



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 08/10/2020 | Report No: ESRSAFA025



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Cambodia	EAST ASIA AND PACIFIC	Ministry of Finance	Ministry of Health Cambodia
Project ID	Project Name		
P174605	Additional Financing to Cambodia COVID-19 Emergency Response Project		
Parent Project ID (if any)	Parent Project Name		
P173815	Cambodia COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	8/10/2020	8/20/2020

Proposed Development Objective

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

Financing (in USD Million)	Amount
<b>Current Financing</b>	<b>20.00</b>
<b>Proposed Additional Financing</b>	<b>1.15</b>
<b>Total Proposed Financing</b>	<b>21.15</b>

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

Yes

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

The Parent Project was prepared under the World Bank’s COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. The scope and the components of the Project was fully aligned with



the Bank's Fast Track COVID-19 Facility, using standard components as described in proposed phase 1 of the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. It 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.

The Project Development Objective (PDO) is to assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The specific objectives that the project supports include to: (a) reduce and delay the transmission of COVID-19; (b) minimize serious disease due to COVID-19 and reduce associated deaths; (c) ensure ongoing essential health services particularly during epidemic peak periods; and (d) 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.

The Project will comprise the following components:

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

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

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

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



To date, the Cambodia COVID-19 ERP's progress toward achieving its PDO is satisfactory, and Overall Implementation Progress is also satisfactory. E&S performance has been also satisfactory, as the Project has carried out various activities highlighted in the ESCP, including establishing Project Implementing Unit (PIU), appointing E&S focal points at national and provincial level, as well as developing TORs for E&S consultants. The current disbursement stands at 48.45 percent.

The Pandemic Emergency Financing Facility (PEF) Insurance has been triggered by COVID-19 and the Steering Body has approved a grant in the amount of US\$1.21 million for Cambodia; the mandatory closing date for the utilization of this Fund is January 31, 2021. On June 29, 2020, the Cambodia Ministry of Economy and Finance requested the World Bank to process the US\$1.21 million grant from the PEF as an additional financing to the existing Cambodia COVID-19 Emergency Response Project. The AF seeks to increase in the allocation to Component 1: Laboratory Equipment and Consumables, allowing for building diagnostic capacity of the four regional laboratories.

#### **D. Environmental and Social Overview**

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

Cambodia with a population of approximately 16.7 million in 2020 is still one of the poorest countries in the Southeast Asia region. Vulnerability remains high and social protection is limited. The main drivers of growth have been garment, manufacturing, agriculture, tourism and, more recently, construction and real estate. Cambodia also encompasses different World Heritage Sites.

In the COVID-19 context, Cambodia is bordered by Laos to the north, Thailand to the northwest, Vietnam to the east, and the Gulf of Thailand to the southwest. The country holds a strategic place when it comes to connectivity and travel. Given the global Covid-19 pandemic, Cambodian government has taken measures restrict incoming passengers from countries with high Covid-19 infection rates. The latest measures include requirements that passenger deposit a sum of money (approximately USD 3,000) for testing and possible quarantine.

The proposed AF seeks to increase in the allocation to Component 1 (Laboratory Equipment and Consumables), allowing for building diagnostic capacity of the four regional laboratories. The parent project is a standalone operation that builds upon the support already being channeled through the Contingency Emergency Response Component (CERC) of the Cambodia Health Equity and Quality Improvement Project (H-EQIP) to address critical country-level needs for preparedness and response for COVID-19. The parent project has been implemented throughout Cambodia and addresses system weakness in pandemic preparedness and response including (i) the reference laboratory in the National Institute of Public Health (NIPH) and the laboratories attached to the 25 provincial referral hospitals; (ii) Isolation and Treatment Centers in all 25 municipal/provincial referral hospitals; (iii) Emergency Operating Centers at Central and Provincial levels; and (iv) Rapid Response Teams at the provincial and district levels where specific locations have not yet been identified.

No major civil works are expected in this project, only minor renovation or rehabilitation of laboratories within the existing health facilities. The AF will scale up activities under Component 1 of the parent project, which focuses on building diagnostic capacity of the four regional laboratories. These include establishing, upgrading, equipping



laboratory, isolation and treatment centers to further enhance the impact and development effectiveness of the parent project. As a result, risks to the project are not expected to endanger natural habitats or cultural sites are considered negligible. To the contrary, purchasing equipment for labs may help to increase safety of health workers (especially nurses), cleaners, ambulance drivers and caterers. While this is the case, use of some medical supplies, i.e. for the operation of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers, can have considerable environmental and social impacts, such as those related to medical and general waste disposal. Such activities will be implemented in urban as well as remote areas (including border areas). Equally, without proper training and precaution, handling some medical supplies/equipment by health workers and other relevant staff may expose them to health risks.

#### D. 2. Borrower's Institutional Capacity

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

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

The implementation of the parent Project has made progress towards achievement of its PDO, helping the country respond better to COVID-19 pandemic. Under the World Bank's hands on expanded implementation support, and technical cooperation from the World Health Organization (WHO), several procurement contracts, including those utilizing Bank Facilitated Procurement-BFP, have been signed in the total amount of US\$9 million, equivalent to 45 percent of the total Project amount. Among procured equipment, 13 integrated bio medical infectious waste treatment equipment will be delivered to the Central Medical Stores in August 2020 and to hospitals in Quarter IV of 2020. Under the parent Project, MOH developed and disclosed an Environmental and Social Management Framework on May 5, 2020, and its compliance with ESSs is rated Satisfactory.



The ESF implementation of the parent project and this AF are the responsibility of the Department of Preventive Medicine (PMD) under MOH. Like the parent project, the environmental and social risks and impacts associated with the financed activities are expected to be managed by a designated ESF focal person and/or team within the PMU. This ESF focal person/team have been appointed and have contributed to ESF implementation for the parent Project. The PMD has already relevant previous experience in the preparation of WB projects under the ESF, since they were the technical counterpart for the preparation of the new Cambodia Pre-Service Training for Health Workers Projects (P169629). Through the implementation of the ESCP under the parent project, the PMD is gaining experience in implementation of E&S instruments, although its capacity is still limited. Given this, the World Bank Task Team’s E&S specialists provided an ESF training/clinic focusing on the ESF instruments and requirements applying for this project. The PMD staff/ESF focal person and relevant staff at MOH will, in turn, provide further training in ESF to relevant MOH staff at sub-national level. In addition, MOH is in the process of finalizing the terms of reference for an Environmental and Social Consultant, who will provide support to MOH in ESCP implementation and reporting.

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

### A. Environmental and Social Risk Classification (ESRC)

Substantial

#### Environmental Risk Rating

Substantial

The environmental risk rating of the parent Project is substantial. The AF will scale up activities under Component 1 of the parent project, therefore, will not create new environmental risks and will not result in a higher environmental risk rating for the project. As the component 1 of the parent project will support case detection and management including establishing, upgrading and equipping laboratory, isolation and treatment centers, the environmental risks will mainly be associated with the operation of the labs and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Cambodia has limited experience in managing highly infectious medical wastes such as those associated with COVID-19, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be an infectious waste, and improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by this operation the COVID-19 readiness and response could include liquid contaminated waste (e.g., blood, other body fluids, and contaminated bodily fluids) and infected materials (e.g., water used; lab solutions and reagents, syringes, bedsheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the isolation center due to accidents/ emergencies such as a fire response or natural disaster phenomena event (e.g., seismic event). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities and equipment may result

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from laboratory procedures: performing and handling of culture, specimens, and chemicals. If the contamination is due to highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a high environmental and social risk, if they are not properly handled, treated or disposed.

**Social Risk Rating**

Substantial

The Social Risk Rating is “Substantial” in light of the risks related to the direct and indirect social impacts of the activities proposed by the project, those these are expected to be mostly temporary, predictable, and avoidable. The major areas of social risks are expected to be: (i) Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities; (ii) OHS risks related to the spread of the virus among health care workers; (iii) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children who are high risk – such as those who are malnourished --, poor households, etc.), due to poor training, communication and public awareness related to the readiness and response to the new COVID-19; and (iv) risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19 or potential unrest with respect to access to tested and other services related to public health services, including inability of accessing services by the most disadvantaged. Civil works envisaged in the project refer to repair and rehabilitation of existing buildings only, no land acquisition or involuntary resettlement impacts are expected.

While this is the case, no new potential social risks and impacts are expected to be caused by the AF, since the AF seeks to mainly scale up some laboratory equipment and consumables under parent Project’s component 1. Yet, the ESF instruments prepared under the parent project have been updated to reflect the scaled up activities as a result of the AF. As such, the Stakeholder Engagement Plan (SEP), including a Grievance Mechanism, the Environmental and Social Commitment Plan (ESCP) and the Environmental and Social Management Framework (ESMF), which were prepared for the parent Project, have been updated accordingly to reflect the AF and the scaled up activities. These updated instruments are in line with the applicable WB ESSs of the WB’s ESF and the WHO COVID-19 guidance on risk communication and community engagement.

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

**B.1. General Assessment**

**ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

**Overview of the relevance of the Standard for the Project:**

The Additional Financing is for an increase in the allocation to Component 1 of the parent Project to scale up existing activities. This change to the Project does not require any change to Environmental and Social Standards. However, ESF instruments have been updated to reflect the coverage of the AF without making any change to the substance of the instruments. Overall, the project and the AF will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring, and containment as well as provide targeted support for the more vulnerable households, especially in rural areas, since they are the ones who more often access to public health systems. However, the project could also cause significant environmental, social, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories, quarantine and isolation facilities. These risks are well covered by the Environmental and Social Commitment Plan (ESCP), the Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP)



prepared under the existing COVID-19 Emergency Response Project. These ESF instruments for the parent project were prepared in March 2020, which were updated in August 2020 to reflect the AF as financed by the Pandemic Emergency Financing Facility.

(i) The ESMF was prepared by MOH and disclosed both in country on the MOH’s website (May 5, 2020) and on the World Bank’s website (May 6, 2020). The ESMF, which has been updated to reflect its coverage of the AF, has been re-disclosed on August 9, 2020, and it includes templates for Environmental and Social Management Plans (ESMP) for minor renovations, LMP for the PIU and contracted workers, and Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories and isolation centers to be supported by the Project. The LMP includes provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct (COC) and occupational health and safety; and to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC). The IPC&WMP 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.; and

(ii) SEP for effective outreach and citizen participation. The SEP, which has been updated, establishes a structured approach to engagement with stakeholders including the vulnerable and disadvantaged groups (elderly, children, poor households, ethnic minorities, resident in rural areas, disabled, SOGI, etc.), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances. The SEP follows the guidance provided in WHO “Pillar 2: Risk communication and community engagement” including, among others, existing guidance on risk communication and community engagement (RCCE), guidance fore to preventing and addressing the social stigma associated with COVID-19 and key messages and actions for COVID-19 prevention and control. The SEP, including a Grievance Mechanism, has been prepared to a standard acceptable to the Association, consulted and disclosed before the Board Approval and have been updated and re-disclosed by MOH on 9 August 2020.

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

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

**Worker Health and Safety.** Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. The IPC&WMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety





guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

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

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

### **ESS10 Stakeholder Engagement and Information Disclosure**

The project recognizes the need for effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high-risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the parent project prepared a SEP, and initially disclosed in March 23, 2020, which was updated on August 9 2020 to reflect the coverage of the AF, and has been re-disclosed by MOH on 7 August 2020 . The SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (elderly, children, poor households, ethnic minorities, residents in rural areas, disabled, SOGI, etc.).

The consultations for the parent project were carried out virtually (mainly through Telegram, a very popular app in Cambodia similar to WhatsApp) with the support of the Bank's staff. Since this 1.15 million USD AF will not change the project's activities and E&S risks and impacts, it has been agreed with the client not to carry out additional virtual consultations for this AF. Consultations with ethnic minorities have not been carried out due to the government's regulations and restrictions to prevent the spread of Covid-19. Once the situation is normalized, the project will conduct proper consultations with relevant stakeholders, including ethnic minorities, following the project's SEP. In those consultations, the AF will be presented and discussed.



Project preparation has included a mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. A SEP and an ESMF have been prepared, updated (considering this AF), and re-disclosed by MOH on 9 August 2020 (<http://hismohcambodia.org/public/announcements.php?pid=32>).

The Borrower has updated the existing GRM mechanism (established under the WB financed H-EQIP project) to reflect the nature of this project, and the new stakeholders identified in the SEP and its update, to enable stakeholders to air their concerns/ comments/ suggestions if any. It has been presented and consulted during the consultation workshops, and it will address complaints and suggestions coming from both project-beneficiaries parties and other interested parties.

## **B.2. Specific Risks and Impacts**

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

### **ESS2 Labor and Working Conditions**

Most activities supported by the project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of Cambodia and professional consultants and contractors (hired as contracted workers). Activities encompass thereby treatment of patients as well as an assessment of samples, plus minor renovations works. Scaling up activities under the AF will not result in increased number of staff or consultants. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in the ESMF's Labor-Management Procedures (including ESMP and Infection Prevention and Control Plan) noted under ESS1 as well as WHO guidelines. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for the protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSGs and industry-specific EHSGs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The project's LMP also incorporates issues for the PIU and contracted workers: working conditions and management of worker relationships, protecting the workforce, grievance mechanism, and OHS, as well as provisions to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC).

Child labor is forbidden in accordance with ESS2 and Cambodian law, i.e., due to the hazardous work situation, for any person under the age of 18. The project may outsource minor works to contractors. The envisaged works will,



therefore, be of a minor scale and thus pose limited risks. The workers will not work in contaminated areas. Also, no large-scale labor influx is expected due to the same circumstance.

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

The project's LMP also ensures a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the Ministry of Health. The project's LMP has been re-disclosed publicly by MOH, as part of the ESMF, on August 9, 2020 (<http://hismohcambodia.org/public/announcements.php?pid=32>).

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

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

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

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

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

### **ESS4 Community Health and Safety**

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of.



There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and IPC&WMP (see ESS 3 above).

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

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

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

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

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

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

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

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

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

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

Applying the principle of proportionality, this project will not have to prepare any additional specific IP-related ESF instruments beyond the above-mentioned SEP. However, project activities in areas where IPs are present must



ensure that IPs are fully consulted in a culturally-appropriated manner about and have opportunities to benefit from the project activities. In addition to this, in order to ensure that IP communities are not disadvantaged in accessing project benefits due to language or access to appropriate medical facilities, the SEP includes special training activities and engagement protocols to work with IP communities.

**ESS8 Cultural Heritage**

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

**ESS9 Financial Intermediaries**

This standard is not relevant for the suggested project interventions.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
ORGANIZATIONAL STRUCTURE: Ministry of Health (MOH) has established and shall maintain a PIU with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.	09/2020
Infection Prevention and Control and Waste Management Plan (IPC&WMP) acceptable to the Association will be prepared before beginning the relevant Project activities.	09/2020
The relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures shall be incorporated into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	09/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	

Public Disclosure



Grievance Mechanism shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	09/2020
<b>ESS 2 Labor and Working Conditions</b>	
Occupational Health and Safety (OHS) measures in line with the ESMF, LMP, IPC&WMP and WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories, quarantine and isolation centers, and screening posts.	09/2020
A Grievance Hotline and assignment of focal points to address these grievances shall be established within MOH	09/2020
Provisions to prevent SEA, GBV and/or VAC, including CoC for PIU's staff for contracted workers in line with relevant national laws and legislation shall be included at the project's LMP, adopted and applied under the project.	09/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
IPC&WMP acceptable to the Association will be prepared before beginning the relevant Project activities.	09/2020
<b>ESS 4 Community Health and Safety</b>	
Precautions measures in line with the ESMF, IPC&WMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers to the community.	09/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
The project's SEP will be adapted in a manner acceptable for the Bank to make sure that IPs are fully consulted in a culturally-appropriated manner about and have opportunities to benefit from the project activities.	09/2020
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

Public Disclosure

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

**Is this project being prepared for use of Borrower Framework?**

No



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

No use of Borrower Framework

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Ministry of Finance

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health Cambodia

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Ziauddin Hyder, Nareth Ly  
Practice Manager (ENR/Social) Susan S. Shen Cleared on 10-Aug-2020 at 22:25:46 EDT  
Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 11-Aug-2020 at 07:46:45 EDT

Public Disclosure