KINGDOM OF CAMBODIA
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Ministry of Health
Health Equity and Quality Improvement Project – Phase 2 (P173368)
H-EQIP II

STAKEHOLDER ENGAGEMENT PLAN (SEP)

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Contents

List of Figures

List of Tables

Abbreviations

CSO	Civil Society Organization
DPO	Disabled Person Organization
EA	Environmental Assessment
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESO	Environment and Social Office/Officers
ESCOP	Environmental and Social Code of Practices
ESS	Environmental and Social Standards
HC	Health Center
HEQIP	Health Equity and Quality Improvement Project
HEQIP II	Health Equity and Quality Improvement Project Phase II
HMIS	Health Management Information System
HSD	Hospital Services Department
IRC	Inter-Ministerial Resettlement Committee
GAP	Gender Action Plan
GBV	Gender Based Violence
GDR	General Department of Resettlement
GMAG	Gender Mainstreaming Action Group
IDA	International Development Association
IP	Indigenous Peoples
IPP	Indigenous Peoples Plan
IPPF	Indigenous People Planning Framework
MEF	Ministry of Economy and Finance
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Government Organization
NQEMT	National Quality Enhancement Monitoring Tools
NSPC	National Social Protection Council
OD	Operational District
OOPE	Out of Pocket Expenses
PCA	Payment Certification Agency

PDO	Project Development Objective
PHD	Provincial Health Department
PMD	Preventive Medicine Department
PMRS	Patient Management Registration System
PRSC	Provincial Resettlement Sub-Committee
PwD	People with Disability
QAO	Quality Assurance Office
RGC	Royal Government of Cambodia
RPF	Resettlement Plan Framework
SA	Social Assessment
SDG	Service Delivery Grant
SEP	Stakeholder Engagement Plan
UHC	Universal Health Coverage
VAC	Violence Against Children
VHSG	Village Health Support Group
WB	World Bank

1. PROJECT DESCRIPTION

1.1 Overview

The Project development objective (PDO) of Health Equity and Quality Improvement Project Phase II **(H-EQIP II)** is to improve equitable access to quality health services in Cambodia, especially for the poor and vulnerable populations.

The achievement of PDO will be monitored and assessed through the following PDO level indicators

- Utilization of health services by Health Equity Fund beneficiaries in low utilization areas increased
- Improved average score on the quality assessment of health facilities
- Functions and coverage of Payment Certification Agency (PCA) services enhanced
- Proportion of people diagnosed with diabetes controlling blood sugar increased, disaggregated by gender
- Improved average score on the community-based essential service provision

The project also has several intermediate results indicators, one of which is:

- Implementation of Environmental and Social Commitment Plan (ESCP), Stakeholder Engagement Plan (SEP) and mitigation measures identified in the Environmental and Social Management Framework (ESMF) and gender action points satisfactorily fulfilled.

H-EQIP II will build on lessons learned from the current phase of the H-EQIP, supporting the Royal Government of Cambodia (RGC) to advance Universal Health Coverage (UHC) over a five-year period (July 2022-December 2027) with continued focus on improving financial protection and access to health services for the poor and vulnerable, enhancing quality of health services and strengthening the health service delivery system.

The Project will achieve its objective by implementing activities in four components.

1.2 Project Components

COMPONENT 1: Improving Equity of Health Services

Activities under this component will support the development of universal health insurance coverage in Cambodia as an important step in achieving UHC by 2030 and reducing the financial risk of health service utilization. The project will continue to support the Health Equity Fund (HEF) through co-financing with the RGC the cost of health services for the poor; optimizing and expanding the benefit package. Increased utilization of HEF will be achieved by addressing barriers to social inclusion and gender equity and expanding the coverage of the Full Patient Management Registration System (Full PMRS) to all health centers in the country. This component will also improve the capacity and expand the functionality of the PCA in building universal health insurance coverage in Cambodia.

COMPONENT 2: Strengthening Quality of Health Service Delivery

This component will focus on strengthening the health service delivery system in Cambodia,

particularly at the subnational level and in communities (provincial and district referral hospitals and health centers), with enhanced efforts to improve service quality, expand service capacity and coverage, and strengthen community based essential service provision. This component will continue using Service Delivery Grants (SDGs), both fixed lump-sum grants and performance-based grants, to provide performance-based financing to health facilities and key Ministry of Health (MOH) agencies.

In particular this component will support: 1) implementing the new National Quality Enhancement Monitoring Tool (NQEMT) tools phase 2 (NQEMT-2) nationwide, financed by SDGs; 2) rolling out Non-Communicable Disease (NCD) services as well as Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) and Basic Emergency Obstetric and Neonatal Care (BEmONC); 3) building service capacity including the emergency medical service system (EMSS) and investment in CPA referral hospitals to fix service delivery gaps. Close collaboration and coordination with the technical assistance programs of other Development Partners (DPs) e.g. Family Health International 360 (FHI360) and United State Agency for International Development (USAID) will be needed to synergize and avoid overlap or duplication of efforts among DPs.

COMPONENT 3: Project Management, Adaptive Learning, Social Inclusion and Digital Health

This component will finance activities related to project implementation management, mutual learning, capacity building and monitoring & evaluation. In addition, this component will support digital health, gender equity and community engagement. This component will focus on improving health information systems to help MOH achieve the National Digital Health Strategy 2021-2030. Gender inclusion will put an emphasis on increased capacity and performance of Gender Mainstreaming Action Group (GMAG), and the project's support of a Women in Leadership Development program will strengthen women's voice and participation in decision-making in the sector, and leadership on Gender, Equity and Social Inclusion (GESI) and health.

Capacity building support for the mainstreaming of GESI into health management and service delivery will extend to sub-national authorities through the structures being established under the decentralization and deconcentration reforms.

The Gender Mainstreaming Action Group (GMAG) Secretariat will support implementation of the H-EQIP II Gender Action Plan. By demonstrating how GESI contributes to improving the core business of the health system, it is anticipated that demand for GESI and health analytics and advice at national and sub-national levels will increase, and this will strengthen the case for sustaining the GMAG Secretariat beyond the project.

The process of knowledge generation/sharing and adaptation will be particularly important. The adaptive learning agenda will have three dimensions. First, implementation research, impact evaluation on innovations, and case studies on best practices aim to address critical implementation issues with a focus on understanding local contextual factors and what works and can be adapted and scaled-up during the project; impact evaluation will generate evidence on the effectiveness of the innovations and lessons learned that can be disseminated and help inform future project designs. Second, analytical work will be conducted to support government policy reforms and

policy dialogue in areas which require continuous engagement with the government such as expanding the coverage of social health protection, strategic purchasing, public expenditure review of health budgets, and enhancing public financial management at the sub-national level. Third, capacity building and mutual learning will require a learning knowledge-exchange framework and learning events focused on specific areas where the project is facing challenges.

COMPONENT 4: Contingent Emergency Response

This component has a provisional zero allocation and is to allow for the reallocation of financing to provide an immediate response to an eligible crisis or emergency[1].

2. STAKEHOLDER ENGAGEMENT PLAN

The Stakeholder Engagement Plan (SEP) seeks to ensure that Project stakeholders are informed and involved in all the stages of the Project. The SEP looks to firmly establish the role of women and vulnerable groups within the consultation process.

The objectives of this SEP are:

- To establish a systematic approach to stakeholder engagement that will help MOH identify stakeholders and build and maintain a constructive relationship with them.
- To assess the level of stakeholders' interest in and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social assessment and performance.
- To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
- To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and culturally appropriate manner and format.
- To provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow MOH to respond to and manage such grievances.

This SEP is applicable to the whole HEQIP II project. The SEP is a living document and will be updated as the project progresses from project preparation to implementation and closure. This Stakeholder Engagement Plan establishes a mechanism that encourages and provides avenues for public participation during the project cycle. This is consistent with requirements under the MOH's HCWM Guideline (2011), MOH's Health Strategic Plan (HSP) and the Standard Operating Procedures on Land Acquisition and Involuntary Resettlement (2018), as well as requirements under the World Bank's new Environment and Social Framework's (ESF).

[1] An eligible crisis or emergency may include (a) cyclone, (b) earthquake, (c) storm, (d) storm surge and strong waves, (e) tornado, (f) tsunami, (g) volcanic eruption, (h) flood, (i) landslides, (j) forest fires, (k) drought, (l) severe weather, (m) extreme temperature, (n) high winds, (o) dam break, and (p) any natural disaster or man-made crisis.

3. PROJECT STAKEHOLDERS

Stakeholders are people or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively.

Cooperation and negotiation with stakeholders requires the identification of people who can act as legitimate representatives of their respective stakeholder groups, i.e. the individuals who have been entrusted by their fellow group members with advocating group interests in the process of engagement with the Project. The stakeholder consultation of HEQIP II's ESMF, SEP and ESCP was used to help identify project stakeholders. The project stakeholders were identified based on the project Environmental and Social Review Summary (ESRS), HEQIP1 project documents, HEQIP2 relevant project designed documents and consultation with MOH and relevant World Bank staff.

3.1 Principles of stakeholder engagement

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

- *Openness and life-cycle approach*: Public consultations will be arranged during the whole project lifecycle, and 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 will be provided for communicating stakeholder feedback, and for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity*: Stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs will underlie the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, people with disability (PwD) and the cultural sensitivities of diverse ethnic groups.

3.2 Categories of stakeholder

For the purposes of effective and tailored engagement, as mentioned above, stakeholders are persons or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively. Stakeholders are defined using the following criteria:

- Affected Parties – people, groups and other entities within the Project area of influence that are directly influenced (actually or potentially) and positively or negatively impacted 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 parties are those more likely to be adversely affected by project impacts and/or those who have a more limited ability to take advantage of project benefits. Such an individual or group is more likely to be excluded from or unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so. This involves considerations relating to age, circumstances where people may be separated from their families, the community or other individuals upon whom they depend[2].

Project Affected Parties

- Affected Parties include local communities, community members and other parties who may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category: HEF/ID Poor card holders and their family members including IP and PwD
- MOH technical departments and national centers: (a) the Hospital Services Department (HSD) and QAO; (b) the Department of Preventive Medicine (PMD); (c) the Department of Planning and Health Information; (DPHI) (d) the Department of Food and Drugs (DDF); (e) the GMAG secretariat; (f) the Department of International Cooperation, (DIC) (g) the National Maternal and Child Health Center (NMCHC); and (h) the National Blood Transfusion Center (NBTC); and (i) the PCA.
- Health service providers: public health staff in HCs, PRH, RH, PHD, or OD[3],
- Other public figures including VHSG, HCMC, village chiefs, Commune Councils, and
- Contractors in charge of civil works, and their staff, construction workers, and people in nearby communities.

Project interested parties

Other interested parties include:

- HEQIP II Project Steering Committee (MEF, MOH, NCDDS, NSPC, NSSF)
- HEQIP II Provincial Advisory Committee
- Health Financing Steering Committees at central, provincial and district levels
- Other national and international organizations and civil society groups with an interest in health, gender, IP and DPOs such as Provincial Disabled Person Organization (DPOs), Cambodia Disable Mission Development (CDMD), Disability Action Council (DAC), My Village Organization, Indigenous Community Support Organization (ICSO)
- Communities near project construction sites,
- MEF's General Department of Resettlement (GDR), Inter-Ministerial Resettlement Committee (IRC), Provincial Resettlement Sub-Committee (PRSC) and Working Groups, Representatives of Provincial, District and relevant Commune Women and Children's Committees and Women's Affairs,
- The public at large.

[2] WB's ESF, 2017, SEP, Footnote 2
[3] HEQIP1, 2019, Factsheet

Vulnerable parties

In this project, the vulnerable parties may include but are not limited to the following: the elderly, children, women, poor households, ethnic minorities, residents in rural areas, people with disabilities, and migrant workers. Vulnerable parties within the communities affected by the project will be more closely identified and consulted during implementation.

3.3 Stakeholder Information Needs and Analysis

Table 1 shows a summary of stakeholder analysis based on the stakeholders identified in the previous section. For each stakeholder, the table details their interests or concerns and lays out a proposed strategy to reach them during project implementation.

Table 1: Project key stakeholder analysis on interest/concerns and proposed strategy

Group/individual	Characteristic	Interest or concern	Proposed strategy
Affected Parties/Vulnerable Parties			
HEF/ID Poor holders and their family members.	Poor households	a) A need for improved access to quality health services and reducing out of pocket expenses (OOPE) for healthcare. b) The timing of renovation/ construction of health facilities and how it will affect them. c) Construction jobs and whether or not they are impacted by land acquisition or a large influx of workers.	a) They will be consulted in village-level consultations using the VHSG and village chiefs to introduce the project as well as to discuss and disclose project documents a special focus on gender issues, jobs and the Grievance Redress Mechanism (GRM). b) They will be closely informed before and during civil works, so they know the timeline. They may also be included in trainings, such as GBV and safety. c) Community members are informed about the construction activity by respective PHD/OD/HC/HCMC including potential construction job available for them, while at the same time community member especially women may need to be targeted to consulted about any particular risk or issues regarding Gender Based Violence (GBV).

Group/individual	Characteristic	Interest or concern	Proposed strategy
		d) HEF benefits, and how they can share their concerns/feedback regarding health access, service quality and HEF.	d) Project billboards and other media will be planned in venues that are easily accessible by, and visible to, these groups.
	IP Community	a) Improved access to quality health services and reducing out of pocket expenses (OOPE) for healthcare.	a) In addition to the above strategy mentioned for poor households, the consultations with IP will be mainly conducted in IP languages. This includes the social assessment, if needed, and information about construction.
		b) Knowing about the ID Poor process and expanded HEF benefits.	b) The proposed strategy for IP engagement may need to consider how best to communicate messages that are targeted for the IP due to language barriers and low literacy levels.
		c) Accessing better health services with health providers who can speak IP languages and who have a basic understanding about IP cultures.	c) Individuals fluent in IP languages should support the selection of VHSG and HCMC in IP communities. Project Information, Education and Communication (IEC) materials and methods will be targeted towards the IP community.
		d) The timing of renovation/ construction of health facilities and how it will affect them.	d) IP Community members are informed about the construction activity by respective PHD/OD/HC/HCMC including timeline of construction and how it will affect them
	PwD	a) Information about how to access health and rehabilitation services including physical accessibility to health service, IDPoor scheme and how to access it. They will have an interest in HEF benefit packages at each level of the health system and how to access the HEF.	a) In addition to the above strategy mentioned for poor households and IP, the plan proposes use of local authorities such as village chiefs to inform communities about the HEF and the project and to liaise with Disabled Person Organization (DPOs) in relevant project consultations and meetings.

Group/individual	Characteristic	Interest or concern	Proposed strategy
		b) Understanding the project and how it will improve their access to quality health services and reduce their OOPE. c) The timing of renovation/ construction of health facilities and how it will affect them.	b) And c) People with Disability (PwDs) are informed about the project including GRM and construction activity by respective PHD/OD/HC/HCMC including timeline of construction and how it will affect them
HEQIP II Project Steering Committee (MEF, MOH, NCDDS, NSPC, NSSF)	High level inter-ministerial committee chaired by MEF.	High level policy advice, cross-sectoral issues that need their coordination and key critical decision making about the project. The high-level project results and impacts.	Share the annual report and workplan for review and endorsement as part of the adaptive learning agenda and advise on areas for policy study/ dialogue and knowledge exchange.
HEQIP II Provincial Advisory Committee	Provincial level coordination	The progress of project implementation activities in their respective provinces and any coordination support required from them including referral of any issues to the Project Steering Committee	Routine meetings at least once every quarter to share data on project progress, results and challenges
Project Implementing Agency, MOH technical departments and national centers	Technical support departments and national programs within MOH	The Project Performance Based Condition (PBC), SDG and Disbursement Linked Indicator (DLI) criteria, Environmental and Social Framework (ESF) instruments and other conditions of the project. Contents of the project workplan, key challenges and results, and their role in implementing activities	Routine meetings at least once every 6 month or every implementation support mission (ISM) to share data on project progress, results, workplan, and project PBC, SDG and DLI criteria and relevant ESF instruments.
Health Financing Steering	Oversight committees and	a) Benefits through SDG and on job coaching as part of the National	a) An initial field assessment will be conducted to collect health providers' feedback and concerns

Group/individual	Characteristic	Interest or concern	Proposed strategy
Committees at central, provincial and district levels Staff at public health facilities including PHD, PRH, OD, RH, Health Centers	public health staff	Quality Enhancement Monitoring Process (NQEMP), and how to increase motivation and incentives to improve service delivery. b) The project criteria for support, including support for renovation or construction. c) The project's other support mechanisms, and how they can share concerns/feedback regarding digitized health efforts e.g. PMRS, and issues related to funding flows.	regarding the current NQEMP process and what adjustment is needed to address those issues. b) and c) Project communications will incorporate information about the project support criteria including support for renovation or construction targeted to all stakeholders including PHD/PRH, OD, RH and HC. The communications also include existing mechanisms at the PHD and OD including monthly meetings to share relevant project information and GRM issues, and feedback from health care providers on how to improve health service quality and funding flows.
Contractors in charge of civil works, and their staff	Contractors and workers	a) Timely payments and conditions (or Codes of Conduct) and safety measures requirements relevant to renovation and construction. b) Compliance with E&S elements of their contracts as well as E&S obligations during construction. c) Good labor standards, fair pay and good living conditions in worker camps.	a) Introductory training and due diligence on the staff Code of Conduct (GBV/SH, VAC), minimum acceptable safety measure at construction sites, and training on gender. In addition to this, the labor contracts clearly specify obligations and safeguards. b) PMD and respective PHD/OD will be responsible for conducting monitoring and supervision visits to construction sites (before, during and after construction) to monitor compliance with E&S elements in contracts. c) PMD and respective PHDs should request contractors to have posters on aspects of the Code of Conduct at each work site project relevant GRM available for workers to report or complain about labor standards, fair pay and good living conditions in the workers camps.

Group/individual	Characteristic	Interest or concern	Proposed strategy
Other carrying out public activities including VHSG, village chiefs, Commune Councils	VHSG	a) Clarity about their overall working conditions, including information about occupational health and safety, under the project especially in the current COVID-19 pandemic and the decentralization process, and the feasibility of avoiding forced labor/child labor. b) Contents of the HEF benefit package, the GRM available in the project, and project construction/renovation plans in their community.	a) VHSGs are oriented about their expanded roles in HEF and NCD. The meetings take into account any COVID-19 prevention measures. VHSG bi-monthly meetings at HCs will be used to share information about the project, GRM and relevant renovation or construction activities. b) The expanded HEF benefit package and project activities including construction are shared by PHD/OD and HCs with VHSGs, and VHSGs will inform their respective communities about the information and at the same time collate community feedback and share with HCs during VHSG meetings at HCs. VHSG shall be informed and consulted on the Codes of Conduct and other provisions in the Labor Management Procedures (LMP) that apply to them, including the GRM and OHS measures.
	Village Chiefs	How to share project information and collect feedback. Contents of the HEF benefit package, the project GRM and project construction/renovation plans within their communities. Details of GBV and VAC related issues in their communities.	Village chiefs will be consulted during field work including the social assessment at the concept stage to understand their views, expectations and concerns. Village chiefs can engage with VHSGs in village meetings to share project information and collect community feedback on health services including HEF related issues.

Group/individual	Characteristic	Interest or concern	Proposed strategy
	Commune Councils, CCWC, HCMC)	a) Project information and collecting feedback, contents of the HEF benefit package, the project GRM and project construction/renovation plans within their communities. b) Issues related to GBV and violence against children (VAC) in the community c) Overall health service quality and community feedback on health services.	a) Commune Councils and HCMC were consulted during field work when preparing the rapid social assessment to understand their views, expectations and concerns. The HCMC bimonthly/quarterly meetings will include Commune Council representatives to discuss information relevant to the project including GRM procedures. b) Commune Committee for Women and Children (CCWC) where members are from CC will also brief about the project and GRM particularly when any issues related to VAC or GBV occur in the community due to an influx of construction workers. c) Under the decentralization program, the Commune Councils will engage more closely with HCMC, HCs and VHSGs to help support project implementation, including planning the allocation of local government resources.
Other Interested Parties			
National and international NGOs working in health, gender, IP and DPOs	Non-government organizations	a) Minimize negative impacts on health service access for communities, especially IP and other vulnerable groups.	a) At the beginning of the project Local consultations with National and international NGOs working in health, gender, IP and DPOs to collect ideas about vulnerable groups relevant to project implementation, future engagement and collaboration. The disclosure of ESMF, RPF, SEP and ESMP and sharing of project communications including relevant project billboards at HCs and RHs.

Group/individual	Characteristic	Interest or concern	Proposed strategy
		b) Implementation arrangements, opportunities for collaboration and ways to avoid duplicating efforts.	b) During project implementation, engage with relevant NGOs in provincial advisory committee meetings as needed to ensure organizations are updated on project timelines, objectives and mitigation measures and address key issues around coordination and avoiding duplicated efforts.
	NGOs working in IP, disability and gender sectors.	The project does not create negative impacts for women, children, or PwD groups, including their culture and access to land and livelihood sources.	NGOs will be consulted during field work including the social assessment at the concept stage to understand their views, expectations and concerns.
MEF's General Department of Resettlement (GDR), Inter-Ministerial Resettlement Committee (IRC), Provincial Resettlement Sub-Committee (PRSC) and Working Groups.	Senior government agencies responsible for resettlement and grievance issues	Any land acquisition or any grievance regarding the renovations or construction funded by the project.	These agencies were engaged in the project preparation and will continue to be engaged in the event that there is land acquisition or resettlement impacts as a result of subproject activities, or when any grievance emerges from project activities/sub projects that are relevant to land acquisition.
Representatives of Provincial, District and Commune Women and Children's Committees and	Agencies responsible for managing issues related to women and children	Issues related to GBV and VAC that arise as result of project implementation.	These agencies were consulted during project preparation, and this will continue during implementation, especially when any grievance emerges from project activities/sub projects relevant to GBV and VAC.

Group/individual	Characteristic	Interest or concern	Proposed strategy
Women's Affairs, Gender Management Action Group (GMAG) in MOH			These agencies can provide technical support on the ground as well as at the national level in relation to GBV and VAC.

3.4 Summary of community preferred communication methods based on SA findings

Based on the Rapid Social Assessment (SA) data collection, Table 2 describes the methods of communication and information sharing preferred by various groups as expressed during consultations for the Social Assessment Report.

Table 2: Vulnerable community and Khmer Community preferring project information sharing methods as result from SA consultation

Project stage / Topic for sharing or consultation	By Community	Community Preferred Information sharing method							
		VHSGs and HCMC meeting	Community meeting/village chief engaged	NGOs	Used of media including IEC material	Village chief	IP Speaking	Leverage HC/OD outreach activity	CC monthly meeting
Project preparation - Project information - ID Poor and HEF registration process - HEF benefit package, - GRM engagement (i.e. how community are engaged, what are the ways the community can voice any concern or feedback, how the feedback and concerns	Bunong IP	There is a routine VHSG meeting at HCs every two months, so VHSGs can bring feedback and project information to the respective communities. VHSGs should actively conduct home visits to share that information.	The community meeting with community members is a good way to share information and engage with communities.	NGO meetings are effective because community members trust NGOs more than they trust HCs or VHSGs.	The use of media including radio and leaflets in the community is an additional way to share information.	Village chiefs play a significant role in engaging with the community since they live there.	IP communities prefer to meet face-to-face interactions or interacting in a community meeting. Using IP languages is one way to engage well with the IP community.		
	Tumpoun IP	The people shared their views via VHSGs in their village. HCMCs and VHSG are very important avenues	The best way to get and receive feedback is to meet directly with the community (village meeting or public forum), so that the		Enough IEC material should be provided for health education during outreach activities in the communities with high participation.		This meeting should be conducted in IP languages for ease of listening and understanding	HC community outreach activities can be used to share with the community about the project including ID poor benefits and to	

Project stage / Topic for sharing or consultation	By Community	Community Preferred Information sharing method							
		VHSGs and HCMC meeting	Community meeting/village chief engaged	NGOs	Used of media including IEC material	Village chief	IP Speaking	Leverage HC/OD outreach activity	CC monthly meeting
will be addressed) **Project Implementation** - GRM Engagement (any community feedbacks, updating any response the community has) - Any change in project approaches - Project results		as they can share and receive health information, and they also can share their concerns to the local authority or the health staff.	community members can raise issues that they have.		The use of broadcasts though radio, telephone, and loudspeaker with short messages, posters, flipcharts, outreach activities to educate the community as a whole will be helpful. Use phone and add short messages and quizzes on the messages, along with providing souvenir/non-cash incentive to encourage more participation from the community. Leverage use of social media.			receive community feedback.	
Project Closing - Inform about the project end - Any changes in the HEF package, - How the community might be affected after the project end, and who will be taking over. - Key project results	Charay IP	HCMC is important in providing the information into their local community and bringing those issues or community feedback to discuss and address during HCMC meeting at HC.	More village meetings should be conducted in the villages which have more community members participating to clarify health-related issues for them.				The educational activities should be conducted in IP languages so that more people, especially the elderly, can understand.		
	Khmer	Prefer meeting at village level led by HC/VC/VHSG and CC.	The project team should attend those meetings held in villages so that villages receive a clear message from the		Conduct an awareness session providing project information, use loudspeakers to play messages, and distribute leaflets.			OD and HC conduct outreach activity to villages on project information and activities.	At CC there should be a monthly meeting with VC, School, and HC to share progress

Project stage / Topic for sharing or consultation	By Community	Community Preferred Information sharing method							
		VHSGs and HCMC meeting	Community meeting/village chief engaged	NGOs	Used of media including IEC material	Village chief	IP Speaking	Leverage HC/OD outreach activity	CC monthly meeting
			team, and to increase community trust in project staff. The meeting at the village level should be conducted four times per year.						updates and issues that have been solved, so at the same time the project can share information through this channel more effectively.
	PWD					PWDs can provide feedback when they go to health facilities (non-serious concerns or feedback)			

These recommendations show that the Stakeholder Engagement Plan (SEP) should use various communication methods that take into account the diversity of stakeholders. The SEP should ensure that consultations are undertaken with NGOs and other stakeholders who can provide recommendations on how to communicate information to relevant communities, especially IP communities.

Limited understanding about the GRM indicates that more work needs to be done, above and beyond the previous level of effort, to ensure the functioning of the GRM for the project as well as the health system overall.

In communicating information about the project to the community, similar measures should be taken to those suggested in the ESMF for the Cambodia COVID-19 Emergency Response Project. Specifically, HEQIP II should identify trusted community groups (including local community and religious leaders, health workers, volunteers and celebrities) and local networks (such as groups focusing on women and youth, associations of business leaders, and traditional healers) then educate them about the project and engage them to help disseminate messages about the project and the GRM in ways that will increase the likelihood of community engagement and take-up of the messages.

Communication approaches and materials about the project, HEF benefits and GRM will be frequently disseminated using multiple avenues (such as different types of materials, organizations, and a hotline) and will be based on each stakeholder's needs, particularly those of the IP community and other vulnerable groups including women, girls and PwD.

4. STAKEHOLDER ENGAGEMENT

The objectives of the Stakeholder Engagement Plan are to:

- Offer opportunities for stakeholders to raise their concerns and submit their opinions, to incorporate these into the project where possible, and to provide feedback to stakeholders.
- Create avenues for complaints handling and grievance management.
- Create opportunities for information sharing and disclosure.
- Foster strong relationships between the project and communities.
- Ensure meaningful consultation and consideration of stakeholders' expectations and concerns in the implementation arrangements for the program, including feedback on environmental and social mitigation measures and their implementation.

In order to achieve these objectives, the Project will:

- Provide meaningful information in a format and language that is readily understandable, where possible in the IP setting and low literate communities using more direct communication and pictorial IEC materials.
- Provide information in advance of consultation activities.
- Disseminate information in a manner and location easy for stakeholders to access.
- Establish a two-way dialogue that gives the Project and stakeholders the opportunity to exchange views and information, and have issues heard and addressed.
- Ensure inclusiveness in representation of views, including those of women, the elderly, people living with a disability, the IP community and other vulnerable people as necessary.
- Ensure any obstacles to participation that are identified are removed so that the views of different stakeholders can be captured.
- Ensure there are clear mechanisms for responding to people's concerns, suggestions, and/or grievances.
- Incorporate feedback into project design and planning, and report back to stakeholders.
- Monitor stakeholder engagement activities and include project stakeholders in monitoring to the extent possible.
- Incorporate the stakeholder engagement plan as part of the HEQIP II team management including in relevant meetings/coordination such as ISM and ensure sufficient staffing to support ESCP and ESMP implementation.

The Project will engage with stakeholders at all stages of the project cycle. Engagement will vary during the stages of the project and with types of stakeholders and this SEP will be dynamic and flexible enough to incorporate changes. This SEP should be read together with other project documents (i.e., ESMF/ESMP, RPF and ESCP). During the course of the project the SEP will be considered a living document and updated as needed, including i) when there are some key lessons learned from relevant SEP implementation requiring revisions to the engagement approach, ii)

where new stakeholders are identified, and iii) where changes are made to the project's institutional or management arrangements.

4.1 Timing of stakeholder engagement

The social assessment (SA) was conducted in February 2021, to data and inputs collected from project target groups who are likely to be affected, positively or negatively, by the H-EQIP2 project, as well as the review of relevant secondary data. The target groups are identified through reviewing the secondary documents including HEQIP1 project documents, HEQIP2 ESRS and MOH consultation. The SA conducted by collecting the primary data from indigenous peoples (IP), poor families, vulnerable groups including women and girls, people with disabilities (PWD) and people living in remote and difficult to access areas. The aim of the SA is to: (i) obtain information on the likely social risks of the project, in a manner consistent with the World Bank's Environment and Social Standards (ESS), (ii) gauge IP's and other disadvantaged and vulnerable communities' needs to achieving universal health access for their respective communities; (iii) develop an appropriate Grievance Redress Mechanism (GRM); and (iv) discuss with health service providers how services can reach out and respond to vulnerable and disadvantaged groups. The focus is placed on barriers to accessing health care and the potential exclusion of vulnerable groups from accessing project benefits.

In July 2021, during pre-appraisal, consultations were conducted with relevant stakeholders including the MOH project team, PMD, Hospital Service Department (HSD), World Bank, DPO, IP NGOs and representatives from the IP and PwD communities. The consultations covered the following topics:

i) Nature and scale of the Project and its components
ii) The duration of proposed project activities.
iii) ESMF, SA, EA, CA, RPF, SEP and ESCP
iv) Potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated measures taken to avoid and minimize these.
v) The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate.
vi) The time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and
vii) The process and means by which grievances can be raised and will be addressed.

It is important to continue the stakeholder engagement during project implementation, particularly with the affected parties and other interested stakeholders. Some key documents to disclose and share with relevant stakeholders during project implementation are listed below.

i. Project basic information sharing for community and stakeholders
ii. GRM for construction and other project activities, and the relevant feedback
iii. Project schedule, progress and key results
iv. ESMF/ESMPs, ESCP and SEP
v. Contractor codes of conduct

vi. Timeline for renovation and construction support under the project including potential job opportunities available for host community members
vii. Trainings on gender, labor rights and health and safety requirements as appropriate
viii. Monitoring and supervision reports

4.2 Disclosure of Information

Disclosure refers to making information accessible in a manner that is appropriate and understandable to interested and affected parties. Disclosure of information will be an ongoing process in HEQIP II with defined stages: before World Bank project appraisal, and during project implementation. During both stages, project information will be disclosed in a way that is appropriate to the different range of stakeholders and in both English and Khmer as appropriate.

The guiding principles will be to:

- Be transparent
- Present information in a straightforward manner
- Disclose documents as early as feasible
- Use disclosure to support consultation activities
- Provide meaningful and useful information, and
- Ensure information is accessible.

Table 3 summarizes the methods for disclosure of information in both the pre-appraisal and implementation stages.

Table 3:Project-disclosed documents and methods/timeline for disclosure

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
Prior to World Bank pre-appraisal	Environmental and Social Management Framework (ESMF) Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM) Environmental and Social Commitment Plan	National Consultation in Phnom Penh. Project and/or MOH website There needs to be another consultation (planned this October) to update participants on changes to project components	Phnom Penh, (8th Jul 2021)	Non-IP and IP representatives at national level) and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	MOH/PMD with CRS support

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
Project Implementation	Project's updated ESMF instruments including ESMP, ESCP, ECOP Feedback from project Consultations	Local and provincial consultations (face to face when public gatherings are permitted) and/or virtual consultations throughout project implementation. Consultations and sharing with ethnic groups or PwD (where applicable) and their representatives, applying culturally appropriate and accessible methods of engagement. Use of mass media and social media platforms where feasible. Electronic publication and press releases on the Project website	After finalization of relevant ESMF instrument. Prior to civil works when implementing project activities (non-civil works)	Non-IP and IP representatives at national level and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	Project Implementing Agency, HEQIP II provincial advisory committee
	Public Information Booklets including GRM	Local consultations or sharing with IP using VHSGs, village chiefs, HC or HCMC. Project website	After ESMF finalization and project startup, onward to implementation Prior to civil works when implementing project activities (non-civil works)	Non-IP and IP representatives at national level) and other interested parties as appropriate Relevant Ministries working in, or with an interest in, health, IP, PwD and gender. NGOs and CSOs may also be included in relevant meetings.	Project Implementing Agency, HEQIP II provincial advisory committee
	Project schedule, progress and key results, ongoing social and environmental risk identification and mitigation plan	Project website, Implementation support mission (ISM), ISR	From Project implementation onward – Quarterly or six-monthly	Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	HEQIP II project steering committee, Project Implementing Agency, HEQIP II provincial advisory committee
	Monitoring and supervision reports	Local consultations Project website	From Project implementation onward – Quarterly or six-monthly	Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	HEQIP II project steering committee, Project Implementing Agency, provincial advisory committee

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
	ESCoP, Contractor codes of conduct, and Trainings on gender, labor rights and health, and safety requirements, as appropriate, for contractors	Contract negotiation and training	Before awarding the contract	Contractors	HEQIP II project steering committee, Project Implementing Agency, HEQIP II provincial advisory committee
	Timeline of renovation and construction support under the project, including GRM for construction, and response on the relevant feedback	Local consultations, separated by gender and/or age groups Pictorial posters and/or in local languages Village announcements Village meeting to collect feedback and response updates via village chiefs, VHSGs and HCMC	Before construction begins Village level meeting and ongoing meeting if any feedback or concerns arise	Non-IP and IP representatives at national level and other interested parties as appropriate	Project Implementing Agency, PHD E&S safeguard focal person with relevant HC staff
	Potential job opportunities available for host communities for any construction	Local consultations, separated by gender and/or age groups	Before construction begins	Non-IP and IP representatives at national level) and other interested parties as appropriate.	Contractors

4.3. Stakeholder Consultations

As per the World Bank ESS[4], MOH expects to conduct meaningful consultations in a manner that provides all project stakeholders, including vulnerable communities, with opportunities to express their views on project risks, impacts, and mitigation measures, and which allows the MOH to consider and respond to them. Meaningful consultations may be carried out on an ongoing basis as the nature of issues, impacts and opportunities evolves. Meaningful consultation is a two-way process that should be tailored to different project stages as follows:

a) Begins early in the project planning process to gather initial views on the project proposal and inform project design.
b) Encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts.
c) Continues on an ongoing basis, as risks and impacts arise.
d) Is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful

[4] 2016, "World Bank Environmental and Social Framework." World Bank, Washington, DC, page 99-100

consultations with stakeholders in a culturally appropriate format, in relevant local languages and is understandable to stakeholders.

e) Considers and responds to feedback.
f) Supports active and inclusive engagement with project-affected parties.
g) Is free of external manipulation, interference, coercion, discrimination, and intimidation; and
h) Is documented and disclosed by the MOH.

As part of the project's Rapid Social Assessment, initial consultations and data collection were conducted in three provinces, two of which have many resident IP communities. The SA results and findings have been incorporated into this SEP. There will be a number of ways to engage with stakeholders, and the Project will choose the most appropriate method depending on the type of stakeholder and the goal of engagement, as well as how to ensure the meaningful participation of vulnerable groups. (See

ANNEX 2 Methods for Stakeholder Engagement).

National consultation meeting was conducted on 8th July 2021 with participation from the relevant MOH departments, the World Bank, and representatives from the IP community and CSO/NGO working in health, IP, PwD and gender. The consultation provided an opportunity to share information about the project and solicit feedback, including on issues related to GBV, VAC, PwD and IP specifically, as well as ways to mitigate any potential project risks that might affect key vulnerable groups. The draft version of the relevant ESMF instruments will be disclosed through the MOH webpage. Feedback received during consultation will be taken into account in the final version of the instruments. The ongoing consultation with ethnic groups and their representatives during project implementation may require using existing communication channels as described in Table 3 above. (See ANNEX 1 Template for Documentation of Consultations)

Provincial level consultation conducted with support from the MOH team and will center on face-to-face group meetings with PHD project focal points, including the E&S focal person at the PHD level, during the meetings planned in each province. The consultation participants will discuss key project information including the SEP, GRM and key safeguards to be applied under the project, and the role of PHD, OD and HC staff in relation to the project E&S.

Local level project information will be shared at the OD and HC levels using a project information booklet (PIB) as suggested from the SA findings. Local authorities may include the Commune Council, village chiefs and VHSGs. This information sharing will be incorporated into the existing VHSG, HCMC or Commune Council monthly meetings.

The following are some helpful criteria that should guide consultations with local-level stakeholders:

i. Face-to-face consultations should be inclusive of all stakeholder groups including women, the elderly, people living with a disability and other vulnerable people and should break down consultation groupings by gender and age when appropriate.
ii. One-on-one household interviews and focus groups will be conducted in a locally/culturally sensitive manner and without external interference or pressure so that interviewees can speak freely.
iii. Notices of meetings and surveys should be sufficiently communicated in advance at prominent locations, and information should be disclosed ahead of time when possible.
iv. Comments and suggestions received from participants should be collected and incorporated into this SEP, other project documents, and in ongoing project implementation as much as possible, and stakeholders should be made aware how this was done in follow-up meetings/consultations.
v. The consultation must take into account COVID-19 prevention measures as necessary.

It is important to communicate to community members and vulnerable groups in particular that they will be kept informed as the project develops, including informing them about reports on project environmental and social performance and implementation of the stakeholder engagement

plan (SEP) and GRM. GRM logs/registers, relevant ESCPs/ESMP implementation, and social and environmental risk tracking/logs should be monitored and incorporated in relevant project reports and reflected in relevant project meetings.

5. RESOURCES AND RESPONSIBILITIES FOR STAKEHOLDER ENGAGEMENT

The Ministry of Health (MOH), specifically PMD, will be in charge of stakeholder engagement activities. The budget for the SEP will be determined following consultations on the SEP and other ESMF instruments. The budget for the SEP and ESMF will be included in Component 3: Project Management, Monitoring and Evaluation.

The institutional arrangements are based on lessons learned from H-EQIP. MOH is the implementing agency of the project and will be in charge of day-to-day operations of project implementation. A chair of the MOH core group has been appointed at the Director General level for project preparation and will be appointed as the project director for project implementation, and two project managers will be appointed for technical, and administration & finance. The project will be implemented through the technical departments of MOH, national centers, PCA, national hospitals, PHDs and ODs, PHs/RHs and HCs using mainstream MOH processes and will not involve a parallel project implementation unit or project secretariat.

An ESMF Focal Point will be appointed at the Department of Preventive Medicine (PMD) in MOH. The entities responsible for carrying out stakeholder engagement activities will be appointed at the Department of Preventive Medicine (PMD) in MOH. The project will have 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 for stakeholder engagement in project activities.

The stakeholder engagement activities will be documented in consultation reports prepared by PMD and/or their consultants or advisors immediately after project-related public engagement activities have been carried out.

6. GRIEVANCE REDRESS MECHANISM

The grievance mechanism seeks to resolve concerns promptly, using an understandable process that is culturally appropriate and readily accessible at no cost. Grievances can be submitted if someone believes the Project is having a detrimental impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions.

From the SA findings, both IP and Khmer communities prefer the use of the existing GRM including using local authorities such as village chiefs and VHSGs for engaging with communities about information relevant to the project and on feedback or concerns related to the HEF and health services. Under HEQIP, PCA set up a hotline to serve as the HEF call-in line to share information and receive feedback. An additional suggestion for improvement on the GRM relates to communicating more effectively with the community and health care providers about the hotline purposes and how can they be involved in their GRM. The information about GRM for construction should be considered for integration with the existing feedback system or ISAF rather than setting up other additional system that might confuse the community.

6.1 Grievance Process

6.1.1 Grievance Process for LMP – Workers

There will be a specific Grievance Redress Mechanism (GRM) for project workers as per the process outlined below and described in the project's Labor Management Procedures (LMP) and which is described in detail in the Labour Management Procedures (LMP). This considers culturally appropriate ways of handling the concerns of direct and contracted workers. Processes for documenting complaints and concerns have been specified, including time commitments to resolve issues.

All project workers will be informed of the Grievance Mechanism process as part of their contract and induction package.

The process for the Worker GRM is as follows:

- The first step is that the Aggrieved Person/Party may report their grievance in person, by phone, text message, mail, or email (including anonymously if required) to the Contractor as the initial focal point for information and raising grievances. For complaints that were satisfactorily resolved by the Aggrieved Person/Party or Contractor, the incident and resultant resolution will be logged and reported to the MOH's Focal Point.
- As a second step, where the Aggrieved Person/Party is not satisfied, the Contractor will refer the aggrieved party to the MOH's Focal Point. Grievances may also be referred or reported to the MOH Management if deemed suitable. The MOH's Focal Point will endeavor to address and resolve the complaint and inform the Aggrieved Person/Party in two weeks or less. For complaints that were satisfactorily resolved by the MOH's Focal Point, the incident and resultant resolution will be logged by the MOH's Focal Point. Where the complaint has not been resolved, the MOH's Focal Point will refer to the Project Manager/Director for further action or resolution.
- As a third step, if the matter remains unresolved, or the Aggrieved Person/Party is not satisfied with the outcome, the MOH PM/PD should refer the matter to the H-EQIP2

Project Steering Committee for a resolution, which shall aim to resolve the grievance in three weeks or less. The MOH's Focal Point will log details of issue and resultant resolution status.

Up until the third stage there will be no fees for the lodgment of grievances. However, if the complaint remains unresolved or the complainant is dissatisfied with the outcome proposed by the Project Steering Committee, the Aggrieved Person may refer the matter to the appropriate legal or judicial authority, at the complainant's own expense. A decision of the Court will be final.

Each grievance record should be allocated a unique number reflecting year and sequence of received complaint (for example 2021-01, 2021-02 etc.). Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy. The MOH's Focal Point will be responsible for undertaking a regular (at least monthly) review of all grievances to analyze and respond to any common issues arising. The MOH's Focal Point is also responsible for oversight of the GRM.

6.1.2 Grievance Process for Whole project

The Grievance Redress Mechanism (GRM) provides a mechanism for addressing grievances and concerns of individuals or communities arising from implementation of the H-EQIP II activities. This mechanism will respond to all types of grievances and concerns derived from implementation of project activities including civil works. The H-EQIP II project activities will be implemented in all 25 capital/provinces of Cambodia, so the GRM will cover activities nationwide.

An existing Grievance Redress Committee (GRC) from the current COVID-19 ERP and HEQIP I to be used HEQIPII as well. The GRC chaired by the Director of the Preventive Medicine Department (PMD) and membership will include the 25 Grievance Redress Focal Points (GRFPs), one focal person per province approved by MOH in January 2021. These focal points will be responsible for addressing and reporting concerns or complaints from their respective province to the GRC. The GRFP of each province should be relevant PHD focal person that was assigned by MOH under COVID-19 ERP.

The public, project beneficiaries, provincial and referral hospital staff, health center staff, and local authorities will be made aware of the GRM through existing channels including OD monthly meetings, Health Center Management Committee (HCMC) meetings, and VHSG meetings as well as Commune Council meetings[5] and will be disclosed on the MOH website as well as displayed on public information boards at provincial hospitals, referral hospitals, or health centers where subprojects will take place.

Community members who will be involved directly or indirectly with implementation of project or subproject activities include health staff and health service recipients, and community members on whom the project activities might have a detrimental impact or otherwise affect them. These people can raise a grievance and make a complaint via this GRM for it to be addressed. The mechanism will be applied during both the civil work/upgrading phase and operational phase of subprojects and will ensure that all complaints/concerns from affected persons or communities are

[5] As suggested from the Social Assessment of H-EQIP II

addressed. Corrective action plans/solutions will be addressed and implemented as relevant, and complainants will be informed of the outcome.

Based on SA findings and lessons learned from HEQIP, specifically the PCA hotline, a complaint via this GRM can be made using 2 options:

1. Complainants can submit a complaint form directly to the Grievance Redress Focal Person, or by phone call, Telegram, email, or a complaint box. The GRM communication will include the process by which complaints can be submitted. All complaints or concerns will be recorded in logbooks by GRFPs. (See Annex 4: Complaint forms in)
2. Anonymous feedback can be provided via a hotline, potentially using the PCA hotline. Existing hotlines can be used for a Question-and-Answer service for HEFs and for communicating some issues about using the ID Poor card to access to health services. With high mobile phone penetration in Cambodia, the use of a hotline could be a good option that can support community members to register complaints or grievances.

The GRM process of the HEQIP II Project has three steps.

Step 1: For Option 1 –Direct discussion between complainant and the respective subproject implementer in charge based on information presented in the complaint form. A complainant can also make a direct complaint[6] verbally or electronically to the respective subproject implementer in charge who can be the director of provincial/referral hospital or the chief of a health center where the subproject is taking place. (see Annex 4: Complaint forms in English)

For Option 2 – Complaint/feedback via phone: When the phone call is received via the assigned PHD focal person phone numbers, then he/she will record that in the grievance log and share that information to the designated PHD/PMD focal person for consideration and referral to relevant people for the comments to be addressed.

Upon receiving the complaint, the subproject implementer in charge shall review issues mentioned in the complaint and seek to provide a solution and inform the complainant within 7 working days from the day the complaint was received. The respective subproject implementer in charge shall report the grievance and proposed solutions to the respective provincial GRFP. If the complainant is satisfied with the solution provided, the grievance will be considered solved and a closure agreement will be signed with a corrective action plan; and if not satisfied, the complainant will continue to Step 2.

Step 2: If there is no satisfaction following the solution provided in Step 1, the complainant can escalate the grievance to the provincial Grievance Redress Focal Person (GRFP). The complainant will fill out a complaint form and submit it to the GRFP. Upon receipt of the complaint, the GRFP will acknowledge receipt within 3 working days. Then the GRFP will seek a resolution from the respective subproject implementer in charge within 10 working days from the day the complaint was acknowledged. The GRFP will review the issues related to the

[6] The GRM should considered and adapted and/or changed as necessary to ensure it is culturally appropriate and accessible to beneficiary IPs and takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the IPs (see section 6.3 about provision for IPs)

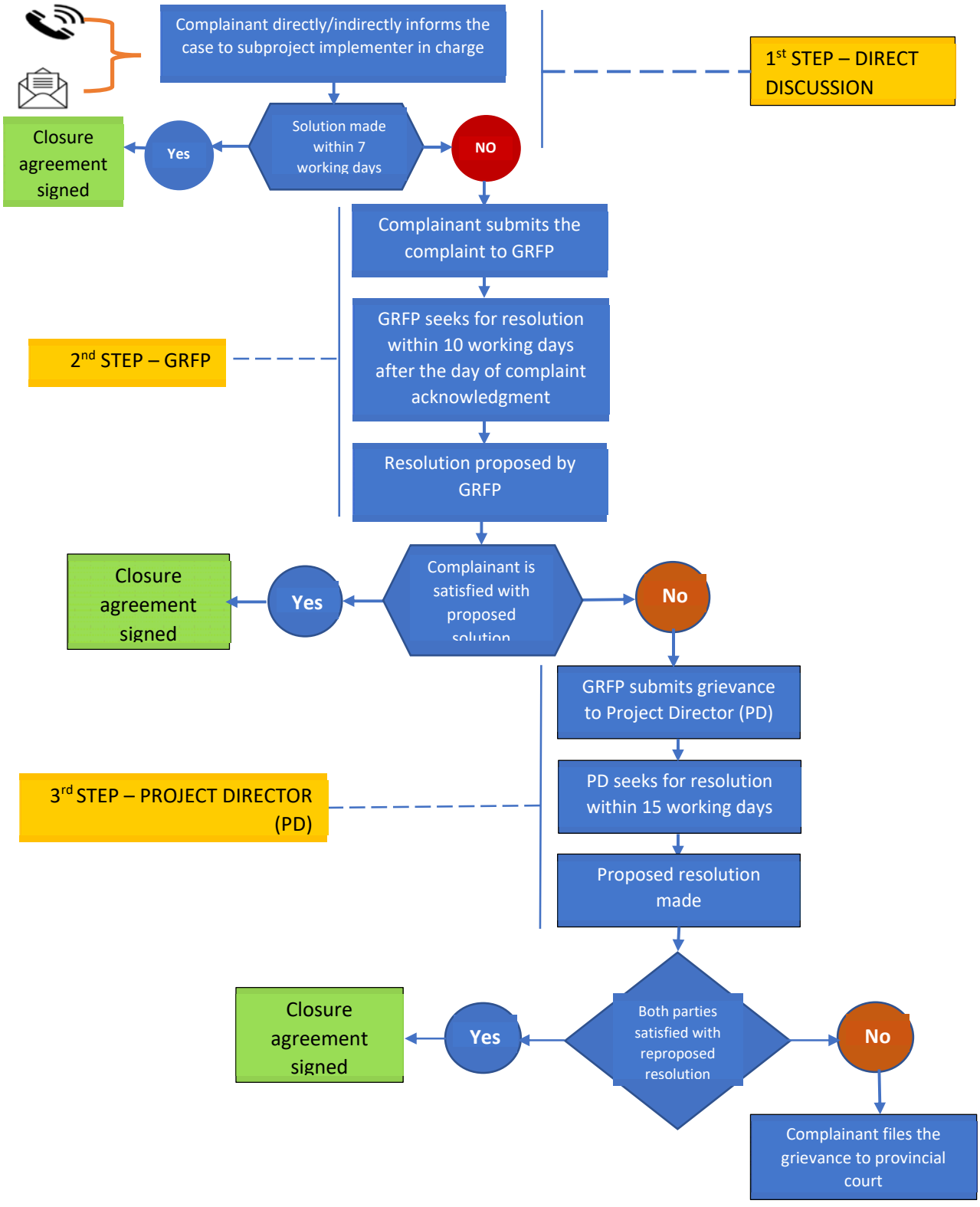
complaint, and the solution proposed in Step 1, and then will discuss better potential resolutions with the respective subproject implementer in charge. If the complainant is satisfied with the resolution the GRFP provides, the grievance will be considered solved and a closure agreement will be signed with a corrective action plan; and if not, the complainant will continue to Step 3.

Step 3: In case of disagreement on the resolution provided in Step 2, the GRFP will escalate the complaint to the Project Director by submitting the complainant's completed complaint form. Upon receiving the complaint, the Project Director will seek a resolution within 15 working days after the day of receipt. The Project Director will review the grievance and resolutions made in Step 1 and Step 2 and will seek a better resolution. If both parties are satisfied with the proposed resolution from the Project Director, the grievance will be considered solved and a closure agreement will be signed with a corrective action plan; if they are not satisfied, either of the parties can file the grievance with the justice system, at the capital/provincial court.

The complaints, responses including the implementation of corrective action plan and the outcome will be recorded in the GRM logbook. Upon the implementation of the corrective action plan, if the complainant is not satisfied s/he still has the right to reactivate and continue the complaint to the next steps or appeal to the ordinary courts as a last resort. As a part of the process of GRM, the GRC will arrange regular meetings at least once per quarter to review the activities and the outcomes/measures taken according to the GRM logbook. If there are any grievances related to management of social or environmental issues, the GRM Committee will record these grievances and pass it on to the Environment and Social Specialist who will be monitoring the complaints and take them for corresponding action and follow-up.

Figure 1 summarizes the grievance redress process in a flow chart.

Figure 1: Grievance Redress Mechanism of H-EQIP2 Project Flow Chart



6.2 Recording Grievances

The GRM is established and managed by the PMD. A complaints register will be established as part of the project to record any concerns raised by stakeholders during the implementation of this project. Any serious or sensitive complaint[7] will be communicated to the World Bank within 24 hours of receiving the complaint.

A summary list of complaints received, and their disposition, along with key statistics on the number of complaints and duration of the complaints before close out, must be reported yearly. Complaint records (letter, email, and / or record of conversation via hotline call) should be stored together, electronically or in hard copy, under the responsibility of the PMD.

Grievances will be recorded in a Grievance Log managed by PMD. Responsibility for the Grievance Log will be with the PMD and Project Directors/Managers in MOH. The minimum information in the Grievance Log will include:

- Details of the nature of the grievance.
- Date received, manner in which it was responded to, and
- How it was submitted, acknowledged, responded to and closed out.

Grievances can be submitted anonymously, or the aggrieved person can also request their name be kept confidential.

Table 4 sets out an example of a GRM grievance log.

[7] Sensitive or serious complaints are the complaints around allegations of GBV and SEA; serious misconduct by agency staff or implementing partners/contractors, including fraud, embezzlement or other abuses that violate an agency's code of conduct and require disciplinary action; and crimes under national law or another applicable legal framework. (Source: Bonino F. and Warner A. (2014) What makes humanitarian feedback mechanisms work? Literature review to support an ALNAP–CDA action research into humanitarian feedback mechanisms. ALNAP Working Paper. London: ALNAP/ODI)

Table 4: Sample GRM grievance log[8]

Grievance Redress Log											
	Grievance received stage						Grievance Response/redress stage				
Reference number	Project stage (Pre-approval, Project implementation)	Date received	How was feedback received	Location of the person who submitted feedback or complaint?	Sex (M/F)	Details of the nature of the grievance (environmental impacts, social impacts, labor, health, etc.)	To whom was grievance submitted (including date of submission)	Actions to resolve grievance	Date on which the Response was provided to person who submitted feedback or complaint.	Status of feedback or complaint	Remarks
INSTRUCTION: This is an autogenerated number to easily track feedback and complaints from the system E.g. HEQIP2-001.	*Insert project stage when received the feedbacks or complaints*	*This is the date when someone approaches MoH or call to hotline for submitting feedback or complaint. In case the date is not available, use the date when the feedback was retrieved from the community/ feedback box.*	*E.g., Hotline; Community meeting; Informal meeting; etc.*	*Contact info including Province name, may including phone number is available (use drop down list for data accuracy and consistency).*	*If available*	*Assigned person to include as much detail as possible about the grievances received from complainant*	*Indicate the person who received the grievance including date of submission*	*Include what action was taken to address grievance*	*Indicate the date that response was provided to complainant*	*E.g., Closed, in process, Not yet assigned to the program staff, No contact information is available for the complainant.*	*Any additional information*

[8] Adapted from CRS Philippines, 2018, Feedback and Complaint Channels Guide

6.3 Provisions for ethnic groups (IPs)

As indicated in the SA findings, indigenous peoples may have additional barriers in accessing health services, including language barriers. Therefore, in areas where ethnic groups (IPs) live, the project's GRM will ensure that it meets the needs of IP and other vulnerable groups. The GRM should consider information and communication about the project and adapt and/or change as necessary to ensure it is culturally appropriate and accessible to beneficiary IPs and takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the IPs. This was done during the SA by consultation with local IP groups to elicit their preferred ways to share their grievances or concerns through the GRM. During project implementation, site-specific SAs can help to modify GRMs to meet the needs of IP groups.

The SA found that IP community members expressed a preference to use existing coordination mechanisms between health care workers and community members (including VHSGs, HCMC and the local authority including village chiefs and Commune Councils) to share their concerns or views on the project, and village chiefs and the Commune Council are the initial focal points for both IP and non-IP communities to inform when they are lodging any feedback or complaints about health services. However, at present there are limited grievance mechanisms available.

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

- Two-way communications about GRM procedures happen in a way that is accessible by IPs considering IP languages and pictorial IEC materials that are easy to understand by the elderly and IP community members with low literacy levels.
- Do No Harm principles are applied and the basic rights and interests of IPs are protected.
- The concerns of IPs arising from project activities are adequately addressed.
- IPs are aware of their rights to access grievance procedures free of charge for the above purposes.

7. IMPLEMENTATION, MONITORING AND REPORTING

Monitoring will check that mitigation measures are being implemented as per the project workplan and identify key bottlenecks that may affect implementation of project activities. Monthly, quarterly, and semi-annual monitoring reports will need to be undertaken in order to:

- Improve environmental and social management practices at all project stages including subproject implementation,
- Understand ESMP and ESCP implementation issues and make timely decisions on any potential risks and challenges that might negatively affect project implementation,
- Ensure the efficiency and quality of the environmental and social assessment processes,
- Report the results of the implementation of mitigation measures in ESMPs and other project related documents.

Monitoring of environmental and social impacts related to construction should focus on ensuring that all environmental and social mitigation measures are implemented as per the ESMP. Data should be sex-disaggregated as much as possible. The ESMP will need to define how and when monitoring indicators will be measured. Monitoring and evaluation of the SEP aims at ensuring

the document disclosures and meaningful consultation are conducted with all relevant stakeholders, especially vulnerable communities. Some key indicators to measure SEP implementation are as follows:

- Number of stakeholders attending consultations (disaggregated by IPs or PwDs or their representatives)
- Data on Project impacts and benefits, disaggregated by Women, Women headed Households, Indigenous Peoples and PwD as applicable
- Efficacy of SEP implementation and reaching stakeholders especially vulnerable communities
- Number of public grievances received monthly and number of those resolved within the prescribed time limits (disaggregated by grievance received from IP and non-IP provinces)
- Number of trainings provided to women and vulnerable groups, and the impacts of these trainings (i.e. whether knowledge on a topic was enhanced)
- Efficacy of the grievance redress mechanism (for the community and for construction workers) – tracking the grievance progress and lead time from receiving to closing/resolving the grievance, and disaggregating grievances from vulnerable groups like women, IP or PwD
- Incidence of GBV and VAC, and whether community members feel the grievance redress methods are appropriate for these issues.

Table 5 summarizes proposed monitoring measures for the SEP.

Table 5: Proposed Monitoring Measures

Parameter to be Monitored	Location	Means of Monitoring	Schedule/ Frequency	Responsible Agency for Monitoring
Completion of detailed design in accordance with ESMF, RPF and SEP requirements, including the preparation of required site-specific ESMPs, updating of the SEP, and RPF as needed	Phnom Penh/online	Review of detailed design documentation	Prior to approval of detailed design	PMD
Implementation of the SEP	Phnom Penh and project sites	TO BE DETERMINED	As defined in the SEP	PMD
Monitoring and reflection on GRM efficacy and functioning	Phnom Penh and project sites	TO BE DETERMINED	As defined in the ESMP	PMD

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented remains correct, that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of project development.

Any major changes to project activities or to its schedule will be duly reflected in the SEP. Semi-annual summaries and internal reports will detail progress on implementation of SEP measures and identify any issues that need to be addressed in project planning.

ANNEX 1 Template for Documentation of Consultations

Title of Consultation	……..
Location and Date: [Name of the village/place and date]	
Objective and agenda: [Explain the objectives and agenda of the consultation]	
Participants: [Which stakeholders targeted, how stakeholders were invited, number of participants who attended and their gender and if they are members of ethnic groups. Note information on vulnerable groups.]	
Summary of the Consultation: [Describe the format/style of the consultation, who facilitated it, the language used, brief summary of information presented]	
Questions/ Comments made and responses: [Summarize the main questions asked and the responses given]	
Photo:	

ANNEX 2 Methods for Stakeholder Engagement

Method	Purpose	Target stakeholders to be engaged	Special Consideration for IP, PwD and other vulnerable groups
Information Boards in Commune Offices, workers' camp and other relevant locations	To disseminate information including project info, GRM, announce meetings, advertise jobs	Affected parties and other interest groups	For IP, PwD and low literacy groups: may need to use pictorial IEC or have someone at the commune or the village chief to inform them during village level meeting. The places for the meeting must be accessible by PwD.
Project Information Booklets (PIB) including GRM and HEF benefit information /entitlement (see Annex 3: Basic key questions/information to include in Project information booklet (PIB)	To provide clear and summarized information about the project and particular impacts and mitigation measures (such as land acquisition and environment)	Affected parties and other interest groups	The PIB or posters should include more pictures than text or where possible translated into IP languages. The village chief or VHSGs can use PIB for orienting IP or other community members in the village level meetings.
Summaries of Environmental and Social Impact Reports	To provide summaries of main environmental and social documents (ESMP and RPs) and how project impacts are being mitigated	Affected parties and other interest groups	Simplified and succinct documents, at a maximum of two pages, will be distributed to the communities by village chief and discussed during the village meeting. Places for the meeting must be accessible by PwD.
Correspondence by phone/ email/SMS	To distribute project information to government officials, CSOs and NGOs To invite stakeholders to meetings	PHD, OD, HC, CSO and NGOs by using the existing meetings within PHD including monthly Provincial Technical Working Group in Health (Pro-TWG-H) meeting or OD monthly meeting.	N/A

Method	Purpose	Target stakeholders to be engaged	Special Consideration for IP, PwD and other vulnerable groups
Print media and radio announcements	To disseminate project information to large audiences, announce meetings, advertise jobs	Affected parties and other interest groups	For print media use more pictures than text in PIB. The village chief or VHSGs should use PIB in the village level meetings. If radio programs or other mass media are used, consider: 1. Language use (include relevant IP or local language for relevant population) 2. Channels and programming times preferred by IP and PwD
One-on-one interviews and/or Focus Group Discussions (FGDs)	• Solicit views and opinions • Enable stakeholders to speak freely and confidentially about ideas or concerns • Get information regarding sensitive issues such as Gender Based Violence (GBV), labor influx, women workers, child labor, etc. • Collecting data about, and consultation with, IP groups (if relevant) • Social due diligence (on supply chain, IP issues, etc.) • Project monitoring	Project management team to use for decision making. The activity could be done during the project supervision and/ or field visit mission by PMD or World Bank staff	The schedule of the visits should prioritize visits to the IP community, and one-on-one interviews or FGDs with IP, PwD or other vulnerable groups
Formal meetings and consultations (national/ provincial)	• Present project information • Allow stakeholders to provide their views and opinions • Build relations with high level stakeholders and	• PHD, OD and HC • NGO, CSO • MoH project management team and World Bank	N/A

Method	Purpose	Target stakeholders to be engaged	Special Consideration for IP, PwD and other vulnerable groups
	ensure initiatives of different ministries, donors and/or NGOs are well aligned • Distribute/disclose technical or other project documents		
Village-level meetings	• Present/disclose project information to communities and other stakeholders in the project area • Allow stakeholders to provide their views and opinions on the project, including proposed Grievance Mechanism • Announce project initiatives/jobs (such as hiring local people, including women) • Conduct trainings on relevant topics (such as road safety, gender) • Discuss IP issues (if relevant • Build relationships • Project monitoring	Affected parties and other interest groups	IP, PwD and low literate groups: may need to get pictorial IEC or have someone at commune or village chief to inform them during village level meeting. The places for the meeting must be accessible by PwD.
Small group trainings	Target specific groups of people in trainings or meetings (for instance, targeting contractors to train on GBV, VAC, etc.)	Contractors	N/A
Website and social media	• Disclose project info, project reports, timeliness, project update	Affected parties and other interest groups	Some IP areas are very remote with limited access to internet and smart phones. Without more intentional communication that targets IPs and other vulnerable groups, they may not be able to receive updates via the website or

Method	Purpose	Target stakeholders to be engaged	Special Consideration for IP, PwD and other vulnerable groups
			social media. This approach should be combined with interpersonal communication (IPC) using the local authorities or other mass media to help inform IP and vulnerable groups about the project information, reports or relevant updates.

Annex 3: Basic key questions/information to include in Project information booklet (PIB)[9]

Who are we?

1. What type of project is this?
2. What is the project's mandate?
3. Why is the project taking place here?
4. Where does the money for this project come from?

Our aim

5. What can we do for the people including vulnerable people?
6. Why do we do this rather than other things?

The project and the community

7. What is our project area?
8. Who decided to locate the project here?
9. Who was involved in deciding project activities?
10. What is the plan for the whole project?
11. How long will the project last?
12. Who are the beneficiaries?
13. Why were some people or communities chosen and not others?
14. Who was involved in deciding who the beneficiaries should be?
15. How does the project work? How are beneficiaries involved?
16. What will beneficiaries contribute? What will the project team contribute?

Dealing with problems or complaints (GRM)

17. If people want to share their thoughts about the project?
18. If people have any feedback or concerns?
19. If something goes wrong with the project what can people do?
20. If there is a problem with a community leader or community member working with the project, what can people do?
21. If there is a problem with one of the project staff (corruption, fraud, bad behavior), what can people do?
22. If people want to know more about the project, what can they do?

[9] Adapted from Good Enough Guide, 2007, developed by Oxfam, Care and CRS

Annex 4: Complaint forms in English

HEQIP2

Grievance Redress Mechanism

Complaint forms

No.: .....

Complainant: Name..... Sex ..... Age .....

(Note: Disclosure of Identity of complainants to third party/person are optional depending on complainant permission)

☐ I want to make a complaint without disclosing my identity
☐ I want to make a complaint and could disclose my identity
☐ I don't want to disclose my identity if my explicit permission is not received

Address and contact details of complainant:

Address: House no.....Street .....Group..... Village..... Commune/Sangkat.....
District/Khan .....Province .....
Phone Number: .....

Grievance details:

Description of grievance: ……..... ....
.....
Location related to grievance:.....
.....
Key issues happening: .....……..... .....
.....
Affected people: …….....…….....
.....

Frequency and timing of the issues happen

☐ Once (when did that happen? date……)
☐ More than one time (Number of times…….)
☐ More frequently (the issues are still happening now)

How do complainants want that issue to be addressed?.....
.....

Complainant signature:
.....
Date:(day).....(month).....(year)...

Annex 5: Stakeholder Consultation Minutes

Consultation workshop on the HEQIP2 Environment and Social Framework Management (ESMF) specifically on draft ESMF, SEP and ESCP

Meeting conducted via Zoom

On 8 July 2021, from 8:30 am-12:00 am

Preventive Medicine Department (PMD) of the Ministry of Health (MOH) has developed draft Environmental and Social instruments for the preparation of the Health Equity and Quality Improvement Project 2 (H-EQIP2) with technical support from CRS. These instruments are Environmental and Social Management Framework (ESMF) -- including Environment Audit, Capacity Assessment, Social Assessment (SA), Resettlement Framework, Labor Management Procedures (LMP) and Grievance Redress Mechanism (GRM) -- a Stakeholder Engagement Plan (SEP), and an Environment and Social Commitment Plan (ESCP). The documents were not disclosed in the MOH website due to some technical issues.

These draft instruments aim to Assess the risks and impacts and propose measures to avoid, minimize and mitigates environmental and social risks and impacts as a result of the HEQP2 project.

Objectives:
The objective of the Consultation Workshop is:

- To consult key environmental and social risks, impact and mitigation measures of the project and solicit recommendation from relevant stakeholders
- To validate the SEP with relevant stakeholders at the national, provincial, NGOs, donor and IP and community
- To share the Environment and Social Commitment Plan of the project with stakeholders and seek feedback.

Consultation process:

a. Stakeholder identification: Stakeholder" refers to individuals or groups who are affected or likely to be affected by the project (project-affected parties); and may have an interest in the project (other interested parties). The project stakeholder identification led by PMD with support from consultant, through discussion with World Bank team and internal relevant MOH technical person to identify both affected parties and other interested parties of the project.

Affected parties	Other interest parties

• HEF/ID Poor holders and their family members, • Health service providers: Public Health Workers or Health facility staff including PHD, OD, Health Centers , and • Contractors in charge of civil works, and their staff i.e. construction workers, nearby communities. • Disabled People's Organizations (DPO)	• Other national and international organizations and civil society groups with an interest in health, gender, IP and (DPOs), • Other public authorities including VHSGs, Village Chief, Commune councils, • Communities nearby construction sites, • MEF's General Department of Resettlement (GDR), Inter-Ministerial Resettlement Committee (IRC), Provincial Resettlement Sub-Committee (PRSC) and Working Groups, • Representatives of Provincial, District and relevant Commune Women and Children's Committees and Women's Affairs, Gender Management Action Group (GMAG) in MOH, and • The public at large.

b. Consultation process:
    a. Invitation and document sharing: PMD focal person invite all key stakeholders for attending the virtual consultation. Key documents summary about projects shared to the stakeholders using telegram.
    b. Virtual stakeholder consultation: the virtual stakeholder consultation is conducted with stakeholders to solicit additional feedback on E&S risk and mitigation facilitated by PMD.
    c. Online form in Microsoft Team for anonymous feedback from stakeholders: A short bilingual (Khmer and English) guide questions to solicit anonymous feedback from stakeholders to complement the virtual stakeholder consultation.
c. Information disclosure to stakeholders: the project summary and ESMF executive summary are shared via telegram. A short project summary are also included in the Microsoft Team online form. PMD Director also share a link to ESMF during the meeting for project stakeholders as well.

Participant: There are 46 participants (Female:7), representing different ministries and institutions as follows:

No.	Institution	Name	Sex	Disabled/IPs rep
1	MOH – PMD	Dr. Kol Hero	Male	No
2	MOH – HEQIP	Dr. Khoun Vibol	Male	No
3	MOH – HSD	Dr. Koy Virya	Male	No
4	MOH – HSD/QAO	Dr. Voeurng Virak	Male	No
5	MOH – PMD	Dr. Thol Dawin	Female	No

No.	Institution	Name	Sex	Disabled/IPs rep
6	MOH – PCA	Dr. Ros Chhun Eang	Male	No
7	MEF – GDR	Mr. Seng Vanndy	Male	No
8	MEF – GDR	Mr. Seng Phearum	Male	No
9	PHD E&S Focal person	25 persons, 1 per province	21 Male and 4 Female	No
10	Mondulkiri Provincial Department of Environment	1 person	Male	No
11	Indigenous Civil Society Organization (ICSO) Representative	1 person	Male	IP representative
12	My Villages NGO representative	1 person	Male	IP representative
13	Disability Action Council (DAC)	Dr. Un Neth	Male	Disabled Person Representative
14	Cambodia Disability Mission for Development (CDMD)	Mr. Nhip Thy	Male	Disabled Person Representative
15	Consultant	Miles	Male	No
16	Consultant	Sona	Male	No
17	Consultant - CRS	Vibol	Male	No
18	Consultant – CRS	Bona (as note taker)	Male	No
19	World Bank	Dr. Nareth	Female	No
20	World Bank	Ea Sophy	Male	No
21	World Bank	Nuth Monyrath	Male	No
22	World Bank	Van Vorleak	Female	No

Table 1: Results of ESMF Consultation – 8th July 2020

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
ON ESMF			
a) From PHD Siem Reap, with all E&S safeguard discussed here, there is concerns about the capacity of health staff i.e. PHD in implementing those safeguard practices? **b)** Do we have screening tools for E&S safeguard prior to any construction?	a) As part ESMF, PMD with consultant support also conducted a capacity assessment, and the capacity strengthening are incoporated in the ESMF regarding what need to support the PHD/OD and relevant health staff in implementing key safeguard procedures. b) For the screening tools for E&S, the draft tool is available in the ESMF document. The capacity strengthening for E&S focal person at PHD level are incoporated as activity to implement part of ESMF for HEQIP2.	a) PHD E&S safeguard capacity with all the E&S risks discussed here. b) Available of E&S screening tools for construction at PHD E&S safeguard focal person	a) The ESMF and ESCP could be strengthen by specifically included the PHD specific E&S safeguard capacity improvement. b) The ESMF capacity development for PHD E&S focal person can be strengthen by including the discussion with them on the screening tools for construction and revised that accordingly.
a) Clear roles of PMD, Consultant, and PHD E&S focal person i.e. the role of dissemination of ESMF	a) From MOH we have relevant department, from provincial level need to have focal point from each province to responsible to monitor the process, IPC also include in that process, and the reporting flow need to have from the under existing government structure level including IP and environment. b) Additional suggestion from Dr. Hero: this process is fully under the MOH, but each relevant department need to have their ownership to implement and monitor that process to be fore effective so we need to	a) Specific roles of different stakeholders in ESMF and SEP.	a) The ESMF and SEP could be strengthened by adding clear role among PMD, PHD, OD and HC in relation HEQIP2 ESMF implementation.

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
	assign the clear role and responsibilities for each person and level. a) ESF instruments are MOH documents. They need to be reviewed and approved by MOH before submission to the Bank."		
ON SEP			
a) Dr. Neth Un: from Disability Action Council (DAC), Government institution responsible for People with Disability in Cambodia. Suggestion: Suggestion made to ensure that construction of buildings under HEQIP will follow national construction guidelines/design standards that ensure disability accessibility	a) Noted, Consultant team will reach out to DAC to get that document and included as one criteria for any civil works related.	a) Civil works considered PwD accessibility	a) ESMF could be strengthened basically on civil works to by using the DAC design standard.
a) Dr. Un Neth: suggest adding DPO organization from each province in these stakeholders as they are very active in the disabilities work	a) Noted, PMD and consultant team will incoporated DPOs specifically as part of the Stakeholder	a) Including all relevant stakeholders	a) Project SEP strengthen by including DPOs at each province.
a) Mr. Vivath from ICSO's Ideas (working with IP community): **This** ESMF **guideline is good that we plan to integrate with IP communities, so he suggested that before we conduct any construction related to this H-EQIP** 2 **we need to have a broader shared the knowledge.** b) **Other stakeholders should be include the youth with disabilities, as youth now play very important role in the**	a) Noted, PMD and consultant team will incoporated youth specifically as part of the Stakeholder	a) Including all relevant stakeholders	a) Project SEP strengthen by including youth with disability where possible.

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
health sector as they are able to access the technologies so that they can shared that information to other people in their communities related to health information or we are more easy to build the network or establish the group with them.			
a) **Mr. Nhip Thy have question:** HEQIP2, how the project included the IP and People with Disability (PwD) in?	a) This will start from the project design process that already discuss in SEP, including the collection of concerns, needs and how to best engage those vulnerable groups. b) During the implementation, it's essential to use the existing structure (HCMC, VHSG) to inform the IP or disabilities person about the H-EQIP information or how to claim the benefit from that scheme, and we also use the existing network like DPO to help the disabilities person to better understanding on the scheme or the guideline.	a) Including all relevant stakeholders	a) Project SEP strengthen by including IP and PwD.
a) Suggestion from Dr. Ros Chhun Eang: currently in MOH we have the committee to address the issues related to the health sector, so do we need to include them as our stakeholders in this process? b) From his observation, he is a bit not clear about whose are the main actor to implement this guideline or who do what? For example, working with IP who conduct the knowledge sharing to IP or disabilities? Dr. Ros Chhun Eang said that the World Bank team should have the guideline of	a) Noted, PMD and consultant team will include the provincial and district sub-committee on HEF as one of main stakeholders that project can leverage from. b) For this H-EQIP 2 now we learnt from the H-EQIP1 on the impact to the social and environment and the limitation or gap related to the impact. IPC is also the big point related to this guideline. From those learning we come up with this ESMF. The role for information sharing is vary by level, the community especially for IP, based on the	a) Including all relevant stakeholders b) Specific roles of different stakeholders in ESMF and SEP.	a) Project SEP could be strengthened by including HEF sub-committee at provincial and district level b) The ESMF and SEP could be strengthened by adding clear role among PHD, OD and HC in relation HEQIP2 ESMF implementation particularly the engagement at the ground with

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
Health Equity Fund scheme and they should share that document to this H-EQIP 2 team to adapt and if possible, use the existing team to add to this process.	assessment, Village Health Support Group (VHSG) and village chief is the preferred channels.		vulnerable groups including IP and PwD.
a) Mr. Vandy Seng from MOEF, due to the result from the Assessment we don't see any impact to the social or environment to community, but the Government need to have the framework (RPF) to address the negative impact and the team are ready to solve the problem when the grant approved. b) Mr. Vandy Seng, asked to the MoH, when this framework implement (timeframe)? Do we need to do at the same time to all 25 province or what? So that his team from MOES are aware and be ready to monitor that implementation.	a) The civil works under HEQIP2, as we also learned from HEQIP1, will only conduct on MOH's land. The screening tools integrated into ESMF will collect key information whether the Resettlement Action Plan (RAP) will trigger or not and engagement with GDR is essential when any land acquisition is happening under any subprojects. b) Respond from Ms. Van Voleak: to Mr. Seng Vanny, in this H-EQIP2 is continue from the H-EQIP1 which will be end on Jun-2022, so this H-EQIP 2 will start on Q2 of 2022, and this process will start at all 25 provinces, but she mentioned that for those hospital that require the renovate will based on the immediate need from the rapid assessment from the H-EQIP2 team. The 25 provinces may start at the same time, but there will only few of them may have relevant civil works/construction.	a) Screening tools including info about potential land acquisition for any civil works b) This is just a clarification.	a) ESMF specifically on RPF could be strengthen and including the screening tools to garner info about any land acquisition. b) N/A
ESCP			
a) Related to the Labor Management procedures specifically on the Occupational health, on the scope, do this refer the worker for constructor or the workers for the health sector?	a) This framework is referring the construction worker and health workers, we need to ensure that the workers were equipped with the PPE or other safety equipment during their works. That is	a) This is just a clarification.	a) N/A

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
	apply for both health care providers and construction workers. For health care providers, the assess to PPE, or other essential materials to safely perform their roles in IPC and HCW. While the contractors can be the used of PPE and relevant materials to safely performs their duty.		

Closing remark: Mr. Hero added that from support from consultant and CRS (Mr. Vibol) now our H-EQIP2 is more fully and comprehensive then the H-EQIP1, so this is the benefit to engage with all stakeholders.

The meeting close by Dr. Hero at 12:00.

To complement the consultation workshop, the consultant team had developed a quick survey question on Microsoft Form that allow anonymous feedback from stakeholder's reflection on key guide question as below:

1. What are your views about the project benefits?

2. Do you have any concerns about the project risks and impacts?

3. What are the environmental risks that can be resulted from the implementation of the project? What can we do to mitigate these environmental risks?

4. What are the social risks resulted from the implementation of the project? What can we do to mitigate these social risks?

5. What we can we do prevent child labor during the construction and rehabilitation?

6. Who are the most vulnerable groups of people in Cambodia? Why?

7. Can these vulnerable groups benefit from the project? Why or why not?

8. How can we ensure that vulnerable groups including poor household, PwD, IP community, women headed household, GBV victims can benefit from the project?

    a. Poor household

    b. People with Disability (Pwd)

    c. IP community

    d. Women headed households

    e. GBV victims

9. Who commits violence against children and women? What can we do to stop violence against them?

10. Do you have any recommendations to ensure that the vulnerable groups including poor, women, indigenous people, PwD) can benefit from the project's activities?

Although all participants had received the MS form short survey, there are only 6 responses received from that survey link (3 DPO, 2 IP NGOs and 1 PHD/OD)

Table 2: Summary of responses

Org Type	What are your views about the project benefits?	Do you have any concerns about the project risks and impacts?	What are the environmental risks that can be resulted from the implementation of the project? What can we do to mitigate these environmental risks?	What are the social risks resulted from the implementation of the project? What can we do to mitigate these social risks?	What we can we do prevent child labor during the construction and rehabilitation?	Who are the most vulnerable groups of people in Cambodia? Why?	Can these vulnerable groups benefit from the project? Why or why not?	How can we ensure that vulnerable groups can benefit from the project?	Who commits violence against children and women? What can we do to stop violence against them?	Do you have any recommendations to ensure that the vulnerable groups including poor, women, indigenous people, PwD) can benefit from the project's activities?
DPO	HEF support Poor household and PWD access to health services	No specific risk, but main concerns is for PwD that access to services where some of them are living in remote area	No idea	Project can do to support PwD to access services for free	Local authority participation especially at the construction site	PwD and Poor household	HEF support Poor household get free services	HEF card for PwD Poor household received free services For other groups, no idea	The father are the perpetrator, we can reduced by education, and enforcing existing law	Provide HEF benefit info to PwD by using the local authority including village and communes
RESPONSE/Project implication	This is align with project approaches	The PwD access to health are including in ESMF and SEP	N/A	Project SEP and ESMF including the consideration on how to improve PwD access to health.	The use of VHSG and village chief for communication with PwD and other community are incoporated into SEP	PWD and Poor household are included as key vulnerable groups in ESMF and SEP	This aligning with HEF and project approaches	PwD access to HEF are discussed in the project design, however, the approach would be considered within the MOH scope where IDpoor process that inform the HEF card issuance is under Ministry of Planning	Project SEP will be strengthened to ensure that GBV training are targeted for both men and women	The use of local authority for education and enforcement are including the project SEP.
IP NGO	Free service for the poor and better service quality	No concern, just idea that IP had traditional belief that could be barriers in using public health services, and some of them try the traditional treatment method until severe condition to return to	No idea	No social risks issues	Working with contractor to sign agreement not to hire children underage	Poor family, IP community and people with disability	Poor family can receive free health services. IP without IDPoor may not receive free services from HC	Poor households can be the one had IDpoor they are understanding well about HEF.	Men is the one commits the violence in the family. To stop this we can do some community mobilization and education with supporting from local authority	For IP, need to be specific on the approach to reach them If possible, should have the health staff that can speak local language, so the community people are more feel comfortable when they go to received service there.

		public health service (sometime the health staff can't help them).						For IP, Project should train them and or especially youth group and train as make them as the focal group or become the VHSG, so they can help their community when they need the health assistant.•		• The project staff that work directly with IP group need to recruit from local people so that they will work more closely and better communication with them.
RESPONSE/ Project implication	This is aligning with project approaches	The IP culture appropriate communication are discussed and incorporate in project SEP	N/A	N/A	The contractor Code of Conduct will included the prohibit of using child labor	PWD, IP and Poor household are included as key vulnerable groups in ESMF and SEP	This aligning with HEF and project approaches for the poor household. For PwD received free services, most of HCs had provided free health services (user-fee exemption), however, some PwD may require specialized services which available in the town only.	The communication about HEF and IDPoor process and benefit is considered as main concerns and interest for the Poor, IP and PwD. This reflecting in the project SEP.	Project SEP will be strengthened to ensure that GBV training are targeted for both men and women	The use of VHSGs and villages that can speak IP and understand IP language as the main contact person for relevant info about project.
IP NGO	I think the project will benefit to both demand and supply sides and it also contributes to the effectiveness of two ways communication between public service providers and citizens. The project will enhance the capacity of health officials to provide a better service through getting an on-time information as well as	Although the project is good, yet the real practice might be difficult for illiteracy people and hard to understand about the term of communication. People might need more time to explore a new technology in order to adapt with its circumstance.	When using too much technology, it might harm to the environment, however it could be solved by providing a clear orientation and guidance prior to its implementation of the project.	When using too much digital, then verbally communication might be reduced, thus it could be overcome by advising our citizens to balance the importance of verbal communication and technology adaptation.	We can prevent our child labor by improving the livelihood of their family by contributing with better health care services to their parents. We can also upgrade the quality of education at school so that they can fully participate without any obstacle. It also needs to make the construction owner to understand the rule of law to prevent child labor.	We can classify the most vulnerable groups as indigenous people, poor women and children, disabled people, and drug addicted youth because these people are often forgetting by normal citizens and government.	Yes, they can benefit from the project by obtaining a better communication between supply and demand sides. When the communication is good, then the people will get the right direction to go and get the services as they needed.	Before starting the project, we have to make sure that these group of people are included in the project implementation as well as project monitoring and evaluation.	Power people and uneducated elder people are often committing violence against children and women. To stop them, we need to provide the awareness to the public as well as to apply the rule of law for that committed violence. We can also educate our children and women by supporting them through a better communication as required.	The project should state clearly about the direct and indirect beneficiaries with the above vulnerable groups and clearly included in the project indicators.

	good flow of communication at both national and sub-national level. The project will play a critical role in improving the use of media for citizens in order to obtain information as accurate as possible.									
RESPONSE/ Project implication	This is great input. This is aligning with project approaches	To address this literacy issues, the a more direct or interpersonal communication approaches by using the VHSG and village chief to continuously education and informed the community to improved their understand on HEF and other relevant information.	The use of technology basically on the health information system. The project with MOH leadership will provide clear orientation and guidance prior to implementation.	Harness technology for health information is critical for the real time or prompt decision making at different level. The Communication using traditional method (i.e. face-to-face) still apply for the area with limited connection, low technology literacy setting i.e. IP or remote community.	The improvement of livelihood and quality education may beyond the scope of this project. the project will integrated the contractor code of conduct into the contractor contract with the clause about prohibit of child labor.	Poor, PwD, and IP community are considering as vulnerable in SEP. For drug addicted youth, this will bring to discuss with project team at MOH and World Bank.	Noted, the project communication approach will be tailor to specific needs by those vulnerable groups.	The vulnerable groups engagement are incorporated in SEP. PMD will also schedule to conduct annual consultation with those groups to collate any concerns or feedback to complementing with existing GRM.	Noted, the education and law enforcement where relevant are discussed in ESMF.	Noted, the project is not early stage of the design, the direct beneficiary would be those vulnerable groups particularly poor household with HEF card, Health staff received capacity improved. This may change after project approval.

NGO working in the conflict affected country to protect civilians from being attacked and with many projects including disability and rehabilitation activities as well	I think the project could better provide risk-free solution for all sorts of people, particularly people with disabilities to access the health system from both males and females, young and adults.	It depends on how much this project is invested and how much it has allocated the budget for doing the awareness of the system and how the project is strategized for a long run with the government and other partners to ensure for sustainability.	I think it is less likely to have environmental risks resulting from conducting the project	I think people might not understand well on how to use the system and don't have the proper devices to access it. This will lead to absenteeism to some extents	Some measures and regulations should be developed and put in place to prevent child labor	Children of both sexes, people with disabilities and other sorts of vulnerable groups of people such as ethnic group etc.	Some can but some cannot. It depends on their knowledge and opportunities they would have.	the project needs to scope on its coverage area and have a clear strategy and mechanism as a roadmap with well organized budget allocation to work on it.	Anyone - it can be parents, brothers and sisters, friends, relatives, grandfather and grandmother etc. We can stop it by developing a reporting system or materials such as posters to put up in the areas where we work and create a close relationship with the local authorities so that we can reduce those acts.	plan well and work actively with all related people through active awareness without any discrimination for a long run and step by step handing over to the government for future management, and also should engage with the legal experts (lawyers) to ensure this can be solved
RESPONSE/ Project implication	This is aligning with project approaches. However, only PwD that had IDPoor could benefit directly from HEF.	Noted, this is why project establish the SEP for ensuring the sustainability of the project. From the consultation on 8th July, there are few stakeholders included and added how approach to engage with them.	N/A	The communication about the process including HEF, IDPoor and tailoring different vulnerable groups are discussed in SEP.	The Code of conduct for contractor were developed as part of the project sub-project implementation.	IP, PwD and Poor household are considered as vulnerable groups in SEP.	Communication about the opportunity or benefit from HEF are discussed in SEP and how to best reaching those vulnerable groups in the communication.	Noted, the proposed budget for ESMF implementation is available however, MOH approval on this is needed.	The leverage existing channel such asl local authority to education the community especially men groups about these.	Noted: the project will mainly using the existing government structure to address any inclusion and exclusion issues for vulnerable groups.

PHD/OD	Benefit of service providers by increase capacity, save time, good information sharing in timely, specific and transparent and fundamental for development.	Concern about internet connection, virus. And role of each institution.	the equipment/software need to have license, need bigger storage for storing data.	No idea	Strengthening the contractor and ensuring the relevant legal framework implementation in a transparency manner.	The poor cannot read, some workers, PwD, Entertainment workers, LGBTI, Drug User and IP.	Those vulnerable may receive limited benefit since they have limited knowledge, don't understand well and dare not asking for any questions etc.	Continue to educate them when conducting activity at community, when they come to get service. We can establish a faciliatory and information desk at HC or RH to inform them about the services.	The breadwinner had more power including decision and physical power. We can continue to education and enforce existing law implementation .	Education and training and creating the facilitation mechanism that point out the workflow/triage at each service delivery points.
Response / Project implication	Noted: this is in line with project objective.	Noted, this point is relevant to DPHI about Health information system (HIS), will bring this for their consideration.	Noted, this point is relevant to DPHI about Health information system (HIS), will bring this for their consideration.	N/A	The Code of conduct for contractor were developed as part of the project sub-project implementation.	Noted, the project main vulnerable groups targe will be Poor household, IP and PwD. For other groups will discussed with MOH how they can benefit from the project.	Communication about the opportunity or benefit from HEF are discussed in SEP and how to best reaching those vulnerable groups in the communication.	Noted, the education and support vulnerable groups is in line project plan. For setting up the info desk at health facility, will share with HSD for their info.	Noted, this is in line with what we found from the social assessment. Agreed that where possible we should continue to education and enforce existing law implementation .	Noted, this could a good suggestion. Will be share with HSD for their consideration.
DPO	I don't know	I don't know	I don't know	I don't know	It should be done through the agreement and terms of reference with the field monitoring	Persons with disabilities especially women and girls with disabilities	Yes, because they are members of the community and they obtain their rights to participate in all development efforts	Involve vulnerable groups in project planning and implementation as well as evaluation	Family and community of children and women can be the abuser - It should be overcome through ongoing awareness-raising and enforcing law implementation	Government and non-government organizations should work in real partnership to complement each other in order to maximize the benefit for all vulnerable groups.

RESPONSE/ Project implication	N/A	N/A	N/A	N/A	Noted, the contractor code of conduct for contractor and field monitoring visit are included in ESMF and ESCP	Noted, PwD including women with disability are considered as vulnerable people in Social assessment, and ESMF	Noted, PwD are included and tailoring the project info sharing and GRM that allow them to participated in.	Noted, the social assessment which is part of the ESMF were discussed with PwD and DPOs as well. The evaluation at the later stage of the project may considered to included them as well.	Noted, SEP and ESMF will be strengthen by including both men and women in education of GBV, and SEA.	Noted, the project SEP including all stakeholders from govt, to CSO and CBO like DPO as well.