

**INTEGRATED SAFEGUARDS DATA SHEET
ADDITIONAL FINANCING**

Report No.: ISDSA15003

Date ISDS Prepared/Updated: 10-Aug-2015

Date ISDS Approved/Disclosed: 03-Aug-2015, 16-Aug-2015

I. BASIC INFORMATION

1. Basic Project Data

Country:	Cambodia	Project ID:	P154911
		Parent Project ID:	P102284
Project Name:	Third Additional Financing for Second Health Sector Support Program (P154911)		
Parent Project Name:	Cambodia Second Health Sector Support Program (P102284)		
Task Team Leader(s):	Laura L. Rose,Pema Lhazom		
Estimated Appraisal Date:		Estimated Board Date:	01-Sep-2015
Managing Unit:	GHN02	Lending Instrument:	Investment Project Financing
Sector(s):	Health (80%), Sub-national government administration (20%)		
Theme(s):	Social Protection and Labor Policy & Systems (50%), Health system performance (50%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	12.14	Total Bank Financing:	0.00
Financing Gap:	0.00		
Financing Source			Amount
Borrower			0.00
Cambodia - Free-standing Trust Fund Program			12.14
Total			12.14
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

A. Original Project Development Objectives – Parent

To support the implementation of the Government's Health Strategic Plan 2008-2015 in order to improve health outcomes through strengthening institutional capacity and mechanisms by which the Government and Program Partners can achieve more effective and efficient sector performance.

B. Proposed Project Development Objectives – Additional Financing (AF)

3. Project Description

The HSSP2 has a health system strengthening focus, with four components that are aligned to the government's Second Health Strategic Plan (HSP2). It includes: Strengthening Health Service Delivery through: (a) the provision of SDGs and contracting for health services at provincial level and below; and (b) investments for the improvement, replacement, and extension of the health service delivery network. Improving Health Financing supports (a) health protection for the poor through the consolidation of HEFs under common management and oversight arrangements and expansion of HEF coverage; and (b) the development of health financing policies and institutional reforms. Strengthening Human Resources focuses (a) strengthening pre- and in-service training; and (b) strengthening human resource management in the Ministry of Health (MOH). Strengthening Health System Stewardship Function supports (a) development of policy packages identified, strengthening the institutional capacity (in particular meeting the demands from decentralization and deconcentration); (b) private sector regulation and partnerships; (c) supporting governance and stewardship functions of the national programs and centers overseeing the three HSP2 strategic programs; and (d) empowering new structures for increasing local accountability of health care providers to citizens.

The Third Additional Financing (AF3) will support the followings:

- Component A: Strengthening Health Service Delivery. Financing SDGs in existing 36 Special Operating Agencies.
- Component B: Improving Health Financing. Financing HEFs in the existing 61 Operational Districts (ODs) and scaling up in 27 additional ODs (to cover all 88 ODs in the country) covering all estimated 3 million poor people or 100 percent of the poor in Cambodia. The existing Subsidy Schemes (SUBOS) at the HC level financed from the national budget will be streamlined into the HEF scheme.
- Component C: Strengthening Human Resources. No additional funding.
- Component D: Strengthening Health System Stewardship Functions. No additional funding.

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The Project would be national in coverage. Component A finances SDGs in existing 36 SOAs. Component B finances HEFs in the existing 61 ODs and scaling up in 27 additional ODs to cover all 88 ODs in the country.

5. Environmental and Social Safeguards Specialists

Ruxandra Maria Floroiu (GENDR)

Satoshi Ishihara (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	Yes	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	Yes	
Involuntary Resettlement OP/BP 4.12	Yes	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>The Original Program is classified as category B. It triggered Environment Assessment (OP/BP 4.01), Pest Management (OP 4.09), Indigenous Peoples (OP/BP 4.10), and Involuntary Resettlement (OP/BP 4.12). These safeguard policies remain relevant for and are triggered by AF3 activities. The Social Assessment conducted and the updated Indigenous People Framework (IPPF) developed as part of the Second Additional Financing (AF2) in 2014 are still valid for AF3 because under AF3 IP are expected to face similar constraints on accessing quality health care. The Framework for Land Acquisition Policy and Procedures that was updated as part of AF2 is also still valid for AF3 because civil works that will be executed under AF3 have been identified and their land titles have been comprehensively review during implementation of the Original Program. The Environmental review/due diligence has been conducted for the ongoing activities and the Environmental Management Plan has been updated as part of preparation of AF3. These relevant updated safeguard documents will be disclosed prior to AF3 Appraisal. There is no potential large scale, significant and/or irreversible impacts is foreseen. The implementation of various safeguard policies has been satisfactory so far.</p> <p>Environmental aspects:</p>

Civil Works Impacts and Management. The Original Program funds that have not been fully disbursed will be used during the implementation of AF3 to finance construction and/or rehabilitation of small commune and district level health care facilities such as health centers, hospitals, the clean room of Laboratory for Drug Quality Control, and a bunker for installation of Linear Accelerator (medical equipment). The experience in HSSP2 and the environmental assessment conducted as part of AF3 preparation confirmed that civil works and the corresponding environmental impacts were minimal, temporary and limited to the construction phase. The impacts included noise, air emissions and generation of construction wastes from the construction of facilities. These are, however, temporary and site specific, and have been mitigated through good construction and good construction management practices. The impacts are monitored by the construction supervision firm, the MOH and the Bank's task team. Civil works execution under the AF3 are not expected to affect natural habitats, forests, and/or physical cultural resources.

Asbestos Management. The main activities that might have had implications under the original program were for management of asbestos-related materials during the construction/rehabilitation of health care facilities. The Environmental Review suggested that asbestos in Cambodia is a problem in existing buildings containing fiber cement products/materials. While clay roofing tiles are preferred in provincial and district HCFs, fiber-containing ceiling sheets are still commonly used. However, since 2000 the Social Fund of the government has banned the use of asbestos-containing fiber concrete materials, and construction is closely supervised to ensure that contractors will not use cheap asbestos-containing materials. The civil works contracts also contained a provision on the use of asbestos-free building materials and activities funded by AF3 should follow practices regarding asbestos that meet the Good Practice Note provided in the WBG Environmental, Health and Safety Guidelines. All constructions funded by this Program will use clay roofing tiles. This provision is part of the EMP which is also a part of the bidding documents for the construction of facilities funded by the Ongoing Program. The WBG Good Practice Note on Asbestos is annexed to the revised EMP.

Health Care Waste. The environmental review conducted as part of AF3 preparation found that the guidelines under the existing HCW Generation and Management Plan are deemed adequate for AF3 activities and compliance during HSSP2 has been acceptable. The Guidelines incorporate best HCW management practices and are intended for practical application at health care facilities. Training on the Guidelines has been provided to health facility staff all over Cambodia by Department of Hospital Services of the MOH. However, implementation of the guidelines by health care facilities is hindered by limited budget for purchasing waste bins (for waste segregation), and in some case limited space and structure for proper storage and limited budget for maintenance of HCW site specific incinerators. These will be mitigated through mandatory spending of operating costs generated from HEFs and SDGs on health facility waste management. Compliance with the guidelines will be continued to monitor during regular supervision.

Pest Management. Control procedures are set out in the Pest Management and Monitoring Plan. Larvicides (Abate/BTI) that are being used for dengue control are considered to pose low risks to humans if used correctly and certified by WHO's Pesticide Evaluation Scheme (WHOPES). The products are transported in safe containers provided by the vendors and used containers are disposed of according to best practice; they are not used for storage or other purposes. Spoons are provided by manufacturers to ensure proper quantity of Abate/BTI distributed in the communities.

Social aspects:

Indigenous Peoples. The social assessment conducted during the preparation of AF2 found that IP communities still face particular challenges in accessing health services and tend to be particularly vulnerable to poor health. Many minority groups live in rough-terrain - highland and border areas that are hard to reach, and are generally poorer than average. The sheer physical geography of these settings poses special challenges, as well as costs, in terms of accessing, providing and maintaining health care services. The IPPF developed under HSSP2 has been updated under AF2. The nature, scale and scope of impact that may occur on IP under AF3 are expected to be similar to those under AF2, and IP communities will continue to benefit from the Program. During the implementation of HSSP2, steps were taken to address issues found during preparation based on the free, prior and informed consultations with affected IP communities. Such measures include: (i) building technical capacity of health facility staff at primary care level for providing quality health services to IP; (ii) providing SDGs, particularly to areas where most IP reside, to improve the management and functioning of health facilities- 24 hours opening, and improve staff attendance so that IP can access health care services at any time as needed; (iii) financing health outreach activities so that IP in remote and difficult to access communities can receive basic preventive and curative services; (iv) establishment of HEFs to pay for health care services on behalf of the poor, including poor IP; and (v) construction of new health facilities for bringing health services closer to IP. Regular exit interviews were conducted with users, including those from ethnic minorities, as part of the implementation of HSSP2, which found that they are satisfied with the services provided and that no negative impacts occurred to them under the program. Under AF2, SDG operating costs are mandated for conducting health outreach activities in remote and difficult to access areas.

Involuntary Resettlement. A comprehensive review of land acquisition conducted during the Original Program carried out by MOH under the support of the World Bank confirmed that almost all construction sites were on state land. In a few instances, private land was acquired (either through voluntary donations or land swap, or against compensation at market prices agreeable to affected people), as per provision of the Land Acquisition Framework Policy and Procedures. According to the inventory, all plots of land acquired were less than 5 percent of the owners' properties, and no physical relocations took place. During the implementation of the AF2, the Bank team as well as the representatives of the Ministry of Health assessed the selected number of health facilities where the project financed civil works in order to monitor and verify that no social impact that triggers OP 4.12 has occurred based on the documentation review and site inspection. The assessment found no private land acquisition or any other negative impacts on private assets occurred during the AF2. It also found that the MoH keeps all necessary documents in the project file.

<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p>
<p>No negative long-term impacts are foreseen.</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p>
<p>Not applicable.</p>
<p>4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.</p>
<p>The MOH carried out social assessments including free, prior and informed consultations with IP communities during the preparation of AF2, and updated the IPPF based on the findings as well as</p>

<p>the experience of HSSP2 and AF1. The MoH also carried out an Environmental Assessment to generate findings and recommendations for updating EMP to be implemented during AF3. The MOH has gained some good experience implementing World Bank-financed programs with its specific requirements such as those under the World Bank's policies triggered by HSSP2. The MOH, with support from the World Bank, will continue to provide training to relevant stakeholders in implementation of the safeguard policies triggered by the program.</p>
<p>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</p>
<p>The primary stakeholders of the program are MOH policy makers, program planners and managers who will benefit from systems strengthening and capacity building activities, as well as from the program's endorsement of the MOH's HSP2. Ministry of Economy and Finance continues to play an important role during implementation and monitoring. Civil society and communities also play important roles in the monitoring of services to increase public accountability. Civil society members are invited to attend important bid openings and contract awards. Exit interviews at health facilities will continue to be carried out which will further improve accountability to users of services supported by AF3.</p>

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	09-Jul-2015
Date of submission to InfoShop	16-Jul-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	00000000
"In country" Disclosure	
Cambodia	08-Jul-2015
<i>Comments:</i>	
Resettlement Action Plan/Framework/Policy Process	
Date of receipt by the Bank	09-Jul-2015
Date of submission to InfoShop	16-Jul-2015
"In country" Disclosure	
Cambodia	08-Jul-2015
<i>Comments:</i>	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	09-Jul-2015
Date of submission to InfoShop	16-Jul-2015
"In country" Disclosure	
Cambodia	08-Jul-2015
<i>Comments:</i>	
Pest Management Plan	
Was the document disclosed prior to appraisal?	NA
Date of receipt by the Bank	////
Date of submission to InfoShop	////

"In country" Disclosure	
<i>Comments:</i>	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why:	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
OP 4.09 - Pest Management	
Does the EA adequately address the pest management issues?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Is a separate PMP required?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.10 - Indigenous Peoples	
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.12 - Involuntary Resettlement	
Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Laura L. Rose,Pema Lhazom	
<i>Approved By</i>		
Practice Manager/ Manager:	Name: Toomas Palu (PMGR)	Date: 16-Aug-2015