



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 10/26/2021 | Report No: ESRSC02384



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Cambodia	EAST ASIA AND PACIFIC	P177370	
Project Name	Cambodia Nutrition Project - II		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/16/2021	1/17/2022
Borrower(s)	Implementing Agency(ies)		
Kingdom of Cambodia	NCDDS, National Committee for Sub-National Democratic Development Secretariat		

Proposed Development Objective

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

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>9.50</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?**

No

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

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

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



mirror the activities found in CNP – I Components 2.1 and 2.3. Activities will be implemented across the original seven and new target provinces (2-3). The provincial selection criteria include those used in CNP – I focused on burden of health and nutrition issues and gaps in the supply side response; the MOH and NCDs have also requested to prioritize provinces with urgent needs due to the COVID-19 crisis and where they can capitalize on the accelerated rollout of Cambodia’s Decentralization and Deconcentration Process. The MOH and NCDs will jointly agree on the selected provinces.

The project's components are as follows:

Component 1: Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for Women and Children (US\$8.5 million). It will include SDGs for both the C/S and the district/municipality levels, and operationalize a Commune Program for Women and Children (CPWC) to serve as the community-based health and nutrition platform (with formal links between the Subnational Administration (SNA) and Ministry of Health (MOH) actors). Under CNP-I, the CPWC has been piloted as a community platform for health and nutrition promotion in the seven priority provinces. The C/S SDG is to strengthen capacities of local authorities/CPWC to promote citizens’ behavioral changes; and to stimulate demand, increase utilization of facility-based priority services, and encourage the adoption of improved Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) behaviors. The C/S SDGs also aim to strengthen the performance of District, Municipal Administration (DMA) conducting the C/S-SDG assessment process. The C/S SDGs will be facilitated by NCDs and channeled down to the C/S and district/municipality levels for implementing the activities.

Component 2: Project Management, Monitoring, and Evaluation for the NCDs (US\$1.0 million). This component will support management costs, additional goods (uniforms, motor bikes, bicycles, cameras, and supplies for CPWC implementation such as handouts and record books) and services (C/S-SDG independent verification) to support C/S-SDG implementation. The component may also support enhanced digital and communications equipment (laptop, video conferencing facilities) to support implementation of C/S-SDG activities in the COVID-19 context. The investment on goods and ICT equipment will be about 20-30% of financing planned for Component 2. The Component 2 activities will be integrated into the responsible units and departments of the NCDs.

#### D. Environmental and Social Overview

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

CNP-II will provide additional resources to scale up activities implemented by NCDs under Component 2 (stimulating demand for maternal and child health and nutrition services, and strengthening accountability at the community level) of the CNP-I project. The project targeted beneficiaries are pregnant and lactating women and children in the first 1,000 days of life in selected provinces. The community-based health and nutrition activities were initiated on a sub-national scale targeting only seven priority provinces under CNP – I (Mondul Kiri, Ratanak Kiri, Kratie, Stung Treng, Preah Vihear, Kampong Chhnang, and Koh Kong provinces) and benefitted about 1.6 million of target beneficiaries per annum. However, the needs for these services spans far beyond these provinces and additional resources are necessary to reach additional vulnerable populations across Cambodia. The project will support an extended time period for implementation and expand scope of CNP from the seven priority provinces to 2-3 new provinces and provide new goods and services procurements to accommodate the COVID-19 context.



Covering an area of 181,035 square kilometres, and bordered by Vietnam, Laos, and Thailand, Cambodia is mostly made up of low, flat plains that provide ample space for its large agricultural sector, an industry reliant upon the waters of the Tonle Sap (Great Lake) and Mekong River. Cambodia has achieved a number of ambitious goals. It has reduced the maternal mortality rate by three quarters, income levels have grown and poverty levels have fallen and many health and education statistics have improved significantly.

Cambodia has experienced robust economic growth and macroeconomic stability over the past decade. Big challenges remain, however, such as the limited access many rural people have to health or education services, poor child nutrition and low levels of completion of secondary education. The ongoing COVID-19 pandemic also threatens to reverse the economic gains. The economy grew at an annual average of 5.4 percent between 2010 and 2019. Per capita income (current prices) more than doubled during the same period – from US\$785 in 2010 to US\$1,643 in 2019. The economy is driven by the readymade garments, construction, and service (especially tourism) sectors. Although Cambodia has made dramatic progress in reducing poverty, 13.5 percent of the population still live below the national poverty line.

COVID-19 posts economic threats to different aspects of Cambodia’s development- According to the Organization for Economic Co-operation and Development (OECD), the economic shocks had more medium-term impacts on poverty and welfare, especially among the more vulnerable in society and those who work in the informal economy. Food and Agriculture Organization highlighted that the pandemic exacerbated the vulnerability of specific groups of workers including women, children, indigenous people and migrant workers due to unemployment and underemployment of informal workers. According to ILO, almost 1.6 billion informal economy workers have suffered damage to their ability to earn a living. This is due to the country’s lockdown and preventive measures and/or because they work in the hardest-hit sectors.

The CNP – II project activities will be implemented across the original seven ( under CNP-I) and new (2-3) target provinces to be selected. The selection criteria include those used in CNP – I; the MOH and NCDDES have also requested to prioritize provinces with urgent needs due to the COVID-19 crisis and where they can capitalize on the accelerated rollout of Cambodia’s Decentralization and Deconcentration Process. The MOH and NCDDES will jointly agree on the selection of additional provinces. It is expected that CNP Component 2.1 will finance the SDG grants in 2021-2024, while CNP–II Component 1 will finance the continuation of these activities in the scaled-up provinces in the project’s outer years (e.g. 2024-2026).

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

While NCDDES and MoH will remain as implementing agencies for the parent project “CNP”, the Ministry of Interior represented by NCDDES will primarily manage CNP-II. Given the strong track record of NCDDES under CNP and the aim of new operation being to build upon and expand core CNP activities, the same implementation arrangements for NCDDES under CNP will be used for CNP-II. Currently under the parent project, NCDDES implements Component 2 through its technical departments and the provincial, District/Municipality (DM), and Commune/Sangkat (C/S) administrations. NCDDES has appointed a project director and a technical project manager to oversee Component 2 activities of CNP, and NCDDES’ procurement and fiduciary departments are being used for project implementation. The ongoing implementation of CNP is progressing well; and the project management, including financial management, procurement, and environmental and social safeguards have all been rated Moderately Satisfactory as per the most



recent Implementation Support Mission. Existing coordination mechanisms, which include coordination focal points for NCDDDS will continue to function under CNP-II as they currently do in the parent project.

The Ministry of Interior approved policy on Environmental and Social Safeguards for Sub-National Democratic Development which is very much in line with the Bank’s ESF ([http://ncdd.gov.kh/wp-content/uploads/2019/06/NCDD\\_-ESS-Policy\\_EN\\_05.07.2019.pdf](http://ncdd.gov.kh/wp-content/uploads/2019/06/NCDD_-ESS-Policy_EN_05.07.2019.pdf)). Although, the ES focal person for CNP had been appointed to manage and monitor environmental and social risks management which is under safeguards policies, continuing support is still required for capacity strengthening. The CNP II will be implemented under the new Environmental and Social Framework, and that will require the additional skills and capacity building of the ES focal persons. The existing safeguards instruments for the CNP will be updated to capture additional ESF requirements relevant for CNP II so that the parent and new projects use a single approach for environmental and social risk management under the ESF.

CNP includes provisions to strengthen NCDDDS’s departments capacities and skills through additional consultants for ES activities and technical assistance to enhance departmental/program functions (rather than working only for specific project activities). The task team will further verify the borrower’s institutional responsibilities and capacity-building needs during the preparation stage. Based upon capacity and needs, the team will provide ESF/safeguard training to staff of the NCDDDS to further familiarize them with the Bank’s ESF requirements during the project preparation and implementation stage.

Public Disclosure

**II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)** Moderate

**Environmental Risk Rating** Low

The environmental risk rating for this proposed project is considered as Low. The project will finance (a) Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for women and children to encourage communities to use the existing community health and nutrition services and promote their knowledge and improved maternal and child health and nutrition practices in the seven provinces (same as the parent project) and in additional two to three provinces; and (b) to strengthen the performance of District, Municipal Administration (DMA) conducting the C/S-SDG assessment process. The project activities are mainly promotion based and do not directly finance any health care services nor outreach activities for immunization. The project activities does not involve any infrastructure or renovation of existing facilities that cause construction-related risks. There may be potential Covid-19 related health and safety risks associated with community mobilization activities such as campaign for improved maternal and child health and nutrition practices, targeted health and nutrition Social and Behavior Change Communication (SBCC) through door-to-door-home visits, in-person trainings and meetings. The incidence and risks of spreading Covid-19 can be mitigated through occupational health and safety (OHS) protocols (social distancing and sanitizing facilities, protected equipment, etc.). The project will finance goods (uniforms, motor bikes, bicycles, cameras, and supplies for CPWC implementation such as handouts and record books) and ICT equipment (laptop and video conferencing facilities). Only 20-30 % of Component 2 financing is planned for procurement of such goods



and ICT equipment. The potential risks and impacts associated with disposal of such ICT equipment will be minimum or neglectable and be mitigated through a simple Environmental Codes of Practice (ECOP) for safe e-waste disposal.

**Social Risk Rating**

Moderate

The equity and access risks, especially for the most vulnerable and ethnic minorities remain highly relevant for the project. The main social risk is that vulnerable and disadvantaged households and groups, including potentially indigenous communities encountering obstacles to access facilities and services provided by the project activities. Although the project will have broader social benefits because it supports the provision of the essential package of health and nutrition services to the targeted population in selected provinces, there are risks of not being able to reach the most needed groups namely mothers, newborns, and children to implement the project. Also the project requires to adopt a robust and inclusive social mapping of eligible households; targeted health and nutrition SBCC through door-to-door home visits, community groups, and mobilization for community-based growth monitoring and promotion (GMP); health equity fund (HEF) promotion to increase service utilization among the poor; and community mobilization. These are critical aspects that require careful planning and implementation not allowing gaps and exclusion of most needy categories of households. The parent project has an environment management framework (EMF) and some of the social aspects have not been properly addressed during the implementation. As noted from the last implementation support mission, the NCDDS which is responsible for ES planning and implementation is yet to develop grievance redress mechanism (GRM) leaflets and strategy to provide benefits to indigenous people through culturally appropriate manner. For example, there might be issues related to community health and safety, exclusion of poor and vulnerable groups, lack of emphasis to establish proper labor and working conditions for workforces involved in project implementation at provincial level, proper functioning of a grievance redress mechanism that is incisive and accountable as well as engaging a wide range of stakeholders including IP communities. The IPPF of the parent project will be updated to include any IP groups that are in new provinces. Social risk rating also considered the knowledge gaps among NCDDS staff , especially in preparing ES instruments such as ESMF, LMP and the SEP.

Public Disclosure

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

There may be potential COVID 19 related health and safety risks to communities and CPWC operators associated with community mobilization activities such as campaign on improved maternal and child health and nutrition practices,



door-to-door home visits, related operational meetings of NCDs officials and provincial level staff, and in-person trainings for CPWC operators. To mitigate this risk, the CNP-II will follow occupational health and safety (OHS) protocols to prevent the spread of COVID-19 (social distancing and sanitizing facilities, protected equipment, etc.).

The requirements of the OHS protocols for COVID 19 prevention will be integrated to the project operation manual to guide the operation and the provisions for required budget and arrangement will be clearly mentioned in the Environmental and Social Commitment Plan (ESCP), to be prepared and disclosed prior project appraisal.

The project may finance some ICT equipment in a small quantity. The potential risks associated with disposal of such equipment are minimum or neglectable, and will be managed through a simple ECOP for safe e-waste disposal. The relevance of ESS 3 will be reflected in procurement specifications for energy efficient equipment and provisions made in the project operation manual to ensure full compliance with Environmental Health and Safety Guidelines (EHSs).

The potential social risks and impacts could be managed through appropriate mitigation measures. The main social risks such as ensuring inclusive targeting of project beneficiaries require well-prepared action plans including awareness creation and public information sharing among the needy population.

In this regard, the parent project Environmental Management Framework (EMF) will be updated as Environmental and Social Management Framework (ESMF) incorporating additional social dimensions related to labor and working conditions, SEA/SH/Gender-based violence (GBV), and risks related to disposal of e-waste. The Indigenous Peoples Planning Framework (IPPF) prepared for the parent project will also be updated to address potential impacts, especially to provide opportunities for IP communities in targeted project areas. The project operation manual for the parent project will be updated to include the OHS protocols for COVID 19 prevention. As part of preparation of CNP-II, a social assessment will be undertaken to ensure that vulnerable groups and ethnic groups have equitable access to services. In particular the SA will look at current practices of traditional (indigenous) health practitioners and explore the possibility use such practices in parallel with other nutritional approach promoted by the project. The assessment results will be used to prepare a comprehensive stakeholder engagement plan (SEP) for the project including a robust grievance mechanism.

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

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

**ESS10 Stakeholder Engagement and Information Disclosure**

Stakeholder engagement is critical in the development of the Project to understand the opportunities and risks relating to the proposed components. Stakeholder engagement activities will be undertaken as part of the updating and preparation of the ESMF and IPPF, and throughout the life of the Project. The CNP-II will have direct stakeholders including NCDs staff, relevant provincial, district and commune/sangkat administrations, CCWC, health center management committee (HCMC), VHSs, other international agencies supporting health nutrition activities at the communities.



Inclusion of vulnerable and disadvantaged groups is a key part of stakeholder consultation process. The SEP that will be developed may include methods to involve poor, vulnerable households including IP communities as they are the direct beneficiaries of the project. Hence ensuring that the project benefits will be distributed in a fair and accountable manner is key to project success. The will be done through: (a) conducting an orientation workshop in the new locations to sensitize beneficiaries to the project and its proposed activities, (b) continuing to use beneficiary feedback mechanisms designed for C/S-SDG systems, and (c) supporting robust communications and awareness campaigns to further sensitize the public.

The project will prepare a SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) an operational GRM. A SEP prepared by appraisal will include preliminary mapping of the stakeholders and a detailed mapping will be done during implementation.

## **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**

ESS2 is relevant to several aspects of the Project. Although there will be no contracted workforce mobilized for the project, the project implementation requires to have range of project workers, including NCD DS technical officials and provincial/district/commune level staff of NCD DS for planning and targeting project support for beneficiaries. The project will not involve primary suppliers or community workers.

An assessment of labor rights and laws as well as occupational health and safety legislation and implementation arrangements will be undertaken during project preparation. The Labor Management Procedures (LMP) will be prepared based on the assessment. It is proposed that the LMP be included in a specific section of the ESMF and will describe the findings of the national labor policies and practices, the types of project workers that are likely to be involved, the procedures to apply ESS2, any specific requirements relating to employment matters under the project component, including the need for a project worker grievance mechanism. OSH will be assessed through the ESMF, including consideration of issues within WBG EHS general guidelines for Occupational Health and Safety.

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

ESS 3 is relevant as the project may finance some ICT equipment (laptop and video conferencing) in a small quantity. The potential risks and impacts associated with the use of these ICT equipment (computers and video conferencing facilities) will be taken into consideration in the ESMF and mitigated through a simple ECOP for safe e-waste disposal. The relevance of ESS 3 will be reflected in procurement specifications for energy efficient equipment and provisions made in the project operation manual to ensure full compliance with Environmental Health and Safety Guidelines (EHSGs).



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

ESS4 is relevant. The project will bring many benefits to the communities in the targeted provinces by promoting the priority services for maternal and child health and nutrition needs. The potential of COVID 19 related risks may be high as the project activities may involve in-person events and contacts among CPWC operators and beneficiaries (including related community mobilization activities, door-to-door visits for communicating improved healthcare and nutrition practices, related meetings and in-person trainings for CPWC operators). The COVID 19 may cause serious illness for older people and those with underlying medical problems such as diabetes, heart disease and chronic respiratory diseases. The risks of further spreading COVID 19 among beneficiaries, communities, CPWC operators, provincial staff and NCDD technical officials will be mitigated by strictly following occupational health and safety (OHS) protocols (social distancing and sanitizing facilities, protected equipment, etc.). Also there might be some SEA/SH risks that will be assessed and screened during project preparation and appropriate mitigation measures be proposed.

The project operation manual will incorporate the COVID 19 precautionary measures. The provision for required resources and arrangement for implementation and monitoring on such measures will be captured in the ESCP.

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

Not relevant since the project activities will not entail land acquisition, restriction to access and/or impact on livelihood of beneficiaries. The project will not involve new constructions or the expansion of facilities outside of its current sites, no land acquisition is foreseen, and there will be no displacement of persons/families. Any issues that may become known during the project implementation will be dealt through appropriate site specific mitigation measures.

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

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

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

As this project still focus on 7 original provinces mostly concentrated with indigenous people and new (2-3) target provinces, indigenous communities will likely be affected as direct beneficiaries of project activities. To this end an indigenous people planning framework (IPPF) of the parent project will be updated to guide the design and implementation of project activities. This is mainly to ensure that the updated IPPF has an engagement process that provide opportunities for meaningful consultations and allow IPs to obtain project benefits through culturally appropriate manner. The preparation of this instrument will be informed by a social assessment focusing on the unique barriers of indigenous people communities including how best the traditional health care/medicinal practices could be supported and used to interface with modern practices and in particular, women and children, to benefit from nutrition and immunization services. In addition, the preparation and updating of the ESMF, preparation of the SEP and project consultations will be conducted in accordance with the ESS7 and the cultural needs of the people.



**ESS8 Cultural Heritage**

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

**ESS9 Financial Intermediaries**

This Project will not involve financial intermediaries.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

None

**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

Preparation and disclosure of an Environmental and Social Management Framework (ESMF), updated from CNP 1 EMF.

Preparation and disclosure of a Stakeholder Engagement Plan.

Preparation and disclosure of Labor Management Procedures.

Preparation and disclosure of a Indigenous Peoples Planning Framework

Preparation and disclosure of an Environmental and Social Commitment Plan

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

1. Budget and resources for implementation of the safeguard E&S risk instruments and Stakeholder Engagement Plan throughout the project
2. Environment and Social capacity building trainings for NCDDS and implementing entities
3. Provisions made to ensure that the Project Operation Manual incorporates COVID 19 precautionary measures
3. Budget and arrangement made to ensure the compliance with COVID 19 precautionary measures

Public Disclosure



#### IV. CONTACT POINTS

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##### Borrower/Client/Recipient

Borrower: Kingdom of Cambodia

##### Implementing Agency(ies)

Implementing Agency: NCDDS

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

#### V. FOR MORE INFORMATION CONTACT

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#### VI. APPROVAL

Task Team Leader(s):	Paul Jacob Robyn, Ziauddin Hyder, Anne Marie Provo
Practice Manager (ENR/Social)	Susan S. Shen Recommended on 19-Oct-2021 at 22:59:33 GMT-04:00
Safeguards Advisor ESSA	Nina Chee (SAESSA) Cleared on 26-Oct-2021 at 12:40:36 GMT-04:00