

**KINGDOM OF CAMBODIA**  
**Nation Religion King**

**Ministry of Health**

**Health Equity and Quality Improvement  
Project – Phase 2 (P173368)**  
**H-EQIP 2**

**Draft**  
**ENVIRONMENTAL AND SOCIAL  
COMMITMENT PLAN (ESCP)**

**OCTOBER 2021**

### **Abbreviation**

E&S	Environmental and Social
ES COP	Environmental and Social Code of Practice
ES CP	Environmental and Social Commitment Plan
ES F	Environmental and Social Framework
ES HS	Environmental, Social, Health and Safety
ES MF	Environmental and Social Management Framework
ES MP	Environmental and Social Management Plan
ES S	Environmental and Social Standard
GB V	Gender Based Violence
GR M	Grievance Redress Mechanism
HEQIP2	Health Equity and Quality Improvement Project Phase 2
IPC	Infection, Prevention and Control
LMP	Labor Management Procedure
MOH	Ministry of Health
OHS	Occupational Health and Safety Plan
OHSP	Occupational Health and Safety Plan
PMD	Preventive Medicine Department
RPF	Resettlement Planning Framework
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
VAC	Violence Against Children
WMP	Waste Management Plan

## ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN

1. The Kingdom of Cambodia (hereinafter the “**Recipient**”) will implement the Cambodia Health Equity and Quality Improvement Project- Phase 2 (H-EQIP2 or the Project, identification number P173368) with the involvement of the Ministry of Health (MOH). The International Development Association (hereinafter the “**Association**”) has agreed to provide financing for the Project.
2. The Recipient will implement material measures and actions so that the Project is implemented in accordance with the World Bank Environmental and Social Standards (**ESSs**). This Environmental and Social Commitment Plan (**ESCP**) sets out material measures and actions, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, grievance management and the environmental and social assessments and instruments to be prepared or updated, disclosed, consulted, adopted and implemented under the ESCP and the ESSs, all in a manner acceptable to the Association.
3. The Recipient will also comply with the provisions of any other environmental and social (E&S) documents required under the Environmental and Social Framework (ESF) of the Bank and referred to in this ESCP, such as the Environmental and Social Management Framework (ESMF), Resettlement Planning Framework (RPF) and Stakeholder Engagement Plans (SEP), and the timelines specified in those E&S documents.
4. Implementation of the material measures and actions set out in this ESCP will be monitored and reported to the Association by the Recipient as required by the ESCP and the conditions of the legal agreement, and the Association will monitor and assess progress and completion of the material measures and actions throughout implementation of the Project.
5. As agreed by the Association and the Recipient, this ESCP may be revised from time to time during Project implementation to reflect adaptive management of Project changes and unforeseen circumstances or in response to assessment of Project performance conducted under the ESCP itself. In such circumstances, the Recipient will agree to the changes with the Association and will update the ESCP to reflect such changes. Agreement on changes to the ESCP will be documented through the exchange of letters signed between the Association and the Recipient. The Recipient will promptly disclose the updated ESCP.
6. Where Project changes, unforeseen circumstances, or Project performance result in changes to the risks and impacts during Project implementation, the Recipient shall provide additional funds, if needed, to implement actions and measures to address such risks and impacts.

**WORLD BANK – ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN FOR H-EQIP2**

MATERIAL MEASURES AND ACTION		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
<b>MONITORING AND REPORTING</b>			
A	<p><b>REGULAR REPORTING:</b> Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to the implementation of the ESCP Environmental and Social Management Framework (ESMF), the status of preparation and implementation of Environmental and Social Framework (ESF) instruments as required under the ESCP/ESMF, stakeholder engagement activities under the Stakeholder Engagement Plan (SEP), and implementation of the grievance redress mechanism (GRM), including submission of the grievance log.</p>	Every six months, throughout Project implementation.	Preventive Medicine Department (PMD)
B	<p><b>INCIDENTS AND ACCIDENTS:</b> Promptly notify the Association of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers (e.g., accidents resulting in injury or death to project workers or community residents, significant finds of cultural heritage, significant environmental releases, a natural disaster, or other emergencies affecting project beneficiaries).</p> <p>Provide sufficient details regarding the incident or accident, indicating immediate corrective measures taken, or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate. Subsequently, as per the Association's request, prepare a report on the incident or accident and propose any measures to prevent its recurrence. See also notification of operational health and safety (OHS) requirements in the Labor Management Plan (LMP) and notification requirements in the sub-project ESMP and the project ESMF.</p>	Report to the Task Team Leader appointed by the Association or her/his alternate no later than 48 hours after receiving notice of the incident or accident; throughout Project implementation.	Preventive Medicine Department (PMD). Contractor/Construction Supervision firm

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C	<p><b>CONSTRUCTION REPORTS</b></p> <p>Contractors implementing civil works (subcomponent 2.4) will submit monthly reports to PMD. PMD will submit monitoring reports to the Association upon request.</p>	Quarterly (and upon request by the Bank) after commencement of civil works.	PMD, Contractors
<b>ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS</b>			
1.1	<p><b>ORGANIZATIONAL STRUCTURE:</b> The MOH shall strengthen existing environmental and social focal points and upgrade from focal points to technical working groups or units. The working group/unit consist of relevant staff from other MOH departments or other institutions/organizations at national level. For sub-national level, the Provincial Health Department (PHD) should assign a provincial E&amp;S safeguard focal point/working group/unit to work with national level and other development partners. The roles and responsibilities of each national and subnational safeguard focal person/working group/unit are elaborated in the ESMF.</p> <p>National environment and social consultants will be hired by PMD to ensure implementation of ESMF and other relevant instruments.</p>	<p>All national and subnational safeguard focal points/working groups/units should be established to support the Project before the beginning of relevant Project activities and updated throughout Project Implementation.</p> <p>Recruitment of qualified environmental and social consultants to be completed within 90 days after project effectiveness.</p>	MOH Project Implementing Agency, Preventive Medicine Department (PMD)
1.2	<p><b>ENVIRONMENTAL AND SOCIAL ASSESSMENT</b></p> <p>a. Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the Project ESMF, the ESS and relevant ESF instruments to ensure that individuals or groups who, because of their particular circumstances may be disadvantaged or vulnerable, still have access to the development benefits resulting from the Project.</p> <p>b. Conduct assessment of effectiveness of the Project social inclusion activities and measures introduced in the PAD, which will include accessibility by vulnerable groups (people with disabilities, the ID-Poor</p>	<p>a. Prepared, consulted and a draft ESMF version disclosed prior to the project appraisal.</p> <p>b. Social Assessment conducted during mid-term review of the project</p>	<p>Preventive Medicine Department (PMD)</p> <p>PMD and Department of Budget and Finance (DBF) /Procurement Unit of MOH</p>

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	<p>card holders, indigenous peoples and other vulnerable groups) to Health Equity Fund (HEF), Service Delivery Grants (SDGs) and other Project's activities, and implementation recommendations offered in the assessment report.</p> <p>c. A CERC-ESMF will be finalized by MOH following the completion of the CERC Operations Manual.</p>	c. The first 6 months after project commences	
1.3	<p><b>MANAGEMENT TOOLS AND INSTRUMENTS:</b></p> <p>a. Prepare, disclose, adopt, and implement any environmental and social management plans or other ESF instruments required for Project activities based on the assessment process in accordance with the Bank's Environmental Health and Safety Guidelines (EHSGs), and other relevant Good International Industry Practice (GIIP), including relevant World Health Organization (WHO) and national guidelines on health care waste management in a manner acceptable to the Association.</p> <p>b. Screen any proposed subproject in accordance with the Environmental and Social Management Framework (ESMF) prepared for the Project and based on the E&amp;S screening and assessments, prepare, adopt, and implement site specific ESMPs, and other ESF instruments as needed, in accordance with the ESSs, ESMF, SEP, LMP and Resettlement Policy Framework (RPF). Submit plans to the Association for review and no-objection and disclose such plans on the Project website and to Project affected communities and consult the affected communities in accordance with the SEP and ESMF.</p>	<p>a. Before carrying out relevant Project and sub-project activities/civil works, and thereafter throughout the implementation of such activities</p> <p>b. Obtain the Association's no-objection to such plans, prior to commencement of site-specific/sub-project activities and implement such plans throughout Project implementation.</p>	Preventive Medicine Department (PMD) Contractors
1.4	<p><b>MANAGEMENT OF CONTRACTORS</b></p> <p>a. Incorporate the relevant aspects of this ESCP, including, inter alia, the labor management procedures, and any environmental and social management plans or other relevant ESF instruments, ESS</p>	a. Before launching the procurement process for relevant Project and sub-project activities,	Preventive Medicine Department (PMD).

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	<p>requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that contractors and supervising firms comply with the ESHS specifications and obligations of their respective contracts.</p> <p>c. Management of suppliers for project procurement: incorporate the relevant aspects of the ESCP and ESMF and relevant E&amp;S documents including LMP and conduct due diligence through a thorough screening procedure to eliminate ineligible expenditures/activities and prevent purchase of any equipment or goods from suppliers linked to child labor or worker exploitation as highlighted in ESS2-LMP.</p>	<p>and thereafter throughout the implementation of such activities.</p> <p>b. During the contracting process and thereafter throughout the implementation of activities by contractors.</p> <p>c. Before awarding contracts to suppliers and thereafter the throughout the implementation of supply contracts.</p>	
<b>ESS 2: LABOR AND WORKING CONDITIONS</b>			
2.1	<p><b>LABOR MANAGEMENT:</b></p> <p>Update, adopt, and implement the Labor Management Procedures (LMP) that have been developed for the Project as part of the ESMF.</p> <p>The Project shall be carried out in accordance with in compliance with Cambodia labor law, the Labour Management Procedures (LMP) by ensure that adequate resources and tool kits, safe accommodation and transport, first aid-kits and emergency contact procedures are available at working sites and PPE to prevent COVID-19 infection and compliance to others applicable requirements of ESS2, in a manner acceptable to the Association and through, inter alia, implementation of adequate occupational health and safety measures, setting out grievance arrangements for Project workers, Codes of Conduct, and contracts with contractors and supervising firms.</p>	<p>Prepared and a draft version disclosed prior to the Project appraisal</p> <p>Adopt throughout Project Implementation</p>	Preventive Medicine Department (PMD) Contractors

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2.2	<b>GRIEVANCE MECHANISM FOR PROJECT WORKERS:</b> Establish, maintain, and operate a grievance mechanism for Project workers and contractors, as described in the Labor Management Procedures (LMP) and consistent with ESS2.	Grievance mechanism operational prior to engaging Project workers and maintained throughout Project implementation	Preventive Medicine Department (PMD) Subnational safeguard focal points Contractors
2.3	<b>OCCUPATIONAL HEALTH AND SAFETY (OHS) MEASURES:</b> Adopt, implement, and update the occupational, health and safety (OHS) measures specified in the Labor Management Procedures (LMP) and ESMF, including the ESF/Safeguard Interim Note: COVID-19 Considerations in Construction/Civil Works Projects.  Ensure all OHS measures are included in all contracts with implementing contractors.	The OHS measures included in the project's ESMF, LMP and other relevant ESF instruments to be conducted before the implementation of relevant Project activities.	Preventive Medicine Department (PMD) MOH's Procurement Unit Subnational safeguard focal points Contractors/Civil Works Supervision Firm
<b>ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT</b>			
3.1	<b>RESOURCE EFFICIENCY:</b> Resource use efficiency measures will be covered in the ESMP. The project is not considered to be a major consumer of energy, water or other natural resources and its risks for GHG emissions are not considered significant. Resources (water and energy) used in healthcare facilities and laboratories will follow standards and measures in line with the State Sanitary Hygienic Service of MOH and WHO environmental infection control guidelines for medical facilities.	Prepared before implementation of subprojects as needed.  Adopt, implement, and update relevant resource efficiency measures throughout Project implementation.	Preventive Medicine Department (PMD). Subnational safeguard focal points
3.2	<b>POLLUTION PREVENTION:</b> Will be covered in the ESMP for each location. Civil works related impacts may include dust, noise, vibration, air emissions, generation of construction wastes, and potential asbestos containing material (ACM) that may be present at facilities undergoing rehabilitation. These impacts will be managed through the ESMP or application of good engineering designs and practices for construction by incorporating environmental mitigation	Prepared before implementation of subprojects.  Adopt, implement, and update relevant pollution prevention plans	Preventive Medicine Department (PMD). Subnational safeguard focal points



MATERIAL MEASURES AND ACTION		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
	measures (e.g. dust prevention measures, proper management and disposal of hazardous and nonhazardous construction wastes as well as surplus materials, medical equipment etc.) in the project technical design and tender documents. These risk management measures will be included in ESCOPs as part of the project's ESMF.	throughout Project implementation.	Contractors
3.3	<b>HAZARDOUS AND HEALTH CARE WASTE MANAGEMENT PLAN:</b> Adopt, implement, and update the hazardous and health care waste management measures in a manner acceptable to the Association as specified in the ESMF and the Project Infection Prevention and Control and Waste Management Plan (IPC&WMP), consistent with national and WHO guidelines for health care waste management.	Adopt, implement, and update relevant health care waste management plans throughout Project implementation.	Preventive Medicine Department (PMD)  Subnational safeguard focal points
<b>ESS 4: COMMUNITY HEALTH AND SAFETY</b>			
4.1	<b>TRAFFIC AND ROAD SAFETY:</b> Adopt and implement measures and actions to assess and manage traffic and road safety risks as required in the project and sub-project ESMPs and the subproject ESMPs to be developed under action 1.2 and 1.3 above.	Adopt, implementation and updated throughout the Project implementation	Preventive Medicine Department (PMD) and Hospital Service Department (HSD)
4.2	<b>COMMUNITY HEALTH AND SAFETY:</b> Prepare, adopt, and implement measures and actions to assess and manage specific risks and impacts to the community arising from Project construction activities including inter alia dust, noise and construction related impacts, behavior and conduct of Project workers, risks of labor influx, response to emergency situations including COVID-19 transmission, community safety in civil works, health care waste management, disposal and incineration and include these measures in the ESMPs to be prepared in accordance with the ESMF, in a manner acceptable to the Association.	As part of preparation of ESMPs or other required plans, prior to the start of works.	Preventive Medicine Department (PMD)  Subnational safeguard focal points

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4.3	<p><b>COMMUNITY GENDER BASED VIOLENCE (GBV) AND SEXUAL EXPLOITATION AND ABUSE (SEA) RISKS:</b></p> <p>The Project SEA/SH rating is low.</p> <p>Provide training in gender equality and social inclusion (GESI) standards for health management and service delivery to health services providers</p> <p>Ensure training related to SEA/SH is provided by contractors to Project workers and affected community</p>	<p>As part of implementation of the Project Gender Action Plan</p> <p>Prior to commencement of civil works</p>	<p>Preventative Medicine Department (PMD)</p> <p>Subnational safeguard focal points</p>
<b>ESS 5: LAND ACQUISITION, RESTRICTIONS ON LAND USE AND INVOLUNTARY RESETTLEMENT</b>			
5.1	<p><b>RESETTLEMENT PLANS:</b> Although land acquisition and resettlement are not expected in the Project, they may occur. A screening process shall be conducted following the Resettlement Policy Framework (RPF) in the Project ESMF, and if necessary, resettlement action plans (RAPs) should be prepared, adopted, and implemented in a manner acceptable to the Association, in accordance with ESS 5.</p>	<p>Once a specific subproject site is identified and prior to commencement of relevant sub-project civil works.</p>	<p>Preventive Medicine Department (PMD)</p> <p>Ministry of Economy and Finance's (MEF's) General Department of Resettlement (GDR)</p>
5.2	<p><b>GRIEVANCE REDRESS MECHANISM (GRM):</b> The GRM to address resettlement related complaints should be described in the RPF, RAPs and SEP.</p>	<p>During the development of RAPs</p>	<p>Preventive Medicine Department (PMD)</p> <p>MEF's GDR</p>
<b>ESS 6: BIODIVERSITY CONSERVATION AND SUSTAINABLE MANAGEMENT OF LIVING NATURAL RESOURCES</b>			
	Not relevant to the Project.		
<b>ESS 7: INDIGENOUS PEOPLES/SUB-SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL COMMUNITIES</b>			

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7.1	<b>STAKEHOLDER ENGAGEMENT PLAN (SEP):</b> No specific Indigenous People Plan is prepared for the Project, rather culturally appropriate consultation and engagement procedures with Indigenous Peoples will be prepared and implemented as part of the Stakeholder Engagement Plan (SEP) in a manner acceptable to the Association (see also ESS10).	A draft SEP for the Project has been prepared and disclosed and shall be updated no later than 3 months following the Effective Date.  The SEP shall be applied throughout Project implementation.	Preventive Medicine Department (PMD)  Subnational safeguard focal points
<b>ESS 8: CULTURAL HERITAGE</b>			
8.1	<b>CHANCE FINDS:</b> Prepare, adopt, and implement the chance finds procedure described in the Project ESMF.	Throughout Project implementation.	Preventive Medicine Department (PMD)
<b>ESS 9: FINANCIAL INTERMEDIARIES</b>			
	Not relevant to the Project.		
<b>ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE</b>			
10.1	<b>STAKEHOLDER ENGAGEMENT PLAN (SEP):</b> Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.  Inclusion measures described in the Project design and the SEP, in particular inclusive IEC materials and their dissemination, developed during the course of the project.  Conduct regular consultations with the vulnerable groups (indigenous peoples, people with disabilities, ID-Poor card holders) to obtain their feedback on the project performance	A draft SEP for the Project has been prepared and disclosed and shall be updated no later than 3 months following the Effective Date.  Inclusive IEC materials and dissemination throughout project implementation.  The SEP shall be operational throughout Project implementation.	Preventive Medicine Department (PMD)  Contractors  MOH Project Implementing Agency

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10.2	<b>GRIEVANCE REDRESS MECHANISM (GRM):</b> Accessible grievance arrangements 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.	A draft SEP for the Project has been prepared and disclosed and shall be updated no later than 3 months following the Effective Date.  Project GRM to be operational and disseminated to stakeholders before the start of project activities and operational throughout Project implementation.	Preventive Medicine Department (PMD)  Contractors
<b>CAPACITY SUPPORT (TRAINING)</b>			
A	The MOH, through the PMD, will coordinate the preparation of a training plan for relevant implementation support staff responsible for the Project, including the ESF Focal Point, to receive training on: <ul style="list-style-type: none"> <li>- The project's ESF instruments, including the Code of Conduct and provisions to prevent SEA, GBV and/or VAC</li> <li>- The relevant requirements of the ESMF, LMP, SEP, IPC&amp;WMP, RPF</li> <li>- And the roles and responsibilities of different key agencies in implementation of the Project ESMF.</li> </ul>	Within three months from the Effective Date and as new project team members join the Project throughout implementation.	Preventive Medicine Department (PMD).  Contractor  Village Health Support Groups (VHSGs)
B	Contractors/VHSGs to receive training on the relevant aspects of the Project ESF instruments and relevant ESHS requirements.	Three months prior to work commencing, throughout project implementation.	Preventive Medicine Department (PMD).  Subnational safeguard focal points  Contractors