Kingdom of Cambodia
National Religion King

Ministry of Health

Cambodia Pre-Service Training for Health Workers Project - P169629

Stakeholder Engagement Plan (SEP)

February 15. 2020

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Abbreviation and Acronym

CBC	Competency-Based Curricula
CPE	Competency-Based Education
CPD	Continuing Professional Development
DBF	Department of Budget and Finance
DFAT	Department of Foreign Affairs and Trade (Australia)
DHR	Department of Human Resource
DHS	Department of Hospital Services
EQHA	Enhancing Quality of Health Care Activity
ESCP	Environment and Social Commitment Plan
FGD	Focus Group Discussion
FHI	Family Health International
GRS	Grievance Redress Mechanism
HC	Health Centre
H-EQIP	Health Equity and Quality Improvement Project
IP	Indigenous People
JICA	Japan International Cooperation Agency
KfW	German Development Bank
LGBT	Lesbian, Gay, Bisexual, Transgender
MEF	Ministry of Economy and Finance
MoEYS	Ministry of Education Youth and Sports
MoH	Ministry of Health
PAD	Project Appraisal Design
PCA	Payment Certification Agency
PIU	Project Implementing Unit
PHD	Provincial Health Department
PMD	Department of Preventive Medicine
PMT	Project Management Team
PWD	Person/s with Disability
RGC	Royal Government of Cambodia
RH	Referral Hospital
RTC	Regional Training Centre
SEP	Stakeholder Engagement Plan
SOGIE	Sexual Orientation on Gender Identity and Expression
TBD	To be Determined
UHS	University Health Services
WBG	World Bank Group
WB-PTT	World Bank Project Task Team
WHO	World Health Organization

1. INTRODUCTION/PROJECT DESCRIPTION

1.1 Background

The Royal Government of Cambodia (RGC), through the Ministry of Health (MoH) and with financial assistance from the World Bank Group (WBG) is proposing for the "Pre-Service Training for Health Workers" project.

The project's goal is to improve the quality of education for health professionals entering the workforce in Cambodia. The project aims to strengthen the quality of education for health professionals will be through introducing competency-based education (CBE).

CBE emphasizes skill-building following the acquisition of accurate, foundational knowledge about a subject. Traditional knowledge-based education alone tends to focus on what the learner is taught and less on whether learners can use learning to solve problems, perform procedures, communicate effectively, or make good clinical decisions.

It targets two priority areas. Component 1 strengthens competency-based teaching and learning capacity in selected health schools. Component 2 seeks to improve the governance of health professionals' education in Cambodia.

MoH agreed to apply the new World Bank's Environmental and Social Framework (which came into effect in October 2018) for the proposed project as part of an appraisal tool. The following two ESF instruments will beware prepared, consulted, and disclosed prior appraisal stage (February 2020):

1. *Human Resource Development Readiness Assessment and Plan for inclusive Service Delivery*
2. *Design of the project's Stakeholder Engagement Plan (SEP)*

This SEP is one of ESF instrument needed to be implemented throughout the project cycle and follows the requirements of the World Bank Environment and Social Standard "ESS 10" on Stakeholder Engagement and Information Disclosure[1].

This document it is also in line with Cambodian national laws and regulations. Its Constitution states that "Khmer citizens of either sex shall have the right to participate actively in the political, economic, social and cultural life of the nation." Consistent with this statement, the EIA regulatory framework requests the participation of the general public. Specifically, the EIA Sub-decree (1999) lists public involvement in the implementation of the EIA process as one of its objectives and organizes reconsideration of some activities based on consultation results.

1.2 Objectives of this Stakeholder Engagement Plan (SEP)

SEP seeks to provide a transparent engagement and open communication between and among the project stakeholders to maximize participation and inclusion for project design, implementation, monitoring and evaluation; enhance project acceptance and improve the environmental and social sustainability. A systematic approach to stakeholder engagement will

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[1] For details, see: http://documents.worldbank.org/curated/en/383011492423734099/pdf/114278-WP-REVISED-PUBLIC-Environmental-and-Social-Framework.pdf

help MoH develop and maintain over time a constructive relationship with the stakeholders throughout the duration of the Project.

The key objectives of the SEP for this project are summarised as follows:

- Identify and analyze critical stakeholders of the project. Identify those that are affected and/or able to influence the project and its activities,

- Plan on how the engagement with stakeholders will take place,

- Conduct consultations with project stakeholders and provide reports on the results of the consultations prior the appraisal stage,

- Enhance and/or strengthen the grievance/resolution mechanism for stakeholders making them able to raise their concerns about the project,

- Define reporting and monitoring procedures to stakeholders to ensure the effectiveness of the SEP and periodic review of SEP based on results and findings.

1.3   Project Location

Figure 1: Location Map

The "Pre-Service Training for Health Workers" project will be implemented by the Ministry of Health (MoH) through its implementing departments, the Department of Human Resource (DHR) which will oversee the overall implementation of the project, the Department of Budget and Finance (DBF), the Department of Preventive Medicine (PMD) which is in-charge with the Environment and Social Framework aspects of the project and, the Department of Hospital Services (DHS).

This project is expected to be implemented nation-wide. The implementing units for pre-service training are the government medical schools lead by the University of Health Service (UHS) located at

the capital city of Phnom Penh and the four Regional Training Centers (RTCs) covering a cluster of provinces in four regions, shown in the location Map above. The Battambang Regional Training Center (pink region) covers the six northwestern provinces, Kampot RTC (green region) covers six southwestern provinces, Kampong Cham RTC (yellow region) covers seven provinces including the newly established province of Tboung Khmum and Stung Treng RTC which covers the five northeastern provinces (blue region) with large population of various ethnic minorities. Stung Treng is a strategic health training school to reach out and provide health training to potential and deserving ethnic minority high school graduates.

1.4 Risks, impacts, and opportunities of the project

The environment and social risk ratings for this project are classified as Low because this project is not planning investments that have a physical footprint, and the expected risks and impacts of the project on human populations are expected to be minimal.

In contrast, this project has a significant potential both to promote the enrollment and inclusion of vulnerable groups of population (women, indigenous peoples, etc) as health students and to embed social inclusion and environmental sustainability aspects in the project activities in line with WB's ESF standards.

As an opportunity, the project considers social inclusion and environmental sustainability aspects in the project activities, in line with WB's ESF standards.

The project beneficiaries, specially the most vulnerable groups (women, ethnic minorities, etc,) will need to be engagemed by the project in order to ensure their equal representation and effective participation in the consultation and decision-making process associated with the project activies. Because of that, special attention will be paid to ensure their relevant participation during the project activities.

2. STAKEHOLDER IDENTIFICATION AND ANALYSIS

2.1 Stakeholder Identification

Considering that this project is not expected to cause negative impacts to any individual, group or communities (project-affected parties), during project preparation, the key stakeholders listed below have been identified in order to be informed and consulted about the project.	Implementing Agency	Ministry of Health
	Top Management Level	Project Management Team (PMT)
	Secretariat	Department of Human Resource (DHR)
	Implementing Units	Budget and Finance (DBF) Dep't. of Preventive Medicine (PMD) Department of Hospital Services (DHS) University of Health Sciences (UHS) Regional Training Centres (RTCs) Payment Certification Agency (PCA) Professional Council for Nursing, Midwifery and Medical Doctors Student representatives
Other Stakeholders	Entities Implementing similar project/activities	WHO, DFAT Australia, JICA, KfW, H-EQUIP, EQHA USAID, MOE, MOEYS
	Private Medical schools	Private medical schools
	Health Institutions	Public Hospitals, Health Centres Private Hospitals and clinics
	NGOs	Groups representing women, disable people, ethnic minorities, LGBT
Project Beneficiaries	Vulnerable Groups	Poor women and children Indigenous People Persons with Disability LGBT Group
	General Public	Cambodian People

Table 1: Stakeholders Classification

2.2 Stakeholder Analysis

Stakeholder analysis is the process of identifying the stakeholder groups that are likely to affect or be affected by the project activities and sorting them according to their impact on the project and the impact the project activities will have on them. Stakeholder analysis is an ongoing process, which may evolve as new stakeholders are introduced to the project. The preliminary stakeholder analysis has identified the various interests of stakeholder groups and the influence these groups may have on the project. The analysis also shaped the design of stakeholder consultation activities and which stakeholders to engage and when.

Needs/Expectations	Role in the Project	Interest	Influence
Key Stakeholders:			
Ministry of Health	Government Implementing Agency	High	High
Project Management Team (PMT)	Project Management	High	High
Department of Human Resource (DHR)	Project Secretariat	High	High
Budget and Finance (DBF)	Financial Management	High	High
Dep't. of Preventive Medicine (PMD)	Environment & Social Risk Management	High	High
Department of Hospital Services (DHS)	Hospital Regulations	High	High
University of Health Sciences (UHS)	Pre-Service Training (Lead) Curriculum upgrading to CBC	High	High
Regional Training Centres (RTCs)	Pre-Service Training	High	Moderate to High
Payment Certification Agency (PCA)	Payment Disbursement	Moderate to High	Moderate to High
Professional Council for Nursing, Midwifery and Medical Doctors	Licensing and accreditation	High	High
Student and professor representatives	Subject of the Pre-Service Training	High	Moderate
Other Interested Parties:			
WHO, DFAT Australia, JICA, KfW, H-EQUIP, EQHA USAID, MOE, MOEYS	Resource Entities/Persons	High	Moderate
Private medical schools	Recipient of project interventions	Moderate	Low
Public Hospitals, Health Centres Private Hospitals and clinics	Absorb health professionals, train health student interns	Moderate	Moderate
NGOs representing women, disabled people, ethnic minorities, LGBT	Giving voice to the most vulnerable individuals and groups	High	Moderate to Low
Benefiting Groups:			
Poor women and children Indigenous People Persons with Disability LGBT Group	Improve access to minorities as consumers of health services through better trained health professionals	Moderate	Low
Cambodian People	Improve access to the general public as consumers of health services through better trained health professionals	Moderate to Low	Low

Table 2: Stakeholders Analysis

3. STAKEHOLDER ENGAGEMENT PLAN

3.1 Purpose and Timing of the Stakeholder Engagement Program

The objectives of stakeholder engagement in this project include:

- Identify and analyze critical stakeholders of the project. Identify those that are affected and/or able to influence the project and its activities,

- Plan on how the engagement with stakeholders will take place,

- Conduct consultations with project stakeholders and provide reports on the results of the consultations prior the appraisal stage,

- Enhance and/or strengthen the grievance/resolution mechanism for stakeholders making them able to raise their concerns about the project,

- Define reporting and monitoring procedures to stakeholders to ensure the effectiveness of the SEP and periodic review of SEP based on results and findings.

The engagement of stakeholders has already commenced as part of the project preparation. This will continue throughout the project lifecycle, starting as early as possible and continuing throughout planning and installation activities and through the technical advisory components.

The nature and frequency of the engagement will be tailored to relevant groups, issues and subprojects. For example, once drafts of the new curricula have been prepared, then they will have to be presented and consulted with relevant stakeholders, including students and professors.

Details the planned stakeholder engagement activities (including disclosure and consultation) are included in the following two sections.

3.2 Information Dissemination and Disclosure Methods

There are a variety of engagement methods used to build relationships, gather information, consult, and disseminate project information to stakeholders. Table 3 provides a list of different methods to disseminate and disclose information on the project and describes the application of these methods.

Information Dissemination Method	Application
MoH Website (www.moh.gov.kh)	- Disseminate project information to the public regarding project activities, procurement announcement, guidelines, project documents (ex. SEP, Grievance Redress Mechanism, etc.)
Official Letter	- Distribute formal information, guidelines, activities to government offices and project stakeholders.

Correspondence by email, phone, Telegram, WhatsApp, text messages	• Distribute, share, exchange of information to project stakeholders. • Inform stakeholders about project activities, update, follow-ups, consultation meetings and much other communication between and among project implementers
National News Papers	• Announcement for procurement and bidding
One-on-One interviews	• Solicit views, opinions and information • Build personal relations with stakeholders • Record interviews
Formal meetings	• Present project information using PowerPoint presentations • Build impersonal relations with high level stakeholders • Distribute technical documents • Record discussion, comments/questions raised and responses
Consultation meetings	• Present project ideas/concepts/plans/reports for discussion, comments, clarifications and agreements. • Record discussion, comments/questions raised and responses
Focus group meetings	• Facilitate meeting in smaller group of between 8 and 15 people to provide information, their views and opinions of the project and/or activity. • Record discussion, comment/questions raised and responses
Workshops	• Present project information to a group of stakeholders • Use participatory exercises to facilitate group discussions, brainstorm issues, analyses information, and develop recommendations and strategies • Record responses and agreements

Roundtable discussions	• Consultation meeting • Use prepared questions or gather preliminary questions to facilitate group discussions • Each person is given an equal right to participate • Record responses
Surveys	• Gather opinions and views from individual stakeholders and other project-affected people/groups. • Gather baseline data (ex. inclusion of minority and vulnerable groups) • Project impact assessment • Record data and develop a database
Site visit	• Gather opinions and views from individual stakeholders through visiting project site (ex. RTCs, Internship hospitals, school clinical laboratories etc.)

Table 3: Information Dissemination and Disclosure Methods

3.3 Stakeholder Consultation Process

It is vital to plan each consultation process, consult inclusively, document the process, and communicate follow-up. The timing of stakeholder engagement is broken down by stakeholder and project phase, as provided in Table 4 below. Engagement and consultation will be carried out on an ongoing basis as the nature of issues, impacts, and opportunities evolve.

Stakeholder	Engagement Method	Timing
Project Management Team (PMT)	Various meetings official letters, appointment letters , emails, phone, telegram	Design Phase Implementation Phase Completion stage
Department of Human Resource (DHR)		
Budget and Finance (DBF)		
Dep't. of Preventive Medicine (PMD)		
Department of Hospital Services (DHS)		
University of Health Sciences (UHS)	Official Letter, email, phone call, interviews, FGD, consultation workshop, site visits	
Regional Training Centres (RTCs)	Official Letter, phone call, interviews, FGD,	

	consultation meeting, site visits	
Professional Council for Nursing, Midwifery and Medical Doctors	Official Letter, Formal meetings, email, telegram, phone	
Payment Certification Agency (PCA)	Formal meetings Correspondence by email, Contract/MOA/MOU	Implementation Stage
Student and professor representatives	Consultation Meetings, emails, sharing of ideas, concepts and information	Design Phase Implementation Phase
WHO, DFAT Australia, JICA, KfW, H-EQUIP, EQHA USAID, MOE, MOEYS	Consultation Meetings, emails, sharing of ideas, concepts and information	Design Phase Implementation Phase
Public Hospitals, Health Centres	Official Letter, Phone call, text message, site visits, survey	Design stage Implementation Stage
Private medical schools	Official Letter, emails, Formal Meetings	Implementation Phase
Private Hospitals and clinics	Official Letter, site visits, formal meeting	Implementation Phase
NGOs representing women, disable people, ethnic minorities, LGBT	Consultation Meetings, emails, sharing of ideas, concepts and information	Design Phase Implementation Phase
Vulnerable Groups: Persons with Disability LGBT Group Poor women and children Indigenous People	Interviews, FGDs, correspondence by email, phone calls,	Design Phase Implementation stage

Table 4: Stakeholder Engagement and Timing

3.4 Strategy to incorporate the view of vulnerable groups

Vulnerable groups will be targeted through representative organizations, including women, disability, ethnic minorities, and LGBT (SOGIE) groups. Some of them have already been consulted along with the project design phase.

Additional vulnerable groups on this project may be identified during future stages of community engagement, and the plan will be revised accordingly to reflect this identification of new stakeholders.

The project will inherently benefit vulnerable groups by increasing and improving the access opportunities to the health services in the country. In addition, it has a significant potential both to promote the enrolment and inclusion of those groups as students in health schools. Evidence shows that those groups tend to be underrepresented in the country as students of Medicine, Nursing or Midwifery. However, the project will need to pay special attention in order to address potential barriers to the most vulnerable groups to meaningfully participate the in the project. Mainly related to language and cultural differences with ethnic groups. Because of that, the use of local ethnic languages (different to Khmer language) may be required for some public engagement activities with ethnic groups.

3.5 Timelines

There is no current information available regarding the project timelines. This will need to be updated once the project design is further finalized.

3.6 Review of Comments

Comments, suggestions, clarifications and other information collected will be documented in consultation records, and at the next engagement opportunity, a summary of how they were taken into account will be reported back to the stakeholder group.

This document includes details of the consultations undertaken as part of the project preparation phase, including key discussion points and recommendations to respond to stakeholder feedback in Annex A. It also includes a summary of all parties and individuals consulted during project preparation.

Concerns voiced by the stakeholders and commitments consequently made by the project have been recorded in the project's Environmental and Social Commitment Plan (ESCP), which will be updated over the project lifecycle.

3.7 Resources and Responsibilities for Implementing Stakeholder Engagement Activities during Project Implementation Stage

The "Pre-Service Training for Health Workers" project will be implemented by the Ministry of Health (MoH) through its implementing departments. It has an ESF focal point under the Department of Preventive Medicine (PMD), and it will be the key Department with the responsibility to oversight of this plan.

To ensure that the stakeholder engagement plan is effective, MoH will hire, train, and deploy qualified personnel with good communication skills to undertake the stakeholder engagement, where needed in addition to the PMD personnel. Hiring suitable staff will be included in the ESCP as one of the commitments.

A proposed budget for the stakeholder engagement activities is outlined below:

Item	Cost
SEP Updating and Auditing (consultant)	$8,000
General Expenses for SEP implementation (travel, printing)	$10,000
Expenses related to logistics to Stakeholder Engagement activities	$65,000
Additional services (consultants on stakeholder engagement)	$17,000
Total	$100,000

Table 5: Proposed SEP Budget

3.8 Previous Stakeholder Engagement Activities done for the Project Design Stage

To inform project design, during the project design stage, different consultation meetings and focused group discussions were conducted with various project players in relation to main environmental and social aspects of interest for this project:

- 211 people were consulted in different focus groups in Phnom Penh and Stung Treng (this location was selected because of the significant proportion of the ethnic population in this area). For details, see **Error! Reference source not found.**.

The topics of discussion included, among others, the following:

- o Ways to promote the enrolment of more women, ethnic minorities and persons with disabilities as health students,

- o What can be done to make sure the curricula for doctor/nurse/midwifery education is more responsive/inclusive to include better vulnerable groups (poorest of the poor, disable, mental disorders, street children, SOGI, etc.), or

- o What can be done to make sure the curricula for doctor/nurse/midwifery education to promote environmental sustainability?

The main results and conclusions of the focus groups can be found in the project's Human Resource Development Readiness Assessment and Plan for inclusive Service Delivery.

Conduct of Surveys and Focus Group Discussions with Health Training Schools and Health Institutions

Institution	Location	Focused Groups	Sub-groups	# of Participants		
				Total	Women	Disadvantaged Group
University for Health Sciences (UHS)	Phnom Penh	Medicine, nursing and midwifery students, Teachers	14	52 18	36 12	
	Phnom Penh	Decision Makers	1	9	3	
Regional Training Center (RTC)	Stung Treng	Nursing students & Midwifery students	7	31	22	5 IPs
	Stung Treng	Teachers for nursing and midwifery	4	20	8	0
	Stung Treng	Interview - RTC Director		1	0	0
PHD	Stung Treng	Director and Department heads	1	6	1	1 PWD
Referral Hospital	Stung Treng	Department Heads	1	8	3	
Khmer-Soviet Hospital	Phnom Penh	Doctors, nurses, midwives, hospital management	4	57	20	
PPCIL	Phnom Penh	People with Disability	1	7	2	7 PWD

MRI Foundation	Phnom Penh	LGBT Group	1	2		1 LGBT
Total No. of Pax			**34**	**211**	**107**	**14**

Table 6: FGDs Conducted

- On January 27, 2020, the MoH consulted the draft contents of this SEP and the project's ESF to a representative group of stakeholders. The list of participants, agenda, topics of discussion and main issues raised during the consultation are included in Annex 0 of this document.

As a summary, the main conclusions of the consultations were:

On Health Curricula:

  o Include in the health curricula or health activities the awareness of medical students on PWD;

  o Awareness of health students on SOGIE to better understand LGBT community and medical practitioners provide health services with a sense of tolerance and acceptance and not to discriminate members of LGBT;

  o Recommend to include in the curricula or imbed in the subject "organizational structure and system of MoH, its departments, and health institutions from national, provincial, district and commune level.

On Health Students Enrolment:

  o Enrolment quota for increasing female doctor students.at national entrance exam are determined by the decision-makers at MoH;

  o Enrolment of male midwifery students could be considered but it may need more work and more time for the Khmer culture to accept or be comfortable with having male midwives.

  o No discrimination on enrolment among disadvantaged as long as they qualify with the required criteria.

On Accreditation of health professional and clinics

  o Accreditation of health professionals are the same for both public and private health practitioners, and they have to register with their respective professional council

  o Accreditation of small clinics such as for hormone treatment is not yet regulated, and patients, primarily the LGBT are at risk.

On Grievance Mechanism:

  o GRM is specific to the Pre-Service Training Project and will include the project implementing units and the individual or groups involved in the project.

Stakeholder Consultation Meeting			
Institution	# of Participants		
	Total	Women	Disadvantaged Group

UHS	1		
Regional Training Center (RTCs)	2		
Professional Council	1	1	
Pediatric & Calmete Hospital	2		
Khmer-Soviet & Khmer-Chinese Hospital	2		
PPCIL (PWD)	2		2 PWD
MRI Foundation	1	1	1 LGBT
HRD MoH	1		
Disaster Mgt. and Environmental Health, MoH	3	1	
Occupational Health Bureau (OHB)	2	1	
PMD MoH	4	2	
Payment Certification Agency (PCA)	1		
WB	2	1	
Total Number of Participants	**24**	**8**	**3**

Table 7: Stakeholder consultation meeting participants

4. GRIEVANCE MECHANISM

4.1 Purpose

The Pre-Service Training for Health Workers Project allows those that have a compliant or that feel aggrieved by this project to be able to communicate their concerns and/or grievances through an appropriate process. The GM will provide an accessible, rapid, fair and effective response to concerned stakeholders, especially any vulnerable group who often lack access to formal legal regimes.

The purpose of the grievance mechanism is to achieve mutually agreed resolution of grievances raised by project stakeholders, project participants and beneficiaries and ensures that complaints and grievances are addressed in good faith and through a transparent and impartial process, but one which is culturally acceptable. It does not deal with 'concerns' which are defined as questions, requests for information, or perceptions not necessarily related to a specific impact or incident caused by the project activity. If not addressed to the satisfaction of the person or group raising the concern, then a concern may become a complaint.

While recognizing that many complaints may be resolved immediately, this Grievance Mechanism encourages mutually acceptable resolution of issues as they arise. The grievance mechanism includes the following:

- Provision for the establishment of a grievance redress committee that includes women
- Ways in which individual or parties affected by the project can submit their grievances, which may include submissions in person, by phone, letter, email, or via MoH website www.moh.gov.kh
- A reporting and recording system which shall be maintained as a database
- Procedure for assessment of the grievance
- A time frame for responding to the grievances filed
- An appeal process to which unsatisfied grievances may be referred when the resolution of grievances are not resolved

In accordance with the World Bank's recommendations to prevent Gender-Based Violence (GBV), the GRM will include a confidential process for managing GBV complaints, including the establishment of a GBV Complaints Team (GCT) that will include a representative of the local GBV service provider. The GRM will not ask for, or record, information on more than three aspects related to the GBV incident:

- The nature of the complaint (what the complainant says in her/his own words without direct questioning);
- If, to the best of their knowledge, the perpetrator was associated with the project; and,
- If possible, the age and sex of the survivor.

The GRM will assist GBV survivors by referring them immediately to GBV Service Provider(s) for support. The participation of the GBV service provider in the GBV complaints team will ensure that a survivor-centered, safe and confidential approach is maintained throughout the management of any GRM complaints involving GBV.

4.2 Roles and Responsibilities

The Grievances Redress Committee (GRC) will be responsible for receiving and resolving in a fair, objective, and constructive manner, all concerns or complaints raised by project affected persons (PAPs). The broad responsibilities of the GRC include:

- Developing and publicizing the grievance management procedures
- Receiving, reviewing, investigating and keeping track of grievances
- Adjudicating grievances
- Monitoring and evaluating fulfilment of agreements achieved through the grievance redress mechanism

For the interest of all parties concerned, the grievance redress mechanisms are designed with the objective of solving disputes at the earliest possible time. A recommended timeframe for the resolution of a complaint should be sought within two weeks.

4.3 Grievance Redress Procedures

Action	Procedure
Establishment of a Grievance Redress Committee (GRC)	- The GRC will be chaired by the ESF focal point of MoH. The GRC shall be composed of the PMT, representatives from the project implementing units with the inclusion of women, and a legal officer if there is
Reporting, recording, and Transmission of Grievances	- Grievances must be filed to GRC through writing and be signed with a date by the project affected person PAP - Grievance received verbally must be documented, verified and signed by the PAP and the officer receiving the report - The Grievance report shall be registered in the grievance log or register - Anonymous complaints will be allowed, and they will also need to be registered and addressed
Assessment of the Grievance and Timeframe for Response	- The first assessment of the grievance shall be conducted by the GRC
Mechanisms for Adjudicating Grievances and Appealing Judgments	- The nature of the grievance would ascertain the period (not exceeding two weeks) necessary for the GRC to address the grievance. - Where resolution is not reached at the level of the GRC or if the PAP does not receive a response or is not satisfied with the outcome within the agreed time, then he/she can appeal to the PMT. - The PAP should is entitled to submit a complaint to the PMT at any time regardless of the Grievance Mechanism process - The PAP shall be exempt from all administrative and legal fees incurred pursuant to the grievance redress procedures.

Table 8: Grievance Redress Procedures

4.4 Complaints Register

Coordinated in the MoH by the ESF focal point, a complaints register will be established as part of the project to record any concerns raised by any stakeholder during the implementation of this project. Any serious complaint will be advised to the World Bank and MoH within 24 hours of receiving the complaint. Serious complaint will be considered alleged policy non-compliance, or significant environmental or social impact or harm produce by the project activities non-compliance, or significant environmental or social impact or harm produce by the project activities.

Wherever possible, the project team will seek to resolve the complaint as soon as possible and thus avoid escalation of issues. However, where a complaint cannot be readily resolved, then it must be escalated.

A summary list of complaints received and their disposition, along with key statistics on the number of complaints and duration taken to close out, must be reported yearly. Each record is allocated a unique number reflecting year and sequence of received complaints (for example 2019-01, 2019-02 etc.). Complaint records (letter, email, the record of conversation) should be stored together, electronically, or in hard copy under the responsibility of the ESF focal point of MoH.

4.5 World Bank Complaints Framework

In addition to the project GM, complainants have the option to access the World Bank's Grievance Redress Service (GRS), with both compliance and grievance functions. The World Bank Integrity Vice Presidency and Grievance Redress Service investigate allegations that World Bank's Standards, screening procedure or other World Bank social and environmental commitments are not being implemented adequately, and that harm may result to people or the environment. A compliance review is available to any community or individual with concerns about the impacts of a World Bank program or project. The Grievance Redress Service is mandated to independently and impartially investigate valid requests from locally impacted people, and to report its findings and recommendations publicly.

The Grievance Redress Service offers locally affected people an opportunity to work with other stakeholders to resolve concerns about the social and environmental impacts of a World Bank project. The Grievance Redress Service is intended to supplement the proactive stakeholder engagement that is required of the World Bank and its Implementing Partners throughout the project cycle. Communities and individuals may request a Grievance Redress Service process when they have used standard channels for project management and quality assurance and are not satisfied with the response (in this case, the project level grievance redress mechanism). When a valid Grievance Redress Service request is submitted, World Bank focal points at country, regional and headquarters levels will work with concerned stakeholders and Implementing Partners to address and resolve the concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel, which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Information can be found at http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service for more details. For information on how to submit complaints to the World Bank Inspection Panel, visit www.inspectionpanel.org.

5. PROCEDURES FOR MONITORING AND REPORTING TO STAKEHOLDERS

The stakeholder engagement process will promote the development of strong, constructive and responsive relationships among the key identified Project stakeholders for successful management of the project's implementation. Effective stakeholder engagement between the Government and project stakeholders improves the environment and social sustainability of projects, enhances project acceptance and makes a significant contribution to successful project design and implementation.

Reporting to stakeholders involves providing important details on the undertakings, routines, status, and progress of the project team and the project progress. Reporting to stakeholders may also include new or corrected information since the last report. Keeping track of the commitments made to various stakeholder groups at various times, and communicating progress made against these commitments on a regular basis, requires planning and organization.

Once consultations have taken place, stakeholders need to know which of their suggestions will be used, what measures will be put in place to address their concerns, recommendations and suggestions of improvement. Comments, suggestions, clarifications and other information collected will be documented in Consultation Records, and at the next engagement opportunity, a summary of how they were taken into account will be reported back to the stakeholder group.

Often the same methods used in information disclosure are applied to reporting back to stakeholders. Recording and monitoring in the implementation phase of the projects will be carried out by the implementing agencies in collaboration with the implementing agency at regular intervals. For details, see Table 9.

Monitoring and Reporting should be conducted by qualified and experienced experts, Yearly reporting back to stakeholder groups should continue throughout the implementation stage. Stakeholders should always be reminded of the availability of the grievance mechanism through consultations and reports.

The Stakeholder Engagement Plan (SEP) will be published on the MoH official website, (www.moh.gov.kh) in Khmer and in English.

The implementing agency will maintain and regularly update this SEP detailing public consultations, disclosure information and grievances throughout the project, which will be available for public review on request. Stakeholder engagement should be periodically evaluated by senior management, assisted by the ESF focal point and/or qualified and experienced experts.

Methods and Frequency of Reporting to Stakeholders

Lead/Reporting Party	Reporting Method	Stakeholders	Reporting Information	Reporting Frequency
PROJECT DESIGN				
Project Management Team (PMT)	Consultation Meetings Corresponding by email WB Mission Visits	WB Project Task Team (PTT) DHR, PMD, UHS, RTCs	PCN, Aide Memoire, PAD	As frequent as needed until PAD is submitted to WBG
	Consultation Meetings Correspondence by email	Other interested Institutions/ projects: World Health Organizations (WHO), DFAT Australia, KfW, JICA, H-EQIP, EQHA USAID (FHI-360, PSI, I-Tech, Meridien).	PAD	As needed
Department of Preventive Medicine (PMD)	Consultation Meetings, FGDs, Interview if Key Informants, Sent survey Form to PHDs Correspondence by email, Telegram, WhatsApp, phone calls	WB-PTT, DHR, UHS, RTCs, PHDs, Public Health Institutions, Vulnerable groups (PWD, LGBT)	ESF, SEP, ESCP	As frequent as needed until ES Instruments are produced
Department of Budget and Finance (DBF),	Consultation Meetings Workshop Corresponding by email	PMT, WB-PTT, PIUs	Project Budget (per component, activity, intervention, etc)	As often as the project budget allocations are agreed between MoH PMT and WB PTT
PROJECT IMPLEMENTATION				
PMT secretariat ↔ PIUs	Workshops, consultation meetings, correspondence by email, telegram	DHR, PMD, DBF UHS, RTCs WB Project Task Team (PTT)	Project Operations Manual	At the first year of Project implementation and when updating or changes occur
PMT secretariat	Information Dissemination CPD Trainings/workshops	Nursing, Midwifery and Medical Councils.	Licensing and Accreditation of medical schools	Yearly
PMT Secretariat	Assessment meetings, Formal meetings, Notices, Official Letters	DHR, PMS, Professional Councils	Regulation enforcement Private Medical Schools (PMS)	Yearly
PMT Secretariat ↔ PIUs	Workshop, consultation meetings, correspondence by email, Telegram	Project Implementing Units	Annual Operations Plan	Yearly

PMT Secretariat ↔ PIUs	Reports	PIUs	Semi-annual project implementation	Twice a Year
PMT Secretariat, DHR		UHS, RTCs, Professional Councils, Curriculum Consultant/s, WB-PTT, MoEYS,	Competency Based Curriculum	TBD
PROJECT MONITORING AND EVALUATION				
PMT secretariat ↔ PIUs	Reports	PIUs,	Mid-term Reviews	Twice
PMT Secretariat ↔ PIUs	Reports, feed backing, critiquing, recommendation, correspondence by email, telegram	PIUs	Project reporting and evaluation	Quarterly (at initial stage of project implementation), Yearly
PMT Secretariat ↔ PIUs	Reports, formal meetings, emails	PIUs	Annual Progress	Yearly
PMT Secretariat ↔ PIUs	Reports, formal meetings, emails	PIUs	Implementation completion report	After completion of project activity, of a project component and of the whole project
PMD	Formal meetings, interviews, correspondence by email, telegram, Official Letters	PMT Secretariat, PIUs	Monitoring compliance against ESCP	Quarterly at the first 2 years of project implementation Twice a Year on the succeeding years and when need arises
DBF/ Admin and Finance	Formal meetings, Financial guidelines/ instruments, Correspondence by email, Official Letters	MEF, PMT, WB-PTT	Financial Reports	Quarterly, Bi-annual, Yearly
External Auditor	Preliminary meetings on audit scope and procedures, audit checklist, exit meetings, official correspondence by email, Official Letters	MEF, PMT, WB-PTT, Project Implementers	Audit Report	Yearly

PIUs are project implementing units to include DHR, DBF, PMD and DHS, UHS, RTCs

Table 9: Procedure for Reporting to Stakeholders

6. ANNEX

Annex A. Stakeholders Consultation Meeting

Date/Time: 27th January Monday 8:45-11:20 am

Venue: Meeting Room 6th Floor, Ministry of Health, Toul Kork

Objective: Discuss and get feedback on the Project's Stakeholder Engagement Plan (SEP), and Human Resource Development Readiness Assessment and Plan for Inclusive Service Delivery.

Agenda for Discussion: Facilitated by PMD

Time	Activities	Responsible
8:45-9:00	Participants' registration	Ean Sokoeu
9:15-9:25 (10 min)	Welcome remarks and introduction of the project Objective of the meeting	Dr. Hero
9:25-9:45 (20 min)	Project Introduction • Project description • Project activities • Expected benefits • Expected schedule	Dr. Hero
9:45-10:15 (30 min)	Presentation of the Human Resource Development Readiness Assessment and Plan for Inclusive Service Delivery Question and Answer	Ean Sokoeu Ratnak/Annabelle
10:15-10:45 (30 min)	The project's Stakeholder Engagement Plan and the Grievance Mechanism Question and Answer	Ean Sokoeu Ratnak/Annabelle
10:45-11:15 (30 min)	Clarification and discussions	Participants Ratnak/Annabelle
11:15-11:20 (5min)	Conclusions and Closing remarks	Ean Sokoeu Ratnak

Details of the stakeholders' consultation meeting (Verbatim and/or rephrased)

Reactor	Organization/Sector	Issues raised
On PWD		
Chan Sarin	PWD	• Policy on non-discrimination for PWD by medical personnel. • Project to consider "PWD friendly" health facilities/ activities. "The consultation meeting is held at 6th floor and the lift is only until 5th floor, participant in wheelchair had to be carried up to 6th floor".
Ean Sokoeu	PMD	• Apologized and explained that the meeting should be at 1st floor, but the only available meeting room was on the 6th floor. • The new Health Centres to be constructed by MoH are designed with ramp for wheelchair, the concerns raised are noted to be raised up to the project design team.
Chan Sarin	PWD	• Not familiar with "social inclusion" →Ministry of Social Affairs use "inclusive participation" • PWD is "<u>person</u> with disability" and not "<u>people</u> with disability" also don't use "disabled person"
Mey Samit	PPCIL	• Include in the curricula or activities the awareness of medical students on PWD and simple understanding of electric and manual wheelchair, to have empathy for PWDs.
On LGBT and SOGIE		
Rachana	MRI Foundation	• Issues on hormone treatment, how to ensure safety for those who get sex hormone treatment (mostly LGBT) in Cambodia, can small clinic be regulated by MoH? • Awareness raising on SOGIE to better understand LGBT community and medical practitioners provide health services with sense of tolerance and acceptance, not discriminating.
Dr. Ing Sophirum	Pediatric Hospital	• Need <u>specialized doctors</u> to cater to the need of LGBTs on sex hormone treatment and change of sexual organs.
Dr. Touch Khun	Kossamak Hospital	• For non-evasive procedure, informal sector like beauty shop provide hormone treatment, <u>how and to what government agency will they register</u>?
On Grievance Mechanism		
Dr. Ing Sophirum	Pediatric Hospital	• Can foreigner use the grievance mechanism • *Foreign Doctors, get license certification from their embassy for medical practice in Cambodia, it is in Cambodian Law*
Ratnak	WB	• GRM is specific to the Pre-Service Training Project and will include the project implementing units. • Each health schools have their own GRM →comply with the law
On Health Curricula		

Ing Sophirum	Pediatric Hospital	• <u>Fully support the Pre-Service Training project</u> as he noticed that most of the medical graduates entering his hospital don't know the organizational structure and system of MoH and other health institutions nor the health services offered by health facilities at each level, i.e., provincial and district hospitals and commune health centre. • <u>Medical graduates lack the knowledge/information and skill, primarily how and whom to refer patients to</u> when they are not able to handle their cases. • Recommend to include in the curricula or imbed in the subject "organizational structure and system of MoH, its departments, and health institutions from national, provincial, district, and commune level.
Mok Theavy	Khmer-Soviet Hospital	• This project is going to focus only on government health schools, how about the private health schools, which also provide health professionals to the hospital? It would be good to have a uniform standard
Ratnak	WB	• Accreditation of health professionals is the same for both public and private schools. Private medical schools will eventually benefit from the project, especially with CBE curricula.
Seng Ros Samith	UHS	• Current medical curriculum from MoH is 2007 edition, UHS updated their curriculum in 2019, but still, need to adopt the CBE curricula.
On enrolment		
Seng Ros Samith	UHS	• In response to the increased quota for female doctor students, the quota of students is determined by MoH.
Chao Sung	HRD MoH	• There is no discrimination in the enrolment of medical students as long as they meet the required criteria. Quota are based on the need and are made by the decision-makers at MoH
On Male Midwives:		
Ing Sophirum	Pediatric Hospital	• On male midwives, check if other countries if they have male midwives
Hem Navy	Professional Council for Midwives	• Open for male midwives. However, there is no male midwife registered in the council, • Managing all women midwives is already a "headache" would be difficult to introduce male midwife and Cambodian culture is not used to have a male midwife.
Chan Sarin	PWD	• Been to US and Japan and they have male midwives, but we will have to consider our culture

Attendance **Stakeholder Consultation Meeting**

No	Name	Gender	Organization	Position
1	Kol Hero	M	PMD MoH	Director
2	Ean Sokoeu	M	PMD MoH	Chief of Office
3	Dr. Mok Theavy	M	Khmer-Soviet Hospital	Deputy Director
4	Ing Sophirum	M	Pediatric Hospital	Vice Director
5	Lieng Lean	M	PCA	Technical Officer
6	Ngan Sarvuth	M	Stung Treng RTC	Deputy Director
7	Chao Sung	M	HRD MoH	Vice Chief
8	Svoeuy Bunnareth	M	Battambang RTC	Deputy Director
9	Hem Navy	F	Professional Council	President for Midwives
10	Dr. Touch Khun	M	Kossamak Hospital	Deputy Director
11	Nhim Sovanvatey	F	Calmette Hospital	Pharmacist
12	Hou Sokutheary	F	OHB	Vice Chief
13	Hor Aun	M	OHB	Officer
14	Chan Sarin	M	HHC (PWD)	Executive Director
15	Chhoeurng Rachana	F	MRI Foundation	Project Coordinator
16	Kheam Sreyhuch	F	PMD	Office Staff
17	Seng Ros Samith	M	UHS	Professor
18	San Seidarong	M	PMD MoH	Office Staff
19	Chin At	M	PMD MoH	Vice Chief Disaster
20	Thol Davin	F	PMD MoH	Vice Chief PMD
21	Hok Sirany	F	PHD MoH	Vice Chief NCD
22	Seng Rattana	M	PHD MoH	Vice Chief NCD
23	Sao Sovanratnak	M	WB	Health Analyst
24	Annabelle G. Kim	F	WB	ESF Consultant

6.1

UHS Decision Makers Group			12 Dec. 2019 (4:00-5:00 pm)
No.	Name	Gender	Position	Office/Course
1	Bunchan Youttiroung	M	Dean	College of Medicine
2	Tann Ngy	M	Director	UHS
3	Seng Sopheap	M	Vice Rector	UHS
4	Kim Sothea	M	Vice Dean	Faculty of Pharmacy
5	Pen Sokhary	F	Head Registrar	UHS
6	Eang Rothmony	M	Head Students Affair Unit	UHS
7	Preab Dary	F	Head Research Department	UHS
8	Kheang Chomneat	F	Deputy Chief of Office	UHS
9	Sarun Saramony	M	Vice Chief of Rector's Office	

UHS Teaching Faculty			12 Dec. 2019 (4:00-5:00 pm)
No.	Name	Gender	Position	Office/Course
1	Suy Sovannak	M	AKS	UHS
2	Soth sophaorn	F	Nurse	UHS
3	Tao chandane	F	Nurse	TSMC
4	Kong Samath	F	Nurse	UHS
5	Duch Sophath	F	Midwife	TSMC
6	Hun Sereyvathana	F	Nurse	TSMC
7	Tim Putrea	F	Midwife	TSMC
8	Chhaun Vanna	F	Nurse	TSMC
9	Ros Rothmony	F	Midwife	TSMC
10	Chhouk Sandita	F	Midwife	TSMC
11	Ieng Soriye	F	Midwife	TSMC
12	Hav Ratneary	F	Faculty	FOM UHS
13	Sin Wadhanak	M	Faculty	FOM UHS
14	Im Bunthoeun	M	Faculty	Faculty of Medicine
15	Chhut Serey Vathana	M	Faculty	Faculty of Medicine
16	ith Ponndaram	M	Faculty	Faculty of Medicine
17	Tan Sokhak	F	Faculty	Faculty of Medicine

18	Mara Phan	M	Faculty	Faculty of Medicine

UHS Medicine Students   12 Dec. 2019 (3:00-4:00 pm)

No.	Name	Gender	Position	Office/Course
1	Thin Rady	M	Student Year 8	Medicine
2	Lim Sengkhoeun	M	Student Year 8	Medicine
3	Mor Menagleang	M	Student Year 8	Medicine
4	Theang Rithyka	M	Student Year 8	Medicine
5	Thai Pisey	F	Student Year 8	Medicine
6	Thea Sopheaktra	M	Student Year 8	Medicine

Stung Treng RTC Teaching Faculty   9 Dec. 2019 (10-12 am)

No.	Name	Gender	Position	Office/Course
1	Pak Sophy	F	Teacher	Midwifery
2	Lon Seylak	M	Teacher	Nursing
3	Seng Sareth	M	Teacher	Nursing
4	Heang Soknan	M	Teacher	Doctor
5	Bun Sim	M	Teacher	Nursing
6	Chien Pheakdey	F	Teacher	Midwifery
7	Pheng Sreyneath	F	Teacher	Midwifery
8	Pan Meng Hieng	M	Teacher	Nursing
9	Yung Nmaren	M	Chief of TB	ST-RTC
10	Lann Sokhim	F	Teacher	ST-RTC
11	Nhem Sokhoeun	M	Chief of Basic Mgt.	ST-RTC
12	Tith Vannet	F	Teacher	ST-RTC
13	Phath Vantha	F	Teacher	ST-RTC
14	Heng Dane	F	Teacher	ST-RTC
15	Soth Malis	F	Teacher	ST-RTC
16	Choem Visan	M	Teacher	ST-RTC
17	Tep Rithy	M	Chief	Administration

Stung Treng RTC Nursing Students   9 Dec. 2019 (10-12 am)

No.	Name	Gender	Position	Office/Course
1	Den Nyta	F	Students	Nursing
2	Yet Ratanakbondit	M	Students	Nursing
3	Tha Fut Phany	F	Students	Nursing

4	Hy Maneth	F	Students	Nursing
5	Lan Sithy	M	Students	Nursing
6	Sosab Sota	M	Students	Nursing
7	Koeun Malai	F	Students	Nursing
8	Sa Rourn	F	Students	Nursing
9	Pat Borey	F	Students	Nursing
10	Chea Senghour	M	Students	Nursing
11	Cheav Sopheap	M	Students	Nursing
12	Pheat Sokhary	F	Students	Nursing
13	Pou Savoth	M	Students	Nursing
14	Pheng Malay	F	Students	Nursing
15	Da Liza	F	Students	Nursing
16	Heng Sonita	F	Students	Nursing
17	Ty Leakhina	F	Students	Nursing
18	Hon Lucot	F	Students	Nursing
19	Muy Luy	M	Students	Nursing
20	Luy Lean Houy	F	Students	Nursing
21	Thab Sokha	M	Students	Nursing

Stung Treng RTC Midwifery Students   9 Dec. 2019 (10-12 am)

No.	Name	Gender	Position	Office/Course
1	Thun Vannida	F	Student	Midwifery
2	Penh Sokry	F	Student	Midwifery
3	Khom Rothea	F	Student	Midwifery
4	Phoy Phoungmaly	F	Student	Midwifery
5	Kea Nary	F	Student	Midwifery
6	Say Somali	F	Student	Midwifery
7	Sung Sreyleak	F	Student	Midwifery
8	ChhornChanthla	F	Student	Midwifery
9	Ros Rathanachhorvy	F	Student	Midwifery
10	Div SokoeunF	M	Student	Midwifery

Stung Treng Provincial Health Department   9 Dec. 20 (10-12 am)

No.	Name	Gender	Position	Office/Course
1	Heng Seng Eang	M	Admin Chief	PHD
2	Hak Mey Sang	M	Chief Operational District	OD
3	Ung Soviet	M	Director	PHD
4	Tann Porina	M	Chief	Accounting
5	San Channy	M	Chief	Technical Bureau
6	Tha Sotha	F	Pharmacist	

Stung Treng Provincial Referral Hospital (RH)   9 Dec. 2019 (10-12 am)

No.	Name	Gender	Position	Office/Course
1	Suos Kol	M		Referral Hospital
2	Khiev Vuthy	M	Chief Admin	Referral Hospital
3	Cheat Socheat	F		Referral Hospital
4	Bun Buntha	F		Referral Hospital
5	Tann Bunnara	M		Referral Hospital
6	Chrin Houlear	M		Referral Hospital
7	Nhin Chanleakhana	F		Referral Hospital

6.2 Key Contacts/Stakeholders

No.	Name	Position	Office
1	H.E. Prof. Thir Kruy	Sec. of State for Health	MoH
2	H.E. Sok Sam Ang	Dir. Gen. Administrative	MoH
3	Dr. Kol Hero	Dir. Preventive Medicine	MoH
4	Dr. Touch Soknang	Dir. Human Resource	MoH
5	H.E. Saphonn Vonthanak	Rector UHS	UHS
6	Mr. Ean Sokoeu	Chief, Disaster Mgt. & Env. Health	PMD, MoH
7	Chao Sung	Vice Chief, Basic Services HRD	HRD, MoH
8	Un San	Dep. Director, Administration PMD	PMD, MoH
9	Thol Dawin	V. Chief, Disaster Mgt. & Env. Health	PMD, MoH
10	Nov Molyka	PMD Staff	PMD, MoH
11	Kheam Srey Huch	PMD Staff,	PMD, MoH
12	Dr. Sarun Saramony	Vice-chief Rector's Office	UHS
13	Prof. Seng Sopheap	Vice-Rector	UHS
14	Tan Ngy	Campus Director	UHS
15	Mr. Tong Ratha	Asst. Tech and Admin Environment	MoH, PMD
16	Min Cheat	Director	RTC Kampot
17	Dr. Pen Marde	Director	RTC Kampong Cham
18	Tek Leng Soeu	Director	RTC Stung Treng
19	Douk Chhavet	Director	RTC Battambang
20	Asst. Prof. Tann Ngy	Director	TSMC
21	Ean Sambath		I-Tech
22	Keo Seyla	Curriculum Specialist	I-Tech
23	Mey Sambo	Director	Personnel Department MoH
24	Lay Sony	Dep. Director	Personnel Department MoH
25	Chhoun Sopheak	IT Officer ,data bank in-charge	Personnel Department MoH