



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/31/2020 | Report No: ESRSA00597



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Cambodia	EAST ASIA AND PACIFIC	P173815	
Project Name	Cambodia COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/24/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health Cambodia		

Proposed Development Objective(s)

To assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Financing (in USD Million)	Amount
Total Project Cost	20.00

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]

The Project is part of the World Bank’s COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. The Project intends to fill critical gaps in implementing the Cambodia’s COVID-19 Master Plan, which has been updated from Cambodia’s existing pandemic response strategy. The specific objectives that the Project aims to support include: (i) To reduce and delay the transmission of COVID-19; (ii) To minimize serious disease due to COVID-19 and reduce associated deaths; (iii) To ensure ongoing essential health services particularly during epidemic peak periods; and (iv) To minimize social and economic impact through multisectoral partnerships. These objectives are fully aligned with the overall goal of the Cambodia COVID-19 Master Plan which is to control transmission of COVID-19, and to mitigate the impact of the pandemic in Cambodia.

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The PDO is to assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The Project will comprise the following components:

Component 1. Case detection and management: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation. The National Institute of Public Health will be upgraded; diagnostic capacity of the four provincial laboratories as well as laboratories attached to the 21 provincial referral hospitals will be built; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be established.

Component 2. Medical Supplies and Equipment: This component will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (1) case management; and (2) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention.

Component 3. Preparedness, Capacity Building and Training: This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (1) coordination at the national, provincial and district levels; (2) EOC functionalization; (3) human resources for implementation, supportive supervision and subnational support; (4) financing of operating costs; (5) support for screening people entering in to the country at designated points of entry; (6) strengthening call/hotline centers; and (7) strengthening community- and event-based surveillance for COVID-19. The Component will also support risk communication and community engagement; behavioral and sociocultural risk factors assessments; production of risk communication and community engagement strategy and training documents; production of communication materials; and monitoring and evidence generation.

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

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Cambodia with a population of approximately 16.7 million in 2020 is still one of the poorest countries in the Southeast Asia region. Vulnerability remains high and social protection is limited. The main drivers of growth have been garment, manufacturing, agriculture, tourism and, more recently, construction and real estate. Cambodia also encompasses different World Heritage Sites.

In the COVID-19 context, Cambodia is bordered by Laos to the north, Thailand to the northwest, Vietnam to the east, and the Gulf of Thailand to the southwest. The country holds a strategic place when it comes to connectivity and travel, particularly with China. Currently, there are two direct flights from Wuhan city, China, to Sihanouk Ville (4 flights/week) and Siem Reap (1 flight/week) and with connecting flights from Wuhan to Phnom Penh. Per week, there



are approximately 80,000 passengers traveling by air from China to Cambodia. Apart from the cross border risks, poverty; poor systems for medical waste management and disposal; and lack of adequate and appropriate water supply and sanitation conditions make Cambodia highly vulnerable.

The proposed project will be a standalone operation that builds upon the support already being channeled through the Contingency Emergency Response Component (CERC) of the Cambodia Health Equity and Quality Improvement Project (H-EQIP) to address critical country-level needs for preparedness and response for COVID-19. The proposed project will be implemented throughout Cambodia and will address system weakness in pandemic preparedness and response including (i) the reference laboratory in the National Institute of Public Health (NIPH) and the laboratories attached to the 25 provincial referral hospitals; (ii) Isolation and Treatment Centers in all 25 municipal/provincial referral hospitals; (iii) Emergency Operating Centers at Central and Provincial levels; and (iv) Rapid Response Teams at the provincial and district levels where specific locations have not yet been identified.

No major civil works are expected in this project, only minor renovation or rehabilitation of laboratories within the existing health facilities. As a result, risks to the project are not expected to endanger natural habitats or cultural sites are considered negligible. However, COVID-19 Preparedness and Response activities such as the operation of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers can have considerable environmental and social impacts, such as those related to medical and general waste disposal. Such activities will be implemented in urban as well as remote areas (including border areas).

D. 2. Borrower's Institutional Capacity

The Government of Cambodia has experience in managing environmental and social risks associated with World Bank Projects; however, that experience is primarily with the old safeguard Operational Policies rather than the new Environment and Social Framework. The country also has an appropriate legal framework and established institutions for environmental and social risk management. The Ministry of Health (MOH) is responsible for providing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sector. MOH develops and approves national guidelines for infection prevention and control in health facilities. However, the implementation of these frameworks is weak due to a lack of financial, physical and human resources at the health facility level.

MOH will be the implementing agency for the project. MOH has developed experience with implementing World Bank-financed project requirements regarding safeguard policies. Under the ongoing the Health Equity and Quality Improvement Project (H-EQIP, P157291), MOH has been implementing an Environmental and Social Management Framework (ESF) including (i) application of specific Environmental Code of Practices (ECOPs) to address potential adverse environmental impacts linked to planned renovation and refurbishment works, and (ii) deployment of Healthcare waste management (HCWM) plan to address solid and liquid wastes that will be generated by the healthcare facilities. On social risk management, H-EQIP has been also implementing social safeguards with ethnic groups (Indigenous Peoples), through the project's Indigenous Peoples Policy Framework, and on land acquisition of land with the Resettlement Policy Framework (RPF). A project component of H-EQIP provides performance-based financing to different levels of the Cambodian primary and secondary health system based on the achievement of service delivery results including infection prevention and control. The current rating of environmental and social safeguard compliance is moderately satisfactory. Currently, H-EQUIP is in this the process of activating its Component 4 on Contingent Emergency Response Component (CERC), for the implementation of the National Action Plan for Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia.



The safeguard implementation of H-EQIP and this new project will be the responsibility of is supported by the Department of Preventive Medicine (PMD) under MOH. The environmental and social risks and impacts associated with the financed activities are expected to be managed by appointing a designated ESF focal person and/or team within the PMU who can be trained supported by the World Bank Task Team’s E&S specialists. The PMD has already relevant previous experience in the preparation of WB projects under the ESF, since they were the technical counterpart for the preparation of the new Cambodia Pre-Service Training for Health Workers Projects (P169629). This project is expected to be approved by the WB by July 2020. Due to the special circumstances of the preparation of this project, this operation will be one of the first projects in Cambodia applying the new ESF, the designated ESF focal point and/or team will receive training to ensure adequate capacity to implement and monitor all applicable Environmental and Social Standards (ESSs) under an emergency context.

Although the country has some experience in infection prevention and control, and healthcare waste management, and training, communication, and public-awareness on emergency situations, its capacity to manage risks associated with COVID-19 is a major concern as the healthcare professionals may not have the detailed know-how on the infectious risk management in the labs to be used for COVID-19 diagnostic testing, quarantine and isolation centers for COVID-19 treatment. Equally, the country has no experience to communicate with the public or in and in handling social concerns around COVID19 as well as related measures, including quarantine. The project will provide considerable funding, training, and capacity building to address these short-comings and it will be important that the project sources international expertise to achieve international best practices on these matters in line with WHO guidelines. This will also include further identification of capacity gaps and detailed measures in line with the project proposal.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

As this project will finance procurement of drugs, supplies and medical equipment, the environmental risks will mainly be associated with the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Cambodia has limited experience in managing highly infectious medical wastes such as those associated with COVID-19, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be an infectious waste, and improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are 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 to be supported by this operation the COVID-19 readiness and response could 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, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

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There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies such as a fire response or natural disaster phenomena event (e.g., seismic event). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities and equipment may result from laboratory procedures: performing and handling of culture, specimens, and chemicals. If the contamination is due to highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a high environmental and social risk, if they are not properly handled, treated or disposed.

Social Risk Rating

Substantial

The Social Risk Rating is “Substantial” since the direct and indirect social impacts and risks associated with the activities proposed by this project are expected to be mostly temporary, predictable, and avoidable. No major construction works will be financed under this project. However, some minor renovation and rehabilitation of existing health facilities (including laboratories in the National Institute of Public Health and referral hospitals) will be financed under Component 1.

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

The potential social risks and impacts will be addressed through the updating of the preliminary Stakeholder Engagement Plan (SEP), including a Grievance Mechanism. As per the Environmental and Social Commitment Plan (ESCP), the SEP will be updated and disclosed within 30 days of project effectiveness. Also an Environmental and Social Management Framework (ESMF), including a Labor Management Procedure (LMP), in line with the applicable WB ESSs of the WB’s ESF and the WHO COVID-19 guidance on risk communication and community engagement will be adopted within 30 days of project effectiveness.

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:

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The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring, and containment as well as provide targeted support for the more vulnerable households, especially in rural areas, since they are the ones who more often access to public health systems. However, the project could also cause significant environmental, social, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories, quarantine and isolation facilities. To manage these risks, the MOH will prepare two major instruments:

(i) ESMF will include templates for Environmental and Social Management Plans (ESMP) for minor renovations, LMP for the PIU and contracted workers, and Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, quarantine and isolation centers to be supported by the Project. The LMP will include provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct (COC) and occupational health and safety; and to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC). The IPC&WMP will adequately cover IPC standard precautions and additional precautions as well as medical waste management procedures following international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will be prepared to a standard acceptable to the Association and disclosed both in-country on the MOH website and on the World Bank website within 30 days after the Effectiveness Date; and

(ii) SEP for effective outreach and citizen participation. The SEP will establish a structured approach to engagement with stakeholders including the vulnerable and disadvantaged groups (elderly, children, poor households, ethnic minorities, resident in rural areas, disabled, SOGI, etc.), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances. The SEP follows the guidance provided in WHO “Pillar 2: Risk communication and community engagement” including, among others, existing guidance on risk communication and community engagement (RCCE), guidance fore to preventing and addressing the social stigma associated with COVID-19 and key messages and actions for COVID-19 prevention and control. The SEP, including a Grievance Mechanism, shall be prepared to a standard acceptable to the Association, consulted and disclosed before the Board Approval and updated and disclosed within 30 days after the Effectiveness Date.

To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. Cambodia’s Medical Waste Management System is negatively affected by socioeconomic status and by limitation in health services and has no clear organizational concept. Given that the medical waste generated by laboratories and health care facilities is a potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF will include an IPC&WMP specifically designed for COVID-19 identification, testing, and treatment.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead



to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. The IPC&WMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

Community Health and Safety. The SEP will be a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

Each laboratory and quarantine isolation center will apply infection prevention and control measures and waste management planning following the requirements of the ESMF and relevant EHS Guidelines, GIIP, WHO, etc. satisfactory to the Bank. The ESMF will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MOH for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, communication and public-awareness strategies for health workers and the general public on emergency situations, as well as compliance monitoring and reporting requirements, including on waste management based on the existing IPC&WMP prepared as part of the ESMF, OHS and project's labor-management procedures, stakeholder engagement and grievance mechanism. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high-risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (elderly, children, poor households, ethnic minorities, residents in rural areas, disabled, SOGI, etc.).

Project preparation has included a mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. A SEP has been prepared by the client and disclosed publicly (<http://hismohcambodia.org/public/announcements.php?pid=32>). SEP will be updated during



implementation. Until the SEP is updated, MOH will use the existing mechanisms in place for the existing WB financed H-EQIP project.

The Borrower will also develop and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions if any. It will be presented and consulted during the consultation workshops, and it will address complaints and suggestions coming from both project-beneficiaries parties and other interested parties.

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

Most activities supported by the project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of Cambodia and professional consultants and contractors (hired as contracted workers). Activities encompass thereby treatment of patients as well as an assessment of samples, plus minor renovations works. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in the ESMF's Labor-Management Procedures (including ESMP and Infection Prevention and Control Plan) noted under ESS1 as well as WHO guidelines. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for the protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry-specific EHSs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The project's LMP will also incorporate issues for the PIU and contracted workers: working conditions and management of worker relationships, protecting the workforce, grievance mechanism, and OHS.

Child labor is forbidden in accordance with ESS2 and Cambodian law, i.e., due to the hazardous work situation, for any person under the age of 18. The project may outsource minor works to contractors. The envisaged works will, therefore, be of a minor scale and thus pose limited risks. The workers will not work in contaminated areas. Also, no large-scale labor influx is expected due to the same circumstance.

In line with ESS2 as well as Cambodian law, forced labor or conscripted labor is prohibited in the project, both for construction and operation of health care facilities.

The project's LMP will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the Ministry of Health.



The project shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have a significant impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The IPC&WMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on-site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on-site destruction is not possible.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities. The ESMPs, to be prepared for rehabilitation of Labs will include procedures for handling construction waste.

Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of MOH and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and IPC&WMP (see ESS 3 above).

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.



The SEP, described under ESS 10, will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

The project will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct -Code of Conduct using WB's terminology- for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructures, such as segregated toilets and enough light in quarantine and isolation centers. The project's LMP includes also provisions to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC). Training on community interaction and SEA/GBV/SEA will be provided for all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not involve in misconduct behaviors. Codes of Conduct (CoC) will be included in the letter of PIU's staff appointment and contracts (for contracted workers) in line with relevant national laws and legislations to be adopted and applied under the project.

The project is not expecting the use of security personnel in any way.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not considered relevant at this time since no major construction works are planned for this project (only the improvement of physical facilities or equipping the existing facilities) and no land acquisition, physical or economic displacement, or restriction of access to natural resources. is envisaged.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed project interventions.

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

ESS7 is relevant for this project standard applies for this project since ethnic groups (Indigenous Peoples -IP-) possessing the four characteristics listed in para 8 of ESS7 are present in the project area.

Applying the principle of proportionality, this project will not have to prepare any additional specific IP-related ESF instruments beyond the above-mentioned SEP. However, project activities in areas where IPs are present must ensure that IPs are fully consulted in a culturally-appropriated manner about and have opportunities to benefit from the project activities. In addition to this, in order to ensure that IP communities are not disadvantaged in accessing project benefits due to language or access to appropriate medical facilities, the SEP will include special training activities and engagement protocols to work with IP communities.

ESS8 Cultural Heritage



No major civil works are expected in this project, and any works will take place in existing facilities. As a result, the project is not expected to endanger cultural sites.

ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
ORGANIZATIONAL STRUCTURE: Ministry of Health (MOH) shall establish and maintain a PIU with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.	04/2020
The Environmental and Social Management Framework (ESMF) shall be prepared within 30 days after the project effectiveness.	05/2020
Infection Prevention and Control and Waste Management Plan (IPC&WMP) acceptable to the Association will be prepared before beginning the relevant Project activities.	05/2020
The relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures shall be incorporated into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
A draft Stakeholder Engagement Plan (SEP) including a Grievance Mechanism shall be prepared, consulted and disclosed.	03/2020
The SEP shall be updated and disclosed within 1 month after the Effective Date.	04/2020



Grievance Mechanism shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	05/2020
ESS 2 Labor and Working Conditions	
Occupational Health and Safety (OHS) measures in line with the ESMF, LMP, IPC&WMP and WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories, quarantine and isolation centers, and screening posts.	05/2020
A Grievance Hotline and assignment of focal points to address these grievances shall be established within MOH	05/2020
Provisions to prevent SEA, GBV and/or VAC, including CoC for PIU’s staff for contracted workers in line with relevant national laws and legislation shall be included at the project’s LMP, adopted and applied under the project.	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
IPC&WMP acceptable to the Association will be prepared before beginning the relevant Project activities.	05/2020
ESS 4 Community Health and Safety	
Precautions measures in line with the ESMF, IPC&WMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers to the community.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
The project’s SEP will be adapted in a manner acceptable for the Bank to make sure that IPs are fully consulted in a culturally-appropriated manner about and have opportunities to benefit from the project activities.	05/2020
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

Public Disclosure

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:

No use of Borrower Framework

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health Cambodia

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Ziauddin Hyder, Tomo Morimoto
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 25-Mar-2020 at 15:10:27 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 31-Mar-2020 at 13:06:28 EDT

Public Disclosure