

Kingdom of Cambodia

Nation Religion King

Ministry of Health

**Cambodia COVID-19 Emergency Response
Project (P173815)**

UPDATED ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

Draft 07 September 2020

Abbreviations and Acronyms

| | |
|----------|---|
| BFP | Bank-facilitated Procurement |
| COVID-19 | Coronavirus Disease 2019 |
| CERC | Contingent Emergency Response Component |
| DBF | Department of Budget and Finance |
| DA | Designated Account |
| EOC | Emergency Operation Center |
| ESMF | Environmental and Social Management Framework |
| ESS | Environmental and Social Standard |
| EVD-WA | West African Ebola Virus Disease |
| FMM | Financial Management Manual |
| FM | Financial Management |
| GRS | Grievance Redress Service |
| H-EQIP | Health Equity and Quality Improvement Project |
| IDA | International Development Association |
| IBRD | International Bank for Reconstruction and Development |
| IHR | International Health Regulations |
| IPF | Investment Project Financing |
| IMF | International Monetary Fund |
| JEE | Joint External Evaluation |
| M&E | Monitoring and Evaluation |
| MPA | Multiphase Programmatic Approach |
| MOH | Ministry of Health |
| NIPH | National Institute of Public Health |
| PDO | Project Development Objective |
| PPSD | Project Procurement Strategy for Development |
| RGC | Royal Government of Cambodia |
| SEP | Stakeholder Engagement Plan |
| SOP | Standard Operational Procedures |
| SPRP | Strategic Preparedness and Response Program |
| STEP | Systematic tracking of Exchanges in Procurement |
| UNICEF | United Nations Children's Fund |
| WBG | World Bank Group |
| WHO | World Health Organization |

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Executive Summary

This Environmental and Social Management Framework (ESMF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank Group for the Cambodia's COVID-19 Emergency Response Project (P173815), and by the Pandemic Emergency Financing Facility (PEF) as additional financing of the Project. The Ministry of Health (MOH) is implementing the Project.

The objective of the ESMF is to assess and mitigate potential negative environment and social (E&S) risks and impacts of the Project consistently with the Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF). Specific objectives of the ESMF are to: (a) assess the potential E&S risks and impacts of the proposed Project and propose their mitigation measures; (b) establish procedures for the E&S screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues/ concerns related to the activities; (d) identify the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF. The ESMF also provides principles and specific process to ensure that disadvantaged, vulnerable individuals or groups have access to the project's benefits.

Project Description

The project activities are designed to support selected containment as well as mitigation related activities which the RGC has identified in the COVID-19 Master Plan. The project will comprise the following components:

Component 1. Case detection and management [US\$8.5 million]: Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation. The National Institute of Public Health (NIPH) will be upgraded; diagnostic capacity of the four provincial laboratories as well as laboratories attached to the 21 provincial referral hospitals will be built; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be upgraded.

Component 2. Medical Supplies and Equipment [US\$6.5 million]: This component will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (i) case management; and (ii) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention.

Component 3. Preparedness, Capacity Building and Training [US\$3.5 million]: This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (1) coordination at the national, provincial and district levels; (2) Emergency Operation Center -- EOC functionalization (including sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (3) human resources for implementation, supportive supervision and subnational support; (4) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (5) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (6) strengthening call/hotline centers; and (7) strengthening community-

and event-based surveillance for COVID-19. In addition, this component will support (1) risk communication and community engagement; (2) behavioral and sociocultural risk factors assessments; (3) production of risk communication and community engagement strategy and training documents; (4) production of communication materials; and (5) monitoring and evidence generation.

Component 4. Project Implementation and Monitoring [US\$1.5 million]: Activities include: (1) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (2) recruitment and training of project financed staff at MOH and technical consultants; and (3) operating costs.

The additional financing of US\$ 1.146 million financed by the Pandemic Emergency Financing Facility (PEF) will be used to only scale up activities under the Component 1 of the Project, making budget allocation for this Component 1 reach US\$ 9.71 million. Thus, this additional financing would not change the parent project's development objectives and design. It would not change the applicable environmental and standards (ESS) or change the environmental and social risk rating of the parent project. As such, there would be no additional risks or impacts beyond what have been identified in the parent project (P173815). The environmental and social ESF instruments of the parent project remain valid for the AF.

Applicable World Bank Environmental and Social Standards

The Environmental and Social risk associated with the Project, together with the activities under the project's additional financing, is classified as 'Substantial'. Six of the ten Environmental and Social Standards (ESSs) of the WB's Environmental and Social Framework (ESF) have been screened as relevant: ESS1 Assessment and Management of Environmental and Social Risks and Impacts, ESS2 Labor and Working Conditions, ESS3 Resource Efficiency and Pollution Prevention and Management; ESS4 Community Health and Safety, ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities and ESS10 Stakeholder Engagement and Information Disclosure. The ESMF also takes into account the national requirements as well as the application of an international protocols for infectious disease control and medical waste management.

WBG Environment, Health and Safety (EHS) Guidelines will apply to the extent relevant as well as appropriate current WHO Guidance on COVID-19 (see resources appendix) including those on "healthcare facilities", "waste management", "hazardous materials management", and "construction and decommissioning".

In addition to World Bank ESSs, the project shall comply with the Cambodia's Environmental and Social Regulatory Framework. Applicable laws and regulations include, but not limit to, the Law on Environmental Protection and Natural Resource Management, Labour Law and relevant Sub-Decrees such as Sub-decree on Solid Waste Management, National policy on HCWM, Prakas on HCWM, and National guidelines for IPC in health facilities, etc.

Environmental and Social Risks and Impacts

The project will be national in coverage and scope. No major civil works are expected in this project, only minor renovation or rehabilitation of laboratories within the existing health facilities. This COVID-19 financing will support the rehabilitation of existing buildings within the state land only, no land acquisition or involuntary resettlement impacts are expected. As a result, there is no impact or risks critical natural habitats, protected areas or cultural sites. However, the COVID-19 Preparedness and Response operations

of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers may have considerable environmental and social impacts, such as those related to medical and general waste disposal, and the potential for transmission of the COVID-19 virus if prevention protocols are not followed.

Moreover, the rehabilitation/upgrade/renovation of health care facilities may generate limited adverse impacts such as dust, noise, vibration, building waste, wastewater, traffic obstruction, safety issue, construction workers hygiene and sanitation to the environment and surrounding residents. These impacts are assessed to be site-specific, temporary and can be mitigated with good design and construction practices using environmental and social management plans, or checklists / codes of practice.

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have a significant impact on the environment and human health, in particular the potential for transmission of COVID-19. Each beneficiary medical facility/lab, will need to follow the requirements of the ESMF and the mitigation measures outlined, in-line with WHO COVID-19 guidance documents and National Guidelines for Infection Prevention and Control in healthcare facilities, and other best international practices, and prepare and follow an Infection Control Waste Management Plan (ICWMP) to prevent or minimize such adverse impacts.

Most activities supported by the project will be conducted by health- laboratory workers, i.e. civil servants employed by the Government of Cambodia, including non-medical hospital staff (such as cleaners and drivers), and professional consultants and contractors, The key risk for these workers is contamination with COVID-19 (or other contagious illnesses). Labor Management Procedures (LMP) in the ESMF cover these risks for entry into health care facilities; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers; training on use of Personal Protection Equipment (PPE), and overall ensuring adequate Occupational Health and Safety (OHS) protections are in place. Also, the project will regularly integrate the latest guidance by WHO as it develops over time addressing COVID-19.

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response and National Guidelines for Infection Prevention and Control in healthcare facilities. The Stakeholder Engagement Plan (SEP) will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine. The project will strive to ensure communication materials are created in a way that can reach all groups of people, in particularly the most vulnerable, and that are in a format and manner that is applicable to them.

Other risks from the project include Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and Violence Against Children (VAC), which are addressed in the ESMF mitigation measures, the LMP and Codes of Conduct (CoC). Gender considerations are also part of all project components, in particular since the brunt of health workers in the country are women.

Mitigation measures for these and other risks are detailed in the ESMF.

Environmental and Social Screening

The purpose of screening is to: (i) determine whether activities are likely to have potential negative environmental and social risks and impacts; and (ii) identify appropriate mitigation measures. For activities with adverse risks or impacts, the mitigation measures are then incorporated into the activity implementation, e.g. through appropriate environmental and social management plans the implementation of which is monitored and reported.

Monitoring, Supervision and Reporting

The Project Implementation Unit (PIU) will prepare and submit to the World Bank regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities, accidents and grievances log. The health facility management committee will be responsible for day to day supervision on implementation of mitigation measures. The civil work supervision team will incorporate the status of the implementation of Environment and Social Management Plans (ESMP) and/or Environmental Codes of Conduct (ECOP), as relevant, into the monthly progress reports. The Preventive Medicine Department will be responsible for monitoring implementation of ESMF/ESMP provisions and report implementation progress in the project Semi-Annually progress reports. These reporting requirements will also be included as part of the project Operation Manual.

Implementation Arrangements and Responsibilities

Cambodia's National Pandemic Preparedness Plan was updated in 2019. The Ministry of Health, as the lead technical agency, is responsible for planning and oversight of the health sector response. The MoH's Department of Communicable Diseases (CDC) serves as the MoH coordinating department in COVID-19 response, and the Director and Deputy Director of CDC serve as national level spokespersons. In addition to the above existing arrangement, the Inter-Ministerial Committee for Combating Covid-19 was established on 10 March 2020. Chaired by the Minister of Health, the Inter-Ministerial Committee consists of 15 members from relevant ministries/authorities. The Inter-Ministerial Committee is charged with: (1) develop a response plan of COVID-19 to the pandemic evolution of the virus; (2) implement the plan approved by the Royal Government of Cambodia; (3) conduct monitoring and evaluation of the implementation of combating COVID-19; (4) To conduct eventual operational re-planning based on real situation of the COVID-19 pandemic; (5) report routinely to the Royal of Government on the evolution of COVID-19; and (6) attend the meetings following the invitation of the chairperson.

Capacity Building

The project will provide funding, training and capacity building to manage risks associated with COVID-19 including diagnostic testing, quarantine and isolation centers for COVID-19 treatment. Specific measures for public communication and handling social concerns around COVID-19 are included. These critical initiatives will build upon international best practices in line with WHO guidelines.

Consultation and Stakeholder Engagement

The project has prepared and consulted on a Stakeholder Engagement Plan (SEP), which defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the

entire project cycle. It also outlines a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or make complaints about project. The SEP is a living document with objectives to:

- Identify all project stakeholders including their priorities and concerns, and ensure the project has ways to incorporate these;
- Identify strategies for information sharing and communication to stakeholders in ways that are meaningful and accessible;
- Specify procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback;
- Establish an accessible, culturally appropriate and responsive grievance mechanism, and
- Develop a strategy for stakeholder participation in the monitoring of project impacts

Grievance Redress Mechanism

A grievance redress mechanism (GRM) is part of the project ESMF and SEP and will be established to resolve complaints and grievances in a timely, effective and efficient manner. Project related grievances can be submitted for detrimental impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions. The GRM provides complaint or resolving measures for any dispute, appropriate redress actions and avoids the need to resort to judicial proceedings. Grievances will be handled at each municipal/provincial referral hospitals and at the national level by a Grievance Redress Committee to be established by MOH, including via dedicated hotline to be established.

Budget

ESMF implementation costs are allocated to include training, development of E&S due diligence measures and other to be determined tools. Funds are needed to hire consultant(s) to prepare ESS site specific EMPs and all associated E&S due diligence reports. Costs for undertaking travel to conduct monitoring and trainings are also identified. The anticipated cost for all these initiatives is estimated at \$210,000 USD.

It is worth noting that there is a significant overlap in project activities to achieve its objectives, and the risk management measures prescribed by the ESMF (infection control is an illustrative example). A good part of the Project budget will be used for very similar activities as those outlined in the ESMF, e.g. for training, laboratory safety, and information dissemination. It is also noted that the World Bank activated COVID-19 CERC is also undertaking parallel actions and the projected costs estimates here need to be rectified with the on-going MOH actions to ensure costs savings.

1. Introduction and Background

This updated Environmental and Social Management Framework (ESMF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank Group Fast Track COVID-19 Facility (FCTF) to Cambodia's COVID-19 Emergency Response Project (P173815), and for the scaled-up activities as part of additional financing by the Pandemic Emergency Financing Facility (PEF).¹ The Ministry of Health (MOH) is implementing the Project. The Project was approved by the World Bank Board on April 3, 2020 and was effective on 6 April 2020.

In response to COVID-19, the Ministry of Health (MOH) updated Cambodia's existing pandemic response strategy² along a continuum between Containment and Mitigation. Containment targets stopping or slowing down the spread of a new disease. Mitigation includes public health options to minimize the health, social and economic impact of the epidemic once COVID-19 is widely circulating in the country. At the time of writing, the overall immediate health risk assessment from COVID-19 to Cambodia was considered moderate to high.

This project fills critical gaps in the World Bank's support to the Cambodia health sector to the COVID-19 global pandemic. The project will be a standalone operation that builds upon the support already being channeled through the Contingency Emergency Response Component (CERC) of Cambodia Health Equity and Quality Improvement Project (H-EQIP) to address critical country-level needs for preparedness and response for COVID-19. The proposed Project will be implemented throughout Cambodia and will address system weakness in pandemic preparedness and response including (i) the reference laboratory in the National Institute of Public Health (NIPH) and the laboratories attached to the 25 provincial referral hospitals; (ii) Isolation and Treatment Centers in all 25 municipal/provincial referral hospitals; (iii) Emergency Operating Centers at Central and Provincial levels; and (iv) Rapid Response Teams at the provincial health departments and operational districts as well as at the CDC Department of the Ministry of Health.

Building on global experience, the Project's design will follow the cross-sectoral One Health Approach within the framework of a Fast Track COVID-19 Response Program, focusing on both short-term rapid-response needs and longer-term actions to strengthen the capacity of health systems to respond to new public health emergencies. The proposed operation draws upon lessons learned from past WBG responses to Avian and Human Influenza in 2006-2010. Swift detection of an outbreak, assessment of its epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and mitigate the economic, social, and security impacts. Failure in the rapid mobilization of financing and coordination of response results in unnecessary casualties and adverse socioeconomic consequences.

This Cambodia COVID-19 updated ESMF follows World Bank Environmental and Social Framework mandates defined in three documents previously issued: updated Environmental and Social Review

¹ This Project is part of the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) with a financing envelop of \$US2.7 billion IBRD and \$1.3 billion from IDA Crisis Response Window approved by the Board on March 17, 2020. The MPA Program development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

² National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia, February to August 2020

Summary (ESRS)³, updated Environmental and Social Commitment Plan (ESCP)⁴, and the updated Stakeholder Engagement Plan (SEP)⁵. As part of the World Bank support, the Ministry of Health is required to develop this EMSF. The following sections describe the environmental and social due diligence across all the anticipated project activities.

1.2 Objective, Rationale and Application of the ESMF

The objective of the ESMF is to assess and mitigate potential negative environment and social (E&S) risks and impacts of the Project consistently with the Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF). Specific objectives of the ESMF are to: (a) assess the potential E&S risks and impacts of the proposed Project and propose their mitigation measures; (b) establish procedures for the E&S screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues/ concerns related to the activities; (d) identify the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

The ESMF provides principles and specific process and technical guidance to the Project implementing agencies and their consultants to assess the E&S risks and impacts of the Project activities, including ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. This ESMF is connected to the Stakeholder Engagement Plan (SEP) and other specific plans (such as ESCP, LMP, ESHS, etc.) that have been or to be prepared for the Project. This ESMF will be applied to all activities (works, good/services, technical assistance and research activities to be financed by the Project and/or its subprojects. While the component 1 and component 2 support the National Institute of Public Health (NIPH) and provincial referral hospitals, the component 3 will be implemented throughout Cambodia where the exact locations of project activities, as well as the type and magnitude of the environmental and social impacts will not be known until the project is at an advanced stage of implementation.

1.3 Scope of the ESMF

This ESMF includes guidelines for development and implementation of (i) an Infectious Control and Waste Management Plan (ICWMP) which will help strengthening the function of the existing health-care infectious control and waste management system including facilities and human capacity, and establish the system for new provinces; (ii) Community Health and Safety measures; (iii) Labor Management Procedures (LMP); (iv) Environmental and Social Code of Practice (ESCOP) for minor civil works; and (iv) an E&S risk management Capacity Building Plan. The ESMF also includes a social baseline and an analysis of key social risks of the project, including the risk of the most vulnerable not being able to access project benefits.

³ <http://documents.worldbank.org/curated/en/540571585674653067/Appraisal-Environmental-and-Social-Review-Summary-ESRS-Cambodia-COVID-19-Emergency-Response-Project-P173815>

⁴ <http://documents.worldbank.org/curated/en/627261585674610338/Environmental-and-Social-Commitment-Plan-ESCP-Cambodia-COVID-19-Emergency-Response-Project-P173815>

⁵ <http://documents.worldbank.org/curated/en/472511585674629874/Stakeholder-Engagement-Plan-SEP-Cambodia-COVID-19-Emergency-Response-Project-P173815>

Chapter 2 provides information on the Project description while Chapters 3 and 4 briefly present those on policy and legal and institutional setting and E&S background relevant to the Project. Chapters 5 and 6 describes the potential risks and impacts and the proposed mitigation and management measures. Chapters 7 describes monitoring, supervision and reporting. Chapter 8 describes the implementation arrangement and capacity building while Chapter 9 provides capacity Building efforts. Chapter 10 on consultation and stakeholder engagement presents the SEP approaches and the Grievance Redress Mechanism. More detailed information and guidelines on these requirements are provided in the Annexes.

2. Project Description

The proposed Project intends to fill critical gaps in implementing the Cambodia COVID-19 Master Plan, including strengthen the prevention activities, rapid detection, preparedness and response to COVID-19 outbreak. The budget will be utilized within 32 months to enhance preparedness activities for COVID-19 and strengthen the health system both at national and subnational level. The Project's objectives and design are in line with the request from the Ministry of Economy Finance for US\$20 million provided on March 23, 2020.

The specific objectives that the project will support include: (1) To reduce and delay the transmission of COVID-19; (2) To minimize serious disease due to COVID-19 and reduce associated deaths; (3) To ensure ongoing essential health services particularly during epidemic peak periods; and (4) To minimize social and economic impact through multisectoral partnerships. These objectives are fully aligned with the overall goal of the Cambodia COVID-19 Master Plan which is to control transmission of COVID-19, and to mitigate the impact of the pandemic in Cambodia.

The Project will help Cambodia address critical country-level needs for preparedness and response for COVID-19. The proposed Project will build upon the support already being channeled through the Contingency Emergency Response Component (CERC) of H-EQIP. The proposed Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. Project design will include similar implementation arrangements and fiduciary systems as the H-EQIP.

The project activities under each component are designed to support selected containment as well as mitigation related activities which the RGC has identified in the COVID-19 Master Plan. Also, the proposed activities have been identified from the Cambodia COVID-19 Master Plan and will complement others that are already been committed notably, by the H-EQIP (through the activation of CERC, US\$14 million equivalent for ambulances and medical equipment, national laboratory capacity development, reagents, etc.), Germany (US\$1.5 million to assist the Institute of Pasteur Cambodia), and China (5,000 PPE and masks). The project will comprise the following components:

Component 1. Case detection and management [US\$8.5 million]: Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation⁸. NIPH will be upgraded; diagnostic capacity of the four provincial laboratories as well as laboratories attached to the 21 provincial referral hospitals will be built⁹; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be upgraded.

Component 2. Medical Supplies and Equipment [US\$6.5 million]: This component will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (i) case management; and (ii) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies as the availability in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs.

Component 3. Preparedness, Capacity Building and Training [US\$3.5 million]: This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (1) coordination at the national, provincial and district levels; (2) Emergency Operation Center -- EOC functionalization (including sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (3) human resources for implementation, supportive supervision and subnational support; (4) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (5) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (6) strengthening call/hotline centers; and (7) strengthening community- and event-based surveillance for COVID-19. In addition, this component will support (1) risk communication and community engagement; (2) behavioral and sociocultural risk factors assessments; (3) production of risk communication and community engagement strategy and training documents; (4) production of communication materials; and (5) monitoring and evidence generation.

Component 4. Project Implementation and Monitoring [US\$1.5 million]: Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the H-EQIP. Activities include: (1) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (2) recruitment and training of project financed staff at MOH and technical consultants; and (3) operating costs.

The additional financing of US\$ 1.146 million financed by the Pandemic Emergency Financing Facility (PEF) will be used to only scale up activities under the Component 1 of the Project. Given that the additional financing intends to scale up existing activities under component 1 (focusing laboratory equipment/consumables), it would not trigger new environmental and social standards or change the environmental and social risk rating of the parent project. No additional risks have emerged as a result, and existing environmental and social ESF instruments of the parent project remain very relevant and valid for the AF.

MOH will be the implementing agency for the project. MOH has developed experience with implementing World Bank-financed project requirements regarding safeguard policies. Under the ongoing the HEQIP, MOH has been implementing an Environmental and Social Management Framework (ESF) including (i) application of specific Environmental Code of Practices (ECOPs) to address potential adverse environmental impacts linked to planned renovation and refurbishment works, and (ii) deployment of Healthcare waste management (HCWM) plan to address solid and liquid wastes that will be generated by the healthcare facilities. Regarding social risk management, HEQIP has been also implementing the (i) project's Indigenous Peoples Policy Framework, to ensure that indigenous peoples'/ethnic minorities are provided with culturally appropriate project benefits and increased opportunities for participation in the

project benefits, and (ii) the Resettlement Policy Framework (RPF), to address any aspect related to involuntary acquisition of land, physical or economic displacement, or loss of other assets (including restrictions on asset use).

Project Components and Estimated Budget

The primary activities in the COVID-19 Master Plan to be supported by the Project, in line with the RGC's request, are presented in Table 2.1

Table 2.1: Original and Revised Cost by Component

| Component | | Allocation (in US\$ Million) | | |
|--------------|--|------------------------------|----------------------|---------------|
| No. | Name | Original | Additional Financing | Revised |
| 1 | Case Detection and Management | 8.5 | 1.146 | 9.646 |
| 2 | Medical Supplies and Equipment | 6.5 | 0 | 6.5 |
| 3 | Preparedness, Capacity Building and Training | 3.5 | 0 | 3.5 |
| 4 | Project Implementation and Monitoring | 1.5 | 0 | 1.5 |
| TOTAL | | 20.0 | 1.146 | 21.146 |

It is important to note that given project focus on immediate priority activities, the project should avoid activities or subproject with complex environmental and social aspects because the. To ensure that adverse impacts will not occur given the nature of emergency, the items and activities identified in Table 2 below are ineligible.

Table 2.2: Ineligible Activities to be financed by the Project

- Any new construction
- Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly.
- Activities that could adversely affect forest and forest health.
- Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values.
- Activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods.
- Use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained.
- Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and

the owners are consulted.

- Uses of goods and equipment involving forced labour, child labour, or other harmful or exploitative forms of labour.
- Uses of goods and equipment for activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities.
- Uses of goods and equipment for military or paramilitary purposes;

Project Area and Beneficiaries

The project will be implemented countrywide. The expected project beneficiaries will be all Cambodian people, but in particular people with COVID-19, at-risk populations, medical and emergency personnel, laboratories attached to the National Institute of Public Health (NIPH) and 25 municipal/provincial referral hospitals (PRHs), isolation and treatment centers in all 25 PRHs, emergency operation centers (EOCs) and health agencies across Cambodia. The proposed Project will make specific efforts to reach the most vulnerable communities, including poor households, remote communities, ethnic minorities, female-headed households, people with a disability and other populations that are at high risk of epidemic disease.

3. Policy, Legal and Regulatory Framework

The Constitution of the Royal Kingdom of Cambodia (1993) is the overarching legal framework for the country and guarantees all Khmer citizens the same rights regardless of race, color, language and religious belief. The constitution includes protections for social, indigenous, gender rights and equality (articles, 36, 45). It also includes provisions for the protection of workers (article 75) and worker's rights to establish associations (article 42) and representative unions (article 36). It specifically prohibits all forms of discrimination against women (article 45).

The ministries are technically and administratively represented and supported at the provincial, municipal, and district/commune levels by its line departments and technical offices. The provincial departments are responsible and accountable to extend and implement the mandate of their parent ministries to the sub-national administrations including province, district/municipality, and commune/Sangkat level.

Environmental Assessment, Review and Permitting

The Ministry of Environment MOE is the primary agency tasked to promote environmental protection and conservation of natural resources, thus contributing to improvement of environmental quality, public welfare, and the economy. The EIA Department of the MOE oversees and regulates the Environmental Impact Assessment (EIA) process, quality control on EIA report and coordinates the implementation of projects in collaboration with project executive agencies and concerned ministries.

The MOE has the following responsibilities:

- Review, evaluate, and approve submitted environmental impact assessments in collaboration with other concerned ministries; and
- Monitor to ensure a project owner (the executing agency of the project) satisfactorily implements the Environment Management Plan (EMP) throughout pre-construction, construction and operational phases of the projects.

Infection Prevention and Control and Health Care Waste Management

There is also no specific regulation for hazardous waste management and substances in Cambodia. However, this aspect is in the Sub-Decree on Water Pollution Control Annex 1, and Sub-Decree on Solid Waste Management, which give details of classifications of what are defined as hazardous wastes and

substances. Any hazardous wastes and substances must be stored correctly and only disposed in a manner approved by MOE.

The Ministry of Health (MOH) is responsible for providing the legal framework managing environmental and social risks in the health sector. MOH has issued the following regulations and guidelines:

- National policy HCWM (2009) sets a goal that all healthcare waste will be handled and managed properly to avoid negative impacts on human health and environment. Cambodia is a signatory of Stockholm Convention. The National Policy on Healthcare waste management (HCWM) set an objective to put in practices HCW treatment technologies in line with Stockholm Convention.
- Prakas on HCWM provides detailed regulations on definition, segregation, collection, transport, storage, treatment and disposal of healthcare waste. Alternative technologies such as autoclave and microwave are introduced in the Prakas of HCWM.
- National guidelines for IPC in health facilities (2017) provide detailed measures and procedures for standard precautions, transmission based precautions and specific procedures for managing patients in isolation unit/centers. National guidelines are mostly consistent with World Health Organization (WHO)'s guidelines for IPC in health facilities

Labor Legislation

Cambodia has national legislation that outlines worker's rights. The Labor Law (1997) remains the key document governing the regulatory framework for labor in Cambodia. The 1997 Labor Law defines non-discrimination in employment and in wages. It establishes a minimum wage level, which may vary among regions. Working hours are limited to 8 hours per day, 6 days a week. There are strong regulatory provisions against discrimination in the work place, enhancing from a legal point of view fair treatment, non-discrimination and equal opportunity, special protection and assistance to vulnerable workers. A whole chapter in the Law is dedicated to health and safety in the workplace. The Law also covers those who work for subcontractors.

Child labor remains a noticeable gap in the legal framework despite many years of participation in related international programs. The Labor Law defines 12 years old as the minimum working age for children, though 12-15 year old are meant to only engage in certain light jobs, but this is not always closely monitored. The Prakas on the Prohibition of Hazardous Child Labor (2004) allow hazardous work for well-trained children above 16, provided it is not night work. Furthermore, Cambodia has ratified all relevant ILO conventions, such as those on forced labor, freedom of association, right to organize and collective bargaining, equal remuneration, minimum age, discrimination and child labor. No persons under the age of 18 will be allowed work on any aspect relating to the project.

The Labor Law (1997) includes provisions on Occupational Health and Safety (OHS) mostly consistent with ESS2 of the World Bank's Environmental and Social Framework (ESF). Additional measures must also be taken compliant with WHO guidelines on COVID-19, as outlined in this ESMF.

Applicable World Bank Environmental and Social Standards

The Project's environmental and social risk is classified as 'Substantial'. Six of the ten Environmental and Social Standards (ESSs) of the WB's Environmental and Social Framework (ESF) have been screened as relevant. The screening of social risks and impacts is based on discussion with the task team and consultations with MOH. The ESMF has also taken into account the national requirements as well as the application of an international protocols for infectious disease control and medical waste management. The Project is not expected to impact natural habitats or cultural sites. In addition, all activities financed through the project are subject to the World Bank Group Environmental, Health and Safety (EHS) Guidelines (see Annex 4 Resources) including those on "healthcare facilities", "waste management", "hazardous materials management", and "construction and decommissioning".

Table 3.1 Required Project Environmental and Social Standards Measures and Actions

| Relevant Environmental & Social Standard | Required Measures and Actions |
|---|---|
| ESS1 Assessment and Management of Environmental and Social Risks and Impacts | <p>Ministry of Health (MOH) shall establish and maintain assigned departments/institutes with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.</p> <p>The Environmental and Social Management Framework (ESMF) shall be prepared within 30 days after the project effectiveness.</p> <p>Infection Prevention and Control and Waste Management Plan (IPC&WMP) acceptable to the Association will be prepared before beginning the relevant Project activities.</p> |
| ESS2 Labor and Working Conditions | <p>Occupational Health and Safety (OHS) measures in line with the ESMF, LMP, IPC&WMP and WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories, quarantine and isolation centers, and screening posts.</p> <p>A Grievance Hotline and assignment of focal points to address these grievances shall be established within MOH</p> <p>Provisions to prevent SEA, GBV and/or VAC, including CoC for PIU's staff for contracted workers in line with relevant national laws and legislation shall be included at the project's LMP, adopted and applied under the project.</p> |
| ESS3 Resource Efficiency and Pollution Prevention and Management | IPC&WMP acceptable to the Association will be prepared before beginning the relevant Project activities |
| ESS4 Community Health and Safety | Precautions measures in line with the ESMF, IPC&WMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers to the community |
| ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities | The project's SEP will be adapted in a manner acceptable for the Bank to make sure that IPs are fully consulted in a culturally-appropriated manner about and have opportunities to benefit from the project activities. |
| ESS10 Stakeholder Engagement and Information Disclosure | <p>A draft Stakeholder Engagement Plan (SEP) including a Grievance Mechanism shall be prepared, consulted and disclosed.</p> <p>The SEP shall be updated and disclosed within 1 month after the Effective Date.</p> <p>Grievance Mechanism shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.</p> |

An Environmental and Social Commitment Plan (ESCP) has been prepared, consulted on, and updated, which takes into account the need to ensure adequate budget, staffing and operational arrangements for Project E&S risk management. A Stakeholder Engagement Plan (SEP) has also been prepared and consulted on, and updated, describing a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle recognizing the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. The project will also strive to address other communication messages that may be needed, such

as around mental health, support to parents and Gender-Based Violence, particularly if social isolation restrictions and school closures continue.

The project has prepared an SEP, which has been updated. The SEP serves the following purposes: (i) stakeholder identification and analysis; (ii) methods for stakeholder engagement, including effective communication tools for consultations and disclosure; (iii) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (elderly, children who are high risk – such as those who are malnourished –, poor households, ethnic minorities, resident in rural areas, people living with a disability, female-headed households and those with chronic illnesses).

Project preparation has included a mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. The SEP was prepared by the client and publicly disclosed⁶. The SEP will be updated during project implementation.

WBG EHS Guidelines will apply to the extent relevant as well as appropriate current WHO Guidance (see Resources appendix). Beyond this immediate concern, project implementation needs also to be responsive to the needs of marginalized and vulnerable social groups who may be unable to access facilities and services designed to combat the disease. To mitigate this risk MOH, in the ESCP, is committed to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

4. Environmental and Social Baseline

The proposed Project and additional financing will be implemented throughout Cambodia. The Project will address system weakness in pandemic preparedness and response including (i) the reference laboratory in the National Institute of Public Health (NIPH) and the laboratories attached to the 25 provincial referral hospitals; (ii) Isolation and Treatment Centers in all 25 municipal/provincial referral hospitals; (iii) Emergency Operating Centers at Central and Provincial levels; and (iv) Rapid Response Teams at the provincial and district levels where specific locations have not yet been identified.

The Reference Laboratory in NIPH has a biosafety level 2+ (BSL2+) status with capacity to do Influenza Polymerase Chain Reaction. There is a system to transport samples quickly and safely. The NIPH is currently performing 100 tests per day and has a surge capacity of around double this number. Four thousand tests or greater per day may be required during the peak of the pandemic wave, so the capacity of the National Laboratory needs to be built up most urgently to cover the expected surge. The NIPH laboratory was certified by ISO in 2019 as National Reference Laboratory in Cambodia. The Pasteur Institute (Institut Pasteur du Cambodge) located in Phnom Penh is an international reference lab and supporting NIPH lab as well. At the provincial level, there is a unit of disease control in each provincial health department in all 25 municipal/provincial. However, the laboratories are attached to the provincial referral hospitals.

The public health facilities in Cambodia include 9 national hospitals in Phnom Penh, 25 provincial referral

⁶ <http://hismohcambodia.org/public/announcements.php?pid=32>

hospitals and 92 municipal/district referral hospitals, 1221 health centers and 127 health post. The quality of health services in Cambodia is suboptimal however, with significant gaps and weaknesses. Beneficiaries incur high out-of-pocket payment due to the perceived poor quality of care in certain public facilities, even when they are covered by Health Equity Fund. In addition to some remaining gaps in infrastructure, Cambodia faces a major challenge with the skills and competencies of its health workforce and needs both pre-service and in-service training improvements and a renewed focus on competency-based training. In addition, the absence of a well-coordinated monitoring and evaluation (M&E) mechanism and limited data quality have hampered the effective monitoring of health sector performance and evidence-based decision-making. The Joint External Evaluation (JEE) of International Health Regulations (IHR) Core Capacities conducted in 2016 found that many technical capacities for detecting, preventing and rapidly responding to emerging diseases and public health emergencies remain under development. Cambodia's capacities in the majority of technical areas evaluated were categorized as limited or developed under the JEE categorization system. Overarching challenges included significant funding gaps, human resources capacity, intersectoral collaboration and coordination, and the application of M&E mechanisms.

This COVID-19 financing will support repair and rehabilitation of existing buildings only, no land acquisition or involuntary resettlement impacts are expected. There are no impact or risks critical natural habitats, protected areas or cultural sites. However, the COVID-19 Preparedness and Response operations of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers. Such activities will be implemented in urban as well as remote areas (including border areas).

Healthcare waste management and Infection Prevention and Control

Even though MOH has sufficient policy, regulations and guidelines on Healthcare Waste Management (HCWM) and Infection Prevention and Control (IPC), the compliance at hospitals and health centers remain weak. Hazardous waste is segregated from general waste but segregation practices among staff should be improved further. Posters and SOPs on HCW segregation and collection are not in place. Storage, treatment and disposal of hazardous waste are unsafe. Storage facilities are located inappropriately (far away from treatment location, uneasy to in-out transport, be flooded) and engineered improperly (without roof, easy to access by animals and insects, no separate zones for hazardous and non-hazardous waste). Waste bags are not stored in designated locations but put anywhere behind the buildings and on the flooded fields. Small scale incinerators including brick incinerators and single chamber incinerators are still used commonly in health facilities while numerous design, operational and management deficiencies result in poor performance. Wastewater collection and treatment systems are missing in many hospitals.

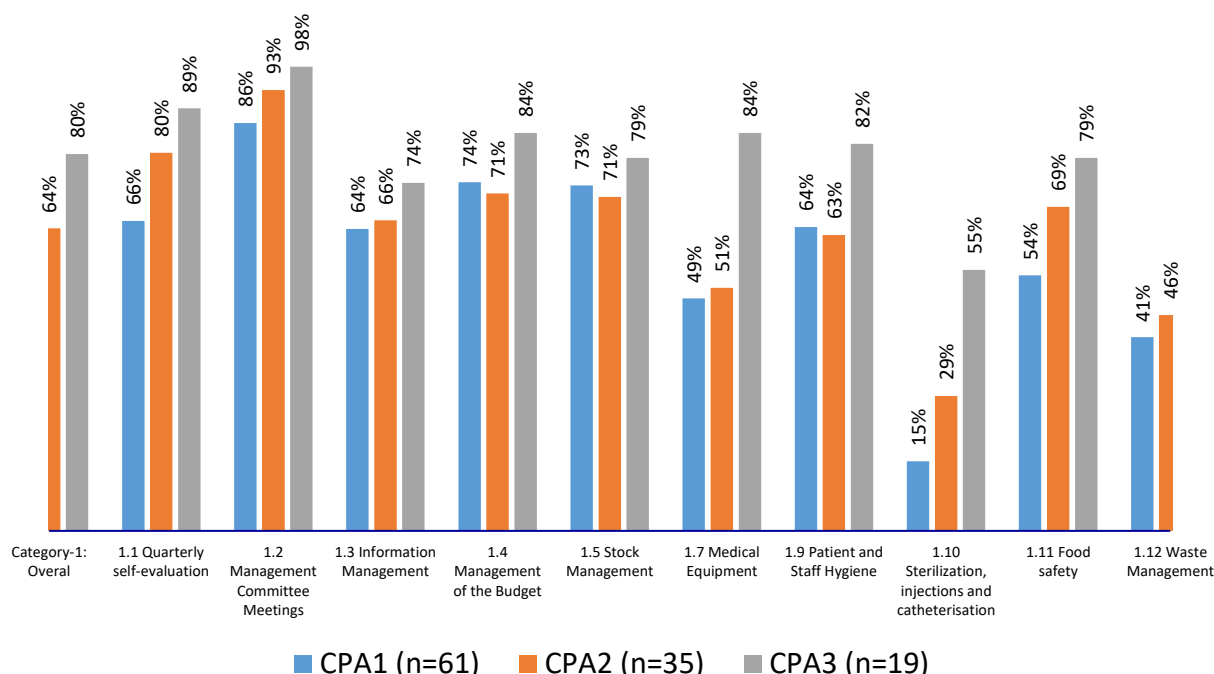
In recent years, the H-EQIP project has been providing performance-based financing to different levels of the Cambodian primary and secondary health system based on achievement of service delivery results including HCWM and IPC. The latest findings show while IPC improved in CPA3 hospitals, the performance of CPA1 and CPA2 hospitals and at health centers (HCs) remained low and require further improvement⁷ (see Figure 4.1).

Although Cambodia has some experience in infection prevention and control, healthcare waste management, communication and public-awareness on emergency situations, its capacity to manage risks

⁷ Source: MOH validated data in Round 11, Q1/2020 Quality Assessment under H-EQIP project

associated with COVID-19 is a major concern. Healthcare professionals may not have the detailed know-how on infectious risk management in the labs and treatment/isolation centers. Handling of wastes and adequate use of PPE equipment may also be challenging, though this should improve with the project intervention. Key hospital staff, such as cleaners, are likely to have low levels of education in infection prevention and could contract COVID-19 if protection measures are not taken.

Figure 4.1: Infection Prevention and Control Score of all CPA1,2,3 hospitals in Quarter 1, 2020



Social conditions

There may also be challenges for people accessing health care, in particular for the most vulnerable groups – the poor, elderly, those living with a disability, single female-headed households and IP groups. This may be due to remoteness (especially for IP groups), poor road infrastructure (especially during the upcoming wet season where significant road segments across the country may get flooded), and an inability to afford medical care or the transport to access such care. An inability to pay for medical care may result in worst-case scenario outcomes for the poorest people, and/or drive families into debt. For instance, based on data from the 2013 Cambodia Socioeconomic Survey (CSS), approximately 6.3 percent of the population endured catastrophic spending and 3.1 percent had to incur debt to pay for health expenditures. The impact is even greater for the elderly and disabled for whom 8.6 percent and 13.4 percent incur catastrophic spending, respectively⁸. By 2014, the national incidence of catastrophic health expenditure was 4.9%, but four times more likely among rural households than their peers in the capital. For rural households with members seeking medical care, catastrophic health expenditure incidence was 12.3%. The impoverishment rate due to health spending among the lowest consumption quintile was 15.3%; the

⁸ HEQIP Project Appraisal Document, para 6, page 2

highest rate in this analysis⁹. Moreover, the latest CSS (2017) showed that 40% of people had to dig into their savings in order to pay for medical care, which in turn may leave households worse off as they are left with little or no safety nets after a health emergency.

There may also be challenges in compliance with COVID-19 prevention measures, in particular handwashing, since some groups – particularly the most vulnerable – may have limited access to clean water sources, or may not have money to purchase soap or hand sanitizers. According to the 2014 Cambodia Demographic Health Survey (CDHS), while about 95% of urban households can access improved water sources (especially for drinking) only about 60% of rural households have access. A study conducted by the World Bank for a water and sanitation project observes that the lack of access to water and sanitation creates a burden on women and girls, as many of them are responsible for performing household chores and hygiene practices. In the context of COVID-19, where public services are constrained, women may encounter additional burdens in their access to water and sanitation. Moreover, a potential lack of access to water, particularly in the dry season, may extend to some public health facilities (i.e. operational districts and health centers) which are located far from urban areas. Without water and soap, health professionals and workers would be put at higher risks in the context of COVID-19 outbreaks.

Equally, as it is happening with nearly every country around the world, Cambodia has no experience in mass communication with the public on a pandemic or carrying out social isolation and quarantine measures, and the social impacts that these measures could have (loss of jobs, rise in GBV, etc.). Cambodians may be resistant to abide by social distancing measures, as a significant amount of people live day to day and need daily visits to markets to buy food. They may also have traditional beliefs that could give rise to social stigma, misinformation on how to prevent the virus, and lack of compliance with RGC/MOH precautions and protocols. Already there are people practicing their traditional and religious beliefs as a way of ‘chasing COVID-19 away’ by using scarecrows or burning food.

Even with relatively few cases of COVID-19 as of April 2020, the pandemic is already having devastating effects to people’s livelihoods as tourism has markedly dropped, shops, restaurants and hotels are mostly closed or empty, some factories have begun to shut down, etc. The poorest – mostly involved in the informal sector – are likely to be the most affected. They may also be working in cramped conditions or in situations where there may be poor access to sanitation (such as tuk tuk drivers, recycling collectors or mobile vendors). These groups may also find it more difficult to get accurate information about COVID-19, may already face social stigma in the country (in particular in Phnom Penh), many face constraints in accessing water and soap, and may therefore be more at risk of contracting and transmitting COVID-19. Moreover, prejudice and stigma against people with COVID-19, including the Cham community (who have had a number of people with COVID-19), may discourage them from seeking proper medical advice and COVID-19 testing services, thereby contributing to community transmission.

Given the economic and social pressure as a result of the COVID-19 outbreaks, the situation of gender-based violence may be exacerbated. In particular, women and girls may face increased violence and hope and not be able to access social and public services as these may be dedicated to combating COVID-19 instead. An effective mechanism that may promptly respond to women’s grievances regarding gender-

⁹ Fernandes et al (2018), Equality in financial access to healthcare in Cambodia from 2004 to 2014. Accessed at:

<https://www.ncbi.nlm.nih.gov/pubmed/30165473>

based violence, VAC or child labor should be initiated including some online reporting services. Additional Social Characteristics associated with this project are summarized in Annex 1.

5. Potential Environment and Social Risks and Impacts and their Mitigation Measures

Implementation of the project activities will be positive and urgently needed. As this project will finance procurement of drugs, supplies and medical equipment – which has limited, if any, impacts – the environmental risks result from the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Cambodia has limited experience in managing highly infectious medical wastes such as those associated with COVID-19, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures are planned and implemented.

From a social perspective, there are also substantial risks related to the direct and indirect social impacts of the activities proposed by the project, those these are expected to be mostly temporary, predictable, and avoidable. The major areas of social risks are expected to be: (i) Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities; (ii) OHS risks related to the spread of the virus among health care workers; (iii) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children who are high risk – such as those who are malnourished --, poor households, etc.), due to poor training, communication and public awareness related to the readiness and response to the new COVID-19; and (iv) risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19 or potential unrest with respect to access to tested and other services related to public health services, including inability of accessing services by the most disadvantaged. Civil works envisaged in the project refer to repair and rehabilitation of existing buildings only, no land acquisition or involuntary resettlement impacts are expected.

It should be noted that it may be difficult to draw a clear line between existing, manifested risks managing which is the project objective, and the risks and impacts that could additionally be created by the project. For example, spread of COVID-19 among the population at large is a pre-existing condition the project is tackling, but could also be a risk from potentially poorly implemented project activities.

The Table below describes the expected project impacts and potential mitigation measures to address them.

5.1 Environmental and Social Risks and Mitigation Measures during Designing and Planning Stage

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|---|--|--|---|
| Design of laboratories, healthcare facilities including isolation and treatment centers | Design of healthcare facilities (e.g. isolation and treatment centers) does not meet layout and engineering requirements for nosocomial infection control, increasing risk of spreading COVID-19 in health facilities. Design of new facilities does not take into account universal access. | <p>Design of facility should to meet National guidelines for IPC in healthcare facilities and take into account guidance from WHO and/or CDC on COVID-19 management and infection control:</p> <ul style="list-style-type: none"> ✓ WHO guidance for <u>Severe Acute Respiratory Infections Treatment Center</u>. ✓ WHO interim guidance on <u>Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected</u>; ✓ WHO technical brief <u>water, sanitation, hygiene and waste management for COVID-19</u>; ✓ WHO guidance on <u>infection prevention and control at health care facilities (with a focus on settings with limited resources)</u>; ✓ CDC Guidelines for <u>isolation precautions: preventing transmissions of infectious agents in healthcare settings</u>; and ✓ CDC <u>guidelines for environmental infection control in healthcare facilities</u>. <p>In addition, where applicable, universal access (i.e. access for people with disabilities) needs to be considered and put in place.</p> <p>For patients with possible or confirmed COVID-19, isolation rooms should be provided and used at medical facilities. Isolation rooms should:</p> <ul style="list-style-type: none"> ✓ be single rooms with attached bathrooms (or with a dedicated commode); ✓ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided); ✓ be sited away from busy areas (areas used by many people) or close to vulnerable or high-risk patients, to minimize chances of infection spread; ✓ have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope), but should avoid excess equipment or soft furnishings; | Ministry of Health (Communicable Disease Control Department and Hospital Services Department) and provincial referral hospitals |

| | | | |
|--|---|--|--|
| | | <ul style="list-style-type: none"> ✓ have signs on doors to control entry to the room, with the door kept closed; ✓ have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment. <p>An operation manual should be prepared prior to the opening of isolation rooms to describe the working procedures to be taken by healthcare workers to protect themselves and prevent infection escape while providing treatment.</p> <p>Hand washing facilities should be provided at the entrances to and in health care facilities in line with WHO <u>Recommendations to Member States to Improve Hygiene Practices</u>.</p> | |
| | Design of laboratory does not meet requirements for biosafety | Design of laboratory should take into account guidance from WHO Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19) | Ministry of Health (Communicable Disease Control Department and Hospital Services Department), National Institute of Public Health and provincial referral hospitals |
| Development of technical specifications for PPEs | Incorrect standard or quality of PPE leads to spread of infection to healthcare workers and cleaners. | <p>The healthcare workers shall be provided with medical personal protective equipment (PPE) includes: Medical mask, Gown, Apron, Eye protection (goggles or face shield), Respirator (N95 or FFP2 standard), Boots/closed work shoes</p> <p>WHO interim guidance on <u>rational use of PPE for coronavirus disease 2019</u> provided further details on the types of PPE that are required for different functions.</p> | Ministry of Health (Communicable Disease Control Department and Hospital Services Department) and provincial referral hospitals |

5.2 Environmental and Social Risks and Mitigation Measures during repair/rehabilitation Stage

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|---|--|--|------------------|
| Upgrading isolation and treatment centers | Dust, noise and vibration generated from construction, rehabilitation or minor civil works | <ul style="list-style-type: none"> - The contractor(s) is responsible for compliance with relevant national legislation with respect to ambient air quality, noise and vibration - The contractor(s) undertaking works shall ensure that the generation of dust is minimized and implement a dust control plan to maintain a safe working environment and minimize disturbances for patients, staff and surrounding community - The contractor(s) undertaking works shall implement dust suppression measures (e.g. water paths, covering of material stockpiles, etc.) as required. Materials used shall be covered and secured properly during transportation to prevent scattering of soil, sand, materials, or generating dust. Exposed soil and material stockpiles shall be protected against wind erosion - The contractor(s) shall ensure onsite latrine be properly operated and maintained to collect and dispose wastewater from those who do the works - The contractor(s) should not carry out construction activities generating high level of noise during healthcare activities, especially when services are being delivered to the clients. | Contractor(s) |
| | Solid waste generated from construction, rehabilitation or minor civil works | <ul style="list-style-type: none"> - The contractor(s) shall develop and follow a brief site-specific solid waste control procedure (storage, provision of bins, site clean-up, bin clean-out schedule, etc.) before commencement of any financed rehabilitation works; - The contractor(s) shall use litter bins, containers and waste collection facilities at all places during works. - The contractor(s) may store solid waste temporarily on site in a designated place prior to off-site transportation and disposal through a licensed waste collector. Transport management plan in line with WBG good practice should be developed. - The contractor(s) shall dispose of waste at designated place identified and approved by local authority. Open burning or burial of solid waste at the | Contractor(s) |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|--|--|------------------|
| | | <p>hospital premises shall not be allowed. It is prohibited for the contractor(s) to dispose of any debris or construction material/paint in environmentally sensitive areas (including watercourse).</p> <ul style="list-style-type: none"> - Recyclable materials such as wooden plates for trench works, steel, scaffolding material, site holding, packaging material, etc. shall be segregated and collected on-site from other waste sources for reuse or recycle (sale). | |
| | Asbestos containing materials (ACM) generated from construction, renovation or minor civil works | <ul style="list-style-type: none"> - The asbestos audit will be undertaken as required prior to/at the beginning of refurbishment. - Safe removal of any asbestos-containing materials or other toxic substances shall be performed and disposed of by specially trained workers in line with the WBG guidelines on asbestos management. - If ACM at a given hospital is to be removed or repaired, the MOH will stipulate required removal and repair procedures in the contractor's contract. - Contractors will remove or repair ACM strictly in accordance with their contract. Removal personnel will have proper training prior to removal or repair of ACM. - All asbestos waste and products containing asbestos is to be buried at an appropriate landfill and not to be tampered or broken down to ensure no fibers are airborne. Disposal of waste containing asbestos should be agreed with MOH. - No ACM will be used for renovation works. | Contractor(s) |
| | Safety risks during works | <ul style="list-style-type: none"> - The contractor(s) shall comply with all national and good practice regulations regarding workers' safety. - The contractor(s) shall prepare and implement a simple action plan to cope with risk and emergency (e.g., fire, earthquake, floods, COVID-19 outbreak) - The contractor(s) shall have or receive minimum required training on occupational safety regulations and use of personal protective equipment | Contractor(s) |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|---|--|---|--|
| | | - The contractor(s) shall provide safety measures as appropriate during works such as installation of fences, fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection against falling debris, lighting system to protect hospital staff and patients against construction risks. | |
| | Renovated Isolation and treatment centers do not include Life and Fire Safety (L&FS) measures. | L&FS master planning should be included in the renovation of the new facilities, hospitals in line with GIIP + national legal requirements. MOH should ensure that all national legal L&FS requirements are met, upon completion of the construction. The isolation centers should be provided with Fire Detection and Alarm; Means of Egress; Fire Control and Suppression; Smoke Control. IFC's Good Practice Note on Life and Fire Safety: hospital shall be taken into account. | MOH, provincial referral hospitals and Contractor(s) |
| Working and living conditions for workers | Close working and poor living conditions in labor camps may create conditions for the easy transmission of COVID-19 and the infection of large numbers of people, especially vulnerable groups. There is also a risk of Gender-Based Violence (GBV) or Sexual Abuse and Exploitation (SEA) | <p>The contractor(s) shall take implement COVID-19 prevention measures as follows:</p> <ul style="list-style-type: none"> - Consider ways to minimize/control movement in and out of construction areas/site. - If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract - Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk - Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering - Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. - Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell - Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for | Contractor(s) |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|-----------------------------|---|------------------|
| | | <p>14 days (with insurance in place to ensure they can continue to access salary, as per the LMP)</p> <ul style="list-style-type: none"> - Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days (with insurance in place to ensure they can continue to access salary, as per the LMP) <p>The contractor(s) shall develop contingency plans with arrangements for accommodation, care and treatment for:</p> <ul style="list-style-type: none"> - Workers self-isolating - Workers displaying symptoms - Getting adequate supplies of water, food and supplies <p>The contractor(s) shall provide workers with PPEs;</p> <p>The contractor(s) ensure that worker accommodation that meets or exceeds IFC/EBRD worker accommodation requirements (e.g. in terms of floor type, proximity/no of workers, no 'hot bedding', drinking water, washing, bathroom facilities etc.) will be in good state for keeping clean and hygienic, and for cleaning to minimize spread of infection.</p> <p>Wash stations should be provided regularly throughout site, with a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied. Wash stations should be provided wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste stations, at stores and at communal facilities. Where wash stations cannot be provided (for example at remote locations), alcohol-based hand rub should be provided.</p> <p>Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients).</p> <p>Communication materials on COVID-19 prevention and control should be put in workplaces</p> <p>The contractor(s) shall develop and implement LMP</p> | |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|---|--|------------------|
| | | The contractor shall ensure that workers are well briefed on the LMP, including aspects relating to preventing GBV and SEA and no tolerance for these behaviors, and sign the Code of Conduct. | |
| | Workers do not receive the care needed if infected with COVID-19. | Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19 or days off as a result of self-isolation measures. | Contractor(s) |
| | Workers are underaged. | Child labor or indentured labor is absolutely prohibited in the project. Labor law prohibits anyone under 18 years to be involved in hazardous work. | |

5.3 Environmental and Social Risks and Mitigation Measures during Operation Stage

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|---|---|---|--|
| COVID-19 testing and diagnosis | Improper collection of samples and testing for COVID19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. | <p>Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance <u>Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases</u>. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.</p> <p>National guidelines on laboratory biosafety should be followed. There is still limited information on the risk posed by COVID-19, but all procedures should be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for <u>laboratory biosafety related to 2019-nCoV</u>.</p> <p>Samples that are potentially infectious materials (PIM) need to be handled and stored as described in WHO document <u>Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance)</u>.</p> <p>For general laboratory biosafety guidelines, see the WHO <u>Laboratory Biosafety Manual, 3rd edition</u>.</p> | Laboratories in NIPH and provincial referral hospitals |
| Isolation, care and treatment of COVID-19 patients in healthcare facilities | Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases | <p>Health facilities should establish and apply Standard Precautions including:</p> <ul style="list-style-type: none"> - Hand Hygiene (HH); - Respiratory hygiene/cough etiquette. - Use of personal protective equipment (PPE); - Handling of patient care equipment, and soiled linen; - Environmental cleaning; - Prevention of needle-stick/sharp injuries; | Provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|---|---|---|
| | spreads COVID-19 infections in healthcare facilities. | <p>- Appropriate Health Care Waste Management;</p> <p>In addition, health facilities should establish and apply Transmission based precautions (contact, droplet, and airborne precautions) as well as specific procedures for managing patients in isolation room/unit.</p> <p>Establishment of Standard precautions and Transmission based precautions should be in line with National guidelines for IPC in healthcare facilities and take into account guidance from WHO and/or CDC on COVID-19 infection control:</p> <ul style="list-style-type: none"> ✓ WHO interim guidance on <u>Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected</u>; ✓ WHO guidance on <u>infection prevention and control at health care facilities (with a focus on settings with limited resources)</u>; ✓ CDC Guidelines for <u>isolation precautions: preventing transmissions of infectious agents in healthcare settings</u>; and ✓ CDC <u>guidelines for environmental infection control in healthcare facilities</u>. <p>Special considerations need to be made to vulnerable groups in delivering these services.</p> | |
| | Medical waste is contaminated with COVID-19 virus. Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the virus. | <p>All hospitals and laboratories should prepare waste management procedures in accordance with the national requirements that outline waste segregation procedures, on site handling, collection, transport, treatment and disposal, and training of staff. Wastes should be segregated at the point of generation by risk, including segregation of organic, recyclables, biological infectious and hazardous health care wastes which are temporary stored for pickup of contracted waste management company on site. Transport routes including elevators should also be defined and marked for infected wastes and other types of wastes. Instructions related how to handle medical waste safely should be made to</p> | NIPH's laboratory and provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|-----------------------------|--|------------------|
| | | <p>relevant people handling medical waste including health and waste workers.</p> <p>The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely disposed.</p> <p>Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage.</p> <p>If small-scale incinerators are the only option available, the best practices possible should be used, to minimize operational impacts on the environment. Single-chamber, drum and brick incinerators do not meet the Best Available Techniques (BAT) requirements under Stockholm Convention. Small-scale incineration should be viewed as a transitional means of disposal for health-care waste. If existing on-site incinerators are used, mitigation measures will be taken to control emissions to air in line with WBG EHS for healthcare facilities and WHO's guidelines for safe management of waste generated from healthcare activities. The good practices as follow:</p> <ul style="list-style-type: none"> • Waste reduction and segregation to minimize quantities of waste to be incinerated; • Siting incinerators away from patient wards, residential areas or where food is grown; • A clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers; | |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|---|---|---|
| | | <ul style="list-style-type: none"> • Periodic maintenance to replace or repair defective components; • Improved training for operators and improved management including the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules. <p>Alternative treatments should be designed into longer term projects, such as steam treatment methods. Steam treatment should preferably be on site, although once treated, sterile/non-infectious waste may be shredded and disposed of in suitable waste facilities.</p> <p>The project health facilities should establish and apply procedures for healthcare waste management. HCWM procedures should be in line with National guidelines for Infection Prevention and Control in healthcare facilities and take into account WHO guidelines for <u>Safe management of wastes from health-care activities</u> and WHO technical brief <u>water, sanitation, hygiene and waste management for COVID-19</u>;</p> | |
| | Poor sanitation and improper management of wastewater related to COVID-19 diagnosis and treatment services transmit diseases to communities and pollute environment. | Health facilities shall ensure the provision of safe water, sanitation, and hygienic conditions, which is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Health facilities shall establish and apply good practices line with WHO <u>guidance on water, sanitation and waste management for COVID-19</u> and National guidelines for Infection Prevention and Control healthcare facilities | NIPH's laboratory and provincial referral hospitals |
| | <p>Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services</p> <p>Hazardous chemicals in the hospitals and health care</p> | The hospitals and laboratories should develop a hazardous material management procedure that defines: inventory of hazardous materials in the health care facilities, proper labeling of hazardous materials, safe handling, storage and use of hazardous materials, use of protective equipment procedure for managing spill, exposures and other incidents, procedure for reporting of incidents. Hazardous materials should be handled in accordance with the accepted practices. Only trained | NIPH's laboratory and provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|------------------|--|--|---|
| | centers are limited to small volumes of laboratory reagents, chemicals, solvents, medicinal gases etc. | personnel should handle the materials and precautions taken when handling materials by using required protection equipment such as ventilation hoods and personal protective equipment. | |
| Labor management | <p>Health workers (especially nurses), cleaners, ambulance drivers and caterers may be asked to work overtime to respond to the COVID-19 pandemic. It is important that these personnel are able to access overtime pay as needed.</p> <p>Health care and other staff, including cleaners, or workers in upgrade/rehabilitation may need medical care if they contract COVID-19</p> <p>Health workers, a big proportion who are female (and who may also bear additional responsibilities in terms of child and eldercare), may face mental health issues or burnout as result of an outbreak.</p> <p>Health workers, cleaners or workers involved in upgrades</p> | <p>All workers must be paid for overtime as per Labor Law</p> <p>All workers must be provided with security of medical care, in particular ensuring they can access free medical care if they contract COVID-19.</p> <p>Ensure that the staff with lower qualification or less experienced working in the health sector (e.g., cleaners, caterers, part-time workers, etc.), often female workers, also have access to the required Personnel Protection Equipment (PPE) – including gloves, gowns, masks and eye protection if exposed to patients with COVID-19, their waste, clothes or linen – and training to make sure they work in a safe environment.</p> <p>Most vulnerable workers should be identified, such as female single heads of household, who may need additional support in order for them to do their job (for instance, female nurses who are single heads of household may need additional support if they have to work overtime). Additional support to consider may include cash grants, access to food support or provision of child care services.</p> <p>Health care workers must be actively supported by their employers and commended for their work, as well as offered psychological, emotional or mental support if possible. This may mean bringing in monks to a hospital for a ceremony, or ensuring health workers have regular breaks and proper food throughout the day.</p> <p>All workers involved in upgrading facilities, health workers, cleaners, etc., must be reassured that they will continue to get paid if they need to self-isolate if they are showing with COVID-19/respiratory symptoms. These</p> | NIPH's laboratory and provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|--|--|--|--|
| | experiencing respiratory symptoms may fear not getting paid and continue to show up at work. | provisions must be made including for contracted staff and are included in the Labor Management Plan (LMP). | |
| Access to COVID-19 healthcare services | <p>Planning and design of measures to screen people for COVID-19 and information materials developed could exclude the most vulnerable, including the poor, elderly, indigenous peoples, people living with a disability and households headed by single women, who are also less likely to have access or be active on social media.</p> <p>IPs and people in the rural areas are at heightened risk if they contract COVID-19 due to their remoteness in accessing treatment (though their remoteness may protect them from contracting the virus). Their location may also make the diagnosing and treatment of the virus more difficult.</p> | <p>Planning of containment measures and social restrictions need to take into account the livelihood impact it will have for the population, in particular the most vulnerable (the poor, elderly, women single heads of household, IPs, those with disabilities). MOH and RGC may need to develop specific mitigation measures for this, outside the scope of this ESMF. This may include social safety nets with cash transfers to specific population groups, ensuring that it does not exclude informal workers, the poor, home-based workers, etc. May also include food grants, essential basket of goods, child care support for women, etc.</p> <p>RGC/MOH should consider having a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.</p> <p>Communication materials must also be clear about (i) how to avoid contracting COVID-19 (good hygiene measures); (ii) symptoms of COVID-19; (iii) what to do if suspect have COVID-19.</p> <p>Information on how to protect oneself from COVID-19, the symptoms of COVID-19, where and how to get tested should be made available to everyone and ensure they are accessible to IPs, marginalized groups, those with disabilities, other vulnerable groups and the elderly by using different languages (including sign language, graphics and illustrations or other forms of visual communication), and in a manner that is culturally appropriate to the respective groups and specific needs.</p> <p>Communication materials and outreach to people, including RCCE materials, must make clear that all treatment for COVID-19 at</p> | Ministry of Health (Communicable Disease Control Department and Hospital Services Department), NIPH's laboratory and provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|-------------------------------------|--|---|--|
| | | provincial/referral hospitals, including in Phnom Penh, and public hospitals is free and accessible for all population. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services (unless it is a private hospital). | Ministry of Health (Communicable Disease Control Department and Hospital Services Department), NIPH's laboratory and provincial referral hospitals |
| | People are asked to pay at public hospitals in order to access medical care. There is a risk that the poor, those with disabilities and IP groups – who could be disproportionately affected by COVID-19 – may face discrimination when accessing health services, particularly if they do not have money to pay for services. | All provincial/referrals hospitals including in Phnom Penh must treat any patient accessing services for COVID-19 in a manner appropriate to ensure their wellbeing. Communication materials and outreach to people, including RCCE materials, must make clear that all treatment for COVID-19 at provincial/referral and PP public hospitals, is free. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services (unless it is a private hospital). | |
| Access to other healthcare services | Focus on COVID-19 may redirect staff and resources at health facilities and negatively impact other areas, such as maternal health check-ups, vaccinations for children and treatment of chronic diseases. This may particularly impact women, young children and the elderly. People, in particular women with young children, pregnant women, the elderly, those with disabilities, chronic illness and | Hospitals and other health facilities must ensure they still have adequate staff to deal with ongoing medical needs. While non-urgent cases may be deferred, it is important that childhood vaccinations continue, that women have prenatal and antenatal visits, that sexual and reproductive health services are available and that those with chronic conditions and/or disabilities continue to receive necessary treatments (with adequate measures to separate from patients with COVID-19, as detailed in other sections in this Table). Communication materials must stress that these normal services are still being provided, and explain measures taken in health centers to avoid | Ministry of Health (Communicable Disease Control Department and Hospital Services Department) and provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|---|---|--|--|
| | other vulnerable populations, may be fearful of going to the hospital/health center for fear of contracting the virus. This may cause children to miss out on needed vaccinations, women not seeking support during pregnancy, etc. | COVID-19 risks (for instance, that COVID-19 patients are treated in a different area from where mothers deliver babies) as there may be apprehension from community members to go to health facilities. This may include radio messages, Facebook, loudspeaker announcements, signage in hospitals, etc. | |
| | It may also be that people are asked to pay increased fees for non-COVID-19 related illnesses, in order to cover other hospital costs. For instance, fees for maternal services, surgeries, etc. may increase as a result on hospital pressures dealing with COVID-19, which may also disproportionately impact the poor and vulnerable, in particular if they face livelihood losses as a result of the COVID-19 pandemic. | All provincial/referrals hospitals including in Phnom Penh must treat any patient accessing services in a manner appropriate to ensure their wellbeing. Communication materials and outreach to people, including RCCE materials, must make clear that all treatment for COVID-19 at provincial/referral and PP public hospitals, is free. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services (unless it is a private hospital). | Ministry of Health (Communicable Disease Control Department and Hospital Services Department), NIPH's laboratory and provincial referral hospitals |
| Information, communication, capacity building and | Inappropriate information and communication increase social stigma with those who expose or are infected by virus. Risk of fear and/or stigma towards the virus, which may | When developing communication messages about COVID-19, it is important to have social stigma issues in mind and choose language that does not exacerbate stigma. It is best to not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". It is better to refer as "people who have COVID-19", "people who are being treated for COVID- | Ministry of Health (Communicable Disease Control Department and Hospital Services Department), |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|------------------------|---|--|---|
| stakeholder engagement | <p>make people hide symptoms, avoid getting tested and even reject hygiene measures or wearing PPE equipment (or masks if recommended)</p> <p>Health workers may suffer stigma, in particular when coming back to their communities, as they may be seen as potential “carriers”</p> <p>Some groups may be particularly vulnerable to stigma, such as Cham minorities who are already being prejudiced again due to high number of cases in their communities</p> | <p>19”, or “people who are recovering from COVID-19”. It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma. This language should be used throughout all communication materials.</p> <p>Ensure accurate information about the virus is widely disseminated, and that there is also a focus on people recovered.</p> <p>When developing communication materials, refer to WHO information on social stigma: https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf</p> <p>Engage social influencers, such as religious leaders, who can help communicate accurate messages and help to reduce social stigma as well as support those who may be stigmatized.</p> <p>Correct misconceptions and provide accurate information. One way to do this could be through District health officials and/or commune leaders/officials. They could be trained on the basics of COVID-19 prevention (good hygiene, frequent hand washing, avoid touching face, social isolation measures) and be provided with simple materials in Khmer language. These officials can use this information to inform others in their communities, including correcting false rumors. Focus should be on prevention as well as on identifying symptoms and how to seek treatment.</p> <p>The SEP should include outreach to NGOs and other stakeholders to ensure it captures their views and suggestions on best methods to develop RCCE materials.</p> <p>Communication materials must reinforce the positive contribution of health care workers and other essential workers and their need to be supported by community members.</p> | Provincial departments of health, provincial referral hospitals |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|---|---|------------------|
| | | Communication materials should make clear the steps health workers and others are taking to protect themselves against the virus and their use of PPE. | |
| | Communication materials may not reach the most vulnerable, including the elderly, IPs and workers from the informal sector, a lot of whom are women, who tend to have lower levels of education, lower incomes and may lack access to reliable information materials. | <p>When developing communication materials it is important to ensure that they are clear and concise, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. Messages should be clear and concise, focusing on hygiene measures (hand washing, coughing), what to do if suspect have COVID-19, as well as restrictions if applicable (for instance specific guidelines on social-distancing).</p> <p>When developing communication materials, refer to WHO information on social stigma: https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf</p> <p>This may mean that different media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc). Ensure that information is accessible in sign language, illustrations/pictorial and relevant languages of IP groups (in particular in Northeast Cambodia where there are more non-Khmer speaking IPs).</p> <p>Ensure messages relating to COVID-19 reach all groups of people, in particular the most vulnerable (the poor, elderly, women single heads of household, those with a disability, IP groups, any marginalized group). This may include having a multi-faceted approach to consultations and disclosure of information and information sharing, such as by loudspeaker (by commune authorities or district health authorities), Facebook, SMS, You Tube videos, social influencers/religious leaders, etc.</p> | |

| Key Activities | Potential Risks and Impacts | Proposed Mitigation Measures | Responsibilities |
|----------------|--|--|--|
| | | A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household. | |
| | If stakeholders are not properly consulted, information is not disclosed and people are not informed about their rights, options for grievance redress or project timelines, there could be misunderstandings, conflict, stigma, gender-based violence, false rumors or loss of confidence in the community regarding the project. | <p>Stakeholder Engagement Plan (SEP) must use different communication methods. Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to communicate information and develop Risk Communication and Community Engagement Plan (RCCE).</p> <p>Ensure consultations on SEP and this ESMF include relevant government agencies, NGOs and other organizations working on health and gender, including GBV, as well as IP groups. Ensure women, and women's groups, are targeted during consultations on the SEP and ESMF, as well as information campaigns and RCCE materials as described above.</p> <p>Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers, celebrities) and local networks (such as women's groups, youth groups, business groups, and traditional healers) that can help to disseminate messages. Define clear and easy mechanisms to disseminate messages and materials based on community questions and concerns.</p> <p>Ensure communication materials not only focus on COVID-19 symptoms and hygiene, but also on coping strategies if there is social isolation, avenues (materials, organizations, hotline) available for mental health, GBV, etc. that may be available.</p> | Ministry of Health (Communicable Disease Control Department and Hospital Services Department), Provincial departments of health, provincial referral hospitals |

6. Procedures to Address Environmental and Social Issues

This section sets out the procedures for identifying, preparing and implementing the project components, environmental and social screening, preparation of required E&S plans, consultation on such plans, review and approval and implementation.

Screening:

The purpose of screening is to (i) determine whether activities are eligible to be financed, and likely to have potential negative environmental and social risks and impacts; and (ii) identify appropriate mitigation measures for activities with adverse risks or impacts. The MOH PIU will use the E&S screening form and Indicative Screening Guidance in Annex 1. Based on the screening, the MOH PIU will (a) ensure that the activities on the “ineligible list” will not be financed by the Project; (b) sign the E&S screening form; and (c) prepare and implement the specific E&S instrument/plan as needed.

Preparation of E&S plan:

To facilitate preparation of E&S plan, beneficiary health facilities fall broadly into 2 groups: Group 1 – health facility without civil works and Group 2 – health facility with civil works. Each health facility without civil works shall prepare an ICWMP using Template in the Annex 2. Each health facility with civil works shall prepare an ESMP. The ESMP will include three parts: an ICWMP in line with the Template presented in the Annex 2; ECOPs to mitigate impacts related to repair/rehabilitation as proposed in the section 5.1 and 5.2; and LMPs as presented in the Annex 3. The ECOPs will then be incorporated into the bidding and contract documents, and the implementing agency will ensure that the contractor is aware and committed to comply with the E&S obligations in the ECOPs. MOH PIU will support beneficiary health facilities to prepare the ICWMP and ESMP.

Consultation of prepared E&S plan: The ICWMP and ESMP will be consulted with health facility staff, particularly nurses and female health professionals, and with local communities.

Review and approval of E&S plan: The ICWMP and ESMP will be reviewed by E&S specialists in PIU and the Department of Preventive Medicine under MOH, and approved by the Project director. The World Bank will review ICWMPs and ESMPs as well.

Implementation and monitoring of E&S plan: The implementing agency will also assign the construction supervision consultant or field engineer to be responsible for day-to-day monitoring of the renovation civil works and maintain close consultation with local community as necessary. If appropriate, Provincial DOH and other local authorities may also monitor the implementation of the E&S measure during implementation of the physical renovation works, as well as ensuring there is equitable access to services. Monitoring and reporting to the MOH and the World Bank, will also be required.

7. Monitoring, Supervision and Reporting

The PIU will prepare and submit to the World Bank regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.

During upgrading/renovation of health care facilities monitoring and supervision will proceed as already established in earlier World Bank health projects. The health facility management committee will be responsible for day to day supervision on implementation of mitigation measures. They will be guided in this task by designated staff/consultant of the Hospital Service Department. The participating health

facility management committee on monitoring impacts of construction and rehabilitation of health facilities should be included reported as part of the monthly civil work progress reports.

The selected contractor(s) shall submit their completed work plans to the Project Director prior to initiating the civil works. The Contractors' Work plans should incorporate all agreed measure described in the ESMP or ECOPs as appropriate. The civil work supervision team should incorporate the status of ESMP /ECOPs implementation into the monthly civil work progress reports regularly. The Project's civil work supervision Engineers will monitor compliance to ESMP/ECOPs by the civil work contractors during their regular site supervision.

The Preventive Medicine Department will be responsible for monitoring implementation of ESMF/ESMP provisions and report implementation progress in the project Semi-Annually progress reports. This reporting requirements will also be included as part of the project Operation Manual.

8. Implementation Arrangements and Responsibilities

Cambodia's National Pandemic Preparedness Plan was updated in 2019. Clear Coordination, Command and Control structures were put in place for a multisectoral, whole-of-government, whole-of-society response involving government departments, agencies and civil society organizations. The government strengthened and tested its preparedness efforts and set up the national preparedness and response coordination mechanism through a National Public Health Emergency Operation Center (EOC). The coordination mechanism is established as follows:

- The Ministry of Health, as the lead technical agency, is responsible for planning and oversight of the health sector response. The MoH's Department of Communicable Diseases (CDC) serves as the MoH coordinating department in COVID-19 response, and the Director and Deputy Director of CDC serve as national level spokespersons.
- The Minister of Health advises the Prime Minister on technical issues and on the activation and stand-down of activities for epidemic response.
- In addition to the above existing arrangement, the Inter-Ministerial Committee for Combating Covid-19 was established on 10 March 2020. Chaired by the Minister of Health, the Inter-Ministerial Committee consists of 15 members from relevant ministries/authorities. The Inter-Ministerial Committee is charged with: (1) develop a response plan of COVID-19 to the pandemic evolution of the virus; (2) implement the plan approved by the Royal of Government; (3) conduct monitoring and evaluation of the implementation of combating COVID-19; (4) To conduct eventual operational re-planning based on real situation of the COVID-19 pandemic; (5) report routinely to the Royal of Government on the evolution of COVID-19; and (6) attend the meetings following the invitation of the chairperson.
- Provincial health departments and provincial and referral hospital directors are responsible for health sector response planning.

The MOH will work in close collaboration with the Inter-Ministerial Committee for Combating Covid-19, providing support for the technical discussions. The key responsibilities of MOH are as follows:

- Coordination with health authorities at province and district level via provincial and district councils for the emergency response, as appropriate.
- Provide direction and guidance to relevant authorities and local administration at all levels; and
- Assessment and research of the situation.

The institutional arrangements are based on lessons learned from H-EQIP and the Preparation of the Cambodia Pre-Service Training for Health Workers Project (P169629). The Minister of Health will appoint a Project Director, and a Project Manager. In addition, an ESF Focal Point will be appointed at the Department of Preventive Medicine (PMD) under MOH. The Project Director and Project Manager will be acting through MOH's technical departments and national programs, as well as the Provincial Health Departments (PHDs), Operational Districts (ODs), referral hospitals (RHs), and health centers (HCs). Within the MOH, the project will be implemented through the Department of Communicable Disease Control (DCDC), Department of Hospital Services (DHS), National Institute of Public Health (NIPH) and the Department of Budget and Finance (DBF) using mainstream MOH processes and will not involve a parallel project implementation unit or secretariat. Other MOH departments participating in project implementation will include (a) the Internal Audit Department (IAD); (b) the Preventive Medicine Department; and (c) the Department of Drugs.

The MOH's H-EQIP Implementing Agency is the lead agency within the GoC responsible for the implementation of CERC funded emergency activities, including all aspects related to procurement, financial management, monitoring & evaluation and safeguard compliance. CERC funded emergency activities are also project activities and shall be treated similarly to regular activities under other project components in terms of implementation. The Implementing Agency will identify based on the activities and works proposed in the EAP, the potential environmental and social negative impacts, and the safeguards instruments required for the environmental and social management. In the case of the procurement of civil works that require mobilization of contractors, the bidding documents must include standard codes of conduct for workers and supervisors, specifying appropriate conduct and sanctions related to community relations, gender-based violence, child protection, human trafficking, and sexual exploitation and abuse.

The MOH, through the Department of Preventive Medicine (PMD) is responsible for World Bank Safeguards implementation for H-EQIP. The PMD is also responsible for safeguards implementation of CERC activities. The PMD is already implementing environmental and social due diligence required for the environmental and social management of current projects and will also adapt the ES Standards to these initiatives when necessary.

The entities responsible for carrying out stakeholder engagement activities are appointed at the Department of Preventive Medicine (PMD) under MOH. The project already has initiated efforts to strengthen this department's capacity and skills through additional consultants or advisors. The additional consultants or advisors will be used for strengthening the MOH's capacities on stakeholder engagement for the project activities.

MOH has experience with implementing World Bank-financed project requirements regarding safeguard policies. Under the ongoing the Health Equity and Quality Improvement Project (H-EQIP, P157291), MOH has been implementing an Environmental and Social Management Framework (ESF) including (i) application of specific Environmental Code of Practices (ECOPs) to address potential adverse environmental impacts linked to planned renovation and refurbishment works, and (ii) deployment of Healthcare waste management (HCWM) plan to address solid and liquid wastes that will be generated by the healthcare facilities. On social risk management, H-EQIP has been also implementing the (i) the project's Indigenous Peoples Policy Framework, to ensure that indigenous peoples'/ethnic minorities are provided with culturally appropriate project benefits and increased opportunities for participation in the project benefits, and (ii) the Resettlement Policy Framework (RPF), to address any aspect related to

involuntary acquisition of land, physical or economic displacement, or loss of other assets (including restrictions on asset use).

9. Capacity Building

The health sector has experience in infection prevention and control, healthcare waste management, communication and public awareness for emergency situations. As found across most countries, the capacity to manage risks associated with COVID-19 is a monumental challenge as the healthcare professionals may not have the detailed know-how on the infectious risk management in the labs to be used for COVID-19 diagnostic testing, quarantine and isolation centers for COVID-19 treatment, in particular waste management. Additionally, the communication process with the public or in and in handling social concerns around COVID19 as well as related measures, including quarantine is a catch-up process globally. The project will provide considerable funding, training and capacity building to support these critical initiatives and build upon international expertise to achieve international best practices on these matters in line with WHO guidelines. This will also include further identification of capacity gaps and detailed measures in line with the project proposal.

10. Consultation and Stakeholder Engagement

The main objective of the stand-alone Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It also outlines a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or make complaints about project. While component 3 of the project specifically deals with capacity building and communication materials, Stakeholder Engagement deal with all project components as it seeks to ensure stakeholders are consulted and well-informed about the project and have avenues to provide their feedback.

The SEP is a living document. The objectives of the SEP are:

- To identify all project stakeholders including their priorities and concerns, and ensure the project has ways to incorporate these;
- Identify strategies for information sharing and communication to stakeholders in ways that are meaningful and accessible;
- To specify procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback;
- To establish an accessible, culturally appropriate and responsive grievance mechanism, and
- To develop a strategy for stakeholder participation in the monitoring of project impacts.

In general, there are two kinds of stakeholders, affected and interested stakeholders:

Affected stakeholders. Those who will be likely impacted by the project positively or negatively. They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way. A guiding principle is that engagement with these stakeholders will be commensurate with the level of impacts they suffer. In line with the SEP, the affected parties include:

- People with COVID-19, including their immediate family members;
- Communities (i.e. religions, ethnicity, gender) which have people with COVID-19;

- People under quarantine as a result of the pandemic, and their immediate family members;
- Communities close to laboratories, quarantine centers, hospitals and screening posts;
- Workers at construction sites of laboratories, quarantine centers and screening posts;
- Health workers and other relevant staff dealing with patients with COVID-19, their wastes, fluids, blood, clothes or linen, in any of the 25 hospitals the project is supporting;
- People at risk of contracting COVID-19 (vulnerable groups – in particular the poor, including informal sector workers, those living with disabilities, the elderly and female-headed households), travelers from overseas, inhabitants of areas where cases have been identified, etc.);
- Municipal waste collection and disposal workers;
- Ministry of Health (MOH) and National Institute of Public Health (NIPH) staff;
- Other public authorities who may be directly working in the project, such as law enforcement officials working on screening or local authorities working on communications and outreach.

Interested Stakeholders. Those who are not impacted by the project but who may be interested in the Project outcomes and who may have an influence in the project. Interested stakeholders are identified as follows:

- Traditional media;
- Participants of social media;
- Politicians;
- National and international health organizations,
- Non-governmental organizations (NGOs);
- Businesses with international links;
- The public at large.

Consultations during Project Preparation. Initial public consultations were conducted by MOH's Preventive Medicine Department (PMD) with relevant staff/health professionals on 25-31 March 2020 to inform them of the Project as well as to seek their feedback, views and suggestions regarding the project environmental and social risks and suggested mitigation measures. Given ongoing restrictions, consultations were conducted remotely, by setting up a Telegram group where project information was shared and discussed by stakeholders. Some interesting aspects coming out of consultations with stakeholders in the health sector included the fact that some people in Cambodia, in particular in rural areas, remain practicing their traditional and religious beliefs as a way of 'chasing COVID-19 away' (such as by putting a scarecrow outside their house so the virus 'cannot enter'). These practices indicate that further actions are needed to enhance people's awareness regarding COVID-19 prevention. The minutes of the consultation can be found in the annex of the SEP, which has been publicly disclosed on MRD's and the World Bank's websites. Since there no material changes to the ESMF with the scale-up activities, no additional public consultations have taken place for the updated ESMF'..

Consultations During Project Implementation. It is expected that consultations and information disclosure will be an ongoing process of Component 3 of the Project. These consultations will be made, as outlined in the SEP, with project affected/interested stakeholders including the IPs, relevant ministries working or having interest in the health sector, relevant CSOs/NGOs, as needed, using various means of communication as appropriate and consistent with ongoing restrictions, including using Telegram/Facebook, face-to-face consultations, phone calls.

| Table 10.1 Consultation Stages and Considerations | | | | |
|--|--|--|---|--|
| Project stage | Topic of consultation / message | Method used | Target stakeholders | Responsibilities |
| Preparation prior effectiveness | <p>The project, its activities and locations, potential impacts and mitigation measures</p> <p>Introduce the project's ESF instruments</p> <p>Present the SEP and the Grievance Mechanism</p> | <p>National Consultations conducted virtually via Telegram given restrictions on public gatherings, March 25-31. Additional consultations updating on ESMF in April 2020.</p> <p>Project website</p> | <p>Affected people and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-19. NGOs and CSOs may also be included.</p> | MOH with support from consultants |
| Project Implementation | <p>Updated project's ESF instruments</p> <p>Feedback of project consultations</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement</p> | <p>Consultations (face to face and/or virtual consultations)</p> <p>Project website</p> <p>Correspondence by phone/email</p> <p>Letters to local, provincial and national authorities</p> <p>Consultations with IPs groups, or their representatives, (when applicable) in a culturally appropriate and accessible manner</p> <p>Outreach activities</p> | <p>Affected people and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-19. NGOs and CSOs may also be included</p> | <p>MOH with support from consultants</p> <p>Mass media</p> |

Reporting Back to Stakeholders

Consultations with stakeholders will be the main mechanism to inform them of the project and to get their feedback. MOH will ensure there are notes of project meetings and incorporation of comments into project documents when applicable. Stakeholders who provide specific suggestions will be followed up with after consultations with feedback on how their comments were considered. For instance, an email, message and/or official letter will be sent after workshops (in person or virtual) on how comments/suggestions were considered.

Grievance Redress Mechanism

A grievance redress mechanism (GRM) will be established to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. 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. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the project;

- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

Grievances will be handled at each municipal/provincial referral hospitals and at the national level by a Grievance Redress Committee to be established by MOH, including via dedicated hotline to be established. The GRM includes the following steps:

- Step 1: Complainant discusses project-related grievance with the respective municipal/provincial referral hospitals being supported by the project. For instance, a grievance may be related to the upgrading works of the facility, the availability of medical equipment, treatment of patients with COVID-19, etc.
- Step 2: If the Complainant is not satisfied with how the grievance is handled, or if the grievance is not specific to a hospital, the grievance can be raised directly with the MOH's Grievance Redress Committee and/or hotline.

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

11. Budget

ESMF implementation costs are allocated according to the budget line items in Table 11.1. Such costs include training, development of E&S due diligence measures and other to be determined tools. Funds are needed to hire consultant(s) to prepare ESS site specific ESMPs and all associated E&S due diligence reports. The anticipated cost for all these initiatives is estimated at \$210,000 USD. It is worth noting that there is a significant overlap in project activities to achieve its objectives, and the risk management measures prescribed by the ESMF (infection control is an illustrative example). A good part of the Project budget will be used for very similar activities as those outlined in the ESMF, e.g. for training, laboratory safety, and information dissemination; significantly more money will thus be spent on ES risk management, than reflected by table 11.1. It is also noted that the World Bank activated COVID-19 CERC is also undertaking parallel actions and the projected costs estimates here need to be rectified with the on-going MOH actions to ensure costs savings.

Training topics/themes will cover the following topics:

- COVID-19 ESMF approach
- MOH actions and environmental and social considerations
- Good international industry practices (e.g., WHO, CDC, OSHA etc.) concerning Occupational Health and Safety
- Managing COVID related waste, general Medical Health Care Waste
- Labor management procedures
- Grievance redress mechanisms
- Consultations, communications and feedback
- Ensuring all peoples are given equal access and rights (vulnerable groups, ethnic groups)
- Understanding concerns with gender-based violence, violence against children, social stigma with COVID 19
- Monitoring and reporting at all levels

| Table 11.1 ESMF implementation costs. | USD |
|---|------------------|
| Training and workshops | |
| 1. MOH/PIU to provide training on E&S good practice rolling out first 12 months at national and provincial level | 50,000 |
| 2. Consultation with ethnic/vulnerable groups for the preparation of the ESMF | 10,000 |
| Development of ES Due Diligence Measures and other Tools | |
| 1. Recruitment of consultants for preparation of ESS Standards due diligence site specific upgrades/renovation/checklists, EMPs, etc. | 25,000 |
| 2. Production of Documents for ES due diligence | 25,000 |
| Information and Communication (Production and dissemination of communication materials targeting the vulnerable groups) | 25,000 |
| Supervision, monitoring, and reporting | |
| 1. Travel to provinces for training and conducting monitoring and reporting | 25,000 |
| 2. monitoring including preparation of annual ES Standards monitoring report for World Bank | 25,000 |
| 3. MOW/PIU to conduct supervision and preparation of 6-month ESS Standards monitoring reports | 25,000 |
| TOTAL | \$210,000 |

APPENDICES

Annex 1:

Screening Form for Potential Environment and Social Issues

1. This Annex provides guidance on the E&S screening. The process is considering activities not eligible to be financed by the Project (Ineligible – see main text) and identification of potential environmental and social issues arising from the activities that will be financed. The screening form will be used to screen subprojects for E&S risks anticipated, and the mitigation measures required based on the guidelines in the ESMF.
2. Based on the screening, MOH will (a) ensure that the activities in the “ineligible list” will not be financed by the Project; (b) sign the E&S screening form; and (c) prepare and implement the specific E&S instrument/plan as needed. Guidance for the preparation of the follow-up E&S instrument such as an Environmental and Social Management Plan (ESMP) Template, Infection Control and Waste Management Plan (ICWMP) Template. Consultation with WB specialists on screening is strongly encouraged.
3. E&S Screening form. The form below will be filled during the identification of the Project activities/subproject. The completed forms will be signed and kept in the Project ESF file and included in the ESF implementation progress report to be submitted to World Bank (WB) per the schedule as agreed with WB.
4. Indicative screening guidance table categorizing Project’s planned goods, services and works into Tiers that typically do not require screening form and often also no E&S measures (Tier 1) and activities that do require screening form and additional E&S measures (Tier 2) is included after the screening form, together with supporting checklists referenced in the table. In case of any doubt, screening form should be filled out for Tier 1 activities as well and appropriate mitigation measure identified.

| | |
|-----------------------|--|
| Subproject Name | |
| Subproject Location | |
| Subproject Proponent | |
| Estimated Investment | |
| Start/Completion Date | |

| Questions | Answer | | ESS relevance | Due diligence / Actions |
|--|--------|----|---------------|-------------------------|
| | yes | no | | |
| Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities? | | | ESS1 | ESMP, ICWMP, SEP |

| | | | | |
|---|--|--|------|---|
| Does the subproject involve land acquisition and/or restrictions on land use? | | | ESS5 | If yes, this is ineligible activity for project financing |
| Does the subproject involve acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)? | | | ESS5 | If yes, this is ineligible activity for project financing |
| Does the subproject involve in activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods. | | | ESS5 | The activity will be ineligible for project financing |
| Does the subproject involve use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained. | | | ESS5 | The activity will be ineligible for project financing |
| Does the subproject involve uses of goods and equipment involving forced labour, child labour, or other harmful or exploitative forms of labour. | | | ESS2 | The activity will be ineligible for project financing |
| Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal? | | | ESS3 | ESMP, ICWMP, SEP |
| Is there sound regulatory framework, institutional capacity in place for healthcare facility infection control and healthcare waste management? | | | ESS1 | ESMP, ICWMP, SEP |
| Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers? | | | ESS2 | LMP, SEP |
| Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials? | | | ESS3 | ESMP, ICWMP , SEP |
| Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities? | | | ESS4 | ESMP, LMP, SEP |

| | | | | |
|--|--|--|--|---|
| Does the subproject use goods and equipment for military or paramilitary purposes; | | | ESS4 | |
| Is the subproject located within or in the vicinity of any ecologically sensitive areas? | | | ESS6 | ESMP (only if existing health facility), for any new facility, this would be ineligible activity for project financing, SEP |
| Does the subproject involve activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly, or activities that could adversely affect forest and forest health. | | | ESS6 | The activity will be ineligible for project financing |
| Is the subproject located within or in the vicinity of any known cultural heritage sites? | | | ESS8 | The activity will be ineligible for project financing |
| Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively? | | | ESS7 | Measures addressing issue on vulnerable groups, including IPs, will be part of ESMP/ ECOP |
| Is there any uses of goods and equipment for activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities. | | | ESS7 | |
| | | | | |
| Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk? | | | ESS1 | LMP, SEP |
| Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities? | | | OP7.60 Projects in Disputed Areas | Governments concerned agree |

| | | | | |
|--|--|--|---|-------------------------------------|
| Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways ¹⁰ ? | | | <i>OP7.50 Projects on Internatio nal Waterway s</i> | Notification (or exceptions) |
|--|--|--|---|-------------------------------------|

Conclusions:

1. Proposed E&S Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.

■

2. Proposed E&S Instruments:

Remarks.....

Sign by Subproject/activities owner:

Position:Date

Sign by:

Position:Date:.....

¹⁰ International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

Indicative Screening Guidance for Goods, Services and Works supported by the Project

| Goods & Supplies – Tier 1 | Risks and Impacts and Mitigation Measures |
|--|---|
| <ul style="list-style-type: none"> • Non-perishable foods, bottled water and containers • Gasoline and diesel (for air, land and sea transport) and engine lubricants • Spare Parts, Equipment and Supplies for engines, transport, construction vehicles • Lease of vehicles (Vans, trucks and SUVs) • Search and Rescue equipment, tools, materials and supplies for (including light motorboats and engines for transport and rescue) • Tools and Construction Supplies (roofing, cement, iron, stone, blocks, etc.) • Communications and Broadcasting equipment and supplies for (radios, antennas, batteries) • Cargos, equipment to allow Mobilization to Affected Sites • Living Arrangement Equipment and Supplies <ul style="list-style-type: none"> - gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc. • Furniture Acquisition • Network Installation ===== • Medical Supplies <ul style="list-style-type: none"> - rehydration fluids, antibiotics, drugs, medicines, vaccines, antivirals, • Medical Equipment <ul style="list-style-type: none"> - ventilators, respiratory care equipment, IV pumps, referral equipment, isolation area equipment • Cleaning Supplies including hand hygiene and disinfectants • Personal Protective Equipment (PPE) stockpiles, including masks, gowns and gloves • Diagnostic and Test Kits • Morgue Packs | <p><i>No material risks requiring mitigation</i></p> <p>=====</p> <p><i>Low risk requiring the following measures:</i></p> <ul style="list-style-type: none"> • Follow appropriate recommended good international industry practice for collection and disposal found in Table 5.3 • Apply ESCOP Checklist 1 Exposure at Health Care Facility – see below • Apply ESCOP Checklist 2 Waste Management Procedures – see below • ICWMP • LMP • SEP |
| Services – Tier 1 | |
| <ul style="list-style-type: none"> • Consulting Services Related to Emergency Response <ul style="list-style-type: none"> - studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, and support to the implementation of emergency response activities • Feasibility Study and Technical Design related to COVID-19 emergency responses. • Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP) related to COVID-19 emergency responses. • Non-Consultant Services aerial photographs, satellite | <p><i>No material risks requiring mitigation</i></p> |

| | |
|---|---|
| images, mapping, information and awareness campaigns. | |
| Training – Tier 1 | |
| <ul style="list-style-type: none"> • Conduct necessary training related to emergency response including, but not limited to activities in the positive list in the table 1 and the Implementation of the Emergency Action Plan (EAP) • Training on rapid needs assessment and other related assessments | <p><i>Low to No Risk</i></p> <ul style="list-style-type: none"> • Trainings and Capacity Building will include overview of all COVID-9 activities and screening process and appropriate mitigation measures and application of tables, checklists and other plans |
| Emergency Operating Costs – Tier 1 | |
| <ul style="list-style-type: none"> • Incremental expenses by the Government for a defined period related to preparing for prevention or to early recovery efforts arising as a result of the impact of an eligible emergency. This includes but is not limited to operational costs and rental of equipment. | <p><i>Low to No Risk</i></p> <ul style="list-style-type: none"> • Apply the appropriate mitigation measures as defined in above • If this leads to Tier 2 activities, appropriate mitigation measures below apply |
| Upgrading Medical Facilities – Tier 2 | |
| <ul style="list-style-type: none"> • Laboratory Upgrades • Expanding, Upgrading Quarantine and Isolation Centers • Expand Treatment Centers • Upgrade National Institute of Public Health Lab • Improve Diagnostic Capacity of 25 Municipal/Provincial Referral Hospitals • Screening Posts at Border Crossings | <p><i>Moderate to Low Risk</i></p> <ul style="list-style-type: none"> • Follow appropriate recommended good international industry practice for collection and disposal found in Annex 2 • Apply ESCOP Checklist 1 Exposure at Health Care Facility – see below • Apply ESCOP Checklist 2 Waste Management Procedures – see below • Apply ESCOP Checklist 3 Community and Social Inclusion – see below • Apply ESCOP Checklist 4 Small Scale Construction Upgrades, Rehab and Expansion – see below • ICWMP • LMP • SEP |

CHECKLIST 1 Environmental and Social Codes of Practice – COVID 19 EXPOSURE AT HEALTH CARE FACILITY

Target: Health Care Workers/Health Care Facility Visitors/Construction Workers

General Infection Prevention and Control

- ✓ Procedures for entry into health care facilities, such as minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/respiratory illness, who should be taken to a different area and given a face mask. All persons visiting hospitals should wash hands before entering and before leaving.
- ✓ Simple poster/signage (can be A4 paper) in Khmer language explaining entry procedures.
- ✓ Signage available in hospitals to remind visitors to wear masks if necessary and wash hands before entering/leaving.
- ✓ Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients suspected of having COVID-19 and this should be restricted to essential personnel only (except in cases of young children or other persons requiring assistance, then a family member may be present but they must also be wearing PPE – at least gloves and mask – and adhering to protocols).
- ✓ Adequate facilities for hand washing available – this may mean setting up additional facilities throughout health centers.
- ✓ Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.

Isolation and Treatment

- ✓ Isolate patients as much as possible, separate from people presenting with COVID-19. People with COVID-19 should be separate from each other by curtains or in different rooms if possible. Only place together in the same room patients who are have all contracted COVID-19. People with COVID-19 must be separated at all times from other hospital patients and health and other staff. This means there must be dedicated toilet facilities (or bedpans), hand washing facilities, and medical equipment (stethoscope, blood pressure machine, etc.) for patients with COVID-19 only.
- ✓ Use of Personnel Protection Equipment (PPE) at all times for medical staff and cleaners as needed (particularly facemask, gowns, gloves, eye protection and potentially face shield) when in contact with someone who may have COVID-19/ who is presenting with a respiratory illness, including for those caring directly for patients, cleaners entering patient's room, or where patient has been treated, and lab technicians handling blood samples. Train staff on how to use the PPE. Put reminders in hospitals (paper/signage) in Khmer language.

Staff Occupational Health and Safety

- ✓ Immediate and ongoing training on the procedures to all categories of workers (lab technicians, doctors, nurses, cleaning staff, etc.) on use of PPE, personal hygiene and thorough disinfecting of surfaces on a regular basis (multiple times per day using a high-alcohol based cleaner to wipe down all surfaces and when COVID-19 patients are discharged; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.) Put signage in hospital as a reminder.
- ✓ Make particular efforts to ensure that all staff (such as cleaners and those doing the washing) are able to understand these procedures and have access to the necessary PPE.
- ✓ Laboratories undertaking testing for COVID-19 virus should adhere strictly to appropriate biosafety practices and WHO guidelines on Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases.
- ✓ Labor personnel needs to be trained and acquainted with key provisions in Labor Management Plan (LMP), in particular Occupational Health and Safety (OHS) aspects.
- ✓ All staff to be trained and reminded of hand washing procedures, and signage included in bathrooms and other key health center areas. Hand washing should involve use of soap / detergent, rubbing to cause friction, and placing hands under running water. Washings of hands should be undertaken before and after direct patient contacts and contact with patient blood, body fluids, secretions, excretions, or contact with equipment or articles contaminated by patients (including wastes, clothes and linen). Washing of hands should also be undertaken before and after work shifts; eating; smoking; use of personal protective equipment (PPE); and use of bathrooms. If hand washing is not possible, appropriate antiseptic hand cleanser and clean cloths / antiseptic towelettes should be provided. Hands should then be washed with soap and running water as soon as practical. Reminders should be placed throughout the health care facility, including pictorial on how to properly hand wash

Sanitation and Waste Management

- ✓ Ensure that the designs for medical facilities consider the collection, segregation and treatment of medical waste
- ✓ The treatment of healthcare wastes produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely dispose
- ✓ General cleaning strategies: (i) proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms; (ii) proceed from top areas to bottom areas to prevent dirt and microorganisms from dripping or falling down and contaminating already cleaned areas (for example clean mattress first, then clean bed legs); (iii) proceed in a methodical, systematic manner to avoid missing areas (for example, proceed from left to right or clockwise). Provide training to cleaning staff on these procedures, as well as on the use of PPE equipment, and put signage of reminders throughout health centers.
- ✓ Hospitals/health centers will also need to develop procedures and facilities for handling dirty linen and contaminated clothing, and preparing and handling food. For instance, social distancing measures (people 2m apart) should be implemented for those preparing and serving food in hospitals, ensuring thorough handwashing as per above guidelines, with reminders in kitchen and eating areas, and cooks/servers should wear masks.

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 2 Environmental and Social Codes of Practice – COVID 19 WASTE MANAGEMENT PROCEDURES

Target: Health Care Workers/Health Care Facilities/Laboratories

General Instructions

- ✓ All health care waste produced during the care of COVID-19 patients must be considered as infectious waste and should be collected safely in designated containers and bags, treated and then safely disposed (WHO).
- ✓ Train the staffs who are assigned in handling and disposal of waste management
- ✓ Train staffs on how to put and remove PPE.
- ✓ Ensure necessary PPE (Gown, gloves, face mask, goggles or face shield, gumboots) is provided to all staffs.
- ✓ Ensure staff wear PPE when handling and disposing waste according to HCW guideline.

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

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

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

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

Sharpe Waste

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

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 3 Environmental and Social Codes of Practice – COVID 19 COMMUNITY AND SOCIAL INCLUSION

Target: General Population/Vulnerable Groups/

General Communication

- ✓ When developing communication materials it is important to ensure that they are clear and concise, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. Messages should be clear and concise, focusing on hygiene measures (hand washing, coughing), what to do if suspect have COVID-19, as well as restrictions if applicable (for instance specific guidelines on social-distancing).
- ✓ Utilize appropriate media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc). Ensure that information is accessible in sign language and relevant languages of IP groups (in particular in Northeast Cambodia where there are more non-Khmer speaking IPs).
- ✓ Communication materials must also be clear about (i) how to avoid contracting COVID-19 (good hygiene measures); (ii) symptoms of COVID-19; (iii) what to do if suspect have COVID-19.
- ✓ Communication materials and outreach to people, including RCCE materials, must make clear that all treatment for COVID-19 at provincial/referral hospitals, including in Phnom Penh, and public hospitals is free and accessible for all population. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services (unless it is a private hospital).
- ✓ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers, celebrities) and local networks (such as women's groups, youth groups, business groups, and traditional healers) that can help to disseminate messages. Define clear and easy mechanisms to disseminate messages and materials based on community questions and concerns
- ✓ A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household.
- ✓ RGC/MOH should consider having a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.

Infection Prevention

- ✓ Information on how to protect oneself from COVID-19, the symptoms of COVID-19, where and how to get tested should be made available to everyone and ensure they are accessible to IPs, marginalized groups, those with disabilities, other vulnerable groups and the elderly by using different languages (including sign language), and in a manner that is culturally appropriate to the respective groups and specific needs.
- ✓ Promote large scale social and behaviour change. Introduce preventive community and individual health and hygiene practices with a focus on handwashing. Could include gifting of soap bars, distributed by commune authorities or District health officials.
- ✓ Workplaces should be encouraged to post and provide communication materials, in particular workplaces which may face a higher risk of COVID-19 spread, such as construction sites and factories. This may include social isolation measures in workplaces, separating people from each other (2m), opening spaces to allow for natural ventilation, providing hand sanitation facilities (soap/water or hand sanitizer), etc.

Economic and Livelihood Impacts

- ✓ Planning of containment measures and social restrictions need to take into account the livelihood impact it will have for the population, in particular the most vulnerable (the poor, elderly, women single heads of household, IPs, those with disabilities). MOH and RGC may need to develop specific mitigation measures for this, outside the scope of this ESMF. This may include social safety nets with cash transfers to specific population groups, ensuring that it does not exclude informal workers, the poor, home-based workers, etc. May also include food grants, essential basket of goods, child care support for women, etc.

Stakeholder Engagement

- ✓ Stakeholder Engagement Plan (SEP) must use different communication methods.
- ✓ Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to communicate information and develop Risk Communication and Community Engagement Plan (RCCE).

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO Risk Communication and Community Engagement (RCCE) Guidance, [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)
- IFRC, UNICEF, WHO Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma, <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>
- Human Rights Watch COVID-19 A Human Rights Checklist: https://www.hrw.org/sites/default/files/supporting_resources/202004_northamerica_us_covid19_checklist2.pdf

CHECKLIST 4 Environmental and Social Codes of Practice – COVID 19 SMALL SCALE CONSTRUCTION, UPGRADES, REHAB, EXPANSION

Target: Construction Workers OHS/Project Supervisor/Facility Manager

Worker Safety

- ✓ The local construction and environment inspectorates and communities have been notified of upcoming activities
- ✓ The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)
- ✓ All legally required permits have been acquired for construction and/or rehabilitation
- ✓ The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment.
- ✓ Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots)
- ✓ Appropriate signposting of the sites will inform workers of key rules and regulations to follow.

General Rehabilitation and/or Construction

- ✓ During interior demolition debris-chutes shall be used above the first floor
- ✓ Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust
- ✓ During pneumatic drilling/wall destruction dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at site
- ✓ The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust
- ✓ There will be no open burning of construction / waste material at the site
- ✓ There will be no excessive idling of construction vehicles at sites
- ✓ Construction noise will be limited to restricted times agreed to in the permit
- ✓ During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible
- ✓ The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.

Waste Management

- ✓ Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.
- ✓ Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers.
- ✓ Construction waste will be collected and disposed properly by licensed collectors
- ✓ The records of waste disposal will be maintained as proof for proper management as designed.
- ✓ Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)

Wastewater Treatment

- ✓ The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities
- ✓ Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment
- ✓ Monitoring of new wastewater systems (before/after) will be carried out
- ✓ Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.

REFERENCES

- WHO technical brief [water, sanitation, hygiene and waste management for COVID-19](#);
- WHO guidance on [infection prevention and control at health care facilities \(with a focus on settings with limited resources\)](#);

Annex 2:

Infection Control and Waste Management Plan (ICWMP) Template

1. Introduction

1.1 Describe the project context and components

- Project name and project owner
- Project activities

1.2 Describe the targeted healthcare facility (HCF):

- Type, level
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds, staff

1.3 Overview of infection control and waste management in the HCF

- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, collection, storage, transport, and disposal and treatment works
- Describe the infection prevention and control system in the HCF: hand hygiene facilities, disinfection and sterilization, etc.
- Organizational structure
- Staffing and responsibility assignment

2. Infection prevention and control procedures

2.1 Standard precaution measures

- Hand hygiene procedures
- Respiratory hygiene/cough etiquette.
- Use of personal protective equipment (PPE) when handling body fluid;
- Appropriate handling of patient care equipment, and soiled linen;
- Environmental cleaning management;
- Prevention of needle-stick/sharp injuries;

2.2 Transmission based precaution measures

- Contact transmission precaution measures
- Droplet transmission precaution measures
- Air-borne transmission precaution measures

2.3 Specific measures for managing patients in isolation center

2.4 Specific measures for delivery and storage of specimen and samples

3. Waste management procedures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.

- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

Annex 2.1: Infection prevention and control procedures

2.1.1 Hand hygiene procedure

HCFs staff and care givers should perform hand hygiene, when arriving at work/HCFs and before leaving work/HCFs, as well as before eating and after using the toilet/ latrine. Additionally, for anyone who is providing care to patients, the “Five moments for hand hygiene” must be respected.



Recommendation

Routine Hand Hygiene

Hand hygiene must be performed before and after every episode of patient contact.

- Before touching a patient
- Before a procedure
- After a procedure or body substance exposure risk
- After touching a patient
- After touching patient's surroundings

Note: Hand hygiene **MUST** also be performed after taking off PPE.

1a – Hand Washing with Soap and Water



1b - Hand Hygiene with Alcohol-based Hand Rub (AHR)



2.1.2 Respiratory hygiene

Respiratory hygiene and cough etiquette is a standard precaution that should be applied by all patients, visitors and HCWs to contain respiratory secretions (e.g. when coughing, sneezing...) to avoid spreading respiratory infections.



Cover nose and mouth when coughing, sneezing with tissue or mask.

If no tissues are available, cough or sneeze into the inner elbow rather than hand.

Do not “spit” in environment (use tissue instead).

Dispose used tissue and/or masks in the nearest bin after use.



Avoid shaking hands when sick. Use «traditional greeting» instead.

Perform hand hygiene after contact with respiratory secretions.



HCF should promote respiratory hygiene and cough etiquette by:

- Educating HCF staff, patients, family members, and visitors on the importance of containing respiratory droplet/ aerosol and secretions to prevent the transmission of infectious disease (e.g. influenza, tuberculosis, bacterial pneumonia ...).
- Posting signs informing that patients and family members with acute febrile respiratory illness use respiratory hygiene/cough etiquette (e.g. poster).
- Prepare equipment in triage area for patient and family to apply respiratory hygiene. For instance, in Out-Patient- Department (OPD) and Emergency Room (ER), make mask, tissue, rubbish bin, and AHR available.

2.1.3. Personal protective equipment procedures

HCWs must select the appropriate PPE after having assessed the risk of contact with body fluid.

The following is not a sequence of PPE. It is procedure for each PPE item.

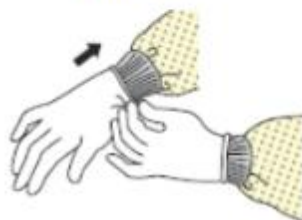
It is when the HCW remove the PPE that he/she may contaminate himself/ herself. Therefore wear PPE in a logical order, to be able to take off from the most contaminated item (higher risk) to the less contaminated item (lower risk).

Any PPE procedure must start by performing hand hygiene first.

When removing PPE, the last step is to thoroughly perform hand hygiene.

1. Gloves

Put On



Putting on gloves

Put On

1. Carefully put on disposable gloves (to avoid breaking the gloves)

When wearing long sleeves gown, gloves cover the wrist of the gown

Take Off



Removing gloves

Take Off

! Outside part of gloves is con-taminated!

1. Grasp outside of glove with opposite gloved hand; peel off

2. Hold removed glove in gloved hand or discharge in waste container

3. Slide fingers of un-gloved hand under remaining glove at wrist

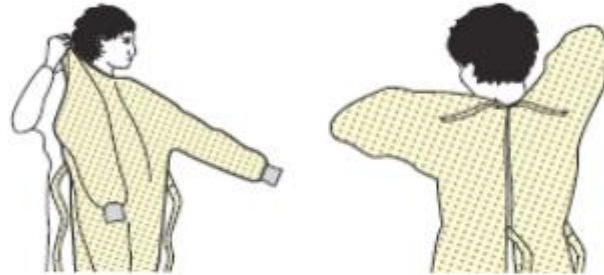
4. Peel glove off

5. Discard gloves in waste container

2. Gown

Put On

1. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
2. Fasten in back of neck and waist



Take Off

1. Unfasten ties
2. Gown front and sleeves are contaminated!
3. Pull away from neck and shoulders, touching inside of gown (only if not wearing gloves)
4. Turn gown inside out
5. Fold or roll into a bundle and discard



Note: Reusable gown should be clean/ disinfected before being reuse

3. Surgical Mask

Put On

1. Secure ties or elastic bands at middle of head and neck
2. Fit flexible band to nose bridge
3. Fit snug to face and below chin



Put On



Take Off



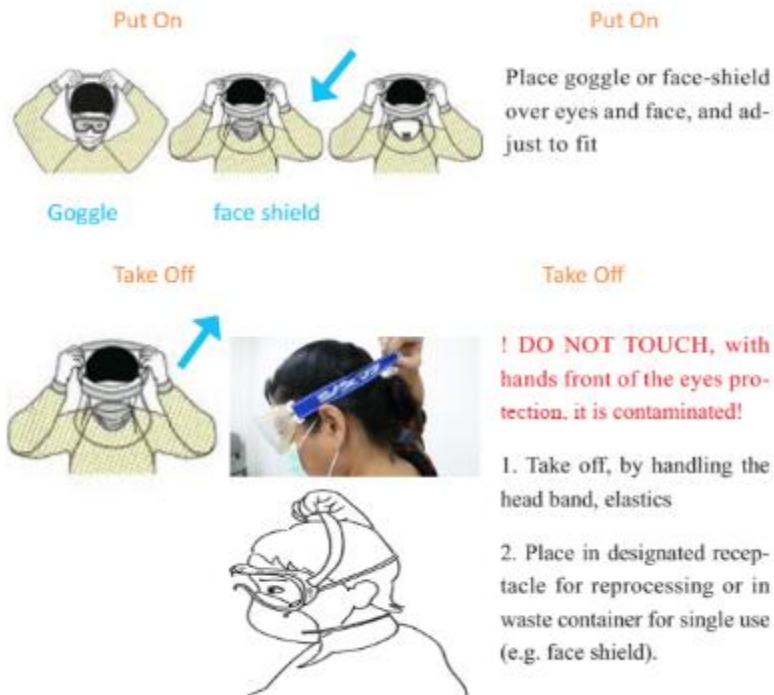
Take Off

! DO NOT TOUCH with hands the front of mask, it is contaminated!

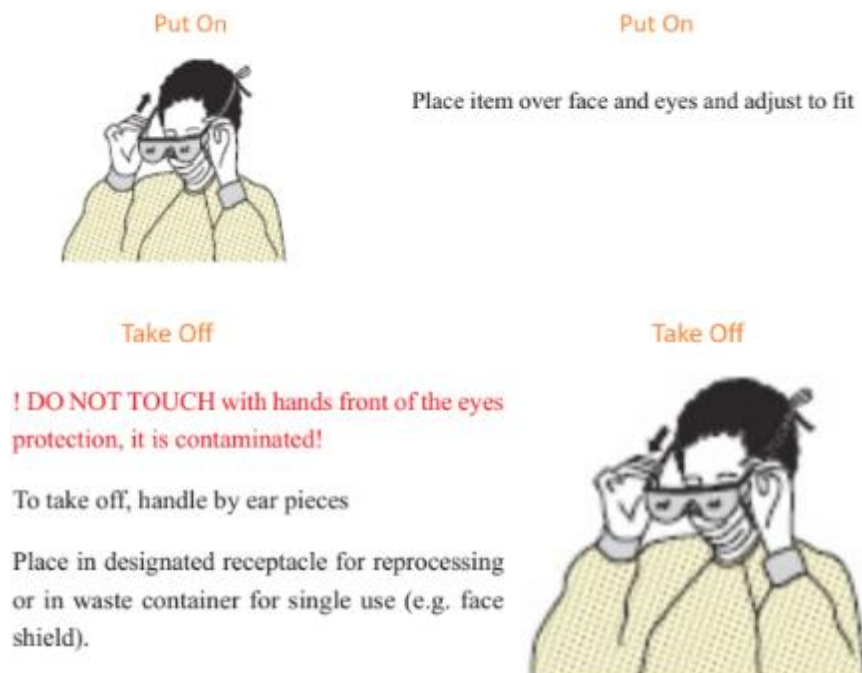
1. Grasp ties or elastics and take off
2. Discard in waste container

4. Eyes protection (safety glasses, goggles or face shield)

4.1 Procedure for goggle or face shield



4.2 Procedure for safety glasses



2.1.4 Patient-care equipment cleaning and disinfection procedures

All medical devices are either single-use or reusable ones. Single-use equipment must be discarded, while all reusable equipment must be properly processed between use and between patients, to prevent infections. For proper reprocessing of equipment, all items need to be cleaned with detergent (liquid soap) and water before disinfection and sterilization, to get rid of the organic matter e.g. blood and mucus that may neutralize chemical disinfectant and affecting the efficiency of the disinfectant.

Instruments and other items may be classified based on the risk of transmitting infection into critical, semi-critical or non-critical, depending on the sites.

| Category | Application | Type of processing | Example of items |
|---------------|-------------------------------------|--|--|
| Critical | Sterile tissues or the blood system | Sterilization (by heat or chemicals) | Dressing and suture instruments, surgical instruments, delivery sets, diagnostic catheters, dental instruments, bronchoscopes, cystoscopes, etc. |
| Semi-critical | Mucous membranes or non-intact skin | High-level disinfection (HLD) & intermediate level disinfection | Laryngoscope blades, vaginal specula, instruments for MVA, respiratory therapy and anaesthesia equipment. dental impressions, endoscopes, gastroscopes, etc. |
| Non-critical | Intact skin | Cleaning, low level Disinfection (depending on contact with the type of patient) | bedpans, toilets, urinals, blood pressure cuffs, ECG leads, thermometers, stethoscopes, beds, bedside tables |

Patient-care equipment cleaning procedure

- Prepare all cleaning and disinfecting equipment and solution
- Cleaner wear PPE: rubber gloves and boots, impermeable apron. when there is a risk of splash in the face, staff must wear eyes protection and surgical mask.
- Take off any gross soiling on the instrument by rinsing in clean water
- Take instrument apart – fully and immerse all parts in detergent solution, and clean all channels and bores of the instrument
- Ensure all visible soil is take off from the instrument – follow manufacturers' instructions,

- Rinse thoroughly with clean water
- Dry the instrument (let it dry to— on a clean rack or hang if tubing or items with lumens, away from other dirty items)
- Inspect to ensure the instrument is cleaned

Patient-care equipment disinfecting procedure

- Prepare disinfectant solution according to the volume of medical instruments, following notice of disinfectant, cleaner wearing PPE. The following table shows the most common sources of chlorine in Cambodia, and the amount of water to add to obtain a 0.5% or 0.05% solution.

| Product | Available Chlorine | How to dilute 0.5% | How to dilute 0.05% |
|--|--------------------|--|--------------------------------------|
| Sodium hypochlorite 5% (liquid bleach) If % is different to this, adjust recipe accordingly | 5% | 1 part bleach to 9 parts water | 1 part bleach to 99 parts water |
| Sodium hypochlorite 6% (liquid bleach) | 6% | 1 part bleach to 11 parts water | 1 part bleach to 119 parts water |
| Chloramine tablets (1 g liberates 250 mg chlorine) If amount of chlorine liberated is different to this, adjust % and hence recipe accordingly) | 25% | 20 grams to 1 liter water (20 tablets) | 2 grams to 1 liter water (2 tablets) |
| Tablets that release 100 mg of chlorine | 100 mg | 50 tablets per 1 liter of water | 5 tablets per 1 liter of water |
| Tablets that release 250 mg of chlorine | 250 mg | 20 tablets per 1 liter of water | 2 tablets per 1 liter of water |

- Immerse the cleaned equipment completely in the disinfectant solution. Soak in the solution, duration will depend on the disinfectant recommendations and dilutions. For example: Sodium hypochlorite 0.05%: soak during 30 minutes
- Rinse thoroughly with clear or sterile water (depending on the required level of disinfection and the use of the equipment)
- Sterile water for semi-critical instrument (HLD)
- Clean water for non-critical instrument (low level of disinfectant)
- Let it dry (on a rack)
- Pack the disinfected equipment and store in a clean area

2.1.5 Soiled linen management procedures

Soiled linen, from patients and HCWs should be cleaned, and disinfected/sterilised when necessary in HCF laundry. To ensure a safe and sanitary environment for laundry staff, PPE should be available, as well as the supply of clean water, and hygienic laundry place.

The basic principles of linen management are as follows:

- In laundry room, the staff should be protected and wear at least: gloves, surgical mask, and impermeable apron, and close shoes or rubber boots. Where there is no laundry machine, and staff is washing by hands, the staff need to wear eyes protection (e.g. safety glasses)
- Place used linen in bag for linen at the point of generation. Do not rinse in patient care area.
- Any linens soiled with blood/bodily fluid are considered infectious.
- Separate infected linen from non-infected linen, and put it in a bag for infectious linen (e.g. yellow impermeable bag). Keep it separated during transport.
- Handle all linen with minimum agitation to avoid aerosolization of patho-genic microorganisms.
- Mattresses and pillows should be covered with plastic and be wiped over with a neutral detergent (refer to environment cleaning). If there is no plastic cover, wash them by hands.

Principles for reprocessing soiled linen:

| | Non-infectious linen | Infectious linen | Infectious drapes from operating room |
|--|---|--|---|
| Overview | Linen from non-infectious patient and without blood/ body fluid | All linens from infectious patients and/ or with blood/ body fluid | All drapes from operating room are infectious. |
| PPE required when handling linen | Disposable gloves | Disposable gloves (Other PPE may be required depending on route of trans-mission. | Rubber gloves (Other PPE may be required depending on route of trans-mission) |
| Sorting used linen | Place in bag for linens. Separate linens soiled with bodily fluid and put in infectious linens bag. | Place all used linen in bag for infectious linen (e.g. yellow impermeable bag) at the point of generation | Place all drapes in bag for infectious linen (e.g. yellow impermeable bag) at the point of generation. |
| PPE required in laundry room, when using laundry machine | Gloves Surgical mask; Impermeable apron; Close shoes or rubber boots | Rubber gloves; Surgical mask Eye protection; Impermeable gown or non-impermeable gown with impermeable apron; Rubber boots | Rubber gloves; Surgical mask; Eye protection; Impermeable gown or non-impermeable gown with impermeable apron; Rubber boots |

| | | | |
|--|---|---|---|
| PPE required in laundry room, for hand washing | Rubber gloves, eyes protection, surgical mask, impermeable apron rubber boots, | MUST NOT be hand washed. If not laundry machine available, wash by hands with caution Always wear eyes protection as using disinfectant | MUST NOT be hand washed. If not laundry machine available, wash by hands with caution Always wear eyes protection as using disinfectant |
| Washing process with hot water (at least 70°C) | Detergent (Laundry liquid or powder) Rinse Dry (dryer or sun & iron) | Detergent (Laundry liquid or powder) Rinse Dry (dryer or sun & iron) | Detergent (Laundry liquid or powder) Rinse Dry (dryer or sun & iron) Bring clean and dried drapes to the central of sterilization |
| Washing process with warm or cold water (less than 70°C) | Wash with detergent (Laundry liquid or powder), Rinse Dry (dryer or sun & iron) | Detergent (Laundry liquid or powder) Rinse Soak in clean water with sodium hypo-chlorite 0.5% for 30 minutes ¹⁰ Wash again with detergent and water, and dry (dryer or sun & iron) | Detergent (Laundry liquid or powder) Rinse Soak in clean water with sodium hypo-chlorite 0.5% for 30 minutes Wash again with detergent and water, and dry (dryer or sun & iron) Bring dried drapes for packaging and sterilization. |
| Note | | If there is no other option (no laundry machine), for infectious linen/ surgical drape, before being wash by hand, they need to be decontaminated at first (soak in disinfectant solution e.g. bleach 0.05% or autoclaved), then they MUST be cleaned rinsed and disinfecting, and sterilisation for sterile drapes, to avoid contamination of patient | |

2.1.6 Environmental cleaning procedure

Most areas of HCFs, are low risk zone (non-infectious zone), these area should be cleaned daily, with detergent solution (soapy water) to remove dirt and organic material and dissolve or suspend grease, oil, and other matter so it can easily be removed by scrubbing. In high-risk areas where heavy contamination is expected and risk of cross-contamination by the staff and other patients, surfaces need to be cleaned with soapy water, rinsed, and let it dry, before being disinfected (e.g. sodium hypochlorite (chlorine) solution 0.05%). High risk are areas are for instance, operating rooms, pre- and postoperative recovery areas, intensive care units (ICUs), isolation room, laboratory, toilets and latrines; or area with blood/ body fluid spills. When cleaning, cleaners are at risk and need to be properly trained. They also must wear appropriate PPE, at least rubber gloves, rubber boots, uniform or apron. When there is risk of splash in the face, wear surgical mask and eyes protection.

Principles of Environmental Cleaning

- Apply hand washing / hygiene and wear appropriate PPE (at least rubber gloves, rubber boots, uniform or apron. When risk of splash in the face, wear surgical mask and eyes protection).
- Prepare fresh cleaning and household solution once a day; and change solution whenever they appear to be dirty.
- Perform cleaning and disinfecting patient environment at least once a day.
- Clean first with detergent (soapy water), rinse with water, let it dry in non-patient area (e.g. including corridor, laundry room etc.)
- In high risk area (patient care area), following cleaning procedure, disinfect surface by using household disinfectant (e.g. bleach 0.05% solution, alcohol 70% for small object, or follow manufacture recommendations).
- Every day clean all patients' rooms, units, cleaner's rooms
- Cleaning with a moistened cloth helps to avoid contaminating the air and other surfaces
- Clean from the less contaminated to the most contaminated area (e.g. start from corridor, then patient' room, and last finish to clean bathroom and toilet)
- After patient discharge, clean and disinfect patient room very well, including all equipment that has been in contact with patient (e.g. bed, bed table...) as soon as possible
- After use, all cleaning equipment (e.g. mop, brush, bucket, cloth...) must be cleaned, disinfected and dried before storage, and be reused.
- In general, do not spray (i.e. fog) occupied or unoccupied clinical areas with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

Cleaning up Spills

- Clean up spills of potentially infectious fluids immediately, to preventing the spread of the infection and also prevents accidents.

- Small spills of blood or other body fluids should be wiped with paper towel (staff using disposable gloves), then clean with soapy water, rinse and disinfect.

Appropriate handling of bedding

- Mattresses and pillows with plastic covers should be cleaned with detergent, after departure of each patient.
- In isolation unit and intensive care unit, as well as infectious wards (e.g. TB..) disinfecting should follow cleaning procedure.

2.1.7 Prevention of needle-stick/sharp injuries

In healthcare settings, injuries from needles or other sharp instruments are the number-one cause of occupational exposure to blood-borne infections. All staff that come in contact with sharps - from doctors and nurses to those who dispose of the trash - are at risk of infections.

Improper disposal of sharps also poses a great threat to members of the community.

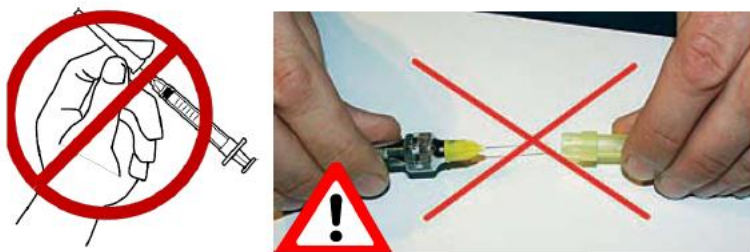
The term *sharps* refers to any sharp instrument or object used in the delivery of healthcare services - including hypodermic needles, suture needles, scalpel blades, sharp instruments, intravenous (IV) catheters, and razor blades. Needle stick/sharp injury means the skin is accidentally punctured by a used needle/ sharp (e.g. scalpel). The injury is a port of entry for blood-borne diseases, such as hepatitis B (HBV) and hepatitis C (HCV), HIV etc. Exposure to patient's body fluid also put HCWs at risk of infection. Therefore, they are encouraged to strictly comply with IPC precautions related to body fluid.

The main causes of needle stick/sharp injury include:

- Recapping of needles (identified as the most common cause)
- Unsafe handling of sharp waste (identified as the second most common cause)
- Reuse of safety box
- Manipulation of used sharps (bending, breaking, or cutting needles).
- Unnecessary injections
- Lack of supplies: disposable syringes, sharps-disposal container/safety box
- Failure to place needles in sharps containers immediately after injection
- Passing sharps from hand to hand (e.g. during surgery)
- Lack of management of sharp wastes
- Lack of awareness of the problem
- Lack of training for staff

Principle of the disposal of used needles/sharps

- Never recap needle/sharp



- Dispose of needles and syringes immediately after use in the safety box.
- Close the safety box, whenever the containers become $\frac{3}{4}$ full.
- Safely dispose the safety box (e.g. via incinerator with temperature at least of 800o Celsius)
- When it is not immediately disposed, keep safety boxes in appropriate storage, for infectious waste.

Refer to “Healthcare Waste Management Guidelines 2011” and “National Injection Safety Guidelines 2014”, for more information.

Safety Box or Sharp disposal container

Safety boxes MUST be puncture and leak resistant. They should be conveniently located in any area where sharp objects are frequently used (such as injection rooms, treatment rooms, operating theatres, labour and delivery rooms, and laboratories).



| Figure 52
Disposal of needles:
incorrect (left) and correct
(right) disposal of needles

2.1.8 Contact precautions

| Requirements | Contact Precautions |
|--|---|
| Single Room | Yes, or Cohort with patient with same pathogen in consultation with infection prevention and control focal point. |
| Negative Pressure | No |
| Hand Hygiene | Yes Hand cleaning with soap and water or AHR |
| PPE for staff/ visitor | |
| Gloves | Yes, If there is direct contact with the patient or their environment Rubber gloves, when cleaning, disinfecting |
| Gown/Apron | Yes, If there is direct contact with the patient or their environment. |
| Mask | Standard Precautions Use to protect face if splash or aerosol likely |
| Protective eyewear | Standard Precautions Use to protect eyes if splash likely to be generated |
| Rubber boots | Standard precautions When risk of infected liquid on the foot, walking where contaminated floor |
| Patient Equipment | Designated equipment (1 equipment/ 1 patient) Or if not possible clean and disinfect before to use to the next patient. To avoid infection of other patients (nosocomial infection) via contaminated equipment. |
| Transport of Patients (inside and outside of hospital) | <ul style="list-style-type: none"> • limit transport, only when necessary • Notify the area receiving patient. • choice un-crowded way to transport patient inside of hospital • transport staff need to wear PPE for contact precautions • PPE for patient: <ul style="list-style-type: none"> ◦ Put a drape on top of the patient (to avoid risk of contamination of the environment during the transport) |

| | |
|---|---|
| | <ul style="list-style-type: none"> ◦ If patient has also respiratory symptoms, patient should wear surgical mask during the transport • Clean and disinfect transport material or vehicle |
| After leaving the isolation room | <ul style="list-style-type: none"> • when transferring patient from outside to isolation unit, use the dedicated entrance for infectious patient, if available • Take off PPE in the ante-room (if ante-room is not available, in the dedicated area – e.g. corridor) and perform hand hygiene |
| Room Cleaning | <ul style="list-style-type: none"> • Refer to Annex 15 and Hospital Cleaning Procedure • Cleaner staff wear PPE for contact precaution plus rubber gloves, rubber boots and impermeable apron • May require additional cleaning with a disinfectant solution depending on the pathogen. |
| Remarks | <ul style="list-style-type: none"> • Everyone entering in the isolation room or unit, need to record their name and contact in the logbook. • Patient Medical Records/document, pen, mobile phone... must not be taken into the room. • Put a sign contact precaution room. |

CONTACT PRECAUTIONS






Staff, Visitors, Family, must report to nursing desk before entering

Staff, Visitors, Family, must

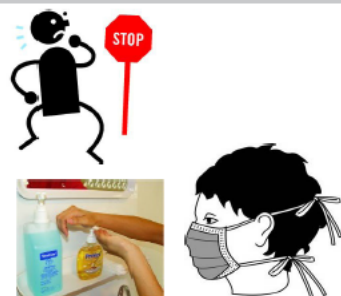
- Perform hand washing before entering and when leaving
- Wear disposable gloves and gown/ apron before enter
- Leave patient care equipment, food in the room and inform unit staff
- When leaving the isolation room, take off PPE (in anteroom or designated area) and
- Perform hand hygiene

2.1.9 Droplet precautions

| Requirements | Droplet Precautions |
|-------------------------------|--|
| Single Room | <p>Yes or</p> <p>Cohort with patient with same pathogen (in consultation with infection control professional, or infectious diseases physician).</p> <p>It is recommended that single patient rooms be fitted with ensuite facilities. In the advent of no ensuite facilities, a toilet and bathroom should be dedicated for individual or cohort patient use.</p> |
| Negative Pressure* | No |
| Hand Hygiene | <p>Yes</p> <p>Hand cleaning with soap and water or water-free alcohol based skin cleanser.</p> |
| PPE for staff/ visitor | |
| Gloves | <p>Standard Precautions</p> <p>Use to protect for anticipated contact with blood and body substances.</p> |
| Gown/Apron | <p>Standard Precautions</p> <p>Use to protect where soiling or splashing are likely.</p> |
| Mask | <p>Yes</p> <p>Surgical Mask</p> <p>Take off mask after leaving patients room.</p> |
| Protective Eyewear | Yes |
| Handling of Equipment | <p>Standard Precautions</p> <p>Avoid contaminating environmental surfaces and equipment with used gloves.</p> |
| Transport of Patients | <ul style="list-style-type: none"> • Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness. • Surgical mask for patient when they leave the room. |

| | |
|----------------------|---|
| | <ul style="list-style-type: none"> • Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). • Advise transport staff of level of precautions to be maintained (droplet precautions). • Notify area receiving the patient. • Clean and disinfect transport material or vehicle. |
| Alert | <ul style="list-style-type: none"> • When cohorting patients, they require minimum of one metre of patient separation. • Visitors to patient room must wear a surgical mask and protective eyewear (if unable to maintain 1 meter distance) and perform hand hygiene. • Patient Medical Records must not be taken into the room. • Signage of room. |
| Room Cleaning | <ul style="list-style-type: none"> • Refer to Annex 15 and Hospital Cleaning Procedure • May require additional cleaning with a disinfectant agent depending on organism. • Consult with infection control professional. |

DROPLET PRECAUTIONS



Staff, Visitors, Family must report to nursing desk before entering

Staff, Visitors, Family must

- Perform hand washing before entering and before leaving the room
- Wear at least surgical mask and eyes protection when entering room
- Leave patient care equipment in the room and inform unit staff
- When leaving the isolation room, take off PPE (in anteroom or designated area)
- Perform hand washing

2.1.10 Air-borne precautions

| Requirements | Airborne Precautions |
|-------------------------------|--|
| Single Room | <p>Yes</p> <p>Door closed</p> <p>It is recommended that single patient rooms be fitted with ensuite facilities. If no en-suite facilities, a toilet and bathroom should be dedicated for individual patient use.</p> |
| Negative Pressure* | Yes , if available otherwise single room with door closed and window open |
| Hand Hygiene | <p>Yes</p> <p>Hand cleaning with soap and water or water-free alcohol based skin cleanser</p> |
| PPE for staff/ visitor | |
| Gloves | <p>Standard Precautions</p> <p>Use to protect for anticipated contact with blood and body substances</p> |
| Gown/Apron | <p>Standard Precautions</p> <p>Use to protect where soiling or splashing are likely</p> |
| Mask | <p>Yes, N95 or P2 Mask (perform fit check each time a mask is worn to ensure it</p> <p>fits the face firmly with no gaps between the mask and the wearers face</p> <p>according to manufacturer instructions prior to entering room)</p> <p>Take off mask after leaving patient room</p> |
| Protective eyewear | <p>Standard Precautions</p> <p>Use to protect eyes if splash likely or where aerosol may be generated</p> |
| Handling of Equipment | <p>Standard Precautions</p> <p>Avoid contaminating environmental surfaces and equipment with used gloves</p> |
| Transport of Patients | <ul style="list-style-type: none"> • Surgical mask for patient when they leave the room • Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). • Advise transport staff of level of precautions to be maintained (airborne). |

| | |
|----------------------|--|
| | <ul style="list-style-type: none"> • Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness. • Notify area receiving patient. • Clean and disinfect transport material or vehicle. |
| Alert | <ul style="list-style-type: none"> • Respiratory hygiene for coughing patients • Visitors to patient room must also wear P2 or N95 mask and perform hand hygiene • Signage of room indicating precautions to be applied • Patient Medical Records must not be taken into the room. |
| Room Cleaning | <ul style="list-style-type: none"> • Refer to Annex 15 and Hospital Cleaning Procedure. • May require additional cleaning with a disinfectant agent depending on the organism. • Consult with infection control professional. |

AIRBORNE PRECAUTIONS



Staff, Visitors, Family, must report to nursing desk before entering

Staff, Visitors, Family must

- Perform hand washing before entering
- Wear particulate respirator (N95) before enter
- Leave patient care equipment in the room and inform unit staff
- When leaving the isolation room, take off PPE (in anteroom or designated area) and
- Perform hand washing

2.1.11 Specific procedures for managing patients in isolation unit

Preparation of isolation Room / unit

- Isolate infectious patient in a single room
- If there is no single room, isolate in the cohort room. In cohort room, always keep suspected cases separate from confirmed cases
- If single and cohort room, keep the single room for suspected cases and the cohort room for confirmed cases
- Avoid movement of infectious suspected and confirmed patients (only if crucial)
- Limit number of visitor (ideally only one)
- Staff help the visitor select PPE base on route of transmission, visitor must be trained for wearing PPE
- Put a clear sign of restrictive area and fence around isolation room/unit
- Set up isolation room/ unit as per standard
- Prepare the isolation room and ensure refurbishment of PPE/ material.

The following items should be kept on the trolley at all times so that PPE is always available for healthcare workers

| Equipment | Stock present |
|---|---------------|
| Eye protection (visor or goggles) | |
| Face shield (provides eye, nose and mouth protection) | |
| Gloves <ul style="list-style-type: none">• reusable vinyl or rubber gloves for environmental cleaning• latex single-use gloves for clinical care | |
| Hair covers (optional) | |
| Particulate respirators (N95, FFP2, or equivalent) | |
| Medical (surgical or procedure) masks | |
| Gowns and aprons <ul style="list-style-type: none">• single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns• plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available) | |
| Alcohol-based hand rub | |
| Plain soap (liquid if possible, for washing hands in clean water) | |
| Clean single-use towels (e.g. paper towels) | |
| Sharps containers | |
| Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment | |
| Large plastic bags | |
| Appropriate clinical waste bags | |
| Linen bags | |
| Collection container for used equipment | |

HCWs/staff in the isolation room /unit

Apply IPC standard and adequate additional precaution(s) based on route of transmission

For emerging infectious disease (EID), with unknown route of transmission, apply standard precautions and all additional precautions (contact+ droplet+ airborne), until the route of transmission has been identified (staff will wear FULL PPE, maximum protective personal equipment)

Exclusively assigned trained staff (medical and non-medical)

- If HCW is not trained, he/she must not wear PPE and enter in the isolation room

Prior entering to the room:

- HCW must record their name and contact details
- Perform hand hygiene and wear PPE for identify route of transmission (following PPE procedure)

After contact with isolated patient:

- HCW must safely take off PPE, and thoroughly wash hands precautions (following PPE procedure)

PPE Procedure in Isolation room/ unit

The PPE to wear will depends on the type of isolation precautions; therefore several PPE procedures are possible. Keep in mind the steps of removing the PPE (from more contaminated to less), this will guide the step of putting on the PPE.

Example of PPE procedure when all PPE items are needed (based on assessment of the risk and route(s) of transmission.

A. Putting on PPE (when all PPE items are needed)



1

- Identify hazards and manage risk.
- Gather the necessary PPE.
- Plan where to put on and take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



2

Put on a gown.



3

Put on particulate respirator or medical mask; perform user seal check if using a respirator.

4

Put on eye protection, e.g. face shield/goggles (consider anti-fog drops or fog-resistant goggles). Caps are optional: if worn, put on after eye protection.



5

Put on gloves (over cuff).

B. Taking off PPE



- 1**
- Avoid contamination of self, others and the environment
 - Remove the most heavily contaminated items first.

Remove gloves and gown:

- peel off gown and gloves and roll inside, out;
- dispose of gloves and gown safely.



- 2** Perform hand hygiene.



- 3**
- Remove cap (if worn).
 - Remove goggles from behind.
 - Put goggles in a separate container for reprocessing.



- 4** Remove respirator from behind.



- 5** Perform hand hygiene.

Environment Cleaning / Disinfecting

Trained staff is wearing PPE depending on route of transmission, adding rubber gloves, impermeable apron, rubber boots.

- In isolation room, all surfaces (floor, table...) need to be cleaned, then disinfected once per day.
- When heavy contamination (blood, vomit, faeces) on surface and floor, take off spill, clean with detergent, disinfect with chlorine solution 0.5%.

Refer to the list of disinfectant to select those that will inactivate the pathogen. The most common hospital disinfectants include:

- Sodium hypochlorite (household bleach);
- Ethyl alcohol 70%;
- Phenolic compounds;
- Quaternary ammonium compounds;
- Peroxygen compounds.

Refer to dilution table, to prepare the detergent disinfectant solution (Refer to Appendix 1C. "Preparation of Sodium Hypochlorite Solution Procedure")

Some disinfectant solution, provide the two actions (detergent and disinfectant) in one product, follow instruction for that specific product.

Reprocessing reusable equipment

Clean with detergent, then soak into chlorine solution 0.05% for at least 30 minutes, rinse and let it dry in a clean area.

If using goggles or safety glasses, clean with detergent, then soak in chlorine solution 0.05% for 10 minutes (30 minutes can damage the goggles, glasses), thoroughly rinse (avoid irritation of eyes) and let it dry in a clean area, before reusing.

Refer to Annex 7 for Preparation of Sodium Hypochlorite Solution Procedure.

Contaminated equipment should be placed in clearly-labelled, leak-proof bags or closed container.

Transport of equipment bag/container from the anteroom to the cleaning/ utility room

- The trained staff wears disposable gloves and mask to transport the bag to the cleaning room.
 - Place the leak-proof bag into a new bag (double bag)
- or
- Disinfect the outside part of the container with e.g. chlorine solution 0.05%

- Use a wheeled bin with a lid or trolley (covered trolley is preferred) to transport the bag. The staff must not carry the bag/container.
- Clean and disinfect all surfaces of the trollies or bins, after each use

Cleaning staff, like other staff need to check and record their temperature twice a day, and notify to chief of unit or IPC team, if any symptoms.

Soiled linen:

Soiled linen must be proceeding by trained staff wearing PPE (depending on the pathogen route of transmission). At least wear rubber gloves, impermeable apron, and rubber boots (refer to Appendix 1D appropriate handling of soiled linen)

Wash with detergent and disinfect linen daily.

If there is any solid excrement such as faeces or vomit,

- Remove carefully, and flush it down the toilet (if proper sewage) or in the sluice before linen is placed in its bag or container.
- If not proper sewage, remove carefully, discharge in waste bag,
- or decontaminate with disinfectant solution (concentration depending on the pathogen)

Soiled linen should be placed in clearly-labelled, leak-proof bags or closed container.

Transport of linen bag/container from the anteroom the laundry room

- Place the leak proof bag into a new bag (double bag) or
- Disinfect the outside part of the container with e.g. chlorine solution 0.05%
- The trained staff wears disposable gloves and mask to transport the linen bag to the laundry
- Use of a wheeled bin with a lid or trolley (covered trolley is preferred). The staff must not carry the bag/container.
- Clean and disinfect all surfaces of the trollies or bins, after each use

In the laundry room, trained staff wear PPE wearing PPE depending on the pathogen route of transmission, with rubber gloves, waterproof apron and rubber boots), wash infected linen with laundry machine:

- In hot water of 70°C: wash with detergent or disinfectant (30 minutes).
- In cold water (< 70°Celsius): wash with detergent, then disinfectant that are active in cold water. When using bleach, rinse in clean water, and dry before reuse.

Laundry staff, like other staff need to check and record their temperature twice a day, and notify to chief of unit or IPC team, if any symptoms

Management of Infectious Waste

Only trained staff, wearing PPE depending on the pathogen route of transmission, with rubber gloves, impermeable apron and rubber boots, must handle infectious waste in the isolation room/ IU (see Appendix 2 Transmission based Precautions)

Dispose needle/sharps in a sharp-proof container (as per standard precautions), and never re-cap needles and/or separate needle from syringe before disposing in the container.

Dispose infectious waste in a “biohazard” labelled waste bag, or leak-proof waste bag (refer Appendix 1G HCWM)

Management of solid infectious waste

Transport of infectious waste bag from isolation room/ unit to incinerator or designated pit:

- Put the waste bag in another clean bag (double bagging) before exiting the isolation area or decontaminate container/bag with the infectious waste, with chlorine solution 0.05%.
- Outside the isolation area, staff who is helping for double bagging, transport the decontaminated bags/containers, should wear at least gloves and disposable mask if outside the isolation zone.

When storing bag/container with infected waste, before being properly managed

- Do not store them more than 24 hours
- The store place must be protected by a fence to prevent entry by animals, children, or untrained personnel

Management of waste bags with infected solid waste

- Incinerate bags with infectious wastes (high temperature > 800°C.)
- Disinfect infectious waste by autoclave
- Bury in a designated pit of appropriate depth (e.g. 2 metres)

Management of infected liquid waste (blood, faeces, urine and vomit, grey water, etc.)

With adequate PPE, depending on the pathogen route of transmission, adding eye protection and surgical mask (if not worn)

- Flush liquid waste (e.g. urine, liquid faecal waste) into the sewage system, if there is an adequate system in place.
- Avoid splashing when disposing of liquid infectious waste to avoid possible generation of aerosols

When hospital does not have an adequate system

- Select adequate disinfectant solution for the pathogen

- In general, disinfect liquid waste with chlorine 0.05% or 0.5% depending on the pathogen before disposing (e.g. disinfect cholera with chlorine solution 0.5%)

Avoid splashing when pouring disinfectant solution

Handling of dead bodies

Discourage any local practices (touching/ being in contact with the corpse) by HCW, family, friends...

Dead body remains should not be sprayed, washed or embalmed.

PPE to safely handle dead body. Refer to route of transmission, with at least:

- Disposable gown with long-sleeves
- Waterproof apron
- Disposable, non-sterile gloves (over the cuffs of the gown)
- Surgical mask (wear particulate mask if autopsy)
- Eyes protection (preferable face-shield, or goggle)
- Rubber gloves
- Rubber boots

Put corpse in waterproof/ impermeable body bag immediately; and transfer to the mortuary as soon as possible after death.

Bury or incinerate corpse without delay

Surveillance of staff who handle dead body (need to check and record their temperature twice a day, and notify to chief of unit, IPC team if any symptoms)

Occupational health

Any staff and visitor who is entering in the isolation room/ isolation unit (IU), or has any contact with contaminated equipment, linen, waste, dead body MUST:

- Register their name and contact details in the log book of isolation room/ unit, for contact tracing purpose.
- Follow up health status, fever and other symptoms (refer to suspect case definition/ triage form)
- Take and record temperature twice daily, for the entire incubation period after the last contact
- Notify to chief of unit, IPC team, focal point if any symptoms

Have a good hygiene, drink plenty of safe drinking water, and rest to avoid mistake due to overwhelmed, severe fatigue.

Provide supervision and support from chief of IU, IPC focal point and director of hospital

Promote preventive medicine:

- No pregnant women should be working in isolation room/ unit
- Provide psychological support to the staff/team who work in isolation room/ unit
- Prevent heat illness/ dehydration (serious risk of heat illness while wearing PPE in tropical conditions)

For HCWs who are developing symptoms

Stop work immediately or do not report to work

Limit interactions with others

Exclude themselves from area,

Notify the chief of unit or focal point if any fever > 38°C. and/ or other symptoms (refer to case definition)

Exposed persons must receive follow-up care (e.g. antiviral therapy when available), counselling and psychological support

Inform supervisor, for contact tracing and follow-up of family, friends, co-workers and other patients, who may have been exposed to the disease through close contact with the infected HCW/staff.

Managing Blood/ Body fluid Exposure

Persons including HCWs with percutaneous or muco-cutaneous exposure to blood, body fluids, secretions, or excretions from a patient with suspected or confirmed infectious disease, should immediately and safely stop any current tasks, and leave the patient care area.

Safely take off PPE according to the steps in the procedure, in the anteroom

Treat affected exposed area:

- wash the affected skin surfaces or the percutaneous injury site with soap and water
- Irrigate mucous membranes (e.g. conjunctiva) with copious amounts of water or an eyewash solution, and not with chlorine solutions or other disinfectants.

Immediately report the incident to the chief of unit, IPC focal point (following hospital exposure procedure) as soon as the HCF staff exit the isolation room/ unit.

Exposed persons should be medically evaluated for:

- infectious disease (ID) (of isolated patient)
- other potential exposures (e.g., HIV, HCV) if sharp/needle-stick injury

Exposed persons must receive follow-up care, including:

- fever monitoring, twice daily

- period of recording symptoms will depend on the ID
- Counselling and psychological support

Immediate consultation with an expert in infectious diseases for any exposed person who develops fever, symptoms after exposure.

If fever appears and other symptoms, isolate HCF staff, and follow procedure for ID suspected until a negative diagnosis is confirmed

Or

People suspected of having infected should be cared for/isolated, and the same recommendations outlined in this document must be applied until a negative diagnosis is confirmed.

Conduct contact tracing and follow-up of family, friends, co-workers and other patients, who may have been exposed to Ebola virus through close contact with the infected HCW/ staff.

Annex 2.2: Healthcare waste management procedures

While approximately 80% of the wastes generated in a HCF are general waste, the remaining 20% comprise wastes that contain harmful microorganisms which can infect hospital patients, HCFs staff and the general public, as well as sharp objects and hazardous substances that can result in injuries, poisoning and pollution.

Categorization of healthcare wastes

Healthcare waste is broadly categorized into two main groups, namely medical wastes and general wastes.

1. General wastes or household waste

- Any waste that are solid or semi-solids generated from HCFs that are non-toxic and non-hazardous and are not contaminated with medical wastes. These are the food wastes, paper, plastics, textiles, non-toxic metals, glass and garden wastes.
- In the event that general wastes are contaminated or mixed with any medical wastes, the general wastes shall be classified as medical wastes and managed accordingly.

2. Medical wastes

- Any waste which consists completely or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharps instruments, ... all wastes that are hazardous or can cause infection to any person coming into contact with it.
- Any other wastes generated from healthcare activities which may be hazardous or toxic.
- The categories of medical wastes are:
 - 1) Infectious wastes
 - 2) Pathological wastes
 - 3) Sharps wastes
 - 4) Pharmaceutical wastes
 - 5) Genotoxic wastes
 - 6) Chemical wastes
 - 7) Wastes with high content of heavy metals
 - 8) Pressurized containers
 - 9) Radioactive wastes











Proper healthcare waste management includes (1) waste segregation, (2) collection and handling, (3) stock in a safe temporary storage, (4) safe treatment and disposal.

1. Organize waste segregation:

All HCFs shall organize waste segregation at sources. Each type of waste should be contained in designated, color coded and labelled bags and containers. These are:

- green bin: general waste or household waste
- yellow bin: infectious waste, main part of the medical waste
- brown bin: chemical and pharmaceutical wastes, wastes with high content of heavy metals
- red bin: genotoxic waste, radioactive waste
- black bin: pressurized containers

| Waste Category | Colour of Container & Markings | Proposed Symbol |
|--|---|--|
| Infectious waste | Yellow, marked black |  |
| Pathological wastes | Yellow, marked red |  |
| Sharps "safety-box" | Yellow, marked "SHARPS" |  |
| Chemical & pharmaceutical waste | Brown, marked "HAZARDOUS" |  |
| Wastes with high content of heavy metals | Brown, marked with the specific heavy metal content and "HAZARDOUS" |  |
| Genotoxic waste | Red, marked "CYTOTOXIC" |  |
| Radioactive waste | Red |  |
| Pressurized containers | Black |  |
| General waste | Green |  |

2. Handling

Staff should handle medical waste as little as possible before storage and disposal. The more waste is handled, the greater the chance for accidents.

Special care must be taken when handling used needles and other sharps, which pose the greatest risk of accidental injury and infection.

Emptying waste containers

Waste containers that are too full also present greater opportunities for accidents. Waste should be removed from operating theatres, procedure rooms, and sluice rooms before the containers become completely full. At the very least, these containers should be emptied once a day. Dispose of sharps containers when they are 3/4 full. (When sharps-disposal containers become too full, people may push sharps into the container, causing injury.)

Staff should wear utility gloves, heavy duty apron and boots when collecting waste.

Do not collect medical waste from patient-care areas by emptying it into open carts or wheelbarrows, as this may lead to spills and contamination of the surroundings, may encourage scavenging of waste, and may increase the risk of injury to staff, patients, and visitors.

Handle medical waste as little as possible.

Never put your hands into a container that holds medical waste.

3. Stock in a safe temporary storage

Following segregation, medical wastes should be placed in a designated, safe (locked) and temporary storage at HCFs. Different health care waste should be streamed separately in standard storage equipment. Storage time of infectious waste should not exceed 48 hours. Anatomical waste should be buried or disposed daily.

The central storage area must be:

- Located separately from the general waste storage areas.
- Should be clearly identifiable.
- Away from food preparation, public access and egress route.
- Arranged to store waste for landfill and waste for incineration waste separately.
- Well ventilated and well lit.
- Located on well drained, impervious hard-standing.
- Provided facilities for washing down and disinfection.

4. Treatment and disposal of medical waste

General wastes can be removed to the regular community waste-disposal (land field). Infectious waste can be treated by the following methods:

Incineration. Two-chambered incinerators with proper temperature, required chimney heights should be used. The temperature must be at least of 800°C to ensure minimal emission of toxic gases at the primary chamber. Appropriate location and high chimney (higher than nearby roofs) are required. Pressured gas containers, halogenated plastics like PVC, mercury, cadmium and ampoules of heavy metals should never be incinerated. Several provinces in Cambodia have installed two-chambered incinerators for medical waste treatment in the centralized model. Health centers and district hospitals are recommended to transport sharp waste to these incinerators for treatment.

Single-chamber, drum and brick incinerators cannot meet the best available technology requirements of the Stockholm Convention on Persistent Organic Pollutants, of which Cambodia is signatory. Emissions of toxic and persistent organic pollutants (dioxin, furans, etc.) from these small-scale

incinerators may result in human exposure at levels associated with adverse health risks. The project will not finance new small-scale onsite incinerator. If existing on-site incinerators are used, mitigation measures will be taken to control emissions to air in line with WBG EHS for healthcare facilities and WHO's guidelines for safe management of waste generated from healthcare activities. The good practices as follow:

- Waste reduction and segregation to minimize quantities of waste to be incinerated;
- Siting incinerators away from patient wards, residential areas or where food is grown;
- A clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers;
- Periodic maintenance to replace or repair defective components;
- Improved training for operators and improved management including the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules.

Autoclave. Autoclave used to decontaminate infectious waste is required for laboratory (Level BS2+ and BSL3). They are available in some laboratories in Cambodia. All laboratory equipment, materials and fluids must be decontaminated in the autoclave, before being discharged out of the laboratory.

Sharp pit and Placenta pit: Placenta and small anatomical waste should be disposed to placenta pit and sharp waste should be disposed to sharp pit where there is no effective incineration.

Secured landfill. This is the minimal approach to sharp waste disposal, which should be used only in remote and underdeveloped areas. Even in difficult circumstance, the health facility should establish the following basic principles:

- Locates the burial site away from the groundwater supply sources
- Restrict access to the disposal site by unauthorized persons
- Line the burial site with a material of low permeability, such as clay, dung and river silt, if available, to prevent pollution of shallow groundwater and nearby wells.
- Bury sharp waste and infectious waste only
- Each layer of waste should be covered by a layer of soil to prevent odors, rodents and insects.

5. Waste water collection and treatment

a. Overall requirements

Health and environmental workers should always wear heavy utility gloves and shoes when handling or transporting liquid medical waste of any kind. When carrying or disposing of liquid medical waste, they should be careful to avoid splashing the waste on yourself, others, or on the floor and other surfaces.

Carefully pour liquid waste down a sink, drain, flushable toilet, or latrine. If this is not possible, bury it in a pit along with solid medical waste. Moderate quantities of mild liquid or semi-liquid

pharmaceuticals such as solutions containing vitamins, cough syrups, intravenous solutions, eye drops (but not antibiotics or cytotoxic drugs), may be diluted in a large flow of water and discharged into municipal sewers. Pharmaceutical wastes shall not be disposed of into slow-moving or stagnant water. Pharmaceutical wastes shall not be disposed of into slow-moving or stagnant water.

All facilities should have appropriate drainage. If the facility does not link to a treated municipal water drainage system, then all drainage should be treated locally. This includes appropriate septic and filtration systems. Highly infectious waste should be disinfected by proper disinfectants or autoclaved before they are disposed of either by incineration or non-incineration processes. Unless there is an adequate waste-water treatment plant, blood should be disinfected before discharged to a sewer.

b. Management of faecal waste and wastewater in COVID-19 outbreak

There is no evidence that the COVID-19 virus has been transmitted via sewerage systems with or without wastewater treatment. Further, there is no evidence that sewage or wastewater treatment workers contracted the severe acute respiratory syndrome (SARS), which is caused by another type of coronavirus that caused a large outbreak of acute respiratory illness in 2003. As part of an integrated public health policy, wastewater carried in sewerage systems should be treated in well-designed and well-managed centralized wastewater treatment works. Each stage of treatment (as well as retention time and dilution) results in a further reduction of the potential risk. A waste stabilization pond (an oxidation pond or lagoon) is generally considered a practical and simple wastewater treatment technology particularly well suited to destroying pathogens, as relatively long retention times (20 days or longer) combined with sunlight, elevated pH levels, biological activity, and other factors serve to accelerate pathogen destruction. A final disinfection step may be considered if existing wastewater treatment plants are not optimized to remove viruses. Best practices for protecting the health of workers at sanitation treatment facilities should be followed. Workers should wear appropriate personal protective equipment (PPE), which includes protective outerwear, gloves, boots, goggles or a face shield, and a mask; they should perform hand hygiene frequently; and they should avoid touching eyes, nose, and mouth with unwashed hands.

- *Sanitation and plumbing*

People with suspected or confirmed COVID-19 disease should be provided with their own flush toilet or latrine that has a door that closes to separate it from the patient's room. Flush toilets should operate properly and have functioning drain traps. When possible, the toilet should be flushed with the lid down to prevent droplet splatter and aerosol clouds. If it is not possible to provide separate toilets, the toilet should be cleaned and disinfected at least twice daily by a trained cleaner wearing PPE (gown, gloves, boots, mask, and a face shield or goggles). Further, and consistent with existing guidance, staff and health care workers should have toilet facilities that are separate from those used by all patients.

WHO recommends the use of standard, well-maintained plumbing, such as sealed bathroom drains, and backflow valves on sprayers and faucets to prevent aerosolized faecal matter from entering the plumbing or ventilation system, together with standard wastewater treatment.²¹ Faulty plumbing and a poorly designed air ventilation system were implicated as contributing factors to the spread of the aerosolized SARS coronavirus in a high-rise apartment building in Hong Kong in 2003.²² Similar concerns

have been raised about the spread of the COVID-19 virus from faulty toilets in high-rise apartment buildings.²³ If health care facilities are connected to sewers, a risk assessment should be conducted to confirm that wastewater is contained within the system (that is, the system does not leak) before its arrival at a functioning treatment or disposal site, or both. Risks pertaining to the adequacy of the collection system or to treatment and disposal methods should be assessed following a safety planning approach,²⁴ with critical control points prioritized for mitigation.

- *Toilets and the handling of faeces*

It is critical to conduct hand hygiene when there is suspected or direct contact with faeces (if hands are dirty, then soap and water are preferred to the use of an alcohol-based hand rub). If the patient is unable to use a latrine, excreta should be collected in either a diaper or a clean bedpan and immediately and carefully disposed of into a separate toilet or latrine used only by suspected or confirmed cases of COVID-19. In all health care settings, including those with suspected or confirmed COVID-19 cases, faeces must be treated as a biohazard and handled as little as possible. Anyone handling faeces should follow WHO contact and droplet precautions and use PPE to prevent exposure, including long-sleeved gowns, gloves, boots, masks, and goggles or a face shield. If diapers are used, they should be disposed of as infectious waste as they would be in all situations. Workers should be properly trained in how to put on, use, and remove PPE so that these protective barriers are not breached.²⁵ If PPE is not available or the supply is limited, hand hygiene should be regularly practiced, and workers should keep at least 1 m distance from any suspected or confirmed cases.

If a bedpan is used, after disposing of excreta from it, the bedpan should be cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, and then rinsed with clean water; the rinse water should be disposed of in a drain or a toilet or latrine. Other effective disinfectants include commercially available quaternary ammonium compounds, such as cetylpyridinium chloride, used according to manufacturer's instructions, and peracetic or peroxyacetic acid at concentrations of 500–2000 mg/L.

Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and it is possible that this may introduce risks associated with splashing.

- *Safely disposing of greywater or water from washing PPE, surfaces and floors.*

Current WHO recommendations are to clean utility gloves or heavy duty, reusable plastic aprons with soap and water and then decontaminate them with 0.5% sodium hypochlorite solution after each use. Single-use gloves (nitrile or latex) and gowns should be discarded after each use and not reused; hand hygiene should be performed after PPE is removed. If greywater includes disinfectant used in prior cleaning, it does not need to be chlorinated or treated again. However, it is important that such water is disposed of in drains connected to a septic system or sewer or in a soakaway pit. If greywater is disposed of in a soakaway pit, the pit should be fenced off within the health facility grounds to prevent tampering and to avoid possible exposure in the case of overflow.

Annex 3:

Labor Management Plan

The Labor Management Plan (LMP) is a living document to be reviewed and updated throughout development and implementation of the Cambodia COVID-19 project. The LMP applies to all project workers, irrespective of contracts being full-time, part-time, temporary or casual.

USE OF LABOR IN THE PROJECT

The World Bank ESS2 defines four categories of project workers:

- **Direct workers** - people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project.
- **Contracted workers** - people employed or engaged through third parties to perform work related to core functions of the project, regardless of location. These could be either international or national workers.
- **Primary supply workers** - people employed or engaged by the Borrower's primary suppliers (primary supply workers).
- **Community workers** - people employed or engaged in providing community labor, generally voluntarily. There will be no community workers engaged on the Project.
- **Civil Servant**- those employed directly by the Government.

The Cambodia COVID-19 Project is expected to engage a variety of staff and workers listed below.

| Project Component | Estimated Number of Project Workers | Characteristics of Project Workers | Timing of Labor Requirements | Contracted Workers |
|--|-------------------------------------|--|------------------------------|--|
| 1. Case detection and management: establishing and upgrading laboratory, isolation and treatment centers and equipping them | Unknown at this stage | Contractor may be national or international hired to upgrade/establish labs or isolation/treatment centers | Construction | Direct worker -- Company in charge of minor civil work for the establishing and upgrading of labs/centers. |
| 1. Case detection and management | Unknown at this stage | Likely national workers who may come from Phnom Penh or different provinces. It is recommended that workers are hired locally to | Construction | Contracted worker – Laborers working for the construction company (above) |

| | | | | |
|--|-----------------------|--|--------------------------------------|--|
| | | work on the upgrading of municipal/provincial center to (i) avoid labor influx from other provinces, (ii) reduce the need to set up labor camps | | to work on upgrading of labs/centers |
| 2. Medical supplies and equipment: procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan | Unknown at this stage | National workers who drive trucks and deliver medical supplies and equipment. May be hired directly or contracted by company/person selling the medical equipment. | Construction, potentially Operations | Direct and/or Contracted worker – those supplying or transporting medical supplies and equipment |
| 2. Medical supplies and equipment | Unknown at this stage | National workers for goods procured in-country, or workers in-country who procure goods internationally. | Construction | Supply workers – working on factories providing medical supplies and equipment purchased |
| 3. Preparedness, Capacity Building and Training: includes coordination, human resources, support for screening, hotline, supporting, communication materials and outreach, | Unknown at this stage | Workers at MOH in Phnom Penh, the Department of Health in the 25 provinces, District health officials in the 25 provinces, health workers (doctors, nurses, pharmacists, lab technicians, cleaners, etc.) working in one of the 25 provincial/referral hospitals across the country. | Throughout the whole project cycle | Civil servants at MOH, NIH, health workers and District/Provincial level, law enforcement officials, other authorities, if working specifically on COVID-19 response |

| | | | | |
|---|-----------------------|--|------------------------------------|---|
| community surveillance | | <p>National Institute of Public Health (NIH) staff.</p> <p>Workers at MOH responsible for grievance redress, communication materials and managing hotline numbers and/or websites.</p> <p>Law enforcement officials or other authorities responsible for conducting checks, screening for entry into the country, monitoring compliance with movement restrictions and helping to disseminate project information.</p> <p>National and international skilled consultants to provide training</p> | | <p>Consultancy contracts</p> <p>are likely to be</p> <p>tendered to individual consultants.</p> |
| 3. Preparedness, Capacity Building and Training: | Unknown at this stage | Civil society, NGO or consultant staff may be hired directly by MOH (or one is hired and rest is sub-contracted) to deliver training activities or communications and outreach materials on COVID-19, GBV, mental health, VAC, or conduct additional assessments | Operations | Direct and/or Contracted worker -- NGO, CSO or consultant |
| 4. Project Implementation and Monitoring: including procurement, safeguards, | Unknown at this stage | Civil servants at MOH implementing project. Consultants hired to support environmental and social standards | Throughout the whole project cycle | Direct worker Consultancy contracts are likely to be |

| | | | | |
|---|--|-----------------------------|--|-------------------------------------|
| monitoring, costs for consultants, etc. | | implementation, monitoring. | | tendered to individual consultants. |
|---|--|-----------------------------|--|-------------------------------------|

The project will ensure that no workers of any type is under 18 years.

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

People engaged to work in the Cambodia COVID-19 project may come into contact with hazardous wastes and people diagnosed with COVID-19. It is therefore extremely important that all project workers that are in direct contact with patients and/or medical or any other hazardous waste, follow strict protocols as recommended by the World Health Organization (WHO) and Occupational Health and Safety (OHS) measures highlighted in the ESMF. There are also some general construction-related risks linked to the upgrading or establishing of isolation/treatment centers and upgrading of laboratories.

| Project Activity | Key Labor Risks |
|--|--|
| General project administration and implementation (hiring of consultants, monitoring and reporting, financial management, audits, E&S management, project coordination, conducting behaviour and communication campaigns, conducting trainings, M&E) | <ul style="list-style-type: none"> • Road travel to provinces (OHS) • Sedentary work (OHS) Exposure to people who could have COVID-19 without the proper PPE and/or training |
| Minor civil works and/or construction works to upgrade hospitals and other medical facilities, including NIH and labs, including supplying with medical equipment. | <ul style="list-style-type: none"> • Terms and conditions of employment are not consistent with WB ESF 2 (see more info in section below) • Non-discrimination and equal opportunity is not consistent with WB ESF 2 (see more info in section below) • Child labor • Risks of workplace accidents, particularly when operating construction equipment, when working at height on building construction, and when handling heavy equipment and materials • Risks from exposure to hazardous substances (dust, cement, chemicals used in construction etc.) • Accidents or emergencies (OHS) • Potential employment of migrants or seasonal workers • Sexual Exploitation and Abuse (SEA), GBV and VAC to workers and community |

| | |
|--|---|
| Transportation of medical supplies, equipment | <ul style="list-style-type: none"> • Traffic hazards (OHS) • Road travel to provinces (OHS) • Risks of accidents when handling heavy equipment • Transportation of equipment and supplies is not expected to be a vector of COVID-19 |
| Transportation of medical waste | <ul style="list-style-type: none"> • Traffic hazards (OHS) • Road travel to/from provinces (OHS) • Risks from exposure to hazardous substances (medical waste, contaminated waste) |
| Running laboratories, treatment facilities, isolation centers, etc. that deal directly with COVID-19 patients and/or their waste | <ul style="list-style-type: none"> • Terms and conditions of employment • Non-discrimination and equal opportunity • Risks from exposure to hazardous substances (medical waste, contaminated waste) • Risks from exposure with patients without the proper PPE and/or training, or their bodily fluids/waste, that have contracted COVID-19 • SEA, GBV and VAC to workers and community |
| Screening people entering the country | <ul style="list-style-type: none"> • Risks from exposure with people that may be positive for COVID-19 • Abuse of power, discrimination, stigma towards community members |
| Conducting checks and screening on people in the community | <ul style="list-style-type: none"> • Risks from exposure with people that may be positive for COVID-19 • Abuse of power, discrimination, stigma, SEA, GBV and VAC risks for community members |
| Delivering trainings for community or for rural health workers | <ul style="list-style-type: none"> • SEA, GBV and VAC to workers and community • Spread of sexually-transmitted diseases • Risk of contact with people with COVID-19 without the proper PPE and/or training |

BRIEF OVERVIEW OF THE LABOR LEGISLATION

Cambodia has national legislation that outlines worker's rights. The Labor Law (1997) remains the key document governing the regulatory framework for labor in Cambodia.

The **1997 Labor Law** defines non-discrimination in employment and in wages. It establishes a minimum wage level, which may vary among regions. Working hours are limited to 8 hours per day, 6 days a week. There are strong regulatory provisions against discrimination in the work place, enhancing from a legal point of view fair treatment, non-discrimination and equal opportunity, special protection and assistance to vulnerable workers. A whole chapter in the Law is dedicated to health and safety in the workplace. The Law also covers those who work for subcontractors. Furthermore, Cambodia has ratified all relevant ILO conventions, such as those on forced labor, freedom of association, right to organize and collective bargaining, equal remuneration, minimum age, discrimination and child labor.

Child labor remains a noticeable gap in the legal framework despite many years of participation in related international programs. The Labor Law defines 12 years old as the minimum working age for children, though 12-15 year olds are meant to only engage in certain light jobs, but this is not always closely

monitored. The Prakas on the Prohibition of Hazardous Child Labor (2004) allow hazardous work for well-trained children above 16, provided it is not night work. The ESMF details the relevant legislation and a gap analysis with the World Bank ESF. No persons under the age of 18 will be allowed work on any aspect relating to the project.

The Labor Law (1997) includes provisions on Occupational Health and Safety (OHS) mostly consistent with ESS2 of the World Bank's Environmental and Social Framework (ESF). Additional measures must also be taken compliant with WHO guidelines on COVID-19, as outlined in this ESMF.

RESPONSIBLE STAFF

This section identifies the function and/or individuals/agencies within the project responsible for oversight mechanisms.

Engagement and Management of Direct Workers. The Ministry of Health (MOH) is responsible for engagement of direct workers/contractors and compliance with contract conditions (payment of invoices). The MOH will address all LMP aspects as part of procurement for works (such as transport of medical supplies, minor civil works to refurbish labs or medical facilities, consultancy/technical assistance, etc.). A Project Management Unit (PIU) established in MOH will be responsible for overseeing all aspects of implementation of the project, including compliance of direct workers and contractors, and monitoring and evaluation.

Engagement and Management of Sub-Contracted Workers. The Contractor is responsible for management of their workers or subcontracted workers in accordance with this LMP, which will be supervised by MOH. This includes ensuring compliance with key aspects, in particular those relating to COVID-19 prevention and general OHS.

Labor and Working Conditions. Contractors will keep records in accordance with specifications set out in this LMP. MOH may at any time require records to ensure that labor conditions are met and that prevention mechanisms and other safety issues, general to OHS and specific to COVID-19, are being followed. MoH will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.

Training of Workers. Contractors are required to have a designated safety officer. The contractor must train staff on OHS measures, hygiene practices, precautions against COVID-19, and other aspects of this LMP as appropriate. Contractors must make staff available for any mandatory trainings required by MOH, as specified by the contract. Meanwhile MOH must ensure adequate training and materials are provided to direct workers, such as those working on communication materials, screening, etc.

Addressing Worker Grievances. MOH and Contractors will be required to implement a Grievance Redress Mechanism (GRM) for workers which responds to the minimum requirements in this LMP. The MOH will review records on a monthly basis. MOH will keep abreast of GRM complaints, resolutions and reflect in quarterly reports to the World Bank.

Occupational, Health and Safety. Contractors on civil works must designate a minimum of one safety representative to ensure day-to-day compliance with specified safety measures and OHS, including on precautions against COVID-19, and record any incidents to MOH on a monthly basis; serious incidents should be reported immediately. Cases of COVID-19, and actions taken, should also be reported immediately. Minor incidents should be reflected in the quarterly reports to the World Bank, and major issues should be flagged to the World Bank immediately. Further to enforcing the compliance of environmental and social management, contractors will be responsible and liable for the safety of site

equipment, laborers and daily workers attending to the construction site and safety of citizens for each subproject site, as mandatory measures.

POLICIES AND PROCEDURES

Most environmental and social impacts of the project resulting from activities directly under the control of contractors will be mitigated directly by the same contractors. As such, the approach is to ensure that contractors effectively mitigate project related impacts. MOH will incorporate standardized environmental and social clauses in the tender documentation and contract documents in order for potential bidders to be aware of environmental and social performance requirements that shall expected from them, are able to reflect that in their bids, and required to implement the clauses for the duration of the contract. In particular, this will be the relevant aspects of the Environment and Social Risks and Mitigation Measures outlined in the ESMF in Tables 5.1, 5.2 and 5.3, which covers all potential risks and mitigation measures relevant to contractors. MOH will enforce compliance by contractors with these clauses.

As a core contractual requirement, the contractor is required to ensure all documentation related to environmental and social management, including the LMP, is available for inspection at any time by MOH. The contractual arrangements with each project worker must be clearly defined. All environmental and social requirements will be included in the bidding documents and contracts.

In addition, MOH will be responsible to ensure that safe messaging around COVID-19 prevention and OHS measures are distributed and available to all project staff directly hired/working for MOH, as per provisions in this LMP.

All project workers must be aware and sign the Manager's Code of Conduct and/or the Individual Code of Conduct (see further below in this Annex for both codes), as applicable.

Occupational Health and Safety (OHS)

All project workers should receive training on OHS as well as COVID-19 prevention, social distancing measures, hand hygiene, cough etiquette and relations with local community. Training programs should also focus, as needed, on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, communication and public-awareness strategies for health workers and the general public on emergency situations, reporting and actions on COVID-19 cases in the workforce, as well as compliance monitoring and reporting requirements, including on waste management based on the existing IPC&WMP prepared as part of the ESMF, OHS and project's labor-management procedures, stakeholder engagement and grievance mechanism.

The Health and Safety specifications will include the following provisions:

- Ensuring workplace health and safety standards in full compliance with Cambodian law, at a minimum, and including (1) basic safety awareness training to be provided to all persons as well as on COVID-19 prevention and related measures; (2) all vehicle drivers to have appropriate licenses (3) Safe management of the area around operating equipment inside or outside hospitals/laboratories/treatment facilities/isolation centers; (4) workers to be equipped with hard helmets, safety boots and protective gloves and/or PPE equipment as needed (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) to protect from COVID-19; (5) secure scaffolding and fixed ladders to be provided for work above ground level; (6) First aid equipment and facilities to be provided in accordance with the Labour Law; (7) at least one supervisory staff trained in safety procedures to be present at all times when construction work is in progress; and (8) adequate provision of hygiene facilities (toilets, hand-washing basins), resting areas etc. separated by gender as needed and with distancing guidelines in place;

- Comply with Cambodia legislation, WB's ESS2 requirements and other applicable requirements which relate to OHS hazards, including WHO specific COVID-19 guidelines
- All workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken including COVID-19 cases in the workforce, which should be reported to MOH and the World Bank immediately;
- All workers (irrespective of contracts being full-time, part-time, temporary or casual) to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19;
- Procedures confirming workers are fit to work, which may include temperature testing and refusing entry to sick workers (with insurance in place to cover payment, as described above);
- All work sites to identify potential hazards and actions to be taken in case of emergency;
- Any on-site accommodation to be safe and hygienic, and with distancing guidelines in place, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation and cooking facilities;
- Workers residing at site accommodation to receive training in preventing prevention of infection through contaminated food and / or water, COVID-19 prevention and avoidance of sexually transmitted diseases;
- Provide laminated signs of relevant safe working procedures in a visible area on work sites, in English and local language as required, including on hand hygiene and cough etiquette, as well as on symptoms of COVID-19 and steps to take if suspect have contracted the virus;
- Fair and non-discriminatory employment practices;
- Provide PPE as suitable to the task and hazards of each worker, without cost to the worker;
- Under no circumstances will contractors, suppliers or sub-contractors engage forced labor;
- Construction materials manufactured in Cambodia be procured only from suppliers able to certify that no forced labour (including debt bondage labour) or child labour (except as permitted by the Labour Law) has been used in production of the materials;
- All employees to be aware of their rights under the Labour Law, including the right to organize;
- All employees to be informed of their rights to submit a grievance through the Project Worker Grievance Mechanism;
- All employees to be provided training on appropriate behaviour with communities, gender-based violence and violence against children (also see Codes of Conduct).

Age of Employment

For this project, the minimum age will be 18 years. This rule will apply for both national and international workers. Workers will be required to provide proof of their identify and age before commencing any works on site.

Terms and Conditions and Equal Opportunities

All terms and conditions as outlined in the World Bank Environmental and Social Framework (ESF) ESS2, paragraphs 10 to 15 apply to contracted workers. In addition,

- In line with national law, the maximum working hours are limited to 8 hours per day, 6 days a week unless there is payment of overtime, however this may be amended during a COVID-19 outbreak as prescribed by national directives or legislation.
- Employment opportunities will be available to all. This includes equal pay for equal work, regardless whether the person performing the work is male or female.

- The wages paid by the employers to the workers shall not be lower than the local Cambodian minimum wage.
- All workers to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.

Grievance Mechanism

There will be a specific Grievance Redress Mechanism (GRM) for project workers as per the process outlined below. 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.

In addition, this GRM should be communicated to all relevant category of workers as part of project engagement. Special communications will be held with the vulnerable groups identified at each location.

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 Focal Point. Grievances may also be referred or reported to the MOH Management if deemed suitable. The MOH Focal Point endeavors to address and resolve the complaint and inform the Aggrieved Person/Party as promptly as possible, in particular if the complaint is related to something urgent that may cause harm or exposure to the person. For complaints that were satisfactorily resolved by the MOH Focal Point, the incident and resultant resolution will be logged by the MOH Focal Point. Where the complaint has not been resolved, the MOH Focal Point will refer to the Manager of the MOH PIU 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 Manager of the MOH PIU should refer the matter to the Project Steering Committee for a resolution, which shall aim to resolve the grievance in three weeks or less. The MOH Focal Point will log details of issue and resultant resolution status.

Up until the third stage there will be no fees for the lodgement 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, or labor inspectorate, at the complainant's own expense. A decision of the Court will be final.

Feedback must be provided to the lodger of each step no less than weekly..

Each grievance record should be allocated a unique number reflecting year and sequence of received complaint (for example 2020-01, 2020-02 etc.). Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy. The MOH 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 Focal Point is also responsible for oversight of the GRM.

CONTRACTOR MANAGEMENT

The tendering process for contractors will require that contractors can demonstrate their labor management and OHS standards, which will be a factor in the assessment processes.

Contractual provisions will require that contractors:

- Monitor, keep records and report on terms and conditions related to labor management, including specific aspects relating to COVID-19;
- Provide workers with evidence of all payments made, including benefits and any valid deductions;
- Ensuring there is a health and safety focal point, responsible for monitoring OHS issues and COVID-19 prevention and any cases of the virus;
- Keep records regarding labor conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime);
- Record safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.);
- Report evidence that no child labor is involved;
- Training/induction dates, number of trainees, and topics;
- Insurance for workers against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.
- Details of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of that report;
- Sign the Manager's Code of Conduct and/or the Individual Code of Conduct, as applicable.

Monitoring and performance management of contractors will be the responsibility of MOH. MOH will be responsible for oversight of labor management provisions as well as contract supervision. The MOH Focal Point will have overall responsibility for data collection, monitoring, and analysis of the LMP as part of the Project's M&E efforts. The MOH Focal Point will monitor the implementation of, and compliance with, this LMP, including management of worker-related grievances. Monitoring reports should be reviewed and submitted regularly to Manager of the PIU, who will submit with other monitoring reports to the World Bank.

PRIMARY SUPPLY CHAIN WORKERS

The Contractor will be responsible for conducting due diligence on the primary supply workers (those providing medical equipment and supplies), if there is a significant risk of child or indentured labor in the supply chain.

In conducting due diligence, the contractor (or contractor's staff) should:

- Inform the provider, that the Contractor will not engage a provider who has forced or child laborers;
- When possible, and where a high risks exists, visit the company/factory, and conduct interviews with key personnel about their working conditions, as well as informal random interviews with workers;

- Conduct secondary due diligence, by asking information from others who may be familiar with the provider, to make sure there are no reported instances of forced or child labor;
- If necessary, and possible, engage the Ministry of Labor to conduct checks on supplier to ensure no child labor or forced labor;
- Keep records of the information and include in reporting to MOH.

Manager's Code of Conduct

Instructions: This Code of Conduct should be included in bidding documents for the civil works contractor(s) and in their contracts once hired.

Manager's Code of Conduct

The contractor is committed to ensuring that the project is implemented in such a way which minimizes any negative impacts on the local environment, communities, and its workers. This will be done by respecting the environmental, social, health and safety (ESHS) standards, and ensuring appropriate occupational health and safety (OHS) standards are met. The contractor is also committed to creating and maintaining an environment where children under the age of 18 will be protected, and where sexual abuse and sexual harassment have no place. Improper actions towards children, Violence Against Children (VAC), sexual abuse/harassment, and/or acts of Gender Based Violence (GBV) will not be tolerated by any employee, sub-contractors, supplier, associate, or representative of the company.

Staff at all levels have a responsibility to uphold the contractor's commitment. Contractors need to support and promote the implementation of the Code of Conduct. To that end, staff must adhere to this Code of Conduct and also to sign the Individual Code of Conduct.

Implementation

- a. To ensure maximum effectiveness of the Code of Conduct:
 - (i) Prominently displaying the Code of Conduct in clear view at workers' camps, offices, and in public areas of the workspace. Examples of areas include waiting, rest and lobby areas of sites, canteen areas and health clinics.
 - (ii) Ensuring all posted and distributed copies of the Code of Conduct are translated into the appropriate language of use in the work site areas as well as for any international staff in their native language.
- b. Verbally and in writing explain the Code of Conduct to all staff, including in an initial training session.
- c. Ensure that:
 - (i) All staff sign the 'Individual Code of Conduct', including acknowledgment that they have read and agree with the Code of Conduct.
 - (ii) Staff lists and signed copies of the Individual Code of Conduct are provided to the OHS Manager and the MOH Focal Point.
 - (iii) Participate in training and ensure that staff also participate as outlined below.
 - (iv) Put in place a mechanism for staff to:
 - report concerns on ESHS or OHS compliance; and,

- confidentially report GBV incidents through the Grievance Redress Mechanism (GRM)
- (v) Staff are encouraged to report suspected or actual ESHS, OHS, GBV, VAC issues, emphasizing the staff's responsibility in compliance with applicable laws and to the best of your abilities, prevent perpetrators of sexual exploitation and abuse from being hired, re-hired or deployed. Use background and criminal reference checks for all employees not ordinarily resident in the country where the works are taking place.
- d. Ensure that when engaging in partnership, sub-contractor, supplier or similar agreements, these agreements:
 - (i) Incorporate the ESHS, OHS, GBV, VAC Codes of Conduct as an attachment.
 - (ii) Include the appropriate language requiring such contracting entities and individuals, and their employees and volunteers, to comply with the Individual Codes of Conduct.
 - (iii) Expressly state that the failure of those entities or individuals, as appropriate, to ensure compliance with the ESHS and OHS standards, take preventive measures against GBV and VAC, to investigate allegations thereof, or to take corrective actions when GBV or VAC has occurred, shall not only constitute grounds for sanctions and penalties in accordance with the Individual Codes of Conduct but also termination of agreements to work on or supply the project.
- e. Provide support and resources to create and disseminate staff training and awareness-raising strategy on GBV, VAC and other issues highlighted in the ESMF.
- f. Ensure that any GBV or VAC complaint warranting Police action is reported to the Police, MOH and the World Bank immediately.
- g. Report and act in accordance with the agreed response protocol any suspected or actual acts of GBV or VAC.
- h. Ensure that any major ESHS or OHS incidents are reported to MOH and the supervision engineer immediately, non-major issues in accordance with the agreed reporting protocol.
- i. Ensure that children under the age of 18 are not present at the construction site, engaged in any hazardous activities or otherwise employed.

Training

- j. The managers are responsible to:
 - (i) Ensure that staff have a suitable understanding of the ESMF, in particular OHS aspects and COVID-19 prevention, as well as GBV and VAC and are trained as appropriate.

Response

- k. Managers will be required to take appropriate actions to address any ESHS or OHS incidents.
- l. Regarding GBV:
 - (i) Maintain the confidentiality of all employees who report or (allegedly) perpetrate incidences of GBV (unless a breach of confidentiality is required to protect persons or property from serious harm or where required by law).

- (ii) If a manager develops concerns or suspicions regarding any form of GBV by one of his/her direct reports, or by an employee working for another contractor on the same work site, s/he is required to report the case using the GRM.
 - (iii) Once a sanction has been determined by the GRM, the relevant manager(s) is/are expected to be personally responsible for ensuring that the measure is effectively enforced, within a maximum timeframe of 14 days from the date on which the decision to sanction was made by the GRM.
 - (iv) If a Manager has a conflict of interest due to personal or familial relationships with the survivor and/or perpetrator, he/she must notify the Company and the GRM. The Company will be required to appoint another manager without a conflict of interest to respond to complaints.
 - (v) Ensure that any GBV issue warranting Police action is reported to the Police, MOH and the World Bank immediately.
- m. Managers failing address ESHS or OHS incidents or failing to report or comply with the GBV provisions may be subject to disciplinary measures, to be determined and enacted by the Company. Those measures may include:
- (i) Informal warning;
 - (ii) Formal warning;
 - (iii) Additional Training;
 - (iv) Loss of up to one week's salary;
 - (v) Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;
 - (vi) Termination of employment.
- n. Ultimately, failure to effectively respond to ESHS, OHS, VAC and GBV cases on the work site by the company's managers may provide grounds for legal actions by authorities.

I do hereby acknowledge that I have read the Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, VAC and GBV requirements. I understand that any action inconsistent with this Code of Conduct or failure to act mandated by this Code of Conduct may result in disciplinary action.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Individual Code of Conduct

Instructions: This Code of Conduct should be included in bidding documents for the civil works contractor(s) and in their contracts once hired.

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Violence Against Children (VAC) and Gender Based Violence (GBV) is important.

The Contractor considers that failure to follow ESHS and OHS standards, or to partake in activities constituting VAC or GBV—be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Police of those who commit GBV or VAC may be pursued if appropriate.

I agree that while working on the project I will:

- o. Consent to a background check in any place I have worked for more than six months.
- p. Attend and actively partake in training courses related to ESHS, OHS, COVID-19 prevention, VAC and GBV as requested by my employer.
- q. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities, in particular if related to exposure to COVID-19.
- r. Will follow all prevention measures relating to COVID-19, including (i) washing hands with water and soap before and after eating, when entering my work area, after sneezing/coughing, etc; (ii) sneeze or cough on elbow and/or wash hands after sneezing/coughing; (iii) if feeling unwell or have symptoms of a cold, flu or any respiratory illness, inform manager immediately, stay at home and do not come to work.
- s. Take all practical steps to implement the environmental and social management framework (ESMF).
- t. Implement OHS measures.
- u. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
- v. Treat women, children (persons under the age of 18), and men with respect regardless of ethnicity, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- w. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- x. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
- y. Not engage in sexual harassment of work personnel and staff—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual

nature is prohibited: i.e. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.

- z. Not engage in sexual favors—for instance, making promises of favorable treatment (i.e. promotion), threats of unfavorable treatment (i.e. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
- aa. Not use prostitution in any form at any time.
- bb. Not participate in sexual contact or activity with children under the age of 18—including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
- cc. Unless there is the full consent¹¹ by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.
- dd. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With respect to children under the age of 18:

- ee. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
- ff. Wherever possible, ensure that another adult is present when working in the proximity of children.
- gg. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
- hh. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography
- ii. Refrain from physical punishment or discipline of children.
- jj. No hiring of children for any project activity (no persons under the age of 18).

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

- kk. Informal warning;

¹¹ **Consent** is defined as the informed choice underlying an individual’s free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

- ll. Formal warning;
- mm. Additional Training;
- nn. Loss of up to one week's salary;
- oo. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;
- pp. Termination of employment;
- qq. Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviors that could be construed as VAC or GBV. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, VAC and GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Annex 4

Additional Resources

Given the COVID-19 situation is rapidly evolving, a version of this resource list will be regularly updated and made available on the World Bank COVID-19 operations intranet page (<http://covidoperations/>).

WHO Guidance

Advice for the Public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Technical guidance

- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#), issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Center, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- [Laboratory biosafety guidance related to coronavirus disease 2019 \(COVID-19\)](#), issued on March 18, 2020
- [Laboratory Biosafety Manual, 3rd edition](#), issued in 2014
- [Laboratory testing for COVID-19, including specimen collection and shipment](#), issued on March 19, 2020
- [Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#), issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- [Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19](#), issued on February 11, 2020
- [Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](#), issued on April 17, 2020
- [Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on March 18, 2020
- [Oxygen sources and distribution for COVID-19 treatment centers](#), issued on April 4, 2020
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on March 16, 2020
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on March 19, 2020
- [Operational considerations for case management of COVID-19 in health facility and community](#), issued on March 19, 2020
- [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on February 27, 2020
- [Getting your workplace ready for COVID-19](#), issued on March 19, 2020
- [Water, sanitation, hygiene and waste management for COVID-19](#), issued on March 19, 2020

- [Safe management of wastes from health-care activities](#), issued in 2014
- [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020
- [Disability Considerations during the COVID-19 outbreak](#), issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020
- [Technical Note on SEA/H for HNP COVID Response Operations](#), issued in March 2020
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020
- [WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2007

ILO GUIDANCE

- [ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

MFI GUIDANCE

- [ADB Managing Infectious Medical Waste during the COVID-19 Pandemic](#)
- [IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)
- [KfW DEG COVID-19 Guidance for employers](#), issued on March 31, 2020
- [CDC Group COVID-19 Guidance for Employers](#), issued on March 23, 2020

Annex 5

Report on Stakeholder Consultations on ESMF

April 29-May 4, 2020

Consultative Process

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

This second round of consultations aims to follow-up to the previous consultations. The consultations seek to disclose, in a participatory fashion, MOH's Environmental and Social Management Framework (ESMF)¹², which has been prepared to assess and mitigate potential environmental and social risks/impacts of the project. The consultations also seek to ensure that relevant stakeholders are aware of the ESMF and that their feedback on the potential risks and mitigation measures identified is taken into consideration for ESMF finalization.

Given the success of the first round of consultations, the consultations on the ESMF adopts the same methodology. The consultations were led by MoH's Preventive Medicine Department (PMD)) and caution was exercised in view of the Covid-19 infection/spread prevention. A number of instruments were followed: the national guidelines regarding Covid-19 preventions and the WHO's technical guidance in dealing with COVID-19.

The consultations were divided into two parts. First a meeting among core groups (within MoH's Preventive Medicine Department (PMD)) with the facilitation and technical support of the World Bank's staff¹³. The meeting led to improved understanding of ESMF's risks and mitigation measures among PMD team, which has enabled them to further explain the ESMF to other participants¹⁴ during the consultations. The results from consultation with the core groups suggested that they have better understanding on the presented ESMF and had no question nor additional input to the draft ESMF. Second, the Executive Summary of the ESMF was translated into Khmer, and a set of questions (in Khmer and English) were provided to consultation participants beforehand as guidance.

¹² The ESMF has been disclosed and can be accessed through this link:
<http://hismohcambodia.org/public/announcements.php?pid=32>

¹³ Some Bank's project task team participated in the meeting include environmental and social specialists and project analyst.

¹⁴ Detailed list/name of participants who took part in the consultations is provided at the end of the report.

PMD made significant endeavors to engage with participants in the process. Individual phone calls were made to key participants to remind them of the deadline for them to provide inputs, and to explain to them the potential risks and mitigation measures. While this is the case, no additional feedback has been provided by participants. But many of them have indicated that they have already provided comments in the previous round, and their comments have been addressed in the final draft ESMF. PMD is committed to conduct additional consultations during the project implementation, should there be additional environmental and social risks emerged as a result of feedback by relevant stakeholders identified in the SEP.

List of Telegram Group: Safeguard COVID19-Emergency Response

| | Name | Sex | Position | Organization |
|----|--------------------|-----|---|------------------------------------|
| 1 | Dr Chap Seak Chhay | M | Deputy Director General | General Dept of Budget & Finance |
| 2 | Dr. Hero Kol | M | Director | Preventive Medicine Dept/MOH (PMD) |
| 3 | Dr Lak Muy Sreang | F | Deputy Director | PMD |
| 4 | Dr Ean Sokoeu | M | Chief of Disaster Management and Environmental Health Bureau | PMD |
| 5 | Dr Thol Dawin | F | Vice chief of Disaster Management and Environmental Health Bureau | PMD |
| 6 | Mr Un San | M | Deputy Director | PMD |
| 7 | Tong Ratha | M | Technical Staff | PMD |
| 8 | Nov Molyka | M | Technical Staff | PMD |
| 9 | Dr Mok Theavy | M | Deputy Director | Khmer-Soviet Friendship hospital |
| 10 | Dr Teng Srey | F | Deputy Director | CDC Dept/MOH |
| 11 | Dr Yi Seng Doeun | M | Deputy Director | CDC Dept/MOH |
| 12 | Heng Chantha | | | |
| 13 | Che Picheth | | | |
| 14 | Chhan Chansophoan | F | Deputy Director | Banteay Meanchey |
| 15 | Dr Mak Kimly | M | Deputy Director | Koh Kong |
| 16 | Dr. Muon Nara | M | Deputy Director | Oddar Meanchey |
| 17 | Dr. Keo Vannak | M | Director | Tboung Khmum |
| 18 | Keo Vibol | M | Deputy Director | Phnom Penh |
| 19 | Kong Veng | M | Deputy Director | Ratanak Kiri |
| 20 | Kuch Sitha | M | Deputy Director | Svay Rieng |
| 21 | Kuch Vanna | M | Deputy Director | Monduliri |
| 22 | Lim Chan | M | Deputy Director | Kampot |
| 23 | Lim Leang Ngoun | M | Deputy Director | Kampong Chhnang |
| 24 | Ngy Bunlen | M | Deputy Director | Kratie |
| 25 | Dr Nora D.Nhek | M | Deputy Director | Prey Veng |
| 26 | Nuon Seng | M | Deputy Director | kep |
| 27 | Oeung Bunsang | M | Vice Chief of Technical Bureau | Kep |

| | | | | |
|----|----------------------|---|-------------------------------|---|
| 28 | Pheav Sov | M | Technical staff | PMD |
| 29 | Phol Punloeu | M | Deputy Director | Tboung Khmum |
| 30 | Dr Chhay Sao Mony | M | Deputy Director | Preah Vihear Provincial Health Department |
| 31 | Say Proloeng | M | Deputy Director | Stung Treng |
| 32 | Say Savy | M | Deputy Director | Kampong Speu |
| 33 | Seang Horn | M | Deputy Director | PMD |
| 34 | Sechou Sethychot | | | Preah Sihanouk |
| 35 | Sing Rithireth | M | Deputy Director | Siem Reap |
| 36 | Than Sithan | M | Deputy Director | Takeo |
| 37 | Nuon Sokunthea | | | |
| 38 | Yok Sovann | M | Deputy Director | Pailin |
| 39 | Tek Sopheap | M | Deputy Director | Pursat |
| 40 | Tith Vuthy | | | |
| 41 | Ty Thiravuth | M | Deputy Director | Kampong Thom |
| 42 | Var Vanna | | | |
| 43 | Chor Vichet | M | Deputy Director | Kandal |
| 44 | Koy Virya | | Deputy Director | Department of Hospital Services |
| 45 | Ouk Vithiea | M | Deputy Director | Battambang |
| 46 | Prof. Chau Darapheak | M | NIPH | NIPH |
| 47 | Mr Sao Sovanratnak | M | Health Analyst | World Bank |
| 48 | Nuth Monyrath | M | Social Development Specialist | World Bank |

Guiding questions for feedback on the ESMF

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

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

១) តើគម្រោងអាចមានផលប៉ះពាល់ជាវិជ្ជមាន និង អវិជ្ជមានអ្វីខ្លះដល់បរិស្ថាន? ចំពោះផលប៉ះពាល់អវិជ្ជមានបើសិនជាមាន តើយើងអាចធ្វើអ្វីខ្លះដើម្បីកាត់បន្ថយផលប៉ះពាល់អវិជ្ជមានទាំងនោះ?

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

២) តើគម្រោងអាចមានផលប៉ះពាល់ជាវិជ្ជមាន និង អវិជ្ជមានអ្វីខ្លះដល់សង្គម? ចំពោះផលប៉ះពាល់អវិជ្ជមានបើសិនជាមាន តើយើងអាចធ្វើអ្វីខ្លះដើម្បីកាត់បន្ថយផលប៉ះពាល់អវិជ្ជមានទាំងនោះ?

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

៣) តើអ្នកណាជាក្រុមប្រជាជនងាយរងគ្រោះ (vulnerable groups) ជាងគេនៅក្នុងប្រទេសកម្ពុជា? តើហេតុអ្វី?

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

៤) តើក្រុមប្រជាជនងាយរងគ្រោះទាំងនោះអាចទទួលបានផលប្រយោជន៍ពីគម្រោងដែរឬទេ? តើដោយហេតុអ្វីដែលពួកគាត់អាចទទួលបានផលប្រយោជន៍ពីគម្រោង? ឬតើដោយហេតុអ្វីដែលពួកគាត់មិនអាចទទួលបានផលប្រយោជន៍ពីគម្រោង?

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

៥) តើយើងអាចធ្វើអ្វីបានដើម្បីឲ្យពួកគាត់អាចទទួលបានផលប្រយោជន៍ពីគម្រោង?

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

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