KINGDOM OF CAMBODIA
Nation Religion King

National Committee for Sub-National Democratic Development
Secretariat (NCDD-S)

Cambodia Nutrition Project - II P177370

Environmental and Social Management Plan (ESMP)

March 2022

Contents

List of Abbreviations

CNP-I	Cambodia Nutrition Project I
CNP-II	Cambodia Nutrition Project II
CPWC	Commune Program for Women and Children
C/S	Communes/Sangkats
DMA	District Municipality Administration
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
GRM	Grievance Redress Mechanism
HEF	Health Equity Fund
IP	Indigenous Peoples
MOH	Ministry of Health
MOI	Ministry of Interior
NCDDS	National Committee for Subnational Democratic Development-Secretariat
RMNCAH-N	Reproductive, maternal, newborn, child, and adolescent health and nutrition
SNA	Sub-National Administration
SDG	Service Delivery Grant
SEP	Stakeholder Engagement Plan
VHSG	Village Health Support Group
WB	World Bank
WHO	World Health Organization

1. INTRODUCTION AND BACKGROUND

1.1 PROJECT DESCRIPTION

The Cambodia Nutrition Project (or hereafter CNP) – II will provide additional resources to scale up activities implemented by the National Committee for Subnational Democratic Development Secretariat (NCDDS) under the CNP-I (P162675). CNP-I was approved in April 2019 and includes financing amounting to US$53 million. The project development objective (PDO) of CNP-I is to improve utilization and quality of priority maternal and child health and nutrition services for targeted groups in Cambodia. The CNP-I aims to improve utilization and quality of priority Maternal and Child Health Nutrition (MCHN) services in the first 1,000 days of life in seven provinces with lagging health and nutrition outcomes. In addition to increasing the access of poor households to health services, the project is designed to stimulate community demand and accountability by providing performance-based financing to local governments to implement a package of community-based MCHN services.

CNP-I includes three components, including Component 1: Strengthening the Delivery of Priority Health Services (US$24 million), Component 2: Stimulating Demand and Accountability at the Community Level (US$10.8 million), and Component 3: Ensuring an Effective and Sustainable Response (US$18.2 million). The project is implemented by two implementing agencies, including the Ministry of Health (MOH) for Components 1 and 3 and the National Committee for Subnational Democratic Development-Secretariat (NCDDS) for Component 2.

Cambodia's subnational administration (SNA) system is currently being leveraged to improve health and nutrition outcomes. Communes/Sangkats (C/S) are the lowest level of administrative structure and have the responsibility for identifying local needs through a C/S Investment Program process. Through their general mandate, C/S discretionary powers include social service (health, nutrition, and welfare) provision and social protection. C/S are generally funded through the C/S Investment Fund, an unconditional, mandatory, and steadily increasing grant from the central government budget. The C/S Fund includes a 'development' component (approximately one-third of the total fund) that finances projects outlined in the C/S Investment Program. While the general mandate of C/S covers a range of activities, C/S development funds have primarily been used for small infrastructure, while social services, social protection, and local economic development are relatively underfinanced. However, the RGC is working to improve the transparency and responsiveness of local services through the Implementation of the Social Accountability Framework (ISAF) and has plans to improve the transparency and performance of C/S through a performance grant pilot Components 2.1 and 2.3. The additional resources will be directed to: (a) support an extended time period for implementation; (b) expand geographic coverage of CNP's community-based health and nutrition activities from the original seven priority provinces to an additional two new provinces; and (c) select project management costs and new goods and services procurements to accommodate the COVID-19 context.

The CNP-I was approved under the Safeguards Policies and is no longer eligible for additional financing for scale-up. The CNP-II is being prepared under the ESF as a separate operation and will provide more robust support for implementing and monitoring of the environmental and social commitments.

The PDO under CNP-II remains the same. The proposed CNP-ll will finance the delivery of the C/S SDG with the aim to strengthen capacities of local authorities/Commune Program for Women and Children (CPWC) to promote citizens' behavioral changes; and to stimulate demand for and increase utilization of facility-based priority services, and encourage the adoption of improved Reproductive, Maternal, Newborn, Child and Adolescent Health and

Nutrition (RMNCAH-N) behaviors. These priority services are aimed at reducing neonatal mortality, improving maternal and child nutrition, and improving routine immunization coverage. The priority services were defined in accordance with the expectation of the Royal Government of Cambodia (or hereafter RGC) to converge on interventions with known effectiveness to increase sustainability and efficiency of RMNCAH-N financing. **CNP-II will finance community-based promotion elements of these services, rather than direct service provision through health facilities**. Specifically, CNP-II will be implemented by NCDDS across two components to mirror the activities supported by CNP-I services, the project is designed to stimulate community demand and accountability by providing performance-based financing to local governments to implement a package of community-based MCHN services.

Targeted groups include pregnant and lactating women and children in the first 1,000 days of life in the targeted provinces: seven provinces already covered by CNP-I plus additional two new provinces. The original seven provinces were prioritized in the RMNCAH-N Investment Case due to their high burden (in absolute and relative terms) of lagging health outcomes, their relatively high deprivation using multidimensional poverty indicators, and their gaps in supply-side service readiness. CNP-II activities will be implemented across the original seven and new (2) target provinces. Selection criteria for additional provinces include those used in CNP-I focused on burden of health and nutrition issues and gaps in the supply side response; the MOH and NCDDS have also requested to prioritize provinces with urgent needs due to the COVID-19 crisis and where they can capitalize on the accelerated rollout of Cambodia's Decentralization and Deconcentration Process. The MOH and NCDDS jointly agreed on the selected provinces. CNP-II is organized along the following components:

a. **Component 1: Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for Women and Children (US$8.5 million).** The component will finance the implementation of activities defined under Component 2.1 of CNP-I[1] in the original seven provinces plus the additional 2 upon full disbursement of funds allocated under Component 2.1 of CNP-I in these provinces. This is anticipated for the calendar years 2023-2025. The aim of the component is to reduce fragmentation and increase the sustainability of community health and nutrition activities by operationalizing a Commune Program for Women and Children (CPWC)[2] to serve as the community-based health and nutrition platform (with formal links between the SNA and health sector actors). Two main interventions under Component 1 include:

C/S-Service Delivery Grants: the component finances C/S to deliver the CPWC package of health, nutrition, and HEF promotion activities using the performance-based C/S-Service Delivery Grant (SDG) grant. The grant adapts the successful MOH SDG system and applies the principle to the SNA. C/S-SDG will provide discretionary support to C/S over and above the C/S Fund to ensure the delivery of activities according to the CPWC guideline. The financing formula is outlined in the C/S-SDG Operation Manual (OM), annual instruction, and based on quantity (commune size) and quality (performance on a C/S-SDG checklist). The financial management, procurement, and environmental and social considerations of grant execution are also outlined in the C/S-SDG OM. Eligible expenditure includes activities such as: (a) performance incentives to C/S key actors, including C/S chief, C/S deputy chief, C/S clerk, WC-FP, Village chief, village vice chief/assistance and VHSG; and (b) CPWC

[1] Subcomponent 2.1: Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for Women and Children (US$6.9 million).

[2] The name CPWC has been used to align with the mandate of the CCWC which extends beyond health and nutrition. If it is successful and feasible, it may be possible to expand the scope of CPWC activities beyond those proposed in the project.

operational cost and other activities. Commune performance on C/S-SDGs will be systematically assessed through semiannual assessment by a district/municipal assessment team.

SDGs to District/Municipal Administration. These C/S-SDGs aim to strengthen the performance of District/Municipal Administration (DMA) conducting the C/S-SDG assessment process. The C/S-SDG assessment is outlined in the C/S-SDG Assessment Guideline and will build upon experience of Operational District (OD) assessment of health centers/referral hospitals under Health Equity and Quality Improvement Project (H-EQIP, P157291) as well as the citizen monitoring using community scorecards under the Implementation of the Social Accountability Framework (ISAF). DMA will conduct assessment of C/S, report on their own activities in a standardized checklist, and submit the scores to the NCDDS. The checklist will include elements such as the regularity and timeliness of assessment, training and refresher training to C/S key actors, extent of discrepancies in the previous two rounds compared to independent verification scores, participation in oversight and coaching, and responsiveness on citizen feedback. The NCDDS has hired a firm to carry out third-party, independent verification of the C/S-SDG and DMA scores on a random- and risk-sampled basis.

Under CNP-I, the CPWC has been piloted as a community platform for health and nutrition promotion in the seven priority provinces. Under CNP-I Component 3, the MOH has developed the package of activities for Village Health Support Group (VHSGs) to support this program. The package includes: (a) social mapping for first 1,000-day households; (b) targeted health and nutrition social behavior change communication (SBCC) through door-to-door home visits, community groups, and mobilization for community-based GMP; (c) Health Equity Fund (HEF) promotion to increase service utilization among the poor; (d) community mobilization, including for Severe Acute Malnutrition (SAM) screening; and (e) health center management committee (HCMC) meetings. **CPWC activities will be adapted to respond to COVID-19 infection prevention and control measures and to include provision of information on COVID-19 prevention, treatment, and vaccination**. As relevant and necessary, adaptations will also be undertaken to address the needs (activities, language, and so on) in indigenous communities where it will operate.

It is expected that CNP-I Component 2.1 will finance the SDG grants in 2021-2023 in the expanded 9 priority provinces; CNP-II Component 1 will finance the continuation of these activities in the 9 provinces in the project's outer years (i.e., 2023-2026).

b. **Component 2: Project Management, Monitoring, and Evaluation for the NCDDS (US$1.0 million).** Component 2 will finance activities otherwise eligible under subcomponent 2.3 of CNP-I, quickly disbursing to adapt to the COVID-19 context. This subcomponent will support provision of technical and operational assistance for routine administration as well as the procurement of additional goods (uniforms, equipment, and supplies for CPWC implementation) and services (C/S-SDG independent verification) and strengthened multisectoral coordination. The component may also support enhanced digital and communications equipment to assist with the implementation of C/S-SDG activities in the COVID-19 context.

The implementing agency for CNP-II will be the NCDDS housed in the of the Ministry of Interior (MOI), which is one of the two implementing agencies for the CNP-I. NCDDS has the capacity to provide national-level management and leadership as well as to support sub-national implementation. NCDDS has a strong track record of harnessing existing systems which emphasize the role of decentralization, to coordinate with administrative districts, commune councils, and health centers at the selected locations.

1.2 OBJECTIVES AND SCOPE OF THE ESMP

This Environment and Social Management Plan (ESMP) is prepared for CNP-II and will serve as a supplement to the existing Environment Management Plan (EMP) which was prepared under CNP-I. The CNP-II ESMP serves as the main reference for the management of potential risks and impacts and enhancement of development opportunities for activities being supported by the CNP-II.

Relevant risk management for activities under CNP-I will continue to be addressed under the existing instruments which were prepared under CNP-I. These include the EMP and the Indigenous Peoples Planning Framework (IPPF) to address relevant requirements under the World Bank's Safeguards Policies triggered under CNP-I.

This ESMP is applicable for activities financed by CNP-II, which builds on sub-component 2.1 of the CNP-I. Such activities will support C/S SGDs delivery for women and children across the original seven provinces and two new provinces that will be added upon full disbursement of funds allocated under Component 2.1 of the CNP-I in these provinces. NCDDS will be responsible to implement the ESMP in coordination with MOH for the implementation of activities under CNP-I. While CNP-II is being processed as a separate project from CNP-I instead of an Additional Financing for the latter, both CNP-I and CNP-II are technically inter-related and hence, the ESMP is also expected to be implemented across activities where there is a substantial interface across these two projects, particularly for the delivery of C/S SDGs which is being supported by both CNP-I and CNP-II.

The ESMP for CNP-II includes relevant requirements under the World Bank's Environmental and Social Framework (ESF) as further defined in each applicable Environmental and Social Standard (ESS). These include social inclusion for vulnerable groups and Indigenous Peoples, including respect to traditional practices, Occupational Health and Safety (OHS), community health and safety particularly for the purpose of COVID-19 prevention and prevention of Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH), and electronic waste (e-waste) management associated with ICT facilities, particularly for the implementation of Component 1 and 2 of the CNP-II.

The CNP-II will provide additional resources to scale up activities implemented by NCDDS under the CNP-I project. The project will focus on the existing seven provinces selected under CNP-I. These include Mondul Kiri, Ratanak Kiri, Steung Treng, Kratie, Preah Vihear, Kampong Chhnang, and Koh Kong. Specific focus will be on strengthening the delivery of Commune/Sangkat (C/S) SGDs as well as expansion to two new provinces including Pursat and Banteay Meanchey.

The ESMP outlines additional measures to strengthen NCDDS' current capacity to deliver the project activities as well as managing potential risks and enhance the project's benefits.

C/S SDGs across MCHN activities, including promotion for ante- and post-natal care and nutrition for the first 1000-day households, exclusion of vulnerable groups, SEA/SH risks during delivery of MHCN activities, OHS and community health and safety, particularly in the context of COVID-19 pandemic. Relevant risk mitigation measures are outlined in the ESMP correspond to these potential risks. In addition, the ESMP includes additional institutional capacity enhancement measures to project implementing entities, particularly on aspects related to enhanced community and stakeholder engagement, promoting social inclusion to diverse groups, including Indigenous Peoples in target locations.

Under the scope of the CNP-ll, the project may finance procurement of a small quality of Information and Communication Technology (ICT) facilities (approximately US$ 40,000) and hence the ESMP includes an assessment of risks associated with the end-of-life disposal of ICT facilities and a simple Environmental Code of Practices (ECOP) for electric waste management and disposal is integrated as part of the ESMP for CNP-II.

1.3 CONSULTATIONS AND DISCLOSURE

Under CNP-I, public consultation on preparation of draft EMP and IPPF was conducted by the MOH on October 18, 2018 in Phnom Penh with the objectives to communicate with key stakeholders the preparation of draft EMP and IPPF as well as to receive comments/suggestions for improvement. Under CNP-II, NCDDS conducted public consultations with relevance stakeholders at national and sub national administrations on project activities and relevant environmental and social management measures on December 20, 2021 with a total of 37 participants. The relevant project documents, including the ESMP and its associated instruments such as a Stakeholder Engagement Plan (SEP), Indigenous Peoples Planning Framework (IPPF) and Environmental and Social Commitment Plan (ESCP) are disclosed on NCDDs website: http//:www.ncdd.gov.kh/projects/cnp/ and their summaries are available in both Khmer and English language. A summary of public consultations is appended in Annex 6. The documents were revised incorporating the stakeholder feedback and redisclosed on December 13, 2021 and the final disclosure of these document were on April 11, 2022 on the same website.

2. POLICY AND REGULATORY FRAMEWORK APPLICABLE TO THE PROJECT

The following section provides an assessment of the relevant policy and regulatory framework of the Kingdom of Cambodia and their relevance to CNP-II. The assessment also includes key gaps between the country's policy and regulatory framework and applicable Environmental and Social Standards (ESSs). Under the CNP-II projects, the following legislations apply:

a. Sub-decree on solid waste management, 1999
b. Law on Environmental protection and natural resources management, 1996
c. Policy on Environmental and Social Safeguards for Sub-National Democratic Development, 2019
d. Sub-decree on Water Pollution Control, 1999
e. National Guideline on Health Care Waste Management, 2012
f. Guideline on the Environmentally Sound Management of Waste Electrical and Electronic Equipment (WEEE) in Cambodia, 2006
g. Policy on Environmental and Social Safeguards for Sub-National Democratic Development, 2019

Under CNP-II, the following ESSs are applicable:

a. ESS1: Assessment and Management of Environmental and Social Risks and Impacts
b. ESS2: Labor and Working Conditions
c. ESS3: Resource Efficiency and Pollution Prevention and Management
d. ESS4: Community Health and Safety
e. ESS7: Indigenous Peoples
f. ESS8: Stakeholder Engagement and Information Disclosure

Table 1: Regulatory Gap Assessment

ESS		Applicability	Analysis of Gaps with the Country's Policy and Regulatory Framework
ESS1	Assessment and Management of Environmental and Social Risks and Impacts	Through provision of performance-based C/S-SDGs, the project activities include promotion-based activities, capacity building for subnational administration actors for CPWC and C/S-SDG implementation, awareness/educational campaign on improved maternal and child health and nutrition practices, targeted health and nutrition SBCC through home visits for first 1,000 days households, community-based CPWC activities- social risk mapping, community groups, and Health Equity Funds promotion, and semi-annual performance monitoring for C/S SDGs. The project does not support any infrastructure, renovation of health facilities nor provide any financing on medical equipment, supplies, and immunization. Delivery of these activities may also present risks related to ESS2, ESS 4, and ESS7. Relevant measures considered include OHS and community health and safety, social inclusion and acceptability of services and health risk communication particularly amongst vulnerable groups and Indigenous Peoples, and risks associated with e-waste.	The government has made significant progress in responding to health and nutrition issues. The call for re-enforcement of sub-decree 133 by the Prime Minister on National Nutrition Day of November 2015 is a good example of this improvement. The Population Census of Cambodia 2019 showed that newborn and child mortality rates in Cambodia was comparable to other developing countries in the region and marked improvements over the past two decades. Cambodia Demographic and Health Survey (CDHS) 2014, also indicated major improvements occurred in health outcomes for children and women in Cambodia between 2010 and 2014. Poor households benefited from these improvements, but gaps remain in some maternal and child health outcomes, for example between the wealthiest and the poorest people, between the urban population and the rural population, and between educated women and uneducated women, and their children. The 2014 CDHS indicates that antenatal care from a trained health care professional substantially reduces risks for both the mother and child during pregnancy and delivery. NCDDS Policy note (2019) on environment and social safeguards applies for the project in filling any gaps. The ESS 1 principle of the policy provides guidance for the relevant institutions and sub-national administrations in aspect of the analysis and management of environmental impacts and social risks which may be addressed throughout the project from the initial stage of project preparation to implementation. Impacts and risks that may cause negative consequences to the people and the environment such as destruction and pollution for the environment, natural resources, biodiversity, health wastes, land use, property, cultures, traditions, sacred places for the indigenous peoples and people's lives in general will be assessed and risk

			mitigation measures prepared accordingly. To avoid such risks and negative impact, the project implementation manual for the Capital city, Provinces, Municipalities, Districts, Khans, Commune, and Sangkat shall be used to instruct priorities which must be considered ahead of implementing project activities.
ESS2	Labor and Working Conditions	Management of OHS risks associated with COVID-19, fair and non-discriminatory employment practices (i.e., hiring and firing, fair pay, non-discrimination at workplace settings), personnel deployment to remote and hard-to-reach areas, provision of an accessible and safe Feedback and Grievance Mechanism (FGRM)	The country's Labor Law is consistent with ESS2. Labor law of 1997 includes provisions on non-discrimination; prohibition of forced labor including debt bondage; regulation of working conditions; restrictions on employment of minors (under 18 years old); maternity leave; special provisions for employment of agricultural workers; health and safety; and trade union rights. The Law considers that the rules, obligations and rights are the same for casual or permanent workers. The law prohibits discrimination in any form, including by sex, religion, social origin, or ethnicity (art 12). Employers are required to make available a copy of the Law to workers at all business locations/ operations (art 15) and forced compulsory or the hiring of workers to pay off debts is prohibited (art 16). Article 106 reaffirms equal conditions and wage for all work regardless of origin, age and sex for the same types of work. The Law establishes the limit for working hours to 8 hours per day and 48 hours per week as well as rates for working overtime and on public holidays. The allowable minimum age for wage employment is set at 15 years (art 177). The Law recognizes statutory maternity leave on half wages (art 183), and for the performance of light duties for a further two months. Employers are prohibited from laying off women during their maternity leave (art 182).
ESS3	Resource Efficiency and Pollution Prevention and Management	Management of risks associated with procurement of ICT equipment and for electric waste management and disposal	Cambodia has no specific laws related to E-waste Management, but some regulations exist around control, monitoring the activities, which impact human health and the environment. The regulations concerning e-waste management are in Law on Environmental Protection and National Resource Management, adopted by national assembly on 24 December 1996, that stipulated that "the prevention, reduction, control of airspace, water

			and land pollution, noise and vibration disturbances as well as waste, toxic substances and hazardous substances, shall be determined by sub-decree following a proposal of the Ministry of Environment in Article 13, chapter 5 of this law. The e-waste management is more characterized by informal sector through repairing, segregation, collection, reassemble/ refurbishment and dismantling and/or recycling and exportation of scrap-metal or recyclable materials. The regulation and enforcement on this sector is yet in proper function.
ESS4	Community Health and Safety	Prevention and management of community health and safety risks due to face-to-face interactions in times of COVID-19, including risks of transmission, SEA/SH risks.	The Royal Government of Cambodia (RGC) has made significant strides in setting a national policy and legal framework to address gender-based violence against women (GBV/VAW) and promote gender equality and women's empowerment through adoption of various laws and regulations. However, despite the significant progress in its efforts to prevent and respond to SEA/SH as well as Violence Against Children (VAC), challenges remain including weak capacity to implement policies, poor coverage of services and their limited access, particularly for women and girls from marginalized populations groups.
ESS7	Indigenous Peoples	Meaningful consultations and provisions of services in a culturally and socially appropriate manner, provisions of accessible and safe FGRM(s).	Overall Cambodia has been incorporating the provisions of human rights treaties into national legislation[3]. However, some provisions of Cambodian laws are vague and contain loopholes, which weaken the enforcement of Cambodia's international human rights obligations. In relation to health policy, both the Health Strategic Plan 2008-15 and 2016-2020 has no specific mention of indigenous peoples or the identification of measures to address the specific health barriers that they face. The Working Principle for Equity broadly require provisions for Removing socio-cultural, geographical, financial and bureaucratic barriers in access to and utilization of quality

[3] Cambodia has signed the Convention on the Elimination of Racial Discrimination, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All forms of Discrimination Against Women, the Convention on the Rights of the Child, the Convention on Biological Diversity and voted in favor of UN Declaration on the Rights of Indigenous Peoples at the UN General Assembly. These international instruments contain a number of provisions related to the protection of the rights of indigenous peoples. While it has signed the ILO's Discrimination (Employment and Occupation) Convention (No. 111), it has not signed the ILO's Convention on Indigenous and Tribal Peoples (No. 169).

			health services, especially by poor and vulnerable people, including persons with disability, ethnic minorities and elderly. Ethnic minorities are mentioned once in relation to cross cutting challenges. In addition, the MoH Fast Track Roadmap for Improving Nutrition 2014-2020 did not provide any specific intervention to this particular group.
ESS10	Stakeholder Engagement and Information Disclosure	Inclusion of relevant stakeholders, particularly key entities and project affected people, including target beneficiaries. Affirmative outreach and engagement measures to vulnerable groups including Indigenous Peoples. Provisions of FGRM accessible and safe to diverse groups.	The Constitution of the Kingdom of Cambodia (1993), Article 72 of the Constitution is directly related to health, states: “The health of the people shall be guaranteed. The State shall pay attention to disease prevention and medical treatment. Poor people shall receive free medical consultations in public hospitals, and maternity clinics. The State shall establish infirmaries and maternity clinics in rural areas.” Cambodia’s Constitution (1993) recognizes, and respects human rights guaranteed by international laws. Article 31 of the Constitution states that all Khmer citizens shall be equal before the law, enjoying the same rights and freedom and obligations regardless of race, color, sex, language, religious belief, political tendency, national origin, social status, wealth or other status. However, the Constitution does not include specific reference to the country’s indigenous peoples or ethnic minorities.

3. ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS AND MITIGATION MEASURES

The following section provides an assessment of potential environmental and social risks and impacts associated with CNP-II.

3.1 SUMMARY OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

The overall environmental and social risks of the project are assessed as moderate. Although the project will have broader social benefits because it supports the provision of the essential package of health and nutrition services to the targeted population in selected provinces, there are risks of not being able to reach the most needed groups namely mothers, newborns, and children to implement the project. The project activities are promotion based and the potential social and environmental risks and impacts could be managed through appropriate mitigation measures.

There may be potential COVID-19 related health and safety risks to communities and CPWC operators associated with community mobilization activities such as campaign on improved maternal and child health and nutrition practices, door-to-door home visits, related operational meetings of NCDDS officials and provincial level staff, and in-person trainings for CPWC operators. The project will finance some ICT equipment in a small quantity. The potential risks associated with disposal of such equipment are minimum.

The main social risks such as ensuring inclusive targeting of project beneficiaries require well-prepared action plans including awareness creation and public information sharing among the vulnerable populations. The equity and access risks, especially for the most vulnerable and ethnic minorities remain highly relevant for the project. The main social risk is that vulnerable and disadvantaged households and groups, including potentially Indigenous Peoples encountering obstacles to access facilities and services provided by the project activities. Although the project will have broader social benefits because it supports the provision of the essential package of health and nutrition services to the targeted population in selected provinces, there are risks of not being able to reach the most needed groups namely mothers, newborns, and children to implement the project. Also, the project requires to adopt a robust and inclusive social mapping of eligible households; targeted health and nutrition Social and Behavior Change Communication (SBCC) through door-to-door home visits, community groups, and mobilization for community-based growth monitoring and promotion (GMP); health equity fund (HEF) promotion to increase service utilization among the poor; and community mobilization. These are critical aspects that require careful planning and implementation not allowing gaps and exclusion of most needy categories of households.

Under CNP-II, personal safety and OHS in the context of COVID-19 and deployment of frontline health personnel to remote and hard-to-reach areas, risks of social stigmatization, particularly in the context of certain cultural and individual practices that may be contradictory with national health guidelines, and Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) and Violence against Children (VAC) particularly related to pre- and post-natal and child health procedures. Under the CNP-II, exclusion of vulnerable groups from accessing benefits is expected to be addressed under the SEP which includes measures for inclusive community participation, outreach and engagement, accessible Information, Education and Communication (IEC) particularly on behavioral changes, grievance handling.

3.2 IMPACT MITIGATION MEASURES

The project seeks to manage these potential environmental and social risks and impacts through appropriate mitigation measures. The main social risks such as ensuring inclusive targeting of project beneficiaries will be mitigated by the Stakeholder Engagement Plan which includes awareness creation and public information sharing among vulnerable population groups. Building on the existing EMP under CNP-I, this ESMP incorporates additional social dimensions related to labor and working conditions, SEA/SH and VAC, COVID-19 IPC measures and risks related to disposal of e-waste.

NCDDS will screen potential risks associated with specific activities eligible to be financed under CNP-II and use the following guidance and/or protocols for the management of such risks and identify measures to enhance development opportunities through inclusive engagement and community participation. For this purpose, a stakeholder Engagement Plan (SEP) has been prepared as a standalone document integral to the ESMP. The SEP outlines past and on-going as well as planned engagement activities with relevant stakeholders, including with target community beneficiaries. The SEP also includes provisions of project communication, disclosure of information and FGRM. Annex 5 provides a FGRM which is applicable under CNP-II.

Specific risk management measures to correspond to potential risks and impacts associated with CNP ll are outlined in the following **Table 2**.

Table 2: Risk Management Measures

Potential Risks	**Mitigation Measures**
Public health risks associated with face-to-face meetings and community interactions in times of COVID-19 pandemic.	**COVID-19 Infection Prevention and Control (IPC) protocol**: there may be potential COVID-19 related health and safety risks associated with community mobilization activities such as campaign for improved maternal and child health and nutrition practices, targeted health and nutrition Social and Behavior Change Communication (SBCC) through door-to-door-home visits, in-person trainings and meetings. Mitigation measures for COVID-19 related risks are presented in Annex 1.
Risks associated with e-wastes due to disposal of old ICT equipment.	**ECOP for ICT waste management**: Under CNP ll Component ll, the project will finance teleconference facilities which include TV, wifi router, sound system etc. for 18 provincial administration (PAs) and district/municipal administration (DMAs) to support implementation of C/S-SDG activities in the COVID-19 context. The investment on these teleconference facilities will be approximately US$ 40,000. A simple ECOP for management and disposal of e-waste was prepared as part of this ESMP under Annex 2.
Due to the CNP ll promotion-based activities (2024-2026), incremental risk of potentially scale-up healthcare waste generation is expected at the health centers and community outreach supported under the CNP-l .	Through provision of C/S SDGs, the CNP-ll will encourage communities to use the established healthcare services supported under the CNP-l, and the potential incremental healthcare waste generation is expected during 2024-2026 as indirect impacts of CNP-ll promotion activities. The MOH and NCDDS will continue application of the safeguards instruments of CNP-l (Healthcare Waste Management Plan) to manage these potentially scale-up healthcare waste generation (spent vaccines and syringes) at the healthcare and during community outreach activities.

SEA/SH and VAC risks associated with project activities where physical interactions are envisaged, i.e., door-to-door home visits, community meetings, SAM screening	**SEA/SH and VAC prevention:** potential risks associated with SEA/SH and VAC are considered not significant since there is no labor influx. However, due to the nature of the project activities where direct interactions, including physical examination, may occur as part of project implementation, such risks are considered relevant. Further, C/S key actors, especially the Commune Committee for Women and Children focal persons (CCWC) and village health support groups (VHSG) are not trained or prepared to serve women, mothers and children with non-judgmental, and respectful attitudes, supporting their safety confidentially. SEA/SH and VAC prevention strategy has been prepared in Annex 3 of the ESMP.
Risks associated with labor use, including OHS, fair and non-discriminatory treatments in the workplace, etc.	**Labor Management Procedures (LMP):** an LMP is presented in Annex 4 to the ESMP. The LMP outlines key risk mitigation measures associated with use of labor and their deployment to project locations. These include COVID-19 IPC prevention, and broader OHS aspects and employment related aspects under CNP-II.
Risks associated with project implementation where there is presence of Indigenous Peoples under ESS7 and key measures to enhance development opportunities through inclusive participation and engagement and provisions of culturally and socially acceptable services.	**Indigenous Peoples Planning Framework (IPPF):** an IPPF has been prepared as a standalone document integral to the ESMP. The IPPF outlines key measures to promote meaningful and inclusive community engagement and provisions of socio-culturally services under the project, as well as requisite capacity building to implementing entities and provisions of accessible and safe FGRMs to target communities who are assessed as Indigenous Peoples under ESS7. The IPPF also seeks to provide opportunities for Indigenous Peoples in targeted project areas to benefit from the project activities.

3.3 GRIEVANCE HANDLING

The grievance reporting mechanism (GRM) is interlinked between CNP l and CNP ll. For CNP ll activities, community members may use the subnational government system to provide feedback or report grievances on activities led by commune/sangkat (C/S) and district/municipal administration (DMA) by reporting through the commune/sangkat, district/municipal, and provincial administrations and the NCDDS at the national level. Also there may be grievances related to the services provided by the MOH due to the defined role of NCDDS under CNP l that involves encouraging communities to report about health facility waste, hygiene and sanitation in health facilities, and smoke from incinerators etc. Under CNP I and CNPII, C/S administration and Health Center Management Committee are the GRM at the local level. The NCDDS will collaborate with MOH in resolution of such grievances or feedback. Contact information for the MOH and NCDDS staff specifically responsible for the project will be provided on project documentation and in electronic communications to allow for direct feedback or grievance reporting by project staff. Any such feedback and grievances will be recorded in a spreadsheet or database to ensure issues are resolved and responses tracked.

Quarterly 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 the designated GRM as indicated in the CPWC guideline. The quarterly 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. Additional information is detailed in Annex 8.

Incident Reporting: the project will respond to project-related environmental and social incidents that occur during Project implementation in accordance with the World Bank's Environmental and Social Incident Reporting Toolkit (ESIRT). These may include potential incidents which lead to major injuries and fatalities as well as COVID-19 clusters as a result of project activities.

The project is required to perform the following:

a. Promptly notifying the World Bank within 2x24 hours of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers.

b. Providing sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate.

c. Preparing a report on the incident or accident and propose any measures to prevent its recurrence.

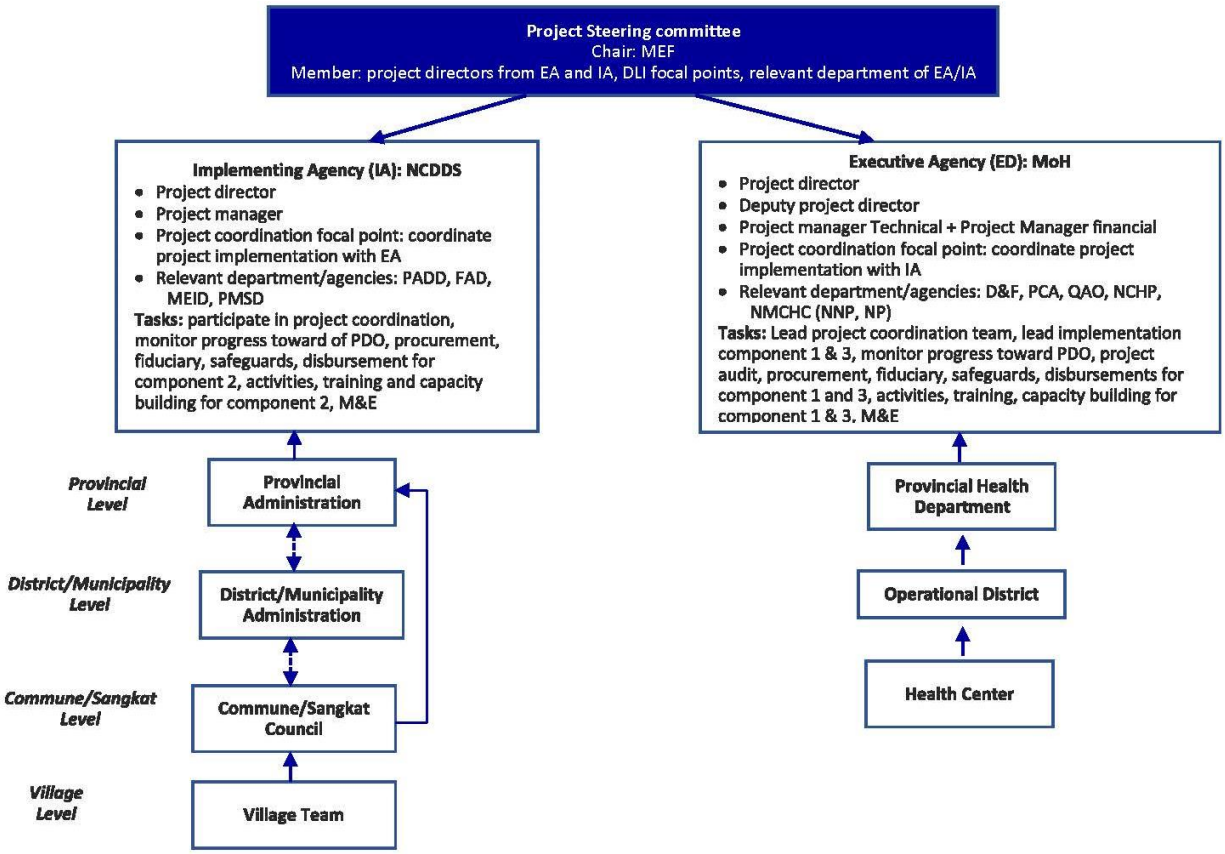
District/Municipality Administration (DMA) consolidates the quarterly summaries of incidents and also be collated to provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

SEA/SH and VAC allegations and incidents: incidents will be managed separately and follow the project's SEA/SH and VAC response protocol which have mechanisms for ensuring confidential documentation and reporting, based on a survivor-centered approach. Only those who have a role in the response to an allegation will receive case-level information, and then only for a clearly stated purpose and with the survivor's consent. All information related to the case will be kept confidential and identities protected. A focal point for SEA/SH and VAC in NCDDs will be appointed. Additional information is detailed in Annex 3.

4. INSTITUTIONAL ARRANGMENTS

The implementing agency for CNP-II will be the NCDDS in the Ministry of Interior (MOI), which is one of the two implementing agencies for the CNP-I (the other being the MOH). NCDDS has the capacity to provide national-level management and leadership as well as to support sub-national implementation. NCDDS has a strong track record of harnessing existing systems which emphasize the role of decentralization, to coordinate with administrative districts, commune councils, and health centers at the selected locations.

NCDDS will coordinate with MOH on the overall CNP-II implementation, including implementation of ESMP requirements.



Specific responsibilities by NCDDs with regards to environmental and social management under CNP-II includes:

a. assign a focal point and/or team for the overall implementation of environmental and social requirements.

b. perform requisite capacity building to project implementing entities, including frontline health workers and community representatives, such as on relevant aspects related to labor management, prevention and management of COVID-19 and SEA/SH and VAC, e-waste management, etc.

c. manage the project's FGRM channels and respond to any inquiries and complaints associated with the project, including dispatch such inquiries and complaints to relevant stakeholders and/or agencies.

d. lead and facilitate relevant stakeholder engagement activities as guided in the project's SEP

e. provide regular reports on the environmental and social actions, including any emerging issues and risks

f. disclose relevant information about project activities, including FGRM records.

NCDDs is expected to encourage community beneficiaries to report any feedback and grievances associated with the CNP l and CNP ll activities. The report on the performance of services can be made through verbal comments to C/S chief, C/S council, WC-FP, C/S staff, village team, health facility staff, health facility comment box, through village health support group or health center management committee, or any consultation forums where there is participation from health facility staff.

Under CNP ll, the NCDDS will prepare and submit regular (six-monthly) monitoring reports on the environmental, social, health and safety (ESHS) performance of CNP-II, with inputs from Implementing Agencies. These reports will include the status of the implementation of the ESMP, IPPF, SEP and LMP; information on any project related ESHS incidents and grievances; information on activities and services provided during the reporting period – including information on the facilitation of any grievances through the existing GRMs established for the project.

The information will also be communicated to stakeholders through the publication of an annual report on the Project's interaction with the stakeholders.

5. ENVIRONMENT AND SOCIAL MANAGEMENT IMPLEMENTATION BUDGET

The estimated cost for all the ESMP initiatives is US$**61,180** over three years (2023 - 2025). These costs include, printing GRM leaflet, hire of national consultants, environment and social safeguards supervision monitoring and follow-up. The estimated costs may subject to change based on the actual needs during the project implementation.

Table 3: Estimated Costs for ESMP implementation in CNP-II

Budget Description	**Amount in USD**			
	2023	**2024**	**2025**	**Total Budget**
	Budget	**Budget**	**Budget**	
Environmental and Social Framework consultant	9,000	9,000	9,000	27,000
Printing and distribution leaflet and GRM dissemination	5,500	-	-	5,500
Environment and social safeguards supervision monitoring and follow-up	9,560	9,560	9,560	28,680
Total:				**61,180**

ANNEX 1 – COVID-19 INFECTION PREVENTION AND CONTROL (IPC) PROTOCOL

a. Purpose

The purpose of this Protocol is to identify COVID-19 transmission risks associated with the implementation of the CNP-II, outlines appropriate risk mitigation measures; and assign roles and responsibilities for their implementation.

b. COVID-19 Transmission Risks

There may be potential COVID 19 related health and safety risks to communities and CPWC operators associated with community mobilization activities such as campaign on improved maternal and child health and nutrition practices, door-to-door home visits, related operational meetings of NCDDS officials and provincial level staff, and in-person trainings for CPWC operators.

c. COVID-19 Transmission Mitigation Measures

To mitigate this risk, the CNP-ll will follow occupational health and safety (OHS) protocols to prevent the spread of COVID-19 (social distancing and sanitizing facilities, protected equipment, etc.). The following outlines measures to manage public health risks associated with stakeholder engagement, and with the recognition that the situation is developing rapidly, and careful regard needs to be given to the national requirements and any updated guidance issued by WHO. It is important that the alternative ways of managing consultation and stakeholder engagement discussed with stakeholders are in accordance with the local applicable laws and policies, especially those related to media and communication.

For the above purpose, the NCDSS and beneficiaries of the CNP-II should exercise the following:

a. Identify and review planned activities under the project requiring stakeholder engagement and public consultations.

b. Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.

c. Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.

d. Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines.

e. Assess the level of information and communication technology penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context.

f. Discuss and agree with the NCDSS specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, considering the current COVID-19 situation:

- Avoid public gatherings (considering national restrictions), including face-to-face public hearings, workshops.

- Use local facilitators who are already in the communities for community engagement to minimize mobility across regions.
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings If not permitted, make all reasonable efforts to conduct meetings through online channels, including webex, zoom and skype.
- 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 to 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.

g. Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, the NCDSS and implementing agencies should discuss whether specific activities can be rescheduled to a later time, when meaningful stakeholder engagement is possible. Where it is not possible to postpone the activity or where the postponement is likely to cause adverse impacts, the NCDSS shall consult with the World Bank to obtain advice and guidance.

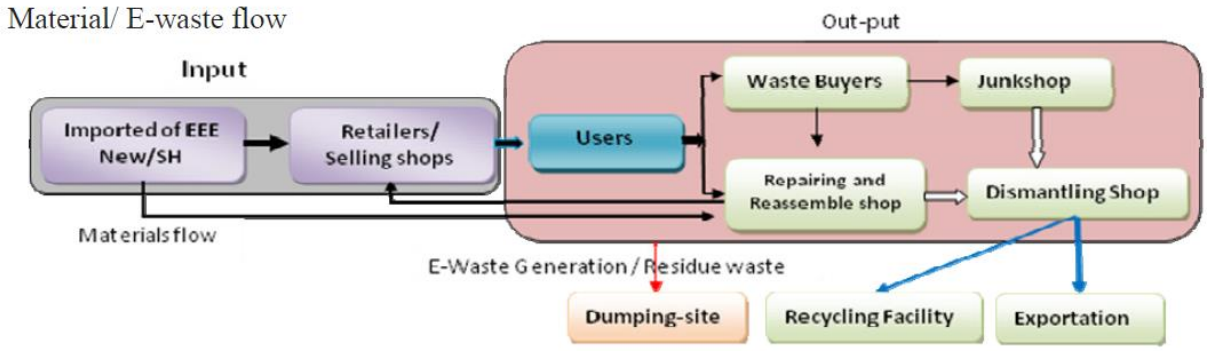
ANNEX 2 – E-WASTE RISK ASSESSMENT AND ECOP FOR E-WASTE MANAGEMENT

Electrical and electronic equipment waste are classified as hazardous waste in accordance with government regulations due to the presence of hazardous components in the equipment, and that waste is not sorted.

Cambodia has no specific laws related to E-waste Management, but some regulations exist around control, monitoring the activities, which impact human health and the environment. The regulations concerning e-waste management are in Law on Environmental Protection and National Resource Management, adopted by national assembly on 24 December 1996, that stipulated that "the prevention, reduction, control of airspace, water and land pollution, noise and vibration disturbances as well as waste, toxic substances and hazardous substances, shall be determined by sub-decree following a proposal of the Ministry of Environment in Article 13, chapter 5 of this law.

Currently, Cambodia has no specific regulation for management of e-waste yet, although, the Ministry of Environment of Cambodia developed the guideline on the Environmentally Sound Management of Waste Electrical and Electronic Equipment (WEEE) in Cambodia. This guideline was developed under the project proposal, namely "The Preparation of Guideline to manage on Waste electrical and electronic Equipment in Cambodia" that supported by Ministry of Environment Korea. This guideline aims to maintain and protect the environment and human health which may be harmful by unsound management and disposal of WEEE, as well as to achieve the initiative of resources recovery that is the crucial part of integrated waste management, or sustainable solid waste management. The principles of this guideline target to manage electronic and electric equipment and related waste (e-waste) should be governed by the following: Reuse e-wastes as possible prior to disposal. Reduce e-wastes and the like at various generating sources, e.g., households, selling shops, repairing and dismantling shops, etc. Recycle e-wastes as possible prior to disposal based on the view of "Waste is the Money". Repair electronic and electric equipment for reusing rather than keeping or throw it away.

Figure 1: Current E-waste Management in Cambodia



Source: Sothun, Chin. "The Seventh International Conference on Waste Management and Technology: Situation of e-waste management in Cambodia." Procedia Environmental Sciences (2012) 535-544

Manage e-waste at its cycle, e.g., generating process, storage, transportation, treatment and disposal based on the environmentally sound Identify, establish and operate a safe-dumpsite for hazardous wastes, including e-wastes at selected urban and town areas Implement in complying with national and international law, regulations, conventions, protocols, and so on.

Currently, Cambodia has not policy, strategic plan and mechanism related to management of e-waste. E-waste management activities in Cambodia depend on the practicing by formal and informal sector through repairing, segregation, collection, reassemble/ refurbishment and dismantling and/or recycling and exportation of scrap-metal or recyclable materials. These informal sectors play an important role in repairing for reuse, reassemble of a new one by using reusable part materials from dismantling for example reassemble of TV set. Beside this, scavengers/middleman collected e-waste from local/official use, and then sent to repairing or junkshop. WEEE/E-waste which is un-function and/or could not repair have been collected from selling shop, repairing shop and refurbishment activities and then sent to dismantling site.

The dismantling site and activities practice are in the simple manual, meanwhile, they did not use equipment and high technology for dismantle, shredding, and sort by item, in particular, did not use protection equipment during working. Based on WEEE/E-Waste Management Report Phnom Penh Municipality in Kingdom of Cambodia 2009, E-waste treatment and disposal system in Cambodia, especially in Phnom Penh capital have been assessed both qualitatively and quantitatively. The qualitative description includes the observed practices of E-waste repair/ refurbishment and dismantling being carried out in PPM. The quantitative estimation has been carried out based on the existing and projected volume of reusable parts, recyclable materials and residues.

The estimated of reusable part, recyclable materials and residues generated in 2009 and 2019 has been carried out based on the inventory estimates, outcome of the field work carried out during 2009 and CEA estimates for the year 2006-07. The average estimates of reusable parts, recyclable materials and residues generated have been described in

Table 3: Percentage E-waste Fractions Generated during Repair/Refurbishment and Dismantling

E-Waste Item/ E-waste Fractions	Reusable (%)	Recyclable (%)	Residues (%)
TV	51.5	41.6	6.9
PC	62.5	35.3	2.2
MP	60.8	33.0	6.3
Refrigerator	54.9	38.8	6.3
Air Conditioner	55.3	42.5	2.3
Washing Machine	60	20	20

Source: Source: Sothun, Chin. "The Seventh International Conference on Waste Management and Technology: Situation of e-waste management in Cambodia." Procedia Environmental Sciences (2012) 535-544

The residue of E-waste focus on the kinds of waste/WEEE that could not reusable and recyclable, which are generated from various sources such as household, commercial sector, repairing shop, junk shop, reassemble shop and dismantling site. These residue wastes are being disposed with household dustbin and/or illegal disposal at public road, land- lot/free land and forest. For the e-waste disposed in household dustbin, it was mixed with household waste without separation and then collected and transported directly to dumping site of the cities.

According to the interim report of the project on the preparation of guideline to manage on waste electrical and electronic equipment in Cambodia, it has identified the E-waste directly and indirectly impact to the human health and environment as detailed below:

a. *Occupational health impact resulting from E-wastes:* such risks may occur in the different stages of e-waste flow of repairing and dismantling shops, junkshops, recycling and reassemble shops as well. The accidents at the repairing process are caused by acid

emission, and other chemical substances, including electric shocking. Additional negative aspects of smelling, noise pollution, particles release, smoke and toxic substances are recognized from repairing and dismantling shops too. As an observation, workers ignore to wear the protective equipment. Most of these people do not realize the chemical substances contain in EEE or WEEE, or they do not know the negative impacts on their health.

b. *Impacts on environment and human health:* most WEEEs are being generated by repairing and dismantling shops, and junkshops. Remarkably, some small amounts are generated by consuming sources (e.g., households, public entities, business centers, etc.). In short, these wastes are collected, transported and disposed at dumpsite same as household waste without separation for different hazardous waste disposal. Improper disposal of electronic products may lead to the possibility of damaging the environment and can result to risks of cancer and developmental and neurological disorders. The way of unsound disposal of WEEE is recognized to cause serious impacts and hazards to waste pickers, as well as to pollute surface/ground water quality and ecosystem through the release or leakage of hazardous substances into water sources. Another serious concern from unsound management of WEEE – that is the atmospheric pollution due to burning or self-firing hazardous wastes and household wastes at dumpsites, which emit toxic fume/smoke into the atmosphere, and it is considered to contribute the cause of acid deposition and climate change.

The increasing of E-waste and existing activities practice of the collection and transportation, repairing, reassemble, dismantling including junkshop and recycling facility, which is using simple technology for practice and unsound management, will be faced to main issue such as:

a. Cambodia has not specific law for environmentally sound management of WEEE.

b. Existing legislation lack of policy and mechanism related to WEEE management and un-ability to enforcement.

c. Importation of the second hand UEEE with low quality/improper function that need to be either repaired or dismantled.

d. Cooperation and Coordination among line agencies is still limited.

e. Awareness and capacity building to deal with UEEE and its residue management is commonly limited.

The CNP-II will finance some ICT equipment in a small quantity. The potential risks associated with disposal of such equipment are minimum. The relevance of ESS 3 will be reflected in procurement specifications for energy efficient equipment and provisions made in the project operation manual to ensure full compliance with Environmental Health and Safety Guidelines (EHSGs). The project will finance teleconference facilities which includes TV, wifi router, sound system for 18 provincial administration (PAs) and district/municipal administration (DMAs) to support implementation of C/S-SDG activities in the COVID-19 context. The investment on these teleconference facilities will be approximately US$ 40,000..The potential risks and impacts associated with disposal of such ICT equipment will be minimumand be mitigated through a simple Environmental Codes of Practice (ECOP) for safe e-waste disposal, provided in the following.

The ECOP provides guidance for management and disposal of electrical and electronic wastes and other hazardous materials (E-wastes) at end-of-life of equipment as part of good environmental practice and in compliance with environmental laws and regulations. This document is considered a living document and could be modified and changed in line with

available and emerging technologies, approaches, and regulations on waste management in the country.

The anticipated environmental impacts of the project are likely to occur during the disposal of unserviceable ICT equipment such as laptops and video conferencing equipment.

NCDDS recognizes the importance of dealing with E-waste because of the health risks due to the hazardous materials they contain. Following NCDDS procedures on disposal of unserviceable property, inspection is conducted to check the condition of the equipment to be disposed. Once the supplies/equipment become unserviceable, the accountable officer of the said equipment shall immediately return the same to the Office Manager, who shall then file an application for disposal with appropriate documents to the Project Manager. Accountable officers in possession of the unserviceable equipment shall submit the documents pertinent to the disposal of the unserviceable equipment to the Disposal Committee through their respective heads of offices. The Project Manager shall inspect the items and determine whether the items are with or without value and then forwards his/her recommendation to the Head of the Agency.

For expendable materials, supplies and consumables such as power cords, cables, and other remnants from destroyed or damaged equipment, a Waste Materials Report shall be prepared by the Accountable officials for submission to the Disposal Committee.

Once the approval for disposal of unserviceable equipment, cords, cables, and parts have been inspected by Project Manager and approved by the Disposal Committee, the following measures are outlined to manage E-wastes:

a. Some damaged equipment and parts may still be valuable and recyclable. The reuse or recycling of the repairable equipment or its parts should be prioritized, where appropriate.

b. Adopt buy-back options with suppliers as part of extended producer responsibility and Green Procurement policies.

c. The equipment or parts that can neither be reused or recycled should be collected in separate bins/containers and placed in a secured centralized E-waste segregation area at the NCDDS offices. These should be segregated from the regular solid waste. d) Disposal bins for electronic wastes are to be provided in NCDDS offices. E-waste collection area should be provided with weatherproof cover, impermeable surfaces to prevent transmission of liquids beyond the pavement surface, and with label or signage to identify the wastes contained in the area.

d. Disassembled parts of electronic equipment must be properly segregated and stored in spill tight containers with impermeable surface and a sealed drainage system. Avoid breakage of these products and safely deposit at end-of-life at designated disposal bins located at NCDDS offices.

e. No burning, on-site burying or dumping of waste shall occur.

f. Adopt the following options for the final disposal of E-waste: 1) Commission the services of Department of General Energy-registered hazardous waste transporters and treaters for the collection and disposal of E-waste that has been collected. 2) Coordinate with a General Department of Energy-recognized non-government organization working on E-waste collection and disposal.

g. Comply with the requirements of the General Department of Energy with regards to the registration and reporting of E-waste disposal.

ANNEX 3 – SEA/SH AND VAC PREVENTION AND MANAGEMENT

The Royal Government of Cambodia (RGC) has made significant strides in setting a national policy and legal framework to address gender-based violence against women (GBV/VAW) and promote gender equality and women's empowerment. The following laws, policies and national strategies have been developed and adopted:

a. The Constitution of Cambodia (1993) guarantees that there shall be no physical abuse of any individual (Article 38).

b. Law on Prevention of Domestic Violence and Protection of Victims (2005) establishes the responsibility of local authorities to intervene in cases of domestic violence and provides for protection orders to be issued by the courts to protect the victim from any further violence

c. The Village Commune Safety Policy (2010) identifies rape, domestic violence and anti-trafficking as priority areas for commune, municipal, district and provincial councils to address.

d. The 2nd National Action Plan to Prevent Violence Against Women (NAPVAW II) 2014-2018 promotes prevention interventions response, access to quality services, and multi-sectorial coordination and cooperation to reduce violence against women.

e. The National Strategic Development Plan (NSDP) 2014-2018 promotes strengthening the dissemination of laws, legislations and international treaties ratified by the RGC related to women and children and promotes implementation and monitoring of NAPVAW.

f. The Cambodia Gender Assessment (CGA) and the Strategic Plan (Neary Rattanak IV) (2014)3 have been developed and launched together as a joint evidence-based policy package to respond to key gender issues and to meet the needs of women.

Despite the significant progress in its efforts to prevent and respond to SEA/SH as well as Violence Against Children (VAC), challenges remain including weak capacity to implement policies, poor coverage of services and their limited access, particularly for women and girls from marginalized populations groups.

Following the adoption of the national guidelines for the management of violence against women and children, the Ministry of Health has undertaken efforts to translate the guidance into practice, in line with WHO guidelines and international best practice. Ongoing work includes:

a. a national clinical handbook and a training curriculum to build capacity of health care providers to provide health care to women subjected to violence.

b. Improving access to forensic services including by making them free and strengthening skills of medical staff to conduct such examinations.

c. Providing HIV post-exposure prophylaxis (PEP), emergency contraceptives and STI screening and treatment along with other reproductive health services.

d. Identifying gaps in service at local levels including to strengthen referral systems, reduce delays in providing care and enable women to seeking timely help.

SEA / SH and VAC risks mitigation strategies are outlined in the World Bank’s draft guidance on the SEA / SH risk screening tool which focuses on the effective implementation a Code of Conduct that explicitly prohibits SEA/SH and VAC.

All project personnel will be contractually required to:

a. Have a Code of Conduct that explicitly prohibits SEA/SH and VAC which is signed by all Project Workers.

b. Provide an induction training for all Project Workers on the SEA / SH components of the Code of Conduct.

c. Conduct awareness in communities targeted by the Project on the SEA / SH components of the Code of Conduct and how to make a report of SEA / SH to the project.

The Project will assess the processes at the sub-national level to prevent and respond to incidents of SEA/SH and VAC and identify and resource strengthening where necessary to ensure their systems are survivor centered.

In addition, the modality of the delivery of the child nutrition grant will limit the individual decision-making power/discretion of Project Workers delivering services through the centralized development of robust eligibility criteria; clear and transparent communication and robust oversight of in-person transfers.

Domestic and other forms of GBV: the CNP-II will integrate project strategies which prevent possible resistance and backlash from both male family members and male community members and leaders to women's increased empowerment. Such strategies will support broader effort towards gender equality by focusing on increasing men's support for women's empowerment, including women's access and control over resources and decision-making. These efforts will not reinforce harmful unequal social, cultural and gender roles which limited women to strict gender roles and will encourage men's increased contribution to unpaid work in the household (such as child rearing and household work).

Specific measures are outlined in the following:

a. **Codes of Conduct:** the following sample of Codes of Conduct shall be integrated into the OM

Preventing Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and Violence Against Children (VAC)

I, _____, acknowledge that adhering to environmental and social standards, following the Project's Code of Conduct for the prevention of Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and violence against children (VAC) at the workplace is important.

Failure to commit SEA/SH or VAC—be it on the work site, the work site's surroundings, or the surrounding communities—to be gross misconduct and grounds for sanctions, penalties or potential termination of employment. Prosecution by the police of those who commit SEA/SH or VAC may be pursued if appropriate.

I agree that while working on the Project I will:

1. *Attend and actively participate in training courses related to SEA/SH and VAC as requested by my employer.*
2. *Not drink alcohol or use narcotics or other substances, which can impair faculties before or during work activities.*
3. *Consent to a police background check.*
4. *Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.*

5. *Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.*
6. *Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, of a sexual nature, including subtle acts of such behavior (e.g., looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc.).*
7. *Not engage in sexual favors—for instance, making promises of favorable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.*
8. *Not participate in sexual contact or activity with children—including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.*
9. *Unless there is the full consent[4] by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefits (monetary or non-monetary) to community members in exchange for sex – such sexual activity is considered "non-consensual" within the scope of this Code.*
10. *Report through the FGRM or to my manager any suspected or actual SEA/SH or VAC by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.*

With regard to children under the age of 18, I will:

1. *Wherever possible, ensure that another adult is present when working in the proximity of children.*
2. *Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.*
3. *Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also "Use of children's images for work related purposes" below).*
4. *Refrain from physical punishment or discipline of children.*
5. *Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.*
6. *Comply with all relevant local legislation, including labor laws in relation to child labor and the World Bank's safeguard policies on child labor and minimum age.*
7. *Take appropriate caution when photographing or filming children.*

Use of children's images for work related purposes

When photographing or filming a child for work related purposes, I must:

[4] Consent is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

1. *Before photographing or filming a child, assess and comply with local traditions or restrictions for reproducing personal images.*
2. *Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.*
3. *Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.*
4. *Ensure images are honest representations of the context and the facts.*
5. *Ensure file labels do not reveal identifying information about a child when sending images electronically.*

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

1. *Informal warning.*
2. *Formal warning.*
3. *Additional Training.*
4. *Loss of up to one week's salary.*
5. *Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.*
6. *Termination of employment.*
7. *Report to the Police if warranted.*

I will avoid actions or behaviors that could be construed as SEA/SH or VAC. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to SEA/SH and VAC issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

b. Referral of survivors to specialist GBV support services

Female beneficiaries will be provided information about the closest specialist GBV support services (police, health, counselling, safe accommodation) during the provision of services through the project. Such information can be integrated into existing activities and awareness which will reach female beneficiaries enabling the sharing of information to be done discreetly and to all beneficiaries.

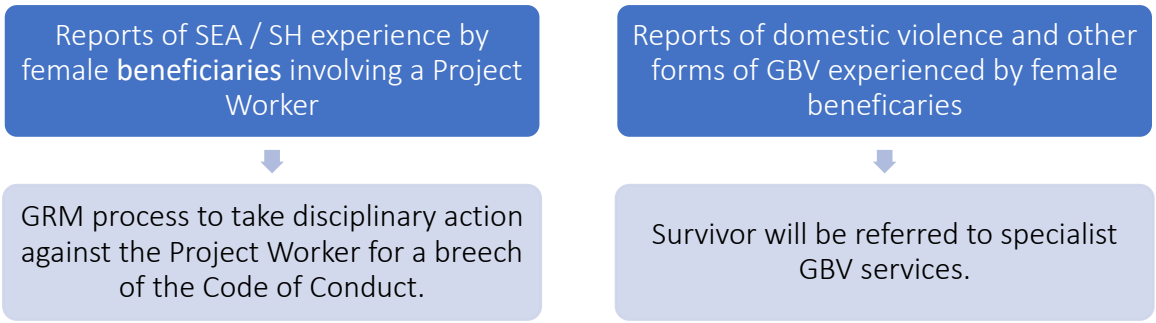
Where possible, the local specialist GBV service, will conduct an awareness session with female beneficiaries on their right not to experience violence and how to access social and legal GBV services.

To enable this, for each Project Site, a list of specialists GBV support services (police, health, counselling, safe accommodation) will be prepared. All Project Workers will be provided access to this information so that they can refer any woman who reports experiencing any form of violence to these services.

Following the identification of these services, an assessment of services will be conducted to identify previous training in the provision of survivor-centered services with possible areas of strengthening that may be supported by the Project identified. The Project is not in a position support the establishment of new services or the formalization of informal / emerging services as the investment and expertise required to do this is greater than the project can provide. For similar reasons, the project also will not support strengthening of case management or police responses as both these areas are being supported by bi-lateral and multi-lateral programs with significantly more resources and expertise. There may, however, be opportunities to leverage existing initiatives in a particular location to inject further resources into existing initiatives.

c. Grievance Redress Mechanism (GRM)

The GRM will include details of how reports of SEA/SH and VAC will be received, resolved, and documented including outlining the Projects specific responsibility to respond to:



The following elements will be integrated into the GRM to respond to complaints of SEA/SH experience by female beneficiaries involving a Project Worker:

Principles	The process to receive and respond to complaints of SEA/SH, will apply a survivor-centered approach. This includes ensuring the survivor's safety, choice, consent and confidentiality and to ensure that the survivor is informed, respected and referred to specialist GBV services. The process will also be accessible, transparent, timely and fair.
Receiving complaints of GBV, including SEA/SH and VAC	The GRM must be accessible to survivors of SEA / SH. This means: • Having multiple reporting methods and contacts including at least one woman who can receive complaints for each Project Site. • Outlining how third-party reports will be responded to.

	• Having a referral pathway for each Project Site to refer any survivors to the closest specialist GBV service providers. • Increasing the awareness of communities that will interact with project workers on how to access the GRM.
Resolving complaints of GBV, including SEA / SH	The GRM should include a clear process to resolve the complaints of SEA / SH, which is survivor centered. This includes processes to: • Assess if the allegation is likely linked to the CNP-II • Verify the allegation to: ✓ Determine the likelihood that the incident occurred. ✓ Recommend disciplinary measures toward the alleged perpetrator. ✓ Ensure the survivor can speak to one person through the process, in most cases the contact person should be a woman. The GRM will also clearly articulate those reports of SEA/SH and VAC will not be resolved using customary practices of conflict resolutions, such of mediation, reconciliation and compensation.
Recording complaints of GBV, including SEA/SH and VAC	The GRM will outline how information of reports of SEA/SH and VAC, and actions taken to resolve the complaint, will be collected and stored confidentiality and ensure the information is not shared outside necessary reporting requirements The GRM will also include details of required notification to the World Bank Task Team with only the following data to be shared: • The nature of the allegation. • If the alleged perpetrator is, to the survivor's best knowledge, associated with the Project (yes/no). • The survivor's age and/or sex (if available). • If the survivor was referred to services.
Training	Anyone receiving or handling complaints of SEA/SH and VAC must receive training so that they do not revictimize and retraumatize survivors or unintentionally cause them harm. Those who have been identified to receive complaints of GBV will complete training to understand: • The gendered nature of SEA/SH and VAC, the SEA/SH and VAC requirements in the Code of Conduct and the SEA/SH and VAC pathway in the GRM. • Have the skills to receive complaints of SEA/SH and VAC. • Those tasked with resolving incidents of SEA/SH and VAC will also complete training to develop their skills to receive, resolve and record complaints of SEA/SH and VAC.

ANNEX 4 – LABOR MANAGEMENT PROCEDURE

a. OVERVIEW

The present Labor Management Procedures contain provisions describing labor requirements, associated risks and summarizing mitigation measures that will be adopted under the project to address the risks related to labor management, including the specific risks to workers posed by COVID-19.

The project will be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the World Bank. This will include, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), and setting out grievance arrangements for project workers.

The Labor Management Procedures (LMP) is a living document to be reviewed and updated throughout development and implementation of the *Cambodia Nutrition* Project (P162675). Although there will be no contracted workforce mobilized for the project, the project implementation requires to have range of project workers, including NCDDS technical officials and provincial/district/commune level staff of NCDDS for planning and targeting project support for beneficiaries. The project will not involve primary suppliers or community workers. The LMP applies to all project workers, irrespective of contracts being full-time, part-time, temporary or casual. As CNP-I will include additional provinces, the MOH will use the LMP for CNP-I activities while NCDDS will apply the LMP for the activities they are overseeing for CNP-II.

The World Bank ESS2 defines four categories of project workers:

- **Direct workers** - people employed or engaged directly by the Implementing Agency, NCDDS, to work specifically in relation to the project.
- **Contracted workers** - people employed or engaged by sub-grantees to perform work related to core functions of the project, regardless of their location. The Cambodia Nutrition Project (CNP) will not employ any contracted workers.
- **Community workers** - people engaged in providing community labor, generally voluntarily. Community workers will be mobilized and supported by the sub-grantees. The Cambodia Nutrition Project (CNP) will not involve any community workers.
- **Primary supply workers** - people employed or engaged by primary suppliers to NCDDS and sub-grantees. Primary suppliers are those suppliers who, on an ongoing basis, provide directly to the project goods or materials essential for the core functions of the project. They will not be addressed under this LMP. The Cambodia Nutrition Project (CNP-I) does not require services from primary supply providers and hence, risks associated with this category of project workers are not envisaged under CNP-II."

Table 4 illustrates the typology of project workers under the CNP-I. The LMP envisages retainment of project staff currently supporting C/S SDGs and project management under NCDDS. Additional personnel, particularly for the additional 2-3 provinces may be hired under CNP-II. The planned personnel requirements will be assessed during project implementation and these will be based on needs, including for the purpose of the implementation of environmental and social requirements under CNP-II.

Table 4: CNP-I Project Workers

Project Component	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements	Direct Workers, Community Workers
Component 1 CNP-I: Strengthening the Delivery of Priority Health Services	6 6	Project Coordinators Trainers	Throughout project cycle	Direct workers
Component 2 CNP-I: Stimulating demand and accountability at the community level	4 5	Project Coordinators Field facilitators	Throughout project cycle	Direct workers
Component 3 CNP-I: Ensuring an Effective, Sustainable Response	1 1 1	Project Manager Procurement Specialist Finance Manager	Throughout project cycle	Direct workers
Component I CNP-II: Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for Women and Children	6 6	Project Coordinators Trainers	Throughout project cycle	Direct workers
Component 2 CNP-II: Project Management, Monitoring, and Evaluation for the NCDDS	1 1 1	Project Manager Procurement Specialist Finance Manager	Throughout project cycle	Direct worker

While NCDDS and MoH will remain as implementing agencies for the CNP-I, the NCDDS will primarily manage CNP-II. Given the strong track record of NCDDS under CNP and the aim of new operation being to build upon and expand core CNP activities, the same implementation arrangements for NCDDS under CNP will be used for CNP-II. Currently under the parent project, NCDDS implements Component 2 through its technical divisions and the provincial administration, District/Municipality Administration (DMA), and Commune/Sangkat (C/S) administrations. NCDDS has appointed a project director and a project manager to oversee Component 2 activities of CNP-I, and NCDDS' procurement office and fiduciary unit are being used for project implementation. The ongoing implementation of CNP-I is progressing well; and the project management, including financial management, procurement, and environmental and social safeguards have all been rated Moderately Satisfactory as per the most recent Implementation Support Mission. Existing coordination mechanisms, which include coordination focal points for NCDDS will continue to function under CNP-II as they currently do in the parent project.

b. BRIEF OVERVIEW OF LABOR LEGISLATIONS

Terms and Conditions

The Labour Law is the overarching legal instrument that regulates and protects workers in Cambodia. The law governs relations between employers and workers. The Law considers that the rules, obligations and rights are the same for casual or permanent workers. The law prohibits discrimination in any form, including by sex, religion, social origin, or ethnicity (art 12). Employers are required to make available a copy of the Law to workers at all business locations/ operations (art 15) and forced compulsory or the hiring of workers to pay off debts is prohibited (art 16). Article 106 reaffirms equal conditions and wage for all work regardless of origin, age and sex for the same types of work. The Law establishes the limit for working hours to 8 hours per day and 48 hours per week as well as rates for working overtime and on public holidays.

Labor law of 1997 includes provisions on non-discrimination; prohibition of forced labor including debt bondage; regulation of working conditions; restrictions on employment of minors (under 18 years old); maternity leave; special provisions for employment of agricultural workers; health and safety; and trade union rights.

Minimum Age

The allowable minimum age for wage employment is set at 15 years (art 177). The Law recognises statutory maternity leave on half wages (art 183), and for the performance of light duties for a further two months. Employers are prohibited from laying off women during their maternity leave (art 182).

Chapter XI of the labor law guarantees workers' rights to form unions. The Labor Law includes provisions against discrimination for union membership and to regulate collective negotiation of pay and conditions. Additional information regarding the Code of Conduct that explicitly prohibits SEA/SH is in Annex 8 of the ESMP.

Occupational Health and Safety

The Labor Law includes provisions on Occupational Health and Safety (OHS) mostly consistent with ESS2 of the World Bank's Environmental and Social Framework (ESF). Additional measures must also be taken compliant with WHO guidelines on COVID-19.

Chapter eight of Cambodia's Labour Law covers the health and safety of workers and requires maintaining standards of hygiene and sanitation in working environments and requirements for individual protective instrument and work clothes, lighting and noise levels (art.229). Machinery, mechanisms, transmission apparatus, tools, equipment and machines must be installed and maintained in the best possible safety conditions. All enterprises and establishments covered by this Law and employing at more than fifty workers must have a permanent infirmary on the premises/workshop/ or work sites (art.242). Workplaces/ sites with more than 200 workers must have areas for hospitalising injured or sick workers before transferring to a health facility and must be able to handle two per cent of the workers at the site. The Law requires that every manager of a workplace shall have someone take all appropriate measures to prevent work related accidents (art. 248). The Law also mandates that a general insurance system obligatory for workers shall be set up and this system shall be managed under the insurance of the National Social Security Fund (art. 256).

c. PROJECT REQUIREMENTS

The requirements under applicable ESS2 provisions cover the following areas: (a) working conditions and management of worker relationships; (b) protecting the workforce; (c) workers' access to a grievance mechanism; and (d) Occupational Health and Safety (OHS).

Working conditions and management of worker relationships includes requirements that:

a. Project workers are provided with clear **terms and conditions of employment**, consistent with national legal requirements.

b. The principles of **nondiscrimination and equal opportunity** are applied to project workers, and vulnerable project workers are protected.

c. The rights of workers to form workers organizations, consistent with national law, are respected.

Protecting the workforce requirements include:

a. Provisions to prevent employment of children below the age of 14 or the national legal minimum, whichever is higher, and restrictions on employment of children under 18.

b. Prevention of forced labor, including debt bondage and prohibition.

Direct workers must have access to a **grievance mechanism**.

OHS requirements must address:

a. Identification of potential hazards to project workers, particularly those that may be life threatening.

b. Provision of preventative and protective measures, including modification, substitution or elimination of hazardous conditions or substances.

c. Training of project workers and maintenance of training records.

d. Documentation and reporting of occupational accidents, diseases and incidents.

e. Emergency prevention preparedness and response arrangements to emergency situations; and

f. Remedies for adverse impacts such as occupational injuries, deaths, disabilities and disease.

d. RESPONSIBLE STAFF

The functions and responsibilities for the implementation and maintenance of the labor and work conditions will be as follows:

a. **Engagement and Management of Direct Workers:** NCDDS will be responsible for the engagement and management of direct workers and for their compliance with NCDDS's risk mitigation policies and the contract conditions, including labor and work conditions. NCDDS will address all LMP aspects and vulnerabilities of project workers as part of its human resources management and service procurement.

b. **Labor and Working Conditions:** It is the responsibility of the NCDDS to oversee and enforce policies and guidelines related to occupational health and safety (OHS).

c. **Training of Workers:** NCDDS will ensure that their direct workers are trained on OHS measures and other aspects of this LMP as appropriate, and – if necessary – provide guidance and supervision to sub-grantees to ensure that they also take adequate measures.

d. **Addressing Worker Grievances:** NCDDS will implement a Grievance Redress Mechanism (GRM) for workers which responds to the minimum requirements in this LMP and labor dispute under the Labor Law. The GRM for workers is not an alternative or a substitute to accessing the legal system for receiving and handling grievances. Nevertheless, all workers at all times have the right to access judicial or administrative remedies that are available under Cambodian law or through existing arbitration procedures. While all workers always have the right to access the legal system, the purpose

of establishing a GRM for workers is to provide an accessible and practical means to mediate and seek appropriate solutions to labor-related grievances, without escalating to higher stages wherever possible.

ANNEX 5 – GRIEVANCE REDRESS MECHANISM

Project-related grievances will be handled at the VHSG, with support from the Commune/Sangkat Committee for Women and Children; specifically, Women and Children Focal Person (WC- FP). For activities implemented under Component 1, community members may use the subnational government system to provide feedback or report grievances on activities led by C/S and DMA by reporting through the C/S, DMA and Provincial Administration as well as the NCDDS at the national level. WC- FP is assigned to collect, consolidate and report on citizen feedback and redress of grievances. The citizen feedback and grievances will be recorded in a spreadsheet or database to ensure issues are resolved and responses tracked.

The following channels will be used through which citizens/beneficiaries/Project Affected Persons (PAPs) can make complaints/suggestions/compliments regarding project-funded activities:

a. Directly by verbal feedback to Village Health Support Groups
b. Social Media, such as Facebook and Telegram
c. Submit to suggestion boxes near schools, C/S offices, and health centers

The GRM includes the following steps:

Receiving complaints from the citizens feedback mechanism:

a. When one or more citizens are not satisfied and are willing to provide feedback on related performance of VHSG and or health center and/or C/S administrative services deliveries, they can provide their feedback to service providers: VHSG, village team, and/or direct service providers. The citizen can inform other stakeholders as needed.
b. The messages that citizens can deliver to the service providers can be via verbal messages, complaints or feedback forms, telephone calls, or other means such as social media.
c. All complaints that C/S receive must be reported and recorded.

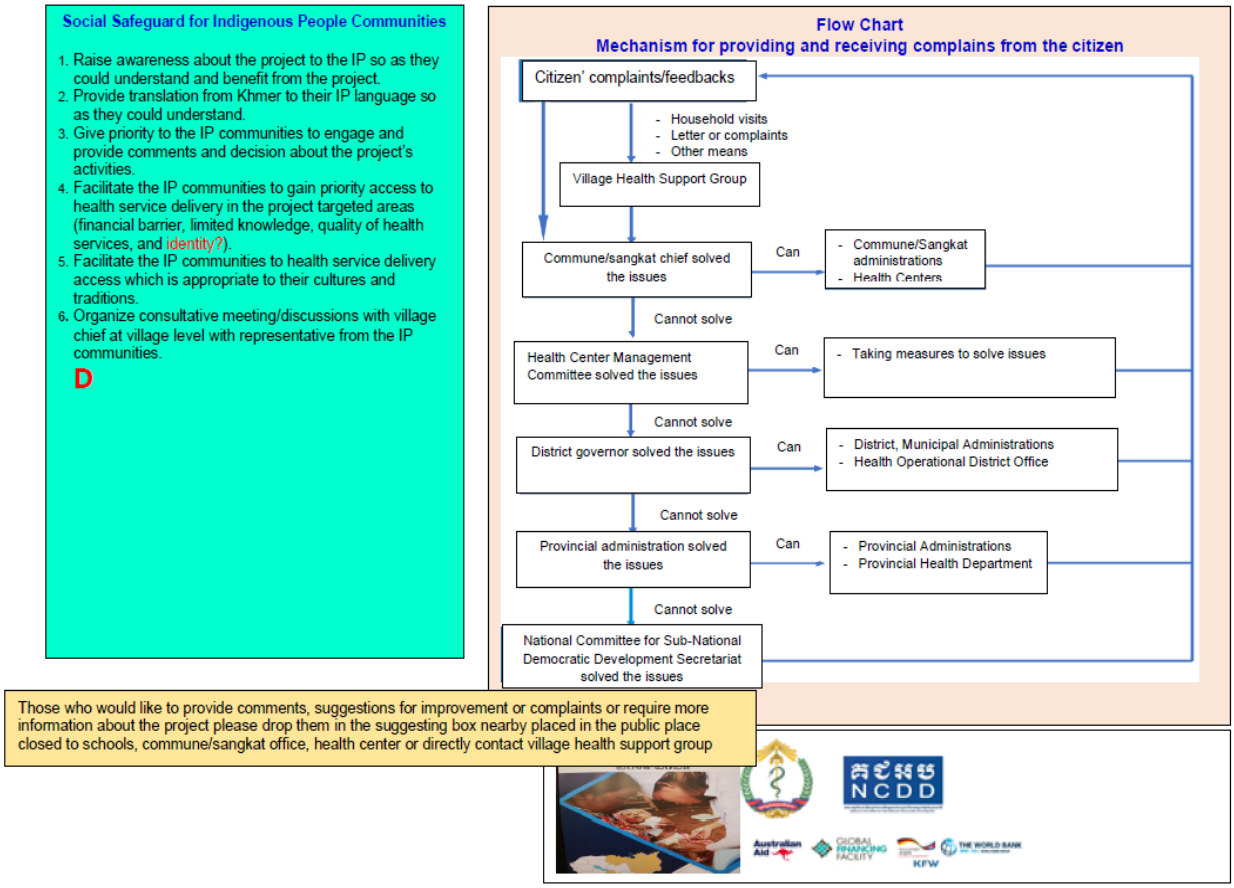
Citizen feedback responsive mechanism

a. The C/S chief is the first actor to review and respond to all citizen feedback and complaints, especially feedback related to CPWC activity implementation. After receiving feedback or complaints from citizens, the C/S chief shall respond accordingly and in a timely manner (within 20 business days) through interventions or actions of C/S administration and/or HC. The C/S chief shall inform the VHSG to report to the community or respective individual accordingly.
b. If the C/S chief cannot take action to respond to the complaints or feedbacks, the C/S chief shall submit those complaints or feedbacks to HCMC meeting for further actions. At the HCMC meeting, the committee can decide if any actions or resolutions are possible.
c. If the HCMC cannot come to a solution, the C/S chief shall refer the case to the DMA governor for further action. After receiving the cases, the DMA governor shall take action immediately through their DMA action or OD. The DMA governor shall inform the results of resolutions to C/S chief, who can then inform the citizens.
    d. If the case cannot be solved at the DMA level, the DMA governor shall send the cases to the PA governor. The PA governor can take action through PA or PHD. PA governor shall inform to DMA governor the results of interventions. The PA governor shall inform the results and resolutions to DMA governor who can inform the citizens.

e. If the case cannot be solved by provincial level, the PA governor shall send the cases to NCDDS or NCHP based on the nature of case.

f. NCDDS and NCHP are the last mechanism to solve and respond to the citizen feedback or complaints related to CPWC activities implementation. The Chairman of NCDDS and/or Chairwoman of NCHP shall inform the results of resolutions to PA governor who can inform the citizens.

g. All feedback and responses shall be recorded.



ANNEX 6 – SUMMARY OF PUBLIC CONSULTATIONS

On 20th December 2021, a public consultation workshop was conducted virtually via Zoom. There were 37 workshop attendees, which included both the national level and sub-national level government, World Bank technical team, NCDDS team, provincial deputy governors, representatives from provincial administration, director and deputy directors of provincial health departments, representatives district and municipal, selected Communes/Sangkat councilors, and representatives from selected health centers in the Bantheay Meachey and Pursat provinces.

The workshop discussion focused on the following four main topics:

- **Environmental impact:**
  - ✓ Participants expressed their agreement and appreciation for all drafted documents related to social and environmental safeguards for CNP.
  - ✓ Some participants from the sub national administrations confirmed that there was no significant effect from E-waste and health waste, as the sub-national level administration will carry out activities that promote service provision by health facilities. However, any participants can utilize the citizen feedback mechanism to report any issues with managing the environmental impact.
- **Social impact:**
  - ✓ The consultation noted three mechanisms that are considered to be the most effective delivery of the Stakeholder Engagement Plan: 1). Village Health Support Group (VHSG), 2). Social media such as Facebook, Telegram, and 3). Written complaints.
  - ✓ The citizen feedback and grievance redress mechanism for Indigenous Peoples are well defined and ensure inclusiveness and social equity at the community level.
- **Educational mechanisms**
  - ✓ The subnational administration suggested that the education mechanisms should be carried out directly during 1) The service provision, 2) The health public forum, 3) The health center management committee meeting, 4) C/S Investment Plan (CIP) development, and 5) The village meeting.
- **Impacts of COVID-19 in provinces:**
  - ✓ In **Bantheay Meanchey province**, more than 30,000 people have been infected with COVID-19. Due to a 153 kilometer border between Cambodia and Thailand, the movement of migrant workers in and out of the country significantly impacted health, nutrition and economic of the local people, particularly migrant women and children.

In **Pursat province,** residents were less significantly impacted by COVID-19 than those in Banteay Mean Chey. These consultation feedbacks were incorporated into the revised ESMP accordingly. The revised ESMP and other ES instruments were redisclosed on the NCDDs website https://ncdd.gov.kh/projects/cnp/.