

# Involuntary Resettlement Due Diligence Report

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## Cambodia: Greater Mekong Subregion Health Security Project (Additional Financing)

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## ABBREVIATIONS

ADB	– Asian Development Bank
CARES	– COVID-19 Active Response and Expenditure Support
COVID-19	– Coronavirus Disease
CRIS	– Cambodia Rapid Immunization Support
DPHI	– Department of Planning and Health Information
EA	– Executing Agency
ELC	– Economic Land Concession
GMS	– Greater Mekong Subregion
GRM	– Grievance Redress Mechanism
IA	– Implementing Agency
ICU	– Intensive Care Units
IHR	– International Health Regulations
IPC	– Infection Prevention Control
IR	– Involuntary Resettlement
Lao PDR	– Lao People’s Democratic Republic
MOH	– Ministry of Health
PMU	– Project Management Unit
PPE	– Personal Protective Equipment
RRT	– Rapid Response Teams
SDG	– Sustainable Development Goals
SLC	– Social Land Concessions
RGC	– Royal Government of Cambodia
SPS	– Safeguard Policy Statement
WHO	– World Health Organization

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## I. INTRODUCTION AND PROJECT BACKGROUND

### A. Introduction

1. This is a social due diligence report on Involuntary Resettlement (IR), which has been prepared for the additional financing component of the Project (hereinafter called the project) of the ongoing project, “Greater Mekong Subregion Health Security Project.”

2. As per ADB’s Safeguard Policy Statement, Project screening and categorization are undertaken to (i) determine the significance of potential impacts or risks that a project might present with respect to the environment, involuntary resettlement, and Indigenous Peoples; (ii) identify the level of assessment and institutional resources required to address safeguard issues; and (iii) determine the information disclosure and consultation requirements. Using environment, involuntary resettlement, and Indigenous Peoples screening checklists, the project is categorized. A proposed project is assigned to one of the following categories depending on the significance of the probable involuntary resettlement impacts:

**Category A.** A proposed project is classified as category A if it is likely to have significant involuntary resettlement impacts. A resettlement plan, including assessment of social impacts, is required.

**Category B.** A proposed project is classified as category B if it includes involuntary resettlement impacts that are not deemed significant. A resettlement plan, including assessment of social impacts, is required.

**Category C.** A proposed project is classified as category C if it has no involuntary resettlement impacts. No further action is required.

3. A project’s involuntary resettlement category is determined by the category of its most sensitive component in terms of involuntary resettlement impacts. The involuntary resettlement impacts of an ADB-supported project are considered significant if 200 or more persons will experience major impacts, which are defined as (i) being physically displaced from housing, or (ii) losing 10% or more of their productive assets (income generating). The level of detail and comprehensiveness of the resettlement plan are commensurate with the significance of the potential impacts and risks. A screening has been done (Refer to Appendix-1) for the project and based on the screening, the additional financing is categorized as “C” for involuntary resettlement. Therefore, this due diligence has been prepared to conform the category “C” on IR.

### B. Background and Project Rationale

4. The original health security project<sup>1</sup> is helping Cambodia, the Lao People’s Democratic Republic (Lao PDR), Myanmar, and Viet Nam to comply with the International Health Regulations

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<sup>1</sup> The original project comprises (i) loans to Cambodia (SDR15,012,000 [\$21 million]), the Lao People’s Democratic Republic (Lao PDR) (SDR2,856,000 [\$4 million]), Myanmar (SDR8,616,000 [\$12 million]), and Viet Nam (SDR56,946,000 [\$80 million]); and (ii) a grant to the Lao PDR (\$8 million). The Asian Development Bank (ADB) provided loans (additional financing) to the Lao PDR (\$20 million) and Myanmar (\$30 million). ADB also provided project preparatory technical assistance of \$1.3 million to Cambodia, the Lao PDR, Myanmar, and Viet Nam. ADB. [Greater Mekong Subregion Health Security Project](#); ADB. [Greater Mekong Subregion Health Security Project \(Additional Financing\) \(Lao PDR\)](#); ADB. [Greater Mekong Subregion Health Security Project \(Additional Financing\) \(Myanmar\)](#); and ADB. [Technical Assistance: Greater Mekong Subregion Health Security Project](#).

(IHR).<sup>2</sup> It is developing core health system capacities to respond to public health threats of national and international concern.<sup>3</sup> Project investments support three outputs: (i) regional cooperation and communicable disease control in border areas improved, (ii) national disease surveillance and outbreak response system strengthened, and (iii) laboratory services and hospital infection prevention and control (IPC) improved. The proposed additional financing will support the Ministry of Health (MOH) in responding to the coronavirus disease (COVID-19) pandemic. It will (i) support laboratory services and IPC to 8 provincial hospitals and 73 district referral hospitals; (ii) equip 14 provincial hospitals to provide emergency clinical care for COVID-19 patients, including upgraded oxygen supply; and (iii) strengthen surveillance and response capacity for COVID-19 and other communicable diseases nation-wide.

5. The Asian Development Bank (ADB) approved the original project on 22 November 2016, for a total of \$125 million equivalent to Cambodia, the Lao PDR, Myanmar, and Viet Nam. Additional financing of \$20 million was approved for the Lao PDR on 22 May 2020 and \$30 million for Myanmar on 8 October 2020 to support a new project output for emergency response to the COVID-19 pandemic. The completion date for the original project is 31 March 2022, and the loan closing date is 30 September 2022. As of 30 June 2021, against an elapsed implementation period of 79%, the original project in Cambodia is rated *on track* under ADB's project performance rating system.<sup>4</sup> Cumulative contract awards and disbursements for Cambodia are \$15.28 million (72.52% of ADB financing) and \$15.05 million (71.27% of ADB financing, including advances of \$1.5 million), respectively. Of the ten outcome and output indicators for Cambodia, four are already achieved, and six are partially achieved. The delivery of expected outputs is rated *successful*. As of June 2021, all 7 (100%) actions in the gender action plan (GAP) are being implemented; 7 (64%) of 11 targets are on track; and 4 targets (36%) have not yet met their respective targets. Project covenants, including all safeguard covenants, are either complied with or are being complied with. The project implementation risks have been adequately mitigated, and the management of risks is rated *successful*.

6. The Government of Cambodia has requested (i) a \$25 million concessional loan from ADB's ordinary capital resources, and (ii) a \$5 million JFPR grant as additional financing for the Greater Mekong Subregion (GMS) Health Security Project. The proposed additional financing will strengthen health system capacity to respond to COVID-19 and other public health threats. As of 7 July 2021, Cambodia has recorded 55,187 confirmed cases of COVID-19, with 748 deaths.<sup>5</sup> Cambodia's early efforts to build response capacity for COVID-19 were guided by MOH's Response Plan for COVID-19.<sup>6</sup> This plan prioritized nine focus areas for health system strengthening specific to COVID-19 readiness.<sup>7</sup> Despite success in keeping confirmed COVID-19 cases low throughout 2020, an outbreak that commenced on 20 February 2021 has resulted in a surge of new infections and sustained community transmission. The World Health Organization (WHO) has highlighted the risk of silent transmission, with 66% of cases in this outbreak being asymptomatic.<sup>8</sup> Cambodia's highly mobile population is a driver of COVID-19 spread. Up to 4.1 million people per year migrate internally. Migrant workers face social and economic barriers to accessing health services, increasing the risk of COVID-19 cases remaining undetected.<sup>9</sup>

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<sup>2</sup> WHO. 2016. *International Health Regulations (2005)*. Third Edition. Geneva.

<sup>3</sup> World Health Organization (WHO). 2016. *International Health Regulations (2005)*. Third Edition. Geneva.

<sup>4</sup> ADB. 2020. Project Performance Monitoring. *Project Administration Instructions*. PAI 5.08. Manila.

<sup>5</sup> WHO. [Coronavirus Disease \(COVID-19\) Dashboard](#) (accessed 7 July 2021).

<sup>6</sup> MOH. 2020. *Cambodia Response Plan for COVID-19 – March 2020 to February 2021*. Phnom Penh.

<sup>7</sup> The plan aligns with the focus areas of WHO's Strategic Preparedness and Response Plan for COVID-19. WHO. Forthcoming. [2019 Novel Coronavirus \(2019 nCoV\): Strategic Preparedness and Response Plan](#). Geneva.

<sup>8</sup> WHO. 2021. *Cambodia Coronavirus Disease 2019 (COVID-19) Situation Report #37*. Geneva.

<sup>9</sup> Inkochasan et. Al. 2019. [Access to health care for migrants in the Greater Mekong Subregion: policies and legal frameworks and their impact on malaria control in the context of malaria elimination](#). Bangkok.

7. In 2021, MOH incorporated the roll-out of COVID-19 vaccination as a key pillar of the country's response.<sup>10</sup> As of 7 July 2021, Cambodia had administered 6.6 million COVID-19 vaccine doses. (footnote 5) The rollout of vaccines is primarily through provincial and district hospitals, which run COVID-19 vaccination clinics. Given a potential for new variants of the virus to impede vaccine efficacy, continued strengthening of the health system to prevent, detect, and respond to COVID-19 is needed.<sup>11</sup> Despite marked improvements in the capacity of Cambodia's health system over the past 5 years, deficiencies remain. In 2020, MOH assessed Cambodia's compliance with core health system capacity requirements of the IHR as 50%.<sup>12</sup> Cambodia scored below average on the Global Health Security Index.<sup>13</sup> The COVID-19 pandemic has highlighted a need to scale-up successful ongoing investments to address remaining deficiencies for surveillance and outbreak response, laboratory, IPC, and health service provision.

8. **Surveillance and response.** The increase in COVID-19 cases and related community transmission has overwhelmed surveillance and response capabilities at the sub-national level. Gaps in provincial capabilities for data management, contact tracing, and quarantine impede outbreak management. Rapid response teams lack trained surge staff.<sup>14</sup> Weak capacity for risk communication has hampered community adoption of protective practices.

9. **Laboratory and IPC.** Laboratory and IPC in 8 provincial hospitals and 73 district referral hospitals not supported under the original project is in urgent need of upgrading. Assessments found inadequate and outdated laboratory equipment for diagnosis and clinical management, including for COVID-19 comorbidities. There are 62 hospitals requiring renovation of laboratory rooms. Supplies of antigen-detecting rapid diagnostic tests for COVID-19 are insufficient to support contact tracing efforts.<sup>15</sup> Equipment for IPC, including autoclaves, washing machines, and waste management systems, requires replacement.

10. **Health service provision.** Provincial and district hospitals nationwide lack equipment and appropriately trained personnel for clinical management of severe COVID-19 cases, particularly oxygen therapy. Non-invasive ventilation requires a constant oxygen supply. Sub-national level hospitals are dependent on private sector oxygen providers, where reliability and adequacy of supply is a constraint.<sup>16</sup> The oxygen baseline assessment found hospitals lack clinical equipment and appropriately skilled health staff to administer oxygen therapy. A shortage of ambulances impedes timely transfer of critically ill COVID-19 patients. There are 14 hospitals identified for ADB support, with the remaining hospitals supported by other development partners. In parallel with the health impacts of COVID-19, there is mounting evidence of an increase in the incidence of gender-based violence and psycho-social issues linked to the pandemic.<sup>17</sup> Front-line hospital

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<sup>10</sup> MOH. 2021. *National Deployment and Vaccination Plan For COVID-19 Vaccines*. Phnom Penh.

<sup>11</sup> WHO. The effects of virus variants on COVID-19 vaccines. March 2021

<sup>12</sup> WHO. [Electronic State Parties Self-Assessment Annual Reporting](#) (accessed 28 April 2021).

<sup>13</sup> Johns Hopkins, Center for Health Security. [Global Health Security Index](#).

<sup>14</sup> Rapid response teams at provincial and district levels are teams of health staff formed to investigate outbreaks, support testing and contact tracing, and manage other outbreak response measures.

<sup>15</sup> The use of antigen detecting diagnostic tests has been incorporated under the national testing strategy alongside real-time PCR. Rapid tests are used to support timely outbreak investigation and contact tracing for high-risk populations.

<sup>16</sup> Around 72% of provincial and district referral hospitals source oxygen from suppliers in their provinces. The remaining use suppliers in Phnom Penh and neighboring provinces. Department of Hospital Services. 2020. *Baseline Oxygen Assessment*. Phnom Penh.

<sup>17</sup> CARE International. 2020. *CARE Rapid Gender Analysis for COVID-19 Cambodia*. Phnom Penh.

staff, who are often the first point of contact for affected individuals, are poorly equipped to identify and respond to these issues.

11. The project meets ADB's eligibility criteria for additional financing, which is an efficient modality for the expedited delivery of support to build subnational health system capacity for responding to COVID-19. The approach leverages MOH's experience in implementing targeted interventions with provincial and district referral hospitals, enabling rapid nationwide scale-up. The proposed additional financing has been determined to be technically feasible, economically viable, and financially sound. The project meets the criteria for COVID-19 fast-track processing.<sup>18</sup>

12. The project is consistent with the ADB Strategy 2030's operational priorities (OPs) to (i) address remaining poverty and reduce inequalities by achieving better health for all (OP1); (ii) accelerate progress in gender equality in human development (OP2); and (iii) foster regional cooperation and integration, including the promotion of regional public goods to mitigate cross-border risks of communicable disease (OP7).<sup>19</sup> The project contributes to the ADB country partnership strategy for Cambodia 2019–2023, through strengthening human capital.<sup>20</sup> It also contributes to the collective goal of the GMS countries to improve the GMS health system response to acute public health threats.<sup>21</sup>

13. The project is aligned with the following impact: GMS public health security strengthened<sup>22</sup>. The project will have the following outcome: GMS health system performance with regard to health security improved.

14. The impact and outcome of the overall project remain unchanged from the original project. The additional financing will contribute to Cambodia's progress towards compliance with the requirements of the IHR and the Asia Pacific Strategy for Emerging Diseases, in-line with the original project outcome indicators<sup>23</sup>. This will be achieved through a nationwide scale-up of investment at the subnational level across the priority capacity areas of: (i) surveillance and risk communications, (ii) laboratory and IPC; and (iii) health service provision. Activities under the additional financing will be delivered through existing project outputs 2, 3 and 4.

15. **Output 2: National disease surveillance and outbreak response systems strengthened.** The project loan will finance (i) a nationwide program of trainings to strengthen subnational capacity for communicable disease prevention, detection and response; (ii) outbreak response vehicles for provincial and national agencies, and (iii) health education campaigns to enhance communities' preparedness for COVID-19 and other communicable disease threats.

16. The JFPR grant will finance computer hardware for central, provincial and district health agencies to enhance COVID-19 outbreak management and contact tracing efforts. It will support COVID-19 specific trainings for (i) surveillance staff on data management tools,<sup>24</sup> (ii) RRTs on outbreak management, and (iii) health and non-health staff on COVID-19 risk communications.

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<sup>18</sup> ADB. 2020. [Comprehensive Response to the COVID-19 Pandemic](#). Manila. The project enables the rapid scale-up of Cambodia's COVID-19 response through investment in equipment and human resource capacity critical to mitigating the spread and impacts of COVID-19.

<sup>19</sup> ADB. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila.

<sup>20</sup> ADB. 2020. [Cambodia: Country Partnership Strategy, 2019-2023 - Inclusive Pathways to a Competitive Economy](#). Manila.

<sup>21</sup> ADB. 2019. [Greater Mekong Subregion Health Cooperation Strategy 2019–2022](#). Manila.

<sup>22</sup> Defined by the GMS Health Security Project.

<sup>23</sup> WHO. 2017. [Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies](#). Geneva.

<sup>24</sup> Including the Event Monitoring System, Media Screening System, and WHO's 'Go Data' tool.

17. **Output 3: Laboratory services and hospital IPC improved.** The project loan will support 8 provincial hospitals and 73 district referral hospitals not included under the original project. It will (i) equip laboratories in these 81 hospitals for communicable disease diagnostics and clinical management, including COVID-19 rapid testing; (ii) renovate laboratories in 62 of these hospitals; (iii) install modern solid waste treatment systems to 42 hospitals, and (iv) supply autoclaves, washing machines and other IPC equipment to hospitals where upgrading is required. Female and male hospital staff will be trained on laboratory and IPC practices.

18. **Output 4: Emergency preparedness and response capacity for COVID-19 strengthened.** The JFPR grant will enhance COVID-19 clinical care capacity in 14 provincial hospitals. It will equip hospitals with (i) oxygen plants for onsite generation of oxygen supply, (ii) clinical equipment for provision of oxygen therapy, and (iii) an ambulance for the transportation of COVID-19 patients requiring emergency care. Female and male clinical staff will be trained on oxygen therapy and the management for COVID-19 patients. Staff will also be trained to identify and provide support and referral options to persons affected by gender-based violence and mental health issues linked to the pandemic. Technicians will be trained in operation and maintenance of oxygen plants and ambulances.

## II. SCOPE OF THE DUE DILIGENCE

19. The project has various components having physical and non-physical intervention. The physical intervention is very minimal and is confined to minor civil work. Small-scale refurbishment works in laboratories will ensure appropriate physical environment for the installation and operation of laboratory equipment. Solid waste treatment systems, autoclaves, and other IPC equipment will be supplied. Hospital staff will be trained on laboratory and IPC practices. The additional financing component will cover hospitals in various provinces across Cambodia such as Banteay Meanchey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Kampot, Kandal, Koh Kong, Kratie, Mondul Kiri, Preah Vihear, Prey Veng, Pursat, Ratanakiri, Siemreap, Preah Sihanouk, Svay Rieng, Takeo, Oddar Meanchey, Kep and Tbong Khmum. The scope covered under the due diligence is 81 existing hospitals. The due diligence report has been prepared in due consultation with the representative of respective hospitals and information collected for each hospital. Details on the list of hospitals under the due diligence covered under the additional financing is provided in Table 1 and some of the photographs as available are provided in Appendix-2

**Table 1: List of Hospitals**

No	Year	Province/NH	OD Name	HFAC Name	HFAC Type	HFAC Level	HFAC Status	Started date	End date
1	2020	Banteay Meanchey	Poipet	10223. Ou Chrov Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/08/2019	31/12/2020
2	2020	Banteay Meanchey	Poipet	10224. Peace Malay Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/08/2019	31/12/2020
3	2020	Banteay Meanchey	Preah Net Preah	10301. Preah Net Preah_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
4	2020	Banteay Meanchey	Preah Net Preah	1031202. Phnom Srok_RH	OD Referral Hospital	CPA1	Active	01/06/2015	31/12/2020
5	2020	Banteay Meanchey	Thma Puok	1040802. Svay Chek_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020



No	Year	Province/NH	OD Name	HFAC Name	HFAC Type	HFAC Level	HFAC Status	Started date	End date
6	2020	Banteay Meanchey	Serei Sophon	10501. Serei Sophon Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/07/2019	31/12/2020
7	2020	Battambang	Thma Koul	20101. Thmar Koul_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
8	2020	Battambang	Thma Koul	20119. Babil Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/01/2020	31/12/2020
9	2020	Battambang	Sangkae	20517. Roka_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020
10	2020	Battambang	Sangkae	20518. Ek Phnom_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020
11	2020	Kampong Cham	Chamkar Leu	30101. Chamkar Leu_RH	OD Referral Hospital	CPA2	Active	01/01/2016	31/12/2020
12	2020	Kampong Cham	Choeung Prey	30201. Choeung Prey_RH	OD Referral Hospital	CPA2	Active	01/01/2016	31/12/2020
13	2020	Kampong Cham	Kampong Cham - Kg. Siem	30301. Kampong Cham Prov. Hospital_PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
14	2020	Kampong Cham	Prey Chhor	30801. Prey Chhor_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
15	2020	Kampong Cham	Srey Santhor	30901. Srey Santhor_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
16	2020	Kampong Cham	Stueng Trang	30325. Hun Sen Stung Trang_RH	OD Referral Hospital	CPA1	Active	01/10/2011	31/12/2020
17	2020	Kampong Cham	Batheay	30213. Batheay_RH	OD Referral Hospital	CPA2	Active	01/01/2016	31/12/2020
18	2020	Kampong Cham	Koh Sotin	30610. Koh Sotin Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/10/2018	31/12/2020
19	2020	Kampong Cham	Kang Meas	30915. Kang Meas Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/01/2019	31/12/2020
20	2020	Kampong Chhnang	Kampong Chhnang	40101. Kampong Chhnang Prov Hosp_PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
21	2020	Kampong Chhnang	Kampong Tralach	40201. Kampong Tralach_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
22	2020	Kampong Chhnang	Boribo	40301. Boribo_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
23	2020	Kampong Speu	Kampong Speu	50101. Kampong Speu Prov. Hosp. PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
24	2020	Kampong Speu	Kong Pisey	50201. Kong Pisey_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
25	2020	Kampong Speu	Ou Dongk	50301. Ou Dong_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
26	2020	Kampong Speu	Phnom Srouch	50117. Trapeang Kraloeung_RH	OD Referral Hospital	CPA1	Active	01/01/2015	31/12/2020
27	2020	Kampong Thom	Baray and Santuk	60101. Baray and Santuk_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
28	2020	Kampong Thom	Kampong Thom	60201. Kampong Thom Prov. Hosp. PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
29	2020	Kampong Thom	Stong	60301. Stong_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
30	2020	Kampot	Chhouk	70217. Bun Rany Hun Sen Koh Sla_RH	OD Referral Hospital	CPA1	Active	01/06/2012	31/12/2020
31	2020	Kandal	Ang Snuol	80126. Ang Snuol Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/05/2015	31/12/2020
32	2020	Kandal	Kean Svay	80201. Kean Svay_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
33	2020	Kandal	Ksach Kandal	80401. Khsach Kandal_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
34	2020	Kandal	Muk Kam Poul	80513. Bunrani Hun Sen Rokakong_RH	OD Referral Hospital	CPA2	Active	01/01/2010	31/12/2020

No	Year	Province/NH	OD Name	HFAC Name	HFAC Type	HFAC Level	HFAC Status	Started date	End date
35	2020	Kandal	Ponhea Leu	80632. RH Pognealeu_RH	OD Referral Hospital	CPA2	Active	01/05/2016	31/12/2020
36	2020	Kandal	Saang	80701. Hopital saang_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
37	2020	Kandal	Takhmao	80801. Cheychumnash Hosp. PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
38	2020	Kandal	Takhmao	80817. Kandal Stung Referral Hospital_RH	OD Referral Hospital	CPA1	Active	01/05/2016	31/12/2020
39	2020	Kandal	Lvea Em	80901. Lvea Em_RH	OD Referral Hospital	CPA1	Active	01/09/2012	31/12/2020
40	2020	Kandal	Leuk Deak	81001. Leuk Deak_RH	OD Referral Hospital	CPA1	Active	01/07/2015	31/12/2020
41	2020	Koh Kong	Smach Mean Chey	90101. Koh Kong Prov. Hosp. PH	Provincial Hospital	CPA2	Active	01/01/2006	31/12/2020
42	2020	Koh Kong	Srae Ambel	90201. SraeAmbel_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
43	2020	Kratie	Chhlong	100101. Chhlong_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
44	2020	Mondul Kiri	Sen Monorom	11010702. Koh Nhek_RH	OD Referral Hospital	CPA1	Active	01/01/2016	31/12/2020
45	2020	Preah Vihear	Tbeng Meanchey	130104011. Chamksan_RH	OD Referral Hospital	CPA1	Active	01/07/2018	31/12/2020
46	2020	Prey Veng	Kamchay Mear	140201. Kamchay Mear RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
47	2020	Prey Veng	Mesang	140601. Mesang_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
48	2020	Prey Veng	Peam Ror	140801. Neak Leung Hospital_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
49	2020	Prey Veng	Svay Antor	141201. Svay Antor_RH	OD Referral Hospital	CPA1	Active	01/02/2015	31/12/2020
50	2020	Prey Veng	Sithor Kandal	141101. Sithor Kandal_RH	OD Referral Hospital	CPA1	Active	01/01/2015	31/12/2020
51	2020	Prey Veng	OD Baphnom	140101. RH Baphnom_RH	OD Referral Hospital	CPA1	Active	01/05/2015	31/12/2020
52	2020	Prey Veng	Peam Chor	140701. Peam Chor_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020
53	2020	Prey Veng	Kanhchriech	140401. Kanhchriech_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020
54	2020	Pursat	Bakan	150101. Bakan_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
55	2020	Pursat	Sampov Meas	150201. Pursat Prov. Hosp. PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
56	2020	Pursat	Kravanh	150234. Phnom Kravanh RH	OD Referral Hospital	CPA1	Active	01/01/2016	31/12/2020
57	2020	Pursat	Krakor	150233. Krakor_RH	OD Referral Hospital	CPA1	Active	01/01/2014	31/12/2020
58	2020	Ratanakiri	Borkeo	160201. Borkeo RH_RH	OD Referral Hospital	CPA1	Active	01/01/2013	31/12/2020
59	2020	Siemreap	Kralanh	170101. Kralanh_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
60	2020	Siemreap	Siem Reap	170201. Siem Reap Prov. Hosp. PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
61	2020	Siemreap	Sot Nikum	170301. Sotr Nikum_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
62	2020	Siemreap	Angkor Chhum	170401. Angkor Chum_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
63	2020	Siemreap	Angkor Chhum	170410. Puok_RH	OD Referral Hospital	CPA1	Active	01/10/2014	31/12/2020

No	Year	Province/NH	OD Name	HFAC Name	HFAC Type	HFAC Level	HFAC Status	Started date	End date
64	2020	Preah Sihanouk	Preah Sihanouk	180101. Preah Sihanouk Prov. Hosp PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
65	2020	Svay Rieng	Romeas Hek	200201. Romeas Hek_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
66	2020	Svay Rieng	Svay Rieng	200316. Svay Chrum_RH	OD Referral Hospital	CPA1	Active	01/02/2015	31/12/2020
67	2020	Svay Rieng	Svay Teap	200402. Svay Teap_RH	OD Referral Hospital	CPA1	Active	01/01/2015	31/12/2020
68	2020	Svay Rieng	Svay Teap	200403. Samki Romduol Referral Hospital RH	OD Referral Hospital	CPA	Active	01/04/2019	31/12/2020
69	2020	Takeo	Ang Rokar	210101. AngRoka_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
70	2020	Takeo	Bati	210201. Bati_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
71	2020	Takeo	Daun Keo	210301. Takeo Prov Hospital PH	Provincial Hospital	CPA3	Active	01/01/2006	31/12/2020
72	2020	Takeo	Kirivong	210401. Kirivong_RH	OD Referral Hospital	CPA2	Active	01/01/2006	31/12/2020
73	2020	Takeo	Prey Kabass	210501. Prey Kabass_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
74	2020	Takeo	Prey Kabass	20151102. Angkor Borei RH_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020
75	2020	Takeo	Koh Andeth	210601. Koh Andeth_RH	OD Referral Hospital	CPA1	Active	01/01/2016	31/12/2020
76	2020	Oddar Meanchey	Samraong	220101. Oddor Meanchey Prov Hosp PH	Provincial Hospital	CPA2	Active	01/01/2006	31/12/2020
77	2020	Oddar Meanchey	Anlong Veng	220201. Anlong Vaeng_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
78	2020	Kep	Kep	230101. Kep Prov. Hosp. PH	Provincial Hospital	CPA1	Active	01/01/2006	31/12/2020
79	2020	Tbong Khmum	Kroch Chhmar	250301. Kroch Chhmar RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
80	2020	Tbong Khmum	O Reang Ov	250501. O Reang Ov_RH	OD Referral Hospital	CPA1	Active	01/01/2006	31/12/2020
81	2020	Tbong Khmum	Dambae	250701. Dambe_RH	OD Referral Hospital	CPA1	Active	01/01/2017	31/12/2020

### III. FINDINGS OF THE DUE DILIGENCE

20. The project under the additional financing is classified as category C for involuntary resettlement impacts. It will primarily support the procurement of equipment and minor renovation work. All hospitals have sufficient space available within the existing boundaries and compounds to accommodate all works to be undertaken under the additional financing components. There will be no land acquisition under the additional financing. The intervention will be undertaken within existing 81 hospitals and space is available. All the intervention under the additional financing will be confined to the existing hospitals and its premises. Therefore, there will be no impact on land acquisition and involuntary resettlement. Impacts on land acquisition and involuntary resettlement of each subprojects/hospital are detailed in Table-2.

**Table 2: Summary Findings on Land Acquisition and Involuntary Resettlement**

#	OD Name	HFAC Name	Date of Establishment	Activities to be undertaken under Additional Financing	Approximate number of Beneficiaries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisition Required	Impact on IR	Remarks
1	Serei Sophon	10501. Serei Sophon Referral Hospital_RH	01/08/2019	<ul style="list-style-type: none"> <li>a nationwide program of trainings to strengthen subnational capacity for communicable disease prevention, detection and response;</li> <li>outbreak response vehicles for provincial and national agencies,</li> <li>health education campaigns to enhance communities' preparedness for COVID-19 and other communicable disease threats</li> <li>finance computer hardware for central, provincial and district health agencies</li> <li>equip laboratories in 8</li> </ul>	55,258	7,000	Government Owned Land with Hard Land Title	Not required	No Impacts on involuntary resettlement as there will be no land acquisition and physical displacement	Installation of equipment, laborites, small scale refurbishment and construction will be done within the existing premises of existing hospitals without requiring any additional land. The existing and available land within the hospital premises is not used by any informal settlers.
2	Thma Koul	20101. Thmar Koul_RH	01/08/2019		55,258	7,595	Government Owned Land with Hard Land Title	Not required		
3	Thma Koul	20119. Bavil Referral Hospital_RH	01/01/2006		1,67,295	26,650	Government Owned Land with Hard Land Title	Not required		
4	Sangkae	20517. Roka_RH	01/06/2015		1,67,295	2,668	Government Owned Land with Hard Land Title	Not required		
5	Sangkae	20518. Ek Phnom_RH	01/01/2017		1,45,082	20,000	Government Owned Land with Hard Land Title	Not required		
6	Chamkar Leu	30101. Chamkar Leu_RH	01/07/2019		89,233	15,000	Government Owned Land with Hard Land Title	Not required		
7	Choeung Prey	30201. Choeung Prey_RH	01/01/2006		2,47,121	20,870	Government Owned Land with Hard Land Title	Not required		
8	Kampong Cham - Kg. Siem	30301. Kampong Cham Prov. Hosp._PH	01/01/2020			6,544	Government Owned Land with Hard Land Title	Not required		
9	Prey Chhor	30801. Prey Chhor_RH	01/01/2017		1,97,796	2,485	Government Owned Land with Hard Land Title	Not required		

#	OD Name	HFAC Name	Date of Establishment	Activities to be undertaken under Additional Financing	Approximate number of Beneficiaries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisition Required	Impact on IR	Remarks
10	Srey Santhor	30901. Srey Santhor_RH	01/01/2017	provincial hospitals and 73 district referral hospitals for communicable disease diagnostics and clinical management, including COVID-19 rapid testing; • renovate laboratories in 62 of these hospitals • upgrade solid waste treatment systems, autoclaves, and other IPC equipment • equip 16 provincial hospitals with ✓ oxygen plants, ensuring uninterrupted oxygen supply, ✓ clinical equipment for provision of oxygen therapy		10,000	Government Owned Land with Hard Land Tittle	Not required		
11	Stueng Trang	30325. Hun Sen Stung Trang_RH	01/01/2016		1,20,562	20,000	Government Owned Land with Hard Land Tittle	Not required		
12	Batheay	30213. Batheay_RH	01/01/2016		1,01,575	8,000	Government Owned Land with Hard Land Tittle	Not required		
13	Koh Sotin	30610. Koh Sotin Referral Hospital_RH	01/01/2006		1,65,177	37,000	Government Owned Land with Hard Land Tittle	Not required		
14	Kang Meas	30915. Kang Meas Referral Hospital_RH	01/01/2006		1,29,541	15,000	Government Owned Land with Hard Land Tittle	Not required		
15	Kampong Chhnang	40101. Kampong Chhnang_Prov Hosp_PH	01/01/2006		1,15,487	40,000	Government Owned Land with Hard Land Tittle	Not required		
16	Kampong Tralach	40201. Kampong Tralach_RH	01/10/2011		1,29,823	10,890	Government Owned Land with Hard Land Tittle	Not required		
17	Boribo	40301. Boribo_RH	01/01/2016		1,33,077	8,600	Government Owned Land with Hard Land Tittle	Not required		
18	Kampong Speu	50101. Kampong Speu Prov. Hosp._PH	01/10/2018		74,795	5,000	Government Owned Land with Hard Land Tittle	Not required		
19	Kong Pisey	50201. Kong Pisey_RH	01/01/2019		1,09,682	2,400	Government Owned Land	Not required		

#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
				✓ an ambulance for the transportation of COVID-19 patients requiring emergency care.			with Hard Land Tittle			
20	Ou Dongk	50301. Ou Dong_RH	01/01/2006		2,50,100	30,000	Government Owned Land with Hard Land Tittle	Not required		
21	Phnom Srouch	50117. Trapeang Kraloeung_RH	01/01/2006		1,96,858	10,000	Government Owned Land with Hard Land Tittle	Not required		
22	Baray and Santuk	60101. Baray and Santuk_RH	01/01/2006		1,16,281	20,000	Government Owned Land with Hard Land Tittle	Not required		
23	Kampong Thom	60201. Kampong Thom Prov. Hosp._PH	01/01/2006		3,32,498	88,915	Government Owned Land with Hard Land Tittle	Not required		
24	Stong	60301. Stong_RH	01/01/2006		2,80,756	15,000	Government Owned Land with Hard Land Tittle	Not required		
25	Chhouk	70217. Bun Rany Hun Sen Koh Sla_RH	01/01/2006		1,40,122	15,000	Government Owned Land with Hard Land Tittle	Not required		
26	Ang Snuol	80126. Ang Snuol Referral Hospital_RH	01/01/2015		1,17,794	14,950	Government Owned Land with Hard Land Tittle	Not required		
27	Kean Svay	80201. Kean Svay_RH	01/01/2006		2,74,666	40,000	Government Owned Land with Hard Land Tittle	Not required		
28	Ksach Kandal	80401. Khsach Kandal_RH	01/01/2006		3,22,312	20,000	Government Owned Land with Hard Land Tittle	Not required		

#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
29	Muk Kam Poul	80513. Bunrani Hun Sen Rokakong_RH	01/01/2006		1,48,367	16,000	Government Owned Land with Hard Land Tittle	Not required		
30	Ponhea Leu	80632. RH Pognealeu_RH	01/06/2012		2,07,749	60,000	Government Owned Land with Hard Land Tittle	Not required		
31	Saang	80701. Hopital saang_RH	01/05/2015		1,13,218	8,000	Government Owned Land with Hard Land Tittle	Not required		
32	Takhmao	80801. Cheychumnash Hosp._PH	01/01/2006		1,26,017	5,000	Government Owned Land with Hard Land Tittle	Not required		
33	Takhmao	80817. Kandal Stung Referral Hospital_RH	01/01/2006		1,49,884	15,600	Government Owned Land with Hard Land Tittle	Not required		
34	Lvea Em	80901. Lvea Em_RH	01/01/2010		75,729	2,400	Government Owned Land with Hard Land Tittle	Not required		
35	Leuk Deak	81001. Leuk Deak_RH	01/05/2016		1,09,426	28,000	Government Owned Land with Hard Land Tittle	Not required		
36	Smach Mean Chey	90101. Koh Kong Prov. Hosp._PH	01/01/2006		1,85,802	90,000	Government Owned Land with Hard Land Tittle	Not required		
37	Srae Ambel	90201. SraeAmbel_RH	01/01/2006		2,03,813	90,000	Government Owned Land with Hard Land Tittle	Not required		
38	Chhlong	100101. Chhlong_RH	01/05/2016			18,000	Government Owned Land	Not required		

#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
							with Hard Land Tittle			
39	Sen Monorom	11010702. Koh Nhek_RH	01/09/2012		96,563	3,447	Government Owned Land with Hard Land Tittle	Not required		
40	Mekong	120101. Samdech Ov Hospital_RH	01/07/2015			25,000	Government Owned Land with Hard Land Tittle	Not required		
41	Chaktomouk	120201. Municipal Hospital_PH	01/01/2006		68,483	25,000	Government Owned Land with Hard Land Tittle	Not required		
42	Chaktomouk	120207. Chaktomok_RH	01/01/2006		68,192	50,000	Government Owned Land with Hard Land Tittle	Not required		
43	Por Senchey	120301. Pochentong Hospital_RH	01/01/2006		1,38,070	15,000	Government Owned Land with Hard Land Tittle	Not required		
44	Bassak	120401. Mean Chey Hospital_RH	01/01/2016		90,815	13,500	Government Owned Land with Hard Land Tittle	Not required		
45	Sithor Kandal	141101. Sithor Kandal_RH	01/07/2018		57,224	9,514	Government Owned Land with Hard Land Tittle	Not required		
46	OD Baphnom	140101. RH Baphnom_RH	01/01/2006		1,03,724	18,000	Government Owned Land with Hard Land Tittle	Not required		
47	Peam Chor	140701. Peam Chor_RH	01/01/2006		1,28,517	4,800	Government Owned Land with Hard Land Tittle	Not required		



#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
48	Kanhchriech	140401. Kanhchriech_R H	01/01/2006		70,157	9,750	Government Owned Land with Hard Land Tittle	Not required		
49	Bakan	150101. Bakan_RH	01/02/2015		1,25,566	9,758	Government Owned Land with Hard Land Tittle	Not required		
50	Sampov Meas	150201. Pursat Prov. Hosp._PH	01/01/2015		84,100	15,000	Government Owned Land with Hard Land Tittle	Not required		
51	Kravanh	150234. Phnom Kravanh_RH	01/05/2015		99,622	12,000	Government Owned Land with Hard Land Tittle	Not required		
52	Krakor	150233. Krakor_RH	01/01/2017		77,052	8,100	Government Owned Land with Hard Land Tittle	Not required		
53	Borkeo	160201. Borkeo RH_RH	01/01/2017		74,098	9,425	Government Owned Land with Hard Land Tittle	Not required		
54	Kralanh	170101. Kralanh_RH	01/01/2006		1,47,340	17,000	Government Owned Land with Hard Land Tittle	Not required		
55	Siem Reap	170201. Siem Reap Prov. Hosp._PH	01/01/2006		1,34,907	34,382	Government Owned Land with Hard Land Tittle	Not required		
56	Sot Nikum	170301. Sotr Nikum_RH	01/01/2016		96,113	19,000	Government Owned Land with Hard Land Tittle	Not required		
57	Angkor Chhum	170401. Angkor Chum_RH	01/01/2014		97,196	10,200	Government Owned Land	Not required		

#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
							with Hard Land Tittle			
58	Angkor Chhum	170410. Puok_RH	01/01/2013		84,793	6,500	Government Owned Land with Hard Land Tittle	Not required		
59	Preah Sihanouk	180101. Preah Sihanouk Prov. Hosp_PH	01/01/2006		1,14,714	30,000	Government Owned Land with Hard Land Tittle	Not required		
60	Romeas Hek	200201. Romeas Hek_RH	01/01/2006		4,05,889	37,000	Government Owned Land with Hard Land Tittle	Not required		
61	Svay Rieng	200316. Svay Chrum_RH	01/01/2006		3,15,293	11,419	Government Owned Land with Hard Land Tittle	Not required		
62	Svay Teap	200402. Svay Teap_RH	01/01/2006		2,39,986	32,782	Government Owned Land with Soft Land Tittle	Not required		
63	Svay Teap	200403. Samki Romduol Referral Hospital_RH	01/10/2014		2,39,986	13,646	Government Owned Land with Hard Land Tittle	Not required		
64	Ang Rokar	210101. AngRoka_RH	01/01/2006		2,21,360	75,300	Government Owned Land with Hard Land Tittle	Not required		
65	Bati	210201. Bati_RH	01/01/2006		1,54,453	16,000	Government Owned Land with Hard Land Tittle	Not required		
66	Daun Keo	210301. Takeo Prov Hospital_PH	01/02/2015		1,02,560	7,000	Government Owned Land with Hard Land Tittle	Not required		

#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
67	Kirivong	210401. Kirivong_RH	01/01/2015		1,60,079	6,619	Government Owned Land with Hard Land Tittle	Not required		
68	Prey Kabass	210501. Prey Kabass_RH	01/04/2019		59,714	2,880	Government Owned Land with Hard Land Tittle	Not required		
69	Prey Kabass	20151102. Angkor Borei RH_RH	01/01/2006		1,51,970	8,800	Government Owned Land with Hard Land Tittle	Not required		
70	Koh Andeth	210601. Koh Andeth_RH	01/01/2006		2,17,039	15,000	Government Owned Land with Hard Land Tittle	Not required		
71	Samraong	220101. Oddor Meanchey Prov Hosp_PH	01/01/2006		2,39,894	1,14,248	Government Owned Land with Hard Land Tittle	Not required		
72	Anlong Veng	220201. Anlong Vaeng_RH	01/01/2006		1,35,026	11,416	Government Owned Land with Hard Land Tittle	Not required		
73	Kep	230101. Kep Prov. Hosp._PH	01/01/2006		1,75,376	12,500	Government Owned Land with Hard Land Tittle	Not required		
74	Kroch Chhmar	250301. Kroch Chhmar_RH	01/01/2017			36,000	Government Owned Land with Hard Land Tittle	Not required		
75	O Reang Ov	250501. O Reang Ov_RH	01/01/2016		1,08,745	18,500	Government Owned Land with Hard Land Tittle	Not required		
76	Dambe	250701. Dambe_RH	01/01/2006		1,48,718	17,835	Government Owned Land	Not required		

#	OD Name	HFAC Name	Date of Establishm ent	Activities to be undertaken under Additional Financing	Approxi mate number of Benefici aries	Total Area of the hospital (Sqm)	Ownership of land	Land Acquisiti on Required	Impact on IR	Remarks
							with Hard Land Tittle			
77	Serei Sophon	10501. Serei Sophon Referral Hospital_RH	01/01/2006		1,05,423	22,760	Government Owned Land with Hard Land Tittle	Not required		
78	Thma Koul	20101. Thmar Koul_RH	01/01/2006		42,231	5,822	Government Owned Land with Hard Land Tittle	Not required		
79	Thma Koul	20119. Bavi Referral Hospital_RH	01/01/2006		98,969	13,229	Government Owned Land with Hard Land Tittle	Not required		
80	Sangkae	20517. Roka_RH	01/01/2006		96,651	5,729	Government Owned Land with Hard Land Tittle	Not required		
81	Sangkae	20518. Ek Phnom_RH	01/01/2017		81,343	3,500	Government Owned Land with Hard Land Tittle	Not required		



#### **IV. CONSULTATION AND GRIEVANCE REDRESS MECHANISM**

21. The due diligence report has been prepared with some consultation with the hospital authorities, though it was restricted due to COVID-19. During project preparation, consultation was restricted due to the COVID-19 travel restrictions. Virtual consultations were undertaken with selected hospital staff. However, consultation with indigenous peoples and other beneficiaries were not undertaken due to above reason. This will continue during project implementation. However, the consultation process will be continued during project implementation. Grievance redress mechanism has already been established and operational since the effectiveness of the ongoing loan. The additional financing will follow the existing GRM and consultation process.

22. The project will follow the existing grievance redress mechanism (GRM) of the ongoing project. This will facilitate to develop mechanisms to resolve complaints in a timely manner through a transparent process that is gender responsive, culturally appropriate, and readily accessible to all indigenous beneficiaries. The beneficiaries including the indigenous people beneficiaries can also address their concerns through their representative. The complaint will be assessed and negotiated in to a solution between the project representative (focal point) and local authorities, and then fed back to the communities as part of the participatory planning process. If the complaint is not resolved amicably, it will be taken to the Project Management Unit (PMU) or MOH steering committee under the MOH People are also free to approach the country's legal system at any time they wish to. People can also approach ADB's accountability mechanism and may submit complaints directly. The additional financing components is beneficiaries driven and there will be no affected persons. However, any unanticipated impacts will be mitigated.

#### **V. INSTITUTIONAL ARRANGEMENTS**

23. The implementation arrangements remain consistent with the original project. The MOH, through its Department of Planning and Health Information (DPHI), will be the executing agency for the additional financing project. The existing project management unit (PMU) will support the project director in managing, monitoring, and administering the project. MOH has already an existing PMU for the ongoing and original component which shall further be expanded with designated expert for the implementation of IPP for additional financing components. The PMU will be supported by a total of 14 consultants that includes 1 international consultant and 13 national consultants. Under the national consultants, there will be 1 community development specialist who will be the focal point to coordinate the implementation of social issues.

#### **VI. CONCLUSIONS AND RECOMMENDATIONS**

24. The MOHS through DPHI, as the executing agency will be responsible to ensure that all the minor civil works are carried out within the existing hospital premises. Construction will be done within the existing premises of existing facilities without requiring any additional land. The existing and available land is not used by any informal settlers. Therefore, no category 'A' or category 'B' IR subprojects or hospitals will be selected as additional in the near future and especially during implementation of the project. All the social issues such as labor, health safety, women are well taken care of and MOH to ensure that their civil contractors adhere to the international standards. MOH will hold continuous consultations with the concerned stakeholders during the project implementation. A national social safeguard consultant will be engaged to assist MOH for implementation and monitoring. MOH will be responsible to ensure, through submission of monitoring report/progress report, that all the minor civil works are carried out within the existing hospital premises and no project activities lead to any impact on IR.



### Appendix-1: Screening Checklist on Involuntary Resettlement

Probable Involuntary Resettlement Effects	Yes	No	Not Known	Remarks
<b>Involuntary Acquisition of Land</b>				
1. Will there be land acquisition?		✓		There will be no land acquisition and hence, there will be no Impacts on involuntary resettlement as there will be no land acquisition and physical displacement. Installation of equipment, laborites, small scale refurbishment and construction will be done within the existing premises of existing hospitals without requiring any additional land. The existing and available land within the hospital premises is not used by any informal settlers.
2. Is the site for land acquisition known?	✓			There will be no land acquisition and all the hospitals are existing and functional
3. Is the ownership status and current usage of land to be acquired known?	✓			The land on which the hospitals are existing belong to Ministry of Health and government owned
4. Will easement be utilized within an existing Right of Way (ROW)?		✓		Not Applicable
5. Will there be loss of shelter and residential land due to land acquisition?		✓		No physical displacement is foreseen in the Project.
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓		Not Applicable
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓		Not Applicable
8. Will there be loss of businesses or enterprises due to land acquisition?		✓		Not Applicable
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓		Not Applicable
<b>Involuntary restrictions on land use or on access to legally designated parks and protected areas</b>				
10. Will people lose access to natural resources, communal facilities and services?		✓		The facilities are already existing and people will get more health benefits from the project
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓		There is no change in the land use
12. Will access to land and resources owned communally or by the state be restricted?		✓		There will be no restriction
<b>Information on Displaced Persons:</b>				
<b>Any estimate of the likely number of persons that will be displaced by the Project?</b> <span style="float: right;">[X] No    [] Yes</span> If yes, approximately how many= 0 (No affected person)				
<b>Are any of them poor, female-heads of households, or vulnerable to poverty risks?</b> <span style="float: right;">[X] No    [] Yes</span> <b>Total number of vulnerable households 10 as they all belong to ST.</b>				
<b>Are any displaced persons from indigenous or ethnic minority groups?</b> <span style="float: right;">[X] No    [] Yes</span>				



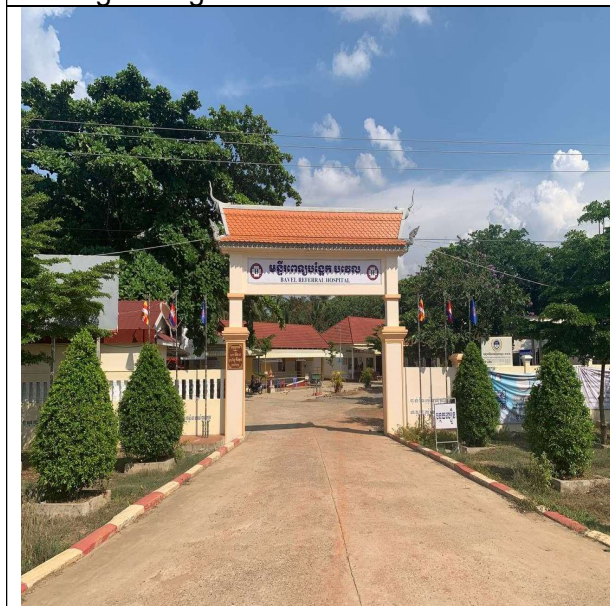
## Appendix-2: Photographs of Some of Hospitals



Anlong Vaeng RH



Batheay RH



Bavih RH (1)

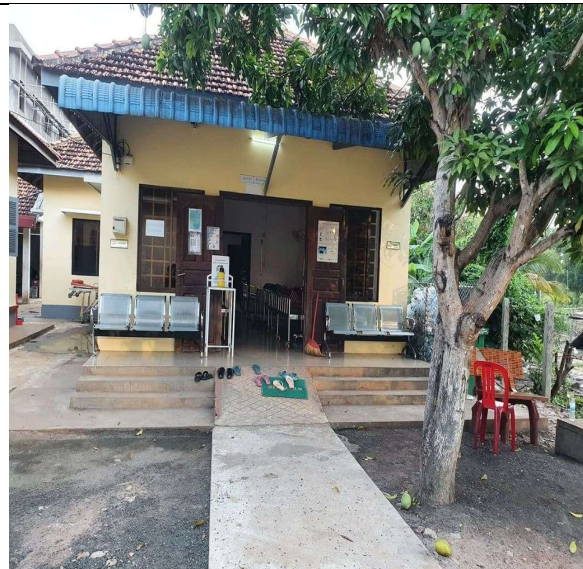


Bun Rany Hun Sen Koh Sla RH





Chamkar Leu RH



Chamksan RH



Dambe RH (3)



Ek Phnom RH



Hun Sen Stung Trang RH

Kampong Cham PH



Kampong Chhnang PH



Kampong Speu PH



Kang Meas RH



Kep PH





Kong Pisey RH



Malay RH



Oddor Meanchey PH



Phnom Srok RH



Preah Net Preah RH



Preah Sihanouk PH



Prey Chhor RH



Roka RH





Romeas Hek RH



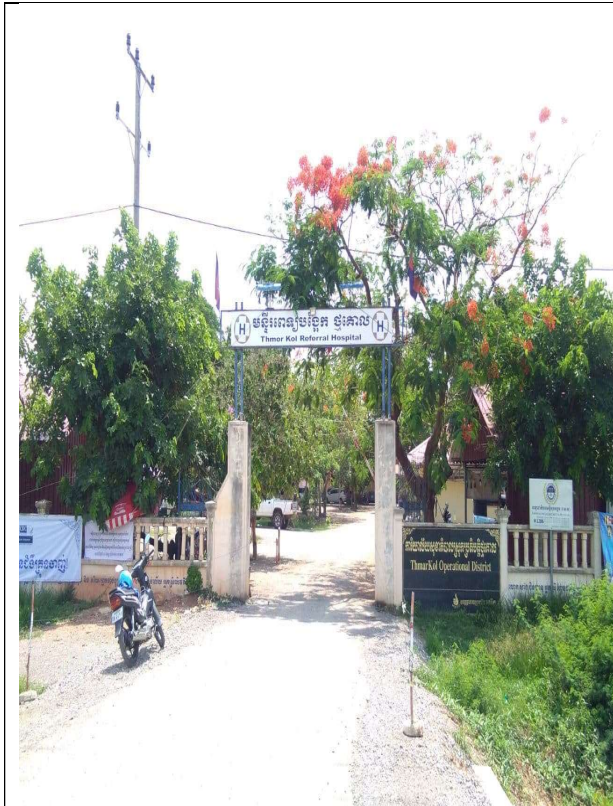
Samki Romduol RH



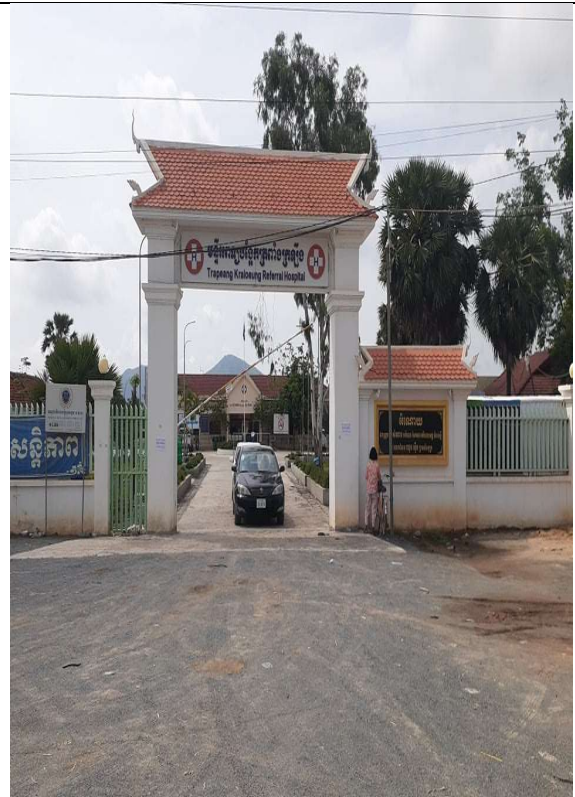
Svay Chrum RH



Svay Teap RH



Thmor Kol RH



Trapeang Kraloeung RH