

# Resettlement Planning Document

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Resettlement Plan (NR 56 and NR 68-B) Appendix 1a-1b  
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## Cambodia: Greater Mekong Subregion: Northwestern Provincial Road Improvement Project

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## INVENTORY OF LOSSES AND CENSUS OF AFFECTED PEOPLE/HOUSEHOLDS

<b>Name of Owner:</b>	<b>Gender:</b> [ 1 ] Male [ 2 ] Female
<b>Ethnic Affiliation:</b> [ 1 ] Khmer [ 2 ] Cham [ 3 ] Thai [ 4 ] Other, specify:	
<b>Address:</b> _____, _____, _____, _____ (Province)code (District)code (Commune)code (Village)code	
<b>Code of AP/AH:</b>	<b>Chainnage/Station Limit:</b>

## I. Affected Assets

A.1 Land: *Please specify* [ 1 ] Outside of ROW [ 2 ] Inside of ROW

Classification/ Use of Land *	Tenure Status					Total Area of Occupied/Ow ned Land (m <sup>2</sup> )	Area (m <sup>2</sup> ) to be Affected
	Title/ Certificate	Certificate under application	Rent or Lease	Occupant WITH Permission	Occupant WITHOUT Permission		

\*Examples of land classification or use: residential, farmland, commercial, residential-commercial, orchard

## A.2 If Renting or Occupying with Permission the Affected Land

With Lease Agreement		Occupying with Permission		
Monthly Rent	Name of Land Owner	Not Paying Rent	Paying Rent	
			Monthly Rent	Name of Person or Agency Rent is Paid

## B.1 Structures\* found on the Affected Land

Type/Use of Affected Structure	Structure Classification / Grade	Total area (m <sup>2</sup> ) / Length (LM) of Structure	Area (m <sup>2</sup> ) /Length (LM) of Structure to be Acquired	Degree of Impact on Affected House and Building	
				Partial; Still viable for use	Entire Structure to be acquired

\*Examples of structures: house, storage, store, house-and-store, house porch, house eaves, fence, school building, pagoda, tomb, water well, government office, irrigation canal

## B.2 Tenure Status over Affected House/Store/Building

Owner	Tenant/ Renter	Occupant WITH Permission	Occupant WITHOUT Permission

## B.3 Name of Owner and Monthly Payment for Rented/Occupied House/Store/Building

Name of Owner of Occupied / Rented Building or Structure	Paying Rent?		If Paying Rent, How much is Monthly Rent? (\$)
	No	Yes	

**C. Annual Crops Found on the Affected Land**

Name/Type of Annual Crops*	Affected Area Planted to the Crop (m <sup>2</sup> )

\*Examples of annual crops: rice, corn, sugarcane, cassava, etc.

**D. Type and Number (Count) of Perennials Found on the Affected Land**

Name of Perennial	Not Yet Fruit-bearing		Fruit-bearing Categories*				Other crops Papaya, banana, goose bury
	1-2 yr old	About to bear fruit	A	B	C	D	
<b>Total</b>							

\*Specifics of categories: A = canopy is >3m in diameter and produces 60 kg fruit; B = canopy is <3m in diameter and produces 40 kg fruit; C = 1 to 2m diameter and produces 30 kg fruit

**E. Type and Count of Timber Trees Found on the Affected Land**

Name of Perennial	Timber Tree Categories*			
	A	B	C	D
<b>Total</b>				

\*Specifics of categories: A = 1 to 3 years old; B = 4 to 5 years old and foot diameter of 4 to 6 cm; C = 6 to 10 years old and foot diameter of 20 cm or more; etc.)

**F. Affected Business Operation and Employment**

Nature of Business*	Net Daily Income (\$)	Number of Paid Workers (if any)	No Business Disruption	Temporary Disruption of Business Operation+			Business Operation Stops Permanently
				1 – 2 Weeks Disruption	3 – 4 Weeks Disruption	Other Duration (specify)	

\*Examples of business: 1= motor vehicle repair shop, grocery store, restaurant

+During the period of disruption of business operation, the owner (and workers) loses income as a consequence thereof.

\_\_\_\_\_  
Name and Signature of AH or Representative Respondent

\_\_\_\_\_  
Relationship with the AH

Date signed: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Survey Team member  
Date signed: \_\_\_\_\_

**II. Sketch of Affected Land and Relative Location of Other Assets Found Thereat**

**Chainage/Station Limit:** km \_\_\_\_\_ + \_\_\_\_\_

**LEFT HAND SIDE**

**ROW Limit:** \_\_\_\_\_ m from CL \_\_\_\_\_

-COI -----

0.0 m Centerline (CL) \_\_\_\_\_

-COI -----

**ROW Limit:** \_\_\_\_\_ m from CL \_\_\_\_\_

**RIGHT HAND SIDE**

## SOCIOECONOMIC SURVEY OF AFFECTED PEOPLE/HOUSEHOLDS

**INSTRUCTION:** To be administered only to people/households affected by the entire or partial loss of house, store, building, residential/commercial land, farmland located inside and/or outside of the Project road right-of-way (ROW). This will NOT be administered to people/households affected by the entire or partial loss of secondary structures, such as fence, driveway, gate, porch, house eaves, and a few trees (as against an orchard).

A. BASIC INFORMATION ON THE HEAD OF THE AFFECTED HOUSEHOLD (AH)															
1. Name			2. Gender			[ 1 ] Male		[ 2 ] Female							
3. Address						4. Code of AH									
5. Civil Status			[ 1 ] Single			[ 3 ] Widow/Widower			[ 5 ] Live-in						
			[ 2 ] Married			[ 4 ] Separated/Divorced									
6. Physical condition			[ 1 ] Normal			[ 2 ] Handicapped									
7. Length of occupation/residency in ROW				[ 1 ] < 1 year		[ 2 ] 1 – 2 yrs		[ 3 ] 3 – 4 yrs		[ 4 ] 5 – 9 yrs					
										[ 5 ] > 9 yrs					
B. SOCIOECONOMIC PROFILE OF THE AFFECTED HOUSEHOLD (AH)															
1. Size of AH (number of persons presently living with the household)				[ ] 1		[ ] 3		[ ] 5		[ ] 7					
				[ ] 2		[ ] 4		[ ] 6		[ ] Other: _____ (Specify number)					
2. Number of families in the household				[ ] 1		[ ] Other: _____ (Specify how many families make up the AH)									
				[ ] 2											
3. Information on persons living with the AH															
Particulars				Pa		Ma		Children/Members of AH							
								1	2	3	4	5	6	7	8
Relation to HH head, 1=spouse, 2 Children, 3= parents 4= others															
a. Age															
b. Gender				M		F									
c. Religion															
				1=Buddhist											
				2=Islam											
				3=Christian											
				4=Other(Specify _____)											
d. Ethnic affiliation															
				1=Khmer											
				2=Cham											
				3=Chinese											
				4=Thai											
				5=Other(Specify _____)											
e. Educational attainment															
				00=None											
				1=Primary											
				2=Finished elementary											
				3=Not finished high school											
				4=Finished high school											
				5=Technical/Vocational											
				6=Did not finish college											
				7=College graduate											
				8=Other(Specify _____)											

	Particulars	Pa	Ma	Children/Members of AH									
				1	2	3	4	5	6	7	8		
	<i>f. Source(s) of livelihood</i>												
	00=None, still in school												
	1=None, retired/old/sick												
	2=Farming												
	3=Raising livestock												
	4=Selling goods												
	5=Restaurant/eatery												
	6=Farm laborer												
	7=Factory/shop worker												
	8=Government employee												
	9=Private employee												
	10=Transport operator												
	11=Driver												
	12=Remittances (Cambodia)												
	13=Remittances (abroad)												
	14=Other(Specify _____)												
	<b>4. Monthly income of AH (US \$)</b>	[ 1 ] < 50		[ 6 ] 250 ~ 299		[ 11 ] 500 ~ 999							
		[ 2 ] 50 ~ 99		[ 7 ] 300 ~ 349		[ 12 ] 1,000 ~ higher							
		[ 3 ] 100 ~ 149		[ 8 ] 350 ~ 399		[ 00 ] No answer							
		[ 4 ] 150 ~ 199		[ 9 ] 400 ~ 449									
		[ 5 ] 200 ~ 249		[ 10 ] 450 ~ 499									
	<b>5. Monthly household expenses (US \$)</b>	<b>Expense Items</b>											
	<b>Amount</b>	<b>Food</b>	<b>Clothing</b>	<b>Housing</b>	<b>Education</b>	<b>Health</b>							
	1=Less than 50												
	2=50 ~ 99												
	3=100 ~ 149												
	4=150 ~ 199												
	5=200 ~ 249												
	6=250 ~ 299												
	7=300 ~ 349												
	8=350-399												
	9=400 ~ higher												
	<b>6. Sanitation</b>												
	<b>a. Source(s) of potable water</b>	[ 1 ] Own well		[ 4 ] Own faucet connected to provider									
		[ 2 ] Public well		[ 5 ] Buy from retailers									
		[ 3 ] Public faucet		[ 6 ] Other (Specify _____)									
	<b>b. Water for washing/bathing</b>	[ 1 ] Own well		[ 4 ] Own faucet connected to provider									
		[ 2 ] Public well		[ 5 ] Buy from retailers									
		[ 3 ] Public faucet		[ 6 ] Buy from retailers									
	<b>c. Toilet facilities</b>	[ 1 ] Water-sealed		[ 4 ] Open pit		[ 00 ] None							
		[ 2 ] Flush		[ 5 ] Public toilet									
		[ 3 ] Closed pit		[ 6 ] Other (Specify _____)									
	<b>d. Bathing facilities</b>	[ 1 ] Own bathroom		[ 00 ] None									
		[ 2 ] Public bath		[ 3 ] Other (Specify _____)									
	<b>e. Garbage disposal</b>	[ 1 ] Collected		[ 3 ] Dumped by AH on wasteland									
		[ 2 ] Burned/buried by AH		[ 4 ] Other (Specify _____)									
	<b>7. Main source of power for lighting</b>	[ 1 ] Electricity from provider		[ 4 ] Kerosene									
		[ 2 ] Own electric generator		[ 5 ] Wood									
		[ 3 ] Rechargeable battery		[ 6 ] Other (Specify _____)									
	<b>8. Ownership of home appliances (MA?)</b>	[ 1 ] Television		[ 5 ] Refrigerator		[ 9 ] Air conditioner							
		[ 2 ] Radio/cassette		[ 6 ] Microwave		[ 10 ] Washing machine							
		[ 3 ] Telephone		[ 7 ] DVD/CD Player		[ 11 ] Oven/stove							
		[ 4 ] Electric fan		[ 8 ] Computer									
	<b>9. Ownership of means of transportation (MA)</b>	[ 1 ] Bicycle		[ 3 ] Motorbike		[ 00 ] None							
		[ 2 ] Car		[ 4 ] Truck		[ 5 ] Other(Specify _____)							

C. AVAILABILITY OF COMMUNITY/SOCIAL INFRASTRUCTURE (Single answer in each row?)												
		Particulars			In the Village			Next Village			District Center	
		1 Primary School										
		2 Secondary School										
		3 Health Center/Clinic										
		4 Temple/Church/Mosque										
		5 Market										
D. OTHER LANDHOLDINGS OF THE AH OUTSIDE OF THE ROW												
		Tenure Status			Area in m <sup>2</sup>							
					Residential		Farmland		Pond		Forest	
		1. Title/Land Certificate)										
		2. Certificate under application										
		3. Rent or lease										
		4. Occupying with permission										
		5. Occupying without permission										
		TOTAL LAND AREA										
E. RECONSTRUCTION OPTION OF AH LOSING ENTIRE HOUSE AND/OR STORE												
					[ 1 ] Rebuild on residual area of the land							
					[ 2 ] Relocate on another land owned by the AH							
					[ 3 ] Relocate but has NO other land on which to relocate							

\_\_\_\_\_  
Name and Signature of AH Head or  
Representative Respondent  
Date signed: \_\_\_\_\_

\_\_\_\_\_  
Relationship with the AH (if  
Representative Respondent)

\_\_\_\_\_  
Name and Signature of Survey Team  
member  
Date signed: \_\_\_\_\_