Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 22-Jan-2019 | Report No: PIDISDSA25329
# Basic Information

## A. Basic Project Data

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<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
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<td>Cambodia</td>
<td>P162675</td>
<td>Cambodia Nutrition Project</td>
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<th>Practice Area (Lead)</th>
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<table>
<thead>
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<th>Borrower(s)</th>
<th>Implementing Agency</th>
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<tbody>
<tr>
<td>Investment Project Financing</td>
<td>Kingdom of Cambodia</td>
<td>Ministry of Health</td>
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### Proposed Development Objective(s)

The PDO is to improve utilization and quality of priority maternal and child health and nutrition services for targeted groups in Cambodia.

### Components

- Component 1: Strengthening the Delivery of Identified Priority Health Services
- Component 2: Stimulating demand and accountability at the community level
- Component 3: Ensuring an effective and sustainable response

## Project Financing Data (US$, Millions)

### SUMMARY

<table>
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<th>Total Project Cost</th>
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### DETAILS

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Environmental Assessment Category

B-Partial Assessment

Decision
The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context
Due to rapid and sustained growth, Cambodia has become one of the world’s leaders in economic growth, poverty reduction and shared prosperity. Cambodia has sustained an average growth rate of 7.6 percent over the period 1994-2015, ranking sixth in the world. Due to strong economic growth, gross national income (GNI) per capita more than tripled from USD 300 in 1994 to an estimated USD 1,070 in 2015, the year in which Cambodia became a lower middle-income economy.

In addition to strong economic growth, Cambodia has achieved dramatic poverty reduction. Poverty incidence under the national poverty line falling from 47.8 percent in 2007 to 13.5 percent in 2017. However, lagging progress on human capital outcomes poses a challenge to sustaining this growth in the future and competing with other regional countries. Lack of access to quality health services, especially in the more remote and rural areas, and high levels of stunting among under-fives are significant remaining challenges. Quality in education is a concern, and when years of schooling are adjusted for quality of learning, learning gap is 2.7 years.

Sectoral and Institutional Context
Emerging from widespread poverty in the 1990s, Cambodia’s health outcomes have improved rapidly and surpassed several countries which were much better off at this time. Life expectancy increased from 65.6 years in 2000 to 71.4 in
2012 and the total fertility rate declined from 3.8 in 2005 to 2.7 in 2014. The country’s progress and innovation in health service delivery contributed to achievement of most health-related Millennium Development Goals. The maternal mortality ratio decreased from 442 per 100,000 live births in 2005 to 170 in 2014, and under-five mortality rate decreased from 83 per 1,000 live births in 2000 to 35 in 2014. Between 2000 and 2014, infant mortality was more than halved from 80 to 29 per 1,000 live births. Neonatal mortality declined 46% in the period 2000-2014 (from 37 to 18 per 1,000 live births). However, neonatal mortality has not declined proportionately to total child mortality, accounting for nearly half of all under-five deaths in 2014.

Meanwhile, Cambodia is facing demographic and epidemiological transitions: the country’s burden of disease (BoD) is shifting from high communicable, maternal, neonatal and nutritional diseases to a pattern in which noncommunicable diseases (NCDs) take a leading role, while simultaneous declining fertility is projected to yield rapid increases in the elderly population from 2030. In 1990, communicable diseases (including vaccine preventable diseases), maternal and neonatal disorders, and nutritional deficiencies accounted for 64 percent of BoD. In the following years, the share of NCDs in BoD increased steadily while the share of communicable diseases diminished. By 2016, NCDs (55 percent) accounted for a significantly higher share of BoD than communicable diseases (34 percent). Malaria and tuberculosis (TB) have declined significantly from 1990 to 2016, with malaria falling from 2,487 to 767 DALYs lost per 100,000 and TB declining from 2,352 to 597 DALYs lost per 100,000.1

Despite progress on many fronts, maternal and child undernutrition remain a significant public health challenge, constraining the foundations of Cambodia’s human capital formation. Child stunting (low height-for-age) declined from 59% in 1996 to 32% in 2014. However, prevalence remains ‘high’ according to WHO public health thresholds. Child wasting (9.6 percent) is also considered ‘high’, particularly given low levels of absolute poverty and food insecurity. Maternal undernutrition contributes to poor pregnancy outcomes for women and their children: fourteen percent of women age 15-49 are underweight. Among women of reproductive age, nearly half (44 percent) suffer from anemia. Poor maternal health and nutrition during pregnancy (including maternal anemia and underweight) contribute to the high burden of children born with low birth weight (11 percent), the in utero origins of growth faltering.

Inequities in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes persist and need priority attention. National averages mask distinct disparities in RMNCAH-N outcomes for Cambodia’s rural, remote, indigenous, and socioeconomically challenged families. The wealth gap in child mortality has remained unchanged since 2005 at roughly three times higher for poor and rural children compared to wealthy and urban. Between 2000 and 2014, both absolute and relative inequality gaps in NMR by household wealth and place of residence increased. Stunting prevalence in the poorest wealth quintile (42 percent) is more than double that of the richest (18 percent) with the wealthiest experiencing the most rapid improvements. DPT3 coverage is 91 percent among the wealthiest children but only 61 percent in the poorest. Simultaneously, new challenges are emerging to address the RMNCAH-N needs of vulnerable urban and migrant populations.

Improving reproductive health and reducing maternal, newborn and child mortality and malnutrition is one of the four Ministry of Health (MOH) goals in the Third Health Strategic Plan (HSP-3) 2016–2020. Similarly, the HSP-3 also identifies RMNCAH-N (including immunization) as priority areas for action. Administratively, Cambodia’s public health system is divided into national, provincial, and operational district (OD) levels. HSP-3 aims to “effectively manage and lead the entire health sector to ensure that quality health services are geographically and financially accessible and socio-culturally acceptable to all people in Cambodia” through both public and private services. At the central level, the National

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Maternal and Child Health Center (NMCHC) governs the areas of nutrition, reproductive health, maternal and infant health, and child health and immunization. The NMCHC ensures the strategic alignment of programmatic and national priorities, provides coordination, training, and supervision for lower levels on RMNCAH-N activities.

Through strong political commitment and a willingness to innovate, Cambodia has set an example of how a low-income country can change the paradigm in financing and provision of healthcare services to accelerate progress on health outcomes. Significant improvements in service delivery have occurred over the past two decades. These include a dramatic increase in facility-based deliveries (10 percent in 2000 to 83 percent in 2014), uptake of antenatal care, and coverage of other maternal and child-health services, including immunization. Despite notable achievements, Cambodia continues to face challenges in delivering quality RMNCAH-N services that meet the expectations of the population. Lagging RMNCAH-N outcomes in Cambodia are the result of multiple and interacting causes, including: (i) variable and inequitable availability, accessibility, and quality of essential RMNCAH-N services; (ii) fragmented and verticalized financing and service delivery for priority RMNCAH-N programs; (iii) low community awareness and demand for preventive, promotive, and curative health services; and (iv) limited coordination and accountability for improved RMNCAH-N outcomes at local and national levels.

The MOH has identified commune/Sangkat (C/S) administrations as critical links to improve health outcomes. The National Committee for Democratic Sub-National Development Secretariat (NCDDS) plays an important role in mobilizing subnational administrations to implement activities at the sub-national level. Particularly with the support of NCDDS, C/S can increase demand for and utilization of maternal and child health and nutrition services and improve the management and accountability of health services to the citizens. MOH’s Community Participation Policy in Health (draft 2008) outlined key roles and responsibilities of all actors in MOH and the C/S administrations to improve health and nutrition. The MOH draft policy recommends the identification of two community health volunteers (locally known as Village Health Support Group (leaders), or VHSGs) per village to facilitate linkages between the community and the HCs and to coordinate and support HC activities in the community. However, this policy is yet to be operationalized, largely due to the lack of consistent, scalable funding.

Improving maternal and child health and nutrition is aligned with the priorities highlighted in Cambodia’s national development framework, sector-specific strategies, and Cambodia’s Sustainable Development Goal commitments. The Phase IV Rectangular Strategy for Growth, Employment, Equity and Efficiency of the RGC (2018-2023) commits to translating Cambodia’s peace and prosperity into investments in the Cambodian people and enhanced human capital. The strategy outlines a “new transformation” to enable attainment of upper-middle income country status, prioritizing investments in people through public healthcare and nutrition. Project investments will contribute to strengthen service delivery quality by increasing the capacity, accountability, and efficiency of public services (in health and local government) at the frontline levels, thereby contributing to objectives set forth in the HSP-3, the IP3-III, and the NSFSN. Project activities will help accelerate Cambodia’s achievement of the Sustainable Development Goals (namely 2.2 to reduce all forms of malnutrition and 3.8 to achieve UHC).

C. Proposed Development Objective(s)

2 NMCHC programs have outlined priority actions and objectives in sub-sector strategies such as: the National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020 (NSRSH); Fast Track Roadmap for Improving Nutrition, 2014-2020 (FTRM-N); Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality, 2016-2020 (FTIRM); and National Immunization Program Strategic Plan 2016-202 (NIP-SP).

3 The strategy promotes ‘uplifting the quality, safety, and effectiveness of health services,’ ‘introducing interventions to enhance nutrition’ and ‘establishing a multisectoral mechanism with participation from the community and sub-national administration in areas suffering from insufficient nutrition’ as means of accelerating investments in people.
Development Objective(s) (From PAD)
The PDO is to improve utilization and quality of priority maternal and child health and nutrition services for targeted groups in Cambodia.

Key Results
The PDO indicators capture improvements in priority service coverage and the quality priority service provision through facility- and community-based approaches.

<table>
<thead>
<tr>
<th>PDO Element</th>
<th>PDO Indicators</th>
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| To improve utilization of identified priority maternal and child health and nutrition services | (a) Initiation of breastfeeding within one hour of birth in target areas (early initiation of breastfeeding) (project survey)  
(b) Percent of children under 12 months of age in target areas receiving Penta-3 vaccine (HMIS) |
| To improve quality of identified priority maternal and child health and nutrition services | (c) Percent of infants/young children age 6-23 months in target areas receiving minimum dietary diversity (project survey)  
(d) Percent of pregnant women in target areas receiving micronutrient supplementation in accordance with national guidelines (HMIS)  
(e) Number of health facilities in target areas scoring over 60 percent on their Maternal and Child Health Scorecards (project administrative data)  
(f) Number of Commune/Sangkats receiving Commune/Sangkat Service Delivery Grants (C/S-SDGs) for women and children (project administrative data) |

D. Project Description
The project aims to serve as an anchor for an enhanced and coordinated response to accelerate the country’s human capital formation, focusing on facility- and community-based approaches to maternal and child health and nutrition in the first 1,000 days. The project will target pregnant and lactating women and children in the first 1,000 days of life as well as the targeted areas of Mondulkiri, Ratanakiri, Kratie, Steung Treng, Preah Vihear, Kampong Chhnang, and Koh Kong provinces. These seven provinces were prioritized in the RMNCAH-N IC 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.

Component 1: Strengthening the Delivery of Identified Priority Health Services
Component 1 leverages institutionalized, results-based health sector platforms—namely Health Equity Funds and Service Delivery Grants—to improve supply-side delivery of identified priority interventions. The component has two sub-components:

- Sub-component 1.1 Performance-based Service Delivery Grants (SDGs) to Improve Availability and Quality of Priority Services.
- Sub-component 1.2: Expanding Health Equity Funds (HEFs)

Component 2: Stimulating demand and accountability at the community level
Component 2 will finance community-based interventions in seven priority provinces to stimulate demand,
increase utilization of facility-based priority services, and encourage the adoption of appropriate RMNCAH-N behaviors. The component has three sub-components supporting inter-related activities:

- **Sub-Component 2.1: Commune/Sangkat (C/S) Service Delivery Grants (C/S-SDGs) for Women and Children**
- **Sub-Component 2.2: Building Capacities and C/S-SDGs Scoring and Verification**
- **Sub-Component 2.3: Project Management (NCDDS)**

**Component 3: Ensuring an Effective, Sustainable Response**

This component will finance: i) central level actions needed to enhance the effectiveness and sustainability of project investments; ii) development and delivery of modernized social and behavior change communication (SBCC) campaigns; iii) comprehensive monitoring, evaluation and adaptive learning; and iv) project management. This component has four sub-components:

- **Sub-component 3.1 Strengthening the functional and technical capacities at national and sub-national levels.**
- **Sub-component 3.2: Modernizing Health and Nutrition Communications**
- **Sub-component 3.3: Monitoring, Evaluation, and Learning**
- **Sub-component 3.4: Project Management (MOH)**

**E. Implementation**

The project will be implemented through two implementing agencies: the MOH, acting as Executing Agency, and NCDDS. MOH will implement components 1 and 3 through its technical departments, the national programs, and the PHDs, ODs, RHs, and HCs. The NCDDS will implement component 2 through its technical departments and the provincial, district/khan, and commune/Sangkat administrations.

MOH will appoint a Project Director below the minister to lead the project governance. Under the Project Director will be two project managers—a technical project manager and the Director General for Administration and Finance. The project will be implemented through the Department of Budget and Finance and the National Maternal and Child Health Center using mainstream MOH processes; it will not involve a parallel project implementation unit or secretariat. The NCDDS will also appoint a project manager to oversee Component 2 activities, and NCDDS’ procurement and fiduciary departments will be utilized for this component. The project will include provisions to strengthen these departments’ capacities and skills through additional consultants or advisors, as needed, to enhance departmental/program functions (rather than working only for specific project activities).

**F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

Project activities will be financed throughout the Kingdom of Cambodia. It is anticipated that most of the project support activities will be delivered at the health facility and community levels to improve nutritional
status of women and children under the age of two years. Community-level activities under Component 2 will be financed in the 7 provinces of Mondulkiri, Ratanakiri, Steung Treng, Kratie, Preah Vihear, Kampong Chhnang, and Koh Kong.

G. Environmental and Social Safeguards Specialists on the Team

Erik Caldwell Johnson, Social Specialist
Wasittee Udchachone, Environmental Specialist

<table>
<thead>
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<th>SAFEGUARD POLICIES THAT MIGHT APPLY</th>
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<td><strong>Safeguard Policies</strong></td>
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<tr>
<td>Environmental Assessment OP/BP 4.01</td>
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<td>Performance Standards for Private Sector Activities OP/BP 4.03</td>
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<td>Natural Habitats OP/BP 4.04</td>
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<tr>
<td>Forests OP/BP 4.36</td>
</tr>
<tr>
<td>Pest Management OP 4.09</td>
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</table>
Physical Cultural Resources OP/BP 4.11 | No | The project interventions are in existing facilities so this policy is not triggered.

Indigenous Peoples OP/BP 4.10 | Yes | As this project will be national in coverage, indigenous communities will likely be affected as direct beneficiaries of project activities. To this end an indigenous people planning framework (IPPF) has been developed to guide the design and implementation of project activities. The preparation of this instrument is informed by a social assessment focusing on the unique barriers of indigenous people communities, in particular, women and children, to benefit from nutrition and immunization services.

Involuntary Resettlement OP/BP 4.12 | No | The project will not finance construction of health facilities and hence this policy is not triggered.

Safety of Dams OP/BP 4.37 | No | The project will not finance any activities related to the construction of dams nor affect operations of existing dams or affiliated reservoirs.

Projects on International Waterways OP/BP 7.50 | No | The project will not affect international waterways.

Projects in Disputed Areas OP/BP 7.60 | No | No activities are planned in any disputed areas.

### KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

#### A. Summary of Key Safeguard Issues

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

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

   The Project will align to the existing performance-based Service Delivery Grant (SDG) system that is being by utilized the H-EQIP to finance activities in component 1, whereby eligible expenditures of the SDG allow for (i) purchasing drugs; (ii) financing activities related to pesticides for vector-borne disease control such as malaria and dengue; and (iii) minor works such as construction of toilets, installing hand washing facilities or repair of health center buildings in existing health facilities. There will be no new construction or expansion of existing health facilities. The project support under component 1 and component 2 is also expected to increase utilization of immunization services and would generate small quantity of health care wastes such as spent vaccines and syringes, which needs to be handled and disposed properly.

   An EMP has been developed by the MOH to assess potential environmental impacts from the project activities and outline mitigation measures and a monitoring plan to mitigate such impacts during implementation in line with the
relevant World Bank Safeguard Policies and applicable Cambodian environmental and health regulations. The EMP also outlines training and capacity-building arrangements needed to implement the EMP provisions.

As there is a significant presence of Indigenous Peoples (IPs) in the Project's priority provinces an Indigenous Peoples Planning Framework has been prepared to guide the implementing agencies in implementing the project in ways that address the unique social and cultural characteristics of IPs living in target areas.

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

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
Not applicable.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
The MOH has prepared an Environmental Management Plan (EMP) to assess potential environmental impacts from the project activities and recommend mitigation measures and monitoring plan to mitigate such impacts during the project design and implementation in line with the relevant World Bank Safeguard Policies and Cambodia applicable environmental and health regulations. The EMP also outlines training, and capacity-building arrangements needed to implement the EMP provisions. The Department of Preventive Medicine (DPM) under the MOH is responsible for social and environmental safeguards.

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

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The project key stakeholders include: the MOH and NCDDS policy makers and the national program managers at central level, Provincial Health Department, Operational Districts and health care facilities, sub-national authorities including provincial, district and commune/Sangkat authorities who will benefit from systems strengthening and capacity building activities, as well as from the government policies and strategic plans related to improving health and nutritional status of Cambodian people; Ministry of Economy and Finance to play an important role during implementation and monitoring; civil society organizations with an interest in health and nutrition; and communities.

Community consultations were conducted in in December 2018 in three provinces as part of the Social Assessment, Ratanakiri, Mondulkiri and Kratie. Women with children were a specific target for consultations as they are the primary target beneficiaries. MOH and subnational government representatives were also consulted. A national-level, public consultation on preparation of draft EMP and IPPF was conducted by the MOH on October 18th, 2018 in Phnom Penh. PowerPoint presentations were provided on draft project description, project safeguards documents including the content of draft EMP and IPPF, environmental impacts assessment and mitigation measures and monitoring plan to address those impacts identified. Results from stakeholder consultation had been included in the final safeguards document which, both Khmer and English version, were disclosed on the MOH’s website website on 18th January

### B. Disclosure Requirements

#### Environmental Assessment/Audit/Management Plan/Other

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<th>Date of receipt by the Bank</th>
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"In country" Disclosure

Cambodia

18-Jan-2019

Comments

#### Indigenous Peoples Development Plan/Framework

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"In country" Disclosure

Cambodia

18-Jan-2019

Comments

#### Pest Management Plan

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"In country" Disclosure

Cambodia

18-Jan-2019

Comments
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?
Yes
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?
Yes
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?
Yes

OP 4.09 - Pest Management

Does the EA adequately address the pest management issues?
Yes
Is a separate PMP required?
No
If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?
Yes
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?
Yes
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?
Yes

The World Bank Policy on Disclosure of Information
Have relevant safeguard policies documents been sent to the World Bank for disclosure?
Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?
Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?
Yes

Have costs related to safeguard policy measures been included in the project cost?
Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?
Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?
Yes

CONTACT POINT

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Somil Nagpal
Senior Health Specialist

Borrower/Client/Recipient
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Vissoth Vongsey
Secretary of State
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Implementing Agencies

Ministry of Health
H.E Prof. Tan Vuoch Chheng
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Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

<table>
<thead>
<tr>
<th>Task Team Leader(s):</th>
<th>Somil Nagpal</th>
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Approved By

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<tr>
<th>Safeguards Advisor:</th>
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<tbody>
<tr>
<td>Practice Manager/Manager:</td>
<td>Enis Baris</td>
</tr>
<tr>
<td>Country Director:</td>
<td>Inguna Dobraja</td>
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