

Kingdom of Cambodia

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Ministry of Health

**Cambodia COVID-19 Emergency Response
Project (P173815)**

UPDATED STAKEHOLDER ENGAGEMENT PLAN (SEP)

Draft 15 July 2020

Stakeholder Engagement Plan (SEP)

Cambodia COVID-19 Emergency Response Project (P173815)

1. Introduction/Project Description

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

In Cambodia, the first case in the country was diagnosed on 27 January 2020 in a Chinese man who had flown from Wuhan to Sihanoukville who then recovered and returned home. On March 16th, almost six weeks after the first reported case in the country, the government closed all public and private educational institutions across the country. The following day, a 30-day travel ban on visitors from the four most effected European countries as well as the US came into force. As of March 18, 2020, the Ministry of Health has confirmed 165 cases, most of them imported.

The Cambodia COVID-19 Emergency Response Project and its additional financing aim 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 Cambodia COVID-19 Emergency Response Project comprises the following components:

- **Component 1. Case detection and management [US\$8.5 million]:** Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation. National Institute of Public Health (NIPH) will be upgraded; diagnostic capacity of the laboratories attached to the 25 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 [US\$7.7 million]:** This component will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (i) case management; and (ii) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies as the availability in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs.
- **Component 3. Preparedness, Capacity Building and Training [US\$3.5 million]:** This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (i) coordination at the national, provincial and district levels; (ii) Emergency Operation Center (EOC) functionalization (including

sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (iii) human resources for implementation, supportive supervision and subnational support; (iv) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (v) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (vi) strengthening call/hotline centers; and (vii) strengthening community- and event-based surveillance for COVID-19. In addition, this component will support (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors assessments; (iii) production of RCCE strategy and training documents; (iv) production of communication materials; and (vi) monitoring and evidence generation.

- Component 4. Project Implementation and Monitoring [US\$1.5 million]: Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the Cambodia's Health Equity and Quality Improvement Project (H-EQIP)¹. Activities include: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and Training of project management unit and technical consultants; and (iii) operating costs.

The budget for component 1 above has been increased from US\$ 8.5 million to US\$ 9.71, thanks to the additional financing of US\$ 1.21 million from the Pandemic Emergency Financing Facility (PEF). The Cambodia COVID-19 Emergency Response Project and its additional financing are being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

¹ H-EQIP (P157291) 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.

- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status² and that may require

² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID19 infected people
- Communities (i.e. religions, race, gender) of COVID19 infected people
- People under COVID19 quarantine
- Family members of COVID19 infected people
- Family members of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- Ministry of Health (MOH) and National Institute of Public Health (NIPH)
- Indigenous Peoples Groups representative bodies and organizations
- Other public authorities

2.3. Other interested parties

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other International non-governmental organizations (NGOs)
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, ethnic group, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following: elderly, children, poor households, ethnic minorities, resident in rural areas, disabled, SOGI, etc. Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID19, no dedicated consultations conducted so far, except those consultations conducted by public authorities and health experts, including Cambodia MOH and Communicable Disease Control (CDC). Consultation meetings among relevant health officials were conducted virtually on 25-31 March 2020, and on 29 April-04 May 2020. Detailed minutes of these consultations are attached as annexes to this SEP.

Draft version of the instruments were disclosed through the Ministry of Health (MOH) webpage (<http://hismohcambodia.org/public/announcements.php?pid=32>). Feedback received during consultation will be taken into account in the final version of the instruments

Through consultation with ethnic groups and their representative during project implementation, the SEP will be updated in order to reflect a strategy specific to engagement with ethnic groups including:

- Identification of affected group and communities their representative bodies and organizations
- Engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes
- Measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

Different engagement methods are proposed and cover different needs of the stakeholders:

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior effectiveness	<p>Affected people (including, among others, IP representatives at national level) and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included</p>	<p>Environmental and Social Management Framework (ESMF)</p> <p>Stakeholder Engagement Plan (SEP) and Grievance Mechanism</p> <p>Environmental and Social Commitment Plan</p>	<p>National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) on March or April 2020.</p> <p>Project website</p>
Project Implementation	<p>Affected people and other interested parties as appropriate.</p> <p>Ethnic groups (when applicable) and their representatives</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included</p>	<p>Updated project's ESF instruments</p> <p>Feedback of project consultations</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement, in order to "detect and respond to concerns,</p>	<p>Local and provincial consultations (face to face in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) throughout project implementation</p> <p>Consultations with ethnic groups (when applicable) and their representatives applying culturally appropriate and</p>

		rumors and misinformation”	<p>accessible engagement processes</p> <p>Electronic publications and press releases on the Project website</p> <p>Public notices</p> <p>Dissemination of hard copies at designated public locations</p> <p>Press releases in the local media</p> <p>Information leaflets and brochures</p>
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3.4. Stakeholder engagement plan

Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation prior effectiveness	<p>The project, its activities and locations, potential impacts and mitigation measures</p> <p>Introduce the project's ESF instruments</p> <p>Present the SEP and the Grievance Mechanism</p>	<p>National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) on March or April 2020.</p> <p>Project website</p>	<p>Affected people (including, among others, IP representatives at national level) and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included</p>	MOH with support from consultants
Project Implementation	<p>Updated project's ESF instruments</p> <p>Feedback of project consultations</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk</p>	<p>Consultations (face to face and/or virtual consultations)</p> <p>Project website</p> <p>Correspondence by phone/email</p> <p>Letters to local, provincial and national authorities</p> <p>Consultations with IPs (when applicable) in a</p>	<p>Affected people and other interested parties as appropriate.</p> <p>Consultation with ethnic groups (when applicable) and their representatives in order to reflect a strategy specific to engagement</p>	<p>MOH with support from consultants</p> <p>Mass media</p> <p>Consultations with ethnic groups (when applicable) and their representatives applying culturally appropriate and accessible engagement processes</p>

	communication and community engagement	culturally appropriate and accessible manner Outreach activities	with ethnic groups Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included	
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3.. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health (MOH) will be in charge of stakeholder engagement activities.

The budget for the SEP is USD 300,000, included in Component 3 (Preparedness, Capacity Building and Training of the project).

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The institutional arrangements are based on lessons learned from H-EQIP and the Preparation of the Cambodia Pre-Service Training for Health Workers Project (P169629). The Minister of Health will appoint a Project Director, and a Project Manager. In addition, an ESF Focal Point will be appointed at the Department of Preventive Medicine (PMD) under MOH. The Project Director and Project Manager will be acting through MOH's technical departments and national programs, as well as the Provincial Health Departments (PHDs), Operational Districts (ODs), referral hospitals (RHs), and health centers (HCs). Within the MOH, the project will be implemented through the Department of Communicable Disease Control (DCDC), Department of Hospital Services (DHS), National Institute of Public Health (NIPH) and the Department of Budget and Finance (DBF) using mainstream MOH processes and will not involve a parallel project implementation unit or secretariat. Other MOH departments participating in project implementation will include (a) the Internal Audit Department (IAD); (b) the Preventive Medicine Department; and (c) the Department of Drugs.

The entities responsible for carrying out stakeholder engagement activities are appointed at the Department of Preventive Medicine (PMD) under MOH. However, the project will have a provision to

strengthen this department' capacity and skills through additional consultants or advisors. The additional consultants or advisors will be used for strengthening the MOH's capacities on stakeholder engagement for the project activities.

The stakeholder engagement activities will be documented through consultation reports prepared by MOH's PMD and/or their consultants or advisors right after of the project-related public engagement activities have been carried out.

5. Grievance Mechanism

The Cambodia COVID-19 Emergency Response Project allows those that have a complaint or that feel aggrieved by this project to be able to communicate their concerns and/or grievances through an appropriate process. The grievance mechanism will provide an accessible, rapid, fair and effective response to concerned stakeholders, especially any vulnerable group who often lack access to formal legal regimes.

The purpose of the grievance mechanism is to achieve mutually agreed resolution of grievances raised by project stakeholders, project participants and beneficiaries and ensures that complaints and grievances are addressed in good faith and through a transparent and impartial process, but one which is culturally acceptable. It does not deal with 'concerns' which are defined as questions, requests for information, or perceptions not necessarily related to a specific impact or incident caused by the project activity. If not addressed to the satisfaction of the person or group raising the concern, then a concern may become a complaint.

While recognizing that many complaints may be resolved immediately, this Grievance Mechanism encourages mutually acceptable resolution of issues as they arise. The grievance mechanism includes the following:

- Provision for the establishment of a grievance redress committee that includes women
- Ways in which individual or parties affected by the project can submit their grievances (including anonymous grievances), which may include submissions in person, by phone, letter, email, or via MOH website www.moh.gov.kh
- A reporting and recording system which shall be maintained as a database
- Procedure for assessment of the grievance
- A time frame for responding to the grievances filed
- An appeal process to which unsatisfied grievances may be referred when the resolution of grievances are not resolved

5.1. Description of GRM

Grievances will be handled at each municipal/provincial referral hospitals and at the national level by a Grievance Redress Committee (GRC) to be established by MOH, including via dedicated hotline to be established. The broad responsibilities of the GRC include:

- Developing and publicizing the grievance management procedures
- Receiving, reviewing, investigating and keeping track of grievances
- Adjudicating grievances

- Monitoring and evaluating fulfillment of agreements achieved through the grievance redress mechanism

For the interest of all parties concerned, the grievance redress mechanisms are designed with the objective of solving disputes at the earliest possible time. A recommended timeframe for the resolution of a complaint should be sought within two weeks.

The GRM will include the following steps:

- Step 1: Grievance discussed with the respective health facility/treatment centers
- Step 2: Grievance raised with the respective municipal/provincial referral hospitals
- Step 3: Grievance raised with the MOH's Grievance Redress Committee
- Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

Coordinated in the MOH by the ESF focal point assigned to this project, a complaints register will be established as part of the project to record any concerns raised by any stakeholder during the implementation of this project. Any serious complaint will be advised to the World Bank and MOH within 24 hours of receiving the complaint.

Wherever possible, the project team will seek to resolve the complaint as soon as possible and thus avoid escalation of issues. However, where a complaint cannot be readily resolved, then it must be escalated.

A summary list of complaints received and their disposition, along with key statistics on the number of complaints and duration taken to close out, must be reported yearly. Each record is allocated a unique number reflecting year and sequence of received complaints (for example 2019-01, 2019-02 etc.). Complaint records (letter, email, the record of conversation) should be stored together, electronically, or in hard copy under the responsibility of the ESF focal point of MOH.

5.2. Provisions for ethnic groups (IPs)

If those areas where ethnic groups (Indigenous Peoples – IPs) the project's GRM will ensure that it meets the needs of Indigenous Peoples. Because of that, this GM will be adapted and/or changed as necessary to ensure it is culturally appropriate and accessible to beneficiary IPs and takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the IPs. This should be done in consultation with local IP groups

The key principles of the grievance mechanism are to ensure that:

- The basic rights and interests of IPs are protected
- The concerns of IPs arising from the project activities are adequately addressed
- IPs are aware of their rights to access grievance procedures free of charge for the above purposes.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. [Monthly] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - Number of public hearings, consultation meetings and other public discussions/forums conducted annually;
 - Frequency of public engagement activities;
 - Number of public grievances received monthly and number of those resolved within the prescribed timeline;
 - Number of press materials published/broadcasted in the local, regional, and national media]

Annex 1
Tip Sheet for Stakeholder Engagement Plan
For Emergency Projects in Response to COVID-19

1. Introduction/Project Description

Briefly describe the project, the stage of the project, its purpose, and what decisions are currently under consideration on which public input is sought. Describe location and, where possible, include a map of the project site(s) and surrounding area, showing communities and proximity to sensitive sites.

2. Stakeholder identification and analysis and methodology

2.1 Affected parties

Identify individuals, groups, local communities, and other stakeholders that may be directly or indirectly affected by the project, positively or negatively. The SEP should focus particularly on those directly and adversely affected by project activities. Communities located close to health centers or medical waste management facilities, and communities intended to benefit from health services require particular attention. Particular attention should also be granted to identifying and providing tailored and culturally sensitive stakeholder engagement opportunities to vulnerable groups, disadvantaged communities and groups meeting the requirements of ESS 7.

2.2. Other interested parties

Identify broader stakeholders who may be interested in the project because of its location, its proximity to natural or other resources, or because of the sector or parties involved in the project. These may be local government officials, community leaders, and civil society organizations, particularly those who work in or with the affected communities. While these groups may not be directly affected by the project, they may have a role in the project preparation (for example, government permitting) or be in a community affected by the project and have a broader concern than their individual household. Examples of other potential stakeholders would include government authorities, academics, religious groups, national social and environmental public-sector agencies, the media, local organizations, NGOs.

2.3. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether disadvantaged or vulnerable individuals or groups could run the risk of being excluded from project benefits, or whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. It is also important to keep in mind that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments, in particular, should be adapted to take into account their particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits.

The following can help outline an approach to understand the viewpoints of these groups:

- *Identify vulnerable or disadvantaged individuals or groups and the limitations they may have in participating and/or in understanding the project information or participating in the consultation process. (For example, language differences, lack of transportation to events, accessibility of venues, disability, lack of understanding of a consultation process).*

- *What additional support or resources might be needed to enable these people to participate in the consultation process? (Ex: translation into a minority language, sign language, large print or Braille information; choosing accessible venues for events; providing transportation for people in remote areas to the nearest meeting; having small, focused meetings where vulnerable stakeholders are more comfortable asking questions or raising concerns.)*
- *If there are no organizations active in the project area that work with vulnerable groups, such as persons with disability, contact medical providers, who may be more aware of marginalized groups and how best to communicate with them.*

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement during project implementation

3.3. Proposed strategy for information disclosure and consultation process

*Briefly describe what information will be disclosed, in what formats, and the types of methods that will be used to communicate this information to each of the stakeholder groups and the timetables. Methods used may vary according to target audience, for example: interviews with stakeholders and relevant organization; surveys, polls, and questionnaires; public meetings, workshops, and/or focus groups on specific topic; participatory methods; other traditional mechanisms for consultation and decision making. Description can be done in table format. **It should be noted that in the case of COVID-19 operations, face to face meetings may not always be appropriate. The client should consider whether the risk level would justify avoiding public/ face to face meetings and whether other available channels of communications to reach out to all key stakeholders should be considered (including social media, for example). Transparency is particularly important for these situations and ESF instruments should be made available and accessible to all key stakeholders.***

3.4. Review of comments

3.5. Future phases

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

Indicate what resources will be devoted to managing and implementing the Stakeholder Engagement Plan, in particular: what people are in charge of the SEP and confirm that an adequate budget has been allocated toward stakeholder engagement.

4.2. Management functions and responsibilities

Describe how stakeholder engagement activities will be incorporated into the project's management system and indicate what staff will be devoted to managing and implementing the Stakeholder Engagement Plan.

5. Grievance Mechanism

5.1. Description of GRM

Describe the process by which people affected by the project can bring their grievances and concerns to the project management's attention, and how they will be considered and addressed. Relevant questions to take into account include:

- Is there an existing formal or informal grievance mechanism, and does it meet the requirements of ESS10? Can it be adapted or does something new need to be established?*
- Is the grievance mechanism culturally appropriate, that is, is it designed to take into account culturally appropriate ways of handling community concerns? For example, in cultures where men and women have separate meetings, can a woman raise a concern to a woman in the project grievance process?*
- What process will be used to document complaints and concerns? Who will receive public grievances? How will they be logged and monitored and what time commitments will be made to acknowledge and resolve issues?*
- How will the existence of the grievance mechanism be communicated to all stakeholder groups? Are separate processes needed for vulnerable stakeholders?*
- Will there be an appeals process if the complainant is not satisfied with the proposed resolution of the complaint?*

A summary of implementation of the grievance mechanism should be provided to the public on a regular basis, after removing identifying information on individuals to protect their identities. A project may have different types of GRMs for different project activities and impacts. Each should be described here. Description should include timeframe for each step.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

Consider whether project, especially in FCV settings, should include a role for third parties in monitoring the project or impacts associated with the project. Describe any plans to involve project stakeholders (including affected communities) or third-party monitors in the monitoring of project impacts and mitigation programs.

6.2. Reporting back to stakeholder groups

Describe how, when, and where the results of stakeholder engagement activities will be reported back to both affected stakeholders and broader stakeholder groups. Strong and continuous awareness raising and reporting back to stakeholders is particular important in the context of sensitive projects such as projects related to infectious diseases where social tensions can easily be created through lack of, or propagation of incorrect information.

Annex 2
Report on Stakeholder Consultative Meeting for
Cambodia COVID-19 Emergency Response Project (P173815)

25-31st March 2020

Consultative Process

Consistent with Cambodia's laws and legislation regarding public consultations and the Bank's Environmental and Social Standard (ESS10) – Stakeholder Engagement and Information, the MOH's Preventive Medicine Department (PMD) conducted public consultations with some affected parties³ on 25-31 March 2020. The aim of the consultations is two-fold. First, it aims to provide relevant stakeholders with generic information about the Cambodia COVID-19 Emergency Response Project. Second, it aims to offer them the opportunity to provide feedback, views and recommendations regarding the project risks, impacts, and mitigation measures in a meaningful and a culturally appropriate manner.

While the goal is to ensure that public consultations are free of manipulation, interference, coercion, discrimination and intimidation to the extent possible, there were some setbacks due to the outbreak and spread of Covid-19 in Cambodia. At the time when consultations were prepared, Cambodia's CDC reported that the number of patients tested positive for Covid-19 reached around 70. In view of the situation, the Cambodian government issues some instructions to the public to exercise some social distancing and restraints from public gatherings (of more than 50 people) in a bid to reduce the risk of the virus transmission. Specific measures, such as restrictions of some international travels, closure of public schools, entertainment venues and other public gatherings, have been undertaken. Some government ministries have decided to let their staff work from home except for some emergent circumstances.

In the context where national restrictions have been enforced, and Covid-19 spread circumstance has been a major concern for public officials and people at large, to ensure that public consultations for this Project remains meaningful, a number of options and considerations have been explored, including taking into account the WHO's technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19⁴.

These processes resulted in a decision to defer public workshops and community meetings (with some affected parties such as Covid-19 affected people, their family, community as identified in the Stakeholder Engagement Plan (SEP)), for fear that these physical interactions may exacerbate Covid-19 spreading. Therefore, the consultations focused more on discussions with public health workers, staff of MOH and the National Institute of Public Health, while public consultations with other relevant stakeholders will be conducted later once the situation will become normalized.

³ Mainly staff (public health workers) of the Ministry of Health (MOH) and the National Institute of Public Health (NIPH).

⁴ For more detail, refer to the following link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

Furthermore, while virtual workshops, using some applications (i.e. WebEx, zoom and skype) remain an option, given that public officials (i.e. MOH's staff) have been pre-occupied with their ongoing response to Covid-19 outbreak, this option was considered impractical. After all, it was decided that "Telegram" (an equivalent of WhatsApp), which is a digital platform allowing users to share with each other information, documents, files, chat and voice, should be used to communicate the Project design and relevant safeguards instruments with affected parties.

Telegram was chosen for a number of strategic and practical reasons. It has been very popular in Cambodia, and Cambodian public officials have widely used it for their internal communication. Given this, to reach out to the Project's main stakeholders (public health workers, staff of MOH and the National Institute of Public Health), Telegram has proven to be an effective chatting platform. Additional advantages of this digital platform also include the fact that it provides the stakeholders with some flexibility to offer feedback and suggestions regarding the Project design, as they can leave their comments any time, where other participants in the discussions can also view the comments.

The consultations with public health officials were participatory and active with the PMD being the lead facilitators. The following steps were followed to undertake the consultations. First, participants in the consultations were randomly drawn upon the updated List of the Emergency Response Team at provincial level, Provincial Hospitals, Operational Districts, Referral Hospitals, Health Centers in response to Covid-19 outbreak. Some of the participants were referred to by other and the PMD and the PMD. (Respondents: 1/4 of rapid response team, 1/4 of safeguard focal point at provincial level, and 1/4 of disaster management focal point at provincial level, and the rest "1/4" national level including NIPH). As a result, a Telegram Group was formulated by the PMD under the name of "Safeguard COVID19 Emergency Response". The Group consisted of approximately 50 participants, the list of which is attached to this report as Annex 1. The PMD then presented some PowerPoint slide presentations in both English and Khmer, which provide an overview and basic information about the Project, its design, coupled with detailed references/links to safeguards instruments and documents, which have been prepared for the Project. Some thematic guiding questions were shared with the Telegram group participants (Annex 2). During the consultations, some participants asked questions and suggested further clarification, and shared their experience using reports and photos.

Key Findings

Feedback and suggestions received were in various forms: photos of some ongoing activities being carried out by relevant health professionals and public authorities; text messages; some voice recordings; and MS Word files with answers to specific guiding themes/questions introduced by the facilitators. On 31 March 2020, when the deadline for receiving comments was due, 7 formal written submissions were received by the Project. The following described the recurring themes emerged from the consultations:

Positive impact of the Project

Participants have agreed that the Project plays an important role in contributing to the reduction in the spread of Covid-19. It thus seeks to help to protect community and people's health, resulting in reducing their exposure to health risks (Covid-19 and other related viruses), and thereby improving their livelihood. Other participants see the Project is instrumental to strengthening Cambodia's capacity in its response to Covid-19 as well as other communicable disease in a more timely and efficient manner. In the long run,

this helps to strengthen Cambodia's health care system by enhancing the Ministry of Health's access to medical equipment/laboratory, medication for treatment of Covid-19 patients, and enhancing competency of public health's officials and health professionals' (medical doctors, nurses) capacity. This helps to contribute to reducing the economic impacts as a result of the virus spread, including to enhance the public trust in Cambodia's public health system.

Environmental and social impacts

While participants in the consultations expressed positive view about the Project and its impact, some of them agree that the project presents some environmental and social impacts that should be carefully addressed to ensure safety for the environment and affected people as a result of the project activities. Some of the environmental and social impacts highlighted include: management of medical waste, which may result in contaminating the environment and spreading the virus to community and health workers; safety and health risks for public health officials and relevant officials working around quarantine facilities; discrimination towards health professionals by community; spreading virus from relevant officials to communities. Other pertinent concerns relate to limited health professionals' awareness/knowledge of how medical equipment (including personal protective equipment) and the priority should focus on frontline staff (sample for testing, medical doctors and staff working in laboratories). One specific concern relates to their language barrier, given that some medical equipment and chemicals (i.e. disinfectant) are written in foreign language which may limit their ability to use them safely and effectively.

Environmental and social risk mitigation measures

Participants are of the view that it is fundamental to safeguard people and the environment from negative impacts as a result of the Project. A number of measures have been suggested. For them, it is important to develop an environmental and social management plan prior to undertaking any project activity. The plan should include measures to manage/handle medical waste, referring the MOH's regulation relating to health care waste management based on infection prevention and control, as well as the WHO's guidelines, including facilities to burn medical wastes. To reduce the risk of health professionals/workers and emergency response team being exposed to the virus, participants suggest that medical equipment and facilities purchased by the Project should be of quality and standardized, and technical advisers be mobilized to offer specific guidance and training to them on how to use the medical equipment and facilities effectively and safely. Specific suggestions were made related to adequate compensation for health professionals; swift Project cashflow to ensure that there are enough budgets to carry out activities; how testing samples should be handled and safely transported to laboratories to reduce the risks of spreading the virus. Participants also advise that the quarantine facilities should be well equipped to maximize the number of patients staying in the facilities and to reduce their psychological impacts as well as risks to health professionals and nearby community.

Community awareness

To reduce the spread of Covid-19, all participants agree that it is important to raise the awareness of the public regarding how the spread of the virus can be reduced through basic personal hygiene and social distancing, etc. In this regard, they see that preventive measures are fundamental in the fight against Covid-19, and that people's participation in the Project is crucial through their feedback. Thus, they encourage that the Project develops a mechanism where people can candidly provide suggestions and feedback to the Project.



To reach out to community and the public, many of them have shared their respective experience. For them, it is important that health professionals/workers work in close collaboration with local authorities to go to commune by commune. One effective traditional tool used to disseminate information about preventive measures includes use of loudspeaker.

One participant raised that in order for the public awareness campaign to be effective, it is important that the Project understands people's behaviors and their religious beliefs, and customary/cultural practices in their response to Covid-19. This corresponds well to the reports in the social media including observations by senior government officials about the fact that some communities remain adopting their traditional way of beliefs as a mean to prevent or chase away Covid-19 virus (such as use of scarecrow or puppet and fire).



List of Telegram Group: Safeguard COVID19_Emergency Response

	Name	Sex	Position	Organization
1	Dr Chap Seak Chhay	M	Deputy Director General	General Dept of Budget & Finance
2	Dr. Hero Kol	M	Director	Preventive Medicine Dept/MOH (PMD)
3	Dr Lak Muy Sreang	F	Deputy Director	PMD
4	Dr Ean Sokoeu	M	Chief of Disaster Management and Environmental Health Bureau	PMD
5	Dr Thol Dawin	F	Vice chief of Disaster Management and Environmental Health Bureau	PMD
6	Mr Un San	M	Deputy Director	PMD
7	Tong Ratha	M	Technical Staff	PMD
8	Nov Molyka	M	Technical Staff	PMD
9	Dr Mok Theavy	M	Deputy Director	Khmer-Soviet Friendship hospital
10	Dr Teng Srey	F	Deputy Director	CDC Dept/MOH
11	Dr Yi Seng Doeun	M	Deputy Director	CDC Dept/MOH
12	Heng Chantha			
13	Che Picheth			
14	Chhan Chansophoan	F	Deputy Director	<u>Banteay Meanchey</u>
15	Dr Mak Kimly	M	Deputy Director	<u>Koh Kong</u>
16	Dr. Muon Nara	M	Deputy Director	<u>Oddar Meanchey</u>
17	Dr. Keo Vannak	M	Director	<u>Tboung Khmum</u>
18	Keo Vibol	M	Deputy Director	<u>Phnom Penh</u>
19	Kong Veng	M	Deputy Director	<u>Ratanak Kiri</u>
20	Kuch Sitha	M	Deputy Director	<u>Svay Rieng</u>
21	Kuch Vanna	M	Deputy Director	<u>Mondulkiri</u>
22	Lim Chan	M	Deputy Director	<u>Kampot</u>
23	Lim Leang Ngoun	M	Deputy Director	<u>Kampong Chhnang</u>
24	Ngy Bunlen	M	Deputy Director	Kratie
25	Dr Nora D.Nhek	M	Deputy Director	<u>Prey Veng</u>
26	Nuon Seng	M	Deputy Director	kep
27	Oeung Bunsang	M	Vice Chief of Technical Bureau	Kep
28	Pheav Sov	M	Technical staff	PMD
29	Phol Punloeu	M	Deputy Director	<u>Tboung Khmum</u>
30	Dr Chhay Sao Mony	M	Deputy Director	Preah Vihear Provincial Health Department
31	Say Proloeng	M	Deputy Director	<u>Stung Treng</u>
32	Say Savy	M	Deputy Director	<u>Kampong Speu</u>
33	Seang Horn	M	Deputy Director	PMD
34	Sechou Sethychot			<u>Preah Sihanouk</u>
35	Sing Rithireth	M	Deputy Director	<u>Siem Reap</u>

36	Than Sithan	M	Deputy Director	<u>Takeo</u>
37	Nuon Sokunthea			
38	Yok Sovann	M	Deputy Director	<u>Pailin</u>
39	Tek Sopheap	M	Deputy Director	<u>Pursat</u>
40	Tith Vuthy			
41	Ty Thiravuth	M	Deputy Director	<u>Kampong Thom</u>
42	Var Vanna			
43	Chor Vichet	M	Deputy Director	<u>Kandal</u>
44	Koy Virya		Deputy Director	Department of Hospital Services
45	Ouk Vithiea	M	Deputy Director	<u>Battambang</u>
46	Chao Dara Pheak	M		NIPH
47	Mr Sao Sovanratnak	M	Health Analyst	World Bank
48	Nuth Monyrath	M	Social Development Specialist	World Bank

Guiding thematic discussions/questions

សំណួរសម្រាប់ពិគ្រោះពិភាក្សា

- ១) តើលោក លោកស្រីយល់ដូចម្តេចដែរអំពីផល ប្រយោជន៍របស់គម្រោង?
 - What is your view about the project benefit?
- ២) តើគម្រោងអាចប៉ះពាល់អ្វីខ្លះដល់បរិស្ថាន និងសង្គម?
 - What are environmental and social impacts?
- ៣) តើលោក លោកស្រីមានកង្វល់អ្វីខ្លះចំពោះគម្រោងនេះ?
 - What are your concerns?
- ៤) តើយើងអាចធ្វើអ្វីខ្លះ(វិធានការណ៍) ដើម្បីកាត់ បន្ថយការប៉ះពាល់ដល់បរិស្ថាន និងសង្គម?
 - What should be done to mitigate environmental and social impacts?
- ៥) តើវិធានការណ៍អាទិភាពអ្វីខ្លះដែលត្រូវធ្វើ?
 - What should be the priorities?
- ៦) តើលោក លោកស្រីមានមតិ ឬក៏មានអានុសាសន៍អ្វីបន្ថែមទៀតទេ?
 - Any additional comments/recommendations?

Annex 3

Report on Stakeholder Consultative Meeting through Telegram Group on ESMF for Cambodia COVID-19 Emergency Response Project (P173815)

April 29-May 4, 2020

Consultative Process

Following MOH's preparation of the Stakeholder Engagement Plan (SEP), the first round of consultations with relevant stakeholders was conducted. The consultations aimed to provide relevant stakeholders with generic information about the Cambodia COVID-19 Emergency Response Project, and to seek feedback and suggestions regarding project risks, impacts and mitigation measures. As a summary, key feedback received include both positive and negative impacts of the project. Stakeholders see the project as part of a measure to improve community and people's health and economic well-being during Covid-19 outbreak. On a negative side, they drew the project attention to the need to carefully address environmental and social risks as a result of the project. These include safety of health workers, community, public officials, social discrimination, accessibility to the project by different groups of people including the vulnerable. As such, they suggested that there should be appropriate waste handling measures, including use of equality personal protective equipment, and actions to raise awareness of Covid-19 preventive measures among communities.

This second round of consultations is to follow-up to the previous consultations. The consultations seek to disclose, in a participatory fashion, MOH's Environmental and Social Management Framework (ESMF), which has been prepared to assess and mitigate potential environmental and social risks/impacts of the project. They are also aimed at ensuring that relevant stakeholders are aware of the ESMF and that their feedback on the potential risks and mitigation measures identified is taken into consideration for the finalization of the ESMF.

Given the success of the first round of consultations, the consultations on the ESMF adopts the same methodology. The project team exercised caution in light of the Covid-19 infection/spread prevention, considering a number of instruments: the national guidelines regarding Covid-19 preventions and the WHO's technical guidance in dealing with COVID-19. The consultations were divided into two parts. First a meeting among core groups (within MOH's Preventive Medicine Department (PMD)) with the facilitation and technical support of the World Bank's staff⁵. The meeting led to improved understanding of ESMF's risks and mitigation measures among PMD team, which has enabled them to further explain the ESMF to other participants⁶ in the consultations. Second, the Executive Summary of the ESMF was translated into Khmer, and a set of questions (in Khmer and English) to guide the consultants were provided to consultation participants beforehand. PMD made significant endeavors to engage with participants in the process. Individual phone calls were made to key participants to remind them of the deadline for them to provide inputs, and to explain to them the potential risks and mitigation measures. While this is the case, no additional feedback has been provided by participants. But many of them have indicated that they have already provided comments in the previous round, and their comments have been addressed in the final draft ESMF.

⁵ Some Bank's project task team participated in the meeting include environmental and social specialists and project analyst.

⁶ Annex 1 provides detailed list/name of participants who took part in the consultations.

List of Telegram Group: Safeguard COVID19-Emergency Response

	Name	Sex	Position	Organization
1	Dr Chap Seak Chhay	M	Deputy Director General	General Dept of Budget & Finance
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44	Koy Virya		Deputy Director	Department of Hospital Services
45	Ouk Vithiea	M	Deputy Director	<u>Battambang</u>
46	Prof. Chau Darapheak	M	NIPH	NIPH
47	Mr Sao Sovanratnak	M	Health Analyst	World Bank
48	Nuth Monyrath	M	Social Development Specialist	World Bank

Guiding questions for feedback on the ESMF

Questions and instruction for the consultative meeting were developed in Khmer as shown below:

- 1) What are environmental impacts both positive and negative as a result of the project? if there is negative impact, what can we do to help mitigate negative environmental impacts?
- ១) តើគម្រោងអាចមានផលប៉ះពាល់ជាវិជ្ជមាន និង អវិជ្ជមានអ្វីខ្លះដល់បរិស្ថាន? ចំពោះផលប៉ះពាល់អវិជ្ជមានបើសិនជាមាន តើយើងអាចធ្វើអ្វីខ្លះដើម្បីកាត់បន្ថយផលប៉ះពាល់អវិជ្ជមានទាំងនោះ?
- 2) What are social impacts both positive and negative as a result of the project? if there is negative impact, what can we do to help mitigate negative social impacts?
- ២) តើគម្រោងអាចមានផលប៉ះពាល់ជាវិជ្ជមាន និង អវិជ្ជមានអ្វីខ្លះដល់សង្គម? ចំពោះផលប៉ះពាល់អវិជ្ជមានបើសិនជាមាន តើយើងអាចធ្វើអ្វីខ្លះដើម្បីកាត់បន្ថយផលប៉ះពាល់អវិជ្ជមានទាំងនោះ?
- 3) Who are the most vulnerable groups of people in Cambodia? Why?
- ៣) តើអ្នកណាជាក្រុមប្រជាជនងាយរងគ្រោះ (vulnerable groups) ជាងគេនៅក្នុងប្រទេសកម្ពុជា? តើហេតុអ្វី?
- 4) Can these vulnerable groups benefit from the project? Why and why not?

៤) តើក្រុមប្រជាជនងាយរងគ្រោះទាំងនោះអាចទទួលបានផលប្រយោជន៍ពីគម្រោងដែរឬទេ? តើដោយហេតុអ្វីដែលពួកគាត់អាចទទួលបានផលប្រយោជន៍ពីគម្រោង?ឬតើដោយហេតុអ្វីដែលពួកគាត់មិនអាចទទួលបានផលប្រយោជន៍ពីគម្រោង?

5) What can we do to ensure that they can benefit from the project?

៥) តើយើងអាចធ្វើអ្វីបានដើម្បីឲ្យពួកគាត់អាចទទួលបានផលប្រយោជន៍ពីគម្រោង?

6) What is your view about this document (ESMF)? What is your feedback?

៦) តើលោក លោកស្រីយល់ដូចម្តេចដែរចំពោះឯកសារក្របខ័ណ្ឌនៃការគ្រប់គ្រងបរិស្ថាននិងសង្គម (Environmental and Social Management Framework/ESMF)? សូមផ្តល់ព័ត៌មានត្រឡប់របស់លោក លោកស្រីអំពីឯកសារនេះ។