etc.
- Municipal waste collection and disposal workers

[3] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Indigenous Peoples Groups representative bodies and organizations
- VHSGs, COVID-19 vaccine receivers (priority groups), staff of sub-national administration, communities, and drivers.
- Other public authorities.

2.3. Other Interested Parties

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other International non-governmental organizations (NGOs)
- Businesses with international links
- The public at large

2.4. Disadvantaged / Vulnerable Individuals or Groups

11. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, ethnic group, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

12. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following: elderly, children, poor households, ethnic minorities, resident in rural areas, disabled, Sexual Orientation and Gender Identity, etc. For COVID-19 vaccination, the identified priority groups include the above vulnerable or disadvantaged groups. Based on the government's National Deployment and Vaccination Plan for COVID-19 Vaccines (NDVP), the project is supporting the second, and subsequent, priority groups: (1) elderly population of above 65 years old of age, (2) high risk adults aged 18-64 years old with underlying conditions (Diabetes, Hypertension, etc.). Other priority groups including garment factory/other workers and other groups identified by the NDVP. Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

Table 1: Priority Group for Vaccine in Cambodia Distributed by Phases

Phases	Population group	Number of people	% of population
First	1.All health care workers (100%) 2. Frontline armed forces/police, (100%) 3. Frontline of government officials, (100%)	499,7215	3.3
Second	1. Community focal person and volunteers (100%) 2. Elderly population (65 years above) (50%) 3. Adults from ≥ 16-64 years old (50%) 4. Moto taxi drivers, Tuk Tuk drivers, and others (100%) 5. Garbage worker and others (100%) 6. Garment Factory and construction site workers (50%) 7. Foreigners aged ≥ 16 years old per category of target groups mentioned in this table	4849177	31.7%
Third	1. Elderly population (65 years above) (50%) 2. Adults from ≥ 16-64 years old (50%) 3. Garment Factory and construction site workers (50%) 4. Foreigners aged ≥ 16 years old per category of target groups mentioned in this table	4639103	30%
Total		9,988,000	65%

13. To reach out to these vulnerable groups, vaccination sites will be identified gradually according to availability of vaccines, target groups and phases defined in NDVP and epidemiological status of COVID-19 transmission. Through the national ad-hoc committee for COVID-19 vaccination, relevant ministries support for registration of target groups, dissemination information to advocate for vaccination, support for managing target groups for vaccination as daily basis to avoid crowding at vaccination sites, etc. VHSGs have involved in NIP for a long time, they will join local government in providing support for identifying all vaccine receivers and inform them to get vaccination.

3. STAKEHOLDER ENGAGEMENT PROGRAM

3.1. Summary of Stakeholder Engagement Done during Project Preparation

14. Due to the emergency situation and the need to address issues related to COVID-19, during the Project preparation, consultations were conducted by public authorities and health experts, including Cambodia MOH and Communicable Disease Control Department (CDC). Consultation meetings among relevant health officials were conducted virtually on 25-31 March 2020, and on 29 April-04 May 2020. Detailed minutes of these consultations are attached as annexes to this SEP.

15. During project implementation, a public consultation workshop was conducted in Kampong Cham on 14 October 2020. Participants in the workshop were indigenous peoples (IPs), VHSGs, and health center staff from Mondolkiri, Rattanakiri, Preah Vihea, and Koh Kong provinces. In response to

question on awareness and concerns about COVID-19, participants responded that they are aware that COVID-19 is serious virus and it easily infect from one person to other. Participants also claimed that preventive measures of MOH including wearing face mask, washing hand, and physical distancing are social and cultural acceptable measures. However, (during the time of consultation) they mentioned they faced difficulty to follow MOH's COVID-19 preventive measures strictly since face mask and alcohol were getting more expensive and they were not widely available at communities. Participants suggested that MOH should provide masks and alcohol to community people. Participants believed that education campaign and information dissemination on COVID-19 at communities are important to raise local people's awareness and precaution. Regarding COVID-19 vaccination, participant believed that vaccine is good to prevent transmission of COVID-19 virus.

16. In addition, for vaccination, public consultation was conducted on 18-19 February 2021. Details of the finding and feedback is available in annex 4.

17. Draft version of the instruments were disclosed through the MOH's webpage (http://hismohcambodia.org/public/announcements.php?pid=32).

18. Through consultation with Indigenous People (Ips) and their representative during project implementation, the SEP was updated to reflect a strategy specific to engagement with IPs including:

- Identification of affected group and communities their representative bodies and organizations
- Engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes
- Measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively

19. While not specifically related to the CCERP, the Royal Government of Cambodia (RGC) undertook consultations on vaccinations in order to ensure priority access to those most at risk and equitable access to the vaccine. The NIP conducted several consultative meetings, worked with CDC to review the epidemiology/burden of disease, groups with higher risk of mortality, country context, health system infrastructure, etc., and reviewed WHO global allocation and prioritization framework as well as recommendations from Immunization Strategic Advisory Group of Experts.

20. NIP has identified the priority groups as to whom the vaccine will be offered in priority. The NIP presented the identified priority groups and sequencing in the Technical Working Group for Health who acts as National Immunization Technical Advisory Group for immunization program in Cambodia for review and discussion. These priority groups were reviewed and finalized by the COVID-19 Vaccine Introduction Preparedness and Implementation Task Force in December 2020.

3.2. Summary of Project Stakeholder Needs and Methods, Tools and Techniques for Stakeholder Engagement

21. Different engagement methods are proposed and cover different needs of the stakeholders:

3.3. Proposed Strategy for Information Disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior effectiveness	Affected people (including, among others, IP representatives at national level) and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health sector and COVID-19. NGOs and Civil Society Organizations (CSOs) may also be included For vaccination: MOH; NIP, Provincial Health Departments (PHDs); Referral Hospitals (RHs); Operational Districts (ODs); Health Centers (HCs); development partners; Priority groups for vaccination: Vulnerable groups; marginalized groups; poor and remote population Vaccinators; VHSGs.	Environmental and Social Management Framework (ESMF) including AF1 and AF2 Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM) including AF1 and AF2 Environmental and Social Commitment Plan (ESCP) including AF1 and AF2 National Deployment and Vaccination Plan (NDVP) including a communication strategy.	National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) on March and April 2020. Project website For vaccination, NIP organized a series of consultative meetings on COVID-19 vaccination in late 2020. In addition, public consultation on this updated ESMF was conducted on February 18-19, 20
Project Implementation	Affected people and other interested parties as appropriate. IPs (when applicable) and their representatives Relevant Ministries working in, or with an interest in health sector and COVID-19. NGOs	Updated project's ESF instruments including the AF1 and AF2 Feedback of project consultations Information about project's activities in line with WHO	Local and provincial consultations (face to face in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) throughout project implementation Consultations with IPs

	and CSOs may also be included For vaccination: MOH; NIP; PHDs; RHs, ODs; HCs; development partners; Priority groups for vaccination: Vulnerable groups; marginalized groups; poor and remote population; Vaccinators VHSGs	COVID19 guidance on Risk Communication and Community Engagement (RCCE) , in order to "detect and respond to concerns, rumors and misinformation" For vaccination: who are the priority groups Messages on COVID-19 vaccination: (i) vaccines is offered for free and voluntary bases; (ii) messages to address rumor and fake news and built trust in the communities about the safety of vaccines; (iii) messages to ensure clarification of the reasons for the adverse event following immunization; (iv) message to prevent misinformation that may lead to discrimination toward vaccinators.	(when applicable) and their representatives applying culturally appropriate and accessible engagement processes Electronic publications and press releases on the Project website Public notices Dissemination of hard copies at designated public locations Press releases in the local media Information leaflets and brochures Traditional and social media VHSG for face to face communication Alignment with government's Communication and Community Engagement (CCE) strategy as relevant

3.4. Stakeholder Engagement Plan

22. Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings.

- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels.

- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.

- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.

- Where direct engagement with project affected people or beneficiaries is necessary, including engagement of local government and VHSG, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators, taking into account language considerations, needs of people with disability and of people who are illiterate.

- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

Project stage	**Topic of consultation / message**	**Method used**	**Target stakeholders**	**Responsibilities**
Preparation prior effectiveness	The project, its activities and locations, potential impacts and mitigation measures Introduce the updated project's ESF instruments Present the updated SEP and the Grievance Mechanism Priority group identification Prevent the exclusion	National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) on March or April 2020. Project website For vaccination, NIP organized a series of consultative meetings on COVID-19 vaccination in	Affected people (including, among others, IP representatives at national level) and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health sector and COVID-19. NGOs and CSOs may also be included	MOH with support from consultants.

	of at most risk groups, most vulnerable and marginalized groups, indigenous and remote population. COVID-19 vaccination administration staff discrimination	late 2020. VHSG will engage community to ensure most at-risk groups are not excluded	For vaccination: MOH, NIP, PHDs, RHs, ODs, HCs, development partners, Priority groups for vaccination Vulnerable groups, marginalized groups, poor and remote population Vaccinators VHSGs	
Project Implementation	Updated project's ESF instruments Feedback of project consultations Information about project's activities in line with WHO COVID19 guidance on RCCE and on vaccination in line with RGC's CCE as needed For vaccination: who are the priority groups? Messages on COVID-19 vaccination: (i) vaccines is offered for	Consultations (face to face and/or virtual consultations) Project website Correspondence by phone/email Letters to local, provincial, and national authorities Consultations with IPs (when applicable) in a culturally appropriate and accessible manner	Affected people and other interested parties as appropriate. Consultation with ethnic groups (when applicable) and their representatives to reflect a strategy specific to engagement with ethnic groups applying culturally appropriate and accessible engagement processes Relevant Ministries working in, or with an interest in health	PMD with support from consultants. NIP staff as appropriate for vaccine deployment sub-component Mass media

	free and voluntary bases; (ii) messages to address rumor and fake news and built trust in the communities about the safety of vaccines; (iii) messages to ensure clarification of the reasons for the adverse event following immunization; (iv) message to prevent misinformation that may lead to discrimination toward vaccinators.	Delivery vaccine to reach difficult to access priority group Traditional and social media VHSG for face to face communication	sector and COVID-16. NGOs and CSOs may also be included For vaccination: MOH, NIP, PHDs, RHs, ODs, HCs, development partners, Priority groups for vaccination Vulnerable groups, marginalized groups, poor and remote population Vaccinators VHSGs	

23. It is worth noting that NIP has developed the *Communication and Community Engagement (CCE) Strategy and NDVP*. The strategy aims to provide timely and accurate information about the vaccine to ensure acceptance and support for the vaccine and the phased approach and to encourage vaccine uptake. The strategy aims to establish social listening channels to address misinformation and fake news promptly as well as to develop communication guidelines and key messages to prepare for and respond to adverse events following immunization (AEFI) and vaccine-related crises. This SEP will ensure alignment with the CCE strategy as relevant.

3.5 Reporting Back to Stakeholders

24. Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

4.1. Resources

25. MOH will be in charge of carrying out stakeholder engagement activities. The budget for the SEP is US$10,000.

4.2. Management Functions and Responsibilities

26. The project implementation arrangements are as follows:

- The institutional arrangements are based on lessons learned from Health Equity and Quality Improvement Project (P157291) and the Preparation of the Strengthening Pre-Service Education System for Health Professionals Project (P169629). MOH has appointed a Project Director, and a Project Manager. In addition, an ESF Focal Point had been appointed at the Department of Preventive Medicine (PMD) under MOH. The Project Director and Project Manager are acting through MOH's technical departments and national programs, as well as PHDs, ODs, RHs, and HCs. Within the MOH, the project is implemented through CDC, Department of Hospital Services (DHS), NIPH and the Department of Budget and Finance (DBF) using mainstream MOH processes and will not involve a parallel project implementation unit or secretariat. Other MOH departments participating in project implementation will include (a) the Internal Audit Department (IAD); and (b) the Department of Drugs.
- The entities responsible for carrying out stakeholder engagement activities are appointed at PMD under MOH. However, the project will have a provision to strengthen this department's capacity and skills through additional consultants or advisors. The additional consultants or advisors will be used for strengthening the MOH's capacities on stakeholder engagement for the project activities.
- The stakeholder engagement activities will be documented through consultation reports prepared by MOH's PMD and/or their consultants or advisors right after of the project-related public engagement activities have been carried out.

5. GRIEVANCE MECHANISM

27. The Cambodia COVID-19 Emergency Response Project allows those that have a compliant or that feel aggrieved by this project to be able to communicate their concerns and/or grievances through an appropriate process. The grievance mechanism (GM) will provide an accessible, rapid, fair, and effective response to concerned stakeholders, especially any vulnerable group who often lack access to formal legal regimes.

28. The purpose of the GM is to achieve mutually agreed resolution of grievances raised by project stakeholders, project participants and beneficiaries and ensures that complaints and grievances are addressed in good faith and through a transparent and impartial process, but one which is culturally acceptable. It does not deal with 'concerns' which are defined as questions, requests for information, or perceptions not necessarily related to a specific impact or incident caused by the project activity. If not addressed to the satisfaction of the person or group raising the concern, then a concern may become a complaint.

29. While recognizing that many complaints may be resolved immediately, this GM encourages mutually acceptable resolution of issues as they arise. The grievance mechanism includes the following:

- Provision for the establishment of a grievance redress committee that includes women

- Ways in which individual or parties affected by the project can submit their grievances (including anonymous grievances), which may include submissions in person, by phone, letter, email, or via MOH website www.moh.gov.kh
- A reporting and recording system which shall be maintained as a database
- Procedure for assessment of the grievance
- A time frame for responding to the grievances filed
- An appeal process to which unsatisfied grievances may be referred when the resolution of grievances is not resolved

5.1. Description of Grievance Mechanism

30. Grievances will be handled at each health facility, operational district, municipal/provincial referral hospitals, provincial health department, and at the national level by a Grievance Redress Committee (GRC) to be established by MOH, including via dedicated phone numbers of each provincial/capital GRM Focal Person established by MOH. The broad responsibilities of the GRC include:

- Developing and publicizing the grievance management procedures
- Receiving, reviewing, investigating, and keeping track of grievances
- Adjudicating grievances
- Monitoring and evaluating fulfillment of agreements achieved through the grievance redress mechanism

31. For the interest of all parties concerned, the grievance redress mechanisms are designed with the objective of solving disputes at the earliest possible time. A recommended timeframe for the resolution of a complaint should be sought within two weeks.

32. The GRM includes the following steps:

- Step 1: Complainant discusses project-related grievance with the respective health facilities/treatment centers being supported by the project including vaccination.

- Step 2: If the Complainant is not satisfied with how the grievance is handled, the grievance can be raised to Provincial Grievance Redress Focal Person (PGRF)/PHD.

- Step 3. If the Complainant is still not satisfied with how the grievance is handled by PGRF/PHD, the grievance can be raised directly to the MOH's Grievance Redress Committee and/or hotline.

33. The above steps are at no cost to the complainant. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

34. Coordinated in the MOH by the ESF focal point assigned to this project, a complaints register will be established as part of the project to record any concerns raised by any stakeholder during the implementation of this project. Any serious complaint will be advised to the World Bank and MOH within 24 hours of receiving the complaint.

35. Wherever possible, the project team will seek to resolve the complaint as soon as possible and thus avoid escalation of issues. However, where a complaint cannot be readily resolved, then it must be escalated.

36. A summary list of complaints received and their disposition, along with key statistics on the number of complaints and duration taken to close out, must be reported yearly. Each record is allocated a unique number reflecting year and sequence of received complaints (for example 2019-01, 2019-02 etc.). Complaint records (letter, email, the record of conversation) should be stored together, electronically, or in hard copy under the responsibility of the ESF focal point of MOH.

5.2. Provisions for Indigenous People (IPs)

37. If those areas where Indigenous Peoples live, the project's GM will ensure that it meets the needs of Indigenous Peoples. Because of that, this GM will be adapted and/or changed as necessary to ensure it is culturally appropriate and accessible to beneficiary Indigenous Peoples and takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the IPs. This should be done in consultation with local Indigenous Peoples groups

38. The key principles of the grievance mechanism are to ensure that:

- The basic rights and interests of IPs are protected
- The concerns of Indigenous Peoples arising from the project activities are adequately addressed
- Indigenous Peoples are aware of their rights to access grievance procedures free of charge for the above purposes.

6. MONITORING AND REPORTING

39. As for reporting back to stakeholder groups, the SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.

- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:

- Number of public hearings, consultation meetings and other public discussions/forums conducted annually;
- Frequency of public engagement activities;
- Number of public grievances received monthly and number of those resolved within the prescribed timeline;
- Number of press materials published/broadcasted in the local, regional, and national media;

Annex 1

Tip Sheet for Stakeholder Engagement Plan For Emergency Projects in Response to COVID-19

1. Introduction/Project Description

Briefly describe the project, the stage of the project, its purpose, and what decisions are currently under consideration on which public input is sought. Describe location and, where possible, include a map of the project site(s) and surrounding area, showing communities and proximity to sensitive sites.

2. Stakeholder Identification and Analysis and Methodology

2.1 Affected parties

Identify individuals, groups, local communities, and other stakeholders that may be directly or indirectly affected by the project, positively or negatively. The SEP should focus particularly on those directly and adversely affected by project activities. Communities located close to health centers or medical waste management facilities, and communities intended to benefit from health services require particular attention. Particular attention should also be granted to identifying and providing tailored and culturally sensitive stakeholder engagement opportunities to vulnerable groups, disadvantaged communities and groups meeting the requirements of ESS 7.

2.2. Other Interested Parties

Identify broader stakeholders who may be interested in the project because of its location, its proximity to natural or other resources, or because of the sector or parties involved in the project. These may be local government officials, community leaders, and civil society organizations, particularly those who work in or with the affected communities. While these groups may not be directly affected by the project, they may have a role in the project preparation (for example, government permitting) or be in a community affected by the project and have a broader concern than their individual household. Examples of other potential stakeholders would include government authorities, academics, religious groups, national social and environmental public-sector agencies, the media, local organizations, NGOs.

2.3. Disadvantaged/Vulnerable Individuals or Groups

It is particularly important to understand whether disadvantaged or vulnerable individuals or groups could run the risk of being excluded from project benefits, or whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. It is also important to keep in mind that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments, in particular, should be adapted to take into account their particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits.

The following can help outline an approach to understand the viewpoints of these groups:

Identify vulnerable or disadvantaged individuals or groups and the limitations they may have in participating and/or in understanding the project information or participating in the consultation process. (For example, language differences, lack of transportation to events, accessibility of venues, disability, lack of understanding of a consultation process).

What additional support or resources might be needed to enable these people to participate in the consultation process? (Ex: translation into a minority language, sign language, large print or Braille information; choosing accessible venues for events; providing transportation for people in remote areas to the nearest meeting; having small, focused meetings where vulnerable stakeholders are more comfortable asking questions or raising concerns).

If there are no organizations active in the project area that work with vulnerable groups, such as persons with disability, contact medical providers, who may be more aware of marginalized groups and how best to communicate with them.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

3.2. Summary of project stakeholder needs and methods, tools, and techniques for stakeholder engagement during project implementation

3.3. Proposed strategy for information disclosure and consultation process

Briefly describe what information will be disclosed, in what formats, and the types of methods that will be used to communicate this information to each of the stakeholder groups and the timetables. Methods used may vary according to target audience, for example: interviews with stakeholders and relevant organization; surveys, polls, and questionnaires; public meetings, workshops, and/or focus groups on specific topic; participatory methods; other traditional mechanisms for consultation and decision making. Description can be done in table format. **It should be noted that in the case of COVID-19 operations, face to face meetings may not always be appropriate. The client should consider whether the risk level would justify avoiding public/ face to face meetings and whether other available channels of communications to reach out to all key stakeholders should be considered (including social media, for example). Transparency is particularly important for these situations and ESF instruments should be made available and accessible to all key stakeholders.**

3.4. Review of comments

3.5. Future phases

4. Resources and Responsibilities for Implementing Stakeholder Engagement Activities

4.1. Resources

Indicate what resources will be devoted to managing and implementing the Stakeholder Engagement Plan, in particular: what people are in charge of the SEP and confirm that an adequate budget has been allocated toward stakeholder engagement.

4.2. Management functions and responsibilities

Describe how stakeholder engagement activities will be incorporated into the project's management system and indicate what staff will be devoted to managing and implementing the Stakeholder Engagement Plan.

5. Grievance Mechanism

5.1. Description of GRM

Describe the process by which people affected by the project can bring their grievances and concerns to the project management's attention, and how they will be considered and addressed. Relevant questions to take into account include:

- Is there an existing formal or informal grievance mechanism, and does it meet the requirements of ESS10? Can it be adapted or does something new need to be established?

- Is the grievance mechanism culturally appropriate, that is, is it designed to take into account culturally appropriate ways of handling community concerns? For example, in cultures where men and women have separate meetings, can a woman raise a concern to a woman in the project grievance process?

- What process will be used to document complaints and concerns? Who will receive public grievances? How will they be logged and monitored and what time commitments will be made to acknowledge and resolve issues?

- How will the existence of the grievance mechanism be communicated to all stakeholder groups? Are separate processes needed for vulnerable stakeholders?

- Will there be an appeals process if the complainant is not satisfied with the proposed resolution of the complaint?

A summary of implementation of the grievance mechanism should be provided to the public on a regular basis, after removing identifying information on individuals to protect their identities. A project may have different types of GRMs for different project activities and impacts. Each should be described here. Description should include timeframe for each step.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

Consider whether project, especially in FCV settings, should include a role for third parties in monitoring the project or impacts associated with the project. Describe any plans to involve project stakeholders (including affected communities) or third-party monitors in the monitoring of project impacts and mitigation programs.

6.2. **Reporting back to stakeholder groups**

Describe how, when, and where the results of stakeholder engagement activities will be reported back to both affected stakeholders and broader stakeholder groups. Strong and continuous awareness raising and reporting back to stakeholders is important in the context of sensitive projects such as projects related to infectious diseases where social tensions can easily be created through lack of, or propagation of incorrect information.

Annex 2

Report on Stakeholder Consultative Meeting for

Cambodia COVID-19 Emergency Response Project (P173815)

25-31st March 2020

Consultative Process

Consistent with Cambodia's laws and legislation regarding public consultations and the Bank's Environmental and Social Standard (ESS10) – Stakeholder Engagement and Information, the MOH's Preventive Medicine Department (PMD) conducted public consultations with some affect parties[4] on 25-31 March 2020. The aim of the consultations is two-fold. First, it aims to provide relevant stakeholders with generic information about the Cambodia COVID-19 Emergency Response Project. Second, it aims to offer them the opportunity to provide feedback, views and recommendations regarding the project risks, impacts, and mitigation measures in a meaningful and a culturally appropriate manner.

While the goal is to ensure that public consultations are free of manipulation, interference, coercion, discrimination, and intimidation to the extent possible, there were some setbacks due to the outbreak and spread of Covid-19 in Cambodia. At the time when consultations were prepared, Cambodia's CDC reported that the number of patients tested positive for Covid-19 reached around 70. In view of the situation, the Cambodian government issues some instructions to the public to exercise some social distancing and restraints from public gatherings (of more than 50 people) in a bid to reduce the risk of the virus transmission. Specific measures, such as restrictions of some international travels, closure of public schools, entertainment venues and other public gatherings, have been undertaken. Some government ministries have decided to let their staff work from home except for some emergent circumstances.

In the context where national restrictions have been enforced, and Covid-19 spread circumstance has been a major concern for public officials and people at large, to ensure that public consultations for this Project remains meaningful, a number of options and considerations have been explored, including taking into account the WHO's technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19[5].

These processes resulted in a decision to defer public workshops and community meetings (with some affected parties such as Covid-19 affected people, their family, community as identified in the Stakeholder Engagement Plan (SEP)), for fear that these physical interactions may exacerbate Covid-19 spreading. Therefore, the consultations focused more on discussions with public health workers, staff of MOH and the National Institute of Public Health, while public consultations with other relevant stakeholders will be conducted later once the situation will become normalized.

[4] Mainly staff (public health workers) of the Ministry of Health (MOH) and the National Institute of Public Health (NIPH).

[5] For more detail, refer to the following link: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance.

Furthermore, while virtual workshops, using some applications (i.e. WebEx, zoom and skype) remain an option, given that public officials (i.e. MOH's staff) have been pre-occupied with their ongoing response to Covid-19 outbreak, this option was considered impractical. After all, it was decided that "Telegram" (an equivalent of WhatsApp), which is a digital platform allowing users to share with each other information, documents, files, chat and voice, should be used to communicate the Project design and relevant safeguards instruments with affected parties.

Telegram was chosen for a number of strategic and practical reasons. It has been very popular in Cambodia, and Cambodian public officials have widely used it for their internal communication. Given this, to reach out to the Project's main stakeholders (public health workers, staff of MOH and the National Institute of Public Health), Telegram has proven to be an effective chatting platform. Additional advantages of this digital platform also include the fact that it provides the stakeholders with some flexibility to offer feedback and suggestions regarding the Project design, as they can leave their comments any time, where other participants in the discussions can also view the comments.

The consultations with public health officials were participatory and active with the PMD being the lead facilitators. The following steps were followed to undertake the consultations. First, participants in the consultations were randomly drawn upon the updated List of the Emergency Response Team at provincial level, Provincial Hospitals, Operational Districts, Referral Hospitals, Health Centers in response to Covid-19 outbreak. Some of the participants were referred to by other and the PMD and the PMD. (Respondents: 1/4 of rapid response team, 1/4 of safeguard focal point at provincial level, and 1/4 of disaster management focal point at provincial level, and the rest "1/4" national level including NIPH). As a result, a Telegram Group was formulated by the PMD under the name of "Safeguard COVID19 Emergency Response". The Group consisted of approximately 50 participants, the list of which is attached to this report as Annex 1. The PMD then presented some PowerPoint slide presentations in both English and Khmer, which provide an overview and basic information about the Project, its design, coupled with detailed references/links to safeguards instruments and documents, which have been prepared for the Project. Some thematic guiding questions were shared with the Telegram group participants (Annex 2). During the consultations, some participants asked questions and suggested further clarification, and shared their experience using reports and photos.

Key Findings

Feedback and suggestions received were in various forms: photos of some ongoing activities being carried out by relevant health professionals and public authorities; text messages; some voice recordings; and MS Word files with answers to specific guiding themes/questions introduced by the facilitators. On 31 March 2020, when the deadline for receiving comments was due, 7 formal written submissions were received by the Project. The following described the recurring themes emerged from the consultations:

Positive impact of the Project

Participants have agreed that the Project plays an important role in contributing to the reduction in the spread of Covid-19. It thus seeks to helps to protect community and people's health, resulting in reducing their exposure to health risks (Covid-19 and other related viruses), and thereby improving their livelihood. Other participants see the Project is instrumental to strengthening Cambodia's capacity in its

response to Covid-19 as well as other communicable disease in a more timely and efficient manner. In the long run, this helps to strengthen Cambodia's health care system by enhancing the Ministry of Health's access to medical equipment/laboratory, medication for treatment of Covid-19 patients, and enhancing competency of public health's officials and health professionals' (medical doctors, nurses) capacity. This helps to contribute to reducing the economic impacts as a result of the virus spread, including to enhance the public trust in Cambodia's public health system.

Environmental and social impacts

While participants in the consultations expressed positive view about the Project and its impact, some of them agree that the project presents some environmental and social impacts that should be carefully addressed to ensure safety for the environment and affected people as a result of the project activities. Some of the environmental and social impacts highlighted include: management of medical waste, which may result in contaminating the environment and spreading the virus to community and health workers; safety and health risks for public health officials and relevant officials working around quarantine facilities; discrimination towards health professionals by community; spreading virus from relevant officials to communities. Other pertinent concerns relate to limited health professionals' awareness/knowledge of how medical equipment (including personal protective equipment) and the priority should focus on frontline staff (sample for testing, medical doctors and staff working in laboratories). One specific concern relates to their language barrier, given that some medical equipment and chemicals (i.e. disinfectant) are written in foreign language which may limit their ability to use them safely and effectively.

Environmental and social risk mitigation measures

Participants are of the view that it is fundamental to safeguard people and the environment from negative impacts as a result of the Project. A number of measures have been suggested. For them, it is important to develop an environmental and social management plan prior to undertaking any project activity. The plan should include measures to manage/handle medical waste, referring the MOH's regulation relating to health care waste management based on infection prevention and control, as well as the WHO's guidelines, including facilities to burn medical wastes. To reduce the risk of health professionals/workers and emergency response team being exposed to the virus, participants suggest that medical equipment and facilities purchased by the Project should be of quality and standardized, and technical advisers be mobilized to offer specific guidance and training to them on how to use the medical equipment and facilities effectively and safely. Specific suggestions were made related to adequate compensation for health professionals; swift Project cashflow to ensure that there are enough budgets to carry out activities; how testing samples should be handled and safely transported to laboratories to reduce the risks of spreading the virus. Participants also advise that the quarantine facilities should be well equipped to maximize the number of patients staying in the facilities and to reduce their psychological impacts as well as risks to health professionals and nearby community.

Community awareness

To reduce the spread of Covid-19, all participants agree that it is important to raise the awareness of the public regarding how the spread of the virus can be reduced through basic personal hygiene and social distancing, etc. In this regard, they see that preventive measures are fundamental in the fight against Covid-19, and that people's participation in the Project is crucial through their feedback. Thus, they

encourage that the Project develops a mechanism where people can candidly provide suggestions and feedback to the Project.





To reach out to community and the public, many of them have shared their respective experience. For them, it is important that health professionals/workers work in close collaboration with local authorities

to go to commune by commune. One effective traditional tool used to disseminate information about preventive measures includes use of loudspeaker.

One participant raised that in order for the public awareness campaign to be effective, it is important that the Project understands people's behaviors and their religious beliefs, and customary/cultural practices in their response to Covid-19. This corresponds well to the reports in the social media including observations by senior government officials about the fact that some communities remain adopting their traditional way of beliefs as a mean to prevent or chase away Covid-19 virus (such as use of scarecrow or puppet and fire).

List of Telegram Group: Safeguard COVID19_Emergency Response

	Name	Sex	Position	Organization
1	Dr Chap Seak Chhay	M	Deputy Director General	General Dept of Budget &Finance
2	Dr. Hero Kol	M	Director	Preventive Medicine Dept/MOH (PMD)
3	Dr Lak Muy Sreang	F	Deputy Director	PMD
4	Dr Ean Sokoeu	M	Chief of Disaster Management and Environmental Health Bureau	PMD
5	Dr Thol Dawin	F	Vice chief of Disaster Management and Environmental Health Bureau	PMD
6	Mr Un San	M	Deputy Director	PMD
7	Tong Ratha	M	Technical Staff	PMD
8	Nov Molyka	M	Technical Staff	PMD
9	Dr Mok Theavy	M	Deputy Director	Khmer-Soviet Friendship hospital
10	Dr Teng Srey	F	Deputy Director	CDC Dept/MOH
11	Dr Yi Seng Doeun	M	Deputy Director	CDC Dept/MOH
12	Heng Chantha			
13	Che Picheth			
14	Chhan Chansophoan	F	Deputy Director	Banteay Meanchey
15	Dr Mak Kimly	M	Deputy Director	Koh Kong
16	Dr. Muon Nara	M	Deputy Director	Oddar Meanchey
17	Dr. Keo Vannak	M	Director	Tboung Khmum
18	Keo Vibol	M	Deputy Director	Phnom Penh
19	Kong Veng	M	Deputy Director	Ratanak Kiri
20	Kuch Sitha	M	Deputy Director	Svay Rieng
21	Kuch Vanna	M	Deputy Director	Mondulkiri
22	Lim Chan	M	Deputy Director	Kampot
23	Lim Leang Ngoun	M	Deputy Director	Kampong Chhnang
24	Ngy Bunlen	M	Deputy Director	Kratie
25	Dr Nora D.Nhek	M	Deputy Director	Prey Veng
26	Nuon Seng	M	Deputy Director	kep
27	Oeung Bunsang	M	Vice Chief of Technical Bureau	Kep
28	Pheav Sov	M	Technical staff	PMD
29	Phol Punloeu	M	Deputy Director	Tboung Khmum
30	Dr Chhay Sao Mony	M	Deputy Director	Preah Vihear Provincial Health Department
31	Say Proloeng	M	Deputy Director	Stung Treng
32	Say Savy	M	Deputy Director	Kampong Speu
33	Seang Horn	M	Deputy Director	PMD
34	Sechou Sethychot			Preah Sihanouk
35	Sing Rithireth	M	Deputy Director	Siem Reap

36	Than Sithan	M	Deputy Director	Takeo
37	Nuon Sokunthea			
38	Yok Sovann	M	Deputy Director	Pailin
39	Tek Sopheap	M	Deputy Director	Pursat
40	Tith Vuthy			
41	Ty Thiravuth	M	Deputy Director	Kampong Thom
42	Var Vanna			
43	Chor Vichet	M	Deputy Director	Kandal
44	Koy Virya		Deputy Director	Department of Hospital Services
45	Ouk Vithiea	M	Deputy Director	Battambang
46	Chao Dara Pheak	M		NIPH
47	Mr Sao Sovanratnak	M	Health Analyst	World Bank
48	Nuth Monyrath	M	Social Development Specialist	World Bank

Guiding thematic discussions/questions

សំណួរសម្រាប់ពិគ្រោះពិភាក្សា

១) តើលោក លោកស្រីយល់ដូចម្តេចដែរអំពីផល ប្រយោជន៍របស់គម្រោង?

- What is your view about the project benefit?

២) តើគម្រោងអាចប៉ះពាល់អ្វីខ្លះដល់បរិស្ថាន និងសង្គម?

- What are environmental and social impacts?

៣) តើលោក លោកស្រីមានកង្វល់អ្វីខ្លះចំពោះគម្រោងនេះ?

- What are your concerns?

៤) តើយើងអាចធ្វើអ្វីខ្លះ(វិធានការណ៍) ដើម្បីកាត់ បន្ថយការប៉ះពាល់ដល់បរិស្ថាន និងសង្គម?

- What should be done to mitigate environmental and social impacts?

៥) តើវិធានការណ៍អាទិភាពអ្វីខ្លះដែលត្រូវធ្វើ?

- What should be the priorities?

៦) តើលោក លោកស្រីមានមតិ ឬក៏មានអានុសាសន៍អ្វីបន្ថែមទៀតទេ?

- Any additional comments/recommendations?

Annex 2

Report on Stakeholder Consultative Meeting through Telegram Group on ESMF for Cambodia COVID-19 Emergency Response Project (P173815)

April 29-May 4, 2020

Consultative Process

Following MOH's preparation of the Stakeholder Engagement Plan (SEP), the first round of consultations with relevant stakeholders was conducted. The consultations aimed to provide relevant stakeholders with generic information about the Cambodia COVID-19 Emergency Response Project, and to seek feedback and suggestions regarding project risks, impacts and mitigation measures. As a summary, key feedback received include both positive and negative impacts of the project. Stakeholders see the project as part of a measure to improve community and people's health and economic well-being during Covid-19 outbreak. On a negative side, they drew the project attention to the need to carefully address environmental and social risks as a result of the project. These include safety of health workers, community, public officials, social discrimination, accessibility to the project by different groups of people including the vulnerable. As such, they suggested that there should be appropriate waste handling measures, including use of equality personal protective equipment, and actions to raise awareness of Covid-19 preventive measures among communities.

This second round of consultations is to follow-up to the previous consultations. The consultations seek to disclose, in a participatory fashion, MOH's Environmental and Social Management Framework (ESMF), which has been prepared to assess and mitigate potential environmental and social risks/impacts of the project. They are also aimed at ensuring that relevant stakeholders are aware of the ESMF and that their feedback on the potential risks and mitigation measures identified is taken into consideration for the finalization of the ESMF.

Given the success of the first round of consultations, the consultations on the ESMF adopts the same methodology. The project team exercised caution in light of the Covid-19 infection/spread prevention, considering a number of instruments: the national guidelines regarding Covid-19 preventions and the WHO's technical guidance in dealing with COVID-19. The consultations were divided into two parts. First a meeting among core groups (within MOH's Preventive Medicine Department (PMD)) with the facilitation and technical support of the World Bank's staff[6]. The meeting led to improved understanding of ESMF's risks and mitigation measures among PMD team, which has enabled them to further explain the ESMF to other participants[7] in the consultations. Second, the Executive Summary of the ESMF was translated into Khmer, and a set of questions (in Khmer and English) to guide the consultants were provided to consultation participants beforehand. PMD made significant endeavors to engage with participants in the process. Individual phone calls were made to key participants to remind them of the deadline for them to provide inputs, and to explain to them the potential risks and mitigation measures. While this is the case, no additional feedback has been provided by participants. But many of them have indicated that they have already provided comments in the previous round, and their comments have been addressed in the final draft ESMF.

[6] Some Bank's project task team participated in the meeting include environmental and social specialists and project analyst.

[7] Annex 1 provides detailed list/name of participants who took part in the consultations.

List of Telegram Group: Safeguard COVID19-Emergency Response

	Name	Sex	Position	Organization
1	Dr Chap Seak Chhay	M	Deputy Director General	General Dept of Budget &Finance
2	Dr. Hero Kol	M	Director	Preventive Medicine Dept/MOH (PMD)
3	Dr Lak Muy Sreang	F	Deputy Director	PMD
4	Dr Ean Sokoeu	M	Chief of Disaster Management and Environmental Health Bureau	PMD
5	Dr Thol Dawin	F	Vice chief of Disaster Management and Environmental Health Bureau	PMD
6	Mr Un San	M	Deputy Director	PMD
7	Tong Ratha	M	Technical Staff	PMD
8	Nov Molyka	M	Technical Staff	PMD
9	Dr Mok Theavy	M	Deputy Director	Khmer-Soviet Friendship hospital
10	Dr Teng Srey	F	Deputy Director	CDC Dept/MOH
11	Dr Yi Seng Doeun	M	Deputy Director	CDC Dept/MOH
12	Heng Chantha			
13	Che Picheth			
14	Chhan Chansophoan	F	Deputy Director	Banteay Meanchey
15	Dr Mak Kimly	M	Deputy Director	Koh Kong
16	Dr. Muon Nara	M	Deputy Director	Oddar Meanchey
17	Dr. Keo Vannak	M	Director	Tboung Khmum
18	Keo Vibol	M	Deputy Director	Phnom Penh
19	Kong Veng	M	Deputy Director	Ratanak Kiri
20	Kuch Sitha	M	Deputy Director	Svay Rieng
21	Kuch Vanna	M	Deputy Director	Mondulkiri
22	Lim Chan	M	Deputy Director	Kampot
23	Lim Leang Ngoun	M	Deputy Director	Kampong Chhnang
24	Ngy Bunlen	M	Deputy Director	Kratie
25	Dr Nora D.Nhek	M	Deputy Director	Prey Veng
26	Nuon Seng	M	Deputy Director	kep
27	Oeung Bunsang	M	Vice Chief of Technical Bureau	Kep
28	Pheav Sov	M	Technical staff	PMD
29	Phol Punloeu	M	Deputy Director	Tboung Khmum
30	Dr Chhay Sao Mony	M	Deputy Director	Preah Vihear Provincial Health Department
31	Say Proloeng	M	Deputy Director	Stung Treng
32	Say Savy	M	Deputy Director	Kampong Speu
33	Seang Horn	M	Deputy Director	PMD
34	Sechou Sethychot			Preah Sihanouk
35	Sing Rithireth	M	Deputy Director	Siem Reap

36	Than Sithan	M	Deputy Director	Takeo
37	Nuon Sokunthea			
38	Yok Sovann	M	Deputy Director	Pailin
39	Tek Sopheap	M	Deputy Director	Pursat
40	Tith Vuthy			
41	Ty Thiravuth	M	Deputy Director	Kampong Thom
42	Var Vanna			
43	Chor Vichet	M	Deputy Director	Kandal
44	Koy Virya		Deputy Director	Department of Hospital Services
45	Ouk Vithiea	M	Deputy Director	Battambang
46	Prof. Chau Darapheak	M	NIPH	NIPH
47	Mr Sao Sovanratnak	M	Health Analyst	World Bank
48	Nuth Monyrath	M	Social Development Specialist	World Bank

Guiding questions for feedback on the ESMF

Questions and instruction for the consultative meeting were developed in Khmer as shown below:

1) What are environmental impacts both positive and negative as a result of the project? if there is negative impact, what can we do to help mitigate negative environmental impacts?

១(តើគម្រោងអាចមានផលប៉ះពាល់ជាវិជ្ជមាន និង អវិជ្ជមានអ្វីខ្លះដល់បរិស្ថាន ? ចំពោះផលប៉ះពាល់អវិជ្ជមានបើសិនជាមាន តើយើងអាចធ្វើអ្វីខ្លះដើម្បីកាត់បន្ថយផលប៉ះពាល់អវិជ្ជមានទាំងនោះ ?

2) What are social impacts both positive and negative as a result of the project? if there is negative impact, what can we do to help mitigate negative social impacts?

២តើ (គម្រោងអាចមានផលប៉ះពាល់ជាវិជ្ជមាន និង អវិជ្ជមានអ្វីខ្លះដល់សង្គម ?ចំពោះផល ប៉ះពាល់អវិជ្ជមានបើសិនជាមាន តើយើងអាចធ្វើអ្វីខ្លះដើម្បីកាត់បន្ថយផលប៉ះពាល់អវិជ្ជមានទាំងនោះ ?

3) Who are the most vulnerable groups of people in Cambodia? Why?

៣) តើអ្នកណាជាក្រុមប្រជាជនងាយរងគ្រោះ (vulnerable groupsតើ ?ជាងគេនៅក្នុងប្រទេសកម្ពុជា (?ហេតុអ្វី

4) Can these vulnerable groups benefit from the project? Why and why not?

៤តើដោយ ?តើក្រុមប្រជាជនងាយរងគ្រោះទាំងនោះអាចទទួលផលប្រយោជន៍ពីគម្រោងដែរឬទេ (ឬតើដោយហេតុអ្វីដែលពួកគាត់មិនអាច?ហេតុអ្វីដែលពួកគាត់អាចទទួលផលប្រយោជន៍ពីគម្រោង ?ទទួលផលប្រយោជន៍ពីគម្រោង

5) What can we do to ensure that they can benefit from the project?

៥?តើយើងអាចធ្វើអ្វីបានដើម្បីឲ្យពួកគាត់អាចទទួលផលប្រយោជន៍ពីគម្រោង (

6) What is your view about this document (ESMF)? What is your feedback?

៦ តើលោក លោកស្រីយល់ដូចម្តេចដែរចំពោះ (ឯកសារក្របខ័ណ្ឌនៃការគ្រប់គ្រងបរិស្ថាននិងសង្គម)Environmental and Social Management Framework/ESMF)សូមផ្តល់ព័ត៌មានត្រឡប់របស់លោក ? លោកស្រីអំពីឯកសារនេះ។

Annex 3

Report on Stakeholder Consultation

on

Environmental and Social Impacts of the COVID-19 Vaccination Project under the Additional Funding 2 of the Cambodia COVID-19 Emergency Response Project (P173815)

18-19 February 2021

The World Bank, through the COVID-19 ERP project, is preparing a second additional financing (AF2, P176212) in an amount of US$3.50 million to support the Ministry of Health (MOH) to implement the National Deployment and Vaccination Plan for COVID-19 vaccines. This AF2 provides support to strengthen cold chain system and operational cost for vaccination. It does not finance vaccine acquisition. As declared by the Government of Cambodia, COVID-19 vaccination will be provided free of charge and on a voluntary basis to all Cambodians and foreigners who live and work in Cambodia.

Regarding this additional financing, the Department of Preventive Medicine (PMD) has updated the existing COVID-19 ERP's ESMF, SEP and ESCP to reflect the additional E&S related risks/concerns and mitigation measures that may arise from the COVID-19 vaccination activities. As part of the updating process of this ESMF, PMD conducted another round of stakeholder consultation, specifically with groups of vaccine providers and vaccine receivers, to collect and incorporate their concerns and suggestions related toCOVID-19 vaccination/activities in these updated documents.

Consultative Process and Methodology

In order to generate inputs from key stakeholders in a timely manner to urgently complete the updating ESMF document for COVID-19 vaccination, the public consultation was conducted through a couple of open-ended guiding questions that can be easily answered by the intended respondents, namely vaccine providers and vaccine receivers. For the vaccine providers, as they are higher educated, the approach was that they provided answers to the guiding questions through various means (i.e. telegram etc.). However, for vaccine receivers the method of receiving feedback was different. Since there were several groups of vaccine receivers, the Village Health Support Groups[8] (VHSGs) were selected as their representatives because they worked closely with local people at the village level. In addition, they were also a major stakeholder identified in the National Deployment and Vaccination Plan for COVID-19 vaccine. They knew very well about their people living in their villages, including the marginalized and disadvantage groups. As most VHSGs have low level of education, additional face-to-face explanation and facilitation by Provincial Safeguard Focal Persons were provided.

[8] Village health support group (VHSG) has been established to represent the needs and concerns of village people at committee meetings for the planning, use, and management of local health facilities. VHSG helps to bridge the gap between villagers and health center by connecting them to important health services. VHSG members were selected among voluntary, trusted, and respected villagers in village. VHSG members are from grassroot communities including indigenous communities. Most of them are female, disabled, and poor people. They are vulnerable themselves and they have first-hand experience as vulnerable groups. Thus, they are good representation for local people specifically for vulnerable groups.

The guiding questions for the consultation was designed to gather their concerns on the environmental and social risks and impacts and their mitigation measures that may be missing in the draft updated ESMF. Four main guiding questions were prepared for both groups and were translated into Khmer.

1. What are the environmental risks, including vaccination wastes, resulted from COVID-19 vaccination beside the environmental risks identified in the ESMF's executive summary? what can we do to help mitigate the environmental risks from COVID-19 vaccination activities?
2. What are the social risks resulted from COVID-19 vaccination beside the social risks outlined in the ESMF's executive summary? what can we do to help mitigate social risks from COVID-19 vaccination activities?
3. Do you have any concerns about the COVID-19 vaccination project? Please explain. Based on your knowledge, what are the reasons that may prevent people not to vaccinate against COVID-19 vaccine? In your view, what is the best way to reach people to encourage them to vaccinate?
4. Who do you think are the marginalized and disadvantaged groups of people in Cambodia for COVID-19 vaccination? Can these groups be excluded from the COVID-19 vaccination? How can we ensure that these marginalized and disadvantage groups are not excluded from COVID-19 vaccination activities?

Consultation sessions were conducted by regions represented by one province per region. These regions and their representative provinces were: (i) northeast region represented by Mondulkiri province; (ii) southeast region by Svay Rieng province; (iii) northwest region by Battambang province; (iv) central region by Kandal province; and (v) costal region by Koh Kong province. 10 respondents in each representative province were identified by PMD covering both groups of vaccine providers and vaccine receivers (see annex 2).

In each representative province, 5 respondents from group of vaccine providers included one from Provincial Health Department (PHD), one from Operational District (OD), and three from health centers (HCs). The guiding questions together with the ESMF's executive summary in Khmer were sent to them through telegram to get the answers.

For vaccine receivers who were represented by VHSGs, 5 VHSGs were identified in each representative province. Their responses were facilitated by Provincial Safeguard Focal Persons (appointed for the Project) using the guiding questions together with the ESMF's executive summary in Khmer.

The Preventive Medicine Department (PMD) made significant effort to engage the participants in the consultation process including the distribution of guiding questions and collection of responses. The consultation sessions were conducted from 18 to 19 February 2021. Each respondent was given the guiding questions in Khmer to answer and the updated ESMF's executive summary in Khmer to understand the background of the vaccination project. Dr. Thol Dawin of PMD provided clear instruction and explanation about how the respondents should answer to the questions.

Results and findings

Besides the positive feedback of the vaccination project, stakeholders were concerned that the COVID-19 vaccination would create some risks regarding waste generation from vaccination, fear and refusal of vaccination, concerns that marginalized and disadvantaged groups might be excluded from the project.

Table below presents the results of this stakeholder consultation:

Questions	Answers (PHD, OD, Health Center, and VHSGs)
1. What are the environmental risks, including vaccination wastes, resulted from COVID-19 vaccination beside the environmental risks identified in the ESMF's executive summary? what can we do to help mitigate the environmental risks from COVID-19 vaccination activities?	✓ The vaccination project will generate vaccination related wastes include vaccine vials, needles, syringes, and alcohol cottons. The vaccine providers should strictly follow the technical guideline on medical waste management of MOH. ✓ Vaccination generated wastes should be collected and burned at safer place including incinerators. ✓ Vaccinators and vaccine receivers should use preventive measures of MOH: wearing face mask, washing hand, check temperature, and keep physical distancing of at least 1.5m. ✓ Vaccine and vaccination waste transporters should wear face mask and protected suit to protect them from medical waste.
2. What are the social risks resulted from COVID-19 vaccination beside the social risks outlined in the ESMF's executive summary? what can we do to help mitigate social risks from COVID-19 vaccination activities?	✓ There would be risks of inequity in prioritizing groups of people to receive different type of vaccines. The degree of trust and the effectiveness of these vaccines are perceived to be different. This would create negative beliefs from the public that there will be an arrangement for preferred groups to receive better quality vaccines and other to receive less quality vaccines. ✓ There would be a risk also when COVID-19 vaccines are believed and trusted by the public. In this case, there will be shortage of vaccines and vaccination service. This would create risks that people can be jealous of each other and people of priority groups would compete each other to get vaccination first. ✓ However, this can be managed through strengthening management capacity of vaccination including increasing vaccination capacity, increasing and ensure capacity of supplies, storage and transportation of vaccines, applying penalized measures on stealing vaccines, and increasing communication, education campaign, and dissemination of information. ✓ People are fear of adverse event after immunization and the long term negative effect of vaccine on their health. ✓ There would be a big issue if people misunderstand about COVID-19 vaccination from fake and misleading information. Communication and education campaign should be conducted up to the community level with active participation from involved institutions, local authorities, and VHSGs. Education campaign, information

	dissemination, and communication about vaccination should be clearly, correctly, and consistently messages to avoid confusion from people.
3. Do you have any concerns about the COVID-19 vaccination project? Please explain. Based on your knowledge, what are the reasons that may prevent people not to vaccinate against COVID-19 vaccine? In your view, what is the best way to reach people to encourage them to vaccinate?	✓ People would be hesitating to get vaccinated and they would have fear of adverse event after immunization and the long-term negative effect of vaccine on their health. They may hesitate to get COVID-19 vaccine since they believe from the misleading information and rumors. They do not understand well about the benefit of COVID-19 vaccination. ✓ Misleading information and rumors about negative of COVID-19 vaccination would lead people to vaccine refusal. ✓ People may mistrust the vaccines and their effectiveness and they may be concerned about their short-term and long-term adverse effects. This should be addressed by using only those vaccines that are officially recognized by WHO. ✓ Some people may tell lie about their health condition, illness or not illness due to their intend or not intend to vaccinate. ✓ People may feel that it is not necessary for them to get vaccinated and they refuse to vaccinate since they experienced that: (i) the COVID-19 cases in Cambodia are mainly imported from other countries, (ii) preventive measures are strictly followed occasionally, especially when cases are found, (iii) all cases have been successfully treated with zero death, (iv) not a single case has been found to be transmitted from big events like wedding ceremony and other big social and religion events; (v) the vaccine can't protect against a new transformed COVID-19 virus, vaccine receivers is still exposable to new transformed COVID-19 virus. Moreover, this attitude is reinforced by the believe that the vaccines available in the country are not well trusted. ✓ Suggestion to increase dissemination of information and education campaign about the safety and benefit of vaccine. Education campaign should be conducted through video clips. ✓ Suggestion to conduct communication campaign and awareness raising with clear messages and positive benefit and qualification of the vaccines. ✓ The communication and education campaign should be widely conducted to build people knowledge, understanding and trust about the COVID-19 vaccines. ✓ Health staff shall be vaccinated first to generate trust among people.
4. Who do you think are the marginalized and disadvantaged groups of	✓ Those marginalized and disadvantaged groups are indigenous peoples, people in slum area, homeless people, women working in

people in Cambodia for COVID-19 vaccination? Can these groups be excluded from the COVID-19 vaccination? How can we ensure that these marginalized and disadvantage groups are not excluded from COVID-19 vaccination activities?	entertainment service, beggars, scavengers, children of less than 5 years of age, disabled people, old people, people with pre-existing conditions, and people living in remote areas. ✓ Mitigation measure to avoid exclusion of these groups: there should be cooperation in collection of information about these groups with local authorities, VHSGs, social workers and social affair institutions, and civil societies. ✓ Suggestion to conduct widely communication campaign to reach and provide correct messages to these groups. ✓ These group should be prioritized for vaccination on COVID-19 vaccines. ✓ In order to ensure that these groups are not missed from vaccination, delivery vaccine to reach difficult to access priority group at communities, especially for remote communities and communities with difficult access roads.

Conclusion:

Most of the concerns and mitigation measures found from the public consultations are already addressed in the draft updated ESMF. However, there are some additional findings on risks that are missing from the ESMF. They are:

- The degree of trust and the effectiveness of vaccines are perceived to be different. Thus, there would be a risk of inequity in arrangement for preferred groups to receive better quality vaccines and other to receive less quality vaccines.

- There would be a risk when COVID-19 vaccines are believed and trusted by the public. In this case, there will be shortage of vaccines and vaccination service. This would create risks that people can be jealous of each other and people of priority groups would compete each other and bribe to get vaccination first.

- People may feel that it is not necessary for them to vaccinate and they refuse to vaccinate since they saw that:

    a. Most COVID-19 positive cases are mainly imported from other countries;
    b. Preventive measures are strictly followed occasionally, especially when cases are found;
    c. All COVID-19 cases have been successfully treated with zero death;
    d. Not a single case has been found to be transmitted from big events like wedding ceremony and other big social and religion events;
    e. The vaccines can't protect against a new transformed COVID-19 virus, vaccine receivers are still exposable to a new transformed COVID-19 virus; and
    f. Moreover, this attitude is reinforced by the believe that the vaccines available in the country are not well trusted.

- However, these can be managed through strengthening communication and education campaign, and dissemination of information with active participation from involved institutions, local authorities, and VHSGs. Education campaign, information dissemination, and communication about vaccination and messages have to be clear, correct, and consistent to avoid confusion among people.

- Strengthening management capacity of vaccination including increasing vaccination capacity, increasing and ensure capacity of supplies, storage and transportation of vaccines, applying penalized measures on stealing vaccines, and

- Measure to avoid exclusion of marginalized and disadvantage groups: (i) ensure delivery of vaccine to reach difficult to access priority groups especially at remote communities and communities with difficult access roads, and (ii) cooperation in collection of information about these groups with local authorities, VHSGs, social workers and social affair institutions, and civil societies.

Annex 4.1: **Guiding question for public consultation on COVID-19 vaccination**

សំនួរពិភាក្សាដើម្បីប្រមូលយោបល់ត្រឡប់លើក្របខណ្ឌគ្រប់គ្រងបរិស្ថាន និងសង្គមនៃហិរញ្ញប្បទានបន្ថែមលើកទី ២ស្តីពីប្រព័ន្ធចាក់វ៉ាក់សាំងកូវីដ១៩នៃគម្រោងឆ្លើយតបបន្ទាន់កូវីដ១៩៖ Guiding questions for feedback on the ESMF of COVID-19 ERP AF2 vaccination

សំនួរខាងក្រោម គឺសម្រាប់ក្រុមទាំងពីរនៃកម្មវិធីចាក់វ៉ាក់សាំងកូវីដ១៩ ក្រុមអ្នកផ្តល់វ៉ាក់សាំង និងក្រុមទទួលវ៉ាក់សាំង។ សូមបញ្ជាក់ថា ហិរញ្ញប្បទានបន្ថែមលើកទី២នេះ គឺមិនគ្របដណ្តប់លើការទិញវ៉ាក់សាំងកូវីដ១៩ទេ។ តាមការប្រកាសរបស់រាជរដ្ឋាភិបាល ការចាក់វ៉ាក់សាំងនេះគឺមិនគិតថ្លៃ និងតាមកោលការណ៍ស្ម័គ្រចិត្ត សម្រាប់ប្រជាពលរដ្ឋកម្ពុជាទាំងអស់។ These questions can be applied for both groups, vaccine providers and vaccine receivers. For the consultative meeting, these questions will be offered in Khmer. Please be notice that this additional financing will not cover procurement of vaccines. As declared by the government, COVID-19 vaccination will be provided free of charge and on a voluntary basis to all Cambodian.

សំនួរពិភាក្សា

១) តើអ្វីខ្លះ ជាហានិភ័យបរិស្ថាន រួមទាំងសំណល់វេជ្ជសាស្ត្រ ដែលអាចកើតចេញពីគម្រោងចាក់វ៉ាក់សាំងកូវីដ១៩ ក្រៅពីហានិភ័យដែលបានអធិប្បាយក្នុងសេចក្តីសង្ខេបនោះ? តើយើងអាចធ្វើអ្វី ដើម្បីជួយកាត់បន្ថយហានិភ័យបរិស្ថានទាំងនេះ ពីសកម្មភាពចាក់វ៉ាក់សាំងកូវីដ១៩? What are environmental risks including medical wastes as result of the COVID-19 vaccination aside environmental risks identified in the Executive Summary? what can we do to help mitigate environmental risks from COVID-19 vaccination activities?

២) តើអ្វីខ្លះ ជាហានិភ័យសង្គម ដែលអាចកើតចេញពីគម្រោងចាក់វ៉ាក់សាំងកូវីដ១៩ ក្រៅពីហានិភ័យដែលបានអធិប្បាយក្នុងសេចក្តីសង្ខេបនោះ? តើយើងអាចធ្វើអ្វី ដើម្បីជួយកាត់បន្ថយហានិភ័យសង្គមទាំងនេះ ពីសកម្មភាពចាក់វ៉ាក់សាំងកូវីដ១៩? What are social risks as a result of the COVID-19 vaccination aside social risks outlined in the Executive Summary? what can we do to help mitigate social risks from COVID-19 vaccination activities?

៣) តើអ្នកមានការព្រួយបារម្ភណ៍អំពីកម្មវិធីចាក់វ៉ាក់សាំងកូវីដ១៩ដែរឬទេ? សូមអធិប្បាយ

ដោយផ្អែកលើការយល់ដឹងរបស់អ្នក តើមានហេតុផលអ្វីខ្លះដែលប្រជាពលរដ្ឋអាចនឹងរារែកមិនព្រមចាក់កូវីដ ១៩ នេះ? តាមទស្សនៈរបស់អ្នក តើអ្វីជាមធ្យោបាយប្រសើរក្នុងការលើកទឹកចិត្តពួកគាត់ ដើម្បីចាក់វ៉ាក់សាំងកូវីដ១៩ នេះ? Do you have any concerns about the Covid-19 vaccination program? Please explain. Based on your knowledge, for what reasons may people not vaccinate against Covid-19? In your view, what is the best way to reach people to encourage them to vaccinate?

៤) តើក្រុមណាខ្លះនៅក្នុងប្រទេសកម្ពុជា ដែលជាក្រុមជនទន់ខ្សោយ ក្រុមជនងាយរងគ្រោះ ក្រុមជនជួបការលំបាក សម្រាប់កម្មវិធីចាក់វ៉ាក់សាំងកូវីដ១៩នេះ? តើក្រុមទាំងនេះ អាចនឹងត្រូវបានផាត់ចោល/បំភ្លេច សម្រាប់ការ

ចាក់វ៉ាក់សាំងការពារកូវីដ១៩នេះដែរឬទេ? តើធ្វើដូចម្តេច ទើបយើងអាចធានាថា ក្រុមទាំងនេះ គឺមិនត្រូវបានផាត់ចេញ/បំភ្លេចពីសកម្មភាពចាក់វ៉ាក់សាំងកូវីដ១៩នេះ? Who do you think are the marginalized and disadvantage groups of people in Cambodia for the COVID-19 vaccination? Can these groups be excluded from the COVID-19 vaccination? How can we ensure that these marginalized and disadvantage groups are not excluded from COVID-19 vaccination activities?

Annex 4.2: **List of Stakeholders for Public Consultation**

1- Vaccine providers

Region	Province	PHD level	OD level	HC level	Quantity
North-east region	Mondulkiri	1	1	3	5
North-west region	Battambang	1	1	3	5
South-east region	Svay Rieng	1	1	3	5
South-west region	Koh Kong	1	1	3	5
Central region	Kandal	1	1	3	5
Total					**25**

2- Vaccine receivers (represented by VHSG)

Region	Province	Who	Quantity
North-east region	Mondulkiri	VHSG	5
North-west region	Battambang	VHSG	5
South-east region	Svay Rieng	VHSG	5
South-west region	Koh Kong	VHSG	5
Central region	Kandal	VHSG	5
Total			**25**