COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED SAFEGUARDS DATA SHEET (PID/ISDS)
APPRAISAL STAGE

Report No.: PIDISDSA18281

Date Prepared/Updated: 12-May-2016

I. BASIC INFORMATION

A. Basic Project Data

Country:	Cambodia	**Project ID:**	P157291
		Parent Project ID (if any):	
Project Name:	Cambodia Health Equity and Quality Improvement Project (H-EQIP) (P157291)		
Region:	EAST ASIA AND PACIFIC		
Estimated Appraisal Date:	18-Dec-2015	**Estimated Board Date:**	19-May-2016
Practice Area (Lead):	Health, Nutrition & Population	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (60%), Other social services (15%), Central government administration (10%), Sub-national government administration (10%), Co mpulsory health finance (5%)		
Theme(s):	Health system performance (55%), Population and reproductive health (15%), Administrative and civil service reform (10%), Child heal th (10%), Participation and civic engagement (10%)		
Borrower(s):	Kingdom of Cambodia		
Implementing Agency:	Ministry of Health		

Financing (in USD Million)

Financing Source	Amount
BORROWER/RECIPIENT	94.20
International Development Association (IDA)	30.00
Cambodia - Free-standing Trust Fund Program	50.00
Total Project Cost	174.20

Environmental Category:	B - Partial Assessment
Appraisal Review Decision (from Decision Note):	The review did authorize the team to appraise and negotiate
Other Decision:	

Is this a Repeater project?	No

B. Introduction and Context

Country Context

Cambodia has experienced remarkable economic growth and macroeconomic stability since the early 2000s. It grew by an average annual rate per capita of 7.8 percent during 2004–2014, ranking among the top 15 economies in the world in terms of economic growth. The gross domestic product per capita according to the Atlas Method increased by more than threefold, from US$300 in 1995 to around US$1,020 in 2014. Growth eased slightly to 7.0 percent in 2015, in the context of a slowdown in China and appreciating U.S. dollar; stronger domestic demand, boosted by a construction boom, low oil prices, and fast credit growth, would be partly offsetting the moderation in the garment, tourism, and agriculture sectors.

The sustained economic performance has lifted a large proportion of the population above the national poverty line, but Cambodia is still one of the poorest countries in the Southeast Asia region. Between 2004 and 2012, the poverty incidence under the national poverty line declined from 50.2 percent to 17.7 percent of the population, reaching the country's Millennium Development Goal before the 2015 deadline. Despite this progress, the vast majority of the families that rose above the poverty line did so by a small margin, leaving them at risk in the event of an adverse shock.

Sectoral and institutional Context

Cambodia's population of approximately 14.7 million in 2013 has made steady and significant progress in health outcomes over the past decade. The maternal mortality ratio fell from 472 per 100,000 live births in 2005 to 170 in 2014. Under-five mortality decreased from 83 per 1,000 live births in 2005 to 35 in 2014. The total fertility rate has also fallen from 3.4 in 2003 to 2.7 in 2014.

Despite dramatic improvements in maternal and child health, inequities persist across health outcomes by socioeconomic status, by geographical areas, and between urban and rural populations. A recent decline in full immunization between 2010 (79 percent) and 2014 (73 percent) remains a concern.1 Child malnutrition remains high despite economic growth. Non-communicable diseases (NCDs) are a growing burden due to an aging population and lifestyle changes.

In 2014, the total health expenditure was approximately US$1 billion, corresponding to over 6 percent of GDP and US$70 per capita and this is one of the highest in the region. Public financing for health has increased steadily since 2008, from US$104 million to US$241 million in 2014 but only accounts for 20 percent of total health expenditure. Out-of-pocket (OOP) payment accounts for 60 percent and is an important source of debt and impoverishment for the poor.

Health sector reforms began over twenty years ago with the extension of physical infrastructure, continued through innovations in health financing and access to services, and now incorporate district health sector management and administration. One of the main achievements for which Cambodia is well known is the creation of health equity funds (HEFs) which currently cover more than three million people. While coverage has been expanded, there are design,

management, and implementation bottlenecks that result in poor utilization of the scheme.

To increase utilization and quality of care in under performing locations, the Ministry of Health (MOH) established special operating agencies (SOAs), either based in a provincial referral hospital (RH) or in an operational district (OD). SOA staff collectively and individually signed contracts, which set annual performance targets, and achievement of these targets triggered payments, known as Service Delivery Grants (SDGs). These supply-side inputs have helped increase deliveries in public facilities, allowed more staff to be employed, and reduced stock-outs of important drugs and supplies. They have also given facilities extra funds to improve service quality and have provided bonus payments to individual staff where targets have been achieved or surpassed.

Cambodia faces a major challenge with the skills and competencies of its health workforce and needs both pre-service and in-service training improvements and a renewed focus on competency-based training. In addition, the absence of a well-coordinated monitoring and evaluation (M&E) mechanism and limited data quality have hampered the effective monitoring of health sector performance and evidence-based decision-making.

C. Proposed Development Objective(s)

Development Objective(s)

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

Key Results

The PDO indicators are the following:

(a) Increase in the number of health centers (HCs) exceeding 60 percent score on the quality assessment of health facilities;

(b) Reduction in the share of households that experienced impoverishing health spending during theyear;

(c) Reduction in OOP health expenditure as percentage of the total health expenditure; and

(d) Increase in the utilization of health services by HEF beneficiaries.

D. Project Description

The H-EQIP will build on the innovations supported in HSSP2, particularly HEFs and SDGs, and aims to increase the sustainability of these innovations by improving their resourcing and management as envisaged in the RGC➢(s HSP-3. It will further strengthen the results-based focus of both HEFs and SDGs with a specific goal of improving the quality of health service delivery and utilization of services by the poor. In addition, the project will use a multi pronged approach to strengthening health systems, especially to support improvements in quality of care, by focusing on enhancing provider knowledge through both pre-service and in-service training, improved availability of critical infrastructure, and strengthening public financial management (PFM). Using a set of disbursement linked indicators (DLIs), the project will disburse funds against targets achieved on these health system-strengthening measures. Another key strategic shift is to attain institutional sustainability through a transfer of responsibility for third-party HEF verification from an internationally recruited firm to an independent government agency, which will be established by June 2018, and extending this responsibility to include verifying SDG results at all levels of the health system.

Component Name

Component 1: Strengthening Health Service Delivery

Comments (optional)

This component will expand the current SDGs into a mechanism for providing performance-based financing to different levels of the Cambodian primary and secondary health system based on achievement of results. The payment of SDGs to HCs and hospitals will be more closely linked to performance in the delivery of basic and comprehensive packages of services, respectively.

Component Name

Component 2: Improving Financial Protection and Equity

Comments (optional)

This component will continue to support and expand the HEF system and co-finance with the RGC the cost of health services for the poor. It will build on the current success of the HEF system, aiming to improve the quality of services, increase utilization by the poor, and ensure sustainability by transferring implementation responsibility to the RGC.

Component Name

Component 3: Ensuring Sustainable and Responsive Health Systems

Comments (optional)

The objective of this component is to further strengthen the MOH►(s systems and support the management of the project. This component includes a mix of regular investment lending approaches and results-based financing using Disbursement Linked Indicators (DLIs).

Component Name

Component 4: Contingent Emergency Response (US$0 million)

Comments (optional)

The objective of the contingent emergency response component, with a provisional zero allocation, is to allow for the reallocation of financing in accordance with the IDA Immediate Response Mechanism (IRM) to provide an immediate response to an eligible crisis oremergency, as needed.

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

The project will be national in coverage and scope. It is anticipated that many project activities will be ongoing support. The expected type of investments include additional maternity wards, and other infrastructure to existing health facilities to facilitate emergency maternity and neonatal services, reconstruction of debilitated existing health centers, expansion of two existing hospitals and repairs/installations of small on-site utilities e.g. incinerators. The number and types of health facilities to be constructed under the project and their initial costs have been identified during appraisal stage but not yet finalized. The final list of civil works will be confirmed after the joint assessment on infrastructure investments is conducted, and specific costs and detailed engineer design will be conducted in the first half of 2016. Sites for repairs/installations of small on-site utilities will be identified during the project implementation.

These civil works will be located on the public lands within the compound of health centers or referral hospitals. However, there is a possibility that some new construction of health facilities on private land is newly proposed to be conducted with the financing from the project, requiring land acquisition. In such instance, a Resettlement Plan (RP) will be prepared to ensure that any such potential impacts are minimized, and that any persons affected by such impacts are provided ample opportunity, through provision of compensation or other forms of assistance, to improve or at least restore their incomes and living standards. The generic construction impacts from civil works are expected to be minor, temporary and site-specific. While impacts from incremental health care waste will occur in the longer term but are site-specific and can be mitigated by preparation and implementation of good environmental management plan.

The support for health service delivery is expected to increase the utilization of health services by target populations and may generate incremental health care waste, such as sharps or contaminated waste, which needs to be handled properly.

The population distribution in and around the health facilities at present contains a number of small several communes, settlements and farm houses. The people live according to their local culture with a mix of subsistence and cash economies. There is significant presence of indigenous people living in the project area (as defined by the World Bank safeguards policy).

F. Environmental and Social Safeguards Specialists

Juan Martinez (GSU02)

Wasittee Udchachone (GENDR)

II. Implementation

Institutional and Implementation Arrangements

The institutional arrangements are based on the implementation experience of HSSP2 as well as the PFM reforms envisaged in the country. The implementing agency for the project will be the MOH, acting through its technical departments, national programs as well as the Provincial Health Departments (PHDs), ODs, referral hospitals and health centers. MOH departments participating in project implementation will include: (i) the Department of Planning and Health Information Systems (DPHI); (ii) the Department of Budget and Finance (DBF); (iii) the Department of Internal Audit (iv) the Procurement unit, (v) the Department of Human Resource Development; (vi) the Hospital Service department; (vii) the Preventive Medicine Department, and (viii) the Department of Personnel.

The Inter-Ministerial Resettlement Committee (IRC) of MEF has the mandate for carrying out land acquisition for public investments. The Resettlement Plans (if any) under the project will need to be approved by the IRC before submission to the World Bank for review and approval. At the subnational level, the Provincial Resettlement Sub-Committee (PRSC) is a collegial body at the provincial level headed by the Provincial Governor or Deputy Governor of the Provinces where the Project is located. The members of the PRSC are provincial department directors of line ministries represented in the IRC, and also the chiefs of the districts and communes where the Project is located. The technical arm of the PRSC is the Working Group. The PRSC-WG is headed by the Chief or Deputy Chief of Provincial Cabinet and with a Director (or a representative) from concerned line agencies as appropriate.

III. Safeguard Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This policy is triggered due to potential impacts from civil works and incremental health care waste. These impacts are expected to be site-specific and can be mitigated. The Project is therefore assigned as category ►(B►(. An EMF that includes health care waste management plan has been prepared to address OP/BP 4.01 requirements since type and location of investment are not known before appraisal. One public consultation on EMF and RPF was conducted on November 05, 2015.
Natural Habitats OP/BP 4.04	No	The project interventions are in existing facilities so this policy is not triggered.
Forests OP/BP 4.36	No	The project interventions are in existing facilities so this policy is not triggered.
Pest Management OP 4.09	Yes	The project will support Service Delivery Grant/ Quality Improvement Grants for improving quality and coverage of health service delivery. Therefore, parts of the grants may be used for activities related to pesticides for vector-borne diseases control such as dengue. A Pest Management Plan has been prepared as part of the EMF.
Physical Cultural Resources OP/BP 4.11	No	The project interventions are in existing facilities so this policy is not triggered.
Indigenous Peoples OP/BP 4.10	Yes	This policy is triggered because of the presence of indigenous peoples in the program area. A social assessment has been prepared including culturally appropriately free prior and informed consultation conducted to inform the preparation of an Indigenous Peoples Planning Framework which has been prepared and disclosed to address the requirements of the indigenous peoples policy. Under OP 4.10, free, prior, and informed consultation leading to broad community support will be applied during the implementation of the project.
Involuntary Resettlement OP/ BP 4.12	Yes	This policy is triggered given the potential for land acquisition that could lead to physical or displacement and land donation as part of the implementation of the H-EQIP. A Resettlement Policy Framework (RPF) has been prepared to address any issues that may occur for sub-projects identified during implementation. Screening criteria and relevant protocols are included as part of the RPF.

		The Framework defines terms and provides guidance for involuntary acquisition of land or other assets (including restrictions on asset use), and establishes principles and procedures to be followed to ensure equitable treatment for, and rehabilitation of, any persons adversely affected.
Safety of Dams OP/BP 4.37	No	The project will not finance any activities related to the construction of dams nor affect operations of existing dams or affiliated reservoirs.
Projects on International Waterways OP/BP 7.50	No	The project will not affect international waterways.
Projects in Disputed Areas OP/ BP 7.60	No	No activities are planned in any disputed areas.

IV. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

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

The Project is classified as category B. It triggered Environment Assessment (OP/BP4.01), Pest Management (OP 4.09), Indigenous Peoples (OP/BP 4.10), and Involuntary Resettlement (OP/BP 4.12).

The Project is the fourth World Bank support to the health sector in Cambodia and is a continuation of what has been carried out under the third phase. An Environmental Management Plan (EMP) was prepared and updated and two environmental review (ER) were conducted by the Government on the first phase of the Health Sector Support Project (HSSP) and during the preparation of the Third Additional Financing (AF3) of the Second Health Sector Support program (HSSP2). Many of the activities to be supported under this project will be continuation and/or expansion of support currently being provided by HSSP2 and specific type and site-location of construction have not been identified prior to appraisal. Site for repairs/installations of small on-site utilities will be identified during the project implementation. In order to address the potential environmental and health impacts from H-EQIP the MOH has prepared an Environmental Management Framework (EMF), building on HSSP2 EMP and ERs. The EMF includes procedures for screening all proposed sub-projects/investment for their potential adverse environmental impacts, specify measures from managing and monitoring impacts and outline training and capacity building arrangements needed to implement the EMF provisions. The EMF includes generic EMP and Environmental Code Of Practices (ECOPs) to address impacts from civil works, a simple Health Care Waste Management Plan and a Simple Pest Management and Monitoring Plan (PMMP).

The project under Component 1 and 3 will involve civil works for construction and/or rehabilitation of health centers and hospital buildings. The potential impacts from civil works include noise, air emissions, generation of construction wastes and potential occupational health and safety risk from construction. The experiences in HSSP and HSSP2 confirmed that civil works and the corresponding environmental impacts were minimal and temporary and limited to the

construction phase. In this project case, EMF will be used to screen any possible impacts from such activities. Activities those similar to supports provided under HSSP2 including construction/ renovation of health centers, maternity wards, referral hospitals and other small buildings will follows generic EMP and ECOPs that are built on HSSP2 EMP to avoid and/or mitigate any possible adverse impacts from such activities. Other new building constructions will be screened per guidance provided in the EMF. Specific sub-project EMP will be developed if needed.

There could be isolated health risks associated with exposure to asbestos containing materials in the case of old facilities that are using asbestos roofs. Since 2000 the Social Fund of the Government has banned the use of asbestos-containing fibre concrete materials, and HSSP and HSSP2 constructions were supervised to ensure that contractors will not use cheap asbestos-containing materials. Measures to mitigate impacts from asbestos containing materials have been recommended in the EMF.

Further, there are associated risks from incremental health care waste (HCW) from increased utilization of health services. An increased HCW may be hazardous to human health and the environment. The ER conducted during the preparation of AF3 of HSSP2 revealed that the potential environmental and human health risks associated with HCW, particularly hazardous chemical and infectious wastes, are well-defined and can be readily addressed through the comprehensive guidelines on HCW Management and infection prevention and control prepared by MOH: waste minimization, recycling and re-use, proper handling, storage, transportation, treatment and disposal of HCWs. The Guidelines incorporate best HCW management practices and are intended for practical application at health care facilities with limited available financial and technical resources. In addition, the basic design of health centers includes a water supply system, small incinerator and septic tank. However, gaps exist in implementation at the health center and referral hospital levels. This include an uneven application of the guidelines and insufficient resources and capacity to properly handle and dispose health care waste. The same Guidelines and basic health care facility designs will be adopted in H-EQIP. Additional measures to address HCM implementation gaps and minimize impact from improper HCM practices are provided in the EMF. The project support on SDG will provide autonomy to health care facilities for utilizing the grants including improvement of HCM facility.

The Project may also support activities related to pesticides/larvicides to control vectors of dengue. Under HSSP and HSSP2, all pesticide products have successfully passed WHO➢(s Pesticide Evaluation Scheme (WHOPES), a system set up to promote and coordinate the testing and evaluation of pesticides for public health. The same approach taken under HSSP and HSSP2 will be adopted in H-EQIP; an updated PMMP will be prepared and adopted in H-EQIP.

Social. Ill health is a leading cause and consequence of poverty in Cambodia. Health care remains for many expensive, of poor quality and difficult to access. Key social development issues pertaining to health in Cambodia, include: (i) uneven distribution of growth and significant difference between urban and rural and rich and poor households➢(access to health services and outcomes; (ii) different health needs and challenges among women and men; (iii) high vulnerability to poor health and poverty among ethnic minorities and in remote areas; and (iv) limited capacity for community participation in health service delivery. H-EQIP aims to improve quality of public health services and protect the poor and other vulnerable groups from impoverishment due to cost of health services.

Target beneficiaries are the population of Cambodia, particularly the poor and other vulnerable groups who are exposed to high health risks and are disadvantaged in accessing affordable health care. Given the Project's focus particularly the poor and other vulnerable groups, they are expected to benefit from the Project, which will extend the health network and making it more affordable. The social assessment is being conducted for H-EQIP, to reflect in the Project in objectives and procedures, as well as changes in the Cambodia regulatory framework and World Bank policies. The social assessments takes into account consultations with (a) MOH officials, Project partners, and NGOs; (b) recent analytical work on equity, gender issues and ethnic minorities; (c) evaluations and monitoring of HSSP2; and (d) analytical work commissioned for HSSP2. The Resettlement Policy Framework (RPF) for Land Acquisition Policy and Procedures has also been updated to ensure compliance with current World Bank policy and Cambodia laws.

Indigenous Peoples/.Ethnic Minorities 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 pose special challenges, as well as costs, in terms of accessing, providing and maintaining health care services. By extending the health network and designing it in a way that addresses ethnic minorities➢(particular needs and concerns, the Project is envisioned to have a positive impact on ethnic minorities.

Due to the nature of the program the consultation with indigenous peoples/ ethnic minorities undertaken during the Social Assessment did not foresee any potential adverse effects of implementing the proposed H-EQIP program. The consulted indigenous peoples/ ethnic minorities did not express any concerns about possible negative impacts of the proposed program due to its focus on improving access to quality health services and increasing protection against health related impoverishment through increased utilization of the HEF. During the consultation process conducted as part of the Social Assessment, participants overwhelmingly expressed support for the program if it would result in positive improvements to the health of their communities and the cultural appropriateness of services available at the hospital and Health Centres.

HSSP2 supported renovations of existing buildings on existing sites (endorsed by valid state land titles), which have not required any resettlement. The civil works activities of H-EQIP are expected to be similar, thus, it is unlikely that the Project will acquire any new land. However, it is not possible to state categorically that no facilities will be constructed on new sites, or that no one is living on state land. Consequently, a Resettlement Policy Framework (RPF) for Land Acquisition Policy and Procedures, laying out the processes in case land acquisition is required in the future, is being prepared for H-EQIP.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

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

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Not applicable.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an

assessment of borrower capacity to plan and implement the measures described.

The MOH has prepared an Environmental Management Framework (EMF) as the project environmental safeguards instrument. The EMF, building on HSSP2 EMP and ERs, establishes procedures for screening all proposed sub-projects/investment for their potential adverse environmental impacts, specify measures for managing and monitoring impacts and outline training and capacity building arrangements needed to implement the EMF provisions. The EMF contains generic EMP and Environmental Code Of Practices (ECOPs) to address impacts from civil works, a simple Health Care Waste Management Plan and a Simple Pest Management and Monitoring Plan (PMMP).

The project will be implemented by the MOH. The MOH prepared an Indigenous People Planning Framework (IPPF) based on inputs gained from the social assessment conducted with free, prior and informed consultations with IP communities and the experience from the implementation of HSSP2. The IPPF identified potential activities for improving health service delivery among IP populations and monitoring indicators to ensure that IPs will be positively benefitted from the project.

The MoH also carried out an Environmental Assessment to generate findings and recommendations for updating EMP to be implemented during AF3 of HSSP2; and carried out two social assessments during the preparation and implementation of HSSP2. It 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.
For H-EQIP, the Department of Preventive Medicine (DPM) and the Department of Hospital Services (DHS), under the MOH, are responsible for social and environmental safeguards, respectively. The DHS has direct responsibilities on health care waste management. It had prepared the national guideline and declaration on HCM, infection prevention and control guideline and provide training to national and sub-national level institutions to implement the guidelines. The DPM also conducted a social assessment and prepared IPPF and RPF. However, it has limited capacity on the Bank➢(s safeguards policies and EMF implementation.

The Bank will provide capacity building and operational support to the implementation of the EMF, RPF and IPPF.
The MOH, with support from the World Bank, will continue to provide training to relevant stakeholders, including at sub-national level, in implementation of the safeguard policies triggered by the program.

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

The project key stakeholders include: the MOH policy makers, program planners and managers who will benefit from systems strengthening and capacity building activities, as well as from the MOH's HSP3 that is being prepared and will be endorsed by March 2016, Provincial Health Department, Operational Districts and health care facilities; Ministry of Economy and Finance to play an important role during implementation and monitoring; Ministry of Environment; Civil society with an interest in health sector; local communities and construction contractors and supervision firm.

Public consultation on preparation of draft EMF and RPF was conducted by the MOH on November 05, 2015 in Phnom Penh. PowerPoint presentations were provided on draft project description, project safeguards documents including the content of draft EMF and RPF. The EMF

and RPF have been finalized based on stakeholders inputs provided during consultations.

As part of the H-EQIP preparation, MOH has undertaken a Social Assessment to integrate key social considerations into the design of the program by combining analytical and participatory approaches with free prior and informed consultation based on international good practice standards. Additionally, with the outcomes from the social assessment, the Indigenous Peoples Planning Framework (IPPF) has been prepared and submitted to the Bank and will serve as an instrument to provide a framework for guiding the implementation of the H-EQIP in indigenous peoples areas.

The EMF, IPPF and RPF have been disclosed at the MOH website and the Bank external website on December 7, 2015. After the Project Negotiations, the EMF and IPPF have been updated and re-disclosed at the MOH website on April 1, 2016 and in the Bank➢(s external website on April 11, 2016. The RPF has been updated and re-disclosed at the MOH website on May 5, 2016 and the Bank➢(s external website on May 6, 2016. This version of the combined PID/ISDS reflects outcomes of H-EQIP negotiations and all changes made in the updated EMF, IPPF and RPF after the negotiations.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	01-Apr-2016
Date of submission to InfoShop	11-Apr-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Cambodia	01-Apr-2016
Comments:	
Resettlement Action Plan/Framework/Policy Process	
Date of receipt by the Bank	05-May-2016
Date of submission to InfoShop	06-May-2016
"In country" Disclosure	
Cambodia	05-May-2016
Comments:	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	01-Apr-2016
Date of submission to InfoShop	11-Apr-2016
"In country" Disclosure	
Cambodia	01-Apr-2016
Comments:	
Pest Management Plan	

Was the document disclosed prior to appraisal?	Yes
Date of receipt by the Bank	01-Apr-2016
Date of submission to InfoShop	11-Apr-2016
"In country" Disclosure	
Cambodia	01-Apr-2016
Comments:	
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 [×] No [ ] NA [ ]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [×] No [ ] NA [ ]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [×] No [ ] NA [ ]
OP 4.09 - Pest Management	
Does the EA adequately address the pest management issues?	Yes [×] No [ ] NA [ ]
Is a separate PMP required?	Yes [ ] No [×] NA [ ]
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 [ ] No [ ] NA [×]
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 [×] No [ ] NA [ ]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [×] No [ ] NA [ ]
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 [ ] No [×] NA [ ]
OP/BP 4.12 - Involuntary Resettlement	
Has a resettlement plan/abbreviated plan/policy framework/ process framework (as appropriate) been prepared?	Yes [×] No [ ] NA [ ]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [×] No [ ] NA [ ]

Is physical displacement/relocation expected? Provided estimated number of people to be affected	Yes [ ]	No [×]	TBD [ ]
Is economic displacement expected? (loss of assets or access to assets that leads to loss of income sources or other means of livelihoods) Provided estimated number of people to be affected	Yes [ ]	No [×]	TBD [ ]
The World Bank Policy on Disclosure of Information			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [×]	No [ ]	NA [ ]
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 [×]	No [ ]	NA [ ]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [×]	No [ ]	NA [ ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [×]	No [ ]	NA [ ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [×]	No [ ]	NA [ ]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [×]	No [ ]	NA [ ]

V. Contact point

World Bank

Contact: Somil Nagpal
Title: Senior Health Specialist

Borrower/Client/Recipient

Name: Kingdom of Cambodia
Contact: Vissoth Vongsey
Title: Secretary of State
Email: vongsey_vissoth@mef.gov.kh

Implementing Agencies

Name: Ministry of Health
Contact: Huot Eng
Title: Secretary of State
Email: enghuot@online.com.kh

VI. For more information contact:

The InfoShop
The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 458-4500
Fax: (202) 522-1500
Web: http://www.worldbank.org/infoshop

VII. Approval

Task Team Leader(s):	Name: Somil Nagpal	
Approved By		
Practice Manager/ Manager:	Name: Toomas Palu (PMGR)	Date: 12-May-2016
Country Director:	Name: Constantine Chikosi (CD)	Date: 13-May-2016

Public Disclosure Copy