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Report No: PAD3829

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL ASSOCIATION DEVELOPMENT CREDITS  
IN THE AMOUNT OF SDR 14.6 MILLION  
(US\$20 MILLION EQUIVALENT)

TO THE

KINGDOM OF CAMBODIA

FOR

**CAMBODIA COVID-19 EMERGENCY RESPONSE PROJECT**

**UNDER THE**

**COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)**

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)  
WITH AN IBRD AND IDA FINANCING ENVELOPE OF  
US\$2.7 BILLION IDA AND US\$1.3 BILLION EQUIVALENT

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice  
East Asia And Pacific Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective February 29, 2020)

Currency Unit = Cambodian Riel

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KHR 4,065= US\$1

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US\$1 = SDR 0.7282

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

|          |   |
|----------|---|
| BFP      | Bank-facilitated Procurement                          |
| COVID-19 | Coronavirus Disease 2019                              |
| CERC     | Contingent Emergency Response Component               |
| DBF      | Department of Budget and Finance                      |
| DA       | Designated Account                                    |
| EOC      | Emergency Operation Center                            |
| ESMF     | Environmental and Social Management Framework         |
| EVD-WA   | West African Ebola Virus Disease                      |
| FMM      | Financial Management Manual                           |
| FM       | Financial Management                                  |
| GRS      | Grievance Redress Service                             |
| H-EQIP   | Health Equity and Quality Improvement Project         |
| IDA      | International Development Association                 |
| IBRD     | International Bank for Reconstruction and Development |
| IHR      | International Health Regulations                      |
| IPF      | Investment Project Financing                          |
| IMF      | International Monetary Fund                           |
| JEE      | Joint External Evaluation                             |
| M&E      | Monitoring and Evaluation                             |
| MPA      | Multiphase Programmatic Approach                      |
| MOH      | Ministry of Health                                    |
| NIPH     | National Institute of Public Health                   |
| PDO      | Project Development Objective                         |
| PPSD     | Project Procurement Strategy for Development          |
| RGC      | Royal Government of Cambodia                          |
| SEP      | Stakeholder Engagement Plan                           |
| SOP      | Standard Operational Procedures                       |
| SPRP     | Strategic Preparedness and Response Program           |
| STEP     | Systematic tracking of Exchanges in Procurement       |
| UNICEF   | United Nations Children's Fund                        |
| WBG      | World Bank Group                                      |
| WHO      | World Health Organization                             |



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DATASHEET

**BASIC INFORMATION**

|              |  |  |
|--------------|--|--|
| Country(ies) | Project Name                                 |  |
| Cambodia     | Cambodia COVID-19 Emergency Response Project |  |
| Project ID   | Financing Instrument                         | Environmental and Social Risk Classification |
| P173815      | Investment Project Financing                 | Substantial                                  |

**Financing & Implementation Modalities**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA) | <input type="checkbox"/> Contingent Emergency Response Component (CERC)        |
| <input type="checkbox"/> Series of Projects (SOP)                          | <input type="checkbox"/> Fragile State(s)                                      |
| <input type="checkbox"/> Disbursement-linked Indicators (DLIs)             | <input type="checkbox"/> Small State(s)  |
| <input type="checkbox"/> Financial Intermediaries (FI)                     | <input type="checkbox"/> Fragile within a non-fragile Country                  |
| <input type="checkbox"/> Project-Based Guarantee                           | <input type="checkbox"/> Conflict  |
| <input type="checkbox"/> Deferred Drawdown                                 | <input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster |
| <input type="checkbox"/> Alternate Procurement Arrangements (APA)          |  |

|                                |                               |                               |
|--------------------------------|-------------------------------|-------------------------------|
| Expected Project Approval Date | Expected Project Closing Date | Expected Program Closing Date |
| 31-Mar-2020                    | 31-Dec-2022                   |                               |

Bank/IFC Collaboration

No

**MPA Program Development Objective**

The Program Development Objective (PrDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

**MPA Financing Data (US\$, Millions)**



|                                |       |
|--------------------------------|-------|
| MPA Program Financing Envelope | 20.00 |
|--------------------------------|-------|

**Proposed Project 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.

**Components**

| Component Name  | Cost (US\$, millions) |
|---|-----------------------|
| Component 1: Case detection and management                | 8.50                  |
| Component 2. Medical Supplies and Equipment               | 6.50                  |
| Component 3. Preparedness, Capacity Building and Training | 3.50                  |
| Component 4. Project Implementation and Monitoring        | 1.50                  |

**Organizations**

Borrower: Ministry of Finance  
 Implementing Agency: Ministry of Health Cambodia

**MPA FINANCING DETAILS (US\$, Millions)**

|  |       |
|--|-------|
| <b>MPA Program Financing Envelope:</b>   | 20.00 |
| <b>of which Bank Financing (IBRD):</b>   | 0.00  |
| <b>of which Bank Financing (IDA):</b>    | 20.00 |
| <b>of which other financing sources:</b> | 0.00  |

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

|                           |       |
|---------------------------|-------|
| <b>Total Project Cost</b> | 20.00 |
| <b>Total Financing</b>    | 20.00 |



|                   |       |
|-------------------|-------|
| of which IBRD/IDA | 20.00 |
| Financing Gap     | 0.00  |

**DETAILS**

**World Bank Group Financing**

|   |       |
|---|-------|
| International Development Association (IDA) | 20.00 |
| IDA Credit                                  | 20.00 |

**IDA Resources (in US\$, Millions)**

|                 | Credit Amount | Grant Amount | Guarantee Amount | Total Amount |
|-----------------|---------------|--------------|------------------|--------------|
| <b>Cambodia</b> | 20.00         | 0.00         | 0.00             | 20.00        |
| National PBA    | 20.00         | 0.00         | 0.00             | 20.00        |
| <b>Total</b>    | <b>20.00</b>  | <b>0.00</b>  | <b>0.00</b>      | <b>20.00</b> |

**Expected Disbursements (in US\$, Millions)**

| WB Fiscal Year | 2020 | 2021  | 2022  | 2023  |
|----------------|------|-------|-------|-------|
| Annual         | 3.00 | 14.00 | 2.70  | 0.30  |
| Cumulative     | 3.00 | 17.00 | 19.70 | 20.00 |

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Health, Nutrition & Population

**Contributing Practice Areas**

**Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks

**SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)**

Risk Category

Rating



|   |               |
|---|---------------|
| 1. Political and Governance                                     | ● High        |
| 2. Macroeconomic  | ● High        |
| 3. Sector Strategies and Policies                               | ● Moderate    |
| 4. Technical Design of Project or Program                       | ● Moderate    |
| 5. Institutional Capacity for Implementation and Sustainability | ● Substantial |
| 6. Fiduciary  | ● Substantial |
| 7. Environment and Social                                       | ● Substantial |
| 8. Stakeholders   | ● Moderate    |
| 9. Other  | ● Moderate    |
| 10. Overall   | ● Substantial |

**Overall MPA Program Risk**

**COMPLIANCE**

**Policy**

Does the project depart from the CPF in content or in other significant respects?

Yes  No

Does the project require any waivers of Bank policies?

Yes  No





**Environmental and Social Standards Relevance Given its Context at the Time of Appraisal**

| E & S Standards   | Relevance              |
|---|------------------------|
| Assessment and Management of Environmental and Social Risks and Impacts                       | Relevant               |
| Stakeholder Engagement and Information Disclosure   | Relevant               |
| Labor and Working Conditions  | Relevant               |
| Resource Efficiency and Pollution Prevention and Management                                   | Relevant               |
| Community Health and Safety   | Relevant               |
| Land Acquisition, Restrictions on Land Use and Involuntary Resettlement                       | Not Currently Relevant |
| Biodiversity Conservation and Sustainable Management of Living Natural Resources              | Not Currently Relevant |
| Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities | Relevant               |
| Cultural Heritage   | Not Currently Relevant |
| Financial Intermediaries  | Not Currently Relevant |

**NOTE:** For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

**Legal Covenants**

Sections and Description

Section I.B of Schedule 2 to the Financing Agreement

The Recipient shall by no later than one (1) month after the Effective Date adopt and thereafter apply throughout the implementation of the Project, the Project Operational Manual (provided, however, that in the case of any conflict between the arrangements and procedures set out in said manual and the provisions of this Agreement, the provisions of this Agreement shall prevail) and, except as the Association shall otherwise agree, shall not amend, abrogate or waive any provision of said manual.

Sections and Description

Section I.C of Schedule 2 to the Financing Agreement



1. The Recipient shall furnish to the Association, for review and approval not later than October 30 of each year during the implementation of the Project (or such later date as the Association may agree), an annual work plan and budget (“AWPB”) for the Project containing relevant Project activities and expenditures proposed to be included in the Project in the subsequent year.

2. The Recipient shall ensure that the Project is implemented in accordance with the AWPB accepted by the Association for the respective year; provided, however, that in the event of any conflict between the AWPB and the provisions of this Agreement, the provisions of this Agreement shall prevail.

#### Sections and Description

##### Section I.D of Schedule 2 to the Financing Agreement

1. The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Association.

2. Without limitation upon paragraph 1 above, the Recipient shall ensure that the Project is implemented in accordance with the Environmental and Social Commitment Plan (“ESCP”), in a manner acceptable to the Association.

#### Conditions



## I. PROGRAM CONTEXT

1. **This Project Appraisal Document describes the emergency response to the Kingdom of Cambodia under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on March 17, 2020, with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.<sup>1</sup>**

### A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Figure 1 provides details about the global spread of COVID-19. As of March 17, 2020, the outbreak has already resulted in over 184,000 cases and more than 7,500 deaths worldwide.

3. **COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use<sup>2</sup> and pre-existing chronic health problems that make viral respiratory infections particularly dangerous<sup>3</sup>. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches<sup>4</sup>. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While around 2 percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding pandemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

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<sup>1</sup> IDA/R2020-0087

<sup>2</sup> Marquez, PV. 2020. “Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China.” <http://www.pvmarquez.com/Covid-19>

<sup>3</sup> Fauci, AS, Lane, C, and Redfield, RR. 2020. “Covid-19 — Navigating the Uncharted.” *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

<sup>4</sup> Del Rio, C. and Malani, PN. 2020. “COVID-19—New Insights on a Rapidly Changing Epidemic.” *JAMA*, doi:10.1001/jama.2020.3072



4. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility, which provided up to US\$14 billion in immediate support to assist countries coping with the impact of the global outbreak.

**B. Updated MPA Program Framework**

5. Table 1 provides an MPA Program framework for Cambodia.

**Table 1. MPA Program Framework<sup>5</sup>**

| Phase # | Project ID                 | Sequential or Simultaneous | Phase’s Proposed DO*                     | IPF, DPF or PforR | Estimated IBRD Amount (\$ million) | Estimated IDA Amount (\$ million) | Estimated Other Amount (\$ million) | Estimated Approval Date | Estimated Environmental & Social Risk Rating |
|---------|----------------------------|----------------------------|--|-------------------|------------------------------------|-----------------------------------|-------------------------------------|-------------------------|--|
| 3       | Cambodia COVID-19 Response | Simultaneous               | Please see relevant PAD                  | IPF               | 0.00                               | \$20.00                           | 00.00                               | March 31, 2020          | Substantial                                  |
| Total   |                            |                            | <b>Board Approved Financing Envelope</b> |                   |                                    |                                   |                                     |                         |  |

**C. Learning Agenda**

6. The country project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, International Monetary Fund (IMF), Center for Disease Control, United Nations Children’s Fund (UNICEF), and others. The learning agenda includes: (i) Forecasting: modeling the progression of the pandemic will be carried out, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios; (ii) Technical: Cost and effectiveness assessments of prevention and preparedness activities will be conducted to guide policy and sustained financing; (iii) Supply chain approaches: Assessments will be financed on options for timely distribution of medicines and other medical supplies to strengthen systems with specific focus on health facilities in areas that are hard-to-reach and vulnerable to climate change related natural threats; and (iv) Social behaviors: Assessments on the compliance and impact of social distancing measures will be carried out under different contexts to strengthen preparedness particularly with greater community involvement.

7. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak can be reduced. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – whose weak health systems make their populations most vulnerable.

8. The World Bank’s support includes project financing and technical assistance. In terms of technical

<sup>5</sup> The Program framework will be updated as more countries join SPRP. All projects under SPRP are assessed for ESF risk classification following the Bank procedures and the flexibility provided for COVID-19 operations.



assistance, to date, the World Bank has contributed to the WHO-led development of a *Strategic Preparedness and Response Plan* outlining the public health measures for all countries to prepare for and respond to COVID-19. The strategic objectives of the Plan are to: limit human-to-human transmission; identify, isolate, and care for patients early; identify and reduce transmission from the animal source; address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics, and vaccines; communicate critical risk and event information to all communities, and counter misinformation; and minimize social and economic impact through multi-sectoral partnerships.

9. **To support these, the Plan relies on three pillars:** (1) rapidly establishing international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships; (2) scaling up country preparedness and response operations; and (3) accelerating priority research and innovation.

## II. CONTEXT AND RELEVANCE

### A. Country Context

10. **Cambodia has transformed itself since the late 1990s from a war-torn country to a peaceful one which has experienced remarkable economic growth and macroeconomic stability.** The country grew by an average annual rate per capita of 7.8 percent during 2004–2014, ranking among the top 15 economies in the world in terms of economic growth. This economic transition allowed the country to reach lower middle-income status in 2015. The main drivers of growth have been garment, manufacturing, agriculture, tourism and, more recently, construction and real estate. While this sustained economic performance has lifted a large proportion of the population above the national poverty line, Cambodia is still one of the poorest countries in the Southeast Asia region. Vulnerability remains high and social protection is limited. Ongoing public sector reforms are yielding results, but public institutions remain weak.

11. **Cambodia's population of approximately 16.7 million in 2020 has made steady and significant progress in health outcomes over the past decade. Between 2005 and 2014,** the maternal mortality ratio fell from 472 per 100,000 live births to 170, and under-five mortality decreased from 83 per 1,000 live births to 35. Despite these dramatic improvements in maternal and child health, inequities persist across health outcomes by socioeconomic and educational status, by geographical areas, and between urban and rural populations.

12. **In 2014, the total health expenditure was approximately US\$1 billion, corresponding to over 6 percent of gross domestic product and US\$70 per capita and this is one of the highest in the region.** Public financing for health has increased steadily since 2008, from US\$104 million to US\$241 million in 2014 but only accounts for 20 percent of total health expenditure. Out-of-pocket payment accounts for 60 percent and is an important source of debt and impoverishment for the poor. Based on data from the 2017 Cambodia Socioeconomic Survey, approximately 6.3 percent of the population endured catastrophic spending and 3.1 percent had to incur debt to pay for health expenditures.

13. **The quality of health services in Cambodia is suboptimal however, with significant gaps and weaknesses.** Beneficiaries incur high out-of-pocket payment due to the perceived poor quality of care in certain public facilities, even when they are covered by Health Equity Fund. In addition to some remaining gaps in infrastructure, Cambodia faces a major challenge with the skills and competencies of its health workforce and needs both pre-service and in-service training improvements and a renewed focus on competency-based



training. In addition, the absence of a well-coordinated monitoring and evaluation (M&E) mechanism and limited data quality have hampered the effective monitoring of health sector performance and evidence-based decision-making.

**14. The Joint External Evaluation (JEE) of International Health Regulations (IHR) Core Capacities conducted in 2016 found that many technical capacities for detecting, preventing and rapidly responding to emerging diseases and public health emergencies remain under development.** Cambodia's capacities in the majority of technical areas evaluated were categorized as limited or developed under the JEE categorization system. Overarching challenges included significant funding gaps, human resources capacity, intersectoral collaboration and coordination, and the application of M&E mechanisms.

## B. Sectoral and Institutional Context

**15. COVID-19 Outbreak Epidemiology in Cambodia:** The first case in the country was diagnosed on January 27, 2020 in a Chinese man who had flown from Wuhan to Sihanoukville who then recovered and returned home. On March 16, 2020, almost six weeks after the first reported case in the country, the government closed all public and private educational institutions across the country. The following day, a 30-day travel ban on visitors from the four most effected European countries as well as the United States came into force. As of March 18, 2020, the Ministry of Health (MOH) has confirmed 35 cases, most of them imported.

**16. In response to COVID-19, the MOH has updated Cambodia's existing pandemic response strategy in a new document entitled "National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia, February to August 2020" (COVID-19 Master Plan).** The Master Plan stages that the extent of geographic spread of COVID-19 within Cambodia will influence the set of response actions required at any given stage. Response actions fall along a continuum between two strategic approaches, namely Containment and Mitigation. Containment refers to stopping or slowing down the spread of a new disease. Mitigation refers to the set of public health options that Cambodia can take to minimize the health, social and economic impact of the epidemic once COVID-19 is widely circulating in the country. At the time of writing, the overall immediate health risk assessment from COVID-19 to Cambodia was considered moderate to high. Cambodia is currently in the Containment Phase.

**17. The COVID-19 Master Plan has four strategic objectives:** (1) to reduce and delay transmission, (2) to minimize serious disease and reduce associated deaths, (3) to ensure ongoing essential health services particularly during epidemic peak periods; and (4) to minimize social and economic impact through multisectoral partnerships. Nine priority areas of action to manage community transmission are drawn from the 2019 updated National Pandemic Preparedness Plan and are as follows: incident management and planning, surveillance and risk assessment, laboratory, clinical management and health care services, infection prevention and control, non-pharmaceutical public health measures, risk communication, points of entry and operational logistics.

**18. COVID-19 response coordination structures:** Cambodia's National Pandemic Preparedness Plan was updated in 2019. Clear Coordination, Command and Control structures were put in place for a multisectoral, whole-of-government, whole-of-society response involving government departments, agencies and civil society organizations. The government strengthened and tested its preparedness efforts and set up the national preparedness and response coordination mechanism through a National Public Health Emergency Operation Center (EOC).



19. In March 2020, an Inter-ministerial Committee for responding to COVID-19 was established. The Committee is chaired by the Minister of Health and with participation from the State Secretary level of other 14 ministries and all provincial governors. The term of references for this committee are:

- Prepare for responding to COVID-19 according to stages on the spread of COVID-19;
- Implement the national plan approved by the Royal Government of Cambodia (RGC);
- Monitor, review and evaluate the implementation of the Master Plan on responding to COVID-19;
- Set implementation goals according to the transmission stages of COVID-19; and
- Report on evolution of the transmission of COVID-19 on a regular basis to the RGC.

20. The system weaknesses in these priority areas of the 2019 National Pandemic Preparedness Plan and current COVID-19 Master Plan are addressed in this proposal.

- 1) **National Institute of Public Health (NIPH).** The reference laboratory for testing is the National Public Health Laboratory (NPHL), which is part of the NIPH. A major goal of NIPH is providing standard quality public health laboratory services, laboratory training and research, and support in quality improvement, disease surveillance and outbreak investigation. The Laboratory has a biosafety level 2+ (BSL2+) status with capacity to do Influenza Polymerase Chain Reaction. There is a system to transport samples quickly and safely. The NIPH is currently performing 100 tests per day and has a surge capacity of around double this number. Four thousand tests or greater per day may be required during the peak of the pandemic wave, so the capacity of the National Laboratory needs to be built up most urgently to cover the expected surge. Component 1 of the Project includes upgrading of the NIPH.
- 2) **Isolation and Treatment Centers.** The COVID-19 Master Plan states that during the Containment Phase, all suspected and confirmed cases will be referred to selected designated facilities, isolated and provided clinical management. Once community transmission is established, treatment priority will be given to severe and high-risk patients and mild cases will need to be managed at home or in the community. The MOH is currently setting up Isolation and Treatment centers and identifying alternative facilities that may be used to provide treatment, and Component 3 will support these needs.
- 3) **Emergency Operating Centers (EOC).** The 2019 National Pandemic Preparedness Plan makes provision for EOC at central and provincial levels. The National EOC in Cambodia for public health emergencies is located in the Department of Communicable Disease Control of the MOH. It was activated when the first cases were diagnosed, is operational and currently being expanded as the number of confirmed cases in the country increases. There is a major response gap in that no EOCs are currently functioning in any of the 25 provinces. In Component 3, the Project will support EOC functionalization through urgently supporting expansion of the national EOC and establishment of provincial EOCs.
- 4) **Rapid Response Teams.** The MOH has designated Rapid Response Teams for field operations at all operational districts and provincial health departments as well as at the Department of Communicable Disease Control of MOH. These teams are being dispatched to assess, investigate and respond to public health events and have been functioning throughout the country since the first cases were diagnosed. 55 Rapid Response Team staff are currently deployed in each of the 25 provincial capitals, as well as additional staff at district level, but these human resources are becoming rapidly stretched. Component 3 will support expansion in the number of Rapid Response Teams through hiring and training of additional staff.





### C. Relevance to Higher Level Objectives

21. **The Project was not included in the Country Partnership Framework, but the emergency has further increased the priority of health protection and treatment in Cambodia. The proposed Project is aligned with the RGC's Health Strategic Plan 2016-2020.** Focus Area 2 (fostering human development) of the Cambodia Country Partnership Framework identifies improving the quality, equity, and utilization of health services, and reducing impacts on human health due to major public health concerns was identified as one of the key policy priorities in the Health Strategic Plan. Timely investment in the implementation of the COVID-19 Master Plan will have direct contribution in achieving both these priority areas.

22. **The proposed Project also contributes to the RGC's broader development agenda, as defined by the National Strategic Development Plan (2019–2023) and the Rectangular Strategy 4, for Growth, Employment, Equity and Efficiency:** Building the Foundation Toward Realizing the Cambodia Vision 2050. Furthermore, the proposed Project fills critical gaps in the World Bank's support to the Cambodia health sector, as the currently supported health sector projects, including the Health Equity and Quality Improvement Project (H-EQIP) do not explicitly include disease surveillance and response to global pandemics such as COVID-19.

23. **The Project is aligned with World Bank Group strategic priorities, particularly the World Bank Group (WBG)'s mission to end extreme poverty and boost shared prosperity.** The Program's focus is on preparedness is also critical to achieving Universal Health Coverage. It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the IHR; and utilizing international framework for M&E of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement.

24. **The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies.** Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 Global SPRP outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

25. **Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)."** The Project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response, and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals, and the promotion of a One Health approach.





### III. PROJECT DESCRIPTION

26. **The proposed Project was selected for World Bank Group Fast Track COVID-19 Facility financing because of the strategic place Cambodia holds when it comes to connectivity and travel as the world has been hardly hit by the outbreaks of COVID-19.** As of March 17, 2020, over 184,000 confirmed cases have been identified and more than 7,500 deaths reported in 162 countries and territories around the world. Of these numbers, China has identified a total of 80,881 positive cases and reported 3,226 deaths. The virus can cause mild, flu as well as a range of flu-like symptoms. Based on current data, about 94 percent appear to have mild to moderate condition and 6 percent progress to severe disease. Around two percent of people with the disease have died. There are two direct flights from Wuhan city, China, to Sihanouk Ville (4 flights per week) and Siem Reap (1 flight per 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.

27. **The scope and the components of this Project are fully aligned with the Bank's Fast Track COVID-19 Facility, using standard components as described in proposed phase 1 of the COVID-19 SPRP using the MPA.** The proposed Project complements the longer-term development work in the health sector, including the H-EQIP which seeks to improve access to quality health services for targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia, as well as the Cambodia Nutrition Project, which seeks to improve utilization and quality of priority maternal and child health and nutrition services for targeted groups in Cambodia.

28. **Phased responses through the COVID-19 Fast Track Facility.** While support will surely be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to support countries with the health response. As a first step, the majority of operations processed through the Fast Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. One of the challenges with the response to COVID-19 is the availability (and price) of medical equipment and supplies. The global Pandemic Supply Chain Network, of which the World Bank is a co-convenor, has identified a list of medical products critical to the response. The task team will work with RGC counterparts to customize this list further to develop a positive list of goods to be procured with World Bank financing. Indeed, there is growing disruption to economic activities, businesses and livelihoods. Options for support through other financing instruments are being explored as the facility is established and through country consultations.

#### A. Project Development Objective

29. The project objectives are aligned with the results chain of the COVID-19 SPRP.

30. **The Project Development Objective 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.**

31. **The proposed Project intends to fill critical gaps in implementing the Cambodia COVID-19 Master Plan, including strengthen the prevention activities, rapid detection, preparedness and response to COVID-19 outbreak.** The budget will be utilized within 32 months to enhance preparedness activities for COVID-19 and strengthen the health system both at national and subnational level. The Project's objectives and design are in line with the request from the Ministry of Economy Finance for US\$20 million provided on March 23, 2020.



32. **The specific objectives that the project will support include:** (1) To reduce and delay the transmission of COVID-19; (2) To minimize serious disease due to COVID-19 and reduce associated deaths; (3) To ensure ongoing essential health services particularly during epidemic peak periods; and (4) 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.

#### **PDO Level Indicators**

33. **The proposed PDO level indicators are the following:**

##### Early detection and timely reporting of outbreaks

- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;

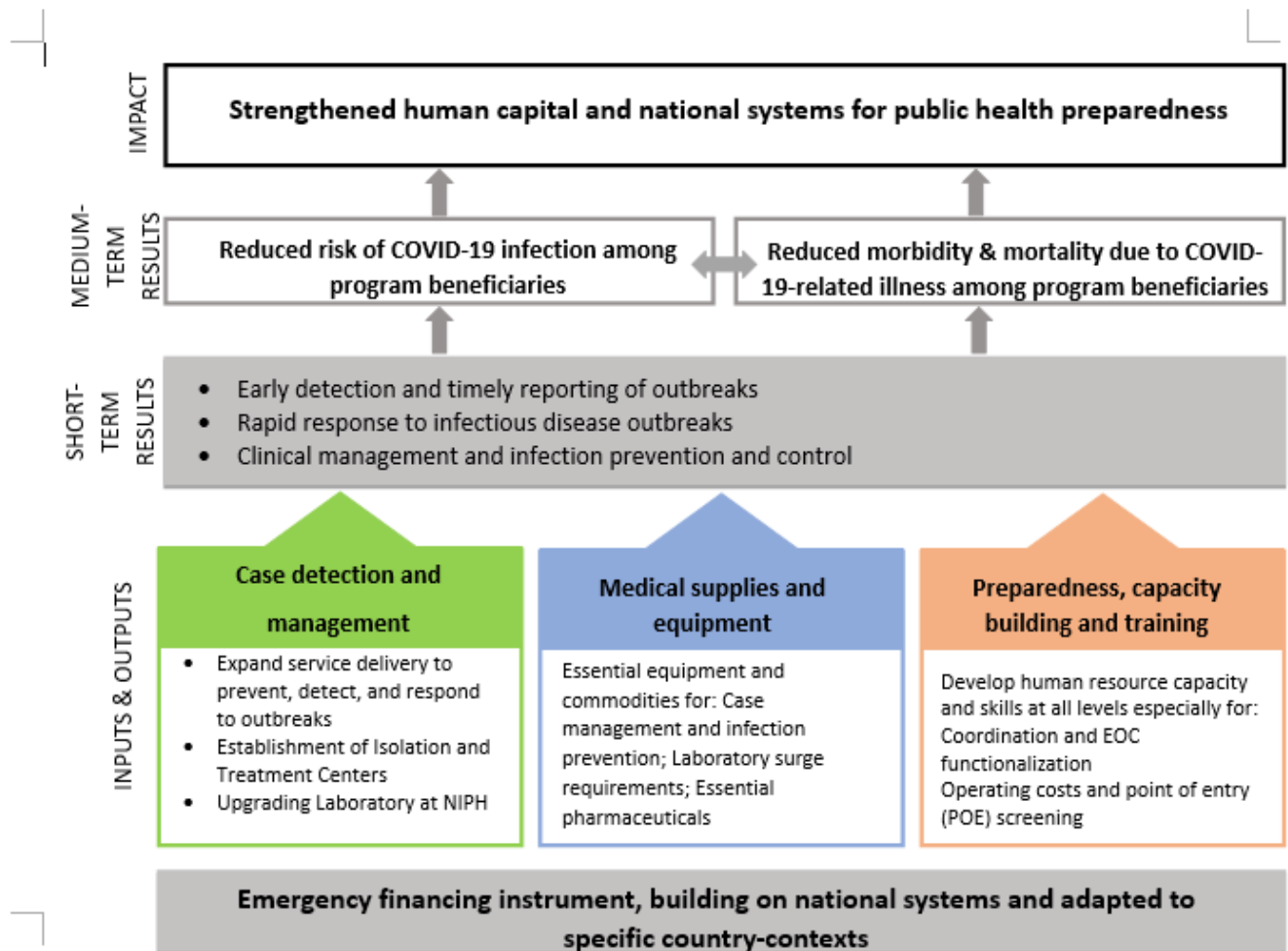
##### Rapid response to infectious disease outbreaks

- Number of provincial hospitals with adequate supply of personal protective equipment (PPE) to manage 30 COVID-19 cases and undertake outbreak investigations;

##### Clinical management and infection prevention and control

- Percentage of acute healthcare facilities with isolation capacity.

**Figure 1: project result chain**



34. **Timely detection of emerging infectious disease outbreaks, assessment of their epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and minimize their economic, social, and security impacts.** Failure of the rapid mobilization of financing and coordination of response results in exponential rise in unnecessary casualties and significant socioeconomic consequences, as was the case during the West African Ebola Virus Disease (EVD-WA), where the global response was delayed by several months from the onset of cases. By focusing on the containment, diagnosis and treatment of patients, this project seeks to control the disease outbreak and limit socioeconomic losses.

35. **Critical interventions are needed to reduce morbidity, mortality and socioeconomic impact from the COVID-19 pandemic in Cambodia.** The procurement of medical supplies and equipment for case management and infection prevention and the functioning of laboratories, and the establishment of isolation and treatment centers at all the country's referral and provincial hospitals will strengthen Cambodia's public health assets. Financing activities related to preparedness, capacity building and training for response coordination, supporting EOCs at all levels, combined with assistance with operating costs and training on risk communication will strengthen Cambodia's public health human resources. These outputs will lead to the outcomes of rapid detection of, and response to, the COVID-19 pandemic, increased laboratory surge capacity and timely



information sharing. Together, they will result in strengthening of health systems in Cambodia for emerging infectious disease detection and response, and lead to reduced morbidity, mortality and socioeconomic impact from the pandemic.

## B. Project Components

**36. The Project will help Cambodia address critical country-level needs for preparedness and response for COVID-19.** The proposed Project will build upon the support already being channeled through the Contingency Emergency Response Component (CERC) of H-EQIP. The proposed Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. Project design will include similar implementation arrangements and fiduciary systems as the H-EQIP.

**37. The project activities under each component are designed to support selected containment<sup>6</sup> as well as mitigation<sup>7</sup> related activities which the RGC has identified in the COVID-19 Master Plan.** Also, the proposed activities have been identified from the Cambodia COVID-19 Master Plan and will complement others that are already been committed notably, by the H-EQIP (through the activation of CERC, US\$14 million equivalent for ambulances and medical equipment, national laboratory capacity development, reagents, etc.), Germany (US\$1.5 million to assist the Institute of Pasteur Cambodia), and China (5,000 PPE and masks).

**38. The project will comprise the following components:**

**39. Component 1. Case detection and management [US\$8.5 million]:** Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation<sup>8</sup>. NIPH will be upgraded; diagnostic capacity of the four provincial laboratories as well as laboratories attached to the 21 provincial referral hospitals will be built<sup>9</sup>; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be upgraded.

**40. Component 2. Medical Supplies and Equipment [US\$6.5 million]:** 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 (i) case management; and (ii) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies as the availability in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs.

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<sup>6</sup> Containment means stopping or slowing down the spread of a new disease. This refers to the set of public health actions that countries can implement to slow down the spread of an already circulating new virus, once it appears in-country and while there are still only a few cases or clusters.

<sup>7</sup> Mitigation refers to the set of public health actions that a country can take to minimize the health, social and economic impact of the epidemic once a new virus is widely circulating in the country. Mitigation specifically aims to minimize the transmission to vulnerable populations and ensure health care for those who need it most.

<sup>8</sup> No new construction apart from potential rehabilitation of existing structures.

<sup>9</sup> The hospitals attached to the regional level such Battambang Province, Takeo Province, Siem Reap Province, Kampong Cham, and Stung Treng.



41. **Component 3. Preparedness, Capacity Building and Training [US\$3.5 million]:** 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 (including sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (3) human resources for implementation, supportive supervision and subnational support; (4) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (5) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (6) strengthening call/hotline centers; and (7) strengthening community- and event-based surveillance for COVID-19. In addition, this component will support (1) risk communication and community engagement; (2) behavioral and sociocultural risk factors assessments; (3) production of risk communication and community engagement strategy and training documents; (4) production of communication materials; and (5) monitoring and evidence generation.

42. **Component 4. Project Implementation and Monitoring [US\$1.5 million]:** 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 project financed staff at MOH and technical consultants; and (3) operating costs.

43. **The primary activities in the COVID-19 Master Plan to be supported by the Project,** in line with the RGC's request, are presented in Table 2:



**Table 2: Components and key activities by costs**

| No  | Component                                    | Activity  | Budget                  |
|---|--|---|-------------------------|
| 1   | Case Detection and Management                | Laboratory upgradation and isolation & treatment centres in 25 municipal/provincial referral hospitals  | US\$ 4.0 million        |
|   |  | Medical commodities & furniture and network in 25 municipal/provincial referral hospitals   | US\$ 1.5 million        |
|   |  | Laboratory upgradation in NIPH  | US\$ 1.0 million        |
|   |  | Equipment and furniture and network in NIPH laboratory  | US\$ 2.0 million        |
|   |  |   | <b>US\$ 8.5 million</b> |
| 2   | Medical Supplies and Equipment               | Pharmaceutical and medical supplies for case management:<br>(1) Surveillance – sample collection<br>(2) Case Management – Supportive Treatment<br>(3) Case Management – PPE Healthcare facilities   | US\$ 2.0 million        |
|   |  | Pharmaceutical and medical supplies for Infection Prevention & Control – Triage/Screening   | US\$ 500,000            |
|   |  | Medical equipment for 25 municipal/provincial referral hospitals  | US\$ 4.0 million        |
|   |  |   | <b>US\$6.5 million</b>  |
| 3   | Preparedness, Capacity Building and Training | Program-supported region provision with pandemic preparedness: i) training on screening, ii) simulation exercise on public health emergency, iii) refresher trainings to collect, pack, store and ship specimens, iv) training on surveillance and response and diagnostic capacity, v) training on EOC; and vi) production of communication materials. | US\$ 2.4 million        |
|   |  | Community and event-based surveillance strengthening  | US\$ 300,000            |
|   |  | Hotline service, facilities and train hotline operator’s expansion  | US\$ 100,000            |
|   |  | EOC facilities upgradation for Incident Management System   | US\$ 100,000            |
|   |  | EOC equipment at 25 municipal/provincial referral hospitals   | US\$ 450,000            |
| Hospital emergency response and business continuity plans development | US\$ 150,000                                 |   |                         |
|   |  |   | <b>US\$ 3.5 million</b> |
| 4   | Project Implementation and Monitoring        | Lab consultant recruitment for each 25 municipal/provincial referral hospitals and train surge capacity staff to provide surge capacity for COVID-19 testing recruitment  | US\$ 350,000            |
|   |  | IT consultant recruitment at 5 regions nationwide   | US\$ 150,000            |
|   |  | Procurement, financial management, environmental and social safeguard, monitoring and evaluation, reporting, and operating costs.   | US\$ 1.0 million        |
|   |  |   | <b>US\$ 1.5 million</b> |
|   |  |   | <b>US\$ 20 million</b>  |



### C. Project Beneficiaries

44. **The expected project beneficiaries will be infected people, at-risk populations, medical and emergency personnel, medical and testing facilities, and health agencies across Cambodia.** The proposed Project will specifically target communities across Cambodia, especially poor households, hard-to-reach communities, other disadvantaged population including ethnic minorities, and other populations that are at high risk of epidemic disease.

### D. Rationale for Bank Involvement and Role of Partners

45. **The rapid spread of COVID-19 calls for a coordinated, flexible and fast response.** It is in the interest of Cambodia to support contain the COVID-19 outbreak in order to help prevent greater loss of life and avoid deeper economic consequences. The RGC's breath of the response will be critical to the overall effectiveness of the effort to contain COVID-19. The WBG is committed to playing its part in the national response, working in close partnership with RGC and its development partners. The proposed WB response to COVID-19 is therefore broad-based and will include emergency financing, policy advice, and technical assistance.

46. **The World Bank Group's COVID-19 SPRP using the MPA and IFC's Trade Solutions and Working Capital Liquidity Facilities build on the experience and credibility of both institutions in responding to global crisis.** They allow the institutions to move nimbly to support countries as they respond to the health and economic impacts of the spread of COVID-19 and build in the experience and high standards that are needed so that the approaches work well in fast moving environments. Although health sector partners have shown interest to support the government, for now, no other development partners in Cambodia have pledged significant resources to support the COVID-19 Master Plan, but this may evolve in the near future. The task team will ensure that financing allocated through this Project will be aligned and harmonized with other key health sector players in Cambodia.

### E. Lessons Learned and Progress on Learning Agenda

47. **The World Bank is well positioned to respond to this pandemic given its global expertise combined with understanding of country conditions and needs, prior experience in responding to crises (pandemics, natural disasters, economic shocks) while building resilience and improving future preparedness and response capability, respect and trust of client countries, and global partnerships** (UN agencies/WHO, other multilateral development banks, IMF, etc.). The proposed response will follow a cross-sectoral One Health approach within the framework of a Fast Track COVID-19 Response Program, allowing a rapid response to short-term needs. Depending on how the outbreak progresses and impact on economic activity unfolds there may be need for a second phase with a greater focus on support for economic and social disruption resulting from the spread of the virus.

48. **The Fast Track COVID-19 Facility and the proposed operation draws upon lessons learned from past World Bank responses to global crises and outbreaks, including the various Ebola outbreaks, the Global Food and Avian Influenza Crises in 2007-08, and the 2017 Food Crisis Response.** Swift detection of an outbreak, assessment of its epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and reduce the economic, social, and security impacts. Failure in the rapid mobilization of financing and coordination of response results in unnecessary casualties and significant socioeconomic consequences. As





highlighted by the SARS and the EVD-WA outbreak, the cost of outbreak control and socioeconomic losses rises exponentially with delayed detection, reporting, and action, and close technical coordination is needed across countries to prevent and control the transboundary spread of the disease. Although delayed by several months from the onset of cases, the global response to EVD-WA was eventually effective in stopping the outbreak. The failure in the rapid mobilization of financing and the coordination of response resulted in unnecessary casualties of over 11,000 persons, and significant socioeconomic consequences across the sub-region. The economic and social costs of the EVD-WA crisis are estimated to be US\$53 billion.<sup>10</sup>

**49. Use of an umbrella programmatic approach adaptable to country needs can also facilitate a flexible rapid response.** Such programmatic approaches also help to reduce project preparation time,<sup>11</sup> enabling countries to choose from a menu of relevant activities depending on country conditions can provide such a platform for high-level policy and regulatory harmonization, cooperation, and coordination between countries,<sup>12</sup> especially in times of emergency.

**50. The Project's results framework builds upon and aligns with that of the COVID-19 Master Plan and includes both intermediate and outcome indicators.** The M&E system have been specifically designed to track incremental improvements in biosecurity, surveillance, diagnosis, and outbreak response, and regular reports on intermediate outcomes will help improve the efficiency of project implementation.

**51. Mainstreaming implementation arrangements.** The proposed Project will build on H-EQIP and the Cambodia Nutrition Project experience and embed project management across the MOH and its sub-national structure. It is the first project of its kind to be delivered through mainstream systems with an intensive focus on building country's preparedness against any emerging public health threats. Also, lessons learned from the JEE-IHR carried out in 2016 have been incorporated into the design of this Project.

## IV. IMPLEMENTATION ARRANGEMENTS

### A. Institutional and Implementation Arrangements

**52. MOH will be the implementing agency for the Project.** The institutional arrangements are based on lessons learned from H-EQIP. The MOH will appoint a Project Director, and a Project Manager. The Project Director and Project Manager will be acting through MOH's technical departments and national programs, as well as the provincial health departments, operational districts, referral hospitals, and health centers. Within the MOH, the Project will be implemented through the Department of Communicable Disease Control, Department of Hospital Services, NIPH and the Department of Budget and Finance (DBF) using mainstream MOH processes and will not involve a parallel project implementation unit or secretariat. However, the project will have a provision to strengthen these departments' capacity and skills through additional consultants or advisors. Additional consultants or advisors will be recruited with an aim to strengthen the overall procurement function and not specifically for the project activities. Other MOH departments participating in project implementation will include (1) the Internal Audit Department; (2) the Preventive Medicine Department; and (3) the Department of Drugs.

<sup>10</sup> Huber C, Finelli L, Stevens W. The economic and social burden of the 2014 EVD outbreak in West Africa. *The Journal of infectious diseases*. 2018; 218(suppl\_5): S698-S704.

<sup>11</sup> The World Bank Group and the Global Food Crisis: An Evaluation of the World Bank Group response. IEG June 2013

<sup>12</sup> Multiphase Programmatic Approach, OPCS July 2017.





53. **The guiding documents for the Project will be an updated Project Operational Manual**, including standard project fiduciary, safeguard, implementation, and M&E requirements, as well as relevant *Prakas* to be developed. In addition, Annual Operations Plan will be submitted for no-objection to the World Bank by September 30 of each year, detailing the project work program and budget for each government fiscal year and specifying the allocation and sources of funding for all project components.

54. **Funds flow and accountabilities for financial reporting.** The MOH will adopt the institutional structure using the DBF to carry out the project's Financial Management (FM) and disbursement functions. Capacity of DBF in managing the World Bank financed projects has been quite strong. One Designated Account (DA) in US\$ at the National Bank of Cambodia is maintained by MOH to receive funds from the World Bank and to make payment for eligible expenditures. MOH is responsible for submitting a six-month interim unaudited financial report, starting from the first semester following the project's first disbursement, to the World Bank no later than 45 days after semester-end.

## B. Results Monitoring and Evaluation Arrangements

55. **The existing project management unit at MOH will be responsible for:** (i) collecting and compiling all data relating to their specific suite of indicators; (ii) evaluating results; (iii) providing the relevant performance information to the Pandemic Supply Chain Network; and (iv) reporting results to the World Bank immediately prior to each semiannual supervision mission. Each unit will perform its functions in accordance with the methodology prescribed in its respective project implementation manual, and each appoint a project-funded M&E technical expert. JEEs will also be used to inform the Project's Results Framework indicators.

## C. Sustainability

56. **The sustainability of the Project would largely depend on the capacity of the implementing agencies and the specific activities.** The focus of some of the project activities on training and capacity building will further enhance the sustainability of the project. It will leverage and further strengthen H-EQIP and Cambodia Nutrition Project investments in transitioning key accountabilities and systems away from parallel implementation entities to relevant MOH departments.

57. **A set of principles outlined in the COVID-19 Master Plan would be applied to enhance the sustainability of the project** and include: (1) build upon existing health system and health security systems; (2) mobilize whole-of-government and whole-of-society approach, based on existing arrangement for health emergency response; (3) capitalize on achievements made from the pandemic preparedness and existing pandemic response strategy; (4) timely shift from containment to mitigation to address community transmission to ensure efficient use of resources; and (5) continue to work in established partnership, engaging all relevant stakeholders from RGC, civil society and development partners.

## V. PROJECT APPRAISAL SUMMARY

### A. Technical, Economic and Financial Analysis (if applicable)

58. **The COVID-19 outbreak clouds an already fragile global economic outlook and can further set back gains in poverty alleviation, in addition to the population health impacts already observed in the countries**



**impacted by the outbreak.** Potential tightening of credit conditions, weaker growth, and the allocation of public resources to fight the outbreak are likely to reduce governments' ability to invest in other sectors. Low-income countries are expected to feel the impact, as current estimates suggest that a one percent decline in developing country growth rates traps an additional 20 million people into poverty.

**59. The outbreak weighs on economic activity through both demand and supply channels.** On the demand side, activities involving interactions between people are reduced in efforts to prevent transmission of the virus. On the supply side, prevention measures, such as factory closures, have significantly disrupted production of tradable and non-tradable goods around the world. Available high-frequency data point to a major contraction in economic activity in China this quarter. These include sharp downturns in daily coal consumption for power generation, average road congestion, nationwide passenger traffic, tourism activity, and container throughput at Chinese ports. A month after Chinese New Year (January 25, 2020), travel within China had reduced by 80 percent compared to before the start of the outbreak. Most international carriers have cancelled their flights to China until at least the end-April 2020, and maybe longer. In January-February 2020, container shipping companies stopped movement of vessels at a record pace. At end-February 2020, coal use in major power generation plants had decreased by 50 percent compared to the same period in 2019; pollution, an indicator of industrial production, was down 40 percent compared to normal. As of mid-February 2020, Morgan Stanley Financial has estimated industrial production at 30-50 percent of trends from before the outbreak. Moreover, production indicators for electronics have faltered, suggesting growing disruptions to China's globally-integrated manufacturing sector. In this context, the manufacturing Purchasing Manager's Index suffered its worst performance.

## B. Fiduciary

### (i) Financial Management

**60. Planning and budgeting.** The Project will follow the Government's budgeting principles as outlined in the standard operational procedures (SOP) and/or Financial Management Manual (FMM) for externally financed projects issued by Sub-Decree No. 181 dated December 02, 2019, and its subsequent amendments. MOH will prepare Annual Operational Plan and budget for implementing activities to achieve the project's objectives.

**61. FM staffing.** Currently, FM staff of MOH can manage the project's funds and disbursements. The Project shall ensure enough government FM staff for a full-functioning FM team to carry out the day-to-day FM and disbursement tasks and to ensure that controls and procedures in the FM are adhered to. To support DBF in managing the project account, one full-time FM assistant (consultant position) will be engaged to carry out day-to-day FM tasks when the DBF staff are overloaded with other work. A provision for additional FM consultancy support will be assessed during the project implementation as and when it is necessary.

**62. Accounting policies and procedures and internal control.** The Project will adopt a modified cash accounting basis and the RGC's chart of accounts. The Project will adopt the SOP/FMM and subsequent amendments; any amendments may be subject to the World Bank's review before adoption. The existing QuickBooks accounting software will be used as the FM tool to manage financial transactions and producing timely and reliable financial reports. The existing supplementary FMM of H-EQIP, containing financial policies, controls and procedures, is applicable for this project. There is a need to customize a new chart of accounts and other functions in QuickBooks to meet the specific reporting requirement of the Project. MOH's Internal Audit



Department shall carry out internal audit of the Project on an annual basis according to their internal audit work plan and reporting mechanism.

63. **External auditing:** The annual audited financial statements covering all sources of funds and operations for the whole project will be audited by the independent auditing firm. MOH will submit the annual audited financial statements and management letter for each fiscal year to the Bank no later than six months after fiscal year-end. An independent external auditing firm would be engaged by the Ministry of Economy and Finance under the external audit bundling to audit the project’s annual financial statements in accordance with terms of references acceptable to the Bank. The audit fee will be paid by the RGC. The audited financial statements are required to be disclosed in MOH’s website after getting an acknowledgement letter from the Bank. IDA will also make these available on its external website.

64. **Oversight and monitoring arrangements.** The performance of FM is monitored by reviews of quarterly interim unaudited financial reports, discussions with FM teams, and bi-annual FM missions to reassess FM risks and performance. Time-bound action plans will be prepared for implementation to mitigate any identified control weaknesses and risks.

65. **Disbursement arrangements. One DA will be opened at the National Bank of Cambodia and managed by MOH.** The DA ceiling of MOH is variable and flexible based on the project’s needs and acceptable by the Association (approved by the Task Team Leader). The disbursement methods will be reimbursement, advances, special commitment, and direct payments. Supporting documentation required for eligible expenditures paid from the DA is Statement of Expenditure and the frequency of reporting of expenditure paid by DA is every six months. The minimum application size for reimbursements, special commitment, and direct payments would be equivalent to US\$50,000. The details will be provided in the Disbursement and Financial Information Letter. The Project will have a disbursement deadline date of four months after the closing date of the Project. The IDA Credit proceeds will be disbursed against eligible expenditures as shown in Table 3.

**Table 3: Category of eligible expenditure by credit proceeds and percentage**

| Category   | Amount of the IDA Financing Allocated (expressed in US\$, millions) | Percentage of Expenditures to Be Financed (inclusive of taxes) |
|--|---|--|
| (1) Goods, works, non-consulting services, consulting services, Training and Incremental Operating Costs for the Project | 20  | 100%   |
| <b>TOTAL AMOUNT</b>  | 20  |  |

66. **The key risks are associated with** (1) insufficient capacity of the current DBF’s staff to handle more project-related FM; (2) weak capacity and involvement of MOH’s Internal Audit in auditing the project’s operations and (3) likely misappropriation of expenses due to collusion. Risk mitigating measures include: (1) further enhancing capacity of the DBF’s staff; (2) engaging one FM Assistant to support DBF; and (3) building capacity of MOH internal audit and involving the internal auditors in carrying out the Project’s operations. Residual FM risk is substantial.

**(ii) Procurement**



67. **Procurement will be carried out in accordance with the World Bank’s Procurement Regulations for Investment Project Financing (IPF) Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).** The approaches to national markets (National Procurement and Request for Quotations) will be carried out in accordance with the Kingdom of Cambodia’s Updated Standard Operating Procedures and Procurement Manual for All Externally Financed Projects/Programs (“Procurement Manual”), promulgated through the Sub-decree 74 dated May 22, 2012, which was issued pursuant to Article 3 of the Kingdom of Cambodia’s Law on Public Procurement dated January 14, 2012, subject to the additional provisions included in the NCB annex in the Procurement Plan and the provisions stipulated in the Financing Agreement. The Project will be subject to the World Bank’s Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

68. **The major planned procurement included:** (1) ventilators; (2) medicines, (3) medical commodities, (4) safety boxes, (5) PPE, (6) hand washing supplies, (7) equipment for hotline service, (8) equipment for EOC at all 25 municipal/provincial referral hospitals; and (vii) procurement consultant. The Project will prepare a streamlined project procurement strategy for development (PPSD) and the procurement plan will be agreed with the MOH.

69. **The procurement approaches will utilize the flexibility provided by the Bank’s Procurement Framework for fast track emergency procurement. Key measures to fast track procurement include:** (1) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate, (2) streamlined competitive procedures with shorter bidding time, (3) use of framework agreements including existing ones, (4) procurement from UN Agencies enabled and expedited by Bank procedures and templates, (5) use of procurement agents, (6) force account, as needed, and (7) increased thresholds for Requests For Quotations and national procurement, among others. As requested by the borrower, the World Bank will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation.

70. **The Project may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE.** The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from developed countries.

71. **Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, the World Bank will provide, at borrowers’ request, Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains.** Once the suppliers are identified, the Bank could proactively support borrowers with negotiating prices and other contract conditions. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the Bank disbursement option available to them. The BFP would constitute additional support to borrowers over and above usual Hands on Expanded Implementation Support which will remain available. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics.



72. **BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies.** The Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average.) In addition, the Bank may help borrowers access governments' available stock.

73. **Procurement will be undertaken by MOH through its procurement unit that is responsible for managing procurement processes.** Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the Borrower have been agreed. The Bank's oversight of procurement will be done through increased implementation support, and increased procurement post review based on a 20 percent sample while the Bank's prior review will not apply. STEP will help the Bank to monitor the procurement progress and to take appropriate supportive actions in due course. The Excel-based procurement tracking form of the Government will be used by implementing agencies in addition to the STEP for the government internal procurement monitoring.

74. **Procurement Risk.** MOH has a well-established procurement unit with clear responsibilities and separation of accountability in carrying out all procurement work and MOH has experience in handling several development partner-funded projects including the World Bank-financed projects. However, the World Bank Procurement Regulations for IPF Borrowers is new to the assigned procurement staff of the MOH. The identified procurement capacity risks that may negatively affect the procurement implementation of the project including: (1) slow procurement processing and decision making with potential implementation delays; and (2) limited contract management system with potential time and cost overrun and poor-quality deliverable; and (3) lack of familiarity in dealing with such a novel epidemic. To mitigate these risks the following actions are recommended: (1) maintaining accountability for following the expedited approval processes for emergency; and (2) assigning staff with responsibility of managing each contract. To strengthen their procurement capacity MOH will consider hiring a Procurement Consultant with capabilities of work and assuring continuity of services in the situation of the restricted movement. To support the emergency response, the Project will utilize rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms. The key procurement risk is failed procurement due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE. Other key procurement risks include Borrower import restrictions in place for goods/service providers/consultants/contractors from certain countries, as well as constraints in institutional and implementing capacity in borrowing countries, particularly where there are quarantines in place or other restrictions that impact public administration.

75. **To help mitigate this risk, the Bank will provide BFP leveraging its comparative advantage as convener with the objective of facilitating borrowers' access to available supplies at competitive prices.** BFP in identifying suppliers and facilitating contracting between them and borrowers may bring a perception that the Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks – these would relate to questions of transparency, equity in terms of which borrowers get access to what and when, issues with quality, timeliness of delivery, value for money, and any other issues of contractual non-performance by the suppliers identified by the Bank. To partially mitigate these risks, the Bank and the Borrower will clearly delineate the roles and responsibilities of the Bank and the Borrowers for whom the Bank facilitates access to available supplies.



C. Legal Operational Policies

|   | Triggered? |
|---|------------|
| Projects on International Waterways OP 7.50 | No         |
| Projects in Disputed Areas OP 7.60          | No         |

D. Environmental and Social

76. **The Project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment.** However, the Project could also cause substantial environment, 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. Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health workers. The health facilities involving COVID-19 diagnostic testing and treatment can generate medical waste and other hazardous biproducts. To manage these risks, the MOH has prepared and disclosed at its webpage an Environmental and Social Commitment Plan (ESCP) and the Stakeholder Engagement Plan (SEP). The Safeguard Instruments proposed in the ESCP include the preparation of an Environmental and Social Management Framework (ESMF) as well.

77. **ESMF will include templates for Environmental and Social Management Plans (ESMP) for minor renovations, Labor Management Plan (LMP) for 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.** LMP includes provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct and occupational health and safety; and to prevent Sexual Exploitation and Abuse Gender-Based Violence and/or Violence Against Children. 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.

78. **The SEP will outline a structured approach to engagement with stakeholders 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, guide to preventing and addressing 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.

79. **The key risk related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19.** Accordingly, provisions need to be in place for proper safety systems, with a focus on quarantine centers, screening posts, and laboratories to be funded by the





project; encompassing above all occupational health safety and waste management procedures. WBG Environmental Health and Safety Guidelines, such as those related to community health and safety will apply to the extent relevant. The Project can thereby rely on standards set out by WHO. Beyond this immediate concern, project implementation needs to ensure appropriate stakeholder engagement to (1) avoid conflicts resulting from false rumors; (2) vulnerable groups not accessing services; and (3) issues resulting from people being kept in quarantine.

VI. GRIEVANCE REDRESS SERVICES

80. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB’s Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB’s independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank’s attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank’s corporate (GRS, please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).

VII. KEY RISKS

81. The overall project risk rating is Substantial. Risks in two of the nine categories are rated High. These include political and governance risks as well as macroeconomic risks. Risks related to fiduciary, institutional capacity for implementation and sustainability, as well as environmental and social are rated substantial. Risks related to sector strategies and policies, technical design and stakeholder risks are all rated Moderate. The project is a bold, complex, and expansive response to the COVID-19 response, involving a wide range of stakeholders in a country marked by high poverty rates and limited public-sector capacity. While a considerable degree of risk is inherent in a project of this scale, scope, and ambition, important mitigation measures have been integrated into its design. Nature of risks and associated mitigation measures particularly with regards to political and governance are provided in Table 4.

Table 4: Nature and mitigation measures of selected risks

| Nature of Risk  | Mitigation Measures   |
|---|---|
| <b>Political &amp; Governance (High).</b><br>The existence of denial and misinformation associated with COVID-19, which could lead to the rejection of public health interventions and information contributing to the continued spread of the disease. | Project would support advocacy and coalition building to sensitize key groups including policy makers, the media, and ensure consistent communication |
| <b>Macroeconomic (High)</b> The immediate negative impact of COVID-19 on the country’s economy will   | The Government of Cambodia has expressed strong interest in rapidly responding to the crisis, which will  |



|  |  |
|--|--|
| bring instability to the macroeconomic environment.  | help minimize the economic impact and maintain its labor productivity.   |
| <b>Fiduciary Risks (Substantial)</b><br>Insufficient capacity of the current MOH's DBF to take on more project-related FM, limited capacity of MOH's Internal Audit, as well as limited capacity to conduct emergency procurement. | There will be additional staff (either government staff or consultants) with the right skills to support DBF and through FM and Procurement Consultants. The World Bank will also provide capacity building of internal audit and DBF staff. Strengthening of procurement capacity with additional staff, World Bank's support through Hands on Expanded Implementation Support. |
| <b>Institutional Capacity for Implementation and Sustainability (Substantial)</b><br>Inadequate institutional capacity to manage project and perform effectively to contain and mitigate the impact of Covid-19.                   | Capacity building and institutional development to be supported for the short and medium terms to help build system resilience.  |
| <b>Environmental and Social (Substantial)</b><br>Main risks are related to public and occupational health risks deriving from engagement with people and samples contaminated with COVID19.  | Provisions and guidelines will be put in place for proper safety systems, with a focus on quarantine centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures.   |





**VIII. RESULTS FRAMEWORK AND MONITORING**

**Results Framework**

COUNTRY: Cambodia

Cambodia COVID-19 Emergency Response Project

**Project 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.

**Project Development Objective Indicators**

| Indicator Name  | DLI | Baseline | End Target |
|---|-----|----------|------------|
| <b>Early detection and timely reporting of outbreaks</b>  |     |          |            |
| Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)                                |     | 1.00     | 2.00       |
| <b>Rapid response to infectious disease outbreaks</b>   |     |          |            |
| Number of provincial hospitals with adequate supply of PPE to manage 30 COVID-19 cases and undertake outbreak investigations (Number) |     | 0.00     | 25.00      |
| <b>Clinical management and infection prevention and control</b>   |     |          |            |
| Number of acute healthcare facilities with isolation capacity (Number)  |     | 0.00     | 25.00      |



**Intermediate Results Indicators by Components**

| Indicator Name  | DLI | Baseline | End Target |
|---|-----|----------|------------|
| <b>Quarantine, Isolation and Treatment Centers Establishment (Component 1)</b>  |     |          |            |
| Standard design for provincial hospital isolation and treatment centers is finalized (Text)   |     | No       | Yes        |
| Number of provincial hospitals with functioning isolation and treatment centers (Number)  |     | 0.00     | 25.00      |
| <b>Medical Supplies and Equipment (Component 2)</b>   |     |          |            |
| Daily capacity of NIPH in conducting COVID-19 or similar tests (Number)   |     | 100.00   | 400.00     |
| Number of laboratories at provincial referral hospitals equipped per national guideline (Number)  |     | 0.00     | 25.00      |
| Percentage of healthcare workers trained in surveillance and investigation (Percentage)   |     | 0.00     | 80.00      |
| <b>Preparedness, Capacity Building and Training (Component 3)</b>   |     |          |            |
| Percentage of EOCs functioning at national, province and district level (Percentage)  |     | 20.00    | 80.00      |
| Percentage of healthcare workers trained in clinical management/infection prevention and control (Percentage)   |     | 0.00     | 80.00      |
| Number of call centers established and functioning (Number)   |     | 10.00    | 100.00     |
| Number of bio-safety level 3 lab established (Number)   |     | 1.00     | 2.00       |
| <b>Project Implementation and Monitoring (Component 4)</b>  |     |          |            |
| Percentage of complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 15 weeks of initial complaint being recorded (Percentage) |     | 0.00     | 80.00      |
| Message and material developed to build awareness in the event of a pandemic infectious disease outbreak (Text)   |     | No       | Yes        |



**Monitoring & Evaluation Plan: PDO Indicators**

| Indicator Name   | Definition/Description  | Frequency | Datasource      | Methodology for Data Collection | Responsibility for Data Collection |
|--|---|-----------|-----------------|---------------------------------|------------------------------------|
| Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents                                | Cumulative number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents                                | Annually  | NIPH admin data | Routine monitoring              | NIPH                               |
| Number of provincial hospitals with adequate supply of PPE to manage 30 COVID-19 cases and undertake outbreak investigations | Cumulative number of provincial hospitals with adequate supply of PPE to manage 30 COVID-19 cases and undertake outbreak investigations | Quarterly | MOH admin data  | Routine monitoring              | MOH                                |
| Number of acute healthcare facilities with isolation capacity  | Cumulative number of acute healthcare facilities with isolation capacity  | Quarterly | MOH admin data  | Routine monitoring              | MOH                                |

**Monitoring & Evaluation Plan: Intermediate Results Indicators**

| Indicator Name   | Definition/Description  | Frequency | Datasource     | Methodology for Data Collection | Responsibility for Data Collection |
|--|---|-----------|----------------|---------------------------------|------------------------------------|
| Standard design for provincial hospital isolation and treatment centers is finalized | A standard design for provincial hospital isolation and treatment center is finalized following WHO guidelines, | Once      | MOH admin data | Official communication          | MOH                                |



|   |   |           |                |                    |     |
|---|---|-----------|----------------|--------------------|-----|
| Number of provincial hospitals with functioning isolation and treatment centers         | Cumulative number of provincial hospitals with functioning isolation and treatment centers.   | Quarterly | MOH admin data | Routine monitoring | MOH |
| Daily capacity of NIPH in conducting COVID-19 or similar tests                          | Daily capacity of NIPH to test number of samples from suspected COVID-19 or immediately identifiable infectious diseases  | Quarterly |                |                    |     |
| Number of laboratories at provincial referral hospitals equipped per national guideline | Cumulative number of laboratories at provincial referral hospitals equipped per national guideline  | Quarterly | MOH admin data | Routine monitoring | MOH |
| Percentage of healthcare workers trained in surveillance and investigation              | <p>Enumerator: number of healthcare workers trained in surveillance and investigation</p> <p>Denominator: at least 4 health care workers from each provincial hospital, 2 from each district hospital and 1 from each health center in 25 provinces</p> | Quarterly | MOH admin data | Routine monitoring | MOH |
| Percentage of EOCs functioning at national, province and district level                 | <p>Enumerator: number of EOCs functioning at national, province and district level</p> <p>Denominator: Total number of EOCs planned to be established by MOH</p>  | Quarterly | MOH admin data | Routine monitoring | MOH |



|  |   |           |                 |                    |      |
|--|---|-----------|-----------------|--------------------|------|
| Percentage of healthcare workers trained in clinical management/infection prevention and control   | <p>Enumerator: number of healthcare workers trained in clinical management/infection prevention and control</p> <p>Denominator: Total number of health care workers planned to be trained per MOH SOP</p> | Quarterly | MOH admin data  | MOH                |      |
| Number of call centers established and functioning   | Cumulative number of call centers established and functioning in Cambodia   | Quarterly | MOH admin data  | Routine monitoring | MOH  |
| Number of bio-safety level 3 lab established   | Cumulative number of biosafety Lab established by NIPH  | Quarterly | NIPH admin data | Routine monitoring | NIPH |
| Percentage of complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 15 weeks of initial complaint being recorded | <p>Enumerator: number of complaints satisfactorily addressed within 15 weeks</p> <p>Denominator: Total number of complaints received within last quarter</p>  | Quarterly | MOH admin data  | Routine monitoring |      |
| Message and material developed to build awareness in the event of a pandemic infectious disease outbreak                                       | Mass awareness creation messages and material on COVID-19 and immediately reportable infectious diseases developed along with SOP for channels of communication   | Once      | MOH admin data  | Routine monitoring | MOH  |

