

Cambodia

**Health Equity and Quality Improvement
Project (H-EQIP) (P157291)**

Resettlement Policy Framework (RPF)

(DRAFT)

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Cambodia

Health Equity and Quality Improvement Program (H-EQIP) (P157291)

Resettlement Policy Framework (RPF)

(DRAFT)

1. Introduction

This document constitutes the Policy Framework for Compensation, Resettlement and Rehabilitation of Displaced Persons (RPF) for the **Cambodia Health Equity and Quality Improvement Program (H-EQIP) (P157291)** of which implementation will start in the second half of 2016. MOH has agreed to apply World Bank environmental and social safeguard policies in the design and implementation of this project, including OP 4.12, “Involuntary Resettlement”. For this project, design and scheduling considerations make it impossible to determine the extent of resettlement planning requirements at appraisal.

This is also in line with Cambodia government law and regulation on compensation and resettlement. The RPF establishes principles and procedures to be followed if subsequent stages of project design or implementation are to cause land acquisition. In such instances, the RPF requires that a Resettlement Plan (RP) is prepared for World Bank review and approval. The RP ensures that any such potential impacts are minimized, and that any persons affected by such impacts are provided ample opportunity, through provision of compensation or other forms of assistance, to improve or at least restore their incomes and living standards.

2. Project Description

The H-EQIP will build on the innovations introduced in HSSP2, particularly HEFs and SDGs, and aims to ensure sustainability of these programs by integrating them into the RGC's health sector program. It will further strengthen the results-based focus of both HEFs and SDGs with a specific goal of improving quality of health service delivery and utilization of services by the poor. In addition, the Project will target health system strengthening, particularly in the areas of improving provider knowledge, improved availability of critical infrastructure in health facilities, and strengthening Public Financial Management (PFM) using disbursement linked indicators (DLIs), a mechanism to disburse against targets achieved. Another key strategic shift is to transfer the responsibility of third party verification from an internationally recruited firm to establishment of an independent Government agency, and extending this responsibility to also verify SDG results.

Project Component Descriptions

COMPONENT 1: Component 1: Strengthening Health Service

This Component will rebuild the SDGs as a mechanism for providing performance based financing to different levels of the Cambodian primary and secondary health system based on achievement of results. The SDGs at health centers and hospitals will be performance-linked against delivery of a basic and comprehensive package of services. This will include critical reproductive, maternal, neonatal, child and adolescent health services. Nutrition will also be one of the indicators prioritized covering early breast feeding, vitamin A supplementation, deworming, iron folic acid supplementation and growth monitoring.

The Project aims to use SDGs to complement the RGC's proposed lump sum grants to health facilities, particularly by streamlining the funds flow and reporting arrangements envisaged for the same. These new lump-sum grants are intended as an advance for health facility operating costs and complement to the operational budget as defined in their Annual Operational Plans.

Sub-component 1.1: Service Delivery Grants: Health Centers

The Project will provide SDGs to health centers to help finance the MPA for health centers, which is currently being revised and expected to be finalized by the end of 2015. Grants will be based on the utilization (i.e., quantity) of services provided and quality of services. Initially, the OD, with its health centers will be considered as one unit and ODs (in due course, this responsibility may shift to Councils) will implement the Prakas¹ issued by the MOH specifying services to be provided, the financing linked to these and how an aggregate performance score will be derived based on the quantity and quality of services delivered by its health centers. The quantity and quality of service delivery including utilization by the poor and indigenous population will be systematically determined by the respective OD/ Council through a standardized supervision checklist. As mentioned above, results would be cross-checked and verified by the same independent Government Agency proposed for HEFs as described below. Once verified, the MOH will inform the Ministry of Economy and Finance (MEF) to make the payment. SDGs eligible categories of expenditure would include health facility minor

¹ Prakas is a proclamation or a ministerial/inter-ministerial decision signed by the relevant Minister(s). A proclamation must conform to the Constitution and to the law or sub-decree to which it refers.

renovations and repairs, equipment, and operational costs such as maintenance and repair, outreach, community participation activities, establishment of new health services (e.g., healthy living style, NCD screening, among others), other quality-enhancement measures and performance bonus for health workers.

Sub-component 1.2: Service Delivery Grants: Referral Hospital CPA-1, CPA-2, CPA-3

To incentivize improvements in quality of care at the secondary level, performance in capacity building activities for in-service as well as pre-service candidates, and for their promotion of utilization of services by HEF beneficiaries, the Project will introduce a specific performance based financing approach to improve quality of the targeted services at CPA-1, CPA-2, and CPA-3 hospitals², and introducing a system for the CPA level to improve pre-service practical training to university students and to provide on-the-job training support for improving technical quality of the health center staff. Using a standardized supervisory checklist, hospitals will be measured on their performance on structure, process, and outcomes. Structural measures will comprise the context in which care is delivered, including infrastructure, staff, financing and equipment. Process measures will include the technical and interpersonal process and actions that make up health care as reflected in the transactions between patients and providers and staff throughout the delivery of health care. Facilities will also be encouraged and rewarded for initiating quality improvement processes including continuous quality improvement, peer to peer evaluations and adverse event audits. Outcomes refer to the effects of health care on the status of patients and populations and will be considered to be a result of inputs and processes of care. SDGs eligible categories of expenditure would include small civil works, equipment, operational costs, e.g., maintenance and repair, establishment of new health care services such as NCD, outreach and other quality-enhancement measures, and performance bonus for health workers.

Sub-component 1.3: Service Delivery Grants: PHDs and ODs

These SDGs aim to strengthen the management functions integral to the delivery of efficient high quality primary and secondary health services. Performance of ODs and PHDs will be measured quarterly against their self-reported activities on a score card measuring key supervisory processes and health system outputs. These include: timely completion of quality checklists for health facilities in their jurisdiction, contribution to capacity building activities for in-service and pre-service training, drug stock outs in health facilities, human resources availability, Health Management Information Systems (HMIS) reports submitted, quarterly review meetings and system functionality, etc. Similar to the other grants, the proposed PCA would verify the performance.

² CPA-1: referral hospital with minor surgery (with general anesthesia); CPA-2: referral hospital with surgery (with general anesthesia) and supplementary activities more than CPA-1 but less activities than CPA-3; CPA-3: referral hospital with surgery (with general anesthesia) and supplementary activities and specialized activities.

COMPONENT 2: Improving Financial Protection and Equity

This component will continue to support the HEF system and co-finance with the RGC the cost of health services for the poor. The current HEF system is expected to evolve with changes in Government policy on beneficiaries and benefit packages and social health protection. This component would build on the current success of the HEF system, aiming to improve the quality of services, increase utilization by the poor, and ensure sustainability by transferring implementation responsibility to the RGC.

COMPONENT 3: Ensuring Sustainable and Responsive Health Systems

The objective of this component is to further strengthen the MOH's systems and support the management of the project. This component would be closely coordinated with other technical assistance programs of DPs and ensure that there is no duplication of any activity already being undertaken. This component includes a mix of regular investment lending approaches and results-based financing using Disbursement Linked Indicators (DLIs).

Sub-component 3.1: Health System Strengthening

This sub-component will support the carrying out of a program of activities designed to improve supply side readiness and strengthen the institutions that will be implementing project activities. On the supply side, these will address some of the key bottlenecks for improving the quality of services in the country- through improvements in the knowledge and practical skills of health providers, both at the pre-service and in-service level, as well as through strengthening the health facilities to meet minimum standards for selected priority health interventions such as emergency obstetric care, neonatal care and availability of drugs and commodities. The component also aims to strengthen institutional performance, specifically the PFM support to the RGC's health system and to support establishment of new institutional structures for HEFs and SDGs, all essential for ensuring the successful implementation of the project activities under components 1 and 2.

Sub-component 3.2: Project Management and Technical Assistance

Project management will be integrated into the responsible departments of the MOH. The needs for technical assistance (TA) will be identified following assessment of other donors and request from the MOH. TA costs can be funded from this sub-component where essential for the attainment of project objectives and not being financed or envisaged by any other development partner in the country.

COMPONENT 4: Contingent Emergency Response

The objective of the contingent emergency response component, with a provisional zero allocation, is to allow for the reallocation of financing in accordance with the IDA Immediate Response Mechanism in order to provide an immediate response to an eligible crisis or emergency, as needed.

During implementation of the ongoing project (Second Health Sector Support Program – HSSP2), the Ministry of Health conducted a comprehensive review of land acquisition for the construction of 114 health centers (HCs) under the project support. It found that 108 HCs were built on the state lands, and six (6) were built on private lands which were acquired either through donations, land for land exchange or payment of compensation. Many land owners agreed to voluntarily donate land because they directly benefit from having HCs within their communities. The review also found that only less than 5% of the total productive lands owned by owners were acquired either through voluntary donation, or land-for-land exchange of against compensation. No physical relocation was observed.

Many of the activities to be supported under this Project are continuation and/or expansion of support currently being provided by the HSSP2 under the responsibility of the Minister of Health (MOH). The Framework for Land Acquisition Policy and Procedures (hereafter called “the (RPF) developed for HSSP2 is updated as part of H-EQIP preparation, taking into account the review of land acquisition mentioned above and the lessons learnt during the implementation of the HSSP2 and the First, Second and Third Additional Financing of HSSP2 (AF1, AF2 and AF3).

The Framework defines policies and procedures and provides guidance for voluntary and involuntary acquisition of land or other assets (including restrictions on asset use), and establishes principles and procedures to be followed to ensure equitable treatment for, and rehabilitation of, any persons adversely affected.

Under This project, the sites have not been identified and it will be happen only during project implementation. The framework will apply only in the cases that land acquisition will be required.

3. Scope of the Land Acquisition Policy and Procedures framework for Health Infrastructure

This RPF will be applied only the event that resettlement occurs due to the implementation of the project. The Health Infrastructure Investment and Maintenance Plan and the maintenance infrastructure will be prepared during project implementation. The health infrastructure investment plan will be included in the 3YRPs and the financing to implement it will be provided through the Annual Operating Plans (AOPs).

All future infrastructure subprojects that involve new physical works or changes in the siting of existing infrastructure may cause land acquisition. Infrastructure screening measures will ensure that no major land acquisition or resettlement-related impacts occur. Specifically, screening will exclude the following:

- (a) Infrastructure Subprojects requiring relocation of residences or commercial enterprises;
- (b) Infrastructure adversely affecting more than 200 persons in total;
- (c) Infrastructure for which sources of necessary compensation have not been established; and

(d) Infrastructure requiring destruction of significant numbers (e.g., more than 10) trees.

Those infrastructures which require acquisition of land or other assets but whose impacts do not exceed the threshold described above are allowed for financing under the project, provided that mitigation measures are provided in line with this framework.

Policy Principles

The fundamental principle incorporated in this Framework is that all necessary measures will be undertaken to improve, or at least restore, incomes and living standards of all persons adversely affected as a result of land acquisition. The Framework further incorporates the major guiding principles espoused in the World Bank OP/BP 4.12, and relevant laws of the Royal Government of Cambodia.

Social screening and document required. All the investment projects/activities will conduct a social screening to identify potential negative impacts and appropriate mitigation measures (see form in Annex 1)

A. Key Principles for Implementation:

Involuntary resettlement may cause severe long-term hardship, impoverishment and environmental damage unless appropriate measures are carefully planned and carried out. For these reasons the general principles and objectives of World Bank OP 4.12 are as follows:

- (i) Acquisition of land and other assets should be avoided when feasible and otherwise minimized;
- (ii) If any persons are to be adversely affected, mitigation measures must provide them with sufficient opportunities to improve, or at least restore, incomes and living standards;
- (iii) Lost assets should be replaced in kind, or compensated at replacement cost;
- (iv) Compensation should be paid in full, net of taxes, fees or any other deductions for any purpose;
- (v) If any persons are required to relocate, transfer costs and subsistence allowances will be paid in addition to compensation at replacement cost for lost structures and other assets;
- (vi) Absence of legal title to land or other affected assets will not be a barrier to compensation or other suitable forms of assistance; and
- (vii) Adversely affected persons will be provided information relating to impacts and entitlements, will be consulted as to their preferences regarding implementation arrangements, and will be informed regarding methods and procedures for pursuing grievances.

B. Government Laws, Decrees, and Guidelines

The Royal Government of Cambodia 2001 Land Law has created a legal mechanism called Social Land Concession (SLC) to transfer parts of State land to landless and land-poor families for residential and/or family farming purposes. Local SLC programs are initiated at commune level while national SLC programs relate to larger operations. Key provisions that are relevant include:

The 2001 Land Law states that no person shall be “deprived of his or her ownership unless this action is for the public interest”. The law recognizes that deprivation of ownership opens right to “payment of just and fair compensation in advance”. The Constitution states that “the right to confiscate possessions from any person shall be exercised only in the public interest” and opens right to just compensation. However, there are currently no laws and regulations that govern the process of acquisition and the determination of just compensation.

The 2001 Land Law has drawn a clear line between those who opened land for residential or farming purposes before August 30th, 2001, and those who did so after this date. In the first case, occupants may be recognized as legal occupants of State land in the future when land is registered as State private land. In the latter case, occupants are illegal.

Article 18 of the Land Law provides strong tools for evicting encroachers. They do not “have the right to claim compensation or reimbursement for expenses paid for the maintenance or management of immovable property that was illegally acquired” (Article 19).

A Circular No. 02 issued by the Royal Government of Cambodia on Illegal Occupation of State Land dated February 26, 2007, states that while occupation of land as a form of possession became illegal after August 30th, 2001, there is a need for the state to undertake SLCs for poor people and disadvantaged groups to meet their needs for land deriving from population growth, demobilization of soldiers, and land loss due to natural disasters. However, the current anarchical illegal taking of state land also provides opportunities for land speculators and powerful persons to take illegal possession of state lands through various means. To address this situation, Circular Number 02 determines that:

- (i) Generally, the illegal state land holders, especially land speculators, are not entitled to compensation (Para 6.1 in Circular No. 02).
- (ii) Illegal state land holders, who are poor families and landless or lack land and are disadvantaged, would not be entitled to compensation, but may receive preferential treatment to obtain an appropriate amount of land for their livelihood (Para 6.2 in Circular No. 02)
- (iii) For state private land, this can be done through sale, lease, gift, usufruct (right to use and enjoy the fruits of the land for life), social land concessions, economic land concessions, or use permits. A decision on specific options must be based on coordination between the territorial authority, the State Land Trustee Authority, and the person using the land, and be based on a land use plan. (Para 7.1 in Circular No. 02).
 - (a) The 2001 Land Law states that no person shall be “deprived of his or her ownership unless this action is for the public interest”. The law recognizes that deprivation of ownership opens right to fair compensation in advance. Specifically, Article 44 of the Constitution states that “The right to confiscate properties from any person shall be

exercised only in the public interest as provided for under the law and shall require fair and just compensation in advance.”

(b) Although individual rights to ownership and compensation are protected by present laws, there are no clearly defined specific provisions or a mechanism for land acquisition by the State through expropriation. The expropriation of immovable properties is based on decisions of government staff and implementation in an ad-hoc manner varying from one project to another.

(c) Traditional private land ownership was abolished during the Khmer Rouge period (1975-1979) and was not re-introduced until the late 1980s. Determining ownership and obtaining documentation to prove ownership is a cumbersome and time consuming process which many landholders have not utilized. The 2001 Land Law has drawn a clear line between those who opened land for residential or farming purposes before August 30th, 2001, and those who did so after this date. In the first case, occupants may be recognized as legal occupants of State land in the future when land is registered as State private land. In the second case, occupants are illegal. Article 18 of the Land Law provides strong tools for evicting encroachers. They do not “has the right to claim compensation or reimbursement for expenses paid for the maintenance or management of immovable property that was illegally acquired” (Article 19).

A Sub Decree on Land and Property Acquisition and Addressing Socio-Economic Impact caused by State Development Project is currently being drafted. It is expected that the draft decree will be passed during the second half of calendar year 2008. Once the above mentioned sub decree has been finalized and passed, the Government of Cambodia will assess whether there are any significant differences and/or information gaps between the *Sub Decree* and the *Framework for Land Acquisition Policy and Procedures*; if there are significant differences between the framework and the Sub Decree, the Government will alert the World Bank.

(d) Instruction on method of revising official and digital document (for systemic registration Procedure) No 273/ASDP , October 30 2007. This instruction aims to screen Land border of official and digital document before Land registration to avoid mistakes and grievance.

C. Resolving Inconsistencies: In the event of conflict or inconsistency between Cambodian law and Bank principles as established in this framework, the RGC will waive Cambodian law to the extent necessary for effective implementation of this project. The Bank will reserve the right not to finance project activities if they, after all efforts to bridge the gap, still do not comply with the Bank safeguard policies.

Avoidance and Minimization of Adverse Impacts

All civil works planned to be executed under the project (H-EQIP) will be located on the public lands within the compound of health centers or referral hospitals. However, there is a possibility that the new construction of health facilities on private land is newly proposed to be conducted with the financing from the project, requiring land acquisition. If the land required does not exceed 5% of the affected individual's total productive land holding, land may be acquired through local level participatory processes. The local authorities, who are responsible for providing land to Provincial Health Departments (PHDs) for construction of health facilities, may determine the willingness of individual owners or users to voluntarily contribute land. Where land is acquired through voluntary land donations based on the transparent negotiations and informed consent by land owners, the result shall be publicly disclosed and documented in voluntary donation report for review by the Bank.

If an informed consent of land owners to donate land or assets cannot be obtained, or if more than 5% of productive assets are to be affected, local governments should prepare a Land Acquisition Report (LAR) for review by the provincial governor (or his designee). The review and approval of the LAR must take place prior to MoH's adoption of the budget which includes the proposed infrastructure activity project. In other words, land acquisition issues must be resolved in the planning year before the implementation of the project.

Planning and Reporting Requirements

The experience under the original project indicates that, as the number of HSSP2 health Infrastructure to be built on privately owned sites is expected to be very small, and even where they are built on privately owned sites, only relatively small pieces of land need to be acquired to house health infrastructure. The number of persons to be adversely affected by land acquisition is likely to be very small. Accordingly, planning and reporting requirements are kept as simple as possible.

A. No private land is affected or all private land will be acquired through voluntary donation:
No Land Acquisition Report Required:

For all H-EQIP investments for which no significant acquisition is necessary, the relevant PHDs will provide to MOH the following information: EITHER a statement, signed by the local authorities that the investment will be implemented entirely on public land which is not under private cultivation; OR a voluntary donation report indicating the following information:

- (i) The amount of land (and other assets) to be utilized, and field measurement results indicating that no more than 5% of total land holdings are needed from any individual;
- (ii) A description of methods used to inform potentially affected individuals regarding the proposed investment, and their rights and options regarding land or other assets required, and confirmation that individuals have been informed that they have the option of refusing land contribution;

- (iii) Signed Statements of Voluntary Contribution from each individual voluntarily contributing land (and any attached assets), indicating their informed consent;
 - (iv) A report of the meeting at which the land acquisition arrangements (including siting maps) have been disclosed to, and validated by, affected individuals.
- B. Private land will be acquired through land swap or against compensation: Land Acquisition Report Required:** In cases where more than 5% of any holding of productive land will be acquired, or where buildings or other fixed assets worth more than \$100 will be affected, or when affected people refuse to donate land, a Land Acquisition Report must be prepared, including the following elements:
- (i) Description of the investment necessitating land acquisition;
 - (ii) Basic data identifying impacts and persons to be affected by them;
 - (iii) Arrangements for in-kind replacement of land, or cash compensation at replacement value including signed statements by all affected landowners confirming that these arrangements are satisfactory;
 - (iv) Arrangements to ensure adequate performance by contractors relating to compensation for temporary impacts;
 - (v) A schedule of assets (other than land), which will require to be replaced as part of the construction contract, and signed statements by the affected owners confirming that these arrangements are satisfactory;
 - (vi) An implementation schedule indicating that replacement land or compensation in replacement value will have been provided before implementation of the project begins;
 - (vii) A siting map and field measurements validated by villagers, showing land to be acquired and replacement land to be provided, sufficiently detailed to allow verification; and
 - (viii) Arrangements for disclosure of information, consultations, and procedures for pursuing grievances.

The planning report is to be prepared as part of feasibility studies and will be reviewed as part of the technical assessment process prior to approval of the plans by MoH. Following MoH approval, provision of in-kind or cash asset replacement, other than that to be included in the project implementation contract, will be completed before the contract for project implementation is signed.

Entitlements Relating to Specific Categories of Impact

If substantial acquisition of land or other assets is necessary, as are defined below, the following provisions will be followed in development of mitigation measures:

- (a) *Loss of agricultural land:* Any persons losing a significant proportion (i.e, more than 5%) of their agricultural land must be provided an opportunity for in-kind replacement, obtaining access to land of equal productive value. Such persons also may be offered optional cash compensation at full replacement cost, if so preferred. Those whose land holdings are not significantly affected can be compensated at full replacement cost.
- (b) *Loss of productive assets:* Landowners contributing land upon which seasonal crops are standing have the right to insist that project implementation is delayed until the crops are harvested, or to be compensated at the market value of the crop. Those losing perennial fruit or pulp trees should be compensated in cash at net present value by local government.
- (c) *Temporary loss of land:* No land may be taken temporarily during construction except by voluntary arrangement between the landowner and the contractor. Contractors should be informed before bidding of any case where use of private land or damage to private property, including crops, is likely to be necessary, in order that compensation or restoration costs can be included in the bid price.
- (d) *Loss of structures:* Project funds may not be used to fund activities which will require demolition or relocation of permanent dwelling or private business premises. For ancillary structures that may be affected, compensation will be paid at replacement cost.
- (e) *Loss of other assets:* Where fixed assets other than land (such as fencing) will be lost replacement of these should be negotiated with the owner and should then form part of the contract for construction of the project.

Consultations and Information Disclosure

As stated above, obtaining land or other assets through voluntary contribution and negotiated agreement requires that individuals potentially affected are informed about their rights and options. Prior to such negotiations, and prior to any land acquisition proceedings, the PHD must provide affected people information about key provisions of this Framework. Potentially affected individuals must be informed that they are not obligated to voluntarily contribute land for subproject purposes, that involuntary acquisition of land without appropriate compensation is not permitted, and that lodging of a valid objection by an affected landowner will be sufficient cause for subproject approval to be delayed or withheld. Additional information to be disclosed will include: entitlement to replacement in kind or compensation at replacement cost; methods to be used in establishing compensation rates; and procedures for pursuing grievances, including contact information. Information should be presented in a language and medium accessible to those potentially involved or affected.

Grievance Procedures

Each Commune Council will have an opportunity to comment on annual commune reviews of project implementation performance. Any grievances may be addressed as part of the review process. If project-affected persons are not satisfied with proposed entitlements or implementation arrangements, or are dissatisfied with actual implementation, they also can seek satisfaction through the PHDs or its designated officials. If this does not result in resolution of issues, project-affected persons can also make grievance verbally or in written form to district-level officials responsible for project facilitation and information

dissemination. If this does not result in resolution of issues, project-affected persons can make grievance verbally or in written form to the provincial governor and ultimately to the national-level MOH. At each level, specified authorities should record receipt of grievances and reply to the project affected person or persons within ten days after receiving the grievances. Project-affected persons will be exempted from any administrative or legal charges associated with pursuing grievances.

Organization Roles and Financial Responsibilities

To achieve the objectives of this Framework, the operational manual for the project which will be prepared will reflect the policy on land acquisition and, the following roles and responsibilities.

A. Provincial Health Departments: As the local authority and implementing body, the PHDs have the primary responsibility to ensure that the rules and procedures set out under this Framework are adhered to. Specifically, the PHDs or their designated officials will:

- (i) Ensure that potentially affected residents are informed regarding proposed investments, and their rights and options relating to land or other assets that may be affected;
- (ii) Ensure that provincial representatives are informed about their responsibilities under this Framework;
- (iii) Closely monitor and assist the representatives in all matters relating to land acquisition, and attend and monitor public meetings to discuss land acquisition issues with potentially affected individuals;
- (iv) Review and approve PHD reports (as outlined above) as part of project feasibility study, prior to appraisal for any investment activities requiring access to privately owned or utilized land or other assets;
- (v) Ensure timely provision of compensation in cash or in kind, as required;
- (vi) Review contractor performance to ensure that any required payments to individuals for materials or temporary use of land are made, and to ensure that any temporarily utilized land is adequately restored, and;(vii) Respond to any grievances submitted by adversely affected persons.

C. Commune Council: The Commune Council will assist the PHD in all matters concerning information, communication, discussion and negotiation with landowners, or with the villagers collectively, about land acquisition matters, including:

- (i) Scheduling open meetings to ensure that potentially involved village residents are informed regarding proposed investments, and their rights and options relating to land or other assets that may be involved;
- (ii) Identification of impacts on land and assets, individuals potentially involved, and the amounts and types of land and other assets sought from each individual;

- (iii) Scheduling open meetings for public validation of field measurements and maps relating to siting of proposed activities, and public disclosure and validation of any land-related agreements;
- (iv) Seeking voluntary contributions or negotiated agreements;
- (v) Preparing required reports on matters relating to land acquisition; and
- (vi) Ensure compensation in kind and exemptions from local contributions in relation to land acquisition; and
- (vii) Conducting consultations with potentially involved village residents to confirm the boundaries of the land.

C. Provincial Governor: At the provincial level, the governor (or designated officials acting on behalf of the governor) will be responsible for:

- (i) Approving or rejecting any LARs submitted in support of proposed provincial level investments;
- (ii) Ensuring that the local authorities have sufficient funds or other resources to pay necessary compensation or meet other obligations associated with acquisition of land or other assets;
- (iii) Monitoring implementation of any approved LARs and ensuring that any inadequate implementation is corrected; and
- (iv) Responding to any grievances submitted by adversely-affected persons.

World Bank Supervision Arrangements

The World Bank will undertake periodic project supervision in all the project provinces to assess compliance with Framework requirements, and to recommend any corrective measures that may be necessary to resolve implementation problems or inadequacies. To facilitate Bank supervision, all approved LARs will be available for Bank review. And all village-level land use reports, including Statements of Voluntary Contribution and Statements of Negotiated Agreement, will be available for Bank review at the commune level.

4. ANNEX 1: SOCIAL SCREENING CHECKLIST FORM

Proposed Activity:

Brief Description:

.....

Location:

Filled out by:

Organization:

Date:

Attachments:

Prepared with the following Partner Organizations / Community Representatives:

Remarks:

General Instructions:

This checklist is to be completed to support the verification of the project activity or subproject that involves land acquisition, compensation, and/or restriction of resources access. It focuses on social issues to ensure that social dimensions are adequately considered during selection of the activities/subprojects. If applicable please use the “remarks” section to discuss any suggested mitigation measures. The information should be collected in consultation and coordination with local government, communities, NGOs and leaders of affected community.

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QUESTIONS No / Yes MITIGATION MEASURES REQUIRED?

A. PROJECT SITING

ARE THERE ANY OF THE FOLLOWING STRUCTURES OR RESOURCES IN THE SUB-PROJECT CONSTRUCTION AREA?

- Private households
- Private small businesses/shops
- Roads, footpaths or other access routes
- Agricultural land

- Natural resources shared by community members
- Cemetery or other area/structures of religious or cultural significance
- Other:

ADDITIONAL REMARKS/SUGGESTIONS:

B. POTENTIAL SOCIAL IMPACTS

WILL THE SUB-PROJECT CAUSE?

- Temporary loss of land or resources for any families?
- Permanent loss of land or resources for any families?
- Conflicts in water supply rights and related social conflicts?
- Impediments to movements of people and animals?
- Dislocation or involuntary resettlement of people?
- Potential social conflicts arising from land tenure and land use issues?
- Deterioration of livelihoods or living conditions of women or the poorest families in the sub-project service area?

C. OTHER REMARKS:

D. POTENTIAL SOCIAL IMPACTS ON

VULNERABLE GROUPS, IF ANY:

WILL THE SUB-PROJECT:

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QUESTIONS No / Yes MITIGATION MEASURES REQUIRED?

- Affect poverty group?
- Affect women headed households?
- Be implemented where Indigenous People communities are present?
- Affect other vulnerable groups?

E. OTHER REMARKS:

MITIGATION MEASURES:

- Land Acquisition Agreement
- Voluntary Donations
- Indigenous Peoples Plan (IPP)
- Commune Resource Use Agreement
- Other?

F. OTHER REMARKS:

G. CONCLUSIONS/RECOMMENDATIONS:

H. SIGNING AND NAME OF IMPLEMENTING AGENCY:

H-EQIP SAFEGUARD COORDINATOR:

NAME:

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QUESTIONS No / Yes MITIGATION MEASURES REQUIRED?

POSITION:

DATE:

POSITION:.....

DATE:.....