

SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Cambodia	Project Title:	Greater Mekong Subregion Health Security Project (Additional Financing)
Lending/Financing Modality:	Project loan	Department/ Division:	Southeast Asia Department / Human and Social Development Division

I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY

Poverty targeting: general intervention

A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy

The project will provide urgent support to the Government of Cambodia's efforts to mitigate the adverse health, social, and economic impacts of the coronavirus disease (COVID-19) pandemic. It will support to scale-up health system capacity for prevention, detection, and response to emerging health threats. The project is aligned with Cambodia's National Strategic Development Plan 2019–2023, which aims to reduce poverty and narrow inequalities.^a The project is consistent with the Asian Development Bank (ADB)'s Country Partnership Strategy for Cambodia 2019–2023, through its impacts on strengthening human capital and lifelong learning.^d The project supplements the COVID-19 Active Response and Expenditure Support Program, which provides budgetary support to the government's pandemic response, the forthcoming Cambodia Rapid Immunization Support Project and is aligned with ongoing regional technical assistance for health security.^e The project will contribute to the achievement of Sustainable Development Goal 3: good health and well-being.

B. Results from the Poverty and Social Analysis during Transaction TA or Due Diligence

- Key poverty and social issues.** Despite recent progress made in poverty reduction, declining from 47.8% in 2007 to 13.5% in 2014, Cambodia still has a large share of population living near the poverty line, highly vulnerable to economic and other external shocks. In 2019, Cambodia ranked 146 out of 189 economies in the Human Development Index, resulting in the lower-medium ranking. While well-targeted health measures prevented a major outbreak of COVID-19 during 2020, the pandemic has led to significant social and economic impacts. The garment, textile, and footwear industry, which employs almost one million workers (80% of the workforce are women) has been under increasing pressure from external demand shocks. The other pillars of Cambodia's narrow economic base—tourism, agriculture, and construction—were also hard hit. So too was the informal economy. Impacts disproportionately affect the poor and vulnerable. From an expected growth rate for 2020 of 6.8% and poverty rate of 9.6% before COVID-19, projections indicated a potential contraction of -4.0%, with an increase in poverty to 17.6%.^e However, the government's stimulus packages are anticipated to have contributed to mitigating the severity of these projected impacts. In response to a new and sustained phase of infections that commenced in February 2021 the government has implemented a series of control measures that are likely to result in a continuation of the economic and social impacts throughout 2021.
- Beneficiaries.** The additional financing will scale-up project activities to all 116 provincial and district referral hospitals in the country, benefitting the whole population, 76% of whom live in rural areas. Beneficiary populations in rural, peri-urban, and cross border locations are characterized by high levels of vulnerability linked to poverty, ethnicity, and inadequate access to essential services, including health care.
- Impact channels.** The majority of project resources will be allocated for (i) equipment and facility upgrades and staff capacity building to improve referral hospitals' clinical care (oxygen therapy), infection prevention and control (IPC), and diagnostic capacity for responding to COVID-19 and other emerging disease threats, and (ii) increasing sub-national capacity for disease surveillance, response, and risk communications. Poor and vulnerable groups will benefit in the immediate term through improved access to clinical care and diagnostics for COVID-19 and in the longer term through the improved capacity of hospitals to provide emergency and high dependency care for other health threats.
- Other social and poverty issues.** Utilization of public sector health services in Cambodia is low. Around 75% of sick persons initiate care in the private sector, accounting for the high level of out-of-pocket (OOP) payments.^f Households in the lowest two income quintiles were more vulnerable to OOP spending.^g The government has prioritized improving the coverage, quality and equity of public and private sector health services.^h
- Design features.** The project design focuses on mitigating the impact of a COVID-19 outbreak on the population's health and the associated social and economic burdens. At the output level the project will strengthen the capacity of sub-national health systems for responding to COVID-19 and other communicable disease threats. At the outcome level, the investment contributes to Cambodia's progress towards compliance with the requirements of the International Health Regulations (2005) (IHR) to develop minimum core public health capacities for responding to public health risks of national and international concern.ⁱ Effectively responding to such threats reduces the social and economic burden of pandemics that fall disproportionately on poor.

II. PARTICIPATION AND EMPOWERING THE POOR	
1. Participatory approaches and project activities that will strengthen inclusiveness in project implementation. The project will improve the quality of care available to poor and marginalized populations in rural consistent with the country's vision for the provision of pro-poor health care services. The communications and community engagement specialist in the project management unit of the ongoing project undertakes quarterly visits to communities to consult on the design and delivery of community-based activities.	
2. CSO participation. MOH consulted development partners, including nongovernment organizations (NGOs), in the development of its COVID-19 response strategy. The Technical Working Group-Health provides a forum for consultation with NGOs.	
3. Approaches of CSO participation envisaged during project implementation. The following forms of civil society organization participation are envisaged during project implementation, rated as high (H), medium (M), low (L), or not applicable (NA): <input checked="" type="checkbox"/> L Information gathering and sharing <input checked="" type="checkbox"/> L Consultation <input type="checkbox"/> Collaboration <input type="checkbox"/> Partnership	
4. Participation plan. <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No. The communications and community engagement specialist in the PMU will continue community visits to consult on the design of community-based activities under the additional financing.	
III. GENDER AND DEVELOPMENT	
Gender mainstreaming category: effective gender mainstreaming	
1. Key issues. The COVID-19 crisis is increasing the vulnerability of women in Cambodia. Female healthcare workers are overrepresented in frontline positions where exposure to COVID-19 infection is greatest. The health workforce is 52% female and most hold lower-level positions. Women are underrepresented in management roles (84% of managers are male) and upskilling is needed to improve career options. The pandemic has led to an increase in the incidence of gender-based violence (GBV). ¹ An increase in the incidence of psycho-social conditions, including anxiety and depression, has also been observed, with women suffering more acutely due to the increasing burden of their care and risk management roles. The gender action plan (GAP) for the original project has been updated to incorporate additional gender actions and targets in outputs 2, 3 and 4. These include: (i) assessment of gender-related infection risks for frontline health care workers during pandemics; (ii) equal representation of female and male staff in trainings on laboratory techniques; (iii) female and male healthcare workers upskilled to provide support and referral options to persons affected by GBV and mental health issues; (iv) healthcare workers, patients, and their families provided education materials on mental health and psycho-social support during times of crisis; and (v) collection and reporting of sex-disaggregated data on COVID-19.	
2. Key actions <input checked="" type="checkbox"/> Gender action plan <input type="checkbox"/> Other actions or measures <input type="checkbox"/> No action or measure	
IV. ADDRESSING SOCIAL SAFEGUARD ISSUES	
A. Involuntary Resettlement	Safeguard Category: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> FI
1. Key impacts. The project's output under the additional financing will not involve any major new construction works or activities that require additional land acquisition or will cause any displacement. The project includes minor upgrade works for laboratory rooms in 62 selected hospitals. These works will be undertaken within the existing boundary of the hospital with no land acquisition or involuntary resettlement impacts.	
2. Strategy to address the impacts. A social due diligence has been conducted based on the information collected from 81 hospital to confirm that there are no impacts on land acquisition and involuntary resettlement.	
3. Plan or other Actions. <input type="checkbox"/> Resettlement plan <input type="checkbox"/> Combined resettlement and indigenous peoples plan <input type="checkbox"/> Resettlement framework <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework <input type="checkbox"/> Environmental and social management system arrangement <input type="checkbox"/> Social impact matrix <input checked="" type="checkbox"/> No action	
B. Indigenous Peoples	Safeguard Category: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> FI
1. Key impacts. The additional financing project is expected to have positive impacts on indigenous peoples in terms improved access to better quality health care facilities in the project areas and no negative impacts. The project covers 81 hospitals, including facilities in provinces where indigenous peoples reside. Project provinces with diverse indigenous populations (Souys, Kouy, Chornk, Phnong, Kouy, Por and Cha Ray/Tom Pun) are Kampong Speu, Kampong Thom, Koh Kong, Mondul Kiri, Preah Vihear, Pursa, Ratanakiri, Siemreap, Preah Sihanouk, and Oddar Meanchey. Indigenous peoples maintain their own distinct language and socio-cultural practices, however they do assimilate with mainstream population and can speak and understand the national language. Is broad community support triggered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The project provides benefit to the indigenous people and the project does not entail land acquisition and involuntary resettlement of any indigenous peoples. People in general, and indigenous peoples in particular, support the project. Therefore, broad community support is not triggered.	
2. Strategy to address the impacts. An Indigenous Peoples Plan (IPP) has been prepared based on the national regulations and ADB's Safeguards Policy Statement (2009). The IPP provides guidance to support culturally appropriate project implementation for indigenous people beneficiaries. The project will increase indigenous	

people's awareness of activities to improve health services and provide health education programs for COVID-19 response. The IPP specifies safeguard provisions to be monitored to ensure that indigenous peoples can access, and receive benefits from, project activities.

3. Plan or other actions.

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|---|--|
| <input checked="" type="checkbox"/> Indigenous peoples plan | <input type="checkbox"/> Combined resettlement plan and indigenous peoples plan |
| <input type="checkbox"/> Indigenous peoples planning framework | <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework |
| <input type="checkbox"/> Environmental and social management system arrangement | <input type="checkbox"/> Indigenous peoples plan elements integrated in project with a summary |
| <input type="checkbox"/> Social impact matrix | |
| <input type="checkbox"/> No action | |

V. ADDRESSING OTHER SOCIAL RISKS

A. Risks in the Labor Market

- 1. Relevance of the project for the country's or region's or sector's labor market:** high (H), medium (M), and low or not significant (L). ☒ H unemployment ☒ H underemployment ☐ retrenchment ☐ core labour standards
- 2. Labor market impact.** Reduced risk of COVID-19 infection and reduction in morbidity and mortality will facilitate resumption of economic activities. Re-entry to the labour market will enable the population, including those in informal and vulnerable employment, to restore livelihoods and social wellbeing.

B. Affordability.

Not applicable.

C. Communicable Diseases and Other Social Risks

- The impact of the following risks are rated as high (H), medium (M), low (L), or not applicable (NA):
☒ Communicable diseases (H) ☐ Human trafficking (NA) ☐ Others (NA)
- Risks to people in project area. The project will have a positive impact with respect to communicable diseases. It directly addresses the risk of COVID-19 and other emerging disease threats.

VI. MONITORING AND EVALUATION

- 1. Targets and indicators.** The design and monitoring framework targets and indicators capture poverty and social dimensions of the project. Outcome indicator 1 assesses the country's progress to achieving core competency requirements of the IHR and is aligned with Goal 3 (Target 3.d) of the Sustainable Development Goals. Output level indicators include gender targets.
- 2. Required human resources.** The MOH, through the PMU's consultants, will monitor the poverty and social impacts of the project. Provincial Health Departments, as the implementing agencies, will support the PMU in monitoring.
- 3. Information in the project administration manual.** The project administration manual describes the project performance management system, including the design and monitoring framework and all reporting requirements.
- 4. Monitoring tools.** Outcome level monitoring will draw on existing MOH tools for monitoring progress towards the IHR core capacities. Output level monitoring will combine existing hospital data and data collected through project specific tools and include sex-disaggregated data (where available) and data for monitoring the Indigenous Peoples Plan.

^a Royal Government of Cambodia. 2019. *National Strategic Development Plan 2019–2023*. Phnom Penh.

^b United Nations Development Program. 2020. [COVID-19 Economic and Social Impact Assessment in Cambodia](#). Phnom Penh.

^c UNDP. [Projected impacts of COVID-19 on the 2020 Human Development Index in Cambodia and its neighbours](#).

^d ADB. 2020. [Cambodia: Country Partnership Strategy, 2019-2023 - Inclusive Pathways to a Competitive Economy](#). Manila.

^e United Nations Development Program. [Policy Brief 1: COVID-19 Economic and Social Impact Assessment in Cambodia](#). Phnom Penh. October 2020.

^f P. Annear et al. 2019. [Protecting the poor? Impact of the national health equity fund on utilization of government health services in Cambodia, 2006-2013](#). *BMJ Global Health* 2019;4:3001679.

^g WHO. 2019. [Financial Health Protection in Cambodia \(2009–2016\): Analysis of Data from the Cambodia Socioeconomic Survey](#). Manila.

^h Government of Cambodia. 2016. *Health Strategic Plan 2016-2020 "Quality, Effective and Equitable Health Services"*. Phnom Penh

ⁱ World Health Organization (WHO). 2016. *International Health Regulations (2005)*. Third Edition. Geneva.

^j UNESCAP. 2020. [The Covid-19 Pandemic and Violence Against Women in Asia and the Pacific](#). Bangkok.

Source: Asian Development Bank.