



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 19-Jun-2019 | Report No: PIDC27130



BASIC INFORMATION

A. Basic Project Data

Country Cambodia	Project ID P169629	Parent Project ID (if any)	Project Name Cambodia Pre-Service Training for Health Workers Project (P169629)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date Apr 08, 2020	Estimated Board Date May 29, 2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Kingdom of Cambodia- Ministry of Health	Implementing Agency University of Health Sciences, Kingdom of Cambodia- Ministry of Health, Kingdom of Cambodia- Ministry of Health	

Proposed Development Objective(s)

To improve clinical competencies among health care professionals entering the workforce in Cambodia

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	15.00
Total Financing	15.00
of which IBRD/IDA	15.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	15.00
IDA Credit	15.00



Environmental and Social Risk Classification

Low

Concept Review Decision

Track II-The review did authorize the preparation to continue

Other Decision (as needed)

B. Introduction and Context

Country Context

Cambodia has experienced remarkable political and economic transition over the past four decades. The Cambodian economy has been maintaining a steady and robust growth rate that averaged 7.9 percent over 1997-2017, ranking among the top seven fastest growing economies in the world. However, persistent gaps in human and physical capital constrain Cambodia’s ability to make a quicker shift towards more diversified and higher value-adding economic activities. Cambodia’s Human Capital Index (HCI) score of 0.49 demonstrates some gaps in health, early childhood nutrition, education, and skills which constrain the productivity of the future labor force.

Sectoral and Institutional Context

Since 1990s, Cambodia’s health outcomes have steadily improved surpassing several better-off countries, and the country’s progress and innovation in health service delivery contributed to the achievement of most health-related Millennium Development Goals (MDGs). Major improvements were achieved in improving life expectancy, and reducing fertility, maternal mortality, under-five mortality, infant mortality and neonatal mortality. However, Cambodia’s national averages mask persistent disparities in maternal, newborn, nutrition, and communicable disease outcomes. The country’s rural, remote, indigenous, and socioeconomically challenged women and children remain challenged by poor health and nutritional status. Meanwhile, Cambodia has been facing demographic and epidemiological transitions that change the existing health workforce’s required skill-mix: the country’s burden of disease (BoD) is shifting from high communicable 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.

The Third Health Strategic Plan 2016-2020 (HSP-3) outlines the Ministry of Health (MOH) mission 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 sector service provisions.

In Cambodia, continued political commitment and gradual increase in resource availability have driven gains to improve public health service delivery. Despite considerable recent progress, Cambodia still faces challenges in delivering affordable quality health services that adhere to clinical practice guidelines and protocols. A high proportion of its population depends on private sector providers in country and abroad, much of which is due to the perceived poor quality of health services provided by the public sector. Thus, lagging health outcomes in Cambodia are the result of multiple and interacting causes, including: (i) variable and inequitable availability, accessibility, and quality of essential services



(particularly for chronic and noncommunicable diseases); (ii) fragmented and verticalized financing and service delivery for priority programs; (iii) low community awareness and inadequate demand for health services; (iv) insufficient supply of health commodities and technologies; and (v) understaffing and limitations in the competencies and skill mix of the health workforce.

Since 1990, Cambodia and its MOH have been prioritizing to rebuild the health workforce to address emerging challenges. However, gaps in the availability of qualified and competent health providers limit the delivery of quality primary health care. Furthermore, Cambodia has struggled to enhance the knowledge, skills, and competencies of the health workforce to deliver quality primary health care. With over twenty years of strategic guidance through the Cambodia's Health Workforce Development Plan and the investments from government and development partners, much progress has been made in strengthening the capacity and functioning of health education institutions. There are now twenty health education institutions in the country (7 public and 13 private). The standardization of entry and exit requirements and the curricula for health professional students have helped to improve the quality and regulation of health professional education. Progress has also been made in strengthening the governance and regulation of pre-service health education. Rapid economic and technological development are also leading to the advancement of the sector and creating new opportunities.

However, key challenges remain for Cambodia's health education institutions to deliver a competent, skilled health workforce that can produce quality healthcare professionals aligned with the needs and expectations of the Cambodian population, regional (ASEAN), and international standards. Additional efforts to strengthen health professional regulatory and training mechanisms need to happen at both national and institutional levels to assure that they are aligned to produce a highly competent workforce for the health sector. Strengthening health professional regulatory and training mechanisms also need to happen at both a national and an institutional level to assure that they are aligned to provide a highly competent workforce in the HCs and RHs. There is growing momentum within government and across partners to address these key challenges, most importantly the development and rollout of a standardized, competency-based curricula across health education institutions and degree programs. Strengthening pre-service education is a pre-requisite for Cambodia to accelerate progress in improving primary health care delivery and improving health outcomes.

Relationship to CPF

The plan outlines five strategic objectives: (i) adopt a unified approach to health workforce planning, to ensure health workforce development is responsive to population and service needs; (ii) enable effective delivery of health services by promoting equitable distribution, ensuring retention and skill mix of health workers; (iii) address workforce needs, including workplace environment, to ensure optimal staff productivity, motivation and participation; (iv) improve the quality of education and training to meet the skill and development needs of the workforce in a changing demographic and epidemiological environment; and (v) strengthen health workforce regulation and management to ensure quality of service delivery.

The proposed project aligns with the recently approved Country Partnership Framework. Objective 4 of Focus Area 1 is to "Enhance quality and alignment of education with labor demands," including through higher education in health. Moreover, achievement of the objectives for early childhood services and access to quality health services under Focus Area 2 "Fostering human development" —will be achieved through improvements in the quality of health providers through robust, modernized pre-service training for health workers.



C. Proposed Development Objective(s)

To improve clinical competencies among health care professionals entering the workforce in Cambodia

Key Results (From PCN)

The key result areas of the proposed project are envisaged as the following:

- Annual improvements in competency levels among health professionals entering the workforce in Cambodia: Learning outcomes or standardized assessment scores (preferably competency assessments) at UHS, RTCs and other institutions improved
- Number of health institutions using updated competency-based training standards
- Number of health professionals under training who are trained in competency-based curricula
- Number of academic and clinical faculty members trained in modern, competency-based teaching methods
- Number of courses which have completed peer-reviews for revisions as competency-based

D. Concept Description

Diverse stakeholders acknowledge the gaps in clinical competencies for primary health care staff (midwives/nurses in HC and primary care physicians in the public and private sectors) which are needed in Cambodia to deliver high quality health services. In full cognizance of the long 'tail' of impact of investments in pre-service education, this project focuses on the availability and quality of the health workforce that will serve Cambodia during 2030 to 2060. It will only be by 2030 when the students undergoing pre-service education after the full-fledged implementation of this project will start entering the workforce. Thereafter, they will remain active in the workforce for the next three decades, which is the period during which these members of the health workforce will serve in the country's health system. Therefore, the proposed project aims to support all key aspects of the pre-service training system in Cambodia, particularly focusing on nurses, midwives and primary care physicians. The project will support the strengthening of pre-service education system.

The project design aims to improve the capacity of both the existing workforce in the public health system, as well as the health professionals joining the public and private sector of the Cambodian health system in the future. The above project concept is proposed to be delivered through three components of the project, as briefly described below and to be further elucidated and developed during the project preparation stage.

Component 1: Improve regulation and monitoring of health professionals' training and clinical licencing.

This component will support the quality of health professionals' education through strengthening the regulatory and quality assurance mechanisms.

Component 2: Strengthening competency-based teaching in selected medical, midwifery and nursing schools.

This component will support curricular and teaching reforms, training of faculty members, development of clinical skills labs, automation and reforms in student examination systems, and support compliance to accreditation policies, standards, processes and outcomes.

Component 3. Financing bridging courses for existing health workforce, project management, evaluation and coordination.



The proposed project interventions also focus on upgrading the knowledge, skills, competencies and qualifications of the existing workforce at the HC level. This component will also support the provision of technical and operational assistance for routine administration; procurement; financial management (FM); environmental and social safeguards management; cross-project coordination; and monitoring, evaluation, and reporting of activities.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

The overall environmental and social risk classification is low. The screening of risks and impacts is based on discussion with the task team, consultations and observations undertaken during an identification mission, secondary data, and specialist experience with projects of this nature. The proposed project activities aim at improving the quality of health professional’s skills and competencies, particularly in the area of pre-service education, would focus on curricular reforms, building capacity for competency and skills training, improving testing and evaluation, and strengthening of quality assurance mechanisms and accreditation systems for medical and nursing education. Eight out of ten of the standards have been screened as relevant in terms of integrating good practices into project design.

The implementing ministry has good competency in implementing projects in accordance with national requirements as well as experience in delivering projects in line with Bank requirements.

Prior to project appraisal, the project’s Human Resource Development for Inclusive Service Delivery Assessment and Plan will consider, in an integrated way, all relevant expected environmental and social risks and impacts of the project. This assessment and plan will be carried out to seek ways to promote the enrollment and inclusion of disadvantaged groups (women, indigenous population groups) as students in health schools (as doctors, nurses or midwives), promote entering workforce spaces and imbedding social inclusion and environmental sustainability aspects in the project activities during the implementation phase.

It will include specific provisions for Labor-Management Procedures (under ESS2) and a Stakeholder Engagement Plan and Project Grievance Mechanism (under ESS10). Both documents will be included at the Human Resource Development for Inclusive Service Delivery Assessment and Plan. An additional stand-alone document to be disclosed prior appraisal is the Environmental and Social Commitment Plan (ESCP).

Note To view the Environmental and Social Risks and Impacts, please refer to the Concept Stage ESRS Document.

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APPROVAL

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