



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Cambodia	EAST ASIA AND PACIFIC	P177370	
Project Name	Cambodia Nutrition Project - II		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	12/20/2021	1/17/2022
Borrower(s)	Implementing Agency(ies)		
Kingdom of Cambodia	NCDDS, National Committee for Sub-National Democratic Development Secretariat		

Proposed Development Objective

To improve the utilization and quality of identified priority maternal and child health and nutrition services for targeted groups in Cambodia.

Financing (in USD Million)	Amount
Total Project Cost	9.50

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

This project, being processed as a new operation due to ESF requirements, is in fact the second phase to scale up the Cambodia Nutrition Project (CNP,P162675). The CNP-II will be financed through a grant from KfW (Kreditanstalt für Wiederaufbau) of US\$9.5 million.

The project will build on project design and objectives of phase 1 of the CNP and expand the scope of the Bank's support to improving nutrition, maternal and child health outcomes in Cambodia. It will be implemented by the National Committee for Sub-National Democratic Development (NCDDS) across two components. These directly



mirror the activities found in CNP – I Components 2.1 and 2.3. Activities will be implemented across the original seven and new target provinces (2). The provincial selection criteria include those used in CNP – I focused on burden of health and nutrition issues and gaps in the supply side response; the MOH and NCDs have also requested to prioritize provinces with urgent needs due to the COVID-19 crisis and where they can capitalize on the accelerated rollout of Cambodia’s Decentralization and Deconcentration Process. The MOH and NCDs jointly agreed on the selected provinces.

The project's components are as follows:

Component 1: Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for Women and Children (US\$7.3 million). It will include SDGs for both the C/S and the district/municipality levels, and operationalize a Commune Program for Women and Children (CPWC) to serve as the community-based health and nutrition platform (with formal links between the Subnational Administration (SNA) and Ministry of Health (MOH) actors). Under CNP-I, the CPWC has been piloted as a community platform for health and nutrition promotion in the seven priority provinces. The C/S SDG is to strengthen capacities of local authorities/CPWC to promote citizens’ behavioral changes; and to stimulate demand, increase utilization of facility-based priority services, and encourage the adoption of improved Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) behaviors. The C/S SDGs also aim to strengthen the performance of District, Municipal Administration (DMA) conducting the C/S-SDG assessment process. The C/S SDGs will be facilitated by NCDs and channeled down to the C/S and district/municipality levels for implementing the activities.

Component 2: Project Management, Monitoring, and Evaluation for the NCDs (US\$2.2 million). This component will support management costs, additional goods (uniforms, motor bikes, bicycles, cameras, and supplies for CPWC implementation such as handouts and record books) and services (C/S-SDG independent verification) to support C/S-SDG implementation. The component will also support teleconference facilities which includes TV, wifi router, sound system for targeted provincial administration (PAs) and district/municipal administration (DMAs) to support implementation of C/S-SDG activities in the COVID-19 context. The investment on these teleconference facilities will be approximately US\$ 40,000. The Component 2 activities will be integrated into the responsible units and departments of the NCDs.

The NCDs has agreed that CNP-I Component 2.1 will finance the SDG grants until the funds are fully disbursed (which is expected in 2023-2024); CNP-II Component 1 financing will kick-in upon full disbursement of C/S SDG grants under CNP-I. Therefore, CNP-II will finance these grants in the nine priority provinces in the project’s outer years (i.e. 2024-2026).

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Covering an area of 181,035 square kilometers, and bordered by Vietnam, Laos, and Thailand, Cambodia is mostly made up of low, flat plains that provide ample space for its large agricultural sector, an industry reliant upon the waters of the Tonle Sap (Great Lake) and Mekong River. Cambodia has achieved a number of ambitious goals. It has



reduced the maternal mortality rate by three quarters, income levels have grown and poverty levels have fallen and many health and education statistics have improved significantly.

The on-going COVID-19 pandemic threatens to reverse the economic and human development gains achieved over the past decade. The economic shocks are expected to result in medium-term impacts on the current poverty and welfare, especially among the more vulnerable in society and those who work in the informal economy. Food and Agriculture Organization (FAO) highlighted that the pandemic has exacerbated vulnerability of specific population groups particularly informal and migrant workers due to unemployment and underemployment and shifts to the informal sector. This is due to the country's lockdown and preventive measures and/or because these affected groups were employed in the hardest-hit sectors. COVID-19 also results in negative impacts on access to nutrition and health services, particularly amongst women and children, due to a combination of factors, such as mobility restrictions, increased poverty, disruptions in the delivery of essential health and nutrition services, and changes in health-seeking behavior to avoid perceived risks of COVID-19 infection. In the long-run, such impacts can potentially reduce the overall human development outcomes in the country.

The second Cambodia Nutrition Project (CNP-II, P177370) is being prepared to provide additional resources to scale up activities implemented by the NCDs under the first Cambodia Nutrition Project (CNP-I, P162675). The CNP-II will scale up key interventions aimed at strengthening Commune/Sangkat (C/S) Service Delivery Grants (C/S SDGs) for women and children. The CNP-II seeks to reduce fragmentation and increase sustainability of community health and nutrition by operationalizing the Commune Program for Women and Children (CPWC) to serve as a community-based health and nutrition platform. The project will be implemented in the original seven provinces under the CNP-I, including Mondul Kiri, Ratanak Kiri, Kratie, Stung Treng, Preah Vihear, Kampong Chhnang, and Koh Kong provinces and two new additional provinces, namely Pursat and Banteay Meanchey.

The CNP-II is expected to benefit Indigenous Peoples and ethnic minorities across Commune and/or Sangkats across the nine provinces. The project's social scoping assessment indicates presence of Indigenous Peoples also called "Khmer Loeu" or "hill tribes" who are ethnically non-Khmer. Based on the 2017 Cambodia Socio-Economic Survey, these groups are estimated to comprise around 184,000 persons and constitute about 1.25 percent of the Cambodian total population. High concentration of Indigenous Peoples are expected in the following target provinces: Mondul Kiri (Phnong, Kreung, Jarai, Kaol, Steang, Thmoon, Kuoy, Tumpuon), Ratanak Kiri (Phnong, Kreung, Jarai, Tumuon, Brao, Kavet, Kachak, Lun, Raadaer), Kratie (Phnong, Kraol, Steang, Thmoon, Kuoy, Mil, Khnong), Stung Treng (Phnong, Kreung, Jarai, Kuoy, Tumpuon), Preah Vihear (Kuoy, Poar), Koh Kong (Chong), Pursat (Poar, Chong) and Banteay Meanchey (Kuoy). Earlier consultations under the CNP-I indicates that these groups face challenges in accessing health services due to financial barriers, lack of information, lack of socially and culturally acceptable service delivery.

Under the CNP-II, the provinces were prioritized due to their high burden (in absolute and relative terms) of lagging health outcomes, their relatively high deprivation using multidimensional poverty indicators, and their gaps in supply-side service readiness as well as increased needs due to the COVID-19 crisis. Targeted groups include pregnant and lactating women and children in the first 1,000 days of life in the targeted provinces. Secondary target groups include the adult population at risk of diet-related non-communicable diseases (namely diabetes and hypertension), who are often the caregivers of children under age two.

Cambodia has no specific laws related to electronic/electrical waste (e-waste) management, but some regulations exist around control, monitoring the activities, which impact human health and the environment. The regulations



concerning e-waste management are in Law on Environmental Protection and National Resource Management, adopted by national assembly on 24 December 1996, that stipulated that “the prevention, reduction, control of airspace, water and land pollution, noise and vibration disturbances as well as waste, toxic substances and hazardous substances, shall be determined by sub-decree following a proposal of the Ministry of Environment in Article 13, chapter 5 of this law”. The e-waste management is more characterized by informal sector through repairing, segregation, collection, reassemble/ refurbishment and dismantling and/or recycling and exportation of scrap-metal or recyclable materials. The regulation and enforcement on this sector are yet in proper function.

Under CNP-I, the healthcare services (immunization services) generate a small quantity (approximately 1.5 – 2 kg per a health center per month) of healthcare waste such as spent vaccines and syringes at health center or communities (during community outreach). Given the relatively small amount of healthcare wastes expected to be produced, the environmental and health impacts of the project are considered minor, localized and manageable through a Health Care Waste Management Plan that is integrated in Environmental Management Plan (EMP). The Health Care Waste Management Plan guides the process of sorting, handling, storage and final disposal of health care waste as outlined in good international practices and relevant guidelines and regulations including National Guideline on Health Care Waste Management, and Infection Prevention and Control Guidelines for Health Care Facilities. Through provision of C/S SDGs, the CNP-II will encourage communities to use the existing community healthcare services supported under the CNP-I, hence the potential incremental healthcare waste generation is expected during 2024-2026.

D. 2. Borrower’s Institutional Capacity

While the National Committee for Subnational Democratic Development-Secretariat (NCDDS) and the Ministry of Health (MoH) will remain as implementing agencies under the CNP-I, the Ministry of Interior represented by the NCDDS will be the implementing agency under the CNP-II in collaboration with its technical departments and the sub-national administration (SNA) in the nine target provinces. Given the strong track record of NCDDS under the CNP-I and the aim of the CNP-II to build upon and expand core the CNP-I activities, the same implementation arrangements for NCDDS under CNP-I will be retained for CNP-II. The NCDDS has the capacity to provide national-level management and leadership as well as to support sub-national implementation. NCDDS has a strong track record of harnessing existing systems that emphasize the role of decentralization, to coordinate with administrative districts, commune councils, and health centers at the selected locations.

Currently, under the CNP-I, the NCDDS is implementing Component 2 (Stimulating Demand and Accountability at the Community Level) through its technical departments and the provincial, District/Municipality (DM), and Commune/Sangkat (C/S) administrations. The NCDDS has appointed a project director and a technical project manager to oversee Component 2 activities of the CNP-I, and the NCDDS’ procurement and fiduciary departments are being used for project implementation. The ongoing implementation of the CNP-I is progressing well; and the project management, including environmental and social safeguards performance has been rated Satisfactory as per the most recent Implementation Support Mission. Existing coordination mechanisms, which include coordination focal points for the NCDDS will continue to function under the CNP-II as they currently do under the CNP-I.

The Ministry of Interior approved policy on Environmental and Social Safeguards for Sub-National Democratic Development which is very much in line with the Bank’s ESF (http://ncdd.gov.kh/wp-content/uploads/2019/06/NCDD_-ESS-Policy_EN_05.07.2019.pdf). Although, the environmental and social focal person for the CNP-I had been appointed to manage and monitor environmental and social risks management which is under safeguards policies, continuing support is still required for capacity strengthening. The CNP-II will be



implemented under the World Bank Environmental and Social Framework (ESF), and that will require the additional skills and capacity building of the environmental and social focal points. Relevant environmental and social instruments under the CNP-II build on the existing safeguards instruments under the CNP-I and include additional Environmental and Social Standards (ESSs) requirements as relevant for activities being supported by the CNP-II. Such an approach was adopted to enable a streamlined process for environmental and social risk management for activities being implemented by the NCDSS under the CNP-I and CNP-II where they are technically linked.

The CNP-II includes provisions to strengthen the NCDDS’s departments’ capacities and skills through additional consultants for environmental and social management and technical assistance to enhance departmental/program functions (rather than working only for specific project activities). Based upon capacity and needs, the NCDDS is expected to deliver training on environmental and social requirements tailored to project's specific needs to relevant implementing stakeholders during project implementation with support from the World Bank Environmental and Social Specialists.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Low

The environmental risk rating for this proposed project is considered as Low. The project will finance (a) Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for women and children to encourage communities to use the existing community health and nutrition services and promote their knowledge and improved maternal and child health and nutrition practices in the seven provinces (same as the parent project) and additional two provinces; and (b) to strengthen the performance of District, Municipal Administration (DMA) conducting the C/S-SDG assessment process. The project activities are mainly promotion based and do not directly finance any health care services nor outreach activities for immunization. The project activities does not involve any infrastructure or renovation of existing facilities that cause construction-related risks. There may be potential COVID-19 related health and safety risks associated with community mobilization activities such as campaign for improved maternal and child health and nutrition practices, targeted health and nutrition Social and Behavior Change Communication (SBCC) through door-to-door-home visits, in-person trainings and meetings. The incidence and risks of spreading Covid-19 can be mitigated through occupational health and safety (OHS) protocols (social distancing and sanitizing facilities, protected equipment, etc.). The project will finance approximately US\$ 40,000 to support teleconference facilities (TV, wifi router, sound system etc.) for implementation of C/S-SDG activities in the COVID-19 context. Due to the small financing amount for procurement of such ICT facilities, the potential risks and impacts associated with disposal of equipment at end of life will be minimum.

Social Risk Rating

Moderate

The overall social risk is assessed as moderate. Such a risk rating reflects the context within which the project is operating and the potential capacity gaps to deliver services in an inclusive and socially and culturally acceptable manner. Vulnerable and disadvantaged households and groups, including Indigenous Peoples, may encounter obstacles to access services provided by the project activities. Although the project is expected to generate broader social benefits through the provision of the essential package of health and nutrition services to the targeted



population in selected provinces, there are risks for the project not being able to reach the most needed groups namely mothers, newborns, and children and implement the activities in a culturally and socially sensitive and inclusive manner. Further, to be inclusive, the project requires the adoption of a robust and inclusive social mapping of eligible households to minimize exclusion, health, and nutrition Social and Behavior Change Communication (SBCC) tailored and targeted to diverse groups and community mobilization to promote healthy behavior and health service utilization. Such efforts require not only strong technical capacities but also a high level of awareness of the needs of diverse groups, empathy, and social skills amongst implementing partners, particularly those working at the Commune and/or Sangkat level. The quality of project delivery will depend on these factors. The CNP-II has developed a Social and Environmental Management Plan (ESMP), building on an earlier Environmental Management Plan (EMP) under the CNP-I. System enhancements particularly on aspects related to social inclusion, appropriateness of services applicable to all groups, management of risks related to the use of labor, and community health and safety, particularly in the context of COVID-19 pandemic were incorporated as part of the ESMP. The project does not envisage investments involving civil works and therefore not expected to require any land acquisition nor anticipate resettlement-related impacts or labor influx. Risk management associated with Indigenous Peoples is being addressed under the project's Indigenous Peoples Planning Framework (IPPF). As noted from the last implementation support mission, the NCDDS is expected to strengthen the project's grievance redress mechanism (GRM) by ensuring its accessibility, visibility, and reliability to capture feedback and settle grievances, including those from vulnerable groups as well as Indigenous Peoples. Further, the project is also expected to engage with a wide range of stakeholders including representatives of Indigenous Peoples and other vulnerable groups to ensure their views, concerns, and needs are addressed under the project. The project's Stakeholder Engagement Plan (SEP) has been prepared to guide relevant engagement and consultations under the CNP-II and includes additional consultation requirements for vulnerable groups in the target provinces.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The CNP II activities include health and nutrition promotion activities, capacity building for subnational administration actors for CPWC and C/S-SDG implementation, awareness/educational campaign on improved maternal and child health and nutrition practices, distribution of CPWC materials and pamphlets, targeted health and nutrition SBCC through home visits for first 1,000 days households, regular Health Care Management Committee meetings, community-based CPWC activities- social risk mapping, community groups, and Health Equity Funds promotion, and semi-annual performance monitoring for C/S SDGs. The project does not support any infrastructure, renovation of health facilities nor provide any financing on medical equipment, supplies, and immunization. Construction-related risks and medical waste are not expected under the project.

There may be potential COVID 19 related health and safety risks to communities and CPWC operators associated with community mobilization activities such as campaigns on improved maternal and child health and nutrition practices, door-to-door home visits, related operational meetings of NCDDS officials and provincial level staff, and in-person training for CPWC operators. To mitigate this risk, the CPWC will follow occupational health and safety (OHS) protocols to prevent the spread of COVID-19 (social distancing and sanitizing facilities, protected equipment) etc.,



and include the provision of information on COVID-19 prevention, treatment, and vaccination. As relevant and necessary, adaptations of project delivery modality, such as use of media, scheduling, use of local facilitators, etc. will also be adopted to address the needs of diverse groups, including vulnerable target households, and Indigenous Peoples (activities, language, and so on) in indigenous communities where it will operate.

The project will finance a small quantity of ICT equipment (approximately US\$ 40,000) for setting up teleconference rooms in 18 PA and DMA. The potential direct risks associated with the disposal of such equipment are minimum, and will be mitigated through simple Environmental Codes of Practice (ECOP) for e-waste management and disposal. The relevance of ESS 3 will be reflected in procurement specifications for energy-efficient equipment and provisions made in the project operation manual to ensure full compliance with Environmental Health and Safety Guidelines (EHSGs).

The above potential social risks and impacts are expected to be managed through appropriate mitigation measures established in the project's ESMP and its associated instruments such as Labor Management Procedures (LMP), Indigenous Peoples Planning Framework (IPPF), SEP and ECOPs. The main social risks such as ensuring inclusive targeting of project beneficiaries require well-prepared planning processes and capacity building. Awareness raising, sensitization, and outreach targeting vulnerable groups also represent critical elements to promote social inclusion. Such measures are embedded as part of the project's design.

The project's ESMP incorporates relevant provisions under each applicable ESS. These include Occupational Health and Safety (OHS), covering management of labor-related risks and working conditions, Infection Prevention Control (IPC) measures on COVID-19, requirements on e-waste management, prevention of Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and Violence against Children (VAC). The ESMP is currently being completed in consultations with relevant project stakeholders and is expected to be finalized prior to project effectiveness, which will be reflected in the ESCP.

While CNP-II is being processed as a separate project from CNP-I to which the Safeguard Policies apply, both CNP-I and CNP-II are technically inter-related. Hence, the ESMP is also expected to be implemented across activities where there is a substantial interface across these two projects, particularly for the delivery of C/S SDGs which is being supported by both the CNP-I and CNP-II. The NCDDS will be responsible to implement the ESMP in coordination with the MoH where needed for the implementation of C/S SDGs core functions under CNP-II.

The CNP-II Component 1 will finance these C/S SDGs in the nine priority provinces in the project's outer years (i.e. 2024-2026) after the full disbursement of grants under the CNP-I Component 2.1 (for the original seven provinces plus two new provinces). Through provision of C/S SDGs, the CNP-II will encourage communities to use the established healthcare services supported under the CNP-I, and the potential incremental healthcare waste generation (spent vaccines and syringes) is expected during 2024-2026 as indirect impacts of CNP-II promotion activities. The NCDDS will coordinate with the MOH to ensure management of these potentially scale-up healthcare waste under CNP I through the existing safeguards instrument of CNP I (Healthcare Waste Management Plan). The amount of healthcare wastes are small as determined under the CNP-I (approximately 1.5 – 2 kg per a health center/community per month), the environmental and health impacts of the project are considered minor and localized, and manageable through the Health Care Waste Management Plan that is in line with the good international practices and relevant guidelines and regulations including National Guideline on Health Care Waste Management, and Infection Prevention and Control Guidelines for Health Care Facilities.



In addressing potential risks and promoting development opportunities for Indigenous Peoples, the project prepared an Indigenous Peoples Planning Framework (IPPF), building on the existing IPPF under CNP-I. As part of the preparation of CNP-II, a rapid social scoping was undertaken to understand the needs and potential barriers amongst Indigenous Peoples to participate and hence, benefit from the project's activities. In particular, the scoping exercise explored potential gaps and challenges of implementing the social risk mitigation measures and current practices of traditional (indigenous) health practitioners and explore the possible use of such practices in parallel with other nutritional approaches promoted by the project. Relevant findings were used to inform the scope of the IPPF as well as the project's Stakeholder Engagement Plan (SEP).

ESS10 Stakeholder Engagement and Information Disclosure

The CNP-II will involve direct stakeholders including project beneficiaries in the target areas, local communities, NCDs staff, relevant provincial, district, and Commune and/or Sangkat administrations, CCWC facilitators, health center management committee (HCMC), Village Health Support Groups (VHSGs), other international agencies supporting health nutrition activities at the communities. Stakeholder engagement activities have been initiated as part of the preparation of the ESMP and IPPF and are expected to continue throughout the life of the project.

A SEP has been developed and incorporates a stakeholder analysis to understand their needs, expectations, priorities, and objectives in relation to the CNP II. This information is to be used to tailor engagement strategies for each stakeholder category to better understand their needs, expectations, priorities, and objectives in relation to the Project. The SEP also describes the process for sharing information on project activities and soliciting stakeholders' feedback on project implementation. The project carried out a rapid social scoping as part of the preparation of CNP-II and explored measures to promote equitable access to services amongst vulnerable groups. For this purpose, the SEP outlines a number of activities to engage with stakeholders including i) conducting an orientation workshop in the new locations to sensitize beneficiaries to the project and its proposed activities, ii) continuing to use beneficiary feedback mechanisms designed for C/S-SDG systems, and iii) supporting robust communications and awareness campaigns to further sensitize the public. The NCDs expects to continue the use of the existing beneficiary feedback mechanisms designed for C/S-SDG systems and support robust communications and awareness campaigns to further sensitize the public.

The SEP is applicable for activities financed by CNP-II, which builds on Sub-component 2.1 of the CNP-I. Such activities will support C/S SGDs delivery for women and children across the original seven provinces and two new provinces. The NCDs will be responsible to implement the SEP in coordination with MoH for the implementation of activities under CNP-II.

The project's Grievance Mechanism (GM) which will enable stakeholders to raise project-related concerns and grievances is outlined in the SEP along with procedures for managing and addressing these grievances. The SEP reflects key agreements within the NCDs on grievance management which includes agreed channels, governance structures, roles and responsibilities, investigation and feedback loops, and processing and dissemination.



The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project-related activities and to its schedule will be duly reflected in the SEP.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Although there will be no contracted workforce mobilized for the project, the project implementation requires to have a range of project workers, including NCDDS technical officials and provincial/district/commune level staff of NCDDS for planning and targeting project support for beneficiaries. The project will not involve primary suppliers or community workers.

The Labor Law is the overarching legal instrument that regulates and protects workers in Cambodia and is consistent with the provisions under the ESS2. The law governs relations between employers and workers. The Law considers that the rules, obligations, and rights are the same for casual or permanent workers. The law prohibits discrimination in any form, including by sex, religion, social origin, or ethnicity (art 12). Employers are required to make available a copy of the Law to workers at all business locations/ operations (art 15) and forced compulsory or the hiring of workers to pay off debts is prohibited (art 16). Article 106 reaffirms equal conditions and wages for all work regardless of origin, age, and sex for the same types of work. The Law establishes the limit for working hours to eight hours per day and 48 hours per week as well as rates for working overtime and on public holidays.

Labor law of 1997 includes provisions on non-discrimination, prohibition of forced labor including debt bondage, regulation of working conditions, restrictions on the employment of minors (under 18 years old), maternity leave, special provisions for employment of agricultural workers, health and safety, and trade union rights.

The project will be carried out in accordance with national laws and the applicable requirements of ESS2, in a manner acceptable to the World Bank. This will include, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), and setting out grievance mechanisms for project workers. A Labor-Management Procedures (LMP) was prepared based on the assessment and included in the project's ESMP. The LMP contains provisions describing labor requirements, associated risks and summarizing mitigation measures that will be adopted under the project to address the risks related to labor management, including the specific risks to workers posed by COVID-19.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS 3 is relevant as the project will finance some ICT equipment for setting up teleconference rooms in 18 PA and DMA (that include TV, wifi router, sound system, etc.) to support meetings, training, and implementation of C/S-SDG activities in the COVID-19 context. The ECOP provides guidance for the management and disposal of e-waste at the end-of-life of equipment as part of Good International Industrial Practices (GIIP) and in compliance with the national



environmental law and regulations in Cambodia. This document is considered a living document and can be modified and changed in line with available and emerging technologies, approaches, and regulations on waste management in the country.

The relevance of ESS 3 will be reflected in procurement specifications for energy-efficient equipment and provisions made in the project operation manual to ensure full compliance with Environmental Health and Safety Guidelines (EHSGs).

ESS4 Community Health and Safety

ESS4 is relevant. The project is expected to generate benefits to the communities in the targeted provinces by promoting the priority services for maternal and child health and nutrition needs. COVID 19 related risks are significant as the project activities may involve in-person events and contacts among CPWC operators and beneficiaries (including related community mobilization activities, door-to-door visits for communicating improved healthcare and nutrition practices, related meetings, and in-person training for CPWC operators). COVID-19 may cause serious illness for older people and those with underlying medical problems such as diabetes, heart disease, and chronic respiratory diseases. The risks of further spreading COVID-19 among beneficiaries, communities, CPWC operators, provincial staff, and NCCDS technical officials were assessed and are expected to be mitigated by strictly following OHS and IPC protocols such as social distancing and sanitizing facilities, protected equipment, and when feasible, etc depends on national requirements. In particular, the protocol will ensure vaccination requirements, etc., and testing of staff who engage with local community members.

Since the project activities involve face-to-face interaction, as well as physical contacts for the purpose of maternal and child health monitoring, risks associated with SEA/SH and VAC, were not ruled out but the overall risk is considered low. The project will require the implementation of Codes of Conduct (CoCs) for the prevention of SEA/SH and VAC and relevant sensitization and awareness-raising and monitoring of their implementation. Further, CNP-II anticipates additional resource mobilization to enhance project implementation, including additional personnel, technical support, and risk monitoring. Such measures have been reflected in the project's Environmental and Social Commitment Plan (ESCP).

The updated ESMP incorporates the COVID 19 precautionary measures. The provision for required resources and arrangement for implementation and monitoring on such measures are captured in the ESCP.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The project activities will not entail land acquisition, restriction to access, and/or impact on the livelihood of beneficiaries. The project may not involve new constructions or the expansion of facilities outside of its current sites, no land acquisition is foreseen, and there will be no neconomic or physical displacement of persons/families.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources



ESS 6 is not relevant. The project activities do not involve any physical infrastructure nor renovation of existing facilities. None of the project activities are expected to be extended to any sensitive locations.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

The CNP-II will be implemented in the seven original provinces and two new additional provinces which have high concentration of Indigenous Peoples. Across these provinces, Indigenous Peoples will likely be affected as direct beneficiaries of project activities. Building on the existing IPPF under the CNP-I, an IPPF has been developed under CNP-II. The IPPF provides additional assessments on the two new provinces and similar to the CNP-I's IPPF, outlines provisions to promote engagement with Indigenous Peoples and measures to enable them to obtain project benefits through socially and culturally acceptable approaches and promote inclusive participation at the Commune and/or Sangkat level. The preparation of the IPPF was informed by a rapid social scoping focusing on the unique barriers of Indigenous Peoples and ethnic minorities. This includes measures to respect traditional health care/medicinal practices, which may be supported and used to interface with modern practices and in particular, women and children, to benefit from nutrition and immunization services.

The IPPF benefits from earlier consultations held under the CNP-I, which involved focus group discussions facilitated by NGO Catholic Relief Services (CRS) in three provinces with a high concentration of Indigenous Peoples, including Mondul Kiri, Ratanak Kiri, and Kratie, and with different ethnic groups that have large populations, namely Phnong, Tumpoun and Stieng in December 2018. In addition, a rapid secondary data collection and analysis was undertaken during project preparation to identify the presence of Indigenous Peoples in the new provinces under CNP-II, including Banteay Meanchey and Pursat. Additional consultations with community representatives, including non-government organizations representing Indigenous Peoples are being planned prior to project effectiveness to collect socioeconomic data/information and population distribution of IP communities in the region.

The IPPF seeks to focus on the needs and specific cultural requirements of Indigenous Peoples and includes following measures and actions: i) ensuring key VSHGs are encouraged to include representatives of all Indigenous Peoples in project areas in order to ensure that they receive appropriate information and have appropriate mechanisms for providing feedback on service delivery; ii) ensuring that Indigenous Peoples and their representatives are engaged as the collectors of commune performance evaluation data for the checklist and/or facilitators of community scorecards and the sharing of information on commune performance (i.e., through the use of Implementation Plan for Social Accountability/ISAF activities); iii) promoting use of commune-level services by Indigenous Peoples and ethnic minorities should also be monitored as part of the data collected to evaluate commune performance to the extent possible; iv) use of targeted services by Indigenous Peoples at health centers (HCs) and in the communities shall be monitored and reviewed on an at-least-annual basis to identify changes in HC use and to identify challenges to access services including their experiences in using services; v) Health Equity Fund (HEF) Promoters should also include representatives of Indigenous Peoples groups to enable them to better communicate with their respective Indigenous Peoples; vi) all Social and Behavioral Change Communication (SBCC) documents and approaches should be customized for local circumstances to the extent possible, including consideration of culturally appropriate means of communication for various Indigenous Peoples. This would include the possible use of audio material in local languages, the use of local language facilitators, communicators, coordination of traditional, tribal leaders in the organization, and delivery of activities; vii) disaggregation and analysis of data to identify Indigenous Peoples groups,



including supplementing the existing systems with additional data collection to collect Indigenous Peoples-specific data.

Under the CNP-II, capacity building on social risk management is expected to target project implementing agencies at the national and sub-national level, including on aspects established under the project's IPPF. Understanding the diversity of geographic and demographic characteristics in the target provinces and changing needs, particularly driven by COVID-19 impacts, the IPPF will be updated as if needed during the project implementation to reflect unforeseen changing circumstances.

ESS8 Cultural Heritage

ESS8 is not relevant. The project activities do not involve any physical infrastructure nor renovation of existing facilities. There is no risk foreseen to impact any cultural heritage under this project.

ESS9 Financial Intermediaries

This Project will not involve financial intermediaries.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

The ESF will apply for all relevant environmental and social risks and impacts. The Project will apply relevant government legislation, policies and regulations, as required, but will not rely solely on the Borrower's framework for any areas.

IV. CONTACT POINTS

World Bank

Public Disclosure



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Borrower/Client/Recipient

Borrower: Kingdom of Cambodia

Implementing Agency(ies)

Implementing Agency: NCDDS

Implementing Agency: National Committee for Sub-National Democratic Development Secretariat

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social) Susan S. Shen Cleared on 16-Dec-2021 at 19:06:52 GMT-05:00