KINGDOM OF CAMBODIA
Nation Religion King

Ministry of Health

Health Equity and Quality Improvement Project – Phase 2 and Additional Financing (AF) (P173368)
H-EQIP2 & AF

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

May 2024

Abbreviations

ADB	Asian Development Bank
AIIB	Asian Infrastructure Investment Bank
BEmONC	Basic Emergency Obstetrics and Newborn Care
CDC	Communicable Disease Control Department
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CERC	Contingency Emergency Response Component
D&D	Decentralization and Deconcentration
DLI	Delivery Linked Indicator
DPO	Disabled Persons Organizations
EA	Environmental (Performance) Audit
ESCP	Environment and Social Commitment Plan
ESCOP	Environmental and Social Code of Practice
ESF	Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environment and Social Standard
ESSG	Environmental and Social Safeguard Group
GBV	Gender-Based Violence
GDR	General Department of Resettlement
GMAG	Gender Management Action Group
GRM	Grievance Redress Mechanism
GRFP	Grievance Redress Focal Person
HC	Health Centers
HCMC	Health Center Management Committee
HCW	Health Care Waste
HEF	Health Equity Fund
H-EQIP	Health Equity and Quality Improvement Project
H-EQIP2	Health Equity and Quality Improvement Project, Phase 2
IDPoor	Identification of Poor Household
ICWMP	Infectious Control and Waste Management Plan
IP	Indigenous Peoples
IRC	Inter-Ministerial Resettlement Committee
ISM	Implementation Support Mission
IVT	Independent Verification Team
LAR	Land Acquisition and Involuntary Resettlement
LMP	Labor Management Procedures
NIPH	National Institute of Public Health
MEF	Ministry of Economy and Finance
MOE	Ministry of Environment
MOH	Ministry of Health
NCD	Non-communicable disease
NGO	Non-Government Organization
OD	Operational District
OOPE	Out of Pocket Expenditure

PBC	Performance-based Condition
NPCA	National Payment Certification Agency
PHD	Provincial Health Department
POM	Project Operation Manual
PwD	People with Disabilities
RPF	Resettlement Policy Framework
SA	Social Assessment
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
UHC	Universal Health Care
VHSG	Village Health Support Group
VAC	Violence Against Children
WB	The World Bank
WHO	World Health Organization

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EXECUTIVE SUMMARY

Project Description

1. **H-EQIP II will build on lessons learned from the current phase of H-EQIP to support the RGC in advancing UHC** over a five-year period (July 2022-December 2027) with continued focus on improving financial protection and the equitable access to the health services for the poor and vulnerable, enhancing quality of health services and strengthening the health service delivery system. it will also aim to increase the performance, sustainability, efficiency and social inclusion focus of national institutions. This ESMF also covers the Additional Financing (AF) to H-EQIP II which will incorporate a new grant awarded to Cambodia from the Pandemic Fund (PF) for health emergency preparedness, prevention and response (PPR).
2. The project will support RGC's vision in establishing universal health insurance coverage in Cambodia through improving the utilization of HEF and strengthening the capacity of Payment Certification Agency as the claim validation agency for major health insurance schemes in Cambodia. The Project will support rolling out the National Quality Enhancement Monitoring Tools-II (NQEMT-II) nation-wide, it will further strengthen NCDs service provision through expanding coverage and introducing community-based and people-centered service delivery model, and investing on referral hospitals to address the service capacity gaps to ensure the provision of essential service package so as to increase utilization of services provided by the public health facilities as a way to reduce OOP expenditures. Another strategic focus of the Project is to leverage the RGC's D&D agenda through strengthening community engagement to improve access and utilization, improving gender equality and social inclusion, and carrying out health promotion to address risk factors of NCDs and improve community resilience to public health emergencies. In addition, the Project will support the RGC's national digital health strategy and build an adaptive learning agenda in support of reform initiatives, provide constant implementation support and technical assistance to the MOH as well as to facilitate continuous mutual learning and knowledge transfer.
3. The project will further strengthen the focus on results through expanding SDGs to finance more health programs under the project as well as using performance-based conditions (PBCs) with an investment project financing (IPF). PBCs are a set of indicators, as part of the Project result framework, aiming at measuring performance against key actions and interventions. This performance-focused financing approach would promote timely achievements of PBC targets. Achievement of PBC targets will be verified by a third-party independent verification team (IVT). Under the AF, the project will finance activities associated with strengthening the surveillance system, and activities associated with the strengthening of the laboratory system.
4. **The proposed Project's activities are closely linked with the World Bank Group's Twin Goals**: reduce extreme poverty and enhance shared prosperity, the World Bank's Health, Nutrition and Population Global Practice's focus to assist clients to accelerate progress toward UHC, as well as the Country Partnership Framework (CPF) for FY19-23 for Cambodia. The CPF comprises three focus areas, and this proposed project falls under the second focus area on fostering human development and is aligned directly with the third objective of the second focus area which is expanding access to quality health services. The proposed project will also support aspects of the CPF's critical cross-cutting theme which underpins reforms in all three focus areas—strengthening governance, institutions, and citizen engagement, and aligns with the WB Gender Equality Strategy.
5. The PDO will be achieved by activities under four Components of H-EQIP2:

- COMPONENT 1: Improving Financial Protection and Utilization of Health Equity Fund – The strategic objective of this component is to support RGC's vision of building a universal health insurance scheme in Cambodia as an important step in achieving UHC by 2030. With co-financing from RGC, this component will continue to support HEF to: (i) cover the cost of health services for the poor, including those most vulnerable to the impacts of climate change and natural disasters.; (2) optimize and expand the HEF benefit package and update the reimbursement rate of HEF; (iii) support increased utilization of HEF through addressing barriers to social awareness and inclusion and gender equality; and (iv) expand the coverage of full PMRS to all the remaining health centers and referral hospitals. This component will also support building financial sustainability, improving capacity and expanding functions of the National Payment Certification Agency (NPCA) as the single agency to certify claims for all health insurance schemes in Cambodia as well as to validate the public services for other sectors. Following restructuring of the project, NPCA has now also been added as an Implementing Agency. In addition, this component will also support RGC in strengthening social health protection through policy dialogue and technical assistance, including capacity building activities.
- COMPONENT 2: Strengthening Quality and Capacity of Health Service Delivery--Building on the progress made in H-EQIP phase I, this component will focus on strengthening the health service delivery system in Cambodia, particularly at the subnational level (provincial/referral hospitals and health centers), with enhanced efforts on improving service quality, expanding service capacity and coverage, shifting the service delivery model and strengthening community based essential service provision. This will be done by implementing the National Quality Enhancement Monitoring Tools (NQEMT) nation-wide, rolling out NCD care to all the health centers enhancing VHSG and community engagement and building health service capacities in the referral hospitals including civil works, digital health and equipment. It will support MOH to implement the National Digital Health Strategy 2021-2030. This component will continue using SDGs, both fixed lump-sum grants and performance-based grants, to provide performance-based financing to health facilities. It will also provide funds to PHDs/ODs and key MOH agencies via PBCs in building up internal health service performance targets` and promoting enhanced responsibility and accountability at sub-national levels.
- COMPONENT 3: Project Management, Monitoring & Evaluation, Gender Equity and Social Inclusion - will finance activities related to project implementation management, implementation of environment and social development activities, mutual learning, financial management and procurement capacity building and monitoring & evaluation. In addition, this component will support gender equity and community engagement. Gender inclusion will put an emphasis on increased capacity and performance of Gender Mainstreaming Action Group (GMAG), and the project's support of a Women in Leadership Development program will strengthen women's voice and participation in decision-making in the sector, and leadership on Gender Equality and Social Inclusion (GESI) and health (sub-component 3.2: Gender Equity and Social Inclusion)

  COMPONENT 4: Strengthening capacity for health emergency prevention, preparedness, and response- will assist the RGC, collaborating with WB, AIIB, FAO, WHO, ADB, KfW, US-CDC and other Development Partners, in strengthening: (i) Surveillance systems to better prepare Cambodia to detect, prevent, and respond to emerging disease outbreaks of pandemic potential, underpinned by a multidisciplinary One Health approach; (ii) Laboratory systems

to ensure the capacity and capabilities of laboratories as an essential component of national preparedness and response to emerging infectious diseases (EIDs), Transboundary Animal Diseases (TADs), Antimicrobial resistance (AMR), and identified priority diseases, and (iii) Improving human resources/workforce knowledge, skills, and technical capacity, as a cross-cutting area in epidemiology, risk assessment tools, data analysis, data sharing platforms, multidisciplinary and evidence-informed One Health approach, health science pre-service curricula, and the assessment of preparedness and response across all sectors.

- COMPONENT 5: Contingency Emergency Response (CERC) -The objective of the contingent emergency response component (CERC), with a provisional zero allocation, is to allow for the reallocation of financing to provide an immediate response to an eligible crisis or emergency as needed.

Project Environmental and Social Management Framework (ESMF)

6. H-EQIP2 has inherent environmental and social (E&S) risks and impacts that require mitigation and management during project implementation. These risks are not restricted to impacts from civil works but extend to all Project components in line with provisions of the World Bank Environmental and Social Framework (ESF). An ESMF has been prepared showing potential E&S risks and setting out mitigation measures consistent with the ESF and national legal requirements.
7. Specific objectives of the ESMF are to: (a) assess potential E&S risks and impacts of proposed project activities and propose mitigation measures following the mitigation hierarchy; (b) establish procedures for E&S screening of a subproject, review, approval, and the implementation and monitoring/supervision of ESF instruments; (c) establish measures and plans to reduce, mitigate and/or offset adverse risks and impacts across the project lifecycle; (d) specify appropriate institutional roles and responsibilities, and outline the necessary reporting procedures for managing and monitoring E&S risks and impacts; (e) identify the training and capacity building needed to promote ownership of this ESMF and successfully implement its provisions and those of the Environmental and Social Commitment Plan (ESCP) as well as the Stakeholder Engagement Plan (SEP); (f) set out mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; (g) identify opportunities for improving social inclusion, protection and equity; and h) include a budget for implementation of the ESMF.
8. The ESMF provides an overarching framework to assess, avoid, mitigate, and manage E&S risks in H-EQIP2. This includes adopting measures to ensure access to project benefits for the most disadvantaged and vulnerable groups. The ESMF links to the Stakeholder Engagement Plan (SEP), including a Grievance Redress Mechanism (GRM), the Environment and Social Commitment Plan (ESCP), the Labor Management Procedures (LMP), and other relevant documents prepared for the Project.

Relevant Institutional, Legal and Policy Framework

9. The Constitution of Cambodia guarantees all citizens the same rights regardless of race, color, language, or religious belief. It contains protections for social, indigenous and gender rights, protection of workers and workers' rights and prohibits all forms of discrimination against women. The national legal framework applicable to H-EQIP2 includes provisions for matters such as waste management, land acquisition and resettlement, the protection of water resources, the environment, other natural resources, and cultural heritage. However, some gaps exist

compared to the World Bank Environmental and Social Framework (ESF); notably on gender equity and inclusion, protection against gender-based violence, sexual exploitation and abuse and violence against children, labor issues, land acquisition, grievance redress and stakeholder engagement.

10. The ESF applies to H-EQIP2, including the AF, and both environmental and social risks for the project are classified as 'Substantial'. The project triggers the following Environmental and Social Standards (ESS): ESS1 on Assessment and Management of Environmental and Social Risks and Impacts; ESS2 on Labor and Working Conditions; ESS3 on Resource Efficiency and Pollution Prevention and Management; ESS4 on Community Health and Safety; ESS5 on Land Acquisition, Restrictions on Land Use and Involuntary Resettlement; ESS7 on Indigenous Peoples/Sub-Saharan African Historical Underserved Traditional Local Communities; ESS8 on Cultural Heritage; and ESS10 on Stakeholder Engagement and Information Disclosure.
11. The World Bank's ESF and this ESMF will be used to strengthen the environmental and social performance of H-EQIP2.

Baseline Environmental and Social Conditions

12. **Environment**: The Kingdom of Cambodia covers an area of 181,035 km2 and is located in mainland Southeast Asia and shares borders with Thailand to the north and the west, Lao PDR in the north, and Vietnam in the east and southeast. The country is influenced by the monsoon climate and has two different seasons, dry and rainy.
13. Climate changes risks indicate a projected warming of 3.1^{o}C by 2080-2099 with more severe flood and droughts, negatively affecting GDP by 10% by mid-century. A significant adaptation effort will be required manage loss of agricultural yields driven particularly by projected increases in the incidence of extreme heat during the growing season of staple crops such as rice, affecting poorer communities operating subsistence and rain-fed agriculture.
14. Over ¾ of Cambodia water supply is received from the Lao PDR ia the Mekong River. Freshwater supply is mostly fueled by rainfall, while forest catchments and watersheds are important for its production and regulation. The country relies heavily on its groundwater resources to overcome water shortages during the dry season and the future sustainability of this resource is of concern.
15. Cambodia has a rich endowment of natural resources in tropical area such as forests, wild-life, arable land, wetland, freshwater and marine fishery, mineral resources and renewable energy potential. Natural resources per capital is high, especially for fresh capture fish and cropland availability per person. With increased population and changing lifestyle, without effective and modernized environmental and natural resources management, per capita natural assets availability will reduce further.
16. Cambodia ranks second in the world, after Bhutan in percentage territory under protected area management comprising nearly 40% of the country.
17. **Social:** Cambodia has one of the fastest-growing economies in Asia, with growth averaging 7.7 percent over the past decade. The global shock of the COVID-19 pandemic significantly affected Cambodia's economy in 2020, resulting in a negative growth of -3.1 percent, the sharpest decline in Cambodia's recent history.
18. The poverty rate in 2014 was 13.5 percent and approximately 90 percent of the poor live in the countryside, with some 4.5 million people remaining near-poor and vulnerable to falling back into poverty when exposed to economic and other external shocks. Health and education remain important challenges and national development priorities.
19. In recent decades, health outcomes in Cambodia have improved significantly. Still, inequities in health outcomes persist between socioeconomic groups and between geographical areas. The

country faces a rising burden of NCDs as the proportion of the population over age 60 will increase by nearly by twofold in the coming 20 years.

20. The Ministry of Health, with technical assistance from WHO, developed and approved the Technical Guideline on Healthcare Waste Management and National Guidelines for Infection Prevention and Control for Healthcare Facilities (MOH, 2011, 2017) as the national standards to apply to Public Healthcare Institutions in Cambodia. As per both guidelines, health care waste is categorized into two main groups of waste, namely health care waste (HCW) and general waste. Health care waste is generated at healthcare facilities, laboratories, and clinics. Health care waste consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs, vials, dressings and bandages, and syringes, needles, or other sharps instruments. The waste is considered as hazardous or infectious to any person who comes into contact with it and must be treated.
21. The Ministry of Health (MOH) is solely responsible for the organization and delivery of government health services and oversees health service delivery through 25 Provincial Health Departments (PHDs) comprising 102 Operational Districts (ODs) distributed according to population. Each OD manages local Health Centers (HC) providing primary healthcare services and less comprehensive health posts are located in some remote areas.
22. Cambodia is still at high risk of landmine and UXOs specifically for any construction involving piling or deep excavation activities.
23. Like many developing Asian nations, there has been an increasing demand for electronic gadgets and appliances in Cambodia. There is currently no established procedure for the collection and recycling of e-waste in Cambodia. The reusable electronic parts are kept for sale, the recyclable materials are sold to local scrap facilities for export and remaining waste is either disposed into household garbage, transported to municipal landfills or illegally disposed of on the road or elsewhere. MOH will develop an e-waste procedure for H-EQIP2.
24. Cambodia is located in a global hotspot for Emerging Infectious Diseases (EDIs), zoonoses, and transboundary animal diseases (TADs). Growing human and animal populations, intensification of agricultural and livestock production, changes in land use including deforestation, and loss of biodiversity result in increasing overlap of people, livestock, and wildlife that create an interface for the spillover and transmission of EIDs and zoonoses (animal diseases that can be transmitted to humans). TADs also affect food security and economic development, often disproportionately impacting poor and disadvantaged people. Frequent incursions and spread of animal diseases compromise agri-food systems, trade, food security and safety.

Potential Environmental and Social Risks, Impacts and Mitigation

25. Potential environmental risks and impacts of H-EQIP2, including the AF, are rated as Substantial. These relate to the construction and renovation of health facilities which will generate solid waste, wastewater, and a large volume of non-hazardous and hazardous medical waste, including infectious waste related to COVID-19. MOH has limited capacity to manage risks and impacts consistent with ESF requirements. In addition, the environmental risks and impacts for new activities under the AF include: (i) Laboratory testing/sequencing of known pathogens resulting in potential direct impacts from infectious wastes; and (ii) TA support to improve disease surveillance and laboratory management (and associated capacity building) should improve management of wastes and reduce overall risk of transmission of dangerous pathogens but may also result in downstream impacts due to increased handling of dangerous pathogen samples and resulting laboratory wastes.
26. Potential social risks and impacts, including the AF, are rated as Substantial and include exclusion

of vulnerable or marginalized groups, including women, the poor, people with disabilities (PwD), and indigenous peoples. Their access to health services is already constrained due to social, economic, cultural, and environmental barriers. Other potential social risks are tied to the construction/upgrading of health facilities, which may result in risks for labor management, the use of child and indentured labor, and curtailing the community spread of COVID-19. There are potential risks to community health and safety from poor waste management and risks related to Gender-Based Violence (GBV) and Violence against Children (VAC) due to the influx of labor for construction activities. The grievance mechanism in H-EQIP has not been effective in responding to the negative impacts of project activities. There is also an unlikely risk related to involuntary land acquisition and resettlement impacts, but construction works are planned to take place within the existing compounds of health facilities. The social risks and impacts for new activities under the AF relate to Occupational Health and Safety (OHS) of workers in the laboratory, and potential impacts to communities, in particular with regards to dangerous pathogens and toxins if biosecurity measures are not well implemented.

27. Key mitigation measures for each project related environmental and social risk are set out in section 4 of this document.

Management of E&S Risks and Impacts

28. The procedures to identify, prepare, implement and monitor the ESF instruments required to manage E&S risks and impacts for H-EQIP2 activities are set out in section 5 of this document. Procedures for managing E&S risk are as follows:
    - Sub-project screening – to determine whether activities are likely to have potential adverse environmental and social risks and impacts and with the use of a screening form to identify appropriate ESF instruments to mitigate identified risks or impacts.

    - Ineligible and negative criteria list – this identifies specific subprojects and activities that are not eligible for funding under H-EQIP2.

    - Preparation of Sub-project ESF instruments - based on the results of the screening process, sub-projects that do not require ESF instrument preparation will follow national laws and regulations on environmental, social and labor management. If the screening process identifies otherwise, appropriate ESF instrument will be selected and prepared by qualified consultants on behalf of the sub-project contractor of the responsible department of MOH. MOH will prepare the appropriate documentation which may include the following:
        - Environmental and Social Management Plan (ESMP)
        - Labor Management Procedures (LMP)
        - Stakeholder Engagement Plan (SEP)
        - Resettlement Action Plan (RAP)
        - Chance Find Procedures for archaeological finds
        - Environmental and Social Codes of Practice (ESCOP)

29. All civil works contracts will have ESF specifications as part of the bidding documents and contractors will prepare the required ESF instruments. All project ESF instruments will be approved by the Project Director of H-EQIP2 and submitted to the World Bank for clearance. Each contractor will be responsible for implementation and monitoring of ESF instruments (including the ESMP) in compliance with national laws and the ESF.
30. A monitoring and supervision oversight program will be implemented by the E&S Safeguard

Unit (ESSU) of the Preventive Medicine Department (PMD) to oversee and ensure contractor compliance with E&S requirements. Monitoring tools will be developed for use at the sites and the supervision firm will monitor compliance with ESF instruments on a routine basis and report in the monthly civil works progress reports shared with the World Bank. For activities under NPCA, there will be no civil works. NPCA is responsible to conduct desk review of reports submitted with supporting documents/evidence. NPCA will also randomly sample follow-up calls and site-visits to be conducted as necessary to validate the reported achievement. NPCA will assign an E&S focal point who will work together with ESSU in ensuring compliance with E&S requirement.

31. The E&S performance of the Project (including the AF activities) will be evaluated, and reports submitted, on a semi-annual basis to the E&S Safeguard Unit and then to the World Bank. The NPCA E&S focal point will also submit reports on a semi-annual basis to the ESSU. The Project E&S performance will be reviewed and discussed at every semi-annual Implementation Support Mission and documented in the aide memoire reports.

ESMF Implementation Arrangements and Responsibilities

32. The implementing agency of H-EQIP2 is the Ministry of Health (MOH). After the Restructuring, and including the AF, the project will have two implementing agencies: (1) The MOH, acting as the principle, executive agency which shall be responsible for overall project implementation, and (2) the NPCA of MEF, who will be the implementing agency for sub-component 1.3 (Enhancing Roles and Responsibilities of NPCA), and in charge of preparation of relevant E&S impact and risk management for activities under the PBC 2. Management of E&S risks and impacts will be done by: (1) PMD of MOH through the Environmental and Social Safeguards Unit (ESSU) at the national level, and E&S safeguards Focal Person at each provincial health department or PHD; and (2) NPCA of MEF through the assigned E&S focal point. The assigned focal point (NPCA) will work together under guidance of ESSU.

Consultation and Stakeholder Engagement

33. The Stakeholder Engagement Plan (SEP) will guide stakeholder consultations and engagement in H-EQIP2 to ensure that all Project stakeholders are informed and involved at all stages of Project implementation. The Project recognizes the need to seek representative and inclusive feedback and the SEP aims to enable this. The Project recognizes the importance of ensuring affected people are informed and/or involved in mitigation measures, and the continued monitoring of Project activities. The SEP is separate to the EMSF and is a living document that will continue to be updated as the Project progresses.
34. Consultation on the ESMF with relevant stakeholders has been conducted on 8th July 2021 by the Environmental and Social Safeguard Unit (MOH/ESSU) project team and included representatives from government, Disabled Persons Organizations (DPO), Indigenous Peoples, non-government organizations (NGOs), and people with disabilities (PwD). As result from the stakeholder consultation, the ESMF instruments are revised reflecting the stakeholders needs, concern and strategy for continuing to engage with stakeholder especially the vulnerable community. Initial consultation findings are summarized in Annex 10 of this ESMF.
35. Consultation on the activities covered under the AF will be conducted following the guidance of the parent project Stakeholders Engagement Plan (SEP) which has been updated to incorporate the AF activities (refer to table 3 of SEP).
36. Engagement with Project affected parties and other stakeholders will continue throughout Project implementation and will include updates on Project progress and outcomes. Project information

will be disclosed in a way that is appropriate to the stakeholders and in both English and Khmer and indigenous languages as appropriate.

Key Findings from Stakeholder Consultation

37. A virtual consultation (by zoom) was conducted with 46 participants on July 8, 2021. Key messages from the consultation are:

- The need for improving capacity and understanding of specific E&S capacity development for H-EQIP2.
- Clearer definition of roles and responsibilities is needed for E&S management between PMD, PHD, OD and HC in ESMF implementation.
- More clarity is needed in roles between PMD, PHD, OD and HC in ESMF implementation, particularly engagement on the ground with vulnerable groups, IP and PWD.
- Improving E&S capacity of E&S focal persons.
- Use the Disability Action Council (DAC) design standard for construction of H-EQIP2 facilities.
- Strengthening the SEP to include DPO's at each province, the youth, people with disabilities and IPs.
- Include HEF subcommittee at the provincial and district level in the SEP.
- Strengthen the RPF with specific tools for assessing land acquisition requirements.

Grievance Redress Mechanism

38. The Grievance Redress Mechanism (GRM) seeks to promptly resolve concerns related to H-EQIP2 using a culturally appropriate process that is readily accessible at no cost. It is intended to capture complaints and grievances from direct and indirect beneficiaries, as well as others who may be impacted by the Project during implementation.
39. The GRM is managed by the PMD. A complaints register has been established, and any serious complaint will be advised to the World Bank within 24 hours of its receipt. All grievances (including NPCA related activities) and their outcome will be registered in a grievance log. GRM Focal Points have been assigned at MOH, PHD,OD and health centers throughout the country and they have been trained by PMD on grievance management. NPCA shall also assign a Focal Point who will receive training during the implementation of the AF.
40. Grievances related to NPCA activities will be handled by the ESSU in PMD. E&S focal point of NPCA will be trained by ESSU on GRM.
41. Any land related grievances will be addressed through the RPF.
42. A special GRM process will be put in place if needed for indigenous peoples. The communication of the GRM will ensure it is culturally appropriate and accessible to indigenous peoples and that it considers the availability of judicial recourse and customary dispute settlement mechanisms among indigenous peoples.

Monitoring and Supervision Mechanisms

43. The monitoring of H-EQIP2 will ensure that mitigation measures are implemented as per the Project schedule/workplan and will identify any bottlenecks that affect implementation. Monthly, quarterly- and semi-annual monitoring reports will identify any issues that need to be managed and explain how they are being, or have been, addressed.
44. The ESSU will be responsible for monitoring and reporting. The frequency and format of various monitoring reports will be included as part of the Project Implementation/Operational Manual (POM).

Budget for ESMF Implementation

45. The estimated cost for all the ESMF initiatives is US$ 370,979 over five years. These costs include, hire of national consultants, training costs for ESSU, public consultations and field monitoring, and costs for MOH to prepare and deliver E&S due diligence reports. The budget has been developed with input from PMD and the WB task team and will be subject to change based on actual needed during project implementation.

Annexes

46. The ESMF has a comprehensive set of annexes including the following:
    - Screening forms for environmental and social impacts
    - Ineligible projects and activities
    - Environmental and social codes of practice (ESCOP) for construction and operations, including procedures for safe health care waste management
    - An outline for a environmental and social management plan (ESMP) to be prepared for specific sub-projects.
    - Monitoring checklist for construction
    - Labor management procedures (LMP)
    - Chance find procedures for cultural resources
    - Codes of conduct for management and workers
    - Resettlement policy framework (RPF)
    - Meeting minutes for stakeholder engagement
    - Terms of reference for national consultants
    - Contingency emergency response component (CERC)
    - Sample grievance log

1. PROJECT DESCRIPTION

1.1. Overview

47. **H-EQIP II will build on lessons learned from the current phase of H-EQIP to support the RGC in advancing UHC** over a five-year period (July 2022-December 2027) with continued focus on improving financial protection and the equitable access to the health services for the poor and vulnerable, enhancing quality of health services and strengthening the health service delivery system. it will also aim to increase the performance, sustainability, efficiency and social inclusion focus of national institutions. This ESMF also covers the Additional Financing (AF) to H-EQIP II which will incorporate a new grant awarded to Cambodia from the Pandemic Fund (PF) for health emergency preparedness, prevention and response (PPR).
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1.2. Project Components

51. COMPONENT 1: Improving Financial Protection and Utilization of Health Equity Fund – The strategic objective of this component is to support RGC's vision of building a universal health insurance scheme in Cambodia as an important step in achieving UHC by 2030. With co-financing from RGC, this component will continue to support HEF to: (i) cover the cost of health services for the poor, including those most vulnerable to the impacts of climate change and natural disasters.; (2) optimize and expand the HEF benefit package and update the reimbursement rate of HEF; (iii) support increased utilization of HEF through addressing barriers to social awareness and inclusion and gender equality; and (iv) expand the coverage of full PMRS to all the remaining health centers and referral hospitals. This component will also support building financial sustainability, improving capacity and expanding functions of the NPCA as the single agency to certify claims for all health insurance schemes in Cambodia as well as to validate the public services for other sectors. In addition, this component will also support RGC in strengthening social health protection through policy dialogue and technical assistance, including capacity building activities.
52. COMPONENT 2: Strengthening Quality and Capacity of Health Service Delivery--Building on the progress made in H-EQIP phase I, this component will focus on strengthening the health service delivery system in Cambodia, particularly at the subnational level (provincial/referral hospitals and health centers), with enhanced efforts on improving service quality, expanding service capacity and coverage, shifting the service delivery model and strengthening community based essential service provision. This will be done by implementing the National Quality Enhancement Monitoring Tools (NQEMT) nation-wide, rolling out NCD care to all the health centers enhancing VHSG and community engagement and building health service capacities in the referral hospitals including civil works, digital health and equipment. It will support MOH to implement the National Digital Health Strategy 2021-2030. This component will continue using SDGs, both fixed lump-sum grants and performance-based grants, to provide performance-based financing to health facilities. It will also provide funds to PHDs/ODs and key MOH agencies via PBCs in building up internal health service performance targets` and promoting enhanced responsibility and accountability at sub-national levels.
53. COMPONENT 3: Project Management, Gender Equality & Social Inclusion and M&E - will finance activities related to project implementation management, implementation of environment and social development activities, mutual learning, financial management and procurement capacity building and monitoring & evaluation. In addition, this component will support gender equity and community engagement. Gender inclusion will put an emphasis on increased capacity and performance of Gender Mainstreaming Action Group (GMAG), and the project's support of a Women in Leadership Development program will strengthen women's voice and participation in decision-making in the sector, and leadership on Gender Equality and Social Inclusion (GESI) and health (sub-component 3.2: Gender and Social Inclusion).
54. COMPONENT 4: Strengthening capacity for health emergency prevention, preparedness, and response-assist the RGC, collaborating with WB, AIIB, FAO, WHO, ADB, KfW, US-CDC and other DPs, in strengthening:

a) Surveillance systems to better prepare Cambodia to detect, prevent, and respond to emerging disease outbreaks of pandemic potential, underpinned by a multidisciplinary One Health approach
b) Laboratory systems to ensure the capacity and capabilities of laboratories as an essential component of national preparedness and response to emerging infectious diseases (EIDs),

Transboundary Animal Diseases (TADs), Antimicrobial resistance (AMR), and identified priority diseases.

c) Improving human resources/workforce knowledge, skills, and technical capacity, as a cross-cutting area in epidemiology, risk assessment tools, data analysis, data sharing platforms, multidisciplinary and evidence-informed One Health approach, health science pre-service curricula, and the assessment of preparedness and response across all sectors.

55. COMPONENT 5: Contingency Emergency Response (CERC) -The objective of the contingent emergency response component (CERC), with a provisional zero allocation, is to allow for the reallocation of financing to provide an immediate response to an eligible crisis or emergency as needed.

1.3. Objective, Rationale and Application of the ESMF

56. H-EQIP2 has inherent environmental and social (E&S) risks and impacts that will require mitigation and management during project implementation. Consideration of E&S risks and impacts is not restricted solely to impacts resulting from civil works but covers all Project components related to provisions of the World Bank Environmental and Social Framework (ESF). This Environmental and Social Management Framework (ESMF) has been prepared to assess and mitigate potential E&S risks and impacts throughout the entire Project life cycle, consistent with the mitigation hierarchy of the ESF and national legal instrument requirements.
57. Specific objectives of the ESMF are to: (a) assess potential E&S risks and impacts of proposed project activities and propose mitigation measures following the mitigation hierarchy; (b) establish procedures for E&S screening of a subproject, review, approval, and the implementation and monitoring/supervision of ESF instruments; (c) establish measures and plans to reduce, mitigate and/or offset adverse risks and impacts across the project lifecycle; (d) specify appropriate institutional roles and responsibilities, and outline the necessary reporting procedures for managing and monitoring E&S risks and impacts; (e) identify the training and capacity building needed to promote ownership of this ESMF and successfully implement its provisions and those of the Environmental and Social Commitment Plan (ESCP) as well as the Stakeholder Engagement Plan (SEP); (f) set out mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; (g) identify opportunities for improving social inclusion, protection and equity; and h) include a budget for implementation of the ESMF.
58. The ESMF provides principles, rules, specific processes and technical guidance to assess the E&S risks and impacts of Project activities, including those under the AF, including measures to ensure that disadvantaged or vulnerable individuals or groups have enhanced access to the development benefits resulting from the Project. As full details of project activities are not yet available, it provides a framework approach as to how E&S risks and impacts can be mitigated and managed during implementation.
59. This ESMF is informed by the Environmental Assessment (EA), Social Assessment (SA) and Capacity Assessment (CA) and is connected to the Stakeholder Engagement Plan (SEP) and other specific ESF instruments (such as the ESMP, ESCoP, and the Labor Management Procedures (LMP) prepared for the Project). It will apply to all activities (i.e., works, goods and services, technical assistance, and research activities) to be financed by H-EQIP2 and/or its subprojects, including those under the AF.

1.4. Scope of the ESMF

60. This ESMF includes guidelines for development and implementation of (i) an Infectious Control and Waste Management Plan or ICWMP (comprised of Infection, Prevention and Control or IPC and Health Care Waste Management Plan or HCWMP) which will strengthen the function of the existing health-care infectious control and waste management system to comply with the HCW guidelines (ii) Community Health and Safety measures; (iii) Labor Management Procedures (LMP); (iv) Environmental and Social Code of Practice (ESCOP) for minor civil works; (iv) an E&S risk management Capacity Building Plan and v) Resettlement Policy Framework (RPF). The ESMF includes the results of a companion social baseline assessment and an analysis of key social risks of the project, including the potential for vulnerable people to miss out on access to Project benefits. An Environmental and Social Commitment Plan (ESCP) and a Stakeholder Engagement Plan (SEP) have also been prepared as separate documents from the ESMF.

1.5. Previous E&S Performance in Health Care Projects in Cambodia

61. Based on a review of E&S performance in project documentation, a capacity assessment, an environmental performance assessment, discussions with MOH, and previous health care projects in Cambodia, the following areas of improvement for E&S management in H-EQIP2 have been identified as follows:
    - Improve health care access for indigenous peoples.
    - Improve the coordination, supervision, and reporting of contractor implementation of environmental and social safeguards at construction sites.
    - Develop a more inclusive and functional grievance redress mechanism across all project levels.
    - Improve health care waste management, particularly at district hospitals and health centers. This will require technical and budget support to improve current practices on waste segregation, collection, storage, treatment, and disposal of infectious wastes and improving the operation and maintenance of incinerators.
    - Improve implementation of safeguard/ESF instruments within MOH including training, institutional strengthening, and coordination across health care levels, with increasing financial and human resource support, including outsourcing to consultants where necessary.
    - Improve the capacity of MOH to manage environmental and social related risks and impacts consistent with the relevant ESSs of the ESF policy.
    - Incorporation of lessons learned from H-EQIP into this ESMF.

2. INSTITUTIONAL, LEGAL AND POLICY FRAMEWORK

2.1. National Laws, Regulations, Guidelines and Standards

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

2.2. Relevant Environmental Legislation

63. Cambodia's main statute for environmental protection, management of natural resources and public consultation is the Law on Environmental Protection and Natural Resource Management ('the Environment Law'), which was adopted in 1996.
64. A summary of legislative and policy instruments relevant to H-EQIP2 is presented in Table 1 and further described in the accompanying text. The more stringent limits (national or international) shall apply in all cases where there are differences in standards. Protocols of the Environment, Health and Safety Guidelines of the World Bank (2007) also apply and are reflected in the ESMP mitigation measures where appropriate.
65. The Ministry of Environment (MOE) is responsible for environmental protection and conservation of natural resources, thus contributing to the improvement of environmental quality, public welfare and the economy. The Environmental Impact Assessment (EIA) Department of the MOE oversees and regulates the EIA process, quality control of Environmental and Social Impact Assessment (ESIA) reports and coordinates the implementation of projects in collaboration with project executive agencies and concerned ministries.

Table 1. Laws, Sub-decrees and Guidance for Environment and Health Protection

Law/Regulation/ Guideline	**Summary**
Law on the Protection of Cultural Heritage (NS/RKM/0196/26)	Regulates the protection of national cultural heritage and cultural property in general against illegal destruction, modification, alteration, excavation, alienation, exportation, or importation. Article 37 stipulates that in case of chance find of a cultural property during construction, work should be stopped and the person who found the property should immediately make a declaration to the local police, who shall, in turn, transmit the property to the Provincial Governor without delay.
Law on Water Resources Management (NS/RKM/0607/016)	Requires license/permit/written authorization for the: (i) abstraction & use of water resources other than for domestic purposes, watering for animal husbandry, fishing & irrigation of domestic gardens and orchards; (ii) extraction of sand, soil & gravel from the beds & banks of water courses, lakes, canals & reservoirs; (iii) filling of river, tributary, stream, natural lakes, canal & reservoir; and (iv) discharge, disposal or deposit of polluting substances that are likely to deteriorate water quality and to endanger human, animal and plant health. (Articles 12 & 22) Article 24 stipulates that Ministry of Water Resources and Meteorology (MOWRAM), in collaboration with other concerned agencies, may designate a floodplain area as a flood retention area.
Law on Animal Health and Production	Ensure the management and development of animal production and animal health sectors; protect human and animal health as well as animal welfare and the environment; control, prevent and eradicate the spread of animal diseases; protect and rationally use animal resources and animal

Law/Regulation/ Guideline	**Summary**
(No. NS/RKM/ 0116/003)	breeds; ensure the sustainability of supplies of quality and safe animal products for domestic market and export. This Law, consisting of 124 articles divided into 22 Chapters and one Annex, covers the animal production and health sectors in the Kingdom of Cambodia
Sub-decree on Solid Waste Management (Sub-decree No. 36 ANK/BK),	Article 1: Regulates solid waste management to ensure the protection of human health and the conservation of biodiversity through using appropriate technical approaches. Article 2: This sub-decree applies to all activities related to disposal, storage, collection, transport, recycling, dumping of garbage and hazardous waste. Article 4: The Ministry of Environment shall establish guidelines on disposal, collection, transport, storage, recycling, minimizing, and dumping of household waste in provinces and cities in order to ensure the safe management of household waste. The authorities of the provinces and cities shall establish a waste management plan in their province and city for the short, medium and long term. Article 15 The storage, transportation and disposal of hazardous waste shall be performed separately from household waste which will be stipulated by the Prakas of the Ministry of Environment. The disposal of hazardous waste into public sites, public drainage systems, public water areas, rural areas and forest areas shall be strictly prohibited.
Sub-decree on Water Pollution Control (Sub-decree No. 27 ANRK/BK) (relevant to leachate)	Regulates activities that cause pollution in public water areas in order to sustain good water quality so that the protection of human health and the conservation of biodiversity are ensured. Its Annexes 2, 4 and 5 provide industrial effluent standards, including effluent from wastewater stabilization ponds, water quality standards for public waters for the purpose of biodiversity conservation, and water quality standards for public waters and health, respectively.
Sub-decree on Control of Air Pollution and Noise Disturbance (Sub-decree No. 42 ANK/BK	Regulates air and noise pollution from mobile and fixed sources through monitoring, curbing and mitigation activities to protect the environmental quality and public health. It contains the following relevant standards: (i)) ambient air quality standard (Annex 1); and (ii) maximum allowable noise level in public and residential areas (Annex 6). Article 3 A. “Source of pollution” is defined and separates mobile sources (including transport) and fixed sources such as factories and construction sites. Article 3 B. “Pollutant” is defined as smoke, dust, ash particle substance, gas, vapor, fog, odor, radio-active substances.
Sub-decree on Management of Urban Garbage and Solid Waste (sub-decree 113)	Clarifies the roles on solid waste management in urban areas by transferring the function of solid waste management under the mandate of MoE to the municipal and district administrations. Article 36: For city and district administrations, the determination and selection of areas for urban garbage and solid waste disposal shall be approved by the provincial administration. Article 20: Capital, municipal, district and khan administration shall take measures to prevent any disposal or burning of garbage and solid waste of downtowns on public streets, fields, in sewage system or public water sources or on privately-owned land. Article 23: Owners or contractors demolishing, repairing or constructing houses or buildings shall be responsible for garbage and solid waste from their construction sites as follows: - Keep their garbage and solid waste properly without causing impact to public order and the environment; and - Clean, collect and transport their garbage and solid waste on their own to local landfills and pay fees as determined by the capital, municipal, district and khan administrations.

Law/Regulation/ Guideline	**Summary**
	Article 43: Any person who burns garbage and solid town waste at public sites, on streets, fields, possessed lands, or places prohibited by capital or municipal and district administration as stipulated in Article 20 of this sub-decree shall be subject to transactional fines and penalties. Article 48: Any person who stores, packages or collects and transports garbage and solid town waste mixed with industrial solid waste, medical waste or hazardous waste shall be subject to a transactional fine. Every proposal for establishing a landfill must obtain approval from the Ministry of Environment regarding the preparation of the landfill to protect the environment during the operations and decommissioning.
Prakas on the Clarification of the Environmental Impact Assessment for Development Project	A total floor space of construction works more than 45,000 m^2 for new buildings will require an Environmental Impact Assessment (EIA), less than 15000 m^2 to 45,000 m^2 will require an Initial Environment Examination and less than 3000 m^2 to 15000m^2 will require an Environmental Protection Agreement with the Ministry of Environment. The establishment of a new hospital would require an Environmental Impact assessment. The establishment of any referral hospital, laboratory, blood transfusion center, medical factory, health commodity factory, or factory producing raw materials for medicines would require an IEE.
Environmental Guidelines on Solid Waste Management[1]	Contains a Landfill Ordinance that regulates landfill requirements to: (i) reduce as far as possible the adverse effects of waste disposal on the environment; (ii) preserve groundwater, surface water & air quality & to reduce emissions of greenhouse gases (iii) ensure waste is not harmful to human, natural & animal health during operation & decommissioning; and (iv) provide information and technical recommendation on the construction, operation and closing/follow-up management of landfills to ensure public health and safety and environmental protection.
Law on Land (NS/RKM/0801/14)	Provides that: (i) unless it is in the public interest, no person may be deprived of ownership of his immovable property; and (ii) ownership deprivation shall be carried out according to legal forms and procedures and after an advanced payment of fair and just compensation. (Article 5).
Expropriation Law	Defines the principles, mechanisms, and procedures of expropriation, and defining fair and just compensation for any construction, rehabilitation, and public physical infrastructure expansion project for the public and national interests and development of Cambodia.
Labor Law (1997) Decree No. CS/RKM/0397/01	This law governs relations between employers and workers resulting from employment contracts to be performed within Cambodia. The key sections relevant to this project include: Chapter VIII Health and Safety of Workers. The key provisions relate to the quality of the premises; cleaning and hygiene; lodging of personnel, if applicable (such as workers camps); ventilation and sanitation; individual protective instruments and work clothes; lighting and noise levels in the workplace. Article 230: Workplaces must guarantee the safety of workers. However, the only specific occupational health and safety Prakas relates to the garment industry and brick manufacture. Chapter IX Work-Related Accidents Article 248: All occupational illness, as defined by law, shall be considered a work-related accident. The law sets out how accidents should be managed in terms of compensation.

1 http://comped-cam.org/Documents/developmentguideline/06_03_25_Environmental%20gl%20on%20swm_ END.pdf.

Law/Regulation/ Guideline	**Summary**
Law of the Protection and the Promotion of the Rights of Persons with Disabilities	Article 12: The State shall develop supportive policies and allocate an annual budget, in order to assist persons with disabilities who have severe disabilities, are very poor and have no support, or are elderly, very poor and have no support, or have had serious accidents, are very poor and have no support. The State shall have an annual budget in order to integrate persons with disabilities into communities. Article 14: The State shall develop programs for physical and mental rehabilitation aimed at enabling persons with disabilities to fulfil their potential and to fully exercise their capacities and talents in society. Article 15: The State shall establish and encourage social organizations and the private sector to establish: - Centers for physical and mental rehabilitation - Schools for training prosthetists and orthotists - Orthopedic component manufacturers to ensure adequate supply to meet the needs of physical rehabilitation centers in providing assistive devices for people with disabilities. - The establishment of the centers for physical and mental rehabilitation and orthopedic component manufacturers shall be determined by Prakas (ministerial order) of the Minister in charge of Social Affairs. Article 16. The Ministry in charge of Social Affairs in collaboration with the Ministry of Health shall: - Organize training programs on physiotherapy and mental rehabilitation at the technical schools of medical care; and include these training programs at every hospital in order to prevent patients from becoming disabled. - Provide training to families whose members are disabled, people with disabilities and volunteers on methodologies of caretaking and rehabilitation for specific types of disabilities to enable people with disabilities and their families in the rehabilitation of people with physical and mental disabilities. - Expand community-based rehabilitation services, consultation services and treatment for people with mental and intellectual disabilities. Article 17: The State shall establish programs on disability prevention to all citizens through: - Maternal healthcare during pregnancy. - Following up and diagnosing diseases causing disabilities in a timely manner. - Providing vaccinations and other medicines for disability prevention. - Providing nutritional programs. - Providing education and training on the causes of disabilities. - Medical treatment and physical rehabilitation in a timely manner. Article 21: All public places shall be made accessible for persons with all types of disabilities for instance: ramps, accessibility rails in bathrooms and signs. Article 22: The competent ministries authorizing construction plans and inspection of constructions of public places shall ensure the accessibility for people with disabilities as stated in article 21 of this law. *International legal protection ratification:* In addition to this law, Cambodia ratified the Convention on the Rights of People with Disability (CRPD) in 2012 enshrines in international law the universal principles of equality, dignity, independence, full participation in society and non-discrimination as they apply to people with

Law/Regulation/ Guideline	**Summary**
	disabilities. The CRPD describes the rights held by people with disabilities and the correlative duties of States parties to respect and protect and fulfil these rights.
Relevant policy on development of IPs	Land Law (2001) Articles 23-28 clearly articulate the land rights of indigenous peoples. Forest Law (2002) states the rights of IP communities recognized by the Land Law to use forest resources. Ministry of Rural Development (MRD), National Policy on the Development of Indigenous Peoples (NPDIP) in 2009 (d) Sub-decree 83 in 2009 on procedures of registration of land of indigenous communities MOI and MLMUPC, Inter-ministerial circular on interim protective measures protecting land of indigenous peoples (2011). Royal Government of Cambodia (RGC) "Directive 01" to carry out its land titling campaign to be implemented by youth volunteers with support from relevant authorities Instruction #15 issued on 04 July 2012, and instruction #17 issued on 13 July 2012 for further implementation of land title registration for indigenous people and communities. Manual on Indigenous Communities Identification, Legal Entity Registration and Communal Land Registration Process in Cambodia (December 2018) published by MRD, MoI and MLMUPC with support from UN-OHCHR.
Law on protection of domestic violence	Cambodian law prohibits GBV, with equal rights and protections against discrimination and abuse enshrined in the Constitution of the Kingdom of Cambodia ("Constitution"), the Criminal Code of the Kingdom of Cambodia ("Criminal Code"), and the Law on the Prevention of Domestic Violence and Protection of Victims ("Domestic Violence Law"). Cambodia's Constitution provides equal rights and freedom from discrimination to all Cambodian citizens, regardless of sex, in articles 31 and 42 respectively. Criminal Code prohibits a number of forms of violence that disproportionately affect women, such as rape (article 239); sexual harassment (article 250); and pimping women for prostitution (article 285). Though such provisions are undoubtedly a positive step in the realization of women's freedom from violence, they are insufficient to address the complex and nuanced ways in which GBV is perpetrated in Cambodia. The Domestic Violence Law, enacted in 2005, goes further in its direct prohibition of forms of violence that are widely tolerated in Cambodia. In particular, the law criminalizes physical and psychological abuse against dependent household members (articles 5 and 6), as well as forms of sexual aggression, including sexual harassment and violent sex (article 7). *International ratification:* Cambodia has also ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). CEDAW is comprehensive in its prohibition of forms of discrimination against women in civil, political, social, economic and cultural areas of life. In particular, CEDAW provides two 'General Recommendations' (No. 19 and updated No. 35) that explicitly address the issue of GBV, providing a wide and inclusive definition of such violence.
Law on Measures to Prevent the Spread of COVID-19 and other	This law provides a legal basis for the government to put forward health and administrative measures as well as other measures-to protect people's lives and public health.

Law/Regulation/ Guideline	**Summary**
Highly Contagious Diseases (NS/RKM/0321/004)	
Technical Guideline on Healthcare Waste Management	This guideline provides technical specifications for specific components of healthcare waste management (HCWM), i.e.: - Temporary storage area for healthcare waste (HCW) - Encapsulation facility - Secure landfill - Incineration facility. The approach of this guideline is to provide decision makers with a guide on: - Factors that must be considered before these components of healthcare waste management are installed and implemented. - Criteria that must be incorporated into the design of these components.
National Guidelines for Infection Prevention and Control for Healthcare Facilities	Guidance provides information on the basics of infection and transmission pathways. It includes infection prevention and control measures including hand hygiene, use of personal protective equipment, and environmental cleaning. It covers occupational health and safety of healthcare workers including the biological and chemical hazards they are exposed to. **Solid Waste:** Healthcare waste management is covered according to the following waste categories: - General waste or household waste nontoxic, non-hazardous, not contaminated with medical waste. - Medical waste includes separate medical waste categories: infectious, pathological, sharps, pharmaceutical, genotoxic, chemical, heavy metals, pressurized containers and radioactive. - The wastes should be managed according to the guidance, which specifies segregation, color coding and labeling containers, handling methods, storage and disposal options. Liquid **Waste:** - Moderate quantities of mild liquid pharmaceuticals such as intravenous solutions, eye drops (but not antibiotics or cytotoxic drugs), may be diluted in a large flow of water and discharged into municipal sewers. - If the facility does not link to a treated municipal water drainage system, then all drainage should be treated locally (e.g. septic and filtration systems).

66. Key national and international standards relevant to environmental issues are shown in Table 2 below.

Table 2: Key National Environmental Standards

Environmental Media	National Standard	International Standard
Ambient air quality	Standard Annex 1, Ambient Air Quality Standard, of Sub-decree on Control of Air Pollution and Noise Disturbance, 2000	World Health Organization (WHO) Air Quality Guidelines, global update 2005
Noise	Standard Annex 6, Max. Standard of Noise Level Allowable in the Public and Residential Areas, of Sub-decree on Control of Air Pollution and Noise Disturbance, 2000	WHO Guidelines for Community Noise, 1999
Groundwater quality (for drinking)	Drinking water Quality Standards, 2004	WHO Guidelines for Drinking-water Quality, Fourth Edition, 2011
Groundwater (ambient)	Ministry of Handicrafts and Industry Groundwater Quality Standards	EU Groundwater Directive 2006/118/EC
Surface water quality	Standard Annex 4, Water Quality Standards for Public Waters for the Purpose of Biodiversity Conservation, and Annex 5, Water Quality Standards for Public Waters and Health, of Sub-decree on Water Pollution Control, 1999	US EPA National Recommended Water Quality Criteria Mekong River Commission: Technical Guidelines for the Protection of Aquatic Life Mekong River Commission Technical Guidelines for the Protection of Human Health
Effluent quality	Standard Annex 2, Effluent standard (Discharged wastewater to public water areas or sewers), of Sub-decree on Water Pollution Control, 1999	IFC/World Bank EHS General Guidelines and Guidelines for Water and Sanitation
Code for Environment and Natural Resource Management	Code of conduct prepared by Ministry of Environment, 2023.	NA

Air quality. A comparison of national and international ambient air quality is in Table 3 below.

Table 3: National and International Ambient Air Quality Standards

Parameter	Cambodia Averaging Period	Cambodia Sub-decree No. 42 (ug/m^3)	WHO Averaging Period	WHO Ambient Air Quality Guidelines (µg/m^3)
Sulphur Dioxide (SO2)	1 hour	500	1010 min	500
	24 hour	300	24 hour	
	Annual	100		
Nitrogen Dioxide (NO2)	1 hour	300		
	24 hour	100	1 hour	200
			Annual	40
Carbon Monoxide (CO)	1 hour	40,000		
	8 hour	20,000		
Ozone (O3)	1 hour	200	8 hour	100
Lead (Pb)	24 hour	5		
			Annual	
Particulate Matter (PM10)			24 hour	50
			Annual	20
Particulate Matter (PM2.5)			24 hour	25
			Annual	10
Total suspended particles	24 hour	330		
	Annual	100		

Source: WHO (2006) Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide Global update 2005. Summary of Risk Assessment.

67. Noise. According to the WHO Guidelines for Community Noise (1999), noise impacts should not exceed the levels presented in the table below or result in a maximum increase in background levels of more than 3 dB at the nearest receptor location off-site.

68. According to the WHO Night Noise Guidelines (2009), annual average night exposure to noise levels should not exceed 40 dB, corresponding to the sound from a quiet street in a residential area. Persons exposed to higher levels over the year can suffer mild health effects, such as sleep disturbance and insomnia. Long-term average exposure to levels above 55 dB, similar to the noise from a busy street, is considered increasingly dangerous for public health, with a sizeable proportion of the population highly stressed and sleep disturbed, and with evidence of increased risk to cardiovascular disease.

69. It is noted that new guidance was issued by the WHO in October 2018 for the European Region, where the threshold noise levels for adverse effects to human health were revised and specific noise levels by source were recommended, including road noise, railways, wind turbines, aircraft, and leisure noise. Project noise standards are indicated in Table 4.

Table 4: Project Standards for Noise

Areas	Time Period (24 hours)	Cambodia Sub decree 42 National Standard (dB(A))	WHO Community Noise (dB(A))
RES: Residential Area I&C: Industrial and Commercial	Day time (from 6:00am to 6:00pm)	RES: 60 MIX: 75	RES: 55 (serious annoyance) RES: 50 (moderate annoyance) I&C: 70 (hearing impairment)
	Evening Time (from 6:00pm to 10:00pm)	RES: 50 MIX: 70	RES: 55 (moderate annoyance) I&C: 60 (hearing impairment)
	Night time (from 10:00pm to 6:00am)	RES: 45 MIX: 50	RES: 45 (moderate annoyance) I&C: 60 (hearing impairment)
Hospital ward rooms, indoors	-	-	30
Hospital treatment rooms	-	-	As low as possible

Source: WHO (1999), Guidelines for Community Noise. Notes: Guidelines values are for noise levels measured out of doors. Note LAeq: A-weighted, equivalent sound level. dBA: A-weighted decibel

2.2.1. Infection Prevention and Control and Health Care Waste Management

70. The Technical Guideline on Healthcare Waste Management 2011 and National Guideline for Infection Prevention and Control for Healthcare Facilities 2017 were developed and adopted by MOH and training was provided to the heads of healthcare facilities by the Department of Hospital Service (HSD) However, the Ministry of Environment developed the Sub-Decree on Water Pollution Control Annex 1, and Sub-Decree on Solid Waste Management, which define hazardous wastes and substances. Any hazardous wastes and substances must be stored correctly and only disposed in a manner approved by MOE. The IPC guideline covers the preventing from bacteria and virus infection such as MERS and Avian influenza…
71. The MOH is responsible for providing the legal framework to manage environmental and social risks in the health sector. MOH has issued the following regulations and guidelines:
    - National policy HCWM (2009) sets a goal for all healthcare waste to be handled and managed properly to avoid negative impacts on human health and the environment. Cambodia is a signatory to the Stockholm Convention. The National Policy on Healthcare waste management (HCWM) set an objective to put into practice HCW treatment technologies in line with Stockholm Convention.
    - Prakas on HCWM provides detailed regulations on the definition, segregation, collection, transport, storage, treatment and disposal of healthcare waste. Technologies such as autoclaves and microwaves were 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 units/centers. National guidelines are mostly consistent with World Health Organization (WHO) guidelines for IPC in health facilities.

2.2.2. E-Waste Management

72. In Cambodia, there is no specific legislation related to e-waste management, but some other regulations are pertinent to it. However, Cambodia is signatory to Basel Convention, which regulates the transboundary movement of hazardous waste. Therefore, Cambodia has paid great attention to permitting processes for the import and use of second-hand electronic products.
73. The 1993 Constitution of the Kingdom of Cambodia's article 54 and 64 establishes an obligation on the state to protect state property, natural resource and the environment, and human health from any harmful substances. • The 1996 Law on Environmental Protection and Natural Resource Management was ratified to "protect and promote environmental quality and public health" by preventing and controlling pollution and also by conducting environmental impact assessments on all projects before their implementation. More specifically, this law also encompasses measures to protect the Cambodian environment from the adverse effects of toxic chemicals and other hazardous waste. The law covered the need to inventory pollutants being produced, imported, stored, and released. Article 13, Chapter 5 reads, "The prevention, reduction, and control of airspace, water, [and] land pollution, noise, and vibration disturbances, as well as wastes, toxic substances, and hazardous substances, shall be determined by a Sub-Decree following a proposal of the Ministry of the Environment."

74. The 2000 Management of Quality and Safety of Products and Services Law provides general obligations to protect human health from contaminated products and goods. In particular, Article

6 states "when the products, goods, or services could harm the health or safety of consumers, their manufacturing and commercialization shall be subject to a prior submission of a declaration to the competent institutions and have a prior authorization by the competent institutions following an inspection and an indication of usage guidelines in Khmer language." As such, this law strictly prohibits producing or placing into commerce, products, goods, or services mentioned in Article 6 when no prior disclosure has been made or no prior authorization has been issued by the competent institutions. • The 2007 Road Traffic Law governs road transportation. One of the main purposes of this law is to protect human, animals and the environment from negatives effects of road transportation of hazardous cargo.

2.3. Relevant Social Legislation

2.3.1. Labor Law

75. The Labor Law (1997) is the main regulatory framework for labor in Cambodia. The 1997 Labor Law defines non-discrimination in employment and wages. It establishes a minimum wage level, which may vary between regions. Working hours are limited to 8 hours per day, 6 days a week. There are strong regulatory provisions against discrimination in the workplace, to ensure fair treatment, non-discrimination and equal opportunity, and 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.
76. Cambodia has made a moderate advancement in efforts to eliminate the worst forms of child labor. The government issued a Royal Decree authorizing the National Committee on Child Labor, within the Cambodian National Council for Children, to begin operations. In 2019, the Ministry of Labor and Vocational Training (MOLVT) launched a campaign to end child labor in the brick industry. The Labor Law sets 12 years of age as the minimum working age for children. Despite great achievements and efforts by the government, there are still some gaps regarding enforcement of the labor law, which is confined to the formal sector such as the garment sector. Labor inspection against use of child labor (children between 12 and 15 years of age who are meant only to engage in certain light jobs) remains sporadic. This is not closely monitored or enforced due to insufficient resources which may hamper the labor inspectorate's capacity to enforce child labor laws, especially in rural areas where the majority of child laborers work.[2] The Prakas on the Prohibition of Hazardous Child Labor (2004) allows hazardous work for well-trained children above 16 years of age, provided it does not involve night work. 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 activity relating to H-EQIP2.
77. 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 to be compliant with WHO guidelines on COVID-19, as outlined in this ESMF and the LMP.

2.3.2. The Land Law

78. The rights to land and property in Cambodia are governed by the 2001 Land Law, which is

2 US Department of Labor, 2018, Findings from the Worst forms of Child Labor Cambodia, https://www.dol.gov/sites/dolgov/files/ILAB/child_labor_reports/tda2018/cambodia.pdf

primarily based on the provisions of the 1993 Constitution. It defines the scope of ownership of immovable properties such as land, trees and fixed structures.

79. Article 5 states that no person may be deprived of ownership, unless it is in the public interest. Any ownership deprivation shall be carried out in accordance with the governing procedures provided by law and regulations, and after the payment of fair and just compensation in advance.
80. Other provisions of the Land Law relevant to land acquisition. compensation and resettlement are described in Annex 9 of the Resettlement Plan Framework (RPF).

2.3.3. The Expropriation Law

81. The Expropriation Law defines the procedures for acquiring private property for the national or public interest. The following articles are relevant to the ESMF:
    - Article 2: the law has the following purposes to: (a) ensure reasonable and just deprivation of a legal right to ownership of private property; (b) ensure payment of reasonable and just prior compensation; (c) serve the public and national interests: and (d) further the development of public physical infrastructure.
    - Article 7: Only the state may carry out an expropriation for use in the public and national interest.
    - Article 8: The state shall accept the purchase of the remaining part of real property left over from an expropriation at a reasonable and just price at the request of the owner of land/or the holder of rights in the expropriated real property, if that person is no longer able to live near the expropriated scheme or build a residence or conduct any business.
    - Article 22: Stipulates the amount of compensation to be paid to the owner of and/or holder of rights in the real property. which is based on the market value of the real property or the replacement cost as of the date of the issuance of the Prakas on the expropriation scheme. The market value or the replacement cost shall be determined by an independent commission or agent appointed by the expropriation committee.
    - Article 29: For the expropriation of a location that is operating business activities, the owner of the immovable property shall be entitled to additional fair and just compensation for the value of the property affected by the expropriation as of the date of the issuance of the declaration on the expropriation project. A tenant of the immovable property who is operating a business shall be entitled to compensation for the impact on their business operation and to additional assistance at fair and just compensation to the capital value invested for the business operation activities as of the date of the issuance of the declaration on the expropriation project.

2.3.4. Standard Operating Procedures for Externally Financed Projects on Land Acquisition and Involuntary Resettlement

82. The Standard Operating Procedure (SOP) reflects RGC's laws and regulations relating to the acquisition of land and the involuntary resettlement of affected households and the safeguard policies and procedures of Development Partners (DPs) specifically World bank ESF/ESS5. Where appropriate, the SOP includes references to international good practices in resettlement planning, implementation, monitoring and reporting. It includes details on how land acquisition must be conducted, consultation procedures, provision of entitlements and disclosure of information, among others. The SOP applies to all externally financed projects in the Kingdom of Cambodia and is applicable to H-EQIP2.

2.4. Applicable World Bank's Environmental and Social Standards

83. The WB's Environmental and Social Framework (ESF) applies to H-EQIP2 and both environmental and social risks for the project are classified as 'Substantial'. H-EQIP2 follows the World Bank's ESF mandates defined in the ESMF, ESCP and SEP.
84. Potential environmental risks and impacts of H-EQIP2, including the AF, are rated as Substantial. These relate to the construction and renovation of health facilities which will generate solid waste, wastewater, and a large volume of non-hazardous and hazardous medical waste, including infectious waste related to COVID-19. MOH has limited capacity to manage risks and impacts consistent with ESF requirements. In addition, the environmental risks and impacts for new activities under the AF include: (i) Laboratory testing/sequencing of known pathogens resulting in potential direct impacts from infectious wastes; and (ii) TA support to improve disease surveillance and laboratory management (and associated capacity building) should improve management of wastes and reduce overall risk of transmission of dangerous pathogens but may also result in downstream impacts due to increased handling of dangerous pathogen samples and resulting laboratory wastes.
85. Potential social risks and impacts, including the AF, are rated as Substantial and include exclusion of vulnerable or marginalized groups, including women, the poor, people with disabilities (PwD), and indigenous peoples. Their access to health services is already constrained due to social, economic, cultural, and environmental barriers. Other potential social risks are tied to the construction/upgrading of health facilities, which may result in risks for labor management, the use of child and indentured labor, and curtailing the community spread of COVID-19. There are potential risks to community health and safety from poor waste management and risks related to Gender-Based Violence (GBV) and Violence against Children (VAC) due to the influx of labor for construction activities. The grievance mechanism in H-EQIP has not been effective in responding to the negative impacts of project activities. There is also an unlikely risk related to involuntary land acquisition and resettlement impacts, but construction works are planned to take place within the existing compounds of health facilities. The social risks and impacts for new activities under the AF relate to Occupational Health and Safety (OHS) of workers in the laboratory, and potential impacts to communities, in particular with regards to dangerous pathogens and toxins if biosecurity measures are not well implemented.
86. Other potential social risks are tied to construction/upgrading of health facilities, which may result in risks associated with labor management, including the use of child labor in construction and indentured labor in the supply of construction materials, safety of workers, and the spread of COVID-19 in the community. There are also potential risks related to community health and safety due to poor waste management by contractors, and risks related to Gender-Based Violence (GBV) and Violence against Children (VAC) due to an influx of labor for construction or refurbishment, as well as risks of indentured labor in the supply chain. While project activities are expected to be confined to existing health facilities owned by MOH, the possibility for risk of land acquisition exists, even if this risk is unlikely. The ESMF includes screening procedures to avoid or minimize this risk of land acquisition.
87. H-EQIP2 triggers the following Environmental and Social Standards: ESS1 on Assessment and Management of Environmental and Social Risks and Impacts, ESS2 on Labor and Working Conditions, ESS3 on Resource Efficiency and Pollution Prevention and Management, ESS4 on Community Health and Safety, ESS7 on Indigenous Peoples/Sub-Saharan African Historical Underserved Traditional Local Communities and ESS10 on Stakeholder Engagement and Information Disclosure. While unlikely, the project also triggers ESS5 on Land Acquisition,

Restriction on Land Use and Involuntary Resettlement and ESS8 on Cultural Heritage.

88. Key Environmental and social risks associated with each of these applicable standards are presented in Table 2. As the World Bank ESF applies to H-EQIP2, the ESMF will be used to help inform MOH how to apply the required ESF instruments for each subproject activity. The lessons learned from H-EQIP will assist in this process. Table 3 outlines how the ESF and ESMF will be used to strengthen gaps in environmental and social performance relative to the national regulatory framework.

Table 5. Potential Environmental and Social Risks of H-EQIP2 by ESS.

Relevant Environmental & Social Standard	**Key Environmental and Social Risks Associated with the ESS**
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	o Impacts and risks during construction and renovation - such as increased traffic, dust, noise and emissions, discarded old medical equipment, and asbestos containing material (ACM) that may be present at facilities undergoing rehabilitation. o The operation of HCFs is likely to generate large volumes of hazardous and non-hazardous medical wastes (i.e. indirect impact) such as contaminated PPE, pharmaceutical, food waste, obsolete medical equipment, etc. o Social impacts from the project include risks relating to inclusion and ensuring the most at need have access to the HEF and project benefits. o The project is nationwide in scope and hence will be implemented in areas where Indigenous Peoples live. There is a risk of exclusion of indigenous peoples in accessing HEF. o Social risks linked with construction activities including occupational health and safety, community safety. o Risks relating to Gender Based Violence (GGV), Violence Against Children (VAC) and Sexual Exploitation and Abuse (SEA) as a result of labor influx and provision of health services o Lack of inclusive stakeholder engagement.
ESS2 Labor and Working Conditions	o Use of child and indentured labor, including in the primary supply chain. o OHS related issues may include: (i) inadequate personal protective equipment (PPE) and sanitation facilities for workers at construction sites; (ii) Unsafe handling and disposal of asbestos containing material (ACM) at renovation sites; (iii) Inadequate PPE and sanitation facilities for workers handling hazardous/chemical materials, (iv) risk of Covid transmission and (v) risk of GBV/SH/SEA (vi) health and safety of laboratory staffs due to unsafe handling of infectious agents, laboratory wastes.
ESS3 Resource Efficiency and Pollution Prevention	o Incineration of medical hazardous waste and disposal as a secure landfill for hazardous waste does exist in the country.

Relevant Environmental & Social Standard	**Key Environmental and Social Risks Associated with the ESS**
and Management	o Construction activities such as renovation and upgrading of healthcare facilities may create risks and impacts due to dust, noise, vibration, air emissions, generation of construction wastes, and potential asbestos containing material (ACM) that may be present at facilities undergoing rehabilitation. o The increased operational of HCFs supported by the Project may have potential downstream impact on healthcare waste management. The operational of the HCFs is likely to generate large volumes of hazardous and non-hazardous medical wastes such as contaminated PPE, pharmaceutical, food waste, obsolete medical equipment, etc. o 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. o Generation of e-waste that has no present disposal procedure in Cambodia. o Laboratory testing/sequencing of known pathogens resulting in potential direct impacts from infectious wastes; and o TA support to improve disease surveillance and laboratory management (and associated capacity building) should improve management of wastes and reduce overall risk of transmission of dangerous pathogens but may also result in downstream impacts due to increased handling of dangerous pathogen samples and resulting laboratory wastes.
ESS4 Community Health and Safety	o Impacts to community health and safety from construction activities including dust, noise, safety, and disturbance. o GBV and VAC impacts to nearby communities due to presence of an outside labor force. o Exposure to COVID-19. o Traffic related accidents from movement of heavy transport vehicles for construction materials and equipment, particularly for households near construction sites. o Fire and other emergencies that may occur during construction. o Weak implementation of healthcare waste management procedure at participating HCFs may potentially affect communities nearby. These potential indirect impacts may include: (i) Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the disease to the general population during the transport of potentially

Relevant Environmental & Social Standard	**Key Environmental and Social Risks Associated with the ESS**
	affected samples; and (ii) the operational of existing incinerators may generate significant emissions affecting community nearby the facilities. o Laboratory testing/sequencing of known pathogens resulting in potential direct impacts from infectious wastes; and o TA support to improve disease surveillance and laboratory management (and associated capacity building) should improve management of wastes and reduce overall risk of transmission of dangerous pathogens but may also result in downstream impacts due to increased handling of dangerous pathogen samples and resulting laboratory wastes.
ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	o All construction works are expected to be done within the existing confines of hospitals (yet to be identified) and although no land acquisition is envisaged, there could be instances where squatters, including civil servants, reside on government owned land/public offices.
ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	o The project will be nationwide including Indigenous Peoples as beneficiaries. Indigenous Peoples are spread across 15 of Cambodia's 25 provinces. There may be a lack of culturally appropriate consultation and engagement. o Marginalization of indigenous people due to lack of inclusive access to health care facilities and services.
ESS8 Cultural Heritage	o All construction works will be conducted within the existing footprint of facilities. Construction of additional hospital wards will be located within the existing hospital perimeters. However, this activity might include site excavation works with the potential of discovering unknown cultural heritage during the excavation activities. o UXO may remain at some construction site that may vulnerable to excavation if unchecked and no UXO clearance is received from CMAC.
ESS10 Stakeholder Engagement and Information Disclosure	o Gaps across the health sector in terms of gender and social inclusion and access to the HEF and other health services provided by the project. o Gaps in meaningful consultation and information dissemination relating to overall project information, GRM and ESMF. o Strengthening the engagement and inclusion of disadvantaged groups including the poor, women, indigenous groups and people with disabilities (PwD) in project information sharing and key decision making. o Strengthening the existing Grievance Redress Mechanism (GRM) to enable stakeholders to submit their concerns/ comments/ suggestions, including any ongoing access or barriers to HEF/and project related services,

Relevant Environmental & Social Standard	**Key Environmental and Social Risks Associated with the ESS**
	and any other issues or concerns that may result during project construction or implementation.

Table 6. Additional Areas to Strengthen in H-EQIP2

Gaps Requiring Strengthening	**RGC Legislation**	**WB's ESF**	**Clarifications**
Gender equity and inclusion, Gender-Based Violence (GBV), Violence to Children (VAC), Sexual Exploitation and Abuse (SEA) and HIV/AIDs	The Constitution and other regulations in Cambodia protect the rights of women, violence against women and children, and the information dissemination on HIV/AIDS.	ESS2, for workers, and ESS4 for the wider community, protect the rights of all community members, particularly women, children and the vulnerable, from violence and other forms of abuse, as well as the risks of sexually transmitted diseases. Labor management and gender equity and inclusion measures during construction and renovation of sub-projects will address these issues. H-EQIP2 also includes measures to strengthen gender inclusion and equity during the implementation of all project components.	The ESMF provides guidelines on how to address the identification and mitigation measures associated with these issues. Specific guidelines will be provided in terms of Labor Management Procedures and the Worker Code of Conduct (see Annexes 6 and 8).
Forced labor	Regulations against forced labor exist in Cambodia. However, there are claims that this is not strictly enforced, and there are particular "hotspot" areas such as brick kilns.	WB ESS2 strictly prohibits any form of forced labor. ESS2 and ESS4 requirements are embedded in the Standard Bidding Document (SBD) of the Bank, requiring contractors to comply with	The LMP provides provisions to monitor compliance by contractors and primary suppliers in bidding documents and supervision contracts.

Gaps Requiring Strengthening	**RGC Legislation**	**WB's ESF**	**Clarifications**
		them as part of contract provisions.	
Livelihood restoration and assistance as a result of land acquisition	The RGC SOP details specific measures to restore livelihoods which are land-based, employment-based and business-based.	Provision of livelihood restoration and assistance will be applied to achieve WB ESS5 objectives.	Although land acquisition is not expected in H-EQIP2, if required the RPF includes provisions for livelihood restoration and assistance aligned with ESS5, as per Annex 9 of this ESMF.
Grievance Redress Mechanism	There is no GRM described in the environment legislation or as a requirement in the labor legislation. On land acquisition, Appendix 8 of the SOP provides the structure and details on the operating guidelines and procedures of an effective functioning Grievance Redress Mechanism. It provides a 3-step process including, the registration and recording of complaints and the judicial process if, the complaints remain unresolved at the administrative level. The detailed procedures for at each step are also provided in the SOP. No provisions for grievance redress are specified for IPs or environmental impacts.	ESS10 requires a Grievance Mechanism in place for all project activities as part of the SEP, including covering areas such as environmental and social impacts, worker's grievances, grievances of IPs and grievances on land acquisition.	A SEP has been developed which details GRM procedures for all affected stakeholders, including indigenous peoples concerning project related environmental and social impacts. This is included in Section 7 of this ESMF. The GRM provisions for workers that contractors must have in place are described in Section 8. The GRM will be accessible to all APs, in particular vulnerable APs and women.

Gaps Requiring Strengthening	**RGC Legislation**	**WB's ESF**	**Clarifications**
Consultation and Stakeholder Engagement	There are some provisions for consultations on environmental impacts as part of the EIA regulations. On land acquisition, the SOP details steps to carry out consultations at various stages of the land acquisition process and compensation. SOP also discusses disclosure of project documents.	ESS10 requires that stakeholder engagement with affected and interested stakeholders take place throughout the project cycle in line with the SEP, including ongoing consultations and document disclosure. This applies to all aspects of the project including environment, social impacts, land acquisition and indigenous peoples, among others.	The ESMF discusses the requirements of the SEP in terms of consultations and disclosure. A SEP consistent with ESS 10 has been prepared for H-EQIP2.

3. ENVIRONMENTAL AND SOCIAL BASELINE CONDITIONS

89. Cambodia has one of the fastest-growing economies in Asia, with annual growth averaging 7.7 percent over the past decade. Agriculture is the dominant economic activity, with textiles, construction, garments, and tourism comprising the other main sectors. The global shock of the COVID-19 pandemic significantly impacted Cambodia's economy in 2020 resulting in a GDP decline of -3.1 percent, the sharpest in Cambodia's recent history.
90. The poverty rate in 2014 was 13.5 percent compared to 47.8 percent in 2007. About 90 percent of the poor live in the countryside and some 4.5 million people remain near poor and vulnerable to falling back into poverty when exposed to economic and other external shocks. Health and education, especially quality and equitable access, remain important challenges and national development priorities.[3]
91. Cambodia is located in a global hotspot for Emerging Infectious Diseases (EDIs), zoonoses, and transboundary animal diseases (TADs). Growing human and animal populations, intensification of agricultural and livestock production, changes in land use including deforestation, and loss of biodiversity result in increasing overlap of people, livestock, and wildlife that create an interface for the spillover and transmission of EIDs and zoonoses (animal diseases that can be transmitted to humans). TADs also affect food security and economic development, often disproportionately impacting poor and disadvantaged people. Frequent incursions and spread of animal diseases compromise agri-food systems, trade, food security and safety.
92. The overall environmental and social risk in H-EQIP2 is classified as "Substantial". The Project will enhance access to quality health services and financial protection for the poor and vulnerable, and support scaling up of the Health Equity Fund (HEF) by financing health facilities nationwide. The project will cover 6 national hospitals in Phnom Penh, 25 provincial referral hospitals, 92 municipal/district referral hospitals, and 1250 health centers. The nationwide scope of the Project means also it will support health facilities in the north-eastern provinces where there is high concentration of indigenous peoples who have marginal access to public services, including health services.
93. Greater utilization of health care facilities and the extensive coverage of COVID 19 immunization will contribute to increased healthcare waste and challenge the capacity of current incinerators. Civil works at RH/PH/HCs will generate solid waste/wastewater and have the potential to create environmental hazards.
94. The following sections describe baseline health system conditions pertinent to H-EQIP2.

3.1. Geography

95. The Kingdom of Cambodia covers an area of 181,035 km^2 and is located in mainland Southeast Asia between latitudes 10° and 15° N and longitudes 102° and 108° E. Cambodia shares borders with Thailand to the north and the west, Lao PDR in the north, and Vietnam in the east and southeast. The country is influenced by the monsoon climate and has two different seasons with the annual precipitation between 1,200 and 1,875 mm over most of the plains and higher annual rainfall (to over 3,000 mm) on the Cardamom and Elephant mountain ranges southwest of the country, and on the slope facing the coast. (NESAP, MoE 2017)

3 https://www.worldbank.org/en/country/cambodia/overview#:~:text=The%20World%20Bank's%20engagement%20in,basic%20infrastructure%2C%20and%20empowering%20communities.

Figure 1: Map of Cambodia

Source: World Bank

3.2. Climatic Conditions and Climate Risk

96. Cambodia is situated in a tropical zone, between 10 and 14 degrees latitude north of the equator. Its climate is influenced by the monsoon cycle and has two distinct seasons; the dry and rainy seasons. The northeast monsoon brings in the dry season from November to April. The dry season is cooler from November to January when cool air from Siberia flows in and then conditions are dry and hot from February to April. The rainy season runs from May to October, as the southwest monsoon brings in moisture and rains from the Indian Ocean. Average temperature has minimal variations regionally and seasonally. Weather is coolest in January and hottest in April. Relative humidity ranges between 65-70% in March and 85-90% in September.
97. The rainy season accounts for about 80-90% of the annual rainfall, varying between 1,200 and 2,000 mm across the country. October is the wettest month; January/February, with the least rainfall or driest. Mean wind speed in Cambodia is low at about 2 m/s. December is known as the month of strong steady wind from the north. Typhoons, which often devastate coastal Vietnam, rarely cause damage in Cambodia. Annual evaporation is from 2,000 to 2,200 mm, i.e., highest in March and April at 200 mm to 240 mm and lowest in September-October at 120 mm to 150 mm4.

4 Cambodia Environment Outlook. Ministry of Environment and UNEP. 2009.

3.2.1. Climate Risk

98. The Climate Risk Country Profile (2019). This ADB/ and World Bank 2019Report2019) summarizes Cambodia's projected climate risk as follows:[5]
    - Projected warming of 3.1ºC by 2080-2099 against the baseline conditions over 1986-2005 under the highest emissions pathway (RCP8.5).
    - • Projected climate change trends indicate more severe floods and droughts, which are expected to affect Cambodia's GDP by nearly 10% by 2050.
    - Increases in annual maximum and minimum temperatures are expected to be stronger than the rise in average temperature, likely amplifying pressures on human health, livelihoods, and ecosystems.
    - Increased incidence of extreme heat represents a major threat to human health in Cambodia, especially for outdoor laborers and urban populations for whom heat rises are compounded by the urban heat island effect.
    - • Climate change may also increase the likelihood of transmission of water and vector-borne diseases, but this is an area requiring further research.
    - Without action the population exposed to an extreme river flood could grow by around 4 million by 2035-2044, however human development factors such as the damming of the Mekong River may alter future flood dynamics.
    - Climate change and human influences over the Mekong River's hydrological regime threaten to reduce the productivity of the Tonle Sap lake and Cambodia's fisheries – a significant threat to the livelihoods and nourishment of many poorer rural communities.
    - A significant adaptation effort is required to manage loss of agricultural yields driven particularly by projected increases in the incidence of extreme heat during the growing season of staple crops such as rice, particularly for poorer communities operating subsistence and rain-fed agriculture.

99. Seen in combination, the above impacts may significantly exacerbate existing issues of wealth and income inequality and will hinder poverty alleviation efforts.

100. Specific climate change predictions for the project area are available using the Cambodia Climate Change Toolbox, which uses two data sources:
    - MRC CCAI: Mekong River Commission - Climate Change and Adaptation Initiative is a collaborative effort among MRC Member Countries. MRC conducted an analysis and selected three General Circulation Models to predict distinct future trends
    - NASA NEX-GDDP: The NASA Earth Exchange Global Daily Downscaled Projections (NEX-GDDP)

101. The World Bank's Climate Change Knowledge Portal acknowledges that it is not possible to get a clear picture for precipitation change in Cambodia, due to large model uncertainties. However, increases in rainfall appear to be likely to occur during the monsoon season.

3.2.2. Climate Change and Health

102. There are health related implications for climate change trends, with direct impacts from

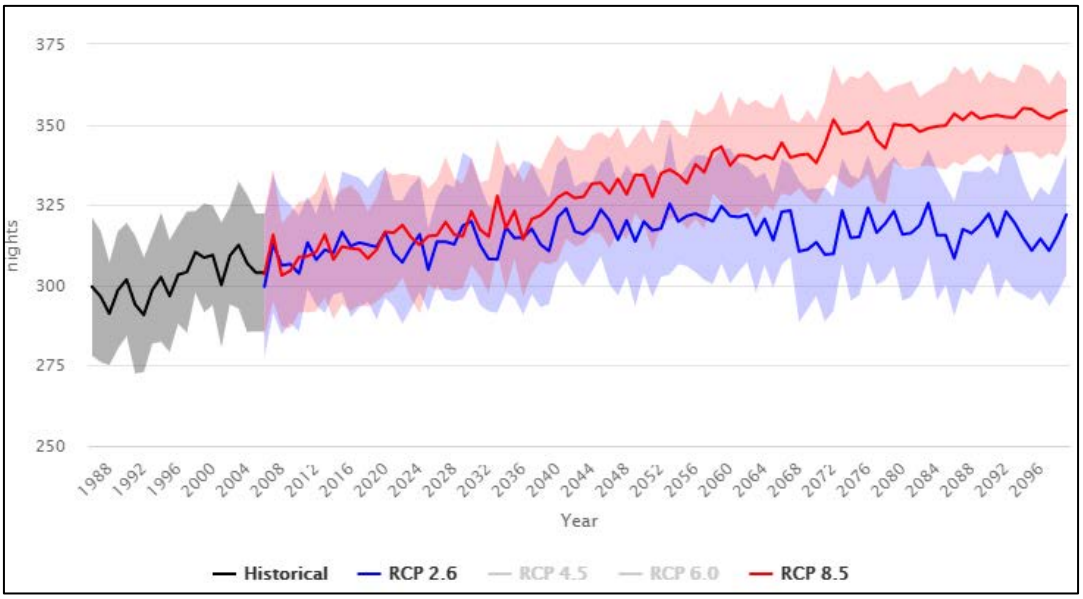
5 https://www.adb.org/sites/default/files/publication/722236/climate-risk-country-profile-cambodia.pdf

extreme climate events and indirect impacts which can include malnutrition, increased disease incidence and mental health issues. Increased incidence of extreme heat represents a major threat to human health in Cambodia, especially for outdoor laborers and urban populations for whom heat rises are compounded by urban heat island effect.

103. Many organisms can cope with high temperatures during the day if there is sufficient cooling for recovery at night. A "tropical" (or hot) night is one for which the daily minimum temperatures do not drop below 20°C. The increase in health threats can be monitored through the frequency of tropical nights. In the projection shown below in Figure 6-1, a drastic increase is found for the high-emission related scenario of RCP8.5.

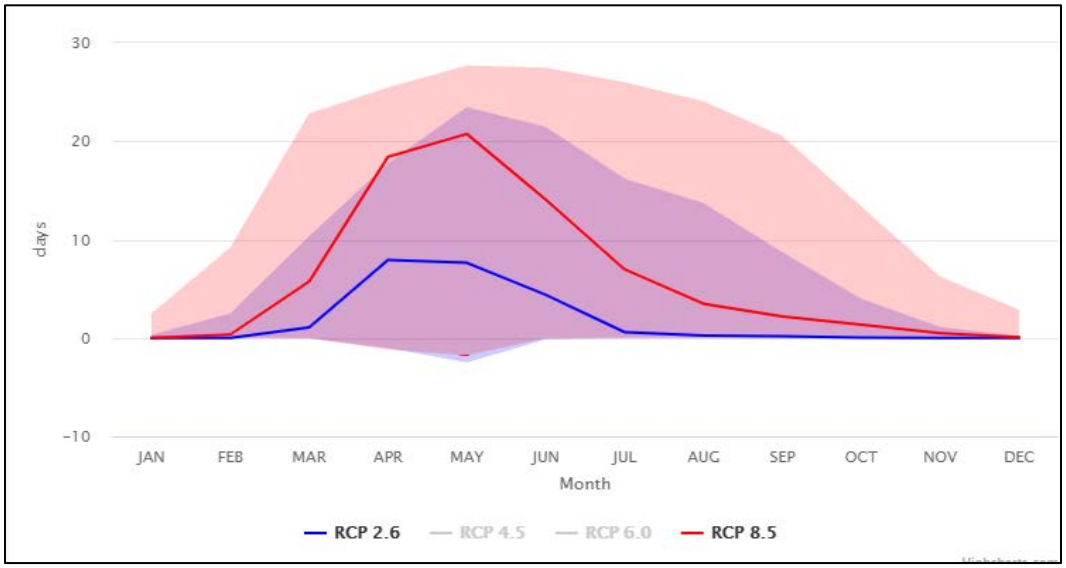
104. The annual distribution of days with a high heat index provides insight into the health hazard of heat. Computed by combining temperature and relative humidity, the heat index provides a measure of apparent temperature, the temperature that reflects comfort or discomfort. Often, high temperature alone can be compensated for by evaporative cooling such as from transpiration. But if the air is nearly saturated with moisture, then that cooling potential is reduced and the apparent temperature increases. In the graph below, a standard heat index is used where 35 degrees is a high threshold beyond which humans not only feel uncomfortable but where health dangers increase rapidly.

Figure 2: Tropical Nights (>20oC) in Cambodia 1986-2099



Source: World Bank Climate Knowledge Portal

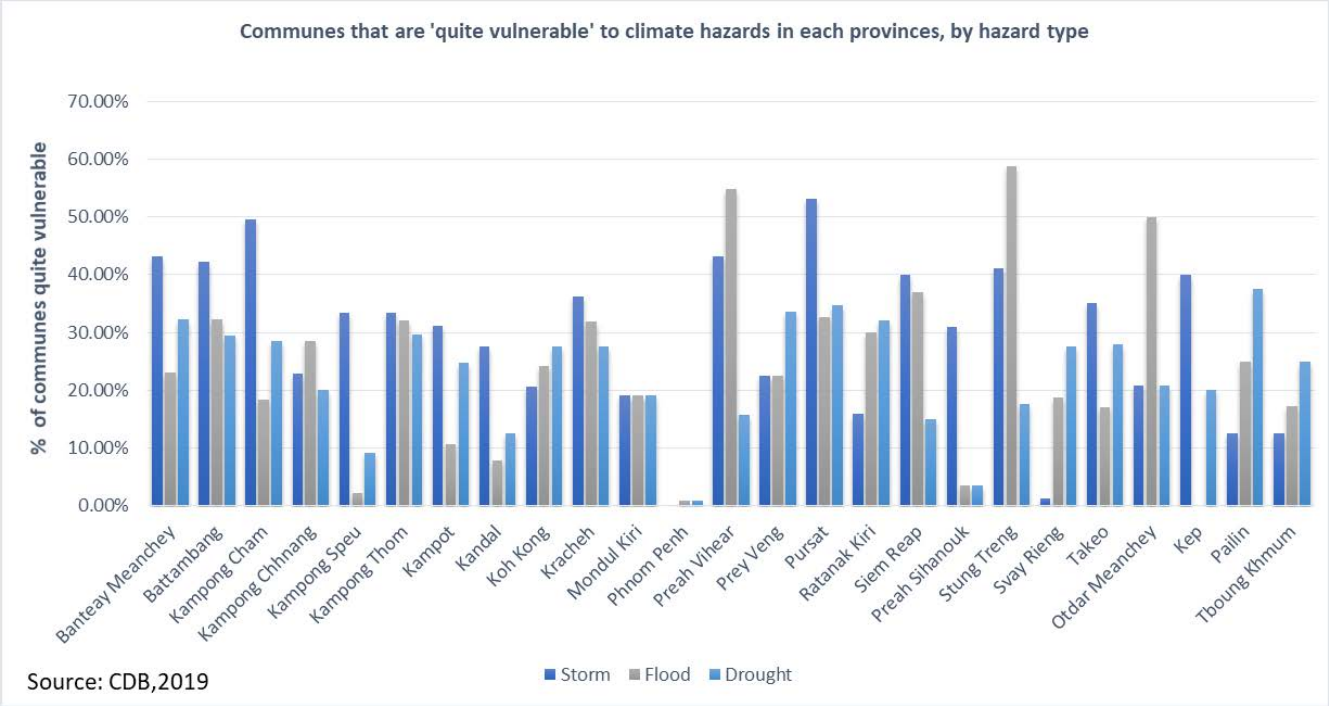
Figure 3: Change in number of Heat Days, Cambodia 2040-2059



Source: World Bank Climate Knowledge Portal

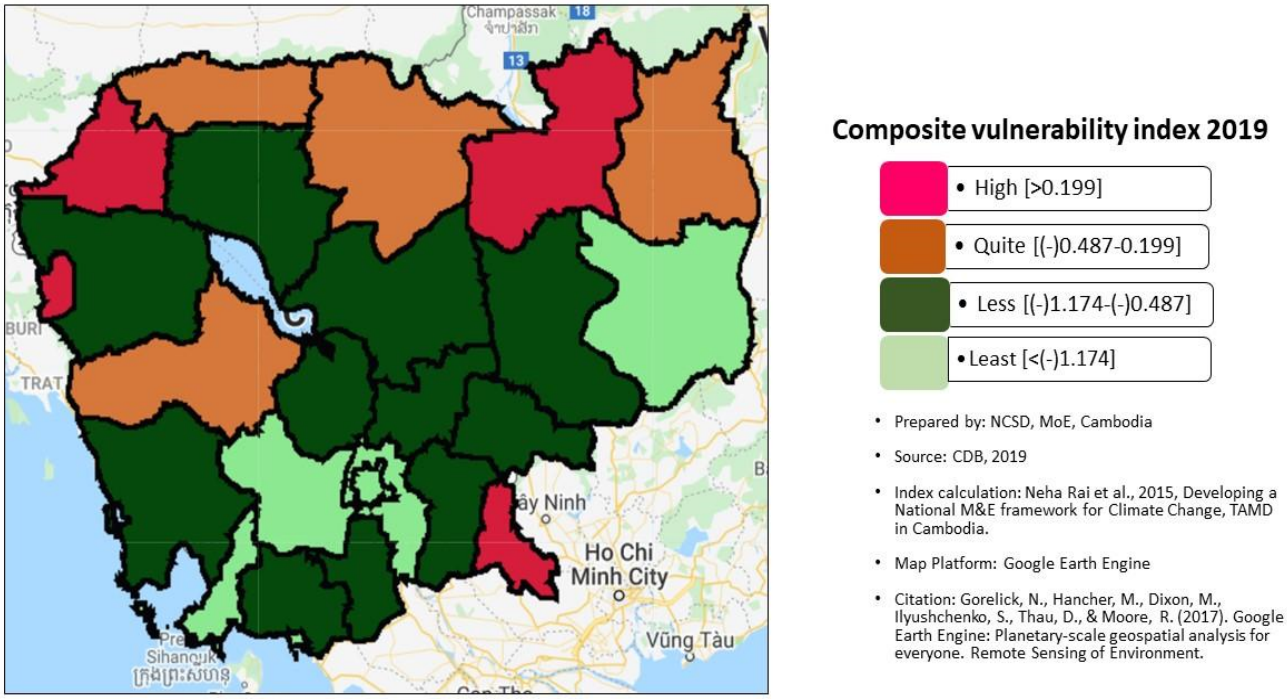
105. Geographical coverage of the VRA displays nationwide the communes/Sangkat, districts/Krong and provinces/capital where VRA was conducted by practitioners both government and non-government agencies (see Details for data sources), and the number of VRA conducted at each subnational administrative level. The section provides the total number of VRA conducted each year and to-date based on the data sources (see Details).

Figure 4: Communes Vulnerable to Climate Hazards



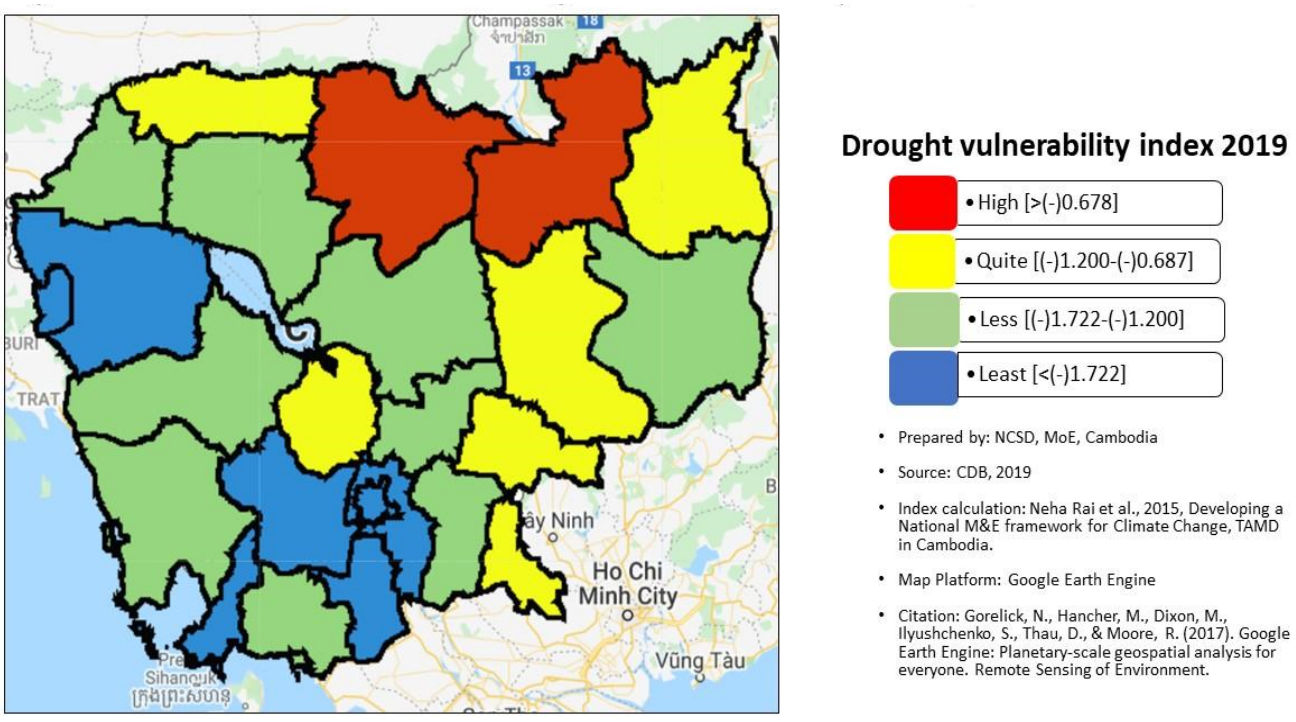
Source: National Council for Sustainable Development , MoE

Figure 5: Provincial Level Composite Vulnerability Index 2019



Source: National Council for Sustainable Development, MoE

Figure 6: Provincial Level Drought Vulnerability Index 2019



Source: National Council for Sustainable Development , MoE

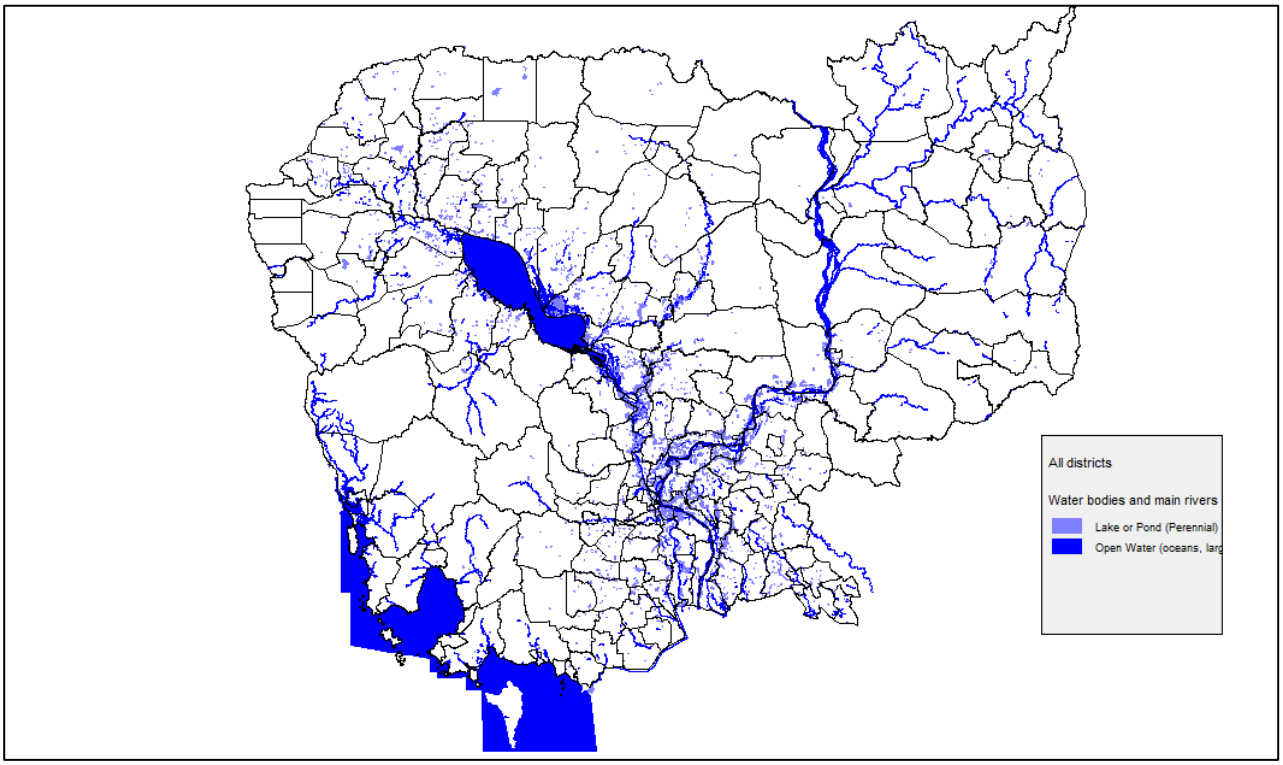
3.3. Water Resources and Major Rivers

106. Cambodia is highly reliant on freshwater rather than on coastal areas in terms of the inland fisheries that support livelihoods and form the main protein source for the Cambodian population, but also due to its tropical climate that bring alternating seasons of shortage and surplus of water (Open development Cambodia, 2015).

107. The Mekong River and the Tonle Sap are essential for Cambodian hydrological system, and are the main resource for Cambodian protein supply, which is estimated to worth $2 billion USD annually. It is changing however as the population is growing and the demand for water is increasing with a lack of effective safeguards. Economic growth led to an important need for water for industry and agriculture, which has brought competition between different sectors, affecting both water quantity and quality.

108. Cambodia has a dependency ratio of 74.7 percent for its renewable freshwater, which indicates that almost 3/4 of Cambodian water is received from another country, namely the Lao P.D.R. via the Mekong River. Up to 471.51 km3/year flows out of the country to Vietnam through the Mekong River and its tributaries. This emphasizes the critical inter-dependency of Mekong states, and their sensitivity to the actions of neighboring countries, particularly those that are upstream. Freshwater supply is mostly fueled by rainfall, while forest catchments and watersheds are important for its production and regulation.

Figure 7: Main Rivers and Lakes in Cambodia



Source: Ministry of Rural Development

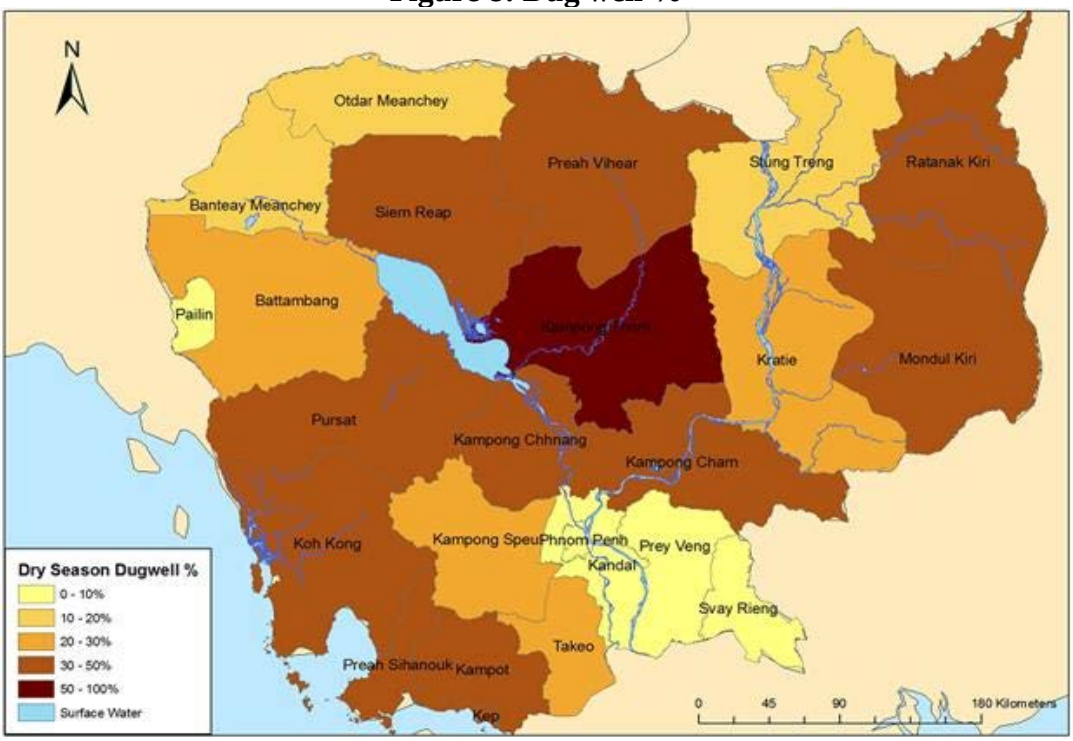
109. Cambodia relies heavily on its groundwater resources to overcome water shortages during

the dry season. More than half of the population depends on it when enough surface water is not available in the drying session. At a certain depth, the ground is saturated with water, and the upper surface of this saturated zone is called the water table. An aquifer is the water below the water table. Water is contained in porous rocks and sediments and may flow depending on rock porosity. Groundwater refers to all the water below the water table, or the sum of aquifers.

110. Sustainability of the groundwater resource is the main concern for future research, especially since new wells are built every year, while water is getting pumped from deeper in the earth. Recharge relies on diverse factors, which include rainfall rate, land slope, soil porosity, climate, evapotranspiration and vegetation among others. It differs widely across Cambodia, mainly because rainfall is not distributed uniformly, and varies from 1,000 mm/year to over 3,000 mm/year depending on the region. There are rapid changes in groundwater exploitation that are threatening the resource's sustainability. Recharge rates are low overall.

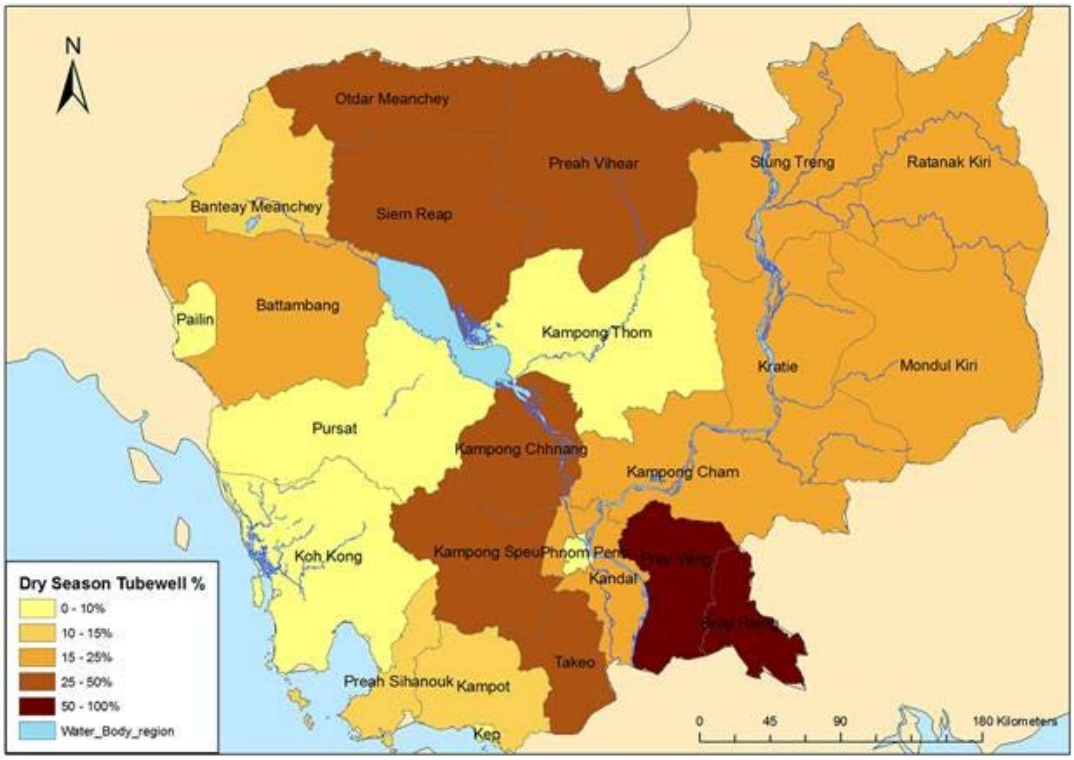
111. Groundwater is utilized significantly throughout rural Cambodia because it is typically less contaminated with pathogens than surface water and provides sufficient water quantity for many domestic uses. The two figures below show the percentage of the population drinking groundwater in the dry season, broken down by tube wells (typically 15-80 meters deep) and dug wells (typically 3-15 meters deep) (National Institute of Statistics, National Census 2008).

Figure 8: Dug well %



Source: http://rdic.org/groundwater-summary-data/

Figure 9: Tube well %



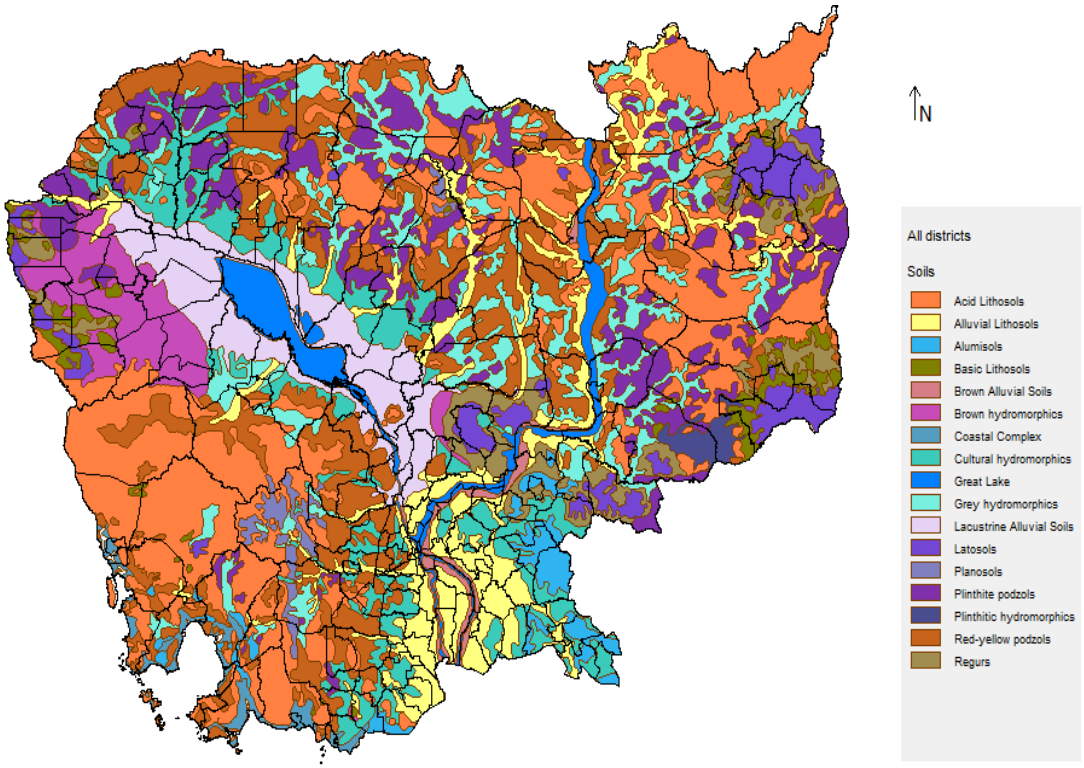
Source: http://rdic.org/groundwater-summary-data/

3.4. Soils

112. Siliceous sedimentary formations underlie much of Cambodia, consequently there is a propensity for sandy surface soils. Only the soils fringing the Tonle Sap lake, those of the alluvial plains along the major rivers (especially the Mekong), and soils developed on basalt deviate from the characteristic of sandy soils. Substantial areas of sandy, high permeability soils are used for lowland rainfed rice production. Due to their inherent high hydraulic conductivities, standing water in rice fields of the deep sandy soils drains rapidly after rainfall predisposing rice crops to drought and high rates of nutrient leaching. However, loss of soil water saturation may limit rice yield by inhibiting nutrient uptake more often than drought, per se.

113. Prospects for growing field crops in sandy lowland soils are contingent on the amounts and reliability of early wet season rainfall or on amounts of stored water after harvesting rice. Apart from drought, waterlogging and inundation are significant water-related hazards that influence the growing of field crops in lowland soils. In addition, soil fertility constraints in the early wet season and dry season will likely differ from those encountered by rice due in part to the different soil water regime they encounter. In particular soil acidity, low nutrient status, hard-setting and shallow rooting depth have been identified as significant constraints for field crops. Vast areas of sandy upland soils occur in Cambodia but are only poorly described. Low soil fertility is likely to limit upland farming systems on the sandy uplands and erosion is a concern for their sustainable use. There is a need to hasten the pace of research and resource assessment of these uplands so that land suitability assessment and sustainable farming systems are available to guide the expansion of agriculture in these areas.

Figure 10: Soil Types in Cambodia



Source: Ministry of Rural Development

3.5. Biological Environment

114. Cambodia has a rich endowment of natural resources in tropical area such as forests, wild-life, arable land, wetland, freshwater and marine fishery, mineral resources and renewable energy potential. Natural resources per capital is high, especially for fresh capture fish and cropland availability per person. With increased population and changing lifestyle, without effective and modernized environmental and natural resources management, per capita natural assets availability will reduce further. In order to continue its current development speed for a long and sustained growth in the coming years and decades, changing resources use patterns, improving resource use efficiency and productivity, and modernization of environment and natural resources governance and management are high priorities.

115. The natural resource management is playing very important role, function, service and tangible and intangible value in providing income and livelihoods for local communities and indigenous group.

3.5.1. Key Biodiversity Areas

116. Cambodia has a rich diversity of species – including plant, animal, domestic and wild - invertebrates, amphibians and reptiles, fishes, birds, mammals - genetic diversity. Given its tropical location, field surveys continue to find new species.

117. The natural protected areas in Cambodia consist of national parks, wildlife sanctuaries, protected landscapes, multi-purpose-use management areas, biosphere reserves, natural heritage sites, marine parks and RAMSARRAMSAR sites. Protected areas are zoned into four management functions: core zone, conservation zone, sustainable zone and community zone with deference purpose and activities allow in each zone.

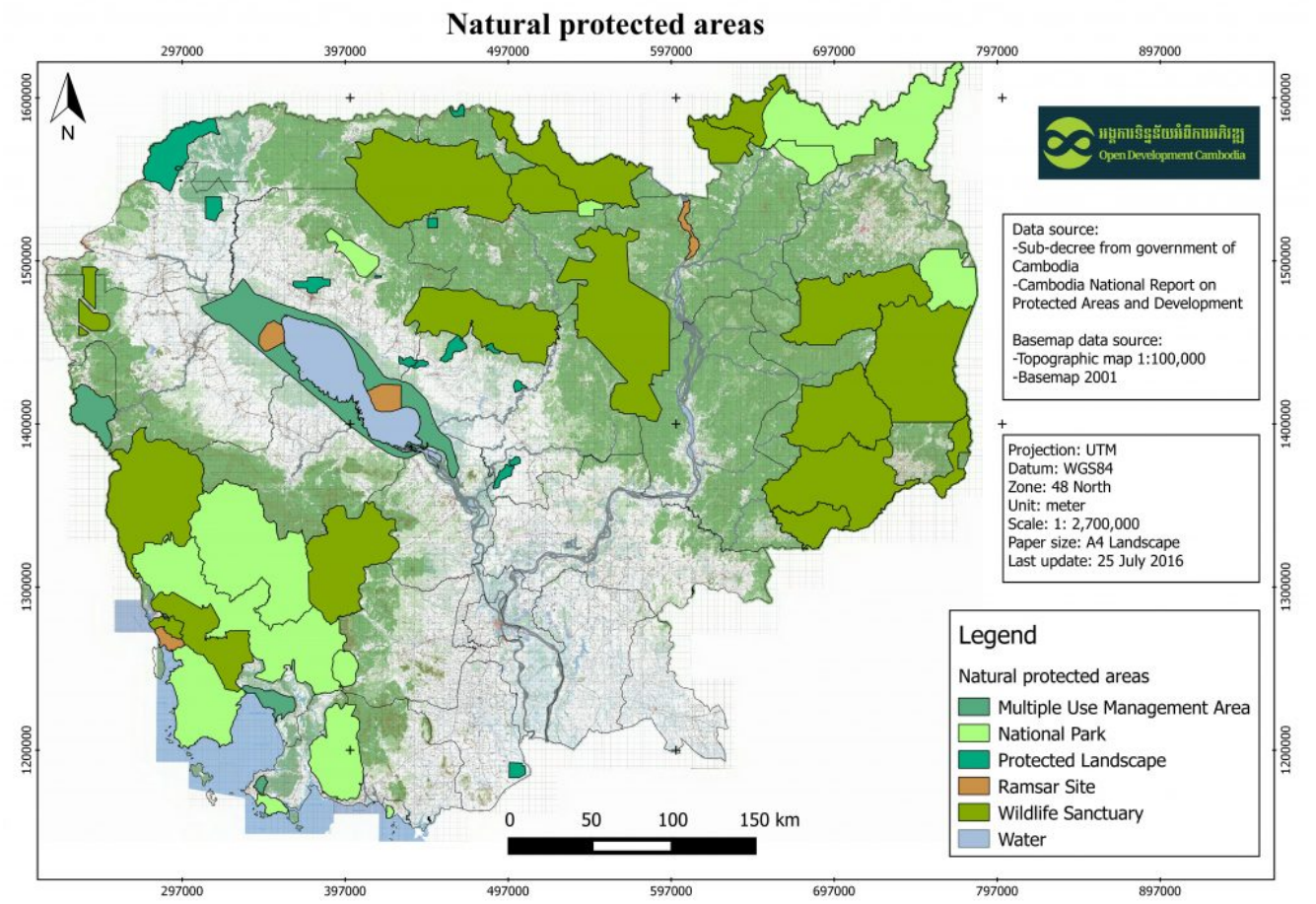
118. Cambodia possesses 2,308 plant species belonging to 852 genera in 164 families including 7 genera and 14 species belonging to Gymnosperms; 219 genera and 488 species belonging to Monocotyledons; and 626 genera and 1,806 species belonging to Dicotyledons. As no systematic and complete study has been done, it is estimated that a full list for Cambodia is expected to exceed 3,000 species, with expectations that at least 700 additional species will be described as new to science in the country (Aswell, 1997). The World Conservation Monitoring Centre 2000 estimates 8,260 plant species in Cambodia, 10% of which are endemic. A total of 57 and 125 taxa of aquatic macro invertebrate were recorded in a few surveys in two provinces in 1991 and 2001 respectively including Insecta, Oligochaeta, Mollusca, Crustacea and others, furthermore 28 species of amphibian and reptile are described. A total of 874 fish species are recorded, of which 490 - freshwater fishes from 64 families, 410 - saltwater fishes from 83 families, 22 are threatened; 1 endemic; 13 introduced fish species (FishBase 2009)6. Over 500 birds have been recorded but it is likely that the number goes easily to over 600.

3.5.2. Protected Areas

119. Cambodia's protected area system (PAS), includes 57 protected areas and 3 biodiversity conservation corridors, covering around 7.2 million hectares. This is equal to 40% of the country’s territory after government land reforms cancelled economic land concessions and established the new protected areas. Cambodia ranks second in the world, after Bhutan in percentage territory under PAS management. It has seven ecoregions with each having between 20% and 62% of land area under protected status, except for the Tonle Sap swamp forests of which only 0.6% is protected. Intensive agriculture, forest-fire and forest conversion are adversely affecting the native vegetation in the Tonle Sap flooded forest; this ecoregion urgently needs to be put under the protected area system.

6 www.fishbase.org

Figure 11: Protected Area in Cambodia



Source: Open Development Cambodia

3.6. Risk of UXOs

120. The Cambodian government has targeted to rid the country of landmines and other unexploded ordnance by 2025. Data from the Cambodia Mine Action Authority (CMAA) shows sixty-five people were killed or injured by landmines and unexploded ordnance (UXO) in Cambodia in 2020, down 16 percent from 77 casualties in the year before[7]. Children, the curious or those just scavenging for scrap metal, are often among the victims but UXO is problem that still afflicts the entire country. Cambodia is still at high risk of landmine and UXOs specifically for any construction involving piling or digging. Based on the government commune database 2018, the UXO risk varies by provinces (see Table 7).

7 CMAA July 2021 report

Table 7: UXO presence from Commune Database 2018

Province	Total # Communes /Sangkats	Communes Reporting the Presence of UXOs	%
Banteay Meanchey	65	9	14%
Battambang	101	29	29%
Kampong Cham	108	0	0%
Kampong Chhnang	70	24	34%
Kampong Speu	87	55	63%
Kampong Thom	80	7	9%
Kampot	93	36	39%
Kandal	125	22	18%
Kep	5	2	40%
Koh Kong	29	2	7%
Kratié	47	6	13%
Mondulkiri	21	2	10%
Oddar Meanchey	24	14	58%
Pailin	8	3	38%
Phnom Penh	101101	0	0%
Sihanoukville	25	7	28%
Preah Vihear	51	7	14%
Prey Veng	115	77	67%
Pursat	49	4	8%
Ratanakiri	50	6	12%
Siem Reap	100	60	60%
Stung Treng	34	1	3%
Svay Rieng	79	5	6%
Takéo	96	10	10%
Tboung Khmum	64	10	16%

Source: RGC Commune Database 2018

3.7. Health Care System

121. Health outcomes in Cambodia have improved significantly over the past two decades. Between 2005 and 2014 the maternal mortality ratio decreased from 472 to 170 per 100,000 live births and the under-five mortality rate decreased from 83 to 35 per 1,000 live births. Still, inequities in health outcomes persist between different socioeconomic groups and geographical areas, and between urban and rural populations. The country faces a rising disease burden of NCDs such as high blood pressure, diabetes, and chronic lung disease. Risk factors for NCDs are high, as the proportion of the population over age 60 will increase to 11.9 percent in 2030 from 6.2 percent in 2010.[8]

8 https://www.worldbank.org/en/results/2019/09/12/better-health-for-all-cambodians-supporting-communities-and-health-centers

122. The Ministry of Health (MOH) is the leading force in health-system planning and development in Cambodia, working with DPs and organizing policy implementation. The MOH is solely responsible for the organization and delivery of government health services.

123. Each PHD operates a provincial hospital and governs ODs. Each OD covers 100,000–200,000 people with a Referral Hospital delivering a Complementary Package of Activities, mainly secondary care, and a number of Health Centers (HC) mainly providing primary healthcare services. HCs cover 8,000–12,000 people and provide a Minimum Package of Activities (MPA), consisting mainly of preventive and basic curative services.

124. Less formal Health Posts are located in remote areas where distance from a commune or village to the nearest HC is more than 15 km, with a geographical barrier (river, mountain, or poor roads)[9]. This is the case for low density areas like Mondulkiri, Ratanakiri, Preah Vihear, Koh Kong, etc. Factors resulting in inadequate health service coverage include cultural and language differences, some communes and villages are scattered and isolated with small populations, and transport to district towns and between communes is difficult. Some communes get cut off from the districts during the rainy season and this causes problems in posting and retaining skilled staff. Therefore, the establishment of health posts is essential to provide adequate health care in these low-density areas.

3.7.1. Health Care Waste Management

125. The MOH, with technical assistance from WHO, developed and approved the Technical Guideline on Healthcare Waste Management and National Guidelines for Infection Prevention and Control for Healthcare Facilities (MOH, 2011, 2017) to apply to public healthcare facilities in Cambodia. Waste is categorized into two groups: health care waste (HCW) and general waste. Health care waste is generated at healthcare facilities, laboratories, and clinics and consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs, vials, dressings and bandages, and syringes, needles, or other sharps. The waste is considered hazardous or infectious to any person who comes into contact with it and must be treated.

126. HCW management at healthcare facilities in Cambodia is a large and complicated process and there needs to be active and informed participation from all stakeholders across the healthcare system to manage potential risks of waste handling and disposal. The Environmental Audit results lead to the conclusion that the healthcare waste management chain at healthcare facilities has not been properly managed to allow for smooth operation and to ensure compliance with the approved guidelines and national standards for waste management in Cambodia. Non-compliance findings identified were existent across HFs at national, provincial, and district levels, and therefore are presented together with specific recommendations for corrective action[10]. The roles and responsibilities for healthcare waste management are not completely clear. The PHD and healthcare facilities are to nominate a health officer to be responsible for HCW management, but the audit found that the roles and responsibilities for implementation of the HCW management plan are not well defined. There is also a limited record keeping or monitoring system in place at incinerator locations due to limitations in the knowledge and commitment of management[11].

127. General waste is generated from kitchen and accommodation units in the healthcare

9 Cambodia MOH Health Strategic Plan 2016-2020
10 H-EQIP2, Environmental audit, 2021
11 H-EQIP2, Environmental audit, 2021

facility. It includes food waste, paper, plastics, textiles, ferrous and non-ferrous metals, and glass and garden wastes. It also includes solid and semi-solids generated as black water and grey water from healthcare facilities that are non-toxic and non-hazardous and are not contaminated with healthcare waste.

128. Waste generated from COVID-19 is placed into a yellow plastic bag that is collected from the COVID-19 quarantine and treatment building under very strict control and transported directly to an incinerator as infectious waste.

129. **Waste Generation:** HCW is generated from a variety of establishments including hospitals, health centers, pharmaceutical manufacturing plants, pharmacies, blood banks, and home health care activities. Health care waste generated from health facilities and diagnostic activities can be broadly categorized into two categories: general waste and hazardous waste. The hazardous waste is further classified into four waste streams: Infectious waste, Hazardous waste, Pathological waste, and Sharps (needles etc.).

130. HCW in Phnom Penh is collected from private and public hospitals, Health Centers, and medical laboratories and consists of the following: 70 percent infectious waste, 20 percent pathological waste (mostly biological waste generate from surgery) and 10 percent sharps and other waste. Approximately 40 metric tons of HCW was generated per month in 2017 (VOD, 2020).

131. The amount of HCW generated depends on the scope of services and size of the facility. MOH states that about 80% of HCW generated in HCFs is general waste while the remaining 20% comprises waste that contains harmful microorganisms that can cause infections and outbreaks, while other hazardous substances are toxic to humans and animals and cause environmental pollution.

132. **Waste Disposal:** After incineration, health care waste is collected and packaged into black plastic bags as normal waste for the waste collection company to dispose at a landfill facility. Some HCF dispose of their health care waste in concrete deep wells or bury it in pits inside the hospital area.

3.7.2. Health Care Services

133. The following baseline information on health care services of relevance to H-EQIP2 has been summarized from the Social Assessment12 where conducted from February to March 2021 conducting focus group discussion (FGD) with 6 different groups (4 FGDs with IP community in Mondulkiri and Ratanakiri and 2 FGD with Khmer community in Prey Veng) along key informant interview (KII) with PHD, OD and health center, and NGOs working in health, IP and People with Disability (PwD)Support with up to 155 respondent (Female: 86 and PwD: 1). The purpose of SA is to (i) obtain information on the likely social risks of the project, in a manner consistent with the World Bank's Environment and Social Standards (ESS), (ii) gauge IP's and other disadvantaged and vulnerable communities' needs to achieving universal health access for their respective communities; (iii) develop an appropriate Grievance Redress Mechanism (GRM); and (iv) discuss with health service providers how services can reach out and respond to vulnerable and disadvantaged groups.

12 H-EQIP2, Social Assessment, 2021

3.7.3. ID Poor and Health Equity Fund

134. The ID Poor program was launched in 2007 and undertakes poverty identification surveys each year, covering each village once every three years. ID Poor initially focused on rural areas, where 80% of Cambodia's population and 90% of those below the poverty line live, but since 2016 the program has broadened to include urban areas. The ID Poor program identifies poor households to give them free access to a variety of public services including health services at public hospitals and health centers throughout the country. In 2018, with the support of some development partners, the Ministry of Planning (MOP) piloted On-demand Identification of Poor (OD-IDPoor) in selected communes of two provinces. Due to the COVID-19 pandemic which resulted in many people falling into poverty, MOP rolled out OD-IDPoor to all provinces. Between May and November 2020, there were approximately 65,000 families or approximately 330,000 people identified as poor through OD-IDPoor. With successful implementation of OD-IDPoor, the 3-year phases of updating ID-Poor cards were terminated in April 2021. During the COVID-19 pandemic, the government has provided nine rounds of cash transfer support to ID-poor card holders to date. ID Poor reaches more than 600,000 households, there is some consideration of health and disability status of households in the assessments[13]. Post-IDPoor has been set up at all public hospitals to identify those poor who missed the IDPoor update rounds or fell into poverty in between the update rounds.

135. The HEF pays for healthcare services used by ID-Poor cardholders, reimburses transportation costs, and the costs of daily expenses for in-patients. The HEF was designed in part to increase utilization of public HCs and hospitals. Although data show that the scheme has contributed to an overall increase in utilization, challenges remain. HEF is the country's largest social health protection scheme, but some studies suggest that some of poorest do not benefit from it including those who live under national poverty line. This suggests that there is room for enhancement of the poverty identification system to ensure better inclusion of poor people[14].

3.7.4. Access To Health Services For Vulnerable Groups

136. The national social protection strategy frameworks 2016-2023, in addition to poor households, identified elderly and disabled people as most vulnerable because of their very limited opportunities to generate income and receive social services, while having increased needs for nutrition supplements and healthcare.[15] There has been an impressive gain in providing financial risk protection to the poor through the expansion of HEFs, along with other pro-poor demand-side financing interventions under MOH leadership and other development partners efforts, However, despite this, some vulnerable groups in Cambodia still face difficulties in accessing health care, including households living in poverty, elderly people, people living with a disability, single female-headed households and IP groups, each of which faces unique access challenges[16].

13 Ministry of Planning, Implementation Manual on the Procedures for Identification of Poor Households in Urban Areas, 2017, page 29
14 Kolesar, R.J., Pheakdey, S., Jacobs, B., and Ross, R. "Healthcare Access Among Cambodia's Poor: An Econometric Examination of Rural Care-seeking and Out-of-Pocket Expenditure", International Journal of Health Economics and Policy. Vol. 4, No. 4, 2019.
15 National social protection policy framework (2016-2023)
16 Kolesar, R.J., Pheakdey, S., Jacobs, B., and Ross, R. "Healthcare Access Among Cambodia's Poor: An Econometric Examination of Rural Care-seeking and Out-of-Pocket Expenditure", International Journal of Health Economics and Policy. Vol. 4, No. 4, 2019.

137. Overall, the quality of public health services has improved as a result of substantial improvements in structural quality and the process of providing healthcare, resulting in reduced maternal and childhood mortalities and burden of communicable diseases. The utilization of health services at public health facilities has gradually increased. However, most patients still choose private health care and treatment over public health care. Results from the Cambodia Socio-Economic Survey (CSES) 2019 show that 69% of people in the previous 30 days went first to a private provider for medical treatment17. However Kolesar et al. found that in rural areas 75.7% of the rural population went first to a private provider for both preventive and curative needs, and over 81% went to a private provider first for curative treatment[18]. Additionally, "no evidence was found of increased utilization of public facilities among the poorest quintile compared to other groups"[19].

138. MOH in 2004 encouraged all health facilities to exempt user fees for people with disabilities (PwD) when accessing services at a public health facility. Under H-EQIP, project funded construction considered accessibility for PwD at public health facilities as well. PwD represent a sizeable group utilizing health services. In 2017, WHO found that 9.6% of the Cambodian population had some form of disability (2.6% severe), and PwD are two times (three times for those with severe disabilities) more likely to seek health services in a 30-day period than those without disabilities. While public health service access is generally low, PwD are more likely to access a public hospital than those without a disability, and significantly less likely to access a health center than people without a disability. Despite the high PwD utilization of public health facilities, there are still barriers preventing some PWDs from accessing health services, as some are not aware of their own health problems or needs (or even of their own disability diagnosis) and leave it's too late to come to get services. Although health facility staff conduct outreach activities, some report that PwD did not engage in information sessions due to accessibility problems[20].

139. In their study of health access for PwD in Cambodia, Kleinitz et al. (2012) found key barriers were seen and unseen costs associated with health access, quality of care including the attitude of health professionals toward PwD, and accessibility of health facilities in terms of appropriate transport options/distance and in the facility itself. Quality of care barriers for PwD were specifically identified as including the attitude of health personnel toward PwD, the knowledge and skills of health personnel for treating PwD, and the availability of appropriate treatments for PwD.

140. Cambodia has made significant improvements on gender issues over the past decade. Neary Ratanak V (2018-2023) aims at promoting gender equality and women's empowerment via policy development, implementation and monitoring of the strategic plan, government reform programs and those in other key sectors. The Ministry of Women's Affair (MOWA) works with MOH to implement and promote gender responsiveness in strategic plans and programs related to health. Women and girls still lack access to information about, and full implementation of, their rights to reproductive and sexual health, which requires promoting, strengthening, and

17 Ministry of Planning (MOP), Cambodia Socio-Economic Survey, 2019

18 Kolesar, R.J., Pheakdey, S., Jacobs, B., and Ross, R. "Healthcare Access Among Cambodia's Poor: An Econometric Examination of Rural Care-seeking and Out-of-Pocket Expenditure", International Journal of Health Economics and Policy. Vol. 4, No. 4, 2019.

19 Ibid.

20 Kleinitz, et al, 2012.

expanding measures, especially among women and children in vulnerable groups[21]. Women access health facilities to a greater extent than men, due to a combination of women's additional health needs related to reproductive health and pregnancy, as well as their traditional role as caretakers in which they accompany children and the elderly to a health facility. However, there are still additional barriers to access identified for women: "when vouchers, HEFs, and cash transfer schemes cover transport and food costs of women needing reproductive health services, the opportunity costs associated with family care, livelihoods and security needs for property are prohibitive.[22]"

141. Key barriers to health care access by poor women include long waiting times, a lack of knowledge of health services, heavy domestic workload including childcare and household work, and lack of agency for decision making (for example husbands thinking it is a "waste of money"). These demand side issues are further compounded by lack of gender awareness and sensitivity at health facilities; for example, ensuring privacy in a consultation related to rape for GBV, and reports from both women and health staff that women are often shy to talk about sensitive health issues (e.g., yeast infections). Unmarried women who have health needs around reproductive health were also found to be reluctant to access health services due to social stigma.

142. Cambodia has developed and endorsed a national policy framework, including national action plans, to respond to all forms of violence against women and girls and to promote multi-sector services at provincial levels. Women and girls still face physical, sexual, emotional and economic violence that may occur at home, at work and in the community, and all forms of violence have been perpetrated against women and girls regardless of income, education and knowledge levels.[23] Response to GBV or sexual assault/abuse is lacking "beyond ameliorating physical symptoms of abuse". Some GBV victims also experience stigma and shame which prevent many women from receiving help, children who experience physical and sexual abuse similarly face barriers accessing support services due to a lack of confidence to report, stigma, and willingness and/or ability of a caregiver to bring them to relevant care services[24].

143. The MOH Health Strategic Plan (2016-2020) highlighted equity and social inclusion principles in providing healthcare services by striving to remove socio-cultural, geographical, financial and bureaucratic barriers to access and utilization of quality health services, especially by poor and vulnerable people, including PwD, ethnic minorities and the elderly[25]. A general UN policy brief written at the start of the COVID-19 pandemic highlights that indigenous peoples in nearly all countries fall into the most vulnerable health category. They have significantly higher rates of communicable and non-communicable diseases than their non-indigenous counterparts, higher mortality rates and lower life expectancies. Findings from the Social Assessment showed that most IPs access health services at a public health facility. Although under H-EQIP HC staff conducted more outreach to educate IP communities about the services available, working with VHSGs who could speak IP languages, there are still members of IP communities who need more engagement and education to motivate them to access to health care at HCs. Factors that increase the potential for high mortality rates from COVID-19 in indigenous communities include mal– and under-nutrition, poor access to sanitation, lack of clean water, and inadequate medical services. Additionally, indigenous peoples often experience widespread stigma and

21 MOWA, Neary Ratanak V (2019-2023)
22 Friesen et, al., 2011, A gender analysis of Cambodia in health sector,
23 MOWA, Neary Ratanak V (2019-2023)
24 Banyan Global, Cambodia Gender Assessment, 2016.
25 MOH strategic Plan, (2016-2020)

discrimination in healthcare settings such as stereotyping and a lack of quality in the care provided, compromising standards of care and discouraging them from accessing health care.

3.7.5. COVID-19 Impact

144. MOH has worked with other relevant ministries to suppress COVID-19 transmission. Emergence of the Delta variant, considered a Variant of Concern by WHO, posed additional challenges, particularly for vulnerable groups including IP communities and PwDs. Until mid-February 2021, Cambodia had good control of the COVID-19 pandemic, but from late February case numbers increased dramatically and in all provinces. As of 4th October 2021, a total of 113,703 cases were reported with 2,418 deaths.

145. A national vaccination program was rolled out from early 2021, and Cambodia now has one of the highest rates of full COVID-19 vaccination among its adult population in the WHO Western Pacific Region. In ASEAN it has the second highest percentage of its total population fully vaccinated, only surpassed by Singapore. Vaccine hesitancy is relatively low compared to other countries in the world[26]. MOH with CDC and NCHP support has developed different risk communication and community engagement (RCCE) strategies including for IPs and PWDs. Despite these efforts the low literacy level among IPs puts them at risk of misinformation about the disease and some communities are reporting that they don't want to go to HCs due to a perceived risk of exposure to the COVID-19 virus.

146. COVID-19 has numerous environmental and social effects. There is increased infection and vaccine waste, there is a need to properly dispose of contaminated materials and there are GHG risks associated with cold chain and vaccine delivery. Cambodia, like many other countries in the world, has a growing concern about the negative effects of infectious medical waste produced during the COVID-19 pandemic and the contamination risks associated with improper waste management. to date there is limited data on the problem. The WHO has reported that 20% of total healthcare waste would be considered infectious waste, and improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical waste has a high potential to carry micro-organisms that can infect people exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities and screening posts for COVID-19 include liquid contaminated waste (e.g., blood, other body fluids, and contaminated bodily fluids) and infected materials (e.g., water used; lab solutions and reagents, syringes, bedsheets, etc.) which require special handling and awareness, as they may pose an infectious risk to healthcare workers who are in contact with or handle the waste.

147. A study in April 2021 by World Vision Cambodia in four provinces including Phnom Penh, found that 75% of respondents reported their income was reduced due to COVID-19. The pandemic has also had a negative impact on mental health for both children and adults, while the use of health services has dropped 10 percentage points overall since the beginning of COVID-19, including outreach services (16 percentage points)[27]. Studies in other countries have shown

26 UN in Cambodia, Information Note #11: United Nations support to Cambodia's national COVID-19 vaccination roll-out, access on 4th Aug 2021

27 World Vision Cambodia, April 2021, SURVEY ON THE IMPACT OF COVID-19 ON VULNERABLE HOUSEHOLDS IN CAMBODIA

that COVID-19 has substantially impacted the well-being of health care providers both physically and emotionally. There is evidence of COVID-19 disrupting healthcare workers' ability to provide routine essential services,[28] social distancing measures, and fears of exposure which all affect service quality and utilization of health services.

148. Access to clean water is critical for COVID-19 prevention measures such as handwashing. According to the 2014 Cambodia Demographic and 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 to clean water. The poorest households and even some remote health facilities may continue to struggle to have necessary access to water and have funds to purchase soap or hand sanitizers.

3.8. E-waste

149. Like many developing Asian nations, there has been an increasing demand for electronic gadgets and appliances in Cambodia. As there is no domestic electronics manufacturing in country, most equipment, both used and new, is imported. According to a United Nations University Study (2016), about 16,000 tonnes of e-waste is generated annually with this volume increasing.[29] There is currently no established procedure for the collection and recycling of e-waste in Cambodia. The reusable electronic parts are kept for sale, the recyclable materials are sold to local scrap facilities for export. The remaining waste is either disposed into household garbage and transported to municipal landfills or illegally disposed of on the road or elsewhere.

150. The e-waste generate from the health facilities is Cambodia are primarily limited to the management of used electrical and electronic equipment (UEEE) such as televisions, mobile phones (MP), air refrigeration equipment, air conditioners, washing machines computer and microscope machinery and so on. These UEEE are currently in the storage area within hospitals and without any disposal procedure. As such, they remain in the inventory of donors. (www.ewastemonitor.inof/pdf/Regional-E-Waste-Monitor.pdf)

28 BMJ, 2020.

29 http://ewastemonitor.info/pdf/Regional-E-Waste-Monitor.pdf

4. ENVIRONMENTAL AND SOCIAL RISKS, IMPACTS AND MITIGATION

151. Potential environmental risks and impacts of H-EQIP2, including the AF, are rated as Substantial. These relate to the construction and renovation of health facilities which will generate solid waste, wastewater, and a large volume of non-hazardous and hazardous medical waste, including infectious waste related to COVID-19. MOH has limited capacity to manage risks and impacts consistent with ESF requirements. In addition, the environmental risks and impacts for new activities under the AF include: (i) Laboratory testing/sequencing of known pathogens resulting in potential direct impacts from infectious wastes; and (ii) TA support to improve disease surveillance and laboratory management (and associated capacity building) should improve management of wastes and reduce overall risk of transmission of dangerous pathogens but may also result in downstream impacts due to increased handling of dangerous pathogen samples and resulting laboratory wastes.

152. Potential social risks and impacts, including the AF, are rated as Substantial and include exclusion of vulnerable or marginalized groups, including women, the poor, people with disabilities (PwD), and indigenous peoples. Their access to health services is already constrained due to social, economic, cultural, and environmental barriers. Other potential social risks are tied to the construction/upgrading of health facilities, which may result in risks for labor management, the use of child and indentured labor, and curtailing the community spread of COVID-19. There are potential risks to community health and safety from poor waste management and risks related to Gender-Based Violence (GBV) and Violence against Children (VAC) due to the influx of labor for construction activities. The grievance mechanism in H-EQIP has not been effective in responding to the negative impacts of project activities. There is also an unlikely risk related to involuntary land acquisition and resettlement impacts, but construction works are planned to take place within the existing compounds of health facilities. The social risks and impacts for new activities under the AF relate to Occupational Health and Safety (OHS) of workers in the laboratory, and potential impacts to communities, in particular with regards to dangerous pathogens and toxins if biosecurity measures are not well implemented.

153. The ESMF and its annexes contain mitigation measures to be implemented to assess, avoid, and minimize environmental and social risks and impacts arising from sub-projects and activities of H-EQIP2.

154. For H-EQIP2, there is no stand-alone Indigenous Peoples Planning Framework (IPPF) as issues related to IPs will be addressed during the project design stage.

155. Table 8 details mitigation measures by project phase (design, construction and operation) and specific sub-project activities, identifying the risk, impact, proposed mitigation measure and those responsible for implementation. Additional mitigation and management measures are described in the Annexes.

Table 8. Subproject Risks, Impacts and Proposed Mitigation Measures

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
COMPONENT 1: Improving Financial Protection and Utilization of Health Equity Fund				
1.1. Financing to HEF (Reducing the financial risk of health service utilizations, and optimizing and expanding the benefit package both medical and non-medical expenditures) **1.2. Enhancement of HEF Management and Utilization** In addition to expanded HEF benefit, the project also Focus on optimizing/updating the benefit package of HEF and increasing the utilization of HEF by the beneficiaries, updating HEF operation manual developing the treatment guidelines and IEC materials for raising awareness, monitoring, and reporting)	Social Risk: Information reach about the expanded HEF benefit and change in IDPoor registration system: With expanded HEF benefit expansion including more benefit for transportation and inclusion of NCD as well as change in IDPoor system to roll-out at commune level, there are risk of the communication about this change may not reach the most vulnerable, including the elderly, IPs and workers from the informal sector, many of whom are women and vulnerable groups, who tend to have lower levels of education, lower incomes and may lack access to reliable information materials.	ESS1, 7, 10	For Social Risk: H-EQIP2's design has proactively addressed the risks of social inclusion through enhancing both the supply and demand sides of the health services. At a design level, the Project has introduced Performance-Based Contracts (PBCs) to strengthen the result-based focus of health services deliveries (HEF and Service Delivery Grants (SDGs)), which are to be verified by an independent National Payment Certification Agency (NPCA) using the National Quality Enhancement Monitoring Tools (NQEMT). At an activity level, H-EQIP2 has mainstreamed social inclusion into various activities across different project components. For instance, the Component 1 expands the benefits of HEF by including transportation costs to its coverage, which will help to address barriers to accessing health services by the vulnerable groups (including IPs, people with disabilities and the ID Poor card holders). This Component also contains activities to address HEF quality services and communication barriers by developing the treatment guidelines; information education and communication (EIC) materials to raise awareness on HEF benefits among the poor; upgrading HEF operational manual to include requirements for health centers to enhance collaboration between Health Center Management Committee (HCMCs) and local authorities in awareness raising on healthcare benefits of ID-Poor cards. The Component 2 addresses issues related to inclusive quality of health services by introducing Service Delivery Grants (SDGs), which include various performance indicators (i.e. conducting outreach activities to IP/vulnerable communities), in order for health service providers to receive H-EQIP grants. In particular, the Component 2 supports primary health care services (focusing on preventative and curative services) by engaging and training health centers and Village Health Support Group (VHSG) to carry out onsite and outreach activities with local community (including vulnerable groups)	Project Implementation Agency (MOH),

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			Develop and implement an IEC campaign with considering the social inclusion agenda such as relevant materials and tools are development with consideration on the location that reach to highly marginalized populations to ensure messages relating to HEF and ID poor 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). Messages should be culturally appropriate and use relevant IP languages if necessary. Multiple media should be used, and formal and informal public health and community networks accessed in order to ensure the broadest reach of messages. Relevant information in sign language should be available where relevant. At least one VHSG in each village in IP areas should be an indigenous person able to communicate about health needs to IP communities and inform them of health services available at HCs and RHs.	
	Environmental Risk: Healthcare waste management: - With HEF expanded benefit, improved quality of service delivery by Health facility as well as COVID-19 coverage nationwide, may contribute to increase volumes of non-hazardous and hazardous medical wastes. The likelihood / risk of this indirect environmental impact to occur could be exacerbated through poorly implemented waste management procedures at participating hospitals and health facilities. - Improper incineration of health care waste - Risk to waste management workers due to availability of	ESS2 ESS3 ESS4	Environment Risk: Healthcare waste management Project Actionable mitigation measures: Project should incorporate for healthcare waste management measures for monitoring HC and Hospital's IPC and Healthcare Waster Management performance, into NEQMT-2 to assess health facility. Implement a waste tracking and chain of custody approach for waste management from generation to disposal at the participating healthcare facilities; provide records to management. Undertake a detailed review of incineration at all H-EQIP2 facilities including an evaluation of risk to community safety. Opportunity for improvement: Implementation and coaching to health facility through supervision/assessment on the practice of standardized waste	Project Implementation agency (MOH), PMD, HSD, PH/RH

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
	proper PPE and training in its use.		collection, segregation and disposal procedures aligned with MOH and WHO guidelines. Provision of proper PPE to waste management workers and training in its fitting and usage in relation to occupational risks.	
1.3. Enhancement of NPCA (Strengthening the capacity and financial sustainability)	Social risk: Safety of digital data PMRS Roll-out - PMRS as digital health data initiative containing protected health information (PHI) are the main target of the cybercriminals and could be risk of data privacy breach where the personal patient's info may distribute or share to others without patients consents or agreement. Risks related to OHS for staffs conducting site/home visit to verify/validate reported achievements on PBC2, including (a) physical injuries due to road travel to provinces, and (b) GBV/SH/SEA when conducting the verification activities	ESS2, ESS4	Project should proactively ensure safety of digital data including developing data privacy guidelines for health providers that highlight the approaches to ensure data privacy and avoid data breaches including removing de-identifiable info when sharing info with outsiders. Orientation and implementing data security measures should include: Implement data security measures to guard against unauthorized or accidental access, processing, use, erasure or loss of data, staff are accessing PMRS's network without the security measures that are in place at the office. Apply data backup measures in place to prevent against any accidental loss of data due to security issues or system breakdowns. Implement measures to guard against internet fraud, scams, phishing emails, etc., including verification procedures for verifying identities of requests for money transfers. Where possible use the patient IDs rather than using patients real name or any personally identifiable information. Ensure pre-service training includes safety procedures (a) during road travel (e.g. driving during day-time, driving within the recommended speed, use helmet if on motorcycles, etc.), and (b) preventive techniques and procedures to conduct verification interviews, and training on how to deal with GBV/SH/SEA related behavior including good practice on how to de-escalate the situation (defense and escape techniques). The staffs are to be familiarize on the project level GRM related to GBV/SH/SEA.	MoH, NPCA
COMPONENT 2: Strengthening Quality and Capacity of Health Service Delivery				

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
2.1. Implementing New NQEMT Tools Nation-Wide Activities: para 54 of PAD: fixed lump-sum grants and performance-based grants to drive for continued quality improvement of healthcare services at public health facilities	Social Risk: There is a risk of exclusion – i.e. that certain health facilities could be excluded from accessing project benefits such as grants due to their location, IP area. As remote and IP hospital generally lag behind the urban in term of capacity and equipment, with same scores applied for remote vs. urban health facility, IP and non-IP facility – remote areas may have issues of utilization thus leading to limited funding and support.	ESS1, 7, 10	Project will target facilities nation-wide. The SEP will be an important tool to ensure the project is proactively reaching out to stakeholders, particularly health centers in poor/remote areas, areas with IPs, etc. It is important that the project has a fully functioning GRM and that there is proactive and engagement and communication mainstreamed into all project components. The CHAS should include provision for hospitals in remote settings or those serving IP populations to ensure equality of opportunity for accreditation and funding.	QAO, HSD
2.2. Building Comprehensive Service Provision with Expanded NCD Services and Strong Community Engagements	Social risk: The activity focuses on supporting the essential health service delivery and increasing utilization through building an enhanced primary health care model centered on community engagement using village health support groups (VHSG) and HCMCs. Social risks are as follows: Possibility that VHSGs engaged in the project are under-age of 18 or are temporarily or occasionally substituted by a family member. With involvement of training and engagement of VHSGs and HCMCs, there are some risks of OHS including GBV/SEA/SH discrimination and exposure to COVID-19. Changes in management of VHSG/HCMC under the D&D reforms will lead to confusion and lines of responsibility and provision	ESS1, ESS2 ESS4	Project will target facilities nation-wide. The SEP will be an important tool to ensure the project is proactively reaching out to stakeholders, particularly health centers in poor/remote areas, areas with IPs, etc. It is important that the project has a fully functioning GRM and that there is proactive and engagement and communication mainstreamed into all project components. Project shall ensure that all VHSGs, HCMCs are briefed on the LMP, including aspects relating to prevention of GBV, SH and SEA with zero tolerance for these behaviors, and that they sign the Code of Conduct. Respective HC/RH and HCMC who directly engaged with VHSGs to ensuring that VHSGs are not underage. And if found out that there are underage VHSGs, HC/RH with OD should facilitate new VHSG recruitment following MoH's Community Participation on Health Policy in recruiting VHSGs. VHSGs/HCMC involved in data collection of key population should be oriented about the essentials of the Client's Rights in health specifically on the privacy and confidentiality of the individual medical info. The involvement with VHSGs and HCMCs shall consider the integrated COVID-19 messages and practice COVID-19 prevention measures (i.e. social distancing).	Health facility, PHD, OD, VHSG, HCMC

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
	of funds, weakening outreach to vulnerable groups		For the change in management of VHSG/HCMCs under D&D reform, the project shall make sure that the role of VHSGs and HCMCs are clearly highlight about the provision of funds for them to support their role implementation. As per the LMP, no workers shall be engaged under 18 years.	
2.3. Building Service Capacity of Referral Hospitals	Social risk: Risk of exclusion of accessibility to information and services among vulnerable groups The community engagement through health education about NCD risk factor control, CCS and DHS&T and new available services at health facility may not reach vulnerable groups (IP, PWD, etc.).	ESS1 ESS7 ESS10	Project SEP should be strengthened to intentionally target the vulnerable groups for project engagement (information sharing, feedback gathering) and using the engagement with vulnerable groups for reporting. Routine Supervision/consultation with vulnerable groups/IP should be conducted, and their feedback obtained on performance of the Project at MOH management level and sub-national level. Concise and pictural IEC materials shall be developed that are easy to understand by low literate people in the community. Education shall use a variety of media channels that enable access multiple times by communities especially those vulnerable groups.	PMD, HSD
	Social risk: Risk of safety of patients With new expanded emergency services for hospitals, these may stretch some hospitals to perform new tasks and risk the safety of some patients.	ESS1, ESS4	The risk is being managed through project design, including upgrading of medical facilities and equipment and capacity building components.	PMD, HSD
	Social risk: Procurement and Supply Chain specifically on Occupational Health and Safety (OHS) and local community (related to pandemic) risk With the focus on DHS&T and CCS services established in additional HCs, including HC staff trained to provide these services and received equipment, medicines, consumables, and IEC materials. This involves the procurement of medical equipment,	ESS2	The project shall develop a Procurement Plan that allows stakeholder and relevant teams to understand which project item project will be funded under these grants. The procurement of medical equipment and other goods should follow due diligence process and a thorough screening procedure to remove ineligible expenditures/activities and prevent the purchase of any equipment or goods from supply chains that are linked to use of child labor or worker exploitation as highlighted in ESS2-LMP.	MOH-Department of Budget and Finance (DBF)

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
	medicine and consumables goods. Procurement of services/goods may involve risks to OHS and local community (related to COVID-19)			
	Environmental risk: Medical waste management Purchasing of goods and supplies (medical and non-medical) that may have significant environmental impacts and/or may have potential downstream impacts during operational stage that contribute to increase used of waste generated from used/obsolete medical equipment, medicine, and consumable goods.	ESS3 ESS4	Environment Risk: Healthcare waste management Project Actionable mitigation measures: Project should incorporate for healthcare waste management measures for monitoring HC and Hospital's IPC and Healthcare Waster Management performance, into NEQMT-2 to assess health facility. Implement a waste tracking and chain of custody approach for waste management from generation to disposal at the participating healthcare facilities; provide records to management. Undertake a detailed review of incineration at all H-EQIP2 facilities including an evaluation of risk to community safety. Opportunity for improvement: Implementation and coaching to health facility through supervision/assessment on the practice of standardized waste collection, segregation and disposal procedures aligned with MOH and WHO guidelines. Provision of proper PPE to waste management workers and training in its fitting and usage in relation to occupational risks.	Project Implementation agency (MOH), PMD, HSD, PH/RH
	Social risk: Accessibility of infrastructure As reference to CPA assessment that assessing on CPA hospitals, including infrastructure, equipment and health workforce, to understand about patients' increasingly seeking care in private sector, leading to high out-of-pocket health expenses. With the final assessment result still pending, there potential risk of issues	ESS4	Project measures in place in ESMPs that ensure that any new facility access needs and the accessibility of people with disability (reference to Ministry of Land Management and DAC standard i.e. universal access) that allows PwD to access to health services. Consider developing a quota of women in the leadership role of the CPA hospital.	PHD, OD, CPA hospital, HSD

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
	related to infrastructure access for people, services and patient satisfaction.			
	Social Risk: Risk with construction of other health facility construction. The construction and renovation of hospital or health facilities could potentially occur on non-MoH land.	ESS5	Prior to initiation of construction or renovation activities, the PMD or relevant E&S focal person at the provincial level will review land ownership using the ESMF screening checklist to determine whether the land used for construction is owned by MOH triggers the RPF to prepare a relevant resettlement action plan.	PMD, PCA, E&S Working Group
	Social risk: Construction contractors and other relevant stakeholders for the RH/PH/HCs building/renovation lack knowledge of E&S risks and its management, ESF requirements in the bidding process and/or during construction.	ESS2 ESS4	Project shall ensure that all and contractors are briefed on the LMP, including aspects relating to prevention of GBV, SH and SEA with zero tolerance for these behaviors, and that VHSGs, HCMCs and contractors sign the Code of Conduct. Incorporate ESF provisions (e.g. ESMP/ESCOP) into all construction announcements, negotiations and contracts. On-the-job coaching and monitoring/supervision of the implementation of relevant ESCOP and GBV/VAC provisions and manager/worker code of conduct.	RH/PH/HCs, contractor, PHDs/Provincial E&S Focal person
	Social risk: Construction of the RH/PH/HCs building may affect community safety (patients, HC staff, and nearby community) problems with dust, noise, vibration or other nuisance, traffic accidents.	ESS3 ESS4	RH/PH/HCs with support PHDs/Provincial E&S Focal person should ensure that construction contractor(s) comply with relevant national legislation with respect to ambient air quality, noise and vibration impact. Contractors should isolate the construction workspace to minimize health related risks (e.g. dust and exposure to hazardous materials). Contractor(s) should ensure that the generation of dust is minimized and implement a dust control plan to maintain a safe working environment and minimize disturbances including watering or dust control on exposed surfaces (e.g. roads). Materials used for construction shall be covered and secured properly during transport to prevent scattering of soil, sand, materials, or generating dust. Exposed soil and material stockpiles shall be protected against wind erosion.	RH/PH/HCs, contractors, PHDs/Provincial E&S Focal person

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			Construction contractor(s) should not carry out construction activities that generate a high level of noise during delivery of healthcare.	
	Environmental risk: Site selection to construction of the RH/PH/HCs building may have a problem with UXO, flood, erosion damage to significant culture resource, land acquisition and resettlement, loss of biodiversity habitat	ESS3 ESS4	To conduct E&S screening through careful site investigation with participation of professional experts (e.g., geologist, biologist, archaeologist, hydrologist), to develop the ESMP for specific sites. To undertake Consultation with the local authority (village chief, commune counselors' and people who lived nearest to the construction site). To discuss with Commune Administration to make sure that problems related to UXO, flood, erosion, damage to significant cultural resources, land acquisition and resettlement, loss of biodiversity to be adequately managed before commencement of detailed design. At the request of the Commune Administration the CMAC will be hired to detect and clear UXO from the construction site and issue a certification on UXO clearance. CMAC will inform concerned agencies, local authority and people about a detailed plan for detection and clearance of UXO at least one week before construction work starts.	RH/PH/HCs, contractors, PHDs/Provincial E&S Focal person
	Environmental risk: Solid waste generated from construction of the RH/PH/HCs creates hazards or is not disposed of properly.	ESS3 ESS4	Contractor(s) shall develop and implement a solid waste management and control plan (storage, provision of bins, site clean-up, bin clean-out schedule, etc.) before commencement of any construction. The waste management plan should include provisions for management of hazardous waste such as asbestos (see below) and incorporate chain of custody procedures for waste tracking and verification of final waste disposal location. Solid waste may be stored temporarily on site in a designated location prior to off-site transportation and disposal through a licensed waste collector. A transport management plan for HCW	PMD, RH/PH/HCs, Contractors, PHDs/Provincial E&S Focal person

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			should be developed in line with WBG EHS guidelines and GIIP for disposal of HCW. Contractor(s) shall use litter bins, containers and waste collection facilities at all locations where waste is generated during construction works. Construction waste should be disposed of at a designated location that is approved by the relevant local authority. Contractor(s) shall not dispose of any debris or construction waste/material/paint in any environmentally sensitive areas (including watercourses). Recyclable materials such as wooden frames for trench works, steel, scaffolding material, packaging material, etc. shall be segregated and collected on-site from other waste sources for reuse or recycle (sale). Implement a traffic safety plan where required in instances where traffic flow is impeded by construction activities.	
	Environmental risk: Wastewater generated during construction creates an environmental hazard	ESS3	Contractor(s) shall ensure that onsite latrines are properly operated, maintained, and that all liquid sewage waste is disposed of in an approved sewage treatment facility.	PMD, RH/PH/HCs. PHDs/Provincial E&S Focal person
	Environmental risk: Asbestos containing materials (ACM) could be generated from construction/renovation of HCFs building	ESS3	An asbestos audit will be undertaken as required prior to/at the beginning of construction. Safe removal of any asbestos-containing materials or other toxic substances shall be performed and disposed of by specially trained workers in line with WBG guidelines on asbestos management. If ACM is to be removed or repaired at the PCA site, the MOH will stipulate required removal and repair procedures in the contractor's contract. This will require a certified asbestos	PMD, RH/PH/HCs, Contractor, PHDs/Provincial E&S Focal person

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			removal contractor. 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 will be properly bagged prior to burial at an approved landfill and not to be tampered with or broken down to ensure no fibers are airborne and pose a worker or community risk. Disposal of waste containing asbestos should be agreed with MOH and the relevant environmental authority. No ACM will be reused.	
	Social risk: Poor management of worker occupation health and safety risks during construction works creates workplace hazards	ESS2 ESS4	Contractor(s) shall comply with all national and good practice regulations regarding worker safety and the project LMP. Contractor(s) shall prepare and implement an emergency response plan (ERP) aligned with ESS4 to cope with risk and emergency situations (e.g., fire, earthquake, floods, COVID-19 outbreak). Contractor(s) shall have or receive the minimum required training on occupational safety regulations and use of all tools and personal protective equipment (PPE). Contractor(s) shall provide all required safety measures during civil works such as installation of signage, safety fences, fire extinguishers, first aid kits, restricted access zones, overhead protection against falling debris, lighting systems etc. to protect workers and prevent risk or injury to hospital staff and patients during construction risks. Contractor(s) should ensure that all workers sign the worker code of conduct.	RH/PH/HCs, Contractors
	Social risk: Close working and poor living conditions for workers might allow	ESS2 ESS4	Contractor(s) shall take implement COVID-19 prevention measures as follows:	RH/PH/HCs, Contractors

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
	the easy transmission of COVID-19 among workers and in nearby locations		Minimize/control movement of personnel in and out of the construction site. With COVID-19 vaccination rate is extremely high in Cambodia, those working on site or visiting the site should show the evidence of being fully vaccinated. If workers are accommodated on site require them to minimize contact with people outside the construction site or prohibit them from leaving the site for the duration of their contract. Implement procedures to confirm that workers are fit for work before they start work, paying special to workers with underlying health condition or who may be otherwise at risk. Check and record temperatures of workers and other people entering the construction 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 social 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 site for 14 days (with insurance in place to ensure they can continue to access salary, as per the LMP). Prevent a sick worker from entering the construction site, refer them to local health facilities if necessary or require them to isolate at home for 14 days (with insurance in place to ensure they can continue to access salary, as per the LMP). Construction contractor(s) shall develop contingency plans with arrangements for accommodation, care and treatment for: - Workers self-isolating	

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			- Workers displaying symptoms - Getting adequate supplies of water, food and supplies Contractor(s) shall ensure that worker accommodations that meets or exceeds WBG worker accommodation requirements (e.g. in terms of floor type, proximity/no of workers, no 'hot bedding', drinking water, washing, bathroom facilities etc.) and that all accommodation facilities will be maintained in clean and sanitary condition. Wash stations should be provided throughout the work site, with a regular 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, alcohol-based hand rub should be provided. Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant materials including catering, drink and food facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly and ensure that cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients. Communication materials on COVID-19 prevention and control should be put in all workplaces. Construction contractor(s) shall develop and implement the LMP as per the ESMF.	
	Social risk: Workers do not receive the care needed if infected with COVID-19.	ESS2	Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19 or days off as a result of self-isolation measures.	RH/PH/HCs, Contractor
	Social risk: The presence of numerous workers might result in Gender-Based Violence (GBV) or	ESS2 ESS4	Contractor(s) shall ensure that all workers are briefed on the LMP, including aspects relating to prevention of GBV and SEA with zero tolerance for these behaviors, and that they sign the	RH/PH/HCs, Contractors

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
	Sexual Abuse and Exploitation (SEA)		Worker Code of Conduct. Contractor(s) shall implement the worker code of conduct, encouraged hiring of local workers as appropriate (including making jobs available to women).	
	Social risk: Contractors might use child or indentured labor in construction or through the supply chain (e.g. brick kilns)	ESS2	Child labor or indentured labor is absolutely prohibited in the project. Labor law and ESS2 prohibits anyone under 18 years to be involved in hazardous work. Breach of this should result in contract cancellation. Construction contractor(s) shall ensure implementation of the Labor Management Procedures establishing a minimum age for workers of 18.	RH/PH/HCs, Contractors
COMPONENT 3: Project Management, Adaptive Learning, Gender Equality & Social Inclusion and M&E				
3.1. Digital Health (Building a robust digital health system in Cambodia focus on four components 1) developing NCD patient tracking and management system, 2) developing and digitizing HMIS, (3) developing NQEMP Phase II digital platform; (4) developing ICT platform for NCD and essential health service scorecard)	Social risk: Digital health data initiative containing protected health information (PHI) are the main target of the cybercriminals and could be risk of data privacy breach where the personal patient's info may distribute or share to others without patients consents or agreement.	ESS4	Project should proactively target to ensure safety of digital data including developing data privacy guidelines for health providers highlight the approaches to ensure the data privacy breach including removing de-identifiable info when sharing info with outsiders. Orientation and implementing data security measures should include: Introducing the technical measures in place to guard against unauthorized or accidental access, processing, use, erasure or loss of data, staff are accessing PMRS's network without the security measures that are in place at the office. Apply data backup measures in place to prevent against any accidental loss of data due to security issues or system breakdowns. Measures to guard against internet fraud, scams, phishing emails, etc., including verification procedures for verifying identities of requests for money transfers.	DPHI

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			Where possible using the patient IDs rather than using patients real name or any personal identifiable information.	
	Social risk: The procurement of Digital health equipment may link to supply who exposed to child labor or workers exploitation	ESS2	The LMP procedure in place where suppliers are briefed on the LMP, including aspects relating to preventing GBV and SEA and no tolerance for these behaviors, and sign the Code of Conduct. The procurement of medical equipment and other goods should follow due diligence process and a thorough screening procedure to remove ineligible expenditures/activities and prevent the purchase of any equipment or goods from supply chains that are linked to use of child labor or worker exploitation as highlighted in ESS2-LMP.	DBF
	Social risk: The digital health initiative would increase the risk of e-waste in the health facility.	ESS3	Developed clear guidelines on how assets will be used for to ensure achievable of project outcomes. The guideline should also include the practice on how to use the digital devises to ensure the efficiency use of energy Inventory asset and resources mapping at health facilities and health providers to ensure equitable distribution of assets.	DBF
3.3. Project Management, Adaptive Leaning, and M&E (Support project management costs related to operations, capacity building and training, audit, and verification of achievement of PBC targets, and implementation of safeguards activities.)	Social risk: Stakeholders are not properly consulted; information is not disclosed in a timely manner	ESS10	Ensure that the Stakeholder Engagement Plan (SEP) uses different communication methods. Consult with NGOs and other stakeholders to develop recommendations as how to communicate information on H-EQIP2. Ensure consultations on SEP and the ESMF including relevant government agencies, NGOs and other organizations working on health and gender in Cambodia, including GBV, as well as IP groups. Ensure communication materials not only focus on HEF and the OD-IDPoor process, but also on coping strategies if there is social isolation, avenues (materials, organizations, hotline) available for mental health, GBV, PwD rights etc. that may be available. In order to ensure that the ESF instruments are disclosed on time, project shall working with MOH team from the beginning of	PMD

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			ESMF works with agreed timeline and continue to share the instruments and seeks their advices on the instruments in case any concerns MOH had on the instruments and revised accordingly.	
	Project ESF management risk – Recruitment of ESF supported consultant not adequately considered about the social and environmental risks	ESS1	ESF supported consultants TORs for providing technical assistance to project shall be reviewed by the Bank to ensure ToR are adequately take into account social and environmental risks in their responsibility (consultant)	MOH
Component 4: Strengthening capacity for health emergency prevention, preparedness, and response				
4.1 Finance activities associated with strengthening the surveillance system	Social risk: Data security: Strengthening the surveillance system may involve the collection and storage of large amounts of data, which could be vulnerable to security breaches and hacking, putting individuals at risk of identity theft and fraud. Discrimination and exclusion: Increased monitoring of financial transactions could lead to discrimination against certain groups or individuals based on their financial behavior, potentially leading to exclusion from financial services or opportunities.	ESS3 ESS4	Implement robust data protection and security measures to safeguard sensitive information collected through the surveillance system. This includes encryption, access controls, regular security audits, and compliance with data protection regulations. Develop and enforce non-discrimination policies to prevent any form of bias or discrimination based on financial behavior. Training staff on fair and ethical practices can help mitigate the risk of exclusion and stigmatization.	MOH, CDC
4.2 Finance activities associated with the strengthening of the laboratory system	Environmental risk: (i) Laboratory testing/sequencing of known pathogens resulting in potential direct impacts from infectious wastes; and (ii) TA support to improve disease surveillance and laboratory management.	ESS2 ESS3 ESS4	Improve management of wastes and reduce overall risk of transmission of dangerous pathogens but may also result in downstream impacts due to increased handling of dangerous pathogen samples and resulting laboratory wastes. Ensuring that these laboratories, as well as related waste management facilities, are operated in line with national regulations and guidelines as well as the good international industry practices (GIIP).	MOH, NIPH, PMD

Sub-Components	Risk/Impact	ESF	Mitigation Measures	Responsibility
			TORs and outputs of TA will ensure relevant national regulations and guidelines as well as GIIP are addressed.	
	Social risk: Occupational Health and Safety (OHS) of workers in the laboratory, and potential impacts to communities, in particular with regards to dangerous pathogens and toxins		Mainstreamed into the project's activities and include ensuring that laboratories are operated in line with national regulations and guidelines as well as the good international industry practices (GIIP).	

5. PROCEDURES TO ADDRESS ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

156. This section of the ESMF sets out the procedures for identifying, preparing, implementing, and monitoring the ESF Instruments required to manage E&S risks and impacts in H-EQIP2. A flow chart of these procedures and their relationship is presented in Figure 1212. Each of the steps is discussed below. This process also applies to both construction and non-construction sub-projects.

5.1. Sub-project Screening

157. The purpose of screening is to (i) determine whether activities are likely to have potential adverse environmental and social risks and impacts; and (ii) identify appropriate ESF instruments to mitigate identified risks or impacts. The E&S screening form and Indicative Screening Guidance are provided in Annex 1. The sub-project screening report/forms are required to send to the World Bank for review.

5.2. Ineligible and Negative Criteria List

158. Once the screening is completed, the next step is to review the subproject against the Ineligible and Negative Criteria list in Annex 2. These are subprojects and activities that are not eligible for financing under H-EQIP2. Once this has been checked, the E&S screening form will be signed by all responsible parties, and the level of risk determined. Once this is completed, the preparation and implementation of the necessary ESF instruments follows.

5.3. Preparation of Sub-project ESF Instruments

159. Based on the results of the screening process, sub-projects that do not require ESF instrument preparation will follow national laws and regulations on environmental, social and labor management. If the screening process identifies otherwise, the appropriate ESF instrument will be selected and prepared by qualified consultants on behalf of the sub-project contractor of the responsible department of MOH. As per bank's requirement, all these sub-project specific instruments need to be sent to the Bank for its review. A description of each relevant instrument follows:

- **Environmental Management Plan (ESMP)** - An ESMP will be required for all subprojects and activities that have a substantial risk. The ESMP will include ESCOPs to mitigate impacts related to renovation/rehabilitation of hospital facilities. Guidelines for preparation of an ESMP are in Annex 4. The ESMP will then be incorporated into the bidding and contract documents, and the implementing agency will ensure that the contractor is aware and committed to compliance with the E&S obligations in the ESCOPs. MOH Project Management will support beneficiary health facilities to prepare the ESMP. Additionally, PMD needs to ensure that these instruments are liaised with relevant department in charge of Construction to ensure that the bidding documents (for construction/renovation) will include these site-specific instruments (i.e. ESMP or ESCOPs) Contractors shall prepare their specific contractor ESMP for each subprojects and submit to MOH Project Management for approval.

Figure 12. E&S Risk Management Process

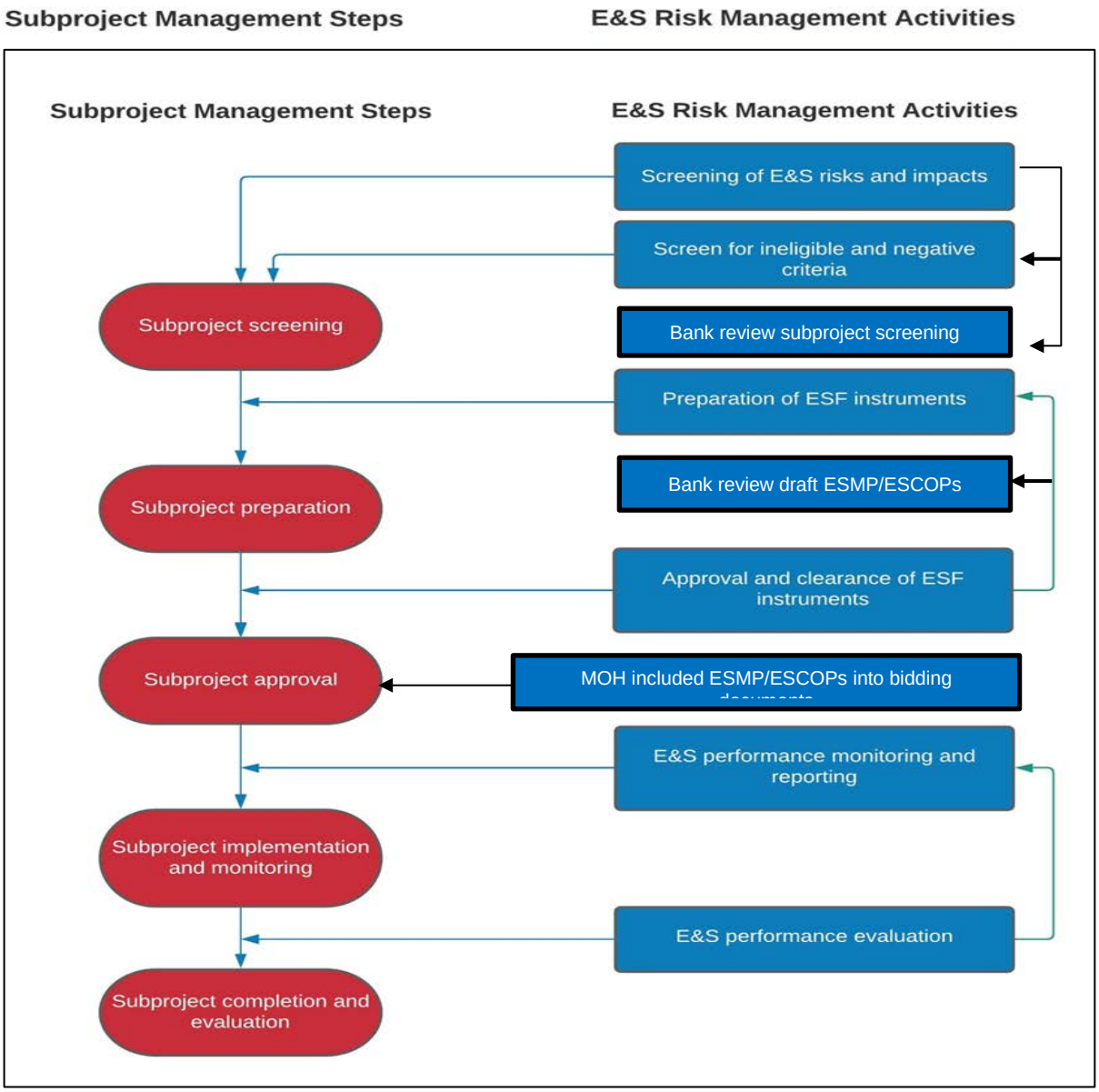


Figure 13. E&S Risk Management Process

- **Labor Management Procedures (LMP)** –Labor Management Procedures will be implemented to manage labor risks and impacts as identified by ESS2. These are included in Annex 6, including Codes of Conduct for workers. The LMP will be incorporated into relevant bidding and contract documents.
- **Environmental and Social Codes of Practice (ESCOP) –** these are specific codes of practice to mitigate environmental and social risks and impacts during construction. Additional codes of practice for waste management are also developed. The ESCOP will be incorporated, as needed, into relevant bidding and contract documents.
- **Stakeholder Engagement Plan (SEP)** – the SEP will guide consultation with stakeholders, including indigenous peoples. The SEP has been prepared as a separate document to this ESMF and is a living document which should be regularly reviewed and updated. The SEP will be incorporated, as needed, into relevant bidding and contract documents.
- **Resettlement Plan (RP)** – while resettlement is not expected in H-EQIP2 the RPF presented in Annex 9 provides guidance to prepare a RP, if required. The RPF/RP will be incorporated, as needed, into relevant bidding and contract documents.
- **Chance Finds Procedures** – if cultural heritage is encountered during construction, procedures are set out in Annex 7.

5.4. Sub-Project Appraisal and Approval

160. The ESF instruments will be reviewed by E&S specialists in the PMD in accordance with the requirements of the appropriate ESS of the ESF and approved by the Project Director. The World Bank E&S specialists will also review the ESF instruments.

5.5. Sub-project Implementation and Monitoring

161. MOH assumes overall responsibility to manage E&S risks in compliance with the relevant WB ESSs. This responsibility is cascaded down to the contractors, and to ensure this, bidding documents for civil works need to include specific E&S requirements for the contractors' liability Contractors will be responsible for implementation and monitoring of ESF instruments in each sub-project for compliance with national laws and regulations and the ESF and to prepare regular reports to the ESSU. In addition, the ESSU will conduct construction oversight to ensure appropriate implementation of ESF instruments. A construction supervision firm will be required to conduct routine monitoring of the performance of construction contractors to ensure all E&S mitigation measures are complied with during the whole of the construction period. The PMD will report on the implementation of ESF instruments to the Bank on a semi-annual basis. This report will be reviewed and discuss at every Project ISM and documented in the mission aide memoire.

5.6. Sub-Project Completion and Evaluation

162. Once sub-projects are completed, the E&S performance will be evaluated, and a report will be prepared as part of reporting requirements by the ESSU to the Bank.

5.7. Stakeholder Consultation

163. The ESSU and NPCA E&S focal point will ensure that meaningful stakeholder engagement and consultation on ESF instruments is undertaken throughout the Project life cycle in line with the SEP, including application of the grievance redress mechanism where required.

6. IMPLEMENTATION ARRANGEMENTS AND RESPONSIBILITIES

6.1. Institutional Organization and Capacity

164. Institutional arrangements are based on lessons learned from the H-EQIP and aligned with the ongoing D&D reforms in the country which decentralizes and delegates health service management functions to the subnational administration. The sub-national level (PHDs/ODs) will play important roles in the implementation of H-EQIP2.

165. The implementing agency of HEQIP2 is the Ministry of Health (MOH). For the AF, the project will have two implementing agencies: (1) The MOH, acting as the principle, executive agency which shall be responsible for overall project implementation, and (2) the NPCA of MEF, who will be the implementing agency for sub-component 1.3 (Enhancing Roles and Responsibilities of PCA), and in charge of preparation of relevant E&S impact and risk management for activities under the PBC 2.

166. A chair of the MOH core group has been appointed at the Director General level for project preparation and will be appointed as the project director for implementation. Two project managers will be appointed for technical operations, and administration & finance. The project will be implemented through the technical departments of MOH, national centers, as well as national hospitals, PHDs and ODs, PHs/RHs and HCs using mainstream MOH processes and will not involve a parallel project implementation unit or project secretariat. The MOH technical departments and the national centers participating in this project implementation will be (a) the Hospital Services Department and QAO; (b) the Department of Preventive Medicine; (c) the Department of Planning and Health Information; (d) the Department of Food and Drugs; (e) the GMAG secretariat; (f) the Department of International Cooperation, (g) the National Maternal and Child Health Center; and (h) the National Blood Transfusion Center.

167. Under the AF, two technical institutions of the MOH will be included in the project, including the Communicable Disease Control Department,CDC/MOH, and the National Institute of Public Health (NIPH). ,CDC/MOH, will lead the implementation of activities to strengthen the surveillance system to detect, prevent, and respond to emerging disease outbreaks of pandemic potential (sub-component 4.1), and NIPH will lead the implementation of activities to strengthen laboratory systems to ensure the capacity and capabilities of laboratories as an essential component of the national preparedness and response to EIDs, TADs, AMR, and identified priority diseases (sub-component 4.2).

168. Management of E&S risks and impacts will be done by: (1) PMD of MOH through the Environmental and Social Safeguards Unit (ESSU) at the national level, and E&S safeguards Focal Person at each provincial health department or PHD; and (2) NPCA of MEF through the assigned E&S Focal Point.

169. The Environmental and Social Safeguard Unit (ESSU) consists of PMD staff and relevant technical departments such as the Hospital Services Department (HSD) to work on HCW. At sub-national level, the PHD has assigned the focal point to implement the activities in that province. The ESSU will also benefit from the support of E&S consultants.

170. To understand training needs and capacity strengthening requirements for ESF implementation, a project level capacity assessment was conducted to: (i) assess the strengths and weaknesses at national and district hospitals and health centers; and (ii) identify critical short, medium, and long-term interventions to strengthen institutional capacities for effective implementation of the relevant national guidelines and ESSs applicable to the Project. In addition, the capacity assessment, the SA and EA reports analyze the root causes of E&S implementation

challenges and propose specific ways to mainstream improved E&S risk mitigation and capacity building measures into the ESCP/ESMF/SEP and, where appropriate, the results-based financing mechanisms (PBCs quality performance scores) as part of project implementation.

171. These interventions, including provision of additional human and financial resources and training needs will be incorporated into the Environmental and Social Commitment Plan (ESCP).

7. CONSULTATION AND STAKEHOLDER ENGAGEMENT

7.1. Background to the Stakeholder Engagement Plan

172. The Stakeholder Engagement Plan (SEP) seeks to ensure that Project communities and other stakeholders are informed and involved at all stages of H-EQIP2 implementation. The Project recognizes the need to seek representative and inclusive feedback, and the SEP looks to establish the role of women and vulnerable groups firmly within the consultation process. The Project also recognizes the importance of ensuring affected people are informed of or involved in mitigation measures and made aware of the continued monitoring of project activities.

173. The objectives of the SEP are to:

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

174. The SEP is applicable to the entire H-EQIP2 project. It is a living document and will be updated as the project progresses from Project preparation to implementation and closing.

7.2. Affected Stakeholders

175. Affected parties[30]: Affected Parties include local communities, community members and other parties that directly benefit from, or are impacted by the project, including the following individuals and groups: HEF/ID Poor card holders and their family members including IP and PwD with ID poor cards.

- National Institute of Public Health (NIPH) and Communicable Disease Control Department (CDC) of MoH
- Health service providers: public health workers or health facility staff including PHD, OD, Hospital and Health Center staff.
- Village Health Support Groups (VHSGs).
- Contractors in charge of civil works, and their staff, i.e. construction workers

30 Affected parties included those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities.

176. Other interested parties include:[31]

- H-EQIP2 Project Steering Committee (MEF, MOH, NCDDS, NSPC, NSSF)
- H-EQIP2 Provincial Advisory Committee
- Health Financing Steering Committees at central, provincial and district levels
- Other national and international organizations and civil society groups with an interest in health, gender, IP and DPOs,
- Other public figures including village chiefs, HCMC, Commune Councils,
- Communities near project construction sites,
- MEF's General Department of Resettlement (GDR), Inter-Ministerial Resettlement Committee (IRC), Provincial Resettlement Sub-Committee (PRSC) and Working Groups,
- Representatives of Provincial, District and relevant Commune Women and Children's Committees and Women's Affairs,
- The public at large.

7.3. Consultation During Preparation

177. Consultation on the ESMF and relevant instruments with relevant stakeholders was conducted by the MOH/PMD project team and included representatives from government, DPOs, IP NGOs and representatives of IP and PwD. Initial consultation on the ESMF covered the following topics:

- Nature and scale of the Project and its components.
- The duration of proposed Project activities.
- Potential risks and impacts of the Project on local communities.
- Proposals to mitigate risks and impacts, highlighting those that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated mitigation measures taken to avoid and minimize these risks and impacts.
- The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate.
- The timing and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported.
- The process and means by which grievances can be raised and addressed.

178. Results of the consultation sessions have been summarized and included in Annex 10 of the ESMF.

7.4. Consultation During Implementation

179. Stakeholder engagement with project affected parties and other interested stakeholders will continue throughout Project implementation. The following information will be shared as part of that process, and additional information is provided in the SEP:

- Updates on Project progress for community and stakeholders.
- GRM for construction – and response on the relevant feedback.

31 Interest parties are individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- Project schedule, progress, and key results.
- ESMF, ESMP, RPF/RP, SEP and ESCP.
- ESCOP.
- Contractor code of conduct.
- Renovation and construction activities timeline and associated job opportunities for local communities.
- Training on gender, labor rights and health, safety measure requirements as appropriate.
- Monitoring and supervision reports.

180. A summary of initial consultation results in provided in Annex 10 of this ESMF.

7.5. Disclosure of Information

181. Disclosure refers to making information accessible to all project stakeholders, in a manner that is appropriate and understandable to interested and affected parties. Disclosure of information is an ongoing process in H-EQIP2 with two stages: (1) before World Bank project appraisal, and (2) during project implementation. During both stages, project information will be disclosed in a way that is appropriate to the range of stakeholders, in both English and Khmer and indigenous languages if required. All ESF instruments will disclosed on MOH's official websites that are widely accessible and well-known by public. The intended target audiences listed in SEP are engaged during the social assessment, environmental audits and involved during the ESMF consultation that was conducted on 8th July 2021. This ESMF has been updated to incorporate AF activities. The updated ESMF will be disclosed on 23rd July 2024. Consultation on the AF and this revised ESMF will be conducted before the end of Appraisal. Key findings will be included in the final ESMF.

182. The guiding principles of disclosure will be to:

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

7.6. Proposed Strategy for Information Disclosure

183. A strategy for information disclosure of the ESMF and other ESF instruments is presented below in Table 9. Additional information is provided in the SEP.

Table 9. Project-Disclosed Documents and Methods/Timeline for Disclosure

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
Prior to World Bank pre-appraisal	Environmental and Social Management Framework (ESMF) Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM)	National Consultation in Phnom Penh. Project and/or MOH website	June 2021,	Non-IP and IP representatives at national level and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be	MOH/PMD with CRS support
Project Implementation	Project's updated ESMF instruments including ESMP, ESCP, ESCOP, SEP, including with AF activities added Feedback from project consultations	Local and provincial consultations (face to face when public gatherings are permitted) and/or virtual consultations throughout project implementation. Consultations and sharing with ethnic groups or PwD (where applicable) and their representatives, applying culturally appropriate and accessible methods of engagement. Use of mass media and social media platforms where feasible. Electronic publication and press releases on the Project website	After finalization of relevant ESMF instrument. Prior to civil works funded by project	Non-IP and IP representatives at national level and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	Project Implementing Agency, H-EQIP2 provincial advisory committee

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
	Public Information Booklets including GRM	Local consultations or sharing with IP using VHSGs, village chiefs, HC or HCMC. Project website	After ESMF finalization and project start-up, onward to implementation Prior to civil works funded by project	Non-IP and IP representatives at national level) and other interested parties as appropriate Relevant Ministries working in, or with an interest in, health, IP, PwD and gender. NGOs and CSOs may also be included in relevant meetings.	Project Implementing Agency, H-EQIP2 provincial advisory committee
	Project schedule, progress and key results, ongoing social and environmental risk identification and mitigation plan	Project website, Implementation support mission (ISM), ISR	From Project implementation onward – Quarterly or six-monthly	Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	H-EQIP2 project steering committee, Project Implementing Agency, H-EQIP2 provincial advisory committee
	Monitoring and supervision reports	Local consultations Project website	From Project implementation onward – Quarterly or six-monthly	Relevant Ministries working in, or with an interest in health, IP, PwD and gender. NGOs and CSOs may also be included.	H-EQIP2 project steering committee, Project Implementing Agency, provincial advisory committee
	ESCoP, Contractor codes of conduct, and trainings on gender, labor rights and health, and safety requirements, as appropriate, for contractors	Contract negotiation and training	Before awarding the contract	Contractors	H-EQIP2 project steering committee, Project Implementing Agency, H-EQIP2 provincial advisory committee

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

7.7. Reporting Back to Stakeholder Groups

184. The SEP will be revised as necessary during Project implementation to ensure that its contents are consistent with other documents and are up-to-date, and that methods of stakeholder engagement remain appropriate and effective in relation to the Project context and specific phases of its implementation.

185. Any major changes to Project related activities and the associated schedule will be duly reflected in the SEP. Monthly or quarterly summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to H-EQIP2 senior management. The timing will depend on the final agreed reporting schedule. The summaries will provide a means for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those complaints in a timely and effective manner.

8. GRIEVANCE REDRESS MECHANISM (GRM)

187. The Grievance Redress Mechanism (GRM) seeks to resolve concerns promptly, using an understandable process that is culturally appropriate and readily accessible at no cost. The GRM is intended to capture complaints and grievances about any aspect of H-EQIP2 (including AF) made by the direct and indirect project beneficiaries, as well as non-project groups who may be impacted by the project during implementation.

188. Any stakeholder including project staff, authorities, contractors, and other involved parties may file a grievance to H-EQIP2 (including AF) if they consider that their right to information is interfered with. Examples include where inappropriate intervention by an outside party is found; where the rights and entitlements granted in this ESMF are violated; where damages have resulted from implementation of the project, or where any of the project's principles and procedures have been violated. Stakeholders may also submit comments and suggestions. The GRM is described in full in the revised SEP.

189. The PMD Social and Environmental Official (SEO) in the ESSU will be responsible for the Grievance Redress Focal Person (GRFP) who will in turn be responsible for receiving and resolving grievances in a fair, objective, and constructive manner.[32] The broad responsibilities of the SEO in terms of grievance management include:

- Developing and publicizing the grievance management procedures.
- Receiving, reviewing, investigating and keeping track of grievances (a logbook will be established by clients).
- Overseeing adjudication process and/or participating in relevant adjudicating grievances.
- Monitoring and evaluating fulfilment of agreements achieved through the GRM.

190. The National Payment Certification Agency (NPCA) of MEF functions as an entity for health insurance claim review and validation, providing performance-based financing to health facilities (HFs). The Agency has established a hotline to serve as the Health Equity Fund (HEF) call-in line to share information and receive feedback and/or grievances. An E&S Focal Point will be assigned within NPCA to receive, review, investigate and keep track of E&S related grievances within the scope of NPCA function and mandate. The E&S focal point will be trained by the ESSU on the project level GRM to ensure an aligned approach.

191. For the interest of all parties concerned, the grievance mechanism is designed with the objective of solving disputes at the earliest possible stage. Grievances will be disclosed publicly, but anonymously, unless the complainant self-identifies. The identity of those who file grievances will be treated with strict confidentiality. There is no charge for filing a grievance. Complaints can be made at any time to any level and without hindrance. Complaints raised by beneficiaries/relevant members shall be dealt with courteously and on time. If the person filing the grievance is known, the staff officer responsible will communicate the timeframe and the course of action to her/him.

192. For civil works components, the GRM shall be available (in local language) at the start of works, and phone/office contacts will be made available/visible on all project work sites. The recommended timeframe for the resolution of a complaint is two weeks. The project GRM is already available in PHD across the country and in MOH, with focal points trained to implement it in case of E&S concerns relating to the project's activities.

32 Note the SEO and GFRP are the same person.

193. Three types of grievance are envisaged in H-EQIP2 including AF:
- Those directly related to program implementation (including relating to environmental and social impacts, health, safety, etc.), described in this ESMF and the SEP.
- Worker-related disputes (detailed in the LMP in Annex 6).
- Land related grievances as addressed through the RPF.

8.1. Steps in Grievance Redress

194. **Step 1:** There is an option to submit either a written or hotline complaint in Step 1. For Option 1 – Written Complaint: Direct discussion between complainant and the respective subproject implementer in charge. Complainant makes a direct complaint (verbal or in writing or call-in) to the respective subproject implementer in charge who can be the director of the provincial/referral hospital or the chief of the health center where the subproject takes place. For Option 2 – Complaints/feedback via phone: When a phone call is received via the assigned PHD focal person phone numbers, then he/she will record the call information into the grievance log and share it with the designated PHD/PMD focal person for consideration and referral to relevant people for the comments to be addressed.

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

196. **Step 2**: If there is no satisfaction following the solution provided in Step 1, the complainant can escalate the grievance to the Grievance Redress Focal Person (GRFP) for the province. The complainant will fill out a complaint form and submit it to the GRFP. Upon receipt of the complaint, the GRFP will acknowledge receipt within three working days from the day the complaint is received. Then the GRFP will seek a resolution from the respective subproject implementer in charge within ten working days from the day the complaint was acknowledged. The GRFP will review the issues related to the complaint, and the solution proposed in step 1, and then will discuss alternative resolutions with the respective subproject implementer in charge. If the complainant is satisfied with the resolution the GRFP provides, the grievance will be considered solved and a closure agreement will be signed with a corrective action plan; if not, the complainant will continue to step 3.

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

198. The complaints and responses including the implementation of any corrective action plan and the outcome will be recorded in the GRM logbook. If upon implementation of the corrective

action plan the complainant is not satisfied, they have the right to reactivate and continue the complaint to the next step or appeal to the ordinary courts as a last resort. As a part of the process of GRM, the GRC will arrange regular meetings at least once per quarter to review the activities and outcomes/measures taken according to the GRM logbook.

199. If there are any grievances related to management of social or environmental issues, the GRM Committee will record these grievances and pass them to the Environment and Social Specialist who will be monitoring the complaints and take them forward for corresponding action and follow-up. The complaints and responses including the implementation of any corrective action plan and the outcome will be recorded in the GRM logbook. Upon implementation of the corrective action plan, if the complainant is not satisfied, they still have the right to reactivate and continue the complaint to the next step or appeal to the courts as a last resort.

200. As a part of the GRM process, the GRC will arrange regular meetings, at least once per quarter, to review complaints and outcomes/measures according to the GRM logbook. If there are grievances related to management of social or environmental issues, the GRM Committee will record these grievances and forward to the Environment and Social Specialist who will monitor the complaints and respond with the corresponding action and follow-up.

8.2. Recording Grievances

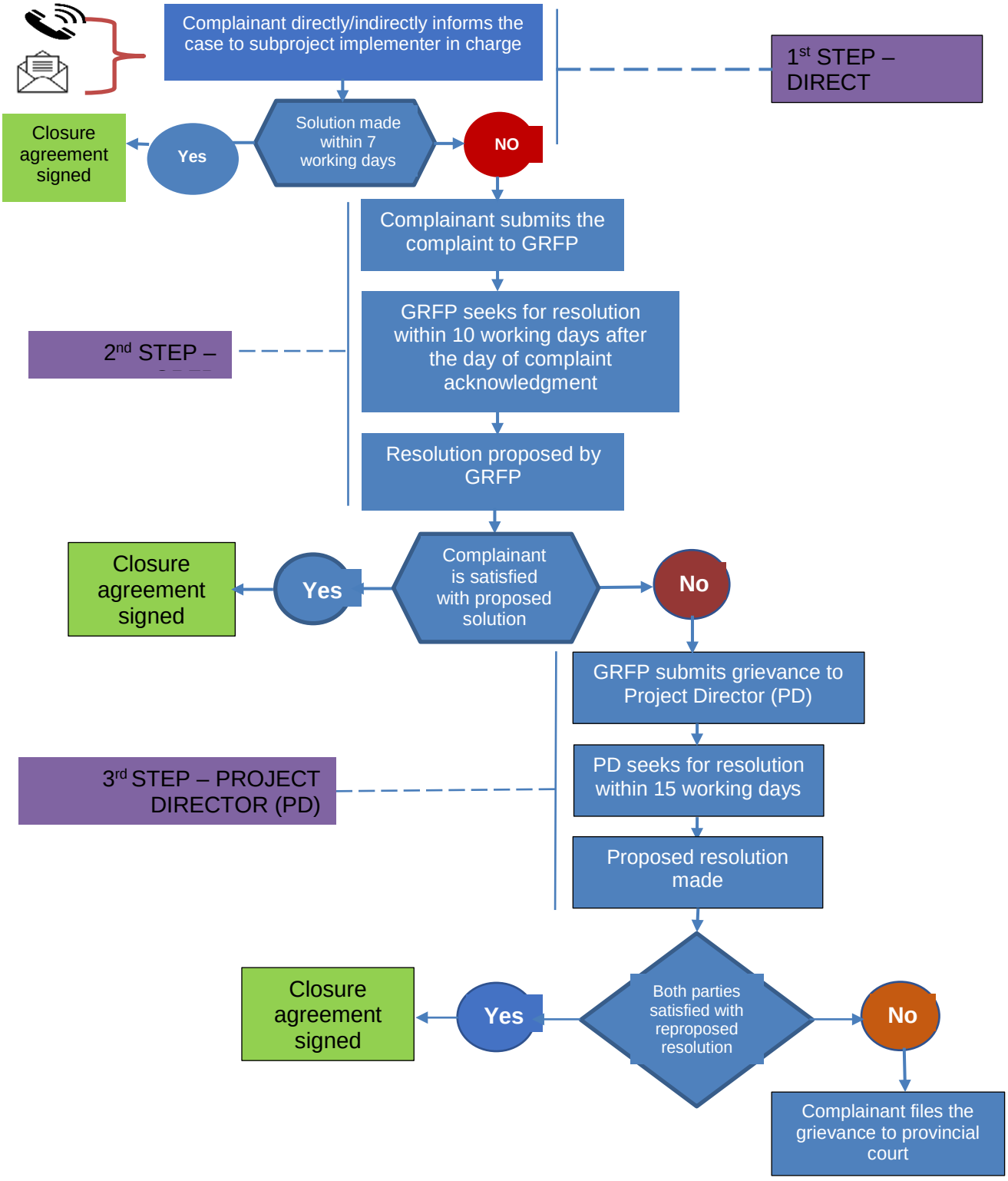
201. The GRM is managed by the PHD E&S focal point and PMD. A complaints register has been established as part of the project to record concerns raised by any stakeholder during the implementation of this project. Any serious complaint will be advised to the World Bank within 24 hours of receiving the complaint. So far, under H-EQIP2 the project GRM has been set up with Focal Points assigned at PHD across the country, and these Focal Points have received training from PMD. NPCA will also be assigning a Focal Point who will receive training on grievance redress.

202. A summary list of complaints received, and their disposition, along with key statistics on the number of complaints and duration taken to close out, will be reported yearly. Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy under the responsibility of the PMD. A sample grievance log is shown in Annex 13.

203. All grievances will be recorded in a Grievance Log. The minimum information in the grievance log will include the following (See also Annex 13: Sample Grievance Log based on the SEP)

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

Figure 14: Grievance Redress Mechanism of H-EQIP2 Project Flow Chart



8.3. Provisions for Indigenous Peoples (IPs)

204. As indicated in the findings of the SA report, IPs may have additional barriers to accessing the GRM, including a language barrier. Therefore, in areas of H-EQIP2 activities where Indigenous Peoples (IPs) live, the Project GRM will ensure that IP and other vulnerable groups are consulted. The communication of the GRM should be adapted and/or changed as necessary to ensure it is culturally appropriate and accessible to beneficiary IPs and that it takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the IPs. This should be done in consultation with local IP groups in accordance with their preferred GRM communication method and the preferred way to share their grievances or concerns.

205. The key principles of the GRM for IPs are to ensure that:

- Two-way Communications about GRM procedures are presented in a way that is accessible by IPs using IP languages and/or pictorial materials that are easily understood by the elderly and those with low literacy.
- The basic rights and interests of IPs are protected by applying Do No Harm principles.
- Concerns of IPs arising from the project activities are adequately addressed.
- IPs are aware of their rights to access grievance procedures free of charge

9. MONITORING, SUPERVISION, AND REPORTING

206. Monitoring ensures that mitigation measures are implemented as per the Project schedule/workplan and reveals bottlenecks that affect the implementation of project activities. Quarterly- and semi-annual monitoring reports will be undertaken to:

- Improve environmental and social management practices.
- Understand ESMP and ESCP implementation issues and provide timely decision making on any potential risks and challenges that could negatively affect project implementation.
- Ensure the efficiency and quality of the environmental and social assessment processes and use of ESF instruments.
- Establish evidence- and results-based measures of environmental and social performance.
- Provide an opportunity to report the results of and lessons learned from the implementation of mitigation measures in future ESMPs and other project related documents.

207. The PMD and NPCA, under the guidance of the PD/PMs, will be responsible for implementation of the ESMF as follows:

- Monitoring of the required mitigation measures of the ESMP and other applicable ESF instruments to be implemented by civil works contractors and/or other responsible agencies.
- Reporting on the GRM, as per the SEP.
- Review monthly monitoring reports provided by contractors and/or consultants.
- Regularly reporting to the Project Director and WB as specified in the ESCP and Project Operation Manual (POM).
- HSD as the specialized department in technical support on health facility on service delivery and healthcare waste management, will be responsible for:
- Conduct monitoring and coaching to health facility including PH/RH, HC and HP on service delivery and Healthcare waste management practice compliance to relevant MOH's guideline
- Coordinated with PMD in project monitoring on health facility, and civil works contractors
- Regularly reporting to the Project Director and WB as specified in the ESCP and Project Operation Manual (POM).

208. Monitoring of environmental impacts should focus on ensuring that all environmental mitigation measures are implemented as per the ESMP. Monitoring and evaluation of social impacts should measure using established indicators. Data should be gender-disaggregated as much as possible. The ESMP will need to define how and when monitoring indicators will be measured; suggested social indicators are as follows:

- Utilization of health services by Health Equity Fund beneficiaries in low utilization areas increased (Number) - disaggregated by women, women headed households, Indigenous Peoples and PwD if applicable, urban and remote area
- Project impacts and benefits (ID Poor) disaggregated by women, women headed households, Indigenous Peoples and PwD if applicable.
- Number and proportion of women working on health facility renovation/construction jobs and other Project non-construction jobs.
- Contractor compliance with social related measures and safety compliance measures.
- Number of training sessions provided to women and vulnerable groups, and the impacts of these trainings (i.e. whether knowledge on a topic was enhanced)
- Efficacy of the GRM (for the community and for construction workers) – tracking of the

grievance progress and lead time from receipt to closure/resolution of grievance, disaggregated grievances by vulnerable groups like women, IP or PwD.
- Incidence of GBV, VAC and whether community members feel that the grievance redress methods are appropriate in addressing these.
- Age of workers and that all workers have contracts with adequate pay that is at least the minimum wage.
- Other monitoring indicators as may be described in the ESMP or other related Project documents.

209. Additionally, as part of the social monitoring program, the PMD may consider annual consultations with vulnerable groups to explore their concerns about H-EQIP2 and access/inclusion issues and report these findings to H-EQIP2 management and the Bank.

210. The frequency and format of monitoring reports will be determined as part of the Project Implementation/Operational Manual (POM). Proposed monitoring measures are shown in Table 10. A monitoring form for measuring E&S performance during construction is presented in Annex 5.

Table 10. Proposed Monitoring Measures

Parameter to be Monitored	Location	Means of Monitoring	Schedule/ Frequency	Responsible Agency for Monitoring
Civil works construction design in accordance with ESMF, RPF and SEP requirements	Phnom Penh/Virtually	Review of detailed design documentation.	Prior to approval of detailed design.	PMD
Implementation of all mitigation measures specified in the ESMP including the construction and HCWM practices.	At project site	Monitoring and supervisions visits are required to check contractor's facilities, environmental and social management practices, reviewing workers' contract arrangements, conducting focus group meetings with female workers, conducting focus groups in the community to inquire about contractor- community relations, etc.	As defined in ESMP (including LMP).	PMD and potential PHD Focal person.
Implementation of the SEP	Phnom Penh and project site	As defined in the SEP.	As defined in the SEP.	PMD, NPCA
GRM efficacy and functioning monitoring and reflection	Phnom Penh and project site	As defined in the ESMP/SEP.	As defined in the ESMP/SEP.	PMD, NPCA
Implementation of all mitigation measures specified in other project documents that may be required, such as RPFs and SA recommendation	Project construction site and IP provinces	As defined in RPFs or SA recommendation.	As defined in RPF or SA recommendation.	PMD
Implementation of mitigation measure for risk related to OHS (Physical injury due to travel and GBV) during the verification activities	Project site (during the travel and verification)	Pre-service training report and GRM.	As defined in the project schedule for verification activities	NPCA

10. ESMF IMPLEMENTATION BUDGET

211. The Capacity Assessment prepared separately for H-EQIP2 indicated the need for strengthening of E&S performance in the following key areas:

- Understanding the application of the ESF to H-EQIP2.
- Assessment and screening of sub-project risks and impacts.
- Preparation and implementation of ESF instruments.
- Monitoring, supervision, and construction oversight of ESF instruments.
- Interdepartmental coordination and responsibility for E&S management.
- Coordination and responsibility for E&S management across health system levels.

212. Based on these needs, the training topics and capacity strengthening for ESMF implementation will cover the following topics:

- ESMF approach, orientation and implementation.
- MOH institutional arrangements for management of environmental and social risks and impacts.
- Construction ESCOPs for construction and renovation.
- Good international industry practices (e.g., World Health Organization, Center for Disease Control, Occupational Safety and Health Administration, etc.) concerning Occupational Health and Safety and worker safety.
- Managing health care waste.
- Labor management procedures.
- Gender inclusion and issues relating to gender-based violence, violence against children, and sexual exploitation and abuse.
- Resettlement planning.
- Indigenous peoples' framework and inclusion in health care.
- Grievance redress mechanism.
- Consultations, communications, and feedback.
- Monitoring, supervision, and reporting at all levels.

213. The estimated cost for all the ESMF initiatives is US$ 370,979 over five years. These costs include, hire of national consultants, training costs for ESSU, public consultations and field monitoring, and costs for MOH to prepare and deliver E&S due diligence reports. The budget shown in Table 11 has been developed with input from PMD and the WB task team and will be subject to change based on actual needed during project implementation.

Table 11. Estimated Costs for ESMF Implementation in H-EQIP2

Budget Description	Amount in USD					
	2022	2023	2024	2025	2026	TOTAL
	Budget	Budget	Budget	Budget	Budget	Budget
I. Consultants						
Environmental Consultant (Part time)	0	19,200	19,200	21,600	24,000	84,000
Social Consultant (Part time)	0	0	14,400	21,600	24,000	57,600
Training on ESF instruments for ESSU/E&S focal point or representative during project implementation. The training will conduct by E&S consultants and PMD TOT	0	19,523	40,592	40,592	40,592	141,299
Public Consultation on construction /renovation (10 sub projects per year) including: - Annual consultations with vulnerable groups/IP conducted, and their feedback on performance of the Project discussed and addressed at MOH management level and sub-national level - E&S risk and impact assessment conducted and E&S Management Plans at sub-projects/activities prepared to be cleared by WB, and adopted by the Project Director to be attached to the procurement package	0	0	18,360	18,360	18,360	55,080
Monitoring of sub-projects (2 times x 4 pax x 4 days) - including: - GRM monitoring, - contractors monitoring visits, - HSD: IPC/HCWM monitoring	0	3,000	6,000	12,000	12,000	33,000
Total						**370,979**

Note: Budget covers the 5-year duration of the project from effectiveness to project completion.

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12. ANNEXES

ANNEX 1: SCREENING FORM FOR ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

This form is to be used by the MOH PMD and ESSG to screen potential environmental and social risks and impacts of sub-projects and activities of H-EQIP2, to determine the level of associated risk (high, substantial, moderate, or low), which World Bank ESS are relevant, and which ESF instrument(s) needs to be prepared. Note: High risk subprojects or activities will not be financed by H-EQIP2 (e.g. child labor, hospital renovation, biodiversity and culture impacts etc., see also ineligible activities in Annex Table 2).

The screening process will follow these steps:

- A description of the subproject or activity should be prepared which will enable the use of the screening questions.
- Annex 2 should be used to determine if the proposed subproject or activity is ineligible for financing.
- Next use the screening form of Annex Table 1. The screening form is organized by ESS, starting with ESS1 and specific questions are asked specific to each ESS. Questions should be answered as yes, no or to be determined (there is not sufficient information to answer the question).
- The next column identifies the applicable ESS and in some cases, if more than one ESS is required.
- The next column identifies the recommended ESF instrument required. Additional ESF instruments may be added.
- The following column identifies the level of risk associated with the question and the activity. Risk is defined by the four categories described as per the ESF – high, substantial, moderate, and low. Note: High risk activities will not be financed by H-EQIP2.
- The final column includes remarks that may be added describing the rationale for the decision, or if any other follow-up is required.
- Proceed with every question and then fill out the conclusions of the assessment. If any question has a substantial risk associated with it, an ESMP should be completed. For low and moderate risk answers, sum the number of answers whether moderate or low. The higher number of responses will indicate if it is low or moderate.
- Note that some moderate projects may also require an ESMP.
- The screening report/form needs to be submitted to the Bank for its review

A screening form is provided in Annex Table 1 that follows. Ineligible activities are shown in Annex 2.

Annex Table 1. E&S Screening Form

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
ESS1							
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of HCFs and/or associated waste management facilities?				ESS1, ESS3, ESS4, ESS5	ESMP, WMP, SEP		
Is there sound regulatory framework, institutional capacity in place for HCFs infection control and HCW waste management?				ESS1, ESS3, ESS4	ESMP, WMP, SEP		
Will the construction or renovation works require new borrow pits or quarries to be opened?				ESS1, ESS3	ESMP		
Will the works be located near a river, stream or waterway?				ESS1, ESS3	ESMP		
Will the works increase noise levels in the community (due to vehicles, earth works, construction etc.)?				ESS1 ESS 4	ESMP		
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk and/or Violence against Children (VAC) risk?				ESS 1 ESS2 ESS4	ESMP, LMP, SEP		
Are there any climate changes risks either resulting from construction or renovation of the project, or conversely climate change risks that could affect the viability of the project?				ESS1	ESMP		

33 High, Substantial, Moderate or Low

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
Are there likely to be UXOs in the area of the sub-project?				ESS1	ESMP		
ESS2							
Does the subproject involve uses of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor?				ESS 2	If yes, this is ineligible activity for project financing		
Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?				ESS 2	ESMP, LMP		
Are adequate measures in place relating to Occupational Health and Safety (OHS) are for protecting workers from injuries, illness, risks, or impacts associated with exposure to hazard encountered in the workplace or while working for H-EQIP2?				ESS 2	ESMP, LMP, ESCOPs		
Are workers provided with adequate PPE relative to the potential risks and hazards associated with their work?				ESS 2	ESMP, LMP, ESCOPs		
Will skilled workers be available in local areas and/or other areas in Cambodia? Will international workers be needed? What percent of labor needs will be local and international?				ESS 2 ESS 4	ESMP, LMP,		
Is there a risk that women may be underpaid when compared to men when working on the project construction?				ESS 2	ESMP, LMP,		
Is there a possibility of				ESS 2	ESMP,		

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
employment in project works for the local community? Of these, how many jobs would be expected for women?				ESS 4	LMP,		
Is there a risk that children could be hired for project works?				ESS 2	ESMP, LMP,		
ESS3							
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, WMP, ESCOPs		
Will any of the works require the use of toxic chemicals, herbicides, and/or explosives?				ESS1/ 3	ESMP, Pesticide Management Plan		
Are any of the construction works involve the removal of asbestos or other hazardous materials?				ESS2, ESS3	ESMP, ESCOPs		
Are works likely to cause significant negative impacts to air and/or water quality?				ESS3 ESS 4	ESMP		
ESS4							
Is an influx of workers, from outside the community, expected? Would workers be Cambodian or foreigners? Would workers be expected to use health services of the community? Would they create pressures on existing community services (water, electricity, health, recreation, others?)				ESS 2 ESS 4	ESMP, LMP, SEP		
Is there a risk that HIV/AIDS and other sexually transmitted diseases may increase as a result of project works?				ESS 2 ESS 4	ESMP, LMP, SEP		
Is there a risk that GBV and/or VAC may increase as a result of				ESS 2 ESS 4	ESMP,		

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
project works?							
Would any public facilities, such as schools, hospitals or pagodas be negatively affected by construction?				ESS 4	ESMP		
Does the subproject involve use of security personnel during construction and/or operation of HCFs?				ESS2, ESS 4	ESMP, LMP, SEP		
Will the works result in increases in, or changes to the type of, traffic around the subproject?				ESS1 ESS 4	ESMP, SEP		
Would works required setting up of a worker's camp? Otherwise, where are workers expected to live?				ESS2, ESS4	ESMP, SEP		
Is there a risk that women and other vulnerable groups may not benefit and/or be more adversely impacted by the project?				ESS 4 ESS 5 ESS 7	ESMP, SEP and RP		
Are the community or construction workers informed about the relevant construction GRM available under the project?				ESS 4	ESMP		
ESS5							
Does the land acquired belong to MOH?				ESS 5	If no, Resettlement plan will be required		
Are there any squatters or temporary residents living in MOH land that need to be moved due to subproject activities?				ESS 5	If yes, Resettlement plan will be required		
Does the subproject involve acquisition of assets to hold patients (including yet-to-				ESS 5	If yes, this is ineligible activity for		

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
confirm cases for medical observation or isolation purpose)?					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?				ESS 5	If yes, this is ineligible activity 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?				ESS 5	If yes, this is ineligible activity for project financing		
Will the works require the removal of trees (fruit or other trees)?				ESS1 ESS 5	RP, ESMP		
ESS6							
Is the subproject located within or in the vicinity of any ecologically sensitive areas?				ESS 6	ESMP (only if existing health facility), for any new facility, this would be ineligible activity for project financing, SEP		
Are there endangered flora or fauna species in the area?				ESS1 ESS 6	ESMP		Check against Ineligible/ Negative list
Does the subproject involve activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or				ESS 6	If yes, this is ineligible activity for project financing		

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
indirectly, or activities that could adversely affect forest and forest health?							
ESS7							
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?				ESS 7	Measures addressing issue on vulnerable groups, including IPs, will be part of SEP and ESMP/ ESCOP		
Are there indigenous people living in the area?				ESS 7	ESMP, SEP		
Are the community including IP, and other vulnerable groups were informed or consult about the sub-project?				ESS 7	ESMP, SEP		
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?				ESS 7	ESMP, SEP		
ESS8							
Are the works, located in or near a cultural/heritage area? Or located near graves, temples or other sacred sites?				ESS 8	If yes, this is ineligible activity for project financing		Check against Ineligible/ Negative list
ESS10							
Is there a grievance redress mechanism in place for the subproject?				ESS10	SEP		
Will the subprojects result in gaps in terms of gender and social inclusion and access to				ESS10	SEP		

Facility Name:							
Date:							
Question	**Answer**			**World Bank ESS (ex.)**	**ESF Instrument Required (example)**	**Level of Risk33**	**Remarks**
			TBD				
HEF?							
Has the consultation process identified all stakeholders including targeted beneficiaries, which include the poorest group, in particular women, indigenous groups and people with disabilities?				ESS7, ESS10	SEP		

Conclusions:

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

_____
_____
_____
_____
_____
_____

Note: High risk sub-projects will not be financed by H-EQIP2. To determine the proposed risk rating for each subproject or activity, consider the following:

- All substantial risks will require the preparation of an ESMP for the subproject or activity.
- For low and moderate risk activities, sum the risk items; the majority will determine the risk category and the ESF instruments required.
- An ESMP may be require for moderate risk projects.

2. Proposed E&S Instruments:

_____
_____
_____

Signed by Subproject/activities owner:

_____
_____

Position:_____:_____
_____ Date: _____

Signed by E&S Focal Point or ESSU Representative:

_____
_____

Position:_____ Date: _____

ANNEX 2: INELIGIBLE AND NEGATIVE CRITERIA LIST

The following subprojects and activities are ineligible for project funding under H-EQIP2. Note: Other specific ineligible activities have been screened out in Annex 1.

- Any expenditure with a military or paramilitary purpose.
- Civil Works for Government administration or religious purposes.
- Manufacture or use of environmentally hazardous goods, arms or drugs.
- Manufacture or use of dynamite.
- Financing of government salaries.
- Production, processing, handling, storage or sale of tobacco or products containing tobacco and beverage.
- Activities within a nature reserve, buffer zone or any other area designated for the protection of biodiversity.
- Activities in flood plains or areas impacted by floods, areas prone to landslides.
- Alterations to river courses.
- Provision of goods works or services by any contractor or supplier who has been declared ineligible by the World Bank.
- Direct activities with any unknown pathogens

ANNEX 3: ENVIRONMENTAL AND SOCIAL CODES OF PRACTICE

Introduction

To manage and mitigate potential negative environmental impacts, all renovation or construction activities involved in H-EQIP2 will apply Environmental and Social Codes of Practice (ESCOPs) as outlined in this document. The ESCOPs contain specific, detailed, and tangible measures that would mitigate potential environmental and social risks and impacts of each type of eligible/specified activity during construction/renovation of project financed hospital facilities.

Responsibilities

ESMF focal points and the contractors at site level are the key entities responsible for the implementation of ESCOP. The PMD, PHD and Supervision Consultants are responsible for supervision and monitoring of implementation of ESCOPs.

MOH/PMD/PHD

The PMD is responsible for ensuring that the general ESCOP is effectively implemented by the ESMF implementers/contractors during the construction period. An ES Focal Person from the responsible Technical Department of PMD/PHD will be assigned to check implementation and compliance of ESMF implementers/contractors including the following:

- Monitoring the contractor's compliance with the ESCOP.
- Taking remedial actions in the event of non-compliance and/or adverse impacts.
- Investigating complaints from the community, evaluating, and identifying corrective measures.
- Advising the contractors on improvement, awareness, and proactive control measures to avoid/mitigate potential negative impacts to the environment and the local communities during the construction period.

ESMF Implementers/Contractors

ESMF Implementers/ Contractors, including sub-contractors, are responsible for carrying out environmental prevention and mitigation measures outlined in this general ESCOP. In addition, the contractors will develop, implement, and maintain construction site-specific ESMPs in line with the ESMF and GIIP including WBG EHS Guidelines. ESCOP provisions will be included as part of construction contracts.

A worker code of conduct for all contractors and employees is presented in Annex 8.

ESCOPs for general construction practices are shown below in Annex Table 2. Waste management ESCOPs are shown in Annex Table 3.

Annex Table 2. ESCOPs for General Construction Measures

Issue	**Environmental and Social Prevention and Mitigation Measures**
Contractor Awareness of E&S Risk Management	o All contractors will be responsible for conducting their work activities in consideration of these ESCOPs. Failure to do so could result in penalties or dismissal.
Pre-Construction	
Initial Checklist	o That these ESCOPs have been reviewed by management and all workers. o Ensure workers all have appropriate PPE and are trained on potential health and safety risks related to their works. o Workers have signed the worker code of conduct. o Workers fully understand all prohibitions (e.g. illegal dumping of demolition material, use of alcohol by workers, etc.). o Consultation has been completed with nearby community in regard to construction works and duration (working hours) or provide public information and site access. o All emergency procedures are developed and workers are well informed.
Site Clearing	o All vegetation must be stripped from the area of construction. This has to be done very carefully. The valuable or reusable materials from the demolished construction should kept as property of the health facility (health center or referral hospital) and shall be stored in the storage area provided. o The Contractor shall dispose of all construction materials/rubbish from the demolition/construction away from the hospital property.
Unexploded Ordnance (UXO)	o Prior to initiation of construction, UXO risks will be assessed for all sites with the assistance of Cambodia Mines Action Centre / Cambodia Mines Action Authority and appropriate risk mitigation measures adopted. o
Set Out of Works	o The Contractor shall set out the location of the works and clearly mark the location of corners with timber pegs. Offset pegs shall also be located at one-meter offsets so that all corner points can be located again after excavation of soil for the correct construction of footings.
Construction	
Demolition and Renovation	o When conducting demolition and renovation activities, the Contractor shall consider the following measures:

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Prepare a management plan as how to avoid or minimize environmental and social impact during construction and renovation activities. o When possible, schedule renovation activities during times of low building occupancy and also adjacent to the work site. o Maintain an adequate unoccupied buffer zone around the work areas to allow for construction or renovation traffic. This could require temporarily relocating building occupants away from the immediate vicinity of the work areas. o Ensure proper signage is in place alerting employees and the public to any construction related risk. o Post warning signs on barricades, construction zones, and other areas limiting access to authorized personnel only. o Implement adequate measures during demolition of existing infrastructure to protect workers and public from falling debris and flying objects. o Isolate work areas from occupied areas using physical barriers, negative pressurization of the construction or renovation area relative to occupied areas, and use HEPA or other filtration, where possible, to remove particulates. o Bag all construction and renovation debris and set aside a designated and restricted waste drop or discharge zones, and/or a chute for safe movement of wastes from upper to lower levels. o Conduct sawing, cutting, grinding, sanding, chipping or chiselling with proper guards and anchoring as applicable. o Use of temporary fall protection measures in scaffolds and on edges of elevated work surfaces, such as handrails and toe boards to prevent materials from being dislodged. o Provide all workers with safety glasses with side shields, face shields, hard hats, and safety shoes. o Hearing protection shall be provided where excessive noise levels are present.
Environmental Supervision During Construction	o The Project Engineer will supervise compliance with these ESCOP specifications. o Major non-compliance of these ESCOPs by the Contractor will be cause for suspension of works and other penalties until the non-compliance has been resolved to the satisfaction of the Project Engineer. Contractors are also required to comply with national and municipal regulations governing the environment, public health, and safety.

Issue	**Environmental and Social Prevention and Mitigation Measures**
Dust Generation / Air Quality	o Use work practices and materials that result in little or no generation of airborne contaminants during construction or renovation activities, such as wet methods to suppress dust generation as well as paint and carpeting with low volatile organic compound emissions. o For indoor dust control, the Contractor may use air filters, purifiers, or vacuums. o Avoid burning or incineration of construction waste materials outside of the building. o Keep outdoor stockpile of aggregate/sand materials covered to avoid suspension or dispersal of fine soil particles during windy days or disturbance from stray animals. o Reduce the operation hours of generators /machines /equipment /vehicles as much as possible. o Undertake regular maintenance of generators, machinery and equipment and vehicles. o Control vehicle speed when driving through community areas so that dust dispersion from vehicle transport is minimized.
Water Quality and Availability	o Activities should not affect the availability of water for drinking and hygienic purposes. o No soiled materials, solid wastes, toxic or hazardous materials should be poured or thrown into water bodies for dilution or disposal. o Provide toilets with a temporary septic tank at the construction site. o The flow of natural waters should not be obstructed or diverted to another direction, which may lead to drying up of riverbeds or flooding of settlements. o Keep concrete mixing separate from any drainages leading to waterways.
Noise	o Plan activities in consultation with people living in the immediate vicinity so that noisiest activities are undertaken during periods that will result in least disturbance. o Use noise-control methods such as fences, barriers, etc. o Maintain a buffer zone (such as open spaces, row of trees or vegetated areas) between the project site and residential areas to lessen the impact of noise to the living quarters. o Avoid doing construction works at night-time.
Soil Erosion	o Disturb as little ground area as possible, stabilize that area as quickly as possible, control drainage through the area, and trap sediment onsite.

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Erect erosion control barriers around perimeter of cuts, disposal pits, and roadways. o Schedule construction activities during dry season as much as possible.
Construction Waste	o Segregate construction waste as recyclable, hazardous and non-hazardous waste. o Collect, store and transport construction waste to appropriately designated/ controlled dump sites. o Enforce daily site clean-up and housekeeping procedures, including maintenance of adequate disposal facilities for construction debris. o Debris generated due to the dismantling of the existing structures shall be suitably reused, to the extent feasible, in the proposed construction. o On-site storage of wastes prior to final disposal should be at least 50 meters from rivers, streams, lakes and wetlands. o After each construction site is decommissioned, all debris and waste shall be cleared and recycled or disposed of in an approved location.
Hazardous Waste	o Prior to initiation of renovation activities, a hazardous building assessment should be conducted to assess the presence of asbestos, mould, PCB, lead, mercury, and other potential contaminants that will need to be removed or isolated. o Collect and properly dispose of small amount of maintenance materials such as oily rags, oil filters, used oil, etc. o Never dispose spent oils on the ground and in water courses as it can contaminate soil and groundwater (including drinking water aquifer).
Storage of Fuels and Chemicals	o Store fuels, oils and chemicals safely in areas on an impermeable surface with berms to contain 110% of the maximum volume of the storage tank. o Train workers on correct transfer and handling of fuels and other substances and require the use of gloves, boots, aprons, eyewear, hearing protection, and other protective equipment for protection in handling highly hazardous materials. o Have adequate spill kits readily available and clearly labelled on the work site and train workers in their use, application and spill clean-up procedures.
Asbestos	o If the construction site is expected to have or suspected of having hazardous materials (asbestos containing materials in debris from demolished buildings) the Contractor will be required to prepare a Hazardous Waste Management Plan for Asbestos Containing Materials (ACM) to be approved by the Project Engineer. The plan should also be made available to all persons

Issue	Environmental and Social Prevention and Mitigation Measures
	involved in operations and transport activities. The plan should describe the work in detail including but not limited to the following:[34] o Containment of interior areas where removal will occur in a negative pressure enclosure. o Protection of walls, floors, and other surfaces with plastic sheeting. o Construction of decontamination facilities for workers and equipment. o Removing the ACM using wet methods, and promptly placing the material in impermeable containers. o Final clean-up with special vacuums and dismantling of the enclosure and decontamination facilities. o Disposal of the removed ACM and contaminated materials in an approved landfill. o Inspection and air monitoring as the work progresses, as well as final air sampling for clearance, should be conducted by an entity independent of the contractor removing the ACM. o Removal and disposal of existing hazardous wastes in project sites should only be performed by specially trained personnel following national, or internationally recognized procedures. o If asbestos is expected, do not initiate renovation, or disturb any walls or ceilings. o A qualified person must be hired to identify any asbestos that may be handled, disturbed, or removed. o The removal, encapsulation or enclosure of any asbestos should be done by trained and qualified personnel using proper protective equipment and ventilation. o All removed asbestos should be placed into double bags at least 6 mm thick, or in a sealable container labelled as containing asbestos waste. This includes used protective equipment that will not be laundered. o Asbestos products removed from demolition or renovation are not to be stored in the RH/HC compounds o All bags must be clearly labelled to indicate that the contents are asbestos, that they are carcinogenic, and that they must not be inhaled. Where materials are packaged in a bin, the labelling can be placed on the outside of the bin (in addition to any applicable labelling required for transportation).

34 See WB Good Practice Note: Asbestos - http://www.mtpinnacle.com/pdfs/AsbestosGuidanceNoteFinal.pdf or EPA Asbestos Page https://www.epa.gov/asbestos

Issue	Environmental and Social Prevention and Mitigation Measures
	o Asbestos waste must be securely packed for transport and disposal at an approved waste disposal site, so it does not pose a hazard to transport workers, landfill workers or the public. o Upon completion of the work, the work area must be visually inspected to ensure that all visible asbestos containing debris has been properly cleaned up. Keeping records of inspections is recommended.
Electronic Waste (e-waste)	o Where possible MOH should adopt buy-back options for electronic equipment with suppliers as part of producer responsibility and green procurement policies. o MOH should assign a property management officer to take an inventory of all electronic equipment purchases and develop an e-waste disposal procedure once the equipment is no longer serviceable. o Disposal bins for collection of e-waste should be placed in all HCE's. o For expendable materials, consumables and other supplies (ink cartridges, parts, light fixtures, batteries, used parts from repair or damage etc.), these should be collected for disposal separate from other trash. Any e-waste material that is recyclable shall be separated for pickup and reuse by recyclers. o Any equipment or parts that cannot be separated shall be placed apart from regular solid waste in a separate e-waste bin and stored in a secure e-waste storage area. o Arrangements for pick-up and final disposal of e-waste shall be made with established hazardous waste or recycling companies. o MOH will develop a procedure for the safe disposal of e-waste as part of the Environmental and Social Commitment Plan together with the Ministry of Environment.
Occupational Health and Safety	o Contractors shall conduct site specific OHS risk assessments based on outcomes OHS management plans in line with the local legal requirements and WBG EHS guidelines. o Set up the construction site with sufficient supplies of clean drinking water, power, and sanitation facilities. o Mandate the use of personal protective equipment for workers as necessary (gloves, dust masks, hard hats, boots, goggles, eye, and hearing protection). o Follow the below measures for construction involving work at height (e.g. 2 meters above ground). o Do as much work as possible from the ground.

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Only allow people with sufficient skills, knowledge, and experience to perform the construction/renovation activity. o Ensure that proper training and equipment for working at heights is provided. o Check that the place (e.g., a roof) where work at height is to be undertaken is safe. o Where possible provide fall-protection measures e.g., safety harness, simple scaffolding/guard rail for works over 4 meters from ground. o Take precautions when working on or near fragile surfaces. o Clean up oil, grease, paint, and dirt immediately to prevent slipping and possible injury. o Keep worksite clean and free of debris on daily basis. o Provide an on-site first aid kit with bandages, alcohol or non-alcohol antiseptic wipes, dressings, etc. at the construction site. o Keep corrosive fluids and other toxic materials in properly sealed containers for collection and disposal in properly secured areas. o Ensure structural openings are covered/protected adequately. o Secure loose or light material that is stored on roofs or open floors. o During heavy rains or emergencies of any kind, suspend all work. o Apply electricity good practices such as use of safe extension cords, voltage regulators and circuit breakers, labels on electrical wiring for safety measures, awareness on identifying burning smell from wires, etc. at construction sites and provision of voltage detectors, multi-meters and receptacle testers as per necessary. o Ensure adequate toilet facilities for workers, at least one toilet compartment for every 25 workers, with separate facilities for males and females. o Make sure workers are aware of GRM and can access it. o As needed, necessary PPE equipment to prevent COVID transmission, hand sanitizer, physical distancing, etc. as per current government directives.
Incident Reporting	o All Class 1 and Class 2 health and safety incidents must be formally investigated and reported to the PMD through an investigation report. o Lessons learnt must be identified and communicated promptly. All findings must have substantive documentation. As a minimum the investigation report must include: o Date and location of incident.

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Summary of events. o Immediate cause of incident. o Underlying cause of incident. o Root cause of incident. o Immediate action taken. o Human factors. o Outcome of incident, e.g. severity of harm caused, death, injury, damage. o Corrective actions with clearly defined timelines and people responsible for implementation. o Recommendations for further improvement.
Community Health and Safety	o Rope off construction area and secure materials stockpiles/ storage areas from the public and display warning signs including at unsafe locations. o Do not allow children to play in and around construction areas. o If school children are in the vicinity, include traffic safety personnel to direct traffic during school hours, if needed. o Control driving speed of vehicles particularly when passing through community or nearby school, health center or other sensitive areas. o Fill in all earth borrow-pits once construction is completed to avoid standing water, water-borne diseases and possible drowning. o Avoid occurring labor influx around construction sites. o Avoid working at night. o Recommend hiring construction labor from nearby communities. o Inform communities on the gender-based violence policy (GBV). o Make sure that the community is aware of GRM and can access it. o Implementation of COVID-19 prevention measures following government directives.
Labor and Hiring	o Wherever possible hire workers from the local community and encourage hiring of women, the poor, people with disabilities, IPs, and/or other vulnerable persons. o Ensure equal pay for the same job for both men and women. o Ensure minimum working age of 18 years. o No child (under 18 years) or forced labor to be hired for the project.

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Train local workers within a reasonable time frame to meet project requirements. Costs for training will be borne by contractors. o Avoid and when avoidance is not possible, minimize and manage labor influx. o Prepare Code of Conduct (CoC), inform and train workers in the CoC and ensure it is signed by all workers (see Annex 8). o Implement Gender-Based Violence (GBV) training.
Workforce and Camps	o Whenever possible recruit the majority of the workforce locally and provide appropriate training in safe work practices, as necessary. o Provide adequate lavatory facilities for men and women at the worksite (toilets and washing areas) for the expected number of workers. Toilet facilities should also be provided with adequate supplies of hot and cold running water, soap, and hand drying devices. o Where needed, install, and maintain a temporary septic tank system for collection of sanitary waste without causing pollution of nearby watercourses. o Establish a method and system for storing and disposing of all solid wastes generated at the work site. o Do not allow the use of fuel wood for cooking or heating in any cooking or kitchen facilities and provide alternate fuels. o Ensure that site offices, depots, asphalt plants and workshops are located in appropriate areas as approved by the Project Engineer and not within 500 meters of existing residential settlements. o Ensure that site offices, depots and particularly storage areas for diesel fuel and bitumen and asphalt plants are not located within 500 meters of watercourses, and are operated so that no pollutants enter watercourses, either overland or through groundwater seepage, especially during periods of rain. Require lubricants to be recycled and a ditch to be constructed around the refuelling area with an approved settling pond/oil trap at the outlet. o As needed, necessary PPE equipment to prevent COVID transmission, hand sanitizer, physical distancing, etc. as per current government directives.
Worker Code of Conduct	o Provide training to workers on code of conduct (see Annex 8). o Ensure all workers have read and agreed to the code of conduct and have signed it.
COVID 19 Measures for Workers	o Develop a COVID-19 protocol and management system. o Conduct pre-employment health checks. Implement COVID-19 screening questions and conduct temperature checks if required. o Control entry and exit from site/workplace.

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Review accommodation arrangements, to see if they are adequate and designed to reduce contact with the community. o Review contract durations, to reduce the frequency of workers entering/exiting the work site. o Rearrange work tasks or reducing numbers on the worksite to allow social/physical distancing, or rotating workers through a 24-hour schedule. o Provide appropriate forms of personal protective equipment (PPE) – masks, face shields, gloves. o Train workers on hygiene and other preventative measures and implement a communication strategy for regular updates on COVID-19 related issues and the status of affected workers. o Ensure hand washing facilities are available and supplied with soap, disposable paper towels and closed waste bins. Place these at key places throughout the work site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. o Where hand washing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used. o Provide treatment for workers who are or should be self-isolating and/or are displaying symptoms. o Put in place alternatives to direct contact, like tele-medicine appointments and live streaming of instructions. o Assess risks to continuity of supplies of medicine, water, fuel, food and PPE, taking into account international, national, and local supply chains. o Ensure safe storage and disposal of all COVID-19 related waste.
COVID-19 Measures for Consultation	o Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings. o If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx, zoom, skype or other virtual consultation platforms. o Ensure 2 m (6 feet) social distancing is always maintained. o Provide personal protective equipment (masks, gloves, face shields) where warranted. o Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online

Issue	**Environmental and Social Prevention and Mitigation Measures**
	platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
Cultural Heritage	o This guidance applies only to new construction activities (see also Annex 7). o There shall be disturbance to cultural or historic sites. o If any archaeological site, historical site, remains, or objects are found during excavation or construction, chance find procedures shall proceed immediately as follows: o Stop the construction activities in the area of the chance find. o Delineate the discovered site or area. o Secure the site to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be arranged until the responsible local authorities or the National Culture Administration take over. o Notify the Project Engineer who in turn will notify the responsible local authorities and the National Culture Administration immediately (within 24 hours or less); o Responsible local authorities and the National Culture Administration will be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archaeologists of National Culture Administration. The significance and importance of the findings should be assessed according to the various criteria relevant to cultural heritage; those include the aesthetic, historic, scientific or research, social and economic values. o Decisions on how to handle the finding shall be taken by the responsible authorities and National Culture Administration. This could include changes in the layout (such as when finding an irremovable remain of cultural or archaeological importance) conservation, preservation, restoration and salvage. o Implementation for the authority decision concerning the management of the finding shall be communicated in writing by relevant local authorities; and o Construction work could resume only after permission is given from the responsible local authorities or National Culture Administration concerning safeguard of the heritage.
Prohibitions	o The following activities are prohibited on the construction site: o Cutting of trees for any reason outside the approved construction area.

Issue	**Environmental and Social Prevention and Mitigation Measures**
	o Hunting, fishing, wildlife capture, or plant collection. o Use of unapproved toxic materials, including lead-based paints, asbestos, etc. o Disturbance to anything with architectural or historical value. o Building of fires. o Use of firearms (except authorized security guards). o Use of alcohol or drugs by workers.
Post -Construction	
Site Decommissioning	o The contractor will clean the site carefully and remove all construction waste materials and dump it at a designated dumping site. o Open burning of waste should not be encouraged.

Annex Table 3. ESCOPs for Waste Management and Incineration[35]

Issue	Environmental Prevention/Mitigation Measures
Waste Categories	Healthcare waste is broadly categorized into two main groups, namely Medical Wastes and General Wastes. General waste is any waste that are solid or semi-solids generated from HCEs that are non-toxic and non-hazardous and are not contaminated with medical wastes. These are the food wastes, paper, plastics, textiles, ferrous and non-ferrous metals, glass and garden wastes. Medical waste is any waste which consists wholly 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, being waste which unless rendered safe may prove hazardous or cause infection to any person coming into contact with it. There are nine types of medical waste: i) Infectious wastes; ii) Pathological wastes; iii) Sharps wastes; iv) Pharmaceutical wastes; v) Genotoxic wastes; vi) Chemical wastes vii) Wastes with high content of heavy metals; viii) 8. Pressurized containers; x) Radioactive wastes.
Waste Segregation	
Segregation by waste type	o All HCEs shall sort and segregate healthcare waste at their source of generation into medical and general wastes. General wastes that are inadvertently mixed with medical wastes shall be considered as medical wastes and shall be handled and treated accordingly.
General waste	o General waste general waste may be discarded into a municipal landfill; however, segregation of this waste stream is encouraged to be in line with the Ministry of Environment's National 3R Strategy. Segregation involves separating the recyclable waste materials (plastics, paper, and e-wastes) from the non-recyclable waste materials and organic waste. Organic waste from kitchens can be sent for composting or sent to the municipal landfill.
Medical waste	o Medical waste should preferably be segregated according to the nine categories above.
Color coding	o All HCEs shall use the standard color coding and marking system for bags and containers for medical wastes and general wastes as follows: ▪ Infection waste: Yellow, marked black. ▪ Pathological waste: Yellow, marked red.

35 See Ministry of Health. 2011.Technical Guidelines on Healthcare Waste Management

Issue	Environmental Prevention/Mitigation Measures
	▪ Sharps: 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: Brown, marked "CYTOTOXIC". ▪ Radioactive waste: Red. ▪ Pressurized containers: Red. ▪ General waste: Black.
Primary containers	o All HCEs shall provide enough waste bags and containers with appropriate size and correct characteristics for effective segregation to be done at the source of generation.
Waste Collection	
Waste trolleys	o Collection of wastes from the areas within an HCE should be carried out using suitably designed trolleys and follow pre-determined collection route and collection time. o The waste trolleys should be designed and constructed so that: i) They do not have sharp edges that could tear open waste bags during loading and unloading. ii) They are able to contain any leakage from damaged waste bags. iii) They can be easily cleaned, disinfected and drained. iv) The waste may be easily loaded, secured and unloaded. o Trolleys should be easily manoeuvrable with silent wheels. o Trolleys used for collecting infectious wastes and sharps should be rigid in construction, leak-proof, puncture resistant and reusable and fitted with a lock and be tamper-proof.
	o Trolleys should be dedicated: those used for collecting medical wastes should not be used for collecting general waste and those used for collecting infectious wastes and sharps should not be used for collection of other medical wastes.
Frequency of collection	o Degradable medical and general wastes shall be collected daily from all sources of generation, or more frequently in high generation area. Non-degradable waste should be collected on a less frequent basis depending on the volume of waste generated.
Waste Storage	
Central storage	o A central storage area should be provided to temporarily store wastes collected from the various wards and departments before they are treated

Issue	Environmental Prevention/Mitigation Measures
	on-site or loaded onto trucks for transportation to an off-site treatment facility. It is acceptable to store both general and medical wastes stores in the same location provided that the two stores are clearly separated and with appropriate signs and symbols to distinguish between them.
Solid medical waste	o All bags of solid medical waste should be contained in containers to prevent possible leakage and contamination. If there are sufficient collection trolleys, these may be used to contain the wastes until the wastes are treated or transported to a treatment and disposal facility.
Cleaning	o Storage areas shall be cleaned with proper disinfectants, preferably each time after these containers or trolleys are collected or emptied for treatment and disposal. o A schedule of cleaning should be clearly posted in the waste storage area.
Waste Transport	
Waste transport vehicle	o Vehicles used for transportation of medical wastes from the HCE to a treatment facility shall be vehicles that have been approved by the relevant authorities.
Vehicle permit for waste transport	o A permit which should list the following information: I) The name of HCEs it is permitted to transport waste for ii) The type of waste categories it is permitted to transport iii) The name of the treatment facility(ies) it is permitted to send the wastes to o number of vehicles and registration numbers v) The names the drivers and waste handlers vi) The routes from the HCEs to the treatment facility(ies) and vii) Other relevant requirements as may be stipulated by the relevant authorities
Emergency response	o The contractor shall prepare and submit Emergency Response Plans (ERP) and Contingency Plans (CP) upon submission of application for the permit.
Training of waste disposal contractors	o The personnel of the contractor should be trained regularly so that they are able to: i) Recognize the different symbols and color codes of medical wastes ii) Understand the hazards of the medical wastes being handled and take necessary precautions iii) Load and unload wastes safely iv) Fill up the consignment notes correctly an dv) Execute the ERP and CP in the event of an untoward incident such as road accident, spillage etc.
Documentation	o A consignment note (waste tracking) system should be implemented when wastes are transported out from an HCE to a treatment of disposal facility. o The following copies are distribution are required: i) Transporter - One copy to be retained by the HCE, One copy to be sent to the relevant authority by the HCE and One copy to be retained by the transporter ii)

Issue	Environmental Prevention/Mitigation Measures
	Final treatment and disposal facility - One copy to be sent back to the relevant HCE, within 30 days of receipt of waste, one copy to be sent to the relevant authority, within 30 days of receipt of waste, one copy to be retained by the treatment and disposal facility
Required information	o The consignment note should document the following information: i) name and address of HCE ii) name and contact details of responsible person, e.g. HCE Director iii) type of waste iv) number of containers, drums etc. v) quantity of waste vi) weight in kilograms for solid waste vii) volume in litres and weight in kilograms for liquid waste viii) name, address and contact details of the transporter ix) name of the driver and vehicle number x) name, address and contact details of the final treatment and disposal facility and xi) treatment method
Reporting	o A quarterly report should also be prepared and forwarded to the relevant authorities. This quarterly report should be prepared by the HCE and the information required are: i) type and amount of waste ii) temporary storage method and iii) treatment and disposal method
Waste Disposal	
Selection of technologies	o Treatment and disposal technologies shall be approved by the relevant authorities before these are installed and used.
Required permits	o The contractor providing treatment and disposal services should be able to produce a permit which should list the following information: i) the name of HCEs it is permitted to receive wastes from ii) the type of waste categories it is permitted to receive, treat and dispose iii) the type of treatment facility for the categories of wastes it is permitted to treat and dispose iv) the capacities of the treatment facilities utilized v) the emission limits it needs to comply with and the frequency of testing to demonstrate compliance and vi) other relevant requirements as may be stipulated by the relevant authorities.
SOP and ERP	o The contractor shall prepare and submit Standard Operating Procedures (SOPs), Emergency Response Plans (ERP) and Contingency Plans (CP) upon submission of application for the permit.
Maintenance	o The contractor shall prepare a maintenance schedule for their treatment facility(ies) and have the necessary preventive and breakdown maintenance and spare parts contracts to minimize downtime of its facility(ies).
Reporting	o The contractor shall provide quarterly reports to the relevant authorities on: i) type and amount of waste received for treatment and

Issue	Environmental Prevention/Mitigation Measures
	disposal ii) the type and amount of waste received by HCEs iii) treatment and disposal method employed for these wastes and iv) incidents, if any.
Training	o The personnel of the contractor should be trained regularly so that they are able to: i) recognize the different symbols and color codes of medical wastes ii) understand the hazards of the medical wastes being handled and take necessary precautions iii) load and unload wastes safely iv) understand how to operate the treatment methods utilized on their premise v) fill out the consignment notes and implement distribution of the copies correctly and vi) execute the ERP and CP in the event of an untoward incident such as road accident, spillage etc.
Health and Safety Provisions	
	o Forceps or gloves should always be used to collect and deposit healthcare wastes into bags or containers. o Healthcare wastes and in particular medical wastes should fill around a third quarter of the plastic bags or containers and when this level is reached, the bags or containers should be securely tied or closed. The waste storage bags and containers should be checked to ensure that they are effectively sealed. o Healthcare waste bags shall only be used once and shall not at any time be reused. o Healthcare personnel must clean their hands each time after depositing the healthcare wastes in bags or containers or after collection of these bags and containers. o The origin of the wastes, i.e. wards or departments, should be marked on the waste bag or container. This is necessary so that the source of incorrect segregation can be identified and re-education of relevant personnel in these wards and departments can be conducted. o Hypodermic needles which are not properly segregated into correct sharps containers can cause needlestick injuries. Hence the following precautions shall be observed when collecting bags of wastes: o Bags should be picked up by the neck only and placed so that they can be picked up by the neck again for further handling. Manual handling of the waste bags should be minimized wherever possible. o Bags should not be clasped against the body nor should collection personnel attempt to carry too many at a time. o Collection personnel should avoid hitting the bag against the body when carrying the waste.

Issue	Environmental Prevention/Mitigation Measures
	o Sharps have been known to pierce the sides and bottoms of sharps containers. Hence, the following precautions in relation to sharps containers shall be observed: o Sharps containers shall be picked up and carried only by the handle provided. The other hand should not be used to support the bottom of the container. o Sharps containers shall not be shaken to make room for more sharps. o Sharps containers shall not be wiped. These should be discarded if heavily soiled even if the fill line has not been reached. o Sharps containers shall not be emptied and reused unless the container is designed for this purpose and a mechanical device is available for safe opening of the sharps container. o Medical and general waste bags shall not be mixed, and these bags and containers shall be kept in specific storage areas and not left in open spaces. o Collection personnel shall be trained on appropriate cleaning and disinfection procedures in case of accidental spillage and how to report an accident. o If there is fear of tearing and subsequent spillage, double bagging of wastes should be considered. o Genotoxic wastes should be sealed before collection personnel are requested to remove them. o Waste bags shall not be punctured to allow compacting additional waste bags into collection trolleys. o All collection personnel should don PPE before commencing collection. These are masks, gloves, aprons, and safety boots.
Incineration	
Siting	o The incinerator should be sited such that prevailing winds blow away from the community, residences and other sensitive areas. o The incinerator should be sited in accordance with the topography and be compatible with the premises in the surrounding area. o There should be weather protection over the incinerator, in particular the burners, control panels and de-ashing area. o A reliable source of electricity supply should be available. If electricity supply is not reliable, a stand-by generator set may have to be considered to minimize disruption in operations.

Issue	Environmental Prevention/Mitigation Measures
	o A reliable supply of fuel is to be provided, which could be diesel or gas. o A reliable source of water supply should be available. If the water supply is not reliable, a water storage tank or well may have to be considered to minimize disruption in operations. o Temporary stores should be provided to store waste before these are incinerated. In the case of infectious and pathological wastes, cold stores should be provided. The stores should be sufficient to hold 3 days‟ volume of waste received for treatment at the facility in the event of a shut-down for maintenance or repairs.
Operating requirements	o The vendor or operation of the incinerator should: Have a proven record of their experience in operating incineration facilities if the vendor is engaged to install, construct and operate the facility. Have a proven record of the success of the proposed incinerator model in meeting the needs of their clients if the vendor is only engaged to install and construct the facility. Provide a description of the incineration process which should include waste categories that can be incinerated, operating temperatures, residence time, layout of plant, etc. Show evidence that their proposed incinerator is able to meet emission limits. If not an APC system should be included in the package. Provide a description of supporting infrastructure that will be provided in the package. These should include temporary waste stores, ash stores, weighbridge, control panels, administrative and site control office etc. Provide a description of the maintenance that will be carried out and a guarantee on a minimum uptime of the facility. Provide written assurance that spare parts are available and that obsolescence of critical components of incinerator model will not be an issue. Provide written assurance of after-sales service if the vendor is merely engaged to supply, construct and install the incinerator. A written contract for this should be considered. Develop written standard operating procedures (SOP) and an operating and maintenance manual. This should include waste handling, operation of the plant, emission levels etc. as well as safety and health precautions.

Issue	Environmental Prevention/Mitigation Measures
Maintenance	o Carry out periodic maintenance in accordance with the maintenance programme to replace or repair defective components. This should include maintenance of spare parts inventory, record keeping etc. o Staff should be periodically re-trained on all aspects of the operations of the facility as well as safety, ERP and CP requirements. o Develop performance indicators and carry out monitoring and analysis of these indicators. o Regularly submit reports to relevant agencies on their compliance with these key performance indicators and compliance with relevant regulatory requirements.
Safety requirements	o Spill kits should include absorbents / adsorbents, disinfectants, buckets, shovel, torch, disposable container, and plastic waste bags with appropriate labelling. These should be placed where they are easily accessible and visible. Different spillage kits for different purposes should be marked. o Select fire extinguishers that are compatible with the types of potential fire hazards present and place them, so they are visible from the front entrance and are not blocked by furniture and equipment. o Eyewash and deluge showers should be provided, and these should be located within easy access. o Some means of communication should be provided. This could be telephone or two-way radio. o Appropriate PPE should also be provided. o Chemical safety data sheets (CSDS) for chemicals used as well as wastes handled should be available so that personnel are aware of the chemical properties and the safety requirements relating to these chemicals.
HCWM Management	
HCE policy	o Each HCE should have a specify HCWM policy in line with national policy including the following: o Designate the Head of the HCE as person responsible for HCWM. o Require the appointment of a Waste Management Officer (WMO). o Require the setting up of a Waste Management Team (WMT). o Identify the members, by position, that make up the WMT. o Identify the roles and responsibilities of the WMO and WMT members. o Require the development of a Waste Management Plan (WMP).

Issue	Environmental Prevention/Mitigation Measures
	o Identify the Terms of Reference (TOR) for the WMT meetings and the frequency of these meetings. o TOR of these meetings should include performance evaluation, contractor performance evaluation, safety and infection control issues, training needs assessment, periodic review of the WMP and improvements required. o Require that monitoring of the WMP is carried out. o Require that medical waste is treated in accordance with requirements of the PHCWM and other relevant legislations. o Require that medical waste be transported out by authorized contractors to authorized treatment facilities that meet best practice and international standards if treated at an off-site facility. o Generate monthly reports on HCWM generation and compliance to the WMP. o Develop a sustainable purchasing policy. o Develop a stock management policy.
Organizational structure	o The Head of the HCE should be responsible for all matters in relation to HCWM. The roles and responsibilities should include the following: o Ensuring that a HCE-specific policy on HCWM is developed and implemented in line with the National Policy on HCWM. o Appointing a Waste Management Officer - WMO. o Forming a WMT. o Appointing the WMO in writing with duties and responsibilities described in the appointment letter. o Appointing WMT members in writing with duties and responsibilities described in the appointment letter. o Ensuring that the WMT meets at the frequencies as stipulated in the HCE policy on HCWM. o Chairing the WMT meeting and ensuring that the TOR of the WMT meeting is complied with. o Ensure that a WMP is developed.
	o The WMO should be charged with the following: o Delegated with the authority to carry out his duties without interference of other HCE staff members. o Report directly to the Head of the HCE.

Issue	Environmental Prevention/Mitigation Measures
	o Serve as the Secretary of the WMT meetings. o Responsible for: o Prepare the WMP with the assistance and feedback of the WMT members. o Develop data collection forms in consultation with other WMT members. o Develop guidelines and procedures specific to the HCE for approval by the WMT. o Develop performance targets in consultation with the WMT for approval by the Head of the HCE. o Monitor the implementation of the WMP. o Organize the WMT meetings. o Collate data and prepare monthly reports for presentation at the WMT meetings. o Carry out training assessment needs for personnel involved in HCWM in the HCE. o Conduct training for these relevant personnel. o Prepare an annual budget for approval by the Head of the HCE.
Waste management plan	o Each HCE should develop a waste management plan containing the following: o The Scope and Objectives of the Plan, i.e., Waste categories that will be included in the plan. The time horizon of the plan: 3, or 5 or 10 years. Participants of the plan. o A description of the status in the HCE, and this should include Waste categories, waste sources and waste amounts by categories. o Current segregation, collection, storage and treatment options. o The treatment options available and costs involved. o Constraints, e.g., financing, manpower etc. o An Action Plan. o The changes needed in order to meet the HCE-specific Policy on HCWM, the National Policy on HCWM, PHCWM and other relevant legislations. This should include: - Organizational structure and management. - Financial elements:

Issue	Environmental Prevention/Mitigation Measures
	- Funding options, e.g. government budget, foreign aid etc. - Steps needed to obtain funding. o Implementation stages: If there are financial and other constraints, the WMP may need to be implemented in stages. In that case, the stages of implementation, and the timeframe, scope and targets for each stage of implementation should be defined. o Future planning and forecast: Future developmental plans for the HCE and how this will impact on the WMP should be incorporated. o Key performance targets should be established including how these will be monitored. o Material requirements and facility capacities should be specified. Examples are Numbers and sizes of bags and containers required for segregation at every ward and department. Numbers and sizes of containers for collection capacity of waste types. Treatment capacities required. o The frequency of collection for the different categories of wastes should be determined and specified. o The number of personnel required, e.g., number of collectors, container washers etc. o A site plan showing the location of containers for the different categories of wastes, collection routes through the HCE and location of the CHWS. o Type of treatment used on-site for each category of waste. o Name, address and type of off-site treatment facilities, if used, for each category of waste. o Health and safety precautions. o Pest control measures. o An Emergency Response Plan, e.g., in case of spillage, accident etc. o A Contingency Plan, e.g., during down-time of incinerator, insufficient supply of bags etc.
Standard Operating Procedures	o Procedures on all HCWM activities, e.g., segregation, collection, storage should be developed. Work instructions may also need to be developed as a guide to workers and to ensure a standard of practice is maintained. Safety and health precautions should also be incorporated into these work instructions.

ANNEX 4. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP)

An Environmental and Social Management Plan (ESMP) consists of a set of mitigation, monitoring, and institutional measures to be taken during implementation and operation of a project to eliminate adverse environmental and social risks and impacts, offset them, or reduce them to acceptable levels. The ESMP also includes the measures and actions needed to implement these measures.

Site-specific ESMPs will be needed for all subprojects financed under Component 2 of H-EQIP2. As per the Environmental and Social Commitment Plan (ESCP), the ESMPs will be prepared by MOH with the assistance of consultants where needed.

Contents of the ESMP

The following are the minimum contents that must be included during preparation of the ESMP, although other components may be added depending upon the project context and nature of environmental and social risks and impacts.

Activity Description and ESMP Scope and Development

In this section of the ESMP, a sub- project description is provided activity including its coordinates and location, size and scale, project type, project layout map, and a brief baseline of the surrounding environment and social context. The objective and scope of the ESMP are also described.

Integration of ESMP

The ESMP should be specific in its description of the individual mitigation and monitoring measures and its assignment of institutional responsibilities. It must be fully integrated into the project's overall planning, design, budget, and implementation so that it will receive funding and supervision along with the other project components.

Potential Environmental and Social Risks and Impacts

Potential environmental risks and impacts of subproject activities on environmental and social components should be identified. This should include impacts to indigenous people or involuntary resettlement, and any relevant direct, indirect or cumulative impact.

Environmental and Social Mitigation and Management Plans

An activity’s environmental social management plan (ESMP) consists of the set of mitigation, monitoring, and institutional measures to be taken during implementation and operation following the mitigation hierarchy to avoid, minimize/reduce, rehabilitate/restore or offset/compensate impacts to acceptable levels.

Proposed Mitigation and Management Measures Table

The mitigation measures table describe search residual impact result following the application of mitigation measures, including the type of impact to which it relates and the conditions under which it is required (e.g., continuously or in the event of contingencies). The measure in the table also provides linkages with any other management plans such as Labor Management Procedures, Occupational Health and Safety Procedures, Community Health and Safety Plan, Child Labor Prevention Plan, Labor Influx Plan, Road Safety Plan and GBV Plan, as needed, and/or other plans that may be necessary (cultural heritage, biodiversity management, etc.)

Monitoring Plan

A monitoring plan shall be prepared to document compliance with national standards and World Bank requirements. The monitoring plan should give details of the following information but not limited to the following: proposed mitigation measure to be monitored, parameters to be monitored, measurements (including methods & equipment), frequency of measurement, monitoring location, compliance standard, etc.

Contractor ESMP

The Contractor is required to prepare a Contractor Environmental and Social Management Plan (CESMP) for the project works, which shall be aligned with this ESMF and the technical specifications of the bid documents. Moreover, the contractor shall be obliged to develop the detailed management sub-plans for construction period as per necessary in the CESMP and to implement and maintain these plans. As per contract provisions, contractors should ensure that local recruitment shall be committed to, depending on the different skill types needed, to increase work opportunities for the local labor force. Moreover, the contractor shall follow relevant labor laws, including those related to child labor. Also, the Contractor, at their cost, shall provide ESMF training to local workers to meet the requirement of civil works. The CESMP is needed when activities are carried out by the contractor together with other project activities such as, procurement, services, construction, and equipment installation. The Contractor will comply with the ESCoPs for construction activities as identified in Annex 3. Adequate budget allocation for performing the ESCOPs shall be included in the CESMP.

ESMP Implementation

Institutional Arrangements

When the ESMP is implemented, it is very important to know who will take which responsibility and when, in the respective project roles. It is important that these institutional arrangements are formalized during the initial preparation stages of the ESMP. Institutional arrangements should include (a) an organizational chart indicating key roles and responsibilities, (b) an environmental and social management division/section of organization detailing organizational structure, roles and responsibilities, staffing and its relationship to corporate management and to project contractors and (c) contractors/operators and their roles and responsibilities in terms of environmental and social management, including subcontractors and third party suppliers.

ESMP Monitoring and Reporting

This section is required to document the performance of ESMP implementation and to assess the effectiveness of the mitigation measures performed for each project activity. The monitoring and reporting section describe (1) information to be reported, (2) frequency of reporting, (3) responsible person to report. See also Annex 5 for a monitoring checklist.

Schedule and Implementation Budget

For all three aspects (mitigation, monitoring, and capacity development), the ESMP provides (a) an implementation schedule (timing, frequency and duration) for measures that must be carried out as part of the activity and (b) the capital and recurrent cost estimates and sources of funds for implementing the ESMP.

Stakeholder Engagement Plan

This section identifies the stakeholders to be engaged and describes the engagement plan at each phase of activity with the respective targets for each stakeholder to engage.

Disclosure and Consultation

When the activity specific ESMP is prepared, the ESMP is required to be disclosed to the related stakeholders and to arrange consultations with the related stakeholders for the purpose of communicating key messages of the ESMP and allowing related stakeholders a chance to propose their concerns and complaints into the ESMP. This section describes the information but not limited to the following: (1) list of participating stakeholders, (2) timeframe, (3) medium used (language and interpretation), (4) comments and suggestion, and (5) reflections back on the ESMP.

Grievance Redress Mechanism (GRM)

To provide a transparent and credible process to all affected and responsible parties, resulting in the outcomes that are seen as fair, effective and lasting, preparation of a grievance response mechanism (GRM) is an important part of the ESMP. The GRM addresses any complaints and concerns arising during project implementation. This section should include grievance redress procedure (mainly; receive complaints, investigate/enquire, respond and resolve, and follow up/close out). The details of (1) arrangement of complaints, (2) institutional arrangement for the GRM (can be integrated and presented in the Institutional Arrangement chapter), (3) time frame of each process, (4) media and language using at each stage should present (see Section 10 of this ESMF).

Capacity Development and Training

To support timely and effective implementation of ESMP, the ESMP should describe staffing and training requirements for workers at the site level. This section covers one or more of the following additional topics: (a) technical assistance programs, (b) procurement of equipment and supplies, and (c) organizational changes.

ANNEX 5. SAMPLE MONITORING CHECKLIST FOR CONSTRUCTION SITES

The following is a suggested form for use for monitoring at construction sites.

Site location: _____
Province: _____
Inspection date: _____
Inspection by: _____

Project Period: Construction phase/operation phase

Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in sub-project budget)	**Who** (Is responsible for monitoring?)
Construction	Permits	Onsite	Confirm all required permits have been obtained and approved by MOH	Prior to construction	Ensure approvals in place	Sub-project approval	Contractor/Director HCF/PHD, ESSU
	UXO clearance	Onsite	Mine clearance	Prior to construction	Worker and public safety	UXO clearance budget	ESSU with Cambodia Mines Action Centre / Cambodia Mines Action Authority
	Site organization	Onsite	Check fencing and safety protocols in place	Prior to construction	Worker and public safety	Sub-project approval	Contractor/Director HCF/PHD, ESSU
	Labor influx management	Onsite	Visual check of construction site. Implementation of LMP	Daily	To avoid unauthorized employment and congestion at the work site	Sub-project	Contractor/Director HCF/PHD, ESSU

Phase	What (Is the parameter to be monitored ?)	Where (Is the parameter to be monitored ?)	How (Is the parameter to be monitored?)	When (Define the frequency / or continuous?)	Why (Is the parameter being monitored?)	Cost (if not included in sub-project budget)	Who (Is responsible for monitoring?)
	Gender base Violence, including sexual harassment (GBV)	Onsite	Visual – ensure worker code of conduct is in place and enforced. Verify GBV training	Daily	To ensure GBV does not occur in the workplace or adjacent communities	Sub-project	Contractor/Director HCF/PHD
	Grievance Redress Mechanism (GRM)	Onsite	Visual – receipt of worker and community grievances	Daily	To comply with GRM	Sub-project	Contractor/Director HCF/PHD, ESSU
	Soil erosion	Onsite	Visual. And measurement of site runoff for turbidity	Daily	Ensure that runoff from construction site is not entering water bodies	Sub-project	Contractor/Director HCF/PHD
	Quarries, laterite & borrow pits	Offsite	Visual review of permits and licenses	Prior to construction	To ensure that approvals are in place	Sub-project	Contractor/Director HCF/PHD, ESSU
	Noise disturbance including vibration	Onsite and nearby communities	Portable sound level meter	Daily	To ensure worksite and nearby community und levels are within acceptable limits	Subproject	Contractor/Director HCF/PHD
	Dust/air quality	Onsite	Use portable hand held monitoring meters for dust and air quality assessment	Continuous	To keep dust levels with acceptable limits, reduce worker and	Contractor	Contractor/Director HCF/PHD, ESSU

Phase	What (Is the parameter to be monitored?)	Where (Is the parameter to be monitored?)	How (Is the parameter to be monitored?)	When (Define the frequency / or continuous?)	Why (Is the parameter being monitored?)	Cost (if not included in sub-project budget)	Who (Is responsible for monitoring?)
					community safety hazard		
	Construction waste management	Onsite	Visual – check storage and collection of construction waste, verify disposal location or recycling contractor	Continuous	To ensure safe disposal of construction waste to approved landfills or to approved recycling contractor	Contractor	Contractor/Director HCF/PHD, ESSU
	Sanitary waste	Onsite	Visual observation Manifest documents for emptying of chemical toilets	Daily or based on pick-up schedule	Safe disposal of sanitary waste and avoidance of contamination of nearby waterbodies	Contractor	Contractor/Director HCF/PHD, local communities, ESSU
	Asbestos	Onsite	Visual observation - ensure asbestos abatement measures are followed and that approved storage and waste disposal procedures are in place	During asbestos removal	Safe disposal of asbestos to an approved landfill location	Contractor	Contractor/Director HCF/PHD
	Hazardous waste (paint, solvents, chemicals, waste oil	Onsite	Visual - waste segregation by hazard type. Manifest in	Daily	Safe disposal of hazardous waste	Contractor	Contractor/Director HCF/PHD, ESSU

Phase	What (Is the parameter to be monitored?)	Where (Is the parameter to be monitored?)	How (Is the parameter to be monitored?)	When (Define the frequency / or continuous?)	Why (Is the parameter being monitored?)	Cost (if not included in sub-project budget)	Who (Is responsible for monitoring?)
	and filters)		place for waste transfer and disposal				
	Worker safety	On site	Visual observation	Continuous - check that appropriate PPE and work safety protocols in place	To prevent accidents	Contractor	Contractor/Director HCF/PHD, ESSU
Operation	Traffic safety	On site and access roads	Traffic monitors where needed	Checking vehicle movement in and out of site	To prevent accidents	Contractor	Contractor/Director HCF/PH
	Cultural heritage	Onsite	Upon discovery during excavation	Implement chance find procedure	To protect cultural heritage	Contractor	Contractor/Director HCF/PHD, ESSU
	HCWM Segregation	At source	Visual, waste to be segregated into medical and general waste and placed in color-coded bags and containers	Daily	To ensure proper waste segregation	HCWM budget	Director HCF/PHD, ESSU
	HCWM Storage	Waste storage area	Visual, verify waste collection and transport to storage area and waste is properly segregated by type	Daily	To ensure waste is stored safely prior to disposal	HCWM budget	Director HCF/PHD,

Phase	What (Is the parameter to be monitored?)	Where (Is the parameter to be monitored?)	How (Is the parameter to be monitored?)	When (Define the frequency / or continuous?)	Why (Is the parameter being monitored?)	Cost (if not included in sub-project budget)	Who (Is responsible for monitoring?)
	HCWM Transport and Disposal	Waste storage area	Verify permit/manifest for waste transport to approved disposal site	Time of waste pickup	To ensure waste is disposed of in approved location	HCWM budget	Director HCF/PHD, Waste collection company
	Incineration	Incinerator location	Visual, verify proper incineration function, adherence to emission limits and maintenance records are maintained	At time of incinerator operation	To ensure operation is within acceptable emission limits	HCWM budget	Director HCF/PHD
	Worker safety	On site	Visual observation	Continuous - check that appropriate PPE and work safety protocols in place and training for HCWM	To prevent accidents and contamination	Contractor	Director HCF/PHD,
	Gender base Violence, including sexual harassment (GBV)	Onsite	Visual – ensure worker code of conduct is in place and enforced. Verify GBV training	Daily	To ensure GBV does not occur in the workplace or adjacent communities	Sub-project	Director HCF/PHD, ESSU

Annex 6: Labor Management Procedures (LMP)

Instructions: Site- Specific ESMPs will update this information.

Labor Management Procedures (LMP) are mandated by WB ESS2 to identify the main labor requirements and risks associated with a project and to determine the resources necessary to address project related labor issues. The LMP is a living document to be reviewed and updated throughout development and implementation of tH-EQIP2. The LMP applies to all project workers, irrespective of contracts being full-time, part-time, temporary, or casual.

USE OF LABOR IN THE H-EQIP2 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. The Village Health Support Groups (VHSG) and Health Center Management Committees (HCMC) are considered community workers engaged on the Project as they are volunteers and not paid for their services.

Annex Table 4 shows the type of workers expected in H-EQIP2.

The project will ensure that no workers of any type is under 18 years follow to the labor law.

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

The project will hire a range of workers for the overall delivery of the project. Construction workers are deemed to be the highest labor risk, both due to the informal nature of their work (usually short-term contracts) and their presence in the community, which can heighten risks of GBV/SEA/SH and VAC.

Potential labor risks are shown in Annex Table 5.

Annex Table 4. Types of workers in H-EQIP2

Category of worker	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements
Civil servants	MOH staff from relevant department including (the actual number will be determined later): (a) the Hospital Services Department and QAO; (b) the Department of Preventive Medicine; (c) the Department of Planning and health Information; (d) the Department of Food and Drugs; (e) the GMAG secretariat; (f) the Department of International Cooperation, (g) the National Maternal and Child Health Center; (h) the National Blood Transfusion Center, and (i) the National Payment Certification Agency At provincial and district level: All 25 Provincial health department (PHDs) and more than 90 Operational districts staff and 1,374 public health facilities in Cambodia in 2020, including 8 national, 25 provincial and 91 referral hospitals, 1,182 health centers (without beds), 68 health centers (with beds), and 98 health posts.	Workers nominated from the Ministry of Health, Technical Departments (PMD, HSD), NPCA and other departments as Government Counterparts in Phnom Penh, the PHDs in 25 city and provinces and representative of the healthcare facilities and other line ministries. One environmental and one social focal point will be hired.	Throughout the entire project cycle.
Direct Workers	2 National consultants to support PMD, Independent Verification Team (IVT), Project team including consultant hired by MOH plus additional TBD	The Project Management such as 2 national consultants, IVT team, and others additional staff TBD will be hired by the MOH to assist with implementation of the project.	Throughout the entire project cycle.
Contracted worker	Contractors, Construction workers	Contractor team engaged to construct the national lab and buildings and renovation of buildings in other provinces. The Construction Contractor may sub-contract staff to work in construction, including both skilled and unskilled staff. The Contractor will be encouraged to hire locally and/or in Cambodia. The Contractor will need unskilled workers and they will be encouraged to hire from the community (to avoid having migrant workers), including that 15% of unskilled workers are women.	Construction and maintenance.
Primary Supply workers	Supplier for medical and non-medical equipment	Those working in companies/factories/suppliers supplying materials for construction, medical and non-	Construction and potentially maintenance.

		medical equipment in particular raw materials.	Suppliers for specific medical and non-medical equipment
Community Worker	Community health volunteer: VHSGs and HCMCs	Those community health volunteers are established based on the MOH's Community Participation in health 2008. VHSGs and HCMC are highly important and valued and must be supported with the goal of improving the health of people in villages/community. In the project, they are play significant roles in bridging community and health facility in term of service delivery and quality and project information sharing.	Throughout the entire project cycle.

Annex Table 5. Key Potential Labor Risks

Project Activity	Key Labor Risks
General project administration and implementation (hiring of consultants, monitoring and reporting, financial management, audits, E&S management, project coordination).	o Road travel to provinces (OHS) . o Sedentary work (OHS) exposure to the people who could have COVID 19 without the proper PPE and/or training. o Labor influx o OHS risk to workers o GBV, SEA and VAC
Construction	o Road travel to provinces (OHS) . o Exposure to the people who could have COVID 19 without the proper PPE and/or training. o Labor influx o Discrimination in hiring, jobs available (in particular for women and vulnerable groups) o OHS risk to workers o GBV, SEA/SH and VAC o Presence of foreign workers (e.g. Vietnam). o Under-age workers o Child and indentured labor in the supply chain – e.g. brick kilns

Project Activity	Key Labor Risks
Deliver training or project information sharing to community, including work of VHSG, HCMC and verification work of NPCA	o GBV/SEA/SH and VAC to workers and community. o COVID-19 transmission risk o Spread of sexually-transmitted infections. o Under-age workers

LABOR LEGISLATION: TERMS AND CONDITIONS

Cambodia has national legislation that outlines worker rights. The Labor Law (1997) remains the key document governing the regulatory framework for labor in Cambodia. The 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 workplace, providing a legal process of fair treatment, non-discrimination, equal opportunity, special protection, and assistance to vulnerable workers. A chapter in the Law is dedicated to health and safety in the workplace. The Law also covers those who work for subcontractors.

AGE OF EMPLOYMENT

Child labor remains a noticeable gap in the legal framework in Cambodia despite many years of participation in related international programs. The Labor Law defines 12 years old as the minimum working age for children, although children aged 12 to15 can be engaged in certain light jobs, however this is not always closely monitored. The Prakas on the Prohibition of Hazardous Child Labor (2004) allow hazardous work for trained children above 16, provided it is not night work. In HEQP2 all workers will need to be above the age of 18. IDs will be verified during the hiring process.

LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

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).

RESPONSIBLE STAFF

The following individuals/agencies are expected to work in the different aspects of H-EQIP2.

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). 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 (PMU) 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 will be responsible for management of their workers or sub-contracted 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 preventative 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 monthly 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 monthly. 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 monthly; 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 communities and their residents around subproject site, as mandatory measures.

POLICIES AND PROCEDURES

Most environmental and social impacts of H-EQIP2 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 into all tender documentation and contract documents so that potential bidders are aware of environmental and social performance requirements that shall expected from them, that they are able to reflect these costs in their bids, and that they are required to implement these 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 Section 8 and Annex 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 will be 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 Annex 8 for both codes), as applicable.

Occupational Health and Safety (OHS)

Strictly control the practices of wastewater treatment at source through regular monitoring of compliance to good practices and to ensure that treated wastewater meet the standard of laboratory wastewater safe disposable into the public wastewater system.

All project workers should receive training on OHS as well as COVID-19 prevention, social distancing measures, hand washing hygiene, use of PPE, the worker code of conduct, and on the implementation of the NIPH's Standard Operation Procedures (SOPs) for staffs working in laboratory environments. Training programs should also focus, as needed on communication and public-awareness strategies for health workers and the general public on emergency situations, reporting and actions in the workforce, as well as compliance monitoring and reporting requirements, including waste management procedures, labor-management procedures, stakeholder engagement and the grievance redress mechanism.

The Health and Safety specifications will include the following provisions:

- Ensuring workplace health and safety standards are in full compliance with Cambodian law, at a minimum, and including (1) Basic safety awareness training to be provided to all persons as a pre-condition for presence at an active construction site; (2) All vehicle drivers to have appropriate licenses, and all construction equipment operators to be trained including safety procedures; (3) Safe management of the area around operating equipment inside or outside hospitals and laboratories (including stationing a flag-person where necessary; (4) All workers on construction sites are to be equipped with hard helmets, safety boots and protective gloves; (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 Labor 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, and hand-washing basins), resting areas etc. Separated by gender as needed and with distancing guidelines in place.
- Ensure pre-service training for NPCA verification staff includes safety procedures (a) during road travel (e.g. driving during day-time, driving within the recommended speed, use helmet if on motorcycles, etc.), and (b) preventive techniques and procedures to conduct verification interviews, and training on how to deal with GBV/SH/SEA discrimination related behavior. The staffs are to be familiarize with the project level GRM including aspects relating to prevention of GBV, SH and SEA with zero tolerance for these behaviors, and that they sign the Code of Conduct.
- All workplace health and safety incidents will be properly recorded in a register which will be shared with the supervising engineer. The register should include (1) time and place of incident; (2) type of incident; (3) type of injury or other impact occurring, and number of workers affected; and (4) actions

taken (first aid, evacuation etc.).
- All workers to be covered by insurance against occupational hazards.
- All work sites to have a health and safety plan including identification of potential hazards and actions to be taken in case of emergency, including location of accident and emergency facilities.
- Any on-site accommodation shall be safe and hygienic, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation, and cooking facilities. Location and layout of site camps are to be agreed with construction supervisors and a risk assessment shall be conducted.
- Workers residing at site accommodation will receive training in prevention of infection through contaminated food and / or water and or through vector-borne diseases, and in avoidance of sexually transmitted diseases.
- Fair and non-discriminatory employment practices. Where contractors hire workers from the beneficiary community, disadvantaged and vulnerable community members are to have equal access to opportunities. Where large numbers of community members are employed, childcare facilities are to be provided.
- Employment of children under 18 is prohibited.
- Under no circumstances will contractors, suppliers or sub-contractors engage forced labor.
- Construction materials manufactured in Cambodia will be procured only from suppliers able to certify that no forced labor (including debt bondage labor) or child labor (except as permitted by the Labor Law) has been used in production of the materials.
- All employees are to be made aware of their rights under the Labor Law, including the right to organize.
- All employees to be informed of their rights to submit a grievance through the Project Worker Grievance Mechanism; and
- All management and workers to sign the Code of Conduct (see Annex 8).

Additional guidelines on OHS can be found in the ESCOPs in Annex 3.

The following SOPs of National Institute of Public Health (NIPH) are relevant for staffs working in laboratory environments:
- Personnel Management
- Staff Training
- Personal Protective Equipment (PPE)
- Laboratory Risk Assessment
- Biosafety Cabinet Operation and Maintenance
- Autoclave Prioclave
- Sample Package and Transportation
- Waste Management
- Disposal of Chemical Waste
- Disposal and Decontamination of Sharp
- Disinfection Solution and Sterilization
- Fire Detection System Monitoring
- Emergency Evacuation Plan

Grievance Redress Mechanism (GRM) for Workers

There will be a specific Grievance Redress Mechanism (GRM) for project workers in civil works components 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.

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

The process for the Worker GRM is as follows:

- The first step is that the Aggrieved Person/Party may report their grievance in person, by phone, text message, mail, or email (including anonymously if required) to the Contractor as the initial focal point for information and raising grievances. For complaints that were satisfactorily resolved by the Aggrieved Person/Party or Contractor, the incident and resultant resolution will be logged and reported to the MOH's Focal Point.

- As a second step, where the Aggrieved Person/Party is not satisfied, the Contractor will refer the aggrieved party to the MOH's Focal Point. Grievances may also be referred or reported to the MOH Management if deemed suitable. The MOH's Focal Point will endeavor to address and resolve the complaint and inform the Aggrieved Person/Party in two weeks or less. For complaints that were satisfactorily resolved by the MOH's Focal Point, the incident and resultant resolution will be logged by the MOH's Focal Point. Where the complaint has not been resolved, the MOH's Focal Point will refer to the Project Manager/Director for further action or resolution.

- As a third step, if the matter remains unresolved, or the Aggrieved Person/Party is not satisfied with the outcome, the MOH PM/PD should refer the matter to the H-EQIP2 Project Steering Committee for a resolution, which shall aim to resolve the grievance in three weeks or less. The MOH's Focal Point will log details of issue and resultant resolution status.

Up until the third stage there will be no fees for the lodgment of grievances. However, if the complaint remains unresolved or the complainant is dissatisfied with the outcome proposed by the Project Steering Committee, the Aggrieved Person may refer the matter to the appropriate legal or judicial authority, at the complainant's own expense. A decision of the Court will be final.
Each grievance record should be allocated a unique number reflecting year and sequence of received complaint (for example 2021-01, 2021-02 etc.). Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy. The MOH's Focal Point will be responsible for undertaking a regular (at least monthly) review of all grievances to analyze and respond to any common issues arising. The MOH's Focal Point is also responsible for oversight of the GRM.

CONTRACTOR MANAGEMENT

The tendering process for contractors will require that they 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.
- Provide workers with evidence of all payments made, including benefits and any valid deductions.
- 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.
- 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 (Annex 8) and/or the Individual Code of Conduct (Annex 8), as applicable.

Monitoring and performance management of contractors will be the responsibility of PMU/ESSU. PMU/ESSU will be responsible for oversight of labor management provisions as well as contract supervision.

PRIMARY SUPPLY CHAIN WORKERS

The Contractor will be responsible for conducting due diligence on the primary supply workers (those providing key materials for road construction, in particular raw materials, including bricks), to ensure there is no indentured/forced or child labor (as per the Labor Law).

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, 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 when 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.

CAPACITY BUILDING

While the provisions outlined in this LMP are in most respects consistent with the requirements of the Labor Law 1997, with only limited additional provisions (for example, the Worker Grievance Redress Mechanism) to meet the requirements of ESS2, the LMP considerably exceeds actual practice in labor management in Cambodia, particularly in the Cambodian construction industry. Therefore, to ensure that project partner agencies, contractors and suppliers, and particularly local construction contractors, can meet these obligations, the project will develop and deliver trainings and simple awareness raising materials. This will be the responsibility of PMU/ESSU.

Key project personnel who will require training include:

- Human resources staff or administration staff responsible for recruitment of direct project workers in MOH.
- Procurement staff in MOH.
- PMU/ESSU will assign by MOH.
- Provincial Health Department staff.
- Management Focal Points in each project partner agency.
- Staff, consultants, and consultants' staff acting as contract supervisors and responsible for monitoring compliance with the policy.
- All contractors and subcontractors.
- Commune and village leaders.

ESSU and MOH will develop and deliver a short training course for contractors and / or contractors site managers, explaining the obligations of the contractor as set out in the Health and Safety specifications. Supervising engineers are also to attend these courses. Courses will be delivered by ESSU and MOH.

PMU/ESSU will also prepare a simple booklet, in Khmer language and with easy-to understand illustrations, explaining the requirements of the LMP as applicable to contracted workers in the project. The booklet will include details of the Worker Grievance Redress Mechanism. This booklet will be disseminated to all project direct workers.

ANNEX 7: CHANCE FIND PROCEDURES

Since Component 2 of H-EQIP2 is based on repair and renovation of existing health facilities, and limited new facility construction, the Project is not expected to yield archaeological, paleontological, or cultural findings of any significance because there will be no planned site excavation. However, there remains a possibility for undiscovered sites of local cultural significance (i.e., sacred sites, cemeteries) and archaeological sites to exist within sub-project areas.

MOH and the PMD will ensure that the bidding and contract documentation for civil works contractors will include a clause on management of chance find procedures and includes the following measures if unplanned cultural resources are discovered during site excavation and construction activities:

- Stop construction activities in the area of the chance find.
- Delineate the discovered site or area.
- Secure the site to prevent any damage or loss of removable objects.
- Notify the supervisory Engineer who, in turn, will notify the responsible local cultural heritage authorities.
- The responsible local authorities will conduct a preliminary evaluation of the findings as performed by qualified archaeologists who will assess the significance and importance of the findings according to various criteria, including aesthetic, historic, scientific or research, social and economic values.
- Decisions on how to handle the chance finding shall be taken by the responsible authorities which could result in changes in layout, conservation, preservation, restoration and salvage.
- Implementation for the management of the finding communicated in writing; and
- Construction work could resume only after permission is given from the responsible local authority concerning safeguard of the heritage.

ANNEX 8: CODES OF CONDUCT FOR MANAGEMENT AND WORKERS

MANAGER CODE OF CONDUCT

Instructions: MOH and NPCA will ensure that this Code of Conduct is included in bidding documents for any civil/renovation/construction works contractor(s) in H-EQIP2 and in any contracts once hired. This Code of Conduct is to be signed by the main party (head or manager) of the construction contractor (contractor). This CoC should also be included in the contracts of consultants hired to deliver technical assistance/advisory work in the project.

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 of the ESF and its associated instruments 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 exploitation and abuse (SEA), 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 this Code of Conduct. To that end, staff must adhere to this Code of Conduct and to sign the Individual Code of Conduct. This commits them to supporting the implementation of the Contractor's Environmental and Social Management Plan, the OHS Management Plan, and developing systems that facilitate the implementation of the GBV Action Plan.

Implementation

Staff, in particular Managers, need to maintain a safe workplace, as well as GBV/SEA/VAC free environment at the workplace and in the local community. Their responsibilities to achieve this include but are not limited to:

- Prominently displaying the Code of Conduct in clear view at workers' camps, offices and construction sites, and in public areas of the workspace. Examples of areas include waiting, rest and lobby areas of sites, canteen areas and health clinics.
- 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.
- Verbally and in writing explain the Code of Conduct to all staff, including in an initial training session.
- Ensure that:
  - All staff sign the 'Individual Code of Conduct', including acknowledgment that they have read and agree with the Code of Conduct.
  - Staff lists and signed copies of the Individual Code of Conduct are provided to the OHS Manager and the E&S focal point.
  - Participate in training and ensure that staff also participate as outlined below.

- 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)
- Staff are encouraged to report suspected or actual ESHS, OHS, GBV/SEA/VAC issues, emphasizing the staff's responsibility in compliance with applicable laws of Cambodia 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 nor ordinarily resident in the country where the works are taking place.
- Ensure that when engaging in partnership, sub-contractor, supplier or similar agreements, these agreements:
- Incorporate the ESHS, OHS, GBV/SEA/VAC Codes of Conduct as an attachment.
  - Include the appropriate language requiring such contracting entities and individuals, and their employees and volunteers, to comply with the Individual Codes of Conduct.
  - 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/SEA/VAC, to investigate allegations thereof, or to take corrective actions when GBV/SEA/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.
  - Provide support and resources to the E&S team to create and disseminate staff training and awareness-raising strategy on GBV/SEA/VAC and other issues highlighted in the ESMP.
  - Ensure that any GBV/SEA/VAC complaint warranting Police action is reported to the Police, the client and the World Bank immediately.
  - Report and act in accordance with the agreed response protocol any suspected or actual acts of GBV/SEA/VAC.
  - Ensure that any major ESHS or OHS incidents are reported to the client and the supervision engineer immediately, non-major issues in accordance with the agreed reporting protocol.
  - Ensure that children under the age of 18 are not present at the construction site or engaged in any hazardous activities.

Training

- The managers are responsible to:
  - Ensure that the OHS Management Plan is implemented, with suitable training required for all staff, including sub-contractors and suppliers; and,
  - Ensure that staff have a suitable understanding of the ESMP and are trained as appropriate to implement the Contractor's ESMP requirements.
- All managers are required to attend an induction manager training course prior to commencing work on site to ensure that they are familiar with their roles and responsibilities in upholding the GBV/SEA/VAC elements of these Codes of Conduct. This training will be separate from the induction training course required of all employees and will provide managers with the necessary understanding and technical support needed to begin to develop the GBV Action Plan for addressing GBV issues.
- Managers are required to attend and assist with the project facilitated monthly training courses for all employees.

- Ensure that time is provided during work hours and that staff prior to commencing work on site attend the mandatory project facilitated induction training on:
    - OHS and ESHS, and,
    - GBV/SEA/VAC.
- During civil works, ensure that staff attend ongoing OHS and ESHS training, as well as the monthly mandatory refresher training course required of all employees on GBV/SEA/VAC.

Response

- Managers will be required to take appropriate actions to address any ESHS or OHS incidents.
- Regarding GBV/SEA/VAC:
    - Maintain the confidentiality of all employees who report or (allegedly) perpetrate incidences of GBV/SEA/VAC (unless a breach of confidentiality is required to protect persons or property from serious harm or where required by law).
    - If a manager develops concerns or suspicions regarding any form of GBV/SEA/VAC 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.
    - 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.
    - 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.
    - Ensure that any GBV/SEA/VAC issue warranting Police action is reported to the Police, the client and the World Bank immediately.
- 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:
    - Informal warning.
    - Formal warning.
    - Additional Training.
    - Loss of up to one week's salary.
    - Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
    - Termination of employment.
    - Ultimately, failure to effectively respond to ESHS, OHS, GBV/SEA/VAC 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, GBV/SEA/VAC *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. This Code of Conduct should also be included in bidding documents, and the contracts consultants hired under the project to deliver technical assistance/advisory activities. This Code of Conduct is to be signed by all contractor and subcontractor staff, including PMD, NPCA and PMU staff.

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), Sexual Exploitation and Abuse (SEA) and Gender Based Violence (GBV) is important.

The Contractor considers that failure to follow ESHS and OHS standards, or to partake in activities constituting GBV/SEA/VAC 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/SEA/VAC may be pursued if appropriate.

I agree that while working on the project I will:

- Consent to a background check in any place I have worked for more than six months.
- Attend and actively partake in training courses related to ESHS, OHS, GBV/SEA/VAC as requested by my employer.
- Will always wear my personal protective equipment (PPE) when at the work site or engaged in project related activities.
- Take all practical steps to implement the environmental and social management plan (ESMP).
- Implement the OHS Management Plan.
- 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.
- Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
- 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.
- 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.
- Not use prostitution in any form at any time.
- 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.

- Unless there is the full consent[36] 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.
- Consider reporting through the GRM or to my manager any suspected or actual GBV/SEA/VAC 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:

- Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
- Wherever possible, ensure that another adult is present when working in the proximity of children.
- Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
- Not use any computers, mobile phones, video, and digital cameras or any other medium to exploit or harass children or to access child pornography (see also "Use of children's images for work related purposes" below).
- Refrain from physical punishment or discipline of children.
- No hiring of children for any H-EQIP2 project activity (no persons under the age of 18).
- Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank's safeguard policies (ESS2) on child labor and minimum age.
- Take appropriate caution when photographing or filming children. Photos or films of children should generally not be taken in H-EQIP2, except in instances showing the benefits or impacts of road works, such as impacts to schools or school safety trainings.

Use of children's images for work related purposes:

When photographing or filming a child for work related purposes, I must:

- Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
- Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
- Ensure photographs, films, videos, and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed

36 **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.

and not in poses that could be seen as sexually suggestive.
- Ensure images are honest representations of the context and the facts.
- Ensure file labels do not reveal identifying information about a child when sending images electronically.

Sanctions:

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

- Informal warning.
- Formal warning.
- Additional training.
- Loss of up to one week's salary.
- Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
- Termination of employment.
- 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 GBV/SEA/VAC. 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, GBV/SEA/VAC 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 9: RESETTLEMENT POLICY FRAMEWORK (RPF)

List of Abbreviations

AH	Affected Household
AP	Affected Person
BRP	Basic Resettlement Plan
COD	Cut-Off Date
COI	Corridor of Impact
DIMDM	Department of Internal Monitoring and Data Management
DMS	Detailed Measurement Survey
DP	Displaced Person
DRP	Detailed Resettlement Plan
EM	Entitlement Matrix
ESF	Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
HEQIP	Health Equity and Quality Improvement Project
GDR	General Department of Resettlement
GRM	Grievance Redress Mechanism
IOL	Inventory of Loss
IRC	Inter-Ministerial Resettlement Committee (Project-Level)
IRC-WG	Inter-Ministerial Resettlement Committee Working Group
LAR	Land Acquisition and Involuntary Resettlement
MEF	Ministry of Economy and Finance
MOH	Ministry of Health
PHD	Provincial Health Department
PIB	Public Information Brochure
PGRC	Provincial Grievance Redress Committee
PMD	Project Management Department
PPE	Personal Protective Equipment
PRSC	Provincial Resettlement Subcommittee
PRSC-WG	Provincial Resettlement Subcommittee Working Group
RCS	Replacement Cost Study
RPF	Resettlement Policy Framework
RGC	Royal Government of Cambodia
ROW	Right of Way
SEP	Stakeholder Engagement Plan
SOP-LAR	Standard Operating Procedures on Land Acquisition and Involuntary Resettlement
WB	World Bank

Glossary

Affected Households (AHs)/Affected People (AP). In the context of involuntary resettlement, AP are those who are physically displaced (relocation, loss of residential land, or loss of shelter) and/or economically affected (loss of land, assets, access to assets, income sources, or means of livelihood) as a result of (i) land acquisition and involuntary resettlement; or (ii) involuntary restrictions on land use or on access to legally designated parks and protected areas. In the case of AHs, it includes all members residing under one roof and operating as a single economic unit, who are adversely affected by a project or any of its components. In this RPF the term used will be "AH".

Basic Resettlement Plan (BRP). Prepared when the development partners' safeguard policies require a resettlement plan for review and approval before the completion of detailed design and/or land demarcation (for instance, before development partner's project appraisal). Also referred to as an Initial Resettlement Plan.

Consultation. A process that (i) begins early in the project preparation stage and is carried out at different
stages of the project and land acquisition cycle; (ii) provides timely disclosure of relevant and adequate information in Khmer Language that is understandable and readily accessible to AP; (iii) is undertaken in an atmosphere free of intimidation or coercion with due regard to cultural norms; and (iv) is gender inclusive and responsive, and tailored to the needs of disadvantaged and vulnerable groups.

Cut-off date (COD). Date established by the government that establishes the eligibility for receiving compensation and the resettlement assistance by the project affected persons. As per WB ESS5 para 20, the COD needs to be well-documented. Persons not covered can be eligible in case they can show proof that they have been inadvertently missed during the census.

Corridor of Impact (COI). It is the area which is required by civil works in the implementation of the Project, and it is agreed by the implementing agency and demarcated by the civil work consultant within which the construction activities will take place

Detailed Measurement Survey (DMS) – With the aid of detailed engineering design, this activity involves the finalization of the results of the inventory of losses, measurement of losses, 100% socio-economic survey and 100% census of displaced persons.

Detailed Resettlement Plan (DRP). Prepared when detailed engineering designs or land demarcation have been completed and the full impacts following a DMS are known. Also referred to as Full Resettlement Plan or Resettlement Action Plan. Where a BRP has been prepared, the DRP is an update of the BRP.

Economic Loss. Loss of land, assets, access to assets, income sources, or means of livelihood as a result of (i) involuntary acquisition of land, or (ii) involuntary restrictions on land use or on access to legally designated parks and protected areas.

Eligibility. All AHs confirmed to be residing in, doing business, or cultivating land within the project

affected area or land to be acquired or used for the project before the COD are eligible for resettlement compensation for their affected properties.

Eminent Domain. The right of Cambodia using its sovereign power to acquire land for public purposes. National law establishes which public agencies have the prerogative to exercise eminent domain.

Entitlement. – Refers to a range of measures comprising compensation. assistance and income restoration, relocation support etc. which are due to the APs, depending on the type and severity of their losses, to restore their economic and social base.

Expropriation. Process whereby a public authority, usually in return for compensation, requires a person,
household, or community to relinquish rights to land that it occupies or otherwise use. Expropriation under the Cambodian Law refers to the confiscation of ownership or real right to immovable property of a natural person, private legal entity, and legal public entity, which includes land, buildings, and cultivated plants, for the purpose of constructing, rehabilitating, or expanding public physical infrastructure for the national and public interests with prior and just compensation.

Grievance Redress Mechanism (GRM). Refers to an established mechanism to receive and facilitate the resolution of affected persons' concerns and grievances/complaints about physical and economic displacement and other project impacts, paying particular attention to the impacts on vulnerable groups. As per WB ESS10, the grievance mechanism is expected to: (a) address concerns promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all project-affected parties, at no cost and without retribution, and without preventing access to judicial processes. Affected people will be appropriately informed about the GRM and keep adequate records that are made publicly available, and (b) handling of grievances will be done in a culturally appropriate manner and be discreet, objective, sensitive and responsive to the needs and concerns of the project-affected parties. The mechanism will also allow for anonymous complaints to be raised and addressed. In the context of this Resettlement Policy Framework, the GRM is for grievances/complaints arising from involuntary land acquisition and resettlement. The GRM for handling grievances/complaints related to other safeguard aspects like environment safeguard requirements labor and working conditions, etc. are stipulated in the Stakeholder Engagement Plan as per WB ESS10.

Host Communities. Communities receiving physically affected persons of a project as re- settlers.

Income Support. Re-establishing the productive livelihood of the displaced persons to enable income Generation equal to or, if possible, better than that earned by the displaced persons before the resettlement.

Indigenous Peoples. According to the World Bank's Environment and Social Framework, the term "Indigenous Peoples" is used in a generic sense to refer exclusively to a distinct social and cultural group possessing all the following characteristics in varying degrees:

a) Self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; and

b) Collective attachment[37] to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas; and
c) Customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture, and
d) A distinct language or dialect, often different from the official language or languages of the country or region in which they reside.

Information Disclosure. The process of disseminating project information to stakeholder to allow them to understand the risks and impacts of the project, and potential opportunities. Information disclosure should be in line with the project's Stakeholder Engagement Plan and the requirements of ESS10, which require the disclosure of project information including: (a) the purpose, nature and scale of the project; (b) the duration of proposed project activities; (c) potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated measures taken to avoid and minimize these; (d) the proposed stakeholder engagement process highlighting the ways in which stakeholders can participate; (e) the time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and (f) the process and means by which grievances can be raised and will be addressed.

Inventory of losses. This is the process where all fixed assets (i.e. lands used for residence, commerce, agriculture, including ponds; dwelling units; stalls and shops; secondary structures, such as fences, tombs, wells; trees with commercial value; etc.) and sources of income and livelihood inside the Project right-of way are identified, measured, their owners identified, their exact location pinpointed, and their replacement costs calculated. Additionally, the severity of impact to the affected assets and the severity of impact to the livelihood and productive capacity of AP will be determined.

Involuntary Resettlement. Resettlement is considered involuntary when directly affected persons or communities do not have the right to refuse project related land acquisition or restrictions on land use that result in their displacement.

Land Acquisition. Refers to all methods of obtaining land for project purposes, which may include outright purchase, expropriation of property and acquisition of access rights, such as easements or rights of way. Land acquisition may also include: (a) acquisition of unoccupied or unutilized land whether or not the landholder relies upon such land for income or livelihood purposes; (b) repossession of public land that is used or occupied by individuals or households; and (c) project impacts that result in land being submerged or otherwise rendered unusable or inaccessible. Land acquisition refers to anything growing on or permanently affixed to land, such as crops, buildings and other improvements.

Meaningful Consultation. As per WB ESS10, is a two-way process that: (a) begins early in the project planning process to gather initial views on the project proposal and inform project design; (b) encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts; (c) continues on an

[37] Collective attachment means that for generations there has been a physical presence in and economic ties to land and territories traditionally owned, or customarily used or occupied, by the group concerned, including areas that hold special significance for it, such as sacred sites.

ongoing basis, as risks and impacts arise; (d) is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders; (e) considers and responds to feedback; (f) supports active and inclusive engagement with project-affected parties; (g) is free of external manipulation, interference, coercion, discrimination, and intimidation; and (h) is documented and disclosed by the Borrower.

Physical Loss. Relocation, loss of residential land, or loss of shelter as a result of (i) involuntary acquisition of land, or (ii) involuntary restrictions on land use or on access to legally designated parks and protected areas.

Relocation. This is the physical relocation of a displaced person from her/his pre-project place of location and/or business to another location or shifting back.

Replacement Cost. Replacement cost involves replacing an asset, including land, at a cost prevailing at the time of its acquisition. This includes fair market value, transaction costs, interest accrued, transitional and restoration costs, and any other applicable payments, if any. In all instances where physical displacement results in loss of shelter, replacement cost must at least be sufficient to enable purchase or construction of housing that meets acceptable minimum community standards of quality and safety. Depreciation of assets and structures should not be considered for replacement cost. As per WB ESS5, replacement market is the value as established through independent and competent real estate valuation, plus transaction costs. The valuation method for determining replacement cost should be documented. Transaction costs include administrative charges, registration or title fees, reasonable moving costs, and any similar costs imposed on affected persons.

Relocation Assistance. Support provided to persons who are physically displaced by a project. Relocation assistance may include transportation, food, shelter, and social services that are provided to the displaced persons during their relocation. It may also include cash allowances that compensate displaced persons for the inconvenience associated with resettlement and defray the expenses of a transition to a new location, such as moving expenses and lost workdays.

Resettlement Action Plan (RAP). RAP documents procedures and the actions a project proponent will take to mitigate adverse effects, compensate losses, and provide development benefits to persons and communities affected by a project.

Resettlement Policy Framework. Prepared when project components are not known and therefore land acquisition needs cannot be identified. The RPF will guide the preparation of future Resettlement Plans if these become necessary.

Voluntary Donations. Defined as the ceding of a property by an owner who is (a) appropriately informed about the project and their right to seek compensation and (b) can refuse to donate. Under WB ESS5, paragraph 6, ESS5 does not apply to voluntary, legally recorded market transactions unless such voluntary land transactions may result in displacement of persons, other than the seller.

Vulnerable Groups. Group of affected persons who are likely to be more adversely affected by land

acquisition than others and who are likely to have limited ability to re-establish their livelihoods or improve their status. Vulnerable persons are categorized as: (i) households living below the poverty rate as established by the RGC; (ii) elderly people headed households with no means of support; (iii) female headed households with dependents living below the poverty rate; (iv) disabled headed households, and (v) indigenous peoples (who often have traditional land rights but no formal titles).

EXECUTIVE SUMMARY

This is an Executive Summary of main points discussed in this Resettlement Policy Framework (RPF). The Executive Summary should not be relied for full information; the full RPF should be read for this purpose.

This RPF has been prepared by the Ministry of Health (MOH) for the Health Equity and Quality Improvement Project – Phase 2 (H-EQIP2) with the assistance of international and national consultants, and under the guidance and direction of the General Department of Resettlement (GDR). The RPF is part of the Environment and Social Management Framework (ESMF) of the World Bank (WB) Group. This RPF will be applied to all investments to be financed by the WB Group for technical and/or financial support for the Project. The RPF has been prepared in line with the Royal Government of Cambodia's (RGC's) Standard Operating Procedures (SOP) on Land Acquisition and Involuntary Resettlement (LAR), and the WB's Environment and Social Framework (ESF).

This document is considered a living document and shall be modified and updated in line with the changing situation or scope of the activities. Detailed Resettlement Plans (DRP) will be developed when and if necessary, in close consultation with affected stakeholders and the WB. Clearance of future DRPs by the WB will be necessary.

The Project will support the Royal Government of Cambodia's (RGC's) vision in establishing universal health insurance coverage in Cambodia through improving utilization of Health Equity Fund (HEF) and strengthening the independence and capacity of National Payment Certification Agency (NPCA) as the management agency for major health insurance schemes in Cambodia. The project will further strength the service delivery through expanding Non-Communicable Disease (NCDs) service coverage and introducing community-based and people-centered NCDs service model; continuing expanding emergency obstetric and child services coverage which was started in phase I; building a national emergency medical service system to improve life-saving services for those in emergency needs of healthcare interventions; and investing on referral hospitals to address the service capacity gaps to ensure the provision of essential service package. Another strategic focus of the project is to strengthen community engagement under government's Decentralization and Deconcentration (D&D) agenda to improve service utilization, social inclusion, and health promotion to address risk factors of NCDs and improve community resilience to public health emergencies. In addition, the project will support RGC's national digital health strategy and build an adaptive learning agenda to support government's reform initiatives, provide constant implementation supports and technical assistance to the government as well as to facilitate continuous mutual learning and knowledge transfer.

The Project has five components.

COMPONENT 1: Improving Equity of Health Services

Activities under this component will support the development of universal health insurance coverage in Cambodia as an important step in achieving Universal Health Care (UHC) by 2030 and reducing the financial risk of health service utilization. The project will continue to support the HEF through co-financing with the RGC the cost of health services for the poor; optimizing and expanding the benefit package. This component will also improve the capacity and expand the functionality of the NPCA in building universal health insurance coverage in Cambodia.

COMPONENT 2: Strengthening Quality of Health Service Delivery

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

In particular this component will support: 1) implementing the new National Quality Enhancement Monitoring Tools (NQEMT) tools phase 2 (NQEMT-2) nationwide, financed by SDGs; 2) rolling out NCD services as well as comprehensive emergency obstetric and neonatal care (CEmONC) and basic emergency obstetric and neonatal care (BEmONC); 3) building service capacity including the emergency medical service system (EMSS) and investment in CPA referral hospitals to fix service delivery gaps (component 2.4).

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

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

COMPONENT 4: Strengthening capacity for health emergency prevention, preparedness, and response- assist the RGC, collaborating with WB, AIIB, FAO, WHO, ADB, KfW, US-CDC and other DPs, in strengthening: (a) Surveillance systems to better prepare Cambodia to detect, prevent, and respond to emerging disease outbreaks of pandemic potential, underpinned by a multidisciplinary One Health approach; (b) Laboratory systems to ensure the capacity and capabilities of laboratories as an essential component of national preparedness and response to emerging infectious diseases (EIDs), Transboundary Animal Diseases (TADs), Antimicrobial resistance (AMR), and identified priority diseases and (c) Improving human resources/workforce knowledge, skills, and technical capacity, as a cross-cutting area in epidemiology, risk assessment tools, data analysis, data sharing platforms, multidisciplinary and evidence-informed One Health approach, health science pre-service curricula, and the assessment of preparedness and response across all sectors.

COMPONENT 5: Contingent Emergency Response

This component has a provisional zero allocation and is to allow for the reallocation of financing to provide an immediate response to an eligible crisis or emergency[38].

H-EQIP2 sub-project implemented by the MOH is not expected to incur any land **acquisition** as project/subproject activities will be conducted in MOH-owned or other state land. However, in case there are any unexpected circumstances where the proposed construction works necessitate the involuntary acquisition of land or assets, this RPF will apply.

In Cambodia, the Expropriation Law (2010) is the main legal framework that governs land acquisition and involuntary resettlement. Under Article 3 of this Law that governs the provision for projects financed by development partners in Cambodia, the RGC issued in 2018 the Standard Operating Procedures for Land Acquisition and Involuntary Resettlement (SOP-LAR). The GDR of the Ministry of Economy and Finance (MEF) is responsible for providing guidance and clarification to users of the SOP. Given that the proposed H-EQIP-Phase 2 is a project financed by the World Bank, the SOP-LAR is the guiding RGC sub-decree for land acquisition and should be read together with this document. This RPF also complies with the WB's Environment and Social Standard (ESS) 5 on Land Acquisition, Restrictions on Land Use and Involuntary Resettlement. There are some minor, but no significant, gaps between the policies of the SOP-LAR and WB's ESS5, which are addressed and clarified in this RPF.

In case there is any need for involuntary land acquisition, this RPF ensures that it will achieve the objectives of WB's ESS 5, which are also consistent with objectives under the SOP-LAR, for managing resettlement. The project's approach to manage resettlement follows the World Bank's mitigation hierarchy by:

- Avoid involuntary resettlement wherever possible;
- Minimize involuntary resettlement by exploring project alternatives which is mostly carried out by designs to avoid impact on land and assets;
- Enhance or at least restore the livelihoods of all displace persons in real terms relative to pre-project levels; and
- Improve the overall socio-economic status of the displaced poor and other vulnerable groups.

This RPF covers resettlement where land, or assets, are involuntarily acquired. Voluntary contributions by individuals will not be considered, as they would not meet the criteria under ESS5 that the donor is expected to benefit directly from the proposed H-EQIP2.

The RPF applies to permanent or temporary physical and economic displacement as described in the SOP, and compliant with WB's ESS5. All affected households (AHs) who have assets in the construction areas before the Cut-off Date (COD) will be eligible for compensation as described in this RPF, regardless of their legal status. Eligibility will be determined with regards to the COD, which will be the last day of the first round of consultations, when the construction area and the impacted lands will be identified, and through announcement in the consultations and posting on

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

commune/Sangkat/public boards and/or pagodas. Those who encroach into/or occupy the project area after the COD will not be eligible for any compensation or any other assistance.

The RPF outlines the Grievance Redress Mechanism to be established as a locally based arrangement for receiving, recording, assessing and facilitating the resolution of complaints and grievances raised by the affected persons in relation to the proposed project. The RPF also describes the process for consultation and information disclosure for land acquisition. This RPF has been consulted with national-level stakeholders in June 2021 and will be disclosed to the public prior to the WB's appraisal of the H-EQIP2.

PROJECT DESCRIPTION

Overview

The Project development objective (PDO) of H-EQIP II is to improve equitable utilization of quality health services in Cambodia, especially for the poor and vulnerable populations.

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

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

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

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

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

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

Project Components

COMPONENT 1: Improving Equity of Health Services
Activities under sub-component 1.1: Financing to Health Equity Fund (HEF) will support the development of universal health insurance coverage in Cambodia as an important step in achieving UHC by 2030 and reducing the financial risk of health service utilization. In addition to this, under SUB-COMPONENT 1.2: Enhancement of HEF management will continue to support the HEF through co-financing with the RGC the cost of health services for the poor; optimizing and expanding the benefit package. Increased utilization of HEF will be achieved by addressing barriers to social inclusion and gender equity and expanding the coverage of the Full Patient Management Registration System (Full PMRS) to all health centers in the country. The project also improved the capacity and expand the functionality of the NPCA and building universal health insurance coverage in Cambodia (SUB-COMPONENT 1.3: Enhancement of NPCA).

COMPONENT 2: Strengthening Quality of Health Service Delivery

This component will focus on strengthening the health service delivery system in Cambodia, particularly at the subnational level and in communities (provincial and district referral hospitals and health centers), with enhanced efforts to improve service quality, expand service capacity and coverage, and strengthen community based essential service provision (SUB-COMPONENT 2.1: Implementing New NQEMT Nation-Wide). This component will continue using Service Delivery Grants (SDGs), both fixed lump-sum grants and performance-based grants, to provide performance-based financing to health facilities and key MOH agencies. The project will focus on supporting the essential health service delivery and increasing utilization through building an enhanced primary health care model centered on community engagement through Village Health Support Group (VHSG) and Health Center Management Committee (HCMC) (SUB-COMPONENT 2.2 Enhancing Community-Based Essential Health Service Provision and Utilization)

In particular this component will support: 1) implementing the new NQEMT tools phase 2 (NQEMT-2) nationwide, financed by SDGs; 2) rolling out NCD services as well as comprehensive emergency obstetric and neonatal care (CEmONC) and basic emergency obstetric and neonatal care (BEmONC) (sub-component 2.3); 3) building service capacity including the emergency medical service system (EMSS) and investment in CPA referral hospitals to fix service delivery gaps (subcomponent 2.4). Close collaboration and coordination with the technical assistance programs of other development partners (DPs, e.g. FHI and USAID) will be needed to synergize and avoid overlap or duplication of efforts among DPs.

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

This component will finance activities related to project implementation management, mutual learning, capacity building and monitoring & evaluation. In addition, this component will support digital health, gender equity and community engagement. This component will focus on improving health information systems to help MOH achieve the National Digital Health Strategy 2021-2030 (sub-component 3.1: Digital health). Gender inclusion will put an emphasis on increased capacity and performance of GMAG, and the project's support of a Women in Leadership Development program will strengthen women's voice and participation in decision-making in the sector, and leadership on GESI and health (sub-component 3.2: Gender and Social Inclusion).

COMPONENT 4: Strengthening capacity for health emergency prevention, preparedness, and response-assist the RGC, collaborating with WB, AIIB, FAO, WHO, ADB, KfW, US-CDC and other DPs, in strengthening: (a) Surveillance systems to better prepare Cambodia to detect, prevent, and respond to emerging disease outbreaks of pandemic potential, underpinned by a multidisciplinary One Health approach; (b) Laboratory systems to ensure the capacity and capabilities of laboratories as an essential component of national preparedness and response to emerging infectious diseases (EIDs), Transboundary Animal Diseases (TADs), Antimicrobial resistance (AMR), and identified priority diseases and (c) Improving human resources/workforce knowledge, skills, and technical capacity, as a cross-cutting area in epidemiology, risk assessment tools, data analysis, data sharing platforms, multidisciplinary and evidence-informed One Health approach, health science pre-service curricula, and the assessment of preparedness and response across all sectors.

COMPONENT 5: Contingent Emergency Response

This component has a provisional zero allocation and is to allow for the reallocation of financing to provide an immediate response to an eligible crisis or emergency[39].

PURPOSE AND GOVERNING PRINCIPLES FOR RPF

This RPF has been prepared as part of the Environmental and Social Management Framework (ESMF) for H-EQIP2 to provide guidance to MOH where any proposed/relevant sub-project may require the use of land on a temporary or permanent basis. Whilst it is expected that any works will be conducted in existing MOH-owned land (such as existing health center or MOH-owned land), this RPF, is being prepared in case an unexpected situation arises where land is needed that is not already owned by MOH (unlikely) or in the unexpected event that there are squatters or temporary residents living in MOH land that need to be moved due to project activities.

Accordingly, the RPF is prepared to set out the policies and procedures for avoiding, minimizing or, if not possible, mitigating and compensating possible adverse impacts related to involuntary land acquisition and resettlement as a result of a proposed subprojects. This RPF also establishes the process that needs to be followed in case negotiated settlement is appropriate. The purpose of the RPF is to ensure that all people affected by the project are able to improve or at least maintain or their pre-project living standards. The objective of the RPF is to avoid, minimize or, if not possible, mitigate/compensate involuntary resettlement and to provide a framework for assessing concerns of Affected People (AP) and/or Affected Household (AH) who may be subject to loss of land, assets, livelihoods and well-being or living standards because of the proposed sub-projects.

The RPF will assist in screening any subcomponent or subproject that requires construction in order to make sure that the land is owned by MOH and there is no squatters or users of the land that used for construction. However, in cases where land is not owned by MOH or there are squatter or users of the land, then the RPF will come in to guide the process for involuntary resettlement, including assessing and carefully documenting negotiated settlements.

Most aspects of the WB's ESS5 policy is adequately addressed in Cambodian laws and regulations (see section on Legal Framework). The overarching objective of the sub-project in relation to land and asset acquisition is to assist the AP/AH in restoring their livelihoods at least to the level equal to their pre-project level.

Legal Framework

The RGC's Expropriation Law (2010) is the main legal framework that governs land acquisition and involuntary resettlement. The **Expropriation Law (2010)** has listed the development of public infrastructure as one of its objectives. The **Constitution** (Article 44) states that expropriation shall be exercised only in the public interest. Public interest is understood in a broad manner as *"the use of land or property by the public or by public institutions or their agents."* The expropriation of the ownership

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

of immovable property and real right to immovable property can be exercised only if the Expropriation Committee has paid fair and just compensation in advance to the owner and/or holder of real right.

Key articles include:

- Article 2: The law has the following purposes: (i) ensure reasonable and just deprivation of a legal right to ownership of private property; (ii) ensure payment of reasonable and just prior compensation; (iii) serve the public and national interests, and (iv) development of public physical infrastructure;
- Article 7: Only the State may carry out an expropriation for use in the public and national interests;
- Article 22: An amount of compensation to be paid to the owner of and/or holder of rights in the real property shall be based on the market value of the real property or the alternative value as of the date of the issuance of the Prakas on the expropriation scheme. The market value or the alternative value shall be determined by an independent commission or agent appointed by the expropriation committee;
- Article 29: For the expropriation of a location that is operating business activities, the owner of the immovable property shall be entitled to additional fair and just compensation for the value of the property actually affected by the expropriation as of the date of the issuance of the declaration on the expropriation project. A tenant of the immovable property who is operating a business shall be entitled to compensation for the impact on their business operation and to additional assistance at fair and just compensation to the capital value actually invested for the business operation activities as of the date of the issuance of the declaration on the expropriation project.

Under the Article 3 of the Expropriation Law (2010) that governs the provision for projects financed by Development Partners in Cambodia, the RGC issued the **SOP-LAR** in 2018. The **SOP-LAR** reflects the polices, regulations and procedures relating to the acquisition of land and the involuntary resettlement consistent with World Bank's ESF/ESS5 and incorporates international good practices in resettlement planning, implementation, monitoring and reporting. The SOP-LAR has a specific provision which stipulates that where a provision conflicts with the mandatory safeguard requirement of the Development Partner, then the later will prevail.

The SOP-LAR was promulgated under **Sub Decree No. 22 ANK/BK** on 22 February 2018 and applies to all externally financed projects in the Kingdom of Cambodia. The GDR of the Ministry of Economy and Finance (MEF) is responsible for providing interpretation, guidance and clarification to users of SOP-LAR. Given that the proposed H-EQIP2 is a donor-funded project, the provisions of **SOP-LAR** will apply to the proposed GEIP and therefore should be read together with this RPF.

Gap Analysis: WBs ESS 5 and SOP-LAR

The WBs ESS 5 recognizes that project-related land acquisition and restrictions on land use can have adverse impacts on communities and persons. The objectives and principles of land acquisition and involuntary resettlement stipulated in the SOP-LAR are same as those outlined in the WB's ESS 5. The SOP-LAR is consistent with the specific requirements under the WB's EES 5 on consultation, grievance redress, social support, livelihood restoration, resettlement assistance, standard of living of poor and vulnerable, entitlements for persons without title or legal rights except for land, information disclosure,

payment of compensation and entitlements prior to physical displacement, and the supervision and monitoring of implementation of resettlement plans. The key departure is on the requirement on **negotiated settlement**.

The procedures for negotiated settlement are not described in the SOP-LAR. This does not prevent the acquisition of land through negotiated settlement as the General Department of Resettlement (GDR) has a lot of experience in acquiring land thorough negotiated settlement. The RPF spells out the detailed procedures that the GDR will follow in case there is a need for involuntary acquisition of land and also describes the procedures that will be followed in case of acquisition of land through negotiated settlement. Negotiated settlements with affected persons should be carried out in a manner that meets the requirements of the WB ESS5. All the provisions in WB ESS5 will apply in cases where failure to reach negotiated settlement would have resulted in expropriation or other compulsory procedures.

The key requirements under ESS 2 and the corresponding provision in the SOP-LAR demonstrating the consistencies between two are shown in Table 1.

Annex Table 6: Summary of Clarifications Between RGC's SOP-LAR and WB's ESS5

Items with Clarification	RGC SOP	WB ESS5	Clarification
Livelihood Restoration and Assistance	SOP details specific measures to restore livelihoods which are land-based, employment-based and business-based.	Provision of livelihood restoration and assistance to achieve WB ESS5 objectives to assist displaced persons in their efforts to improve, or at least restore, their livelihoods and living standards.	Based on SOP, an Income Restoration Program would be provided to re-establish sources of livelihoods for those APs who have permanently lost their sources of livelihood. However, this may not be application in H-EQIP2. If this would happen, a Detailed Resettlement Plan (DRPs) will include provisions to ensure livelihood restoration programs are robust and can accurately meet the livelihood restoration objectives in line with WB ESS5.
Grievance Redress Mechanism (GRM)	Appendix 8 of the SOP provides the structure and details on the operating guidelines and procedures of an effective functioning Grievance Redress Mechanism. It provides a 3-step process including,	Annex 1 of ESS10 includes details of administrative and judicial process on Grievances Redress Mechanisms to handle grievances /complaints under all ESS.	The SOP states that there will be consultations with APs at various stages including during Basic Resettlement Plan (BRP) and Details Resettlement Plan (DRP) preparation.

Items with Clarification	RGC SOP	WB ESS5	Clarification
	the registration and recording of complaints and the judicial process if, the complaints remain unresolved at the administrative level. The detailed procedures for at each step are also provided in the SOP.	Participation in resettlement planning and implementation, including in developing appropriate Grievances Redress Mechanisms that are useful and accessible to local people.	Prior to the preparation of the DRP, confirm eligibility criteria and discuss entitlement matrix, as well as to introduce GRM. In addition, the copies of the Guidelines for GRM are translated in Khmer and provided and explained in detail to the APs during the public consultation process. There are clear mechanisms for grievance redress in the SOP. • While the mechanisms are clearly set out, GDR will ensure it is accessible to all APs, in particular vulnerable APs and women.

Items with Clarification	RGC SOP	WB ESS5	Clarification
Consultations And Stakeholder Engagement	The SOP details out number of steps to carry out consultations at various stages of the land acquisition and resettlement process and compensation. Para 126 mentions that the consultation is undertaken throughout the project cycle. SOP provides for stakeholder engagement in respect of land acquisition and involuntary resettlement. The SOP provides for disclosure of the RF to the stakeholders and public before the approval of the project. Similarly, the DRPs are also disclosed to stakeholders and public after approval by the DP.	ESS1 requires that stakeholder engagement with affected and interested stakeholders will be throughout the project cycle in line with the project's Stakeholder Engagement Plan (SEP), including ongoing consultations and document disclosure.	Meaningful consultation as per WB ESS10 should be conducted, with particular attention to ensuring it is a two-way process, that allows for feedback from APs and they are informed as to how their feedback was incorporated.

PRINCIPLES AND OBJECTIVES

The RPF will apply if proposed construction or renovation under sub-component 2.4 may incur any land acquisition and resettlement (LAR). Screening will assist decision-makers determine measures for avoiding, and if unavoidable, minimizing, or mitigating LAR impacts. Voluntary land donations will not apply under H-EQIP2. Prior to initiate any site survey or design under sub-component 2.4, the responsible team including Provincial Health Department (PHD) and Project Management Department (PMD) will conduct the social screening checklist (see Annex 1) to determine whether i) the land is belonging to MOH or other private land, ii) are there any squatters or users attention to gender.[40]

40 For instance, any financial compensation for involuntary acquisition of land or other assets should be provided jointly to a husband and wife, rather than just to the husband, even if the husband is the legal owner.

The Project's approach to manage resettlement follows the World Bank's mitigation hierarchy by:

- Avoid involuntary resettlement wherever possible;
- Minimize involuntary resettlement by exploring project alternatives which is mostly carried out by designs to avoid impact on land and assets;
- Enhance or at least restore the livelihoods of all displace persons in real terms relative to pre-project levels; and
- Improve the overall socio-economic status of the displaced poor and other vulnerable groups.

Process for Land Acquisition

If the screening and survey of the subproject sites (Annex 1) or detailed designs shows that there will be a need for land acquisition and resettlement, the MOH will inform GDR after the completion of the screening and survey. In case the number of AHs is less than 20, the GDR will propose to acquire the land through **negotiated settlement**. Nevertheless, the requirements in this RPF in line with ESS5 will apply. Where there are more than 20 AHs, the GDR will prepare the DRP with the assistance provided by the social safeguards and resettlement specialists engaged under the H-EQIP2 and submit to the WB for review and approval

Principles and Objectives on Land Acquisition

Specific principles that will guide the process of land acquisition include:

- Avoid involuntary resettlement or, when unavoidable, minimize involuntary resettlement by exploring project design alternatives;
- Avoid forced eviction;[41]
- Mitigate unavoidable adverse social and economic impacts from land acquisition or restrictions on land use by: (a) providing timely compensation for loss of assets at replacement cost and (b) assisting displaced persons in their efforts to improve, or at least restore, their livelihoods and living standards, in real terms, to pre-displacement levels.
- Improve living conditions of poor or vulnerable persons who are physically displaced to at least the national minimum standards including access to social protection systems. Provide legal and affordable access to land and resources.
- Conceive and execute resettlement activities as sustainable development programs, providing sufficient investment resources to enable displaced persons to benefit directly from the project, as the nature of the project may warrant; and
- Ensure that resettlement activities are planned and implemented with appropriate disclosure of information, meaningful consultation, and the informed participation of those affected.

Eligibility Criteria

41 Forced eviction is defined by the United Nations Office of the High Commissioner for Human Rights are "the permanent or temporary removal against their will of individuals, families and/or communities from the homes and/or land which they occupy, without the provision of, and access to, appropriate forms of legal or other protection."

This RPF applies to permanent or temporary physical and economic displacement directly caused by the project as described in the SOP-LAR, and WB's ESS 5. All AHs who have assets in the COI before the cut-off date (COD) will be eligible for compensation, regardless of their legal status.42. Eligibility will be determined with regards to the COD, which will be the last day of the first round of consultations with the community, when the road section and COI has been identified. The announcement of the consultation meetings will be posted on Commune/Sangkat/public boards. Those who encroach into/or occupy the project area after the COD will not be eligible for any compensation or any other assistance.

This RPF does not apply to impacts on incomes or livelihoods that are not a direct result of land acquisition or land use restrictions imposed by the proposed H-EQIP2. These impacts would be addressed under ESS1 of the ESF (Assessment and Management of Environmental and Social Risks and Impacts) and the sub-component's Environmental Code of Practice (ECOP) or, if required, Environmental and Social Management Plan (ESMP).

Resettlement Process: Step by Step

In line with requirements in ESS 5, the H-EQIP2 will adopt a mitigation hierarchy which will:

- Screen for land acquisition impacts (Annex 1)
- Adjust engineering designs to anticipate and avoid land acquisition impacts;
- Where avoidance is not possible, minimize or reduce land acquisition impacts;
- Inform stakeholders of their right to compensation as described in the Entitlement Matrix (EM) in the SOP-LAR and attached as Annex 3 to this RPF;
- Assess the potential to carry out the land acquisition through negotiated settlement described in this RPF;
- Where negotiated settlement is not accepted by the AHs or fails, land acquisition will follow the process defined in the SOP-LAR and the preparation of a DRP will be required. Nevertheless, negotiated settlement will be done in line with the provisions in ESS5; and
- Pay compensation to the AHs before civil works take place, with appropriate disclosure of information and available grievance mechanism as described in this RPF.

Land Acquisition

Once these specific subproject sites are identified and MOH has undertaken IR impact screening (Annex 1), if it is found that involuntary land acquisition will be necessary, MOH will inform GDR in writing and provide the COI and detailed design drawings. As far as possible, the MOH will complete the survey of several sites grouped under one contract package as this will speed up the process of land acquisition and implementation of the proposed H-EQIP2. GDR will then conduct site visits to assess the land acquisition impacts as soon as it is notified by the MOH and when the COI/detailed design drawings are received.

42 With formal legal rights to land or assets; without formal legal rights but with recognized or recognizable claim under national law; with no recognizable legal right or claim to land or assets they occupy and use.

GDR with the assistance of MOH will carry out census and survey of the affected assets and the extent of land acquisition impacts. The GDR and MOH will conduct the consultation meeting with the community and the AHs. The purpose of the meeting will be to present the findings of the census and survey and explain the option of negotiated settlement or mandatory involuntary acquisition of land and other assets. The GDR will present an information booklet which will point out the key principles and the compensation package set out in the EM (**Annex 3**).

If the number of AHs is less than 20, the AHs will be offered payment of compensation through the negotiated settlement route for consideration. If all the AHs agree with the negotiated settlement route, this will be documented in the Minutes and signed by all the AHs and confirmed by the Commune or Village Chief. The AHs will be informed that the COD is the date of the consultation meeting, and this will be recorded in the Minutes. The provisions in ESS5 will still apply.

In case there are more than 20 AHs or the AHs do not all agree with the negotiated settlement route, the meeting will be informed that a DMS will be carried out by GDR to prepare the DRP. The COD will be same as the date of the Meeting, recorded in the Minutes and the Meeting advised that only those households identified during the census prior to the COD will be eligible to receive compensation.

Following the consultation meeting, GDR will plan the schedule for conducting the DMS and the Replacement Cost Study (RCS) and inform the commune and village authorities in advance through the PRSC-WG at the province level.

In case of **negotiated settlement**, the following process will be followed:

- The GDR will conduct the DMS and the RCS to determine the inventory of losses and the replacement costs.
- The RCS will calculate the market value of the land that will need to be acquired.
- If there is a loss of income, the RCS consultant will calculate the amount of losses based on the Entitlement Matrix (EM) attached to the RPF.
- In case of loss of fruit trees, the RCS consultant will calculate the economic loss based on maturity and formula shown in the EM.
- If there is physical displacement, transitional allowances will be provided at the rated shown in the EM.
- The total amount of compensation will be calculated and offered as a lump sum amount.
- A contract will be prepared showing the breakdown and the total amount of the compensation and negotiated with each AH. Minutes will be prepared and signed by the IRC-WG and the AH and witnessed by the Commune or Village official.
- If all AHs agree with their lump sum compensation package, the lump sum amount will be paid upon signing of the contracts.
- In case an AH does not agree on the negotiated settlement, the offer of negotiated settlement for all the AHs will be withdrawn and GDR will proceed to prepare the DRP for submission to WB for review and approval.
- A report on negotiated settlement will be prepared after the process is completed and submitted to the WB.

Cut-off Dates (CODs)

As per WB ESS5 para 20, the COD needs to be well-documented. Persons not covered can be eligible in case they can show proof that they have been inadvertently missed during the census The COD will be set and announced by MOH, after the first round of consultations with the local community and AHs at each site where there will be land acquisition and resettlement impacts, which will be the last day of the consultations in case all the AHs could not be accommodated in one meeting. The COD will establish the eligibility for receiving compensation and the resettlement assistance by the APs. The COD will be recorded in the minutes of the consultation meetings.

Detailed Measurement Survey

A detailed measurement survey (DMS), which compiles the census, household socioeconomic data and inventory of loss (**IOL**) information, will be conducted by GDR, with support from MOH, after the completion of detail design and demarcation of land to develop the inventory of LAR on AHs, assets and business, if any. The AHs will be informed through the Commune and/or Village authorities in advance of the schedule for undertaking the DMS.

The measurement of the land, structures and other productive assets of each AH is carried out during the DMS which is the basis to determine the compensation package. The measurement is carried out with the full involvement of the AH to avoid any disputes on incorrect measurements or calculations and under payment of compensation. The DMS Team will install pegs or markers for the demarcation of the affected land in the presence of the AH and carry out the calculation of the area of the land and other assets that will be lost. The land is also classified based on actual land use.

Replacement Cost Study and Asset Valuation

In parallel with the conduct of DMS, a Replacement Cost Study (RCS) will be undertaken by an independent consultant experience in asset valuation as detailed in SOP-LAR. The RCS is the method of valuation of assets at full replacement cost yielding compensation sufficient to replace assets, plus necessary transaction costs associated with asset replacement. Transaction costs include administrative charges, registration or title fees, and any similar costs imposed on AH. The payment of compensation for lost assets is based on market value or at full replacement cost prevailing at the time of the DMS and is determined by an independent agent and confirmed by GDR following the criteria of WB ESS5 para 13.

The **independent RCS consultant** (individual or firm) will be recruited by the GDR. The RCS will consider, among others, the type of trees and maturity of the tree; the type of materials, their quality and local market value; the costs to transport materials, etc. based on local conditions. The compensation amount for loss of assets for each AH is calculated based on the DMS of the affected assets in the IOL and applying the unit rates from the RCS report to their measurements to arrive at the replacement costs of the affected assets.

The IOL and the measurements will be recorded and signed by the IRC-WG and the AH and witnessed by the Commune/Village Official, normally the Chief.

The preparation of DRPs will follow the procedures above as described in the SOP-LAR and be consistent and in compliance with the WB's ESS5, including the concept of full replacement cost. A detailed sample outline for an DRP, consistent with RGC's SOP-LAR and the WB's ESS5, is included in Annex 2. Key tasks for-DRP preparation are summarized in Table 2. Clearance of DRPs by the WB will be necessary

Annex Table **7**: Summary of Key Tasks by GDR on DRP Preparation

Task	Requirements
Institutional Arrangements	Establishment of the Inter-ministerial Resettlement Committee and IRC-Working Group (WG). Establishment of the Provincial Resettlement Sub-Committee and PRSC-WG.
Detailed Measurement Survey (DMS)	Demarcation of land and DMS (100% household survey, 100% IOL, and full Census through DMS Questionnaire).
Gender	Gather gender information. Prepare plan for provision of social support, services, employment, and means of subsistence for income support for female headed households affected by loss of land or assets.
Poor and Vulnerable Groups	Update database based on DMS. Determine different categories of poor and vulnerable groups, and the eligibility of each to receive an additional assistance package. Finalize the additional assistance package.
Replacement Cost Study (RCS)	Hire an external expert to carry out the RCS to determine prevailing market rates to replace lost assets. Methods of valuing affected assets and calculating compensation for each eligible affected person or household will be at full replacement cost in line with ESS5 of the WB ESF.
Compensation Package	Update the RPF Entitlement Matrix to show the full and complete compensation package that will be made available to the APs.
Livelihood Support Plan (if applicable)	Prepare plan for livelihood support program for permanent loss of sources of livelihood, in consultation with APs.
Grievance Redress Mechanism (GRM)	Operationalize GRM at the provincial level. Outline procedures for handling complaints in line with SOP and provide details to APs during the consultation process to ensure it is readily accessible and useful to the APs.
Consultation	Conduct meaningful consultation with APs at the commune level based on WB ESS 10, to inform them of their overall entitlements and the method of computation of compensation, as well as the GRM. Seek their feedback on the resettlement process. Meaningful consultation with AHs eligible for relocation on the Resettlement Sites (if applicable) at commune/village level as per guidelines above. House to house consultations to confirm measurement surveys using DMS. Consultations with APs on compensation rates prior to signing of contracts.

Task	Requirements
Monitoring and Reporting	Prepare arrangements, designate roles and responsibilities for monitoring and reporting implementation of the resettlement plan, and reporting requirements. Determine scope of internal monitoring.
Formulation of Budget	Prepare estimates of land acquisition costs by GDR.

Source: SOP-LAR

Compensation and Other Resettlement Assistance

All persons whose land or other assets are within the area where construction is planned will be eligible for compensation for those lost assets regardless of their legal status. In addition to the compensation for loss of assets, compensation is paid for loss of income from use of land, businesses, employment, and other income sources; transportation allowances; subsistence allowances during the transition period; and income/livelihood restoration programs. For the **Poor and Vulnerable** in addition to the above, a **special assistance package is provided under which the cash grant for subsistence allowances** and livelihood restoration program are **doubled.**

Fruit trees, other economic trees and standing crops will be compensated according to the principles of replacement cost in the SOP-LAR and the WB's ESS5. Where possible, AHs will be allowed to harvest crops before acquisition or temporary use of the land.

Businesses affected by land acquisition will be compensated for loss of income, as well as transport allowances where relevant.

Cash compensation based on the principles of replacement cost will be provided to AHs losing structures, or parts of structures, such as kiosks, roofs, concrete pavements, fences or houses. Transport allowances will be provided where relevant.

APs whose land is used temporarily during construction will be compensated for loss of income from crops or other assets during the period of construction.

Vulnerable Groups

Aquisition of land or other assets of vulnerable households cannot be avoided, additional assistance will be provided to those vulnerable households. If it is a poor household, the assistance will assure their living conditions are improved and that they will have a standard of living above poverty level.
Vulnerable persons are considered: (i) households below the poverty level established by the RGC; (ii) households headed by elderly with no means of support; (iii) female headed households with dependents, especially those below the poverty level; (iv) disabled headed households; and (v) indigenous people (who often have traditional land rights but no formal titles).
Sarin: Acquisition of land or other assets of vulnerable households cannot be avoided; additional assistance will be provided to those vulnerable households. If they are physically displaced, they will be entitled for improving their living conditions through provision of adequate housing, access. to services and facilities, and security of tenure. Vulnerable persons are considered: (i households below

the poverty level established by the RGC; (ii) households headed by elderly with no means of support; (iii) female headed households with dependents, especially those below the poverty level; (iv) disabled headed households; and (v) indigenous people (who often have traditional land rights but no formal titles).

Livelihood Restoration Program

Under the proposed H-EQIP2, it is highly unlikely that AHs will lose their sources of livelihood permanently. However, in the event of a permanent loss of livelihood, a livelihood restoration support program will be prepared in consultation with the AHs and simultaneously implemented in parallel with the DRP to assist them in re-establishing their livelihoods. Depending upon their existing livelihood, the eligible APs would be entitled to participate in any one of three types of programs as outlined in SOP-LAR:

- Land-based Livelihood Restoration
- Employment-based Livelihood Restoration
- Business-based Livelihood Restoration

Land-based Livelihood Restoration

This would be offered to APs who depend on and permanently lose land-based sources of livelihood like agriculture and livestock. They will be provided:
Alternative agricultural land, if available, introduction of higher value, or of value-added production, and training in farming and related skills specifically designed for their needs.
Financial support as a lump sum cash grant to assist in re-establishing their livelihood.

If no alternative agricultural land is available, or if the APs wish to undertake a new type of livelihood, they will be offered the option to participate in either an employment-based or business-based livelihood restoration program.

Employment-based Livelihood Restoration

For APs who rely primarily on employment for their livelihood and have permanently lost that employment as a result of LAR, or for APs with land-based sources of livelihood who opt for new livelihood, an employment-based livelihood restoration will be offered, which will provide them with:
Employment skills training, based on employment opportunities in the community. A survey of the employment opportunities in the proximity of the relocation sites would be carried out as part of the preparation of the DRP which would be analysed to determine the types of jobs available, and the skills set requirements. The training program would be developed to help build these skills set for the AHs. In lieu of skill training provided under the proposed subprojects, a cash grant for AHs to pursue skills training of their choice elsewhere may be offered when there are insufficient numbers of AHs who lose their employment.
Additional financial support as a lump sum cash grant, to assist them and their families until they are employed.
Priority for construction jobs at the subproject site.

Business-based Livelihood Restoration

For APs who rely on business for their livelihood and have permanently lost that business, or for APs who opt for this program, a business-based livelihood program will be offered, which will provide them with:

- Business skills training, focusing on micro or home-based businesses, based on business opportunities in the community. As very few APs would require this training, a cash grant would be provided them to pursue the skills training of their choice.
- Additional financial support as a lump sum cash grant, to assist them and their families until they establish their new business.

Contracts with AHs and Compensation Payments

The agreement on the compensation package is confirmed under a formal and binding contract between IRC-Working Group (IRC-WG) and each of the AH. In case of negotiated settlement, a meeting is held at the commune or village office or community hall where the contracts are offered and explained to the AHs on an individual basis before negotiation and signing. On signing, the AH is paid the compensation as a lump sum amount. If any errors are found during the meeting, they will be corrected on the spot.

In case of the DRP, a meeting is held with the AHs and the contracts are offered and explained to the AH on one-to-one basis. The AH can sign the Contract at that time or within the next three (3) days. The compensation payments are not made at this stage and a separate meeting is scheduled for making the compensation payments at a later date. The AHs are informed in advance of the date of the meeting for the compensation payments through the Commune and/or Village Offices.

Consultations and Information Disclosure

Keeping APs and the general public informed about the proposed H-EQIP2, its expected benefits and potential impacts is crucial. Disclosure of relevant H-EIQP2 information helps the APs and other stakeholders to understand the risks, impacts and opportunities of the development project. Meanwhile meaningful consultations can avoid the potential for conflicts, address the concerns of persons to the extent possible, avoid bottlenecks to minimize project delays and contribute towards mitigating adverse impacts. The consultation and disclosure activities are specified in the SOP and should be consistent with WB ESS10 including requirements for meaningful consultation and two-way process, and the requirements of the SEP.

Information Disclosure

This RPF will be disclosed at the national level in the MOH website and the World Bank website. The RPF will also be consulted on and disclosed in national-level consultations and disclosed in Commune and Village Offices and, as per guidelines in the SEP, ahead of WB's project appraisal. Once the subproject sites are identified, if land acquisition impacts are expected from the involuntary resettlement impact screening checklist (**Annex 1**), the proposed project information will be explained in detail to

the stakeholders in Khmer language and the Public Information Brochure (PIB) distributed and explained to them. The proposed H-EQIP2/subproject information in the PIB covers the following:

- The purpose, nature and the scale of the proposed sub-project;
- The location of the proposed sub-project and project components;
- The duration of proposed sub-project activities;
- The corridor impacts, right of way, timing of DMS, eligibility, entitlements and compensation policy, replacement cost study, and the timing of the establishment of the grievance redress mechanism; The potential for voluntary land contribution, procedures, rejection of compensation (described in point iv), grievance redress and documentation;
- The timing of the establishment of the grievance redress mechanism;
- Potential risks and impacts of the proposed project on local communities; and
- Names and contact details of key persons on land acquisition and resettlement.

Land Acquisition

In cases of land acquisition, the RPF and the DRPs will be made available in a timely manner in places accessible to AHs and the communities. They will be posted at the Commune Office and the PRSC-WG will hold meetings to explain them in the local language. There will be a continuous open line of communication between the commune and village chiefs and the Team Leader of PRSC-WG which will facilitate the process of clarifications. The RPF and DRPs, without sensitive personal information, will also be disclosed at MOH and the WB websites.

Consultation and Participation

Meaningful consultation based on WB ESS10, and definitions described in this RPF, if there is land acquisition took placed, the project team should engage APs and AHs at commune level to inform about the overall entitlements and method of computation of compensation and the GRM procedures, to seek their feedback of the resettlement process. The SEP under the H-EQIP2 will informed who should be engaged in the consultation and how to best consults with the relevant stakeholders throughout the project life cycle.
Consultations on land acquisition will be a continuous process and will consist of several rounds of consultations at various subproject locations, as described in the SOP-LAR. Consultations will start early when subproject construction sites are identified and prioritized, through the identification of land acquisition impacts. These consultations will be led by the assigned social specialist, who will work with the community to determine if there are alternative sites available with less land acquisition impacts that were not yet considered during the initial construction planning. Once it is determined that some land acquisition or loss of productive assets will occur, all the APs will be informed of their rights to compensation and other entitlements (if relevant), and livelihood restoration options (if relevant), as well as the process for grievance redress and the proposed construction schedule. At this stage of consultation, key concerns and suggestions raised by APs will be recorded in the minutes of the meeting in summary form and incorporated in the land acquisition and resettlement of subproject planning process as much as possible. The consultation will be followed with several rounds of further consultations DMS, contract signing and compensation payment stages.

Key stakeholders in the consultation process for land acquisition will include:

- APs, with special attention to women, poor and vulnerable people, and Indigenous Peoples.
- MOH and its Provincial and District Offices.
- IRC and GDR, including IRC-WG and PRSC-WG.
- Provincial and Local authorities (District/Khan, Commune/Sangkat Councils and Village Offices), including representatives of women's groups.
- HC and Civil Society Organizations.

The aim of the first consultation will be to introduce the project, its aims, benefits, impacts and the land acquisition process. The option of negotiated settlement will be explained in detail. The PIB prepared by PMU Consultants and MOH will be shared and made available at the commune/village council office in the subproject area. It will also be distributed to all the attendees and explained in detail during the meeting to ensure all attendees are properly informed about the subprojects. The GRM procedures and processes will be introduced to APs and their views sought. The major concerns raised by AHs will be recorded in the Minutes of the meeting in summary form. If the AHs agree to negotiated settlement, this will also be recorded in the Minutes.

The second round of consultations will focus on project impacts and will be undertaken jointly by IRC-WG and PRSC-WG at the DMS stage. This consultation will take place with AHs and relevant authorities, such a village/commune leaders or village elders before the start of the DMS. The purpose of DMS process, the DMS Questionnaire and the IOL will be explained to all the AHs in a common meeting. Thereafter, the DMS team will meet AHs on one-on one basis and explain the purpose DMS process before proceeding to filling out the DMS Questionnaire and carrying out the measurements of the affected assets. The measurements will be taken in the presence of the AH and the AH will confirm the loss of assets and the measurements. The AH will sign the completed DMS Questionnaire and the IOL and witnessed by a community elder or official. This process is followed both for the negotiated settlement and the mandatory involuntary land acquisition route. The PIB will have been updated by GDR with information on entitlements, and GRM process will be made available and explained in detail to all attendees. The GRM will be operationalized and fully functional.

A third public consultative meeting will be held prior to the signing of the agreement or contract for the compensation package and is undertaken jointly by the IRC-WG and PRSC-WG. At this stage, the DMS and the RCS are completed, the compensation package for each AP is known and draft contracts will be prepared. The consultative meeting explains the compensation package, schedule, procedures, entitlements and GRM, among others. APs will be provided the option to sign the contract during this consultation stage or given 3 working days to submit the signed contract to the IRC-WG through the village council office.

If any APs are unable to participate in the meeting, best efforts will be made to visit them at their homes or seek the assistance of the village office to contact them. In case of negotiated settlement, the compensation package will be negotiated with the aim to reach an amicable lump sum amount.

The next consultative meetings will be conducted when the compensation payments will be ready to be disbursed. This consultation will be undertaken jointly by the IRC-WG and PRSC- WG. The schedule for compensation payments will be informed to the APs at least one week in advance through the commune/village office. The consultation will be on a one-on-one basis where each AH will be explained the composition of its compensation payment before the payment is made.

Grievance Redress Mechanism

The Grievance Redress Mechanism seeks to resolve concerns promptly, using an understandable process that is culturally appropriate and readily accessible at no cost. Grievances can be submitted if someone believes the Project is having a detrimental impact on them as a result of land acquisition impacts. Stakeholders may also submit comments and suggestions. Grievances or concerns relating to issues other than land acquisition should be referred to the project's overall GRM described in the Stakeholder Engagement Plan (SEP). The GRM is set up to deal with complaints relating to unjust compensation, inadequacy of entitlements, inaccuracies in detailed measurements or errors in computation of the compensation payments, among others. The GDR through IRC will facilitate the establishment of a Provincial Grievance Redress Committee (PGRC). The PGRC will be established by the Provincial Governor in consultation with the IRC.[43]

The PGRC comprises of representatives from the relevant provincial authorities and MEF as follows:

- Chair: Provincial Governor, or person appointed by the Provincial Governor
- Vice Chair: Director of Provincial Department of Land Management, Urban Planning and Construction
- Member: Director of Provincial Department of MEF
- Member: Chief of Provincial Office of Law and Public Security
- Member: District Governor
- Member: One Representative of Local Based Civil Society Organization

During consultations relating to land acquisition, including negotiated settlement, AH will be encouraged to resolve grievances on the ground as a first step to expedite the process. An AH could seek the assistance of the village or commune chief or a community elder to discuss and find an amicable solution to the grievance with the leader of the PRSC-WG. This would be done verbally and a formal written complaint by the AH is not required (although the complaint and how it was resolved will be recorded as part of the grievance records and the project's monitoring process). The PRSC-WG would consult with the IRC-WG to ensure the grievance is properly addressed. However, if the grievance is not resolved to the satisfaction of the AH or in case the AH prefers, he/she may seek the formal route for lodging the grievance as explained below.

The GRM will also allow for anonymous complaints to be raised and addressed. However, it will be noted to AHs that anonymous complaints – if relating to specific entitlements, for example – may take longer to resolve without sufficient details. Nevertheless, there may be instances where anonymous complaints are still relevant and therefore will be accepted. Such complaints will be addressed by the GDR and if the matter is not resolved, the complaint will be forwarded to the third step of the GRM to the PGRC for resolution.

43 There are GRM with trained GRC members already operating and fully functional for various projects/subprojects in several provinces. Ideally, they should be activated for the GEIP and its subprojects by adding or substituting with relevant representatives and training them.

First Step: The aggrieved AH can lodge a written complaint to the Head of the District Office where the subproject is located. The AH can bring a community elder or representative to mediate in the matter at the District level. The IRC-WG will appraise the Head of the District Office about the matter. The conciliation meeting must be held, and a decision taken within 15 working days after the date of registration of the complaint by the District Office. If the complaint is resolved at the District Level to the satisfaction of the AH, the IRC-WG will inform GDR's Department of Internal Monitoring and Data Management (DIMDM), which will review and seek the approval of the Director General, GDR for appropriate remedial action. The AH will be informed in writing by the GDR of the decision and the remedial action that will be taken within 15 working days from the receipt of the letter from the District Office. If the complaint is rejected at this stage, the District Office will inform the AH in writing and if the AH is not satisfied with the result, s/he can proceed to the next step and lodge a written complaint to the GDR for resolution.

Second Step*:* The GDR through its DIMDM will carry out a holistic review of the complaint and submit a report on its findings with the relevant recommendations, if any, to the Director General, GDR for a decision. It may also conduct a field visit to meet the aggrieved AH and the IRC-WG to gather the relevant details. The final report must be completed within 30 working days from the date of receipt of the complaint and submitted to the Director General, GDR for a final decision within 5 working days of receipt of the final report. In the event that the subject matter requires a policy level intervention, it will be referred to the IRC for a decision in which case 10 more working days will be added to the deadline for final decision.

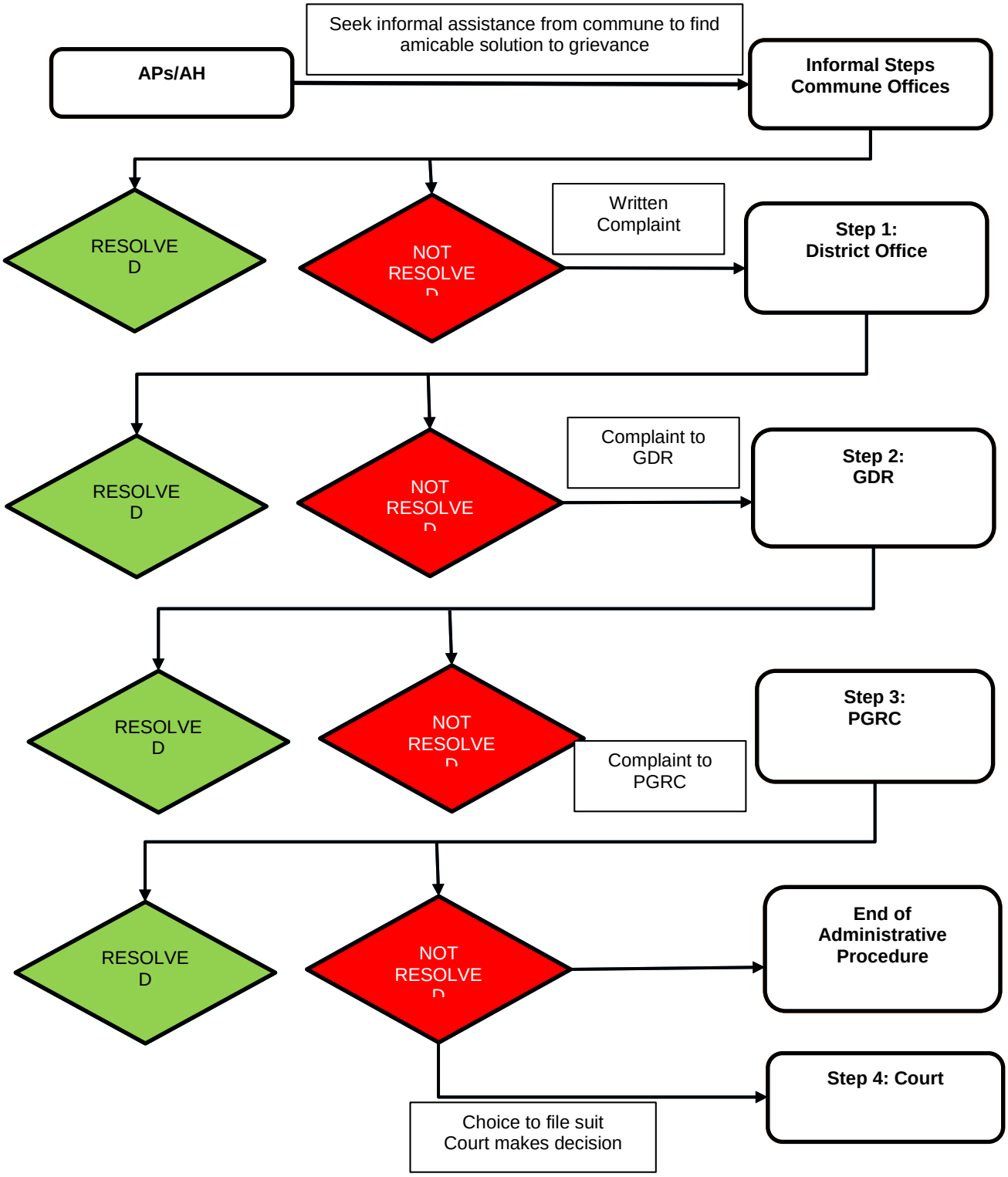
Third Step*:* The AH will submit a written complaint with the PGRC through the Provincial Governor's Office. The AH or a representative will be given an opportunity to present its case during the meeting and the PGRC may consider any compelling and special circumstances of the AH when reaching a decision. The GDR will send a representative, as a non-voting member, to provide explanation for the rejection of the complaint at the second step by the GDR. The decision of the PGRC must be reached on a consensus basis and will be final and binding except when the matter relates to any policy of the Government. Decisions on Government policy matters on land acquisition and resettlement are decided by the IRC. The PGRC will have 40 working days from the date of receipt of the complaint to reach a final decision. The decision of the PGRC will be sent to the IRC through the GDR for endorsement before taking any remedial action.

The handling of the complaint ends at the Third Step. There are no fees or charges levied on the AH for the lodgment and processing of the complaints under the First, Second and Third Steps. However, as provided for in the Expropriation Law, the aggrieved AH can file a suit at the Provincial/Municipal Courts, as applicable, to seek a resolution. Such actions will be at the cost of the AH. At this stage, there is no involvement of the GDR, PRSC or IRC-WG unless there is a judicial order from the competent courts.

Figure 1 illustrates the above GRM procedure adopted from the SOP-LAR.

Figure 1: Flow Chart Illustrating GRM Procedure Adopted from SOP-LAR

Notes: In case of Group Complaint, GRM process starts at step 2



Funding and Implementation Arrangements

Budget and Financing

The budget for land acquisition and resettlement, as well as any livelihood restoration, will be prepared after the DMS and RCS are completed and included in the DRP. In case of negotiated settlement, it is included in a separate report on negotiated settlement. The budget is financed by the counterpart funds allocated from the national budget by the RGC. There will be no financing of land acquisition from H-EQIP loan funds.

The GDR will be responsible and accountable for all financial management functions relating to the use of the budgeted funds. The funds for land acquisition are provided to the GDR from the Counterpart Funds Account. Once the budget is approved by the MEF, the funds are released by the General Department of Treasury and deposited into a project designated account established by the GDR for the Project in the National Bank of Cambodia. Following an internal process, the funds are released from the project designated account, as and when necessary, and provided to the PRSC, which is responsible for making payments to the AHs.

Implementation Schedule

The procurement of civil works will commence once subproject location sites have been selected and their detailed construction designs have been completed and submitted to GDR, the demarcation of land is completed by the MOH for the IRC-WG to commence the DMS. Given the limited size of subproject sites, it is expected that, in the event of land acquisition, there would be few AHs, and thus the DMS (census and inventory of loss) can be completed within 1 month after the detailed construction designs are submitted to GDR. The preparation of the DRP and/or negotiated settlement report and its approval by the IRC and the WB is expected within 2-3 months thereafter. After approval of the budget and release of funds, compensation payments should be completed in no later than 2 months.

Civil works can commence only after compensation payments at full replacement cost and other entitlements have been provided the APs, and an income restoration program, where applicable, supported by an adequate budget is in place.

Institutional Arrangements

Ministry of Health

The Ministry of Health (MOH) is the implementing agency for the proposed H-EQIP and will implement the project activities using their existing institutional setup and departments. The PMD is responsible for Environmental and Social Safeguard including RPF implementation, will be assisted by project consultants and the Provincial Health Departments (PHD) in the implementation and site supervision of the subprojects in the provinces.

National Institutional of Public Health (NIPH) will lead the implementation of activities to strengthen laboratory systems to ensure the capacity and capabilities of laboratories as an essential component of the national preparedness and response to EIDs, TADs, AMR, and identified priority

diseases. Communicable Disease Control Department (MOH-CDC) will lead the implementation of activities to strengthen the surveillance system to detect, prevent, and respond to emerging disease outbreaks of pandemic potential. These activities will not incur in land acquisition.

Ministry of Economy and Finance (MEF)

National Payment Certification Agency (NPCA) will be in charge of preparation of relevant AOPs and procurement plan(s), monitoring and evaluation, and management of activities. These activities will not incur in land acquisition.

Project Director

The Project Director (PD) will be responsible for overall guidance and policy advice, internal coordination, discussion, and resolution of project matters with counterparts within the ministry and with other government agencies, as well as public disclosure and stakeholder involvement (including other donors and civil society, if relevant).

Project Manager

The Project Manager (PM) at PMD will provide day-to-day support to the PD and be responsible to ensure the Project Operation Manual is followed, environment and social activities are implemented, all consultants follow their terms of reference and delivery schedule, project activities are carried out on schedule and within the allocated budget, and financial management reports are submitted on time.

PMD/MOH

The PMD will:

- Ensure that provincial representatives are informed about their responsibilities under this Framework.
- Prepare the draft Resettlement instruments (if required) and submit to IRC/GDR for review and approval.
- Review and approve PHD response (as outlined above) as plan of project feasibility study, prior to appraisal for any investment activities requiring access to privately owned or utilized land or other assets.
- 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.
- Respond to any grievances submitted by adversely affected persons.

PHDs

The PHDs or their designated officials will:

- 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.
- 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 APs.
- Ensure timely provision of compensation in cash or in kind, as required.

Ministry of Economy and Finance

Inter-Ministerial Resettlement Committee

The Inter-Ministerial Resettlement Committee (IRC) has the mandate to review and evaluate the resettlement impact and land acquisition for public physical infrastructure development projects in the

Kingdom of Cambodia. The IRC is a collective entity, permanently chaired and led by the Ministry of Economy and Finance (MEF), with members from different line ministries. The IRC carries out its roles through a Working Group (IRC-WG) which is established by MEF for each public investment project. The IRC is the approving authority for all RFs, draft RPs, and DRPs prior to submission to the WB for its approval.

General Department of Resettlement

The General Department of Resettlement (GDR) is the permanent Secretariat of the IRC and is the lead agency for the preparation, implementation, and monitoring and reporting of land acquisition and resettlement activities. The GDR carries these activities through its Resettlement Departments. The Resettlement Department acts as the first point of contact and interface with MOH for the entire resettlement cycle. The preparation of the RPFs has been carried out by MOH with the assistance of consultants, under the direction and guidance of GDR and will be reviewed and endorsed by the GDR before submission to the IRC for approval. The GDR is responsible for all other land acquisition and resettlement activities, including preparation of DRPs, its implementation, establishment and function of Grievance Redress Mechanism for LAR and preparing DRP Compliance report upon completing compensation payment and during DRP implementation

Inter-Ministerial Resettlement Committee Working Group

The Inter-Ministerial Resettlement Committee Working Group (IRC-WG) will monitor land acquisition activities under the project, led by the Deputy Director/Chief of the Department of Resettlement of the GDR and comprised of technical staff from MOH, staff of GDR and staff of the Ministry of Land Management, Urban Planning and Construction, if relevant. The IRC-WG will be responsible for all the field work under the supervision of the Director of the Resettlement Department and overall guidance and direction of the Director General of the GDR.

Provincial Resettlement Sub-Committee

The PRSC is a collegial body at the provincial level head by the Provincial Governor or Deputy Governor of the Provinces where the Project located. The members of the PRSC are provincial department directors of line ministries represented in the GDR/IRC, and also the chiefs of the districts and communes where the Project/subprojects are located. The role of PRSC is to:

- Provide coordination and support to the GDR, IRC and IRC-WG for land acquisition activities at the local level;
- Ensure all relevant provincial and local government authorities provide the necessary support for land acquisition;
- Manage the public consultation meetings at the Provincial Level; and
- Responsible and accountable for the disbursements of the compensation payments at the provincial level.

Provincial Resettlement Sub-Committee Working Group

The Provincial Resettlement Sub-Committee Working Group (PRSC-WG) is established by the Provincial Governor and is mainly responsible for technical functions of the PRSC and works with the IRC-WG in carrying out the land acquisition activities at the provincial level. In addition to supporting the PRSC, the PRSC-WG is to:

- Facilitate all public consultation and information disclosure meetings and maintain records;
- Cooperate with IRC-WG in carrying out DMS and Inventory of Losses (IOL) and in the implementation of the approved DRP;
- Lead the payments of compensation; and
- Prepare monthly progress reports on all land acquisition activities at the provincial level to submit to the PRSC and GDR.

Monitoring and Reporting

MOH will be responsible for monitoring the overall implementation of the proposed H-EQIP2 except the safeguard matters related to land acquisition through negotiated settlement and implementation of the DRP. MOH will be assisted in the monitoring by the consultants recruited by the PMD for project management and implementation support. The GDR will be responsible for monitoring and reporting of the implementation of the land acquisition and resettlement activities, if any.

Internal Monitoring

The role of internal monitoring and evaluation is to ensure that resettlement institutions are well functioning during the course of project implementation, and that resettlement activities are undertaken in accordance with the implementation schedule described in the DRP. In this way, the protection of AHs' interests and the schedule for civil works can be assured.

The primary responsibility for internal monitoring lies with MOH as the project implementing agency and will be coordinated by its PMU. PMU will be responsible for overseeing the formation, function, and activities of each of the subprojects, and through quarterly monitoring reports, summarize this progress. All monitoring data will be collected to ensure gender and ethnicity disaggregation.

The objective of internal monitoring by GDR is to: (i) measure and report on the progress in the preparation and implementation of the DRP; (ii) identify problems and risks, if any, and the measures to mitigate them; and (iii) assess if the compensation and rehabilitation assistance are in accordance with the provisions under the DRP.

The GDR’s Department of Internal Monitoring and data Management (DIMDM) will be responsible for carrying out the internal monitoring which will review the quarterly progress reports provided by the relevant Resettlement Department, including fielding its own missions to verify the progress and the validity of the data and information, where necessary. The DIMDM will validate that the (i) entitlements and the corresponding compensation are paid in accordance with the Entitlement Matrix in the DRP; and (ii) the GRM is functioning according to guidelines. The GDR’s DIMDM will prepare and submit a semi-annual monitoring report on the implementation of the DRP.

The internal monitoring reports will include the status of the following:

- set up of institutional arrangements;
- compensation payments for entitlements;
- relocation;
- grievance redress mechanism;
- public consultations;
- budget expenditures;
- livelihood support program, where applicable;
- overall progress against agreed implementation schedule;
- major problem and issues; and
- proposed remedial actions

The DIMDM will also validate that the (i) entitlements and the corresponding compensation are paid in accordance with the entitlement matrix in the approved DRP; and (ii) GRM is functioning as per the guidelines.

During subsequent monitoring periods, the DIMDM will look into whether or not corrective actions agreed to address land acquisition and resettlement issues in the past monitoring period (i.e., outstanding resettlement issues) have been resolved. The internal monitoring indicators are in **Annex 4.**
As long as there is land acquisition and resettlement activities, the GDR will provide MOH quarterly progress report and submit a semi-annual monitoring report to the WB. There will be one monitoring report covering all subprojects requiring land acquisition and resettlement under the proposed H-EQIP2.

External Monitoring

Given that no significant involuntary resettlement impacts are expected, external monitoring will not be required for the DRPs.

ANNEX 10: MEETING MINUTES FOR STAKEHOLDER ENGAGEMENT

1. Consultation workshop on the H-EQIP2 Environment and Social Framework Management (ESMF) specifically on draft ESMF, SEP and ESCP
Meeting conducted via Zoom
On 8 July 2021, from 8:30 am-12:00 am

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

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

Objectives: The objective of the Consultation Workshop is:

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

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

Affected parties	Other interest parties
· HEF/ID Poor holders and their family members, · Health service providers: Public Health Workers or Health facility staff including PHD, OD, Health Centers , and Contractors in charge of civil works, and their staff i.e. construction workers, nearby communities. · Disabled People's Organizations (DPO)	· Other national and international organizations and civil society groups with an interest in health, gender, IP and (DPOs), · Other public authorities including VHSGs, Village Chief, Commune councils, · Communities nearby construction sites, · MEF's General Department of Resettlement (GDR), Inter-Ministerial Resettlement Committee (IRC), Provincial Resettlement

Affected parties	Other interest parties
	Sub-Committee (PRSC) and Working Groups, · Representatives of Provincial, District and relevant Commune Women and Children's Committees and Women's Affairs, Gender Management Action Group (GMAG) in MOH, and · The public at large.

Consultation process:

- Invitation and document sharing: PMD focal person invite all key stakeholders for attending the virtual consultation. Key documents summary about projects shared to the stakeholders using telegram.
- Virtual stakeholder consultation: the virtual stakeholder consultation is conducted with stakeholders to solicit additional feedback on E&S risk and mitigation facilitated by PMD.
- Online form in Microsoft Team for anonymous feedback from stakeholders: A short bilingual (Khmer and English) guide questions to solicit anonymous feedback from stakeholders to complement the virtual stakeholder consultation.

Information disclosure to stakeholders: the project summary and ESMF executive summary are shared via telegram. A short project summary are also included in the Microsoft Team online form. PMD Director also share a link to ESMF during the meeting for project stakeholders as well.

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

o.	Institution	Name	Sex	Disabled/IPs rep
1	MOH – PMD	Dr. Kol Hero	Male	No
2	MOH – H-EQIP	Dr. Khoun Vibol	Male	No
3	MOH – HSD	Dr. Koy Virya	Male	No
4	MOH – HSD/QAO	Dr. Voeurng Virak	Male	No
5	MOH – PMD	Dr. Thol Dawin	Female	No
6	MOH – PCA	Dr. Ros Chhun Eang	Male	No
7	MEF – GDR	Mr. Seng Vanndy	Male	No
8	MEF – GDR	Mr. Seng Phearum	Male	No
9	PHD E&S Focal person	25 persons, 1 per province	21 Male and 4 Female	No
10	Mondulkiri Provincial Department of Environment	1 person	Male	No
11	Indigenous Civil Society Organization (ICSO) Representative	1 person	Male	IP representative
12	My Villages NGO representative	1 person	Male	IP representative
13	Disability Action Council (DAC)	Dr. Un Neth	Male	Disabled Person Representative
14	Cambodia Disability Mission for	Mr. Nhip Thy	Male	Disabled Person Representative

o.	Institution	Name	Sex	Disabled/IPs rep
	Development (CDMD)			
15	Consultant	Miles	Male	No
16	Consultant	Sona	Male	No
17	Consultant - CRS	Vibol	Male	No
18	Consultant – CRS	Bona (as note taker)	Male	No
19	World Bank	Dr. Nareth	Female	No
20	World Bank	Ea Sophy	Male	No
21	World Bank	Nuth Monyrath	Male	No
22	World Bank	Van Vorleak	Female	No

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

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
ON ESMF			
a) From PHD Siem Reap, with all E&S safeguard discussed here, there is concerns about the capacity of health staff i.e. PHD in implementing those safeguard practices? **b)** Do we have screening tools for E&S safeguard prior to any construction?	a) As part ESMF, PMD with consultant support also conducted a capacity assessment, and the capacity strengthening are incoporated in the ESMF regarding what need to support the PHD/OD and relevant health staff in implementing key safeguard procedures. b) For the screening tools for E&S, the draft tool is available in the ESMF document. The capacity strengthening for E&S focal person at PHD level are incoporated as activity to implement part of ESMF for H-EQIP2.	a) PHD E&S safeguard capacity with all the E&S risks discussed here. b) Available of E&S screening tools for construction at PHD E&S safeguard focal person	a) The ESMF and ESCP could be strengthen by specifically included the PHD specific E&S safeguard capacity improvement. b) The ESMF capacity development for PHD E&S focal person can be strengthen by including the discussion with them on the screening tools for construction and revised that accordingly.
a) Clear roles of PMD, Consultant, and PHD E&S focal person i.e. the role of dissemination of ESMF	a) From MoH we have relevant department, from provincial level need to have focal point from each province to responsible to monitor the process, IPC also include in that process, and the reporting flow need to have from the under existing government structure level including IP and environment. b) Additional suggestion from Dr. Hero: this process is fully under the MoH, but each relevant department need to have their ownership to implement and monitor that process to be fore effective so we need to assign the clear role and responsibilities for each person and level.	a) Specific roles of different stakeholders in ESMF and SEP.	a) The ESMF and SEP could be strengthened by adding clear role among PMD, PHD, OD and HC in relation H-EQIP2 ESMF implementation.

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
	a) ESF instruments are MOH documents. They need to be reviewed and approved by MOH before submission to the Bank."		
ON SEP			
a) Dr. Neth Un: from Disability Action Council (DAC), Government institution responsible for People with Disability in Cambodia. Suggestion: Suggestion made to ensure that construction of buildings under H-EQIP will follow national construction guidelines/design standards that ensure disability accessibility	a) Noted, Consultant team will reach out to DAC to get that document and included as one criteria for any civil works related.	a) Civil works considered PwD accessibility	a) ESMF could be strengthened basically on civil works to by using the DAC design standard.
a) Dr. Un Neth: suggest adding DPO organization from each province in these stakeholders as they are very active in the disabilities work	a) Noted, PMD and consultant team will incoporated DPOs specifically as part of the Stakeholder	a) Including all relevant stakeholders	a) Project SEP strengthen by including DPOs at each province.
a) Mr. Vivath from ICSO's Ideas (working with IP community): This ESMF guideline is good that we plan to integrate with IP communities, so he suggested that before we conduct any construction related to this H-EQIP2 we need to have a broader shared the knowledge. b) Other stakeholders should be include the youth with disabilities, as youth now play very important role in the health sector as they are able to access the technologies so that they can shared that information to other people in their communities related to health information or we are more easy to build the network or establish the group with them.	a) Noted, PMD and consultant team will incoporated youth specifically as part of the Stakeholder	a) Including all relevant stakeholders	a) Project SEP strengthen by including youth with disability where possible.

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
a) **Mr. Nhip Thy have question:** H-EQIP2, how the project included the IP and People with Disability (PwD) in?	a) This will start from the project design process that already discuss in SEP, including the collection of concerns, needs and how to best engage those vulnerable groups. b) During the implementation, it's essential to use the existing structure (HCMC, VHSG) to inform the IP or disabilities person about the H-EQIP information or how to claim the benefit from that scheme, and we also use the existing network like DPO to help the disabilities person to better understanding on the scheme or the guideline.	a) Including all relevant stakeholders	a) Project SEP strengthen by including IP and PwD.
a) Suggestion from Dr. Ros Chhun Eang: currently in MoH we have the committee to address the issues related to the health sector, so do we need to include them as our stakeholders in this process? b) From his observation, he is a bit not clear about whose are the main actor to implement this guideline or who do what? For example, working with IP who conduct the knowledge sharing to IP or disabilities? Dr. Ros Chhun Eang said that the World Bank team should have the guideline of Health Equity Fund scheme and they should share that document to this H-EQIP2 team to adapt and if possible, use the existing team to add to this process.	a) Noted, PMD and consultant team will include the provincial and district sub-committee on HEF as one of main stakeholders that project can leverage from. b) For this H-EQIP2 now we learnt from the H-EQIP1 on the impact to the social and environment and the limitation or gap related to the impact. IPC is also the big point related to this guideline. From those learning we come up with this ESMF. The role for information sharing is vary by level, the community especially for IP, based on the assessment, Village Health Support Group (VHSG) and village chief is the preferred channels.	a) Including all relevant stakeholders b) Specific roles of different stakeholders in ESMF and SEP.	a) Project SEP could be strengthened by including HEF sub-committee at provincial and district level b) The ESMF and SEP could be strengthened by adding clear role among PHD, OD and HC in relation H-EQIP2 ESMF implementation particularly the engagement at the ground with vulnerable groups including IP and PwD.
a) Mr. Vandy Seng from MOEF, due to the result from the Assessment we don't see	a) The civil works under H-EQIP2, as we also learned from H-EQIP1, will only conduct	a) Screening tools including info	a) ESMF specifically on RPF could be strengthen and

Comments/ Questions	Response	Potential risks to be considered	Implication on ESMF and/or project design
any impact to the social or environment to community, but the Government need to have the framework (RPF) to address the negative impact and the team are ready to solve the problem when the grant approved. b) Mr. Vandy Seng, asked to the MoH, when this framework implement (timeframe)? Do we need to do at the same time to all 25 province or what? So that his team from MOES are aware and be ready to monitor that implementation.	on MOH's land. The screening tools integrated into ESMF will collect key information whether the Resettlement Action Plan (RAP) will trigger or not and engagement with GDR is essential when any land acquisition is happening under any subprojects. b) Respond from Ms. Van Voleak: to Mr. Seng Vanny, in this H-EQIP2 is continue from the H-EQIP1 which will be end on Jun-2022, so this H-EQIP2 will start on Q2 of 2022, and this process will start at all 25 provinces, but she mentioned that for those hospital that require the renovate will based on the immediate need from the rapid assessment from the H-EQIP2 team. The 25 provinces may start at the same time, but there will only few of them may have relevant civil works/construction.	about potential land acquisition for any civil works b) This is just a clarification.	including the screening tools to garner info about any land acquisition. b) N/A
ESCP			
a) Related to the Labor Management procedures specifically on the Occupational health, on the scope, do this refer the worker for constructor or the workers for the health sector?	a) This framework is referring the construction worker and health workers, we need to ensure that the workers were equipped with the PPE or other safety equipment during their works. That is apply for both health care providers and construction workers. For health care providers, the assess to PPE, or other essential materials to safely perform their roles in IPC and HCW. While the contractors can be the used of PPE and relevant materials to safely performs their duty.	a) This is just a clarification.	a) N/A

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

The meeting waswas closed by Dr. Hero at 12:00.

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

1. What are your views about the project benefits?
2. Do you have any concerns about the project risks and impacts?
3. What are the environmental risks that can be resulted from the implementation of the project? What can we do to mitigate these environmental risks?
4. What are the social risks resulted from the implementation of the project? What can we do to mitigate these social risks?
5. What we can we do prevent child labor during the construction and rehabilitation?
6. Who are the most vulnerable groups of people in Cambodia? Why?
7. Can these vulnerable groups benefit from the project? Why or why not?
8. How can we ensure that vulnerable groups including poor household, PwD, IP community, women headed household, GBV victims can benefit from the project?
    a. Poor household
    b. People with Disability (Pwd)
    c. IP community
    d. Women headed households
    e. GBV victims
9. Who commits violence against children and women? What can we do to stop violence against them?
10. Do you have any recommendations to ensure that the vulnerable groups including poor, women, indigenous people, PwD) can benefit from the project's activities?

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

2.

Annex Table 9: Summary of Responses

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

Org Type	Project benefit?	Risk/concerns	Environmental risk and mitigation	Social risk and mitigation	Approach to prevent child labor during the construction and rehabilitation	Most vulnerable groups of people in Cambodia	How vulnerable groups benefit from the project	How can we ensure that vulnerable groups can benefit from the project	VAC/GBV offender and how to solve?	Recommendation to support the vulnerable groups
								when they need the health assistant.		
RESPONSE/ Project implication	This is aligning with project approaches	The IP culture appropriate communication are discussed and incorporate in project SEP	N/A	N/A	The contractor Code of Conduct will be included the prohibit of using child labor	PWD, IP and Poor household are included as key vulnerable groups in ESMF and SEP	This aligning with HEF and project approaches for the poor household. For PwD received free services, most of HCs had provided free health services (user-fee exemption), however, some PwD may require specialized services which available in the town only.	The communication about HEF and IDPoor process and benefit is considered as main concerns and interest for the Poor, IP and PwD. This reflecting in the project SEP.	Project SEP will be strengthened to ensure that GBV training are targeted for both men and women	The use of VHSGs and villages that can speak IP and understand IP language as the main contact person for relevant info about project.

Org Type	Project benefit?	Risk/concerns	Environmental risk and mitigation	Social risk and mitigation	Approach to prevent child labor during the construction and rehabilitation	Most vulnerable groups of people in Cambodia	How vulnerable groups benefit from the project	How can we ensure that vulnerable groups can benefit from the project	VAC/GBV offender and how to solve?	Recommendation to support the vulnerable groups
IP NGO	I think the project will benefit to both demand and supply sides and it also contributes to the effectiveness of two ways communication between public service providers and citizens. The project will enhance the capacity of health officials to provide a better service through getting an on-time information as well as good flow of communication at both national and sub-national level. The project will play a critical role in improving the use of media for citizens in order to obtain information as accurate as possible.	Although the project is good, yet the real practice might be difficult for illiteracy people and hard to understand about the term of communication. People might need more time to explore a new technology in order to adapt with its circumstance.	When using too much technology, it might harm to the environment, however it could be solved by providing a clear orientation and guidance prior to its implementation of the project.	When using too much digital, then verbally communication might be reduced, thus it could be overcome by advising our citizens to balance the importance of verbal communication and technology adaptation.	We can prevent our child labor by improving the livelihood of their family by contributing with better health care services to their parents. We can also upgrade the quality of education at school so that they can fully participate without any obstacle. It also needs to make the construction owner to understand the rule of law to prevent child labor.	We can classify the most vulnerable groups as indigenous people, poor women and children, disabled people, and drug addicted youth because these people are often forgetting by normal citizens and government.	Yes, they can benefit from the project by obtaining a better communication between supply and demand sides. When the communication is good, then the people will get the right direction to go and get the services as they needed.	Before starting the project, we have to make sure that these group of people are included in the project implementation as well as project monitoring and evaluation.	Power people and uneducated elder people are often committing violence against children and women. To stop them, we need to provide the awareness to the public as well as to apply the rule of law for that committed violence. We can also educate our children and women by supporting them through a better communication as required.	The project should state clearly about the direct and indirect beneficiaries with the above vulnerable groups and clearly included in the project indicators.

Org Type	Project benefit?	Risk/concerns	Environmental risk and mitigation	Social risk and mitigation	Approach to prevent child labor during the construction and rehabilitation	Most vulnerable groups of people in Cambodia	How vulnerable groups benefit from the project	How can we ensure that vulnerable groups can benefit from the project	VAC/GBV offender and how to solve?	Recommendation to support the vulnerable groups
RESPONSE/ Project implication	This is great input. This is aligning with project approaches	To address this literacy issues, the a more direct or interpersonal communication approaches by using the VHSG and village chief to continuously education and informed the community to improved their understand on HEF and other relevant information.	The use of technology basically on the health information system. The project with MOH leadership will provide clear orientation and guidance prior to implementation.	Harness technology for health information is critical for the real time or prompt decision making at different level. The Communication using traditional method (i.e. face-to-face) still apply for the area with limited connection, low technology literacy setting i.e. IP or remote community.	The improvement of livelihood and quality education may beyond the scope of this project. the project will integrated the contractor code of conduct into the contractor contract with the clause about prohibit of child labor.	Poor, PwD, and IP community are considering as vulnerable in SEP. For drug addicted youth, this will bring to discuss with project team at MOH and World Bank.	Noted, the project communication approach will be tailor to specific needs by those vulnerable groups.	The vulnerable groups engagement are incorporated in SEP. PMD will also schedule to conduct annual consultation with those groups to collate any concerns or feedback to complementing with existing GRM.	Noted, the education and law enforcement where relevant are discussed in ESMF.	Noted, the project is not early stage of the design, the direct beneficiary would be those vulnerable groups particularly poor household with HEF card, Health staff received capacity improved. This may change after project approval.
NGO working in the conflict affected country	I think the project could better provide risk-free solution for all sorts of people, particularly people with disabilities to access the health system from both males and females, young and adults.	It depends on how much this project is invested and how much it has allocated the budget for doing the awareness of the system and how the project is strategized for a long run with the government and other partners to ensure for sustainability.	I think it is less likely to have environmental risks resulting from conducting the project	I think people might not understand well on how to use the system and don't have the proper devices to access it. This will lead to absenteeism to some extents	Some measures and regulations should be developed and put in place to prevent child labor	Children of both sexes, people with disabilities and other sorts of vulnerable groups of people such as ethnic group etc.	Some can but some cannot. It depends on their knowledge and opportunities they would have.	the project needs to scope on its coverage area and have a clear strategy and mechanism as a roadmap with well organized budget allocation to work on it.	Anyone - it can be parents, brothers and sisters, friends, relatives, grandfather and grandmother etc. We can stop it by developing a reporting system or materials such as posters to put up in the areas where we work and create a close relationship with the local authorities so that we can reduce those acts.	plan well and work actively with all related people through active awareness without any discrimination for a long run and step by step handing over to the government for future management, and also should engage with the legal experts (lawyers) to ensure this can be solved

Org Type	Project benefit?	Risk/concerns	Environmental risk and mitigation	Social risk and mitigation	Approach to prevent child labor during the construction and rehabilitation	Most vulnerable groups of people in Cambodia	How vulnerable groups benefit from the project	How can we ensure that vulnerable groups can benefit from the project	VAC/GBV offender and how to solve?	Recommendation to support the vulnerable groups
RESPONSE/ Project implication	This is aligning with project approaches. However, only PwD that had IDPoor could benefit directly from HEF.	Noted, this is why project establish the SEP for ensuring the sustainability of the project. From the consultation on 8th July, there are few stakeholders included and added how approach to engage with them.	N/A	The communication about the process including HEF, IDPoor and tailoring different vulnerable groups are discussed in SEP.	The Code of conduct for contractor were developed as part of the project sub-project implementation.	IP, PwD and Poor household are considered as vulnerable groups in SEP.	Communication about the opportunity or benefit from HEF are discussed in SEP and how to best reaching those vulnerable groups in the communication.	Noted, the proposed budget for ESMF implementation is available however, MOH approval on this is needed.	The leverage existing channel such asl local authority to education the community especially men groups about these.	Noted: the project will mainly using the existing government structure to address any inclusion and exclusion issues for vulnerable groups.
PHD/OD	Benefit of service providers by increase capacity, save time, good information sharing in timely, specific and transparent and fundamental for development.	Concern about internet connection, virus. And role of each institution.	the equipment/software need to have license, need bigger storage for storing data.	No idea	Strengthening the contractor and ensuring the relevant legal framework implementation in a transparency manner.	The poor cannot read, some workers, PwD, Entertainment workers, LGBTI, Drug User and IP.	Those vulnerable may receive limited benefit since they have limited knowledge, don't understand well and dare not asking for any questions etc.	Continue to educate them when conducting activity at community, when they come to get service. We can establish a faciliatory and information desk at HC or RH to inform them about the services.	The breadwinner had more power including decision and physical power. We can continue to education and enforce existing law implementation.	Education and training and creating the facilitation mechanism that point out the workflow/triage at each service delivery points.
Response/ Project implication	Noted: this is in line with project objective.	Noted, this point is relevant to DPHI about Health information system (HIS), will bring this for their consideration.	Noted, this point is relevant to DPHI about Health information system (HIS), will bring this for their consideration.	N/A	The Code of conduct for contractor were developed as part of the project sub-project implementation.	Noted, the project main vulnerable groups targe will be Poor household, IP and PwD. For other groups will discussed with MOH how they can benefit from the project.	Communication about the opportunity or benefit from HEF are discussed in SEP and how to best reaching those vulnerable groups in the communication.	Noted, the education and support vulnerable groups is in line project plan. For setting up the info desk at health facility, will share with DHS for their info.	Noted, this is in line with what we found from the social assessment. Agreed that where possible we should continue to education and enforce existing law implementation.	Noted, this could a good suggestion. Will be share with HSD for their consideration.

Org Type	Project benefit?	Risk/concerns	Environmental risk and mitigation	Social risk and mitigation	Approach to prevent child labor during the construction and rehabilitation	Most vulnerable groups of people in Cambodia	How vulnerable groups benefit from the project	How can we ensure that vulnerable groups can benefit from the project	VAC/GBV offender and how to solve?	Recommendation to support the vulnerable groups
DPO	I don't know	I don't know	I don't know	I don't know	It should be done through the agreement and terms of reference with the field monitoring	Persons with disabilities especially women and girls with disabilities	Yes, because they are members of the community and they obtain their rights to participate in all development efforts	Involve vulnerable groups in project planning and implementation as well as evaluation	Family and community of children and women can be the abuser - It should be overcome through ongoing awareness-raising and enforcing law implementation	Government and non-government organizations should work in real partnership to complement each other in order to maximize the benefit for all vulnerable groups.
RESPONE/ Project implication	N/A	N/A	N/A	N/A	Noted, the contractor code of conduct for contractor and field monitoring visit are included in ESMF and ESCP	Noted, PwD including women with disability are considered as vulnerable people in Social assessment, and ESMF	Noted, PwD are included and tailoring the project info sharing and GRM that allow them to participated in.	Noted, the social assessment which is part of the ESMF were discussed with PwD and DPOs as well. The evaluation at the later stage of the project may considered to included them as well.	Noted, SEP and ESMF will be strengthen by including both men and women in education of GBV, and SEA.	Noted, the project SEP including all stakeholders from govt, to CSO and CBO like DPO as well.

Consultation workshop on the H-EQIP2 Environment and Social Framework Management (ESMF) specifically on draft ESMF, and SEP
Meeting conducted via Zoom
On 28 May 2024, from 8:30 am-12:00 am

Preventive Medicine Department (PMD) of the Ministry of Health (MoH) has updated draft Environmental and Social instruments for the preparation of the Health Equity and Quality Improvement Project 2 (H-EQIP2) for additional financing with technical Assistance from World Bank. These instruments are Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP).

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

The objective of the Consultation Workshop is:

- To consult key environmental and social risks, impact and mitigation measures of the new activities as the result of additional financing
- To collect input from stakeholders for improving the ESFM and SEP update.

Consultation process:

- Opening remark from H.E Hok Kimcheng Director general of MoH
- Virtual stakeholder consultation: the virtual stakeholder consultation is conducted with stakeholders to solicit additional feedback on E&S risk and mitigation facilitated by PMD environmental safeguard consultant. The comments and suggestion were collected through the presentation for ESMF and SEP.
- In the end, Dr Hero Director of Preventive medicine thanked to all participants and appreciated their input providing for these updated ESF instruments.

Participant: There are 38 participants (Female:9), representing different ministries and institutions as follows:

No.	Institution	Name	Sex
1	MOH	H.E Hok Kimcheng	Male
2	MOH – PMD	Dr. Kol Hero	Male
3	MOH – PMD	Dr. Lak Muyseang	Female
4	MOH – PMD	Dr. Im Sophea	Male
5	MOH – PMD	Mr. Nov Molika	Male
6	MOH – PMD	Mr. Chhin Art	Male
7	MOH – PMD	Mr. Ean Sokir	Male

8	MOH – PMD	Mr. Im Pisteh	Male
9	MOH – PMD	Mr.Tong Ratha	Male
10	MOH – DHS	Dr. So Nakri	Female
11	PHD E&S Focal person	25 persons, 1 per province	20 Male and 5 Females
12	Environmental consultant/PMD	Mr. Nhean Suybros	Male
13	World Bank	Ms. Nanda	Female
14	World Bank	Ms. Van Vorleak	Female

Result of consultation on ESMF and SEP update for additional Financing

Comments/ Questions	**Response**	**Potential risks to be considered**	**Implication on ESMF and/or project design**
ON ESMF			
c) Dr Tum Bunly: in paragraph 24, please add food safety after food security d) Dr Tum Kemly: please change Mers to capital letter	c) The word has been added. d) MERS has been replaced.	c) NA d) NA	c) NA d) NA
a) Dr Tek Sopheap: in paragraph 201, PHD E&S focal point should involve in managing the GRM. b) Dr Tek Sopheap: For GRM setting up, please modify from health centers to PHD as it has been assigned only at sub-national level.	e) E&S focal point has been added f) Inserted PHD instead of health centers	e) NA f) NA	e) NA f) NA
ON SEP			
a) Dr Lak Muyseang, please adjust the format of the ESCP	b) The format has been adjusted according to her suggestion.	b) NA	b) NA

ANNEX 11: TERMS OF REFERENCE FOR NATIONAL CONSULTANTS

National environmental and social specialists will be hired to provide technical assistance to the E&S Focal Points of H-EQIP2. The following are the suggested terms of reference for hiring.

Position – National Environmental Consultant
Major Tasks and Responsibilities (from Environmental, Climate Change and GRM Aspect)

Coordinate with the PMD/ESSU and E&S focal points and lead the discussion and review of compliance of H-EQIP2 with environmental aspects of the ESF including the following:

- Identify the eligibility of sub-project activities.
- Review and verify the screening process and associated screening forms.
- Review and approve relevant ESF Instruments (e.g., ESMP, ESCOPs, etc.).
- Prepare training notes and screening checklist for each activity.
- Conduct overall monitoring of the ESMF implementation with PMD/ESSU.
- Supervise ESMF implementers/Contractors.
- Assist PMD for the preparation of semi-annual progress report.
- Assist PMD to review any ESF/ESMF/ESCP requirements and prepare all required documentation, in Khmer, English and any relevant dialects, as necessary.
- Supervise and support all ESF instrument related surveys and data collection activities.
- Supervise any negotiated settlement activities to ensure compliance with the Project's
- requirements, according to Government regulations and World Bank standards.
- Coordinate with the PMD/ESSU.
- Provide input into any relevant documentation.

Minimum Qualifications

- Postgraduate or other advanced university degree (at least MSc. Or equivalent) in the area of Environmental Science/ Environmental Management (other relevant disciplines).
- Minimum 5-years' experience in environmental impact assessment, implementation and monitoring.
- Familiar with working procedures of Government Institutions of Cambodia.
- Experience of working and collaboration with a broad range of stakeholders from diverse institutions and levels including governments, civil society and communities.
- Demonstrated ability and report drafting work in concise format and of high quality.
- Extensive experience analyzing data and preparing analytical reports.
- Knowledge of World Bank ESF requirements and environmental/social legislation of Cambodia an advantage.

Position – National Social Consultant
Major Tasks and Responsibilities (from Social, IP, Cultural and Resettlement Aspect)

Coordinate with the PMD/ESSU and E&S focal points and lead the discussion and review of compliance of H-EQIP2 with environmental aspects of the ESF including the following:

- Identify the eligibility of sub-project activities.
- Review and verify the screening process and associated screening forms.
- Review and approve relevant ESF Instruments (e.g., ESMP, RAP, SEP etc.).
- In case of preparation of RAP, prepare it together with Technical Departments (i.e. GDR).
- Prepare training notes and screening checklist for each activity.
- Conduct overall monitoring of the ESMF, SEP and other relevant plan implementation with PMD/ESSU for civil works and non-civil works components.
- Supervise social aspects of ESMF implementers/Contractors.
- Assist PMD in conducting consultations, information dissemination with all relevant stakeholders and communities and the updating of the SEP.
- Assist PMD and E&S focal points in implementation of the GRM and roll-out with stakeholder and local communities.
- Assist PMD for the preparation of semi-annual progress report.
- Assist PMD to review any ESF/ESMF/ESCP requirements and prepare all required documentation, in Khmer, English and any relevant dialects, as necessary.
- Supervise and support all ESF instrument related surveys and data collection activities.
- Supervise any negotiated settlement activities to ensure compliance with the Project's
- requirements, according to Government regulations and World Bank standards.
- Coordinate with the PMD/ESSU.
- Provide input into any relevant documentation.

Minimum Qualifications

- Postgraduate or other advanced university degree (at least MSc. Or equivalent) in social science, psychology, or other relevant discipline.
- Minimum 5-years' experience in social impact assessment, implementation and monitoring.
- Familiar with working procedures of Government Institutions of Cambodia.
- Experience of working and collaboration with a broad range of stakeholders from diverse institutions and levels including governments, civil society and communities.
- Demonstrated ability and report drafting work in concise format and of high quality.
- Familiar with or experience in preparing Grievance Redress Mechanism, Indigenous Peoples Plan, Land Acquisition and Resettlement Action Plan and/or other related ESF instruments.
- Extensive experience analyzing data and preparing analytical reports and proven knowledge of World Bank ESF requirements and environmental/social legislation of Cambodia an asset.

Position E&S Focal Point/ E&S Safeguards Group in the ESSU

Major Tasks and Responsibilities (from Environmental and Social Aspect)

- Support national environmental and social safeguard consultant (full time) on specific issues and locations.
- Travel extensively to the project regions and states.
- Support identifying the eligibility of activity activities.
- Support review and verification of screening forms.
- Support the review and implementation of ESF Instruments (e.g., ESMP, SEP, LMP, RAP, SEP etc.

- Oversee implementation of health care waste management procedures and reporting.
- Support the preparation of training notes and screening checklist for each activity.
- Support in overall monitoring of the ESMF implementation with PMD/PHD and national environmental and social consultants.
- Assist PMD/ESSU in the preparation of the semi-annual progress report.
- Assist PMD/ESSU to review any ESF requirements and prepare all required documentation, in Khmer, English and any relevant dialects, as necessary.
- Supervise and support all safeguard related surveys and data collection activities.
- Coordinate with National Consultants and PMD.
- Provide input into any relevant documentation.

Minimum Qualifications

- As PMD staff working to support H-EQIP2 project
- Postgraduate or other advanced university degree (at least MSc. Or equivalent) in the area of Environmental Science/ Environmental Management /Social Impact Assessment or Social Sciences (other relevant disciplines).
- Minimum of 3-years' experience in environmental and social impact assessment, implementation, and monitoring.
- Familiar with working procedures of Government Institutions of Cambodia.
- Experience of working and collaboration with a broad range of stakeholders from diverse institutions and levels including governments, civil society, and communities.
- Demonstrated ability and report drafting work in concise format and of high quality.
- Extensive experience analyzing data and preparing analytical reports and proven knowledge of World Bank ESF requirements and environmental/social legislation of Cambodia an asset.

ANNEX 12: CONTINGENCY EMERGENCY RESPONSE COMPONENT (CERC)

Introduction

This annex focuses on the safeguards requirements relating to Component 5 of H-EQIP2 – the Contingent Emergency Response Component (CERC). It describes the scope of potential CERC-related works associated with H-EQIP2. The CERC will prioritize emergencies having significant impact on health care services delivery and will be managed by MOH.

As at this time, many of the H-EQIP2 activities and subprojects have yet to be finalized; this ESMF will be updated as soon as the scope of contingency component becomes better defined during project implementation. In addition, a CERC Operations Manual will be prepared at that time to govern the operation of the CERC including required provisions to ensure environmental and social due diligence measures are aligned with the requirements of the ESF.

Annex Table 11 is a list of negative activities that will not be eligible for financing under CERC.

Annex Table 10. List of Negative Activities Ineligible for Financing Under CERC

Item
o Activities that would lead to conversion or degradation of critical forest areas, critical natural habitats, and clearing of forests or forest ecosystems.
o Activities affecting protected areas (or buffer zones thereof).
o Land reclamation (i.e., drainage of wetlands or filling of water bodies to create land).
o Land clearance and levelling in areas that are not affected by debris resulting from the eligible crisis or emergency.
o River training (i.e., realignment, contraction or deepening of an existing river channel, or excavation of a new river channel).
o 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.
o Activities in flood plains or areas impacted by floods, areas prone to landslides.
o Construction of new roads, realignment of roads, or expansion of roads, or rehabilitation of roads that are currently located on communal lands but will be registered as government assets after rehabilitation.
o 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.
o Use of goods and equipment to demolish or remove assets, Unless the ownership of the assets can be ascertained, owners consulted, assets valued, and losses compensated for in line with the program's RPF.

- Uses of goods and equipment involving forced Labor, child Labor, or other harmful or exploitative forms of Labor.
- 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 as well as preparation of necessary mitigation and plans compliant with ESS7.
- Uses of goods and equipment for military or paramilitary purposes.
- Uses of goods and equipment in response to conflict, in any area with active military or armed group operations.
- Activities related to returning refugees and internally displaced populations.

Activities which, when being carried out, would affect, or involve the use of, water of rivers or of other bodies of water (or their tributaries) which flow through or are bordered by countries other than the Borrower/Recipient, in such a manner as to in any way adversely change the quality or quantity of water flowing to or bordering said countries.

A positive preliminary list of good, services and works eligible for financing under CERC is specified in Annex Table 12. This list may be updated or modified during project implementation.

Annex Table 11. Positive List of Goods, Services and Works Eligible Under CERC

Item
Goods
o Medical equipment and supplies.
o Non-perishable foods, bottled water and containers.
o Tents for advanced medical posts, temporary housing, and classroom/day-care substitution.
o Equipment and supplies for temporary housing/living (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.) and schools.
o Gasoline and diesel (for air, land and sea transport) and engine lubricants.
o Spare parts, equipment and supplies for engines, transport, construction vehicles.
o Lease of vehicles (Vans, trucks, and SUVs).
o Equipment, tools, materials and supplies for search and rescue (including light motor boats and engines for transport and rescue).
o Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.).
o Equipment and supplies for communications and broadcasting (radios, antennas, batteries, and cell phones).
o Water pumps and tanks for water storage.
o Equipment, materials, and supplies for disinfection of drinking water and repair/rehabilitate of black water collection systems.
o Construction materials, equipment, and industrial machinery.
o Water, air, and land transport equipment, including spare parts.
o Temporary toilets.
o Groundwater boreholes, cargos, equipment to allow access to affected site, storage units.
o Any other item agreed on between the World Bank and the Burrowers (as documented in an Aide- Memoire or other appropriate formal Project document).
Works
o Repair of damaged hospitals and administrative buildings.
o Repair, restoration, rehabilitation of clinics and hospitals.
o Removal and disposal of debris associated with any eligible activity.
Services
o Consulting services related to emergency response including, but not limited to urgent 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.

Item
o Feasibility study and technical design. o Works supervision. o Technical Assistance in developing ToRs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP). o Non-consultant services including, but not limited to: drilling, aerial photographs, satellite images, maps and other similar operations, information and awareness campaigns. o Non-consultant services to deliver any of the activities described in the "Goods" section of this table (e.g., debris removal, dump trucks, drones survey).
Training
o Conduct necessary training related to emergency response including, but not limited to the implementation of the CERC Environmental Action Plan (EAP). Training on rapid needs assessment and other related assessments.
Emergency Operating Costs
o 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.

ANNEX 13: SAMPLE GRIEVANCE LOG BASED ON THE SEP

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