



Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 15-Jun-2018 | Report No: PIDISDSA24904



BASIC INFORMATION

A. Basic Project Data

| | | | |
|--|--|---|---|
| Country Cambodia | Project ID P167351 | Project Name Additional Financing for Health Equity and Quality Improvement Project (H-EQIP) | Parent Project ID (if any) P157291 |
| Parent Project Name Cambodia Health Equity and Quality Improvement Project (H-EQIP) | Region EAST ASIA AND PACIFIC | Estimated Appraisal Date 04-Jun-2018 | Estimated Board Date 31-Aug-2018 |
| Practice Area (Lead) Health, Nutrition & Population | Financing Instrument Investment Project Financing | Borrower(s) Kingdom of Cambodia | Implementing Agency Ministry of Health, Ministry of Health |

Proposed Development Objective(s) Parent

To improve access to quality health services for the targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

Proposed Development Objective(s) Additional Financing

To improve access to quality health services for the targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia and to provide immediate and effective response in case of an eligible crisis or emergency

Components

- Component 1: Strengthening Health Service Delivery
- Component 2: Improving Financial Protection and Equity
- Component 3: Ensuring Sustainable and Responsive Health Systems
- Component 4: Contingent Emergency Response

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

| | |
|---------------------------|------|
| Total Project Cost | 6.00 |
| Total Financing | 6.00 |
| of which IBRD/IDA | 0.00 |
| Financing Gap | 0.00 |



DETAILS

Non-World Bank Group Financing

| | |
|---|------|
| Trust Funds | 6.00 |
| Cambodia - Free-standing Trust Fund Program | 6.00 |

Environmental Assessment Category

B-Partial Assessment

‘Have the Safeguards oversight and clearance function been transferred to the Practice Manager?’ No

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

Cambodia has experienced macroeconomic stability since the late 90s and remarkable economic growth. It grew by an average annual rate per capita of 7.7 percent in 2000-2015, ranking among the top 15 economies in the world in terms of economic growth. GDP per capita increased fivefold, from US\$ 253 in 1993 to around US\$ 1,265 in 2016. Cambodia reached lower middle-income status in 2015. The main drivers of growth have been garment exports, agriculture, tourism and, more recently, construction and real estate. Economic growth eased in the aftermath of the 2009 global crisis, while on average remaining strong, at 7.2 percent in 2010-2015. Growth remained strong in 2016, at 7.0 percent, although some moderation in garment exports and construction has been observed in the first half of 2017. However, robust domestic demand, boosted by rising Foreign Direct Investment inflows, continued low oil prices, export diversification, and a recovery in tourist arrivals, are expected to partly offset moderation of growth in those sectors.

The sustained economic performance has lifted a large proportion of the population above the national poverty line, but Cambodia is still one of the poorest countries in Southeast Asia. Between 2007 and 2013, the incidence of poverty as measured by the proportion of the population living below the national poverty line declined from 47.8 percent to 13.5 percent of the population, leading the country to meet its Millennium Development Goal (MDG) before the 2015 deadline. Most of the poverty reduction occurred between 2007 and 2009, when the headcount rate declined by twenty percentage points, driven by a significant hike in the price of rice, the main agricultural product of Cambodia. Despite this progress, the vast majority of the families that rose above the poverty line did so by a small margin, leaving them at risk in the event of an adverse shock. Poverty reduction in Cambodia has been accompanied by shared prosperity: the real consumption growth of the bottom 40 percent of the distribution was larger than that of the top 60 percent. This was accompanied by a decrease in inequality.



The overall welfare of households described by non-monetary indicators has improved significantly throughout the 2004-2014 period, nonetheless, several challenges remain. Cambodia achieved most of the MDG targets, including those related to poverty reduction, child mortality and maternal mortality. Targets in primary education have been nearly achieved, whereas areas such as gender equality and environmental sustainability have seen less progress. Moreover, the incidence of and death rate due to TB remain high. Cambodia's Human Development Index in 2015 (UNDP) was 0.56, well below the East Asia Pacific average of 0.72, and also lower than the medium income countries average of 0.63.

Sectoral and Institutional Context

Cambodia has made significant progress in improving the health status of its population. Key achievements include considerable reduced maternal and child mortality rates; decreased prevalence of communicable diseases such as malaria, tuberculosis, and HIV/AIDS; and increased access to essential health care services. These improvements can be attributed, in part, to long-term political stability, which has provided space for development to occur, and to strong and coherent collaboration between the Royal Government of Cambodia and its development partners.

While Cambodia succeeded in decreasing its crude birth rate during the last decade, and the intervals between childbirth increased, the country still faces high unmet need for family planning and particularly for long-term family planning methods. Teenage pregnancy has also seen an increase since 2010 with approximately 12 percent of women aged 15-19 becoming mothers or pregnant with their first child in 2014. Associated with this is alarmingly high rate of abortion: approximately 12 percent had at least one abortion in their lifetime and 7 percent have had an abortion in the past five years, an increase from 5 percent in 2010. Among those over 30 percent did not receive any assistance from a health care professional¹.

Furthermore, despite improved health outcomes during the past decades, Cambodia faces new challenges that remain unaddressed - including rising disease burden of non-communicable diseases (NCDs). Risk factors for NCDs are high, as the proportion of the population aged 60 years and above will increase nearly by two-fold in the coming 20 years, from 6.2 percent in 2010 to 11.9 percent in 2030. The recent report on Prevalence of NCD Risk Factors in Cambodia (STEF Survey 2016) estimates that the overall prevalence of hypertension among age group 25-64 years was 14.5 percent (men 15.9 percent and women 13.0 percent), an increase from 11.2 percent in 2010. While compared to STEPS 2010 the overall prevalence of diabetes among age group 25-64 years has decreased, from 2.9 percent in 2010 to 1.5 percent in 2016 proportion of people with impaired blood glucose has significantly increased from 1.4 percent in 2010 to 9.6 percent in 2016. Women have higher rate of diabetes prevalence (1.7 percent) as opposed to men (1.3 percent). Similarly, the STEPS 2016 revealed that less than one fifth (14.7 percent) of targeted women aged 30-49 years reported having ever received screening services for cervical cancer before, highlighting the low uptake of these services.

C. Proposed Development Objective(s)

Original PDO

To improve access to quality health services for the targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

Current PDO

¹ Unless otherwise stated, all data in this paragraph are from Cambodia Demographic and Health Survey (CDHS) 2010 and 2014.



To improve access to quality health services for the targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

Key Results

- Increase in the number of health centers exceeding 60% score on the quality assessment of health facilities
- Reduction in the share of households that experienced impoverishing health spending during the year
- Reduction in out of pocket health expenditure as percentage of the total health expenditure
- Increase in the volume of outpatient services (number of outpatient episodes by Health Equity Fund (HEF))

D. Project Description

The Health Equity and Quality Improvement Project (H-EQIP) builds upon the innovations and achievements supported and scaled up in the previous Health Sector Support Project 2002-2008 and the Second Health Sector Support Program 2008-2016. In particular, it consolidates and scales up proven and potentially transformative interventions such as the HEFs and Service Delivery Grants (SDGs). The key evolutionary shifts in project design and implementation include: (i) mainstreaming implementation of project activities through the Royal Government of Cambodia systems; (ii) increasing funding flows to the decentralized, implementation level; (iii) building domestic capacity to take over project implementation support and monitoring roles; and (iv) strengthening the results-based-focus of the project through the predominant use of output-based payments through the HEF, performance-based financing through the SDGs, and the use of disbursement-linked indicators (DLIs). Through these initiatives, H-EQIP accelerates overall reforms in the health sector, improves social health protection for the poor and vulnerable groups and expands access to and coverage of health care services, while strengthening their quality and affordability, and creating sustainable government institutions for health care management.

The additional financing will provide financing to further strengthen and expand activities that scale up the impact and development effectiveness of the project. The additional financing would support the supply side readiness and availability of key services that are or will be integrated into the expanded HEF benefit package. This will be done through additional three new DLI indicators under Component 3 (subcomponent 3.1): (a) new DLI on availability and utilization of cervical cancer screening and treatment (DLI 7); (b) new DLI on availability and utilization of diabetes and hypertensive screening and treatment (DLI 8); and (c) new DLI on availability and utilization of long-term family planning services (DLI 9).

The project will undergo a restructuring concurrently with the preparation of the additional financing to reflect the scale up activities and modifications to the results framework, as well as modification to some existing DLIs that need to be revised to address unexpected contextual issues and bottlenecks witnessed in the 18 months of project implementation. The Project Development Objective will also be revised to reflect the contingent emergency response component embedded in the project. The original project closing date and project coverage will remain unchanged.

E. Implementation

Institutional and Implementation Arrangements

Institutional and implementation arrangements will remain unchanged with the Ministry of Health (MOH) as implementing agency acting through its technical departments, national programs as well as the provincial health departments, operational districts, referral hospitals and health centers. Within the MOH, implementation of the project



will continue to be managed by the Department of Planning and Health Information and the Department of Budget and Finance using mainstream MOH processes. Among the technical departments and programs, increased responsibility is expected for the Preventive Medicine Department and National Maternal and Child Health Centre reflecting the new DLIs on NCDs and long-term family planning; while the Payment Certification Agency will continue to play a critical role in the monitoring and verification of HEFs and SDGs. Similarly, the quality assurance office will maintain its integral role in driving quality improvements in service delivery.



F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

Similar to the original project, the additional financing (AF) will be national in scope and coverage. However, the AF will not include supports on any civil works. It will support the strengthening of supply side readiness and availability through three new DLI indicators under Subcomponent 3.1 including: (a) availability and utilization of cervical cancer screening and treatment (DLI 7); (b) availability and utilization of diabetes and hypertension screening and treatment (DLI 8); and (c) availability and utilization of long-term family planning services (DLI 9).

G. Environmental and Social Safeguards Specialists on the Team

Erik Caldwell Johnson, Social Safeguards Specialist
Sang Minh Le, Environmental Safeguards Specialist
Wasittee Udchachone, Environmental Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

| Safeguard Policies | Triggered? | Explanation (Optional) |
|--|------------|--|
| Environmental Assessment OP/BP 4.01 | Yes | The AF, as the original project, remains Category “B.” The AF will support cervical cancer screening and treatment and Non-Communicable Diseases (NCDs) prevention and treatment which may generate a small incremental amount of health care waste. Impacts from the potential increased health care waste are anticipated to be moderate, site-specific and can be mitigated through implementation of the current Environmental Management Framework (EMF), which includes a health care waste management plan . The EMF, acceptable to World Bank, had been prepared for the original project and was disclosed on the MOH’s website on April 1, 2016 and the World Bank website on April 11, 2016 and the updated version has been re-disclosed in-country on June 15, 2018 and on World Bank website on June 21, 2018. |
| Performance Standards for Private Sector Activities OP/BP 4.03 | No | N/A |



| | | |
|--|-----|---|
| Natural Habitats OP/BP 4.04 | No | The original project interventions are in existing facilities. The AF does not include any additional coverage area or physical construction. Therefore, this policy is not triggered. |
| Forests OP/BP 4.36 | No | The original project interventions are in existing facilities. The AF does not include any additional coverage area or physical construction. Therefore, this policy is not triggered. |
| Pest Management OP 4.09 | Yes | This policy was triggered under the original project as parts of the SDG grants may be used for activities related to pesticides for vector-borne diseases control such as dengue. Under the AF, health centers may use parts of DLI-7, DLI-8 and DLI-9 funds for outreach activities which include using larvicides for dengue control. A Pest Management Plan has been prepared as part of the EMF for the original project. The AF will follow requirements outlined in the Pest Management Plan prepared as part EMF. |
| Physical Cultural Resources OP/BP 4.11 | No | The project interventions are in existing facilities so this policy is not triggered. |
| Indigenous Peoples OP/BP 4.10 | Yes | The nature, scale and scope of impact that may occur on IPs under the AF are expected to be similar to those under the Original Project. The Indigenous Peoples Planning Framework (IPPF) will continue to be applied to ensure that indigenous peoples access to health services continues to improve as a result of the project. Based on a series of consultations and field visits, actions to address issues highlighted in the IPPF have been incorporated into the Annual Work Program and Budget (AWPB) for 2018, and will also be incorporated into subsequent AWPBs. The original IPPF was disclosed in-country on April 1, 2016 and on World Bank website on April 11, 2016; the updated version was re-disclosed in-country and on World Bank website on June 21, 2018. |
| Involuntary Resettlement OP/BP 4.12 | Yes | The Resettlement Policy Framework (RPF) prepared under the original project remains valid as the construction of health care facilities has yet to commence. As the AF activities do not include any civil works, it does not entail any additional risk of resettlement. The original RPF was disclosed in-country on May 5, 2016 and on World Bank website on May 6, 2016; the updated version was re-disclosed in-country and on World Bank website on June 21, 2018. |



| | | |
|--|----|--|
| Safety of Dams OP/BP 4.37 | No | The original project and the AF will not finance any activities related to the construction of dams nor affect operations of existing dams or affiliated reservoirs. |
| Projects on International Waterways OP/BP 7.50 | No | The project will not affect international waterways. |
| Projects in Disputed Areas OP/BP 7.60 | No | No activities are planned in any disputed areas. |

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The AF will remain Category B and will not trigger new safeguards policies. The Original Project (H-EQIP) is classified as category B. It triggered Environment Assessment (OP/BP 4.01), Pest Management (OP 4.09), Indigenous Peoples (OP/BP 4.10), and Involuntary Resettlement (OP/BP 4.12). Most of these policies remain relevant and will be maintained under the AF. While it does not entail any additional risk of resettlement from the AF activities as it does not include any civil works, Involuntary Resettlement (OP/BP 4.12) remain relevant for the Original Project and will be maintained under the AF.

Environmental aspects:

Environmental impacts related to activities supported under the original project include: i) impacts from construction and/or rehabilitation of 45 health centers, 15 maternity and obstetric wards, and 2 provincial hospital buildings; ii) impacts from incremental health care waste (HCW) in health facilities; and iii) impacts from use of Larvicides (Abate/BTI) for dengue control which are considered to pose low risks to humans if used correctly and certified by WHO's Pesticide Evaluation Scheme (WHOPES). No significant environmental impacts are anticipated from the original project activities as the impacts will be small-scale, site-specific and can be managed through implementations of prevention/mitigation measures. In order to address these impacts, the MOH had prepared an Environmental Management Framework (EMF) that includes procedures for screening all proposed sub-projects/investment for their potential adverse environmental impacts, specific measures from managing and monitoring impacts and an outline of training and capacity building arrangements needed to implement the EMF provisions. The EMF includes a generic Environmental Management Plan (EMP) and Environmental Code of Practices (ECOPs) to address impacts from civil works, a simple Health Care Waste Management Plan and a Simple Pest Management and Monitoring Plan.

Experiences from on-going implementation of the original project confirm that no major environmental and social impacts are noted/anticipated. The sites study, land titles review and social and environmental screening for construction of health facilities indicated that the corresponding environmental and social impacts were minimal, limited to construction sites, temporary and limited to the construction phase. These impacts will be mitigated through the EMP, including ECOPs. The EMP and ECOPs will include provisions for Asbestos management. The impacts will be monitored by the construction supervision firm, the MOH and the Bank's task team. The AF will not include



support for civil works.

HCW generated from increased utilization of health services under the original project have been managed through the comprehensive guidelines on HCW Management and infection prevention and control prepared by MOH. Additional measures to address HCW implementation gaps and minimize impact from improper HCW practices have also been included in the EMF. During the original project implementation, training on the Guidelines has been provided to health facility staff all over Cambodia by the MOH. The strong focus of the original project to improve quality of service delivery, including improving health care waste management as part of improving infection prevention and control, has resulted in substantial improvement of health care waste management and hygiene and sanitation. Compliance with the guidelines will be continued to monitor regularly through the Service Delivery Grant mechanism/National Quality Enhancement Monitoring Process, which is being conducted on a quarterly basis. The AF supports to promote cervical cancer screening and treatment and NCD prevention and treatment may generate small incremental amount of health care wastes. Similar to the original project, impacts from incremental HCW from the AF will be addressed through implementation of the requirements set out in MOH Health Care Waste management guideline and the EMF. The EMF also includes a Pest Management Plan to manage low risks from potential use of pesticide for dengue control from activities under the original project and AF. These safeguards instrument remain relevant and appropriate for the AF.

Social aspects:

The social assessment conducted during the preparation of the original project is still applicable to ongoing and proposed new activities. No additional assessment is needed. The IPPF will continue to be applied to ensure that indigenous peoples access to health services continues to improve as a result of the project. Based on a series of consultations and field visits, actions to address issues highlighted in the IPPF have been incorporated into the Annual Work Program and Budget (AWPB) for 2018, and will also be incorporated into subsequent AWPBs. The nature, scale and scope of impact that may occur on indigenous peoples under the AF are expected to be similar to those under the original project, and indigenous people communities will continue to benefit from the project. The Resettlement Policy Framework (RPF) prepared under the original project also remains valid as the construction of health care facilities has yet to commence. The Land Title, Social and Environmental Screening Report submitted by MOH in April 2018 for the proposed construction of 45 health centers found that all of the required land has been secured by the government, no loss of land or other assets were identified, nor any impediments to movement of people or wildlife. As the AF activities do not include any civil works, it does not entail any additional risk of resettlement.

2. Describe any potential indirect and/or long-term impacts due to anticipated future activities in the project area: Other than potential risks concerning management of incremental health care waste discussed above, there is no other indirect and/or long-term impacts due to anticipated future activities in the project area.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Not applicable.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

The MOH has prepared an EMF as the project environmental safeguards instrument for the original project. As described earlier, the EMF contains generic EMP and ECOPs to address impacts from civil works, a simple Health Care Waste Management Plan and a Simple Pest Management and Monitoring Plan. These remain appropriate for managing potential environmental impacts from the original project and the AF. Similar to the original project, the AF



will follow EMF and HCW management requirements and the MOH HCW management guideline to manage risk from increment HCW. The Preventive Medicine Department (PMD) under the MOH, is responsible for social and environmental safeguards aspects of the original project and will continue its safeguards roles for the AF. The PMD will be supported by a civil works consultant who has experience with a World Bank supported project and an environmental and social safeguards consultant. MOH, with support from the World Bank, will continue to provide training to relevant stakeholders in implementation of the safeguard policies triggered by the project and for the implementation of the EMF, IPPF and RPF.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The primary stakeholders of the project are MOH policy makers, program planners and managers who will benefit from systems strengthening and capacity building activities. MOH's Provincial Health Departments, Operational Districts and Health Centers, as well as the Ministry of Economy and Finance play an important role in implementation and monitoring. The Ministry of Environment, civil society organizations with an interest in health sector, local communities, construction contractors and a construction supervision firm are also key stakeholders. Interviews with health facility clients will continue to be carried out which will further improve the accountability of service providers supported by the original project and this AF to the users of their services.

The EMF, IPPF and RPF prepared for the original project had been consulted with stakeholders and disclosed at the MOH website and the Bank external website between April and May 2016. For the purpose of AF, the EMF which also includes the Pest Management Plan, has been re-disclosed both in English and in Khmer on the MOH website on June 15, 2018 and on World Bank website on June 21, 2018; IPPF and RPF were re-disclosed in-country and on World Bank website on June 21, 2018.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

| Environmental Assessment/Audit/Management Plan/Other | | For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors |
|--|--|--|
| Date of receipt by the Bank | Date of submission for disclosure | |
| 01-Apr-2016 | 11-Apr-2016 Re-disclosure 15-Jun-2018 | |
| "In country" Disclosure | | |
| 01-Apr-2016 | Re-disclosure 15-Jun-2018 | |
| Resettlement Action Plan/Framework/Policy Process | | |
| Date of receipt by the Bank | Date of submission for disclosure | |
| 05-May-2016 | 06-May-2016 | |
| | Re-disclosure | |



| | | |
|--|-----------------------------------|-----------------------------------|
| 21-Jun-2018 | | |
| "In country" Disclosure | | |
| 05-May-2016 | | |
| Re-disclosure | | |
| 21-Jun-2018 | | |
| Indigenous Peoples Development Plan/Framework | | |
| Date of receipt by the Bank | Date of submission for disclosure | |
| 01-Apr-2016 | 11-Apr-2016 | |
| | Re-disclosure | |
| | 21-Jun-2018 | |
| "In country" Disclosure | | |
| 01-Apr-2016 | | |
| Re-disclosure | | |
| 21-Jun-2018 | | |
| Pest Management Plan | | |
| Was the document disclosed prior to appraisal? | Date of receipt by the Bank | Date of submission for disclosure |
| Yes | 01-Apr-2016 | 11-Apr-2016 |
| | | Re-disclosure |
| | | 15-Jun-2018 |
| "In country" Disclosure | | |
| 01-Apr-2016 | | |
| Re-disclosure | | |
| 15-Jun-2018 | | |



C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

YES

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

YES

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

YES

Have costs related to safeguard policy measures been included in the project cost?

YES

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

YES

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

YES

CONTACT POINT

World Bank

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Borrower/Client/Recipient

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Implementing Agencies

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APPROVAL

| | |
|----------------------|--------------|
| Task Team Leader(s): | Somil Nagpal |
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Approved By

| | | |
|---------------------------|--|--|
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| Country Director: | | |