

# Kingdom of Cambodia

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## Ministry of Health

### Pre-Service Training for Health Workers Project P169629

#### Human Resource Development Readiness Assessment and Plan for Inclusive Delivery

#### Executive Summary

This “Human Resource Development Readiness Assessment and Plan for Inclusive Delivery” (HRDRAP) is one of the Environmental and Social Framework (ESF) tools prepared, consulted and disclosed by the Ministry of Health (MOH) of the Kingdom of Cambodia for the “Pre-Service Training for Health Workers” in Cambodia. This project is expected to be financed by the World Bank. The main objective of this HRDRAP is to assess and propose specific recommendations for: a) promoting the enrollment and inclusion of disadvantaged groups as medical students in Cambodia, and b) imbedding social inclusion and environmental sustainability aspects in the project activities, in line with WB’s ESF standards.

The proposed project focus on the primary health care students which include medical doctors, nursing and midwifery. The students’ data are taken from the government health schools which include UHS, Battambang RTC, Kampot RTC, Kampong Cham RTC and Stung Treng RTC. The data collected cover the school year 2018-2019.

The data for Public Health Workers used by this assessment was taken from the five major public hospitals at Phnom Penh, also from the provincial hospitals, referral hospitals and commune health centers from 24 provinces of Cambodia. Data collected covers the year 2019 and data collection was facilitated through the Provincial Health Departments and supplemented by the Personnel Department of MOH.

The proposed actions for health curricula and ESF inclusion are derived from the focus group discussions (FGDs) with health students, faculty teaching staff and decision makers of UHS and Stung Treng RTC, also from FGDs with medical staff (doctors, nurses and midwives) and management team of Khmer-Soviet Friendship Hospital, PPCIL (PWD sector) and Micro Rainbow International (LGBT sector).

A consultation meeting with the project stakeholders on the initial draft of HRDRAP provided additional input and refinement of the proposed actions and recommendations.

#### Assessment results:

##### 1. Inclusion of Disadvantaged Groups

Primary Health Care Students in Cambodia. Year 2019

Medical Course	Number of Student	Women Students		Ethnic Minority Students		PWD Students	
		Number	Percent	Number	Percent	Number	Percent
Doctor	2,812	1,056	38%	0	0%	No data	
Nursing	1,998	1,178	59%	9	0.45%	No data	
Midwifery	1,453	1,453	100%	10	0.69%	No data	

Total	6,263	3,687	59%	19	0.30%		
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Source: Own elaboration

Overall, the majority of the current health students in Cambodia are women, however there is gender imbalance in the doctor and the midwifery students. Doctor students has only about a third women and midwifery has all women students.

Based on the collected data, there is a very low number of students from ethnic minority groups (IP) and they are mostly concentrated at Stung Treng RTC. The four other medical schools surveyed were not able to give the data on ethnicity.

All the medical schools surveyed did not provide the data of students with disability, however, it was observed during the orientation of “National Exit Exam Passers” held at MOH in October 2019, that at least two nursing student passers were PWD.

On the other hand, the data for Public Health Workers were collected from five of the major public hospitals at Phnom Penh, Provincial Hospitals, Referral hospitals and Commune Health Centers from 24 provinces of Cambodia.

#### Public Health Workforce in Cambodia. Year 2019

Medical Professionals	Number of Workforce	Women		Ethnic Minority/Cham		Age Bracket			
		Number	Percent	Number	Percent	20-30	30-40	40-50	50-60
Doctor	2,141	415	19%	1	0.05%	14%	40%	30%	16%
Nursing	8,176	2,855	35%	51	0.6%	33%	26%	23%	18%
Midwifery	5,963	5,963	99%	22	0.4%	51%	24%	15%	10%
Total	16,280	3,687	59%	74	0.5%	37%	27%	21%	15%

Source: Own elaboration

Doctors are mainly working in the hospitals with high concentration among the major public hospitals at Phnom Penh (average of 144 Doctors/hospital). It is relevant to highlight that only a limited number of Doctors work in the rural health centers (160 doctors among the 1,220 health centers).

More than half of public primary health workers of Cambodia are women, however only less than a fifth are women doctors, a third are women nurses and midwives are almost all women.

Based on official data coming from Ministry of Planning (Yr 2019), there are about 24 different types of IP in Cambodia, totaling approximately 200,216 people or about 1.2% of Cambodia’s total population of 16.5 million. However, this assessment reports that public health workers from ethnic minorities are minimal comprising only a half of one percent of the total workforce.

More than a third of all public health workers are young of ages 20-30, the number decreases as the age bracket goes up. There is however only 14 percent of young doctors while more than half of midwives are young (age bracket 20-30).

## 2. Inclusion of Environment and Social topics in Health Curricula

Current pre-service education has some courses on infection control which are partially relevant to occupational health and safety, and hazardous waste management in year one and two. Those courses are in line with National Guidelines for Infection Prevention and Control for Healthcare Facilities (2017).

The safeguard trainings for health workers conducted by MOH through the Department of Preventive Medicine (PMD), has limited contents in relation to the environment and social risk management. Practices and management procedures which are in line with the National Guidelines for Infection Prevention and Control for Healthcare Facilities (2017) are integrated as part of training courses and the guidelines of the laboratories. However, it is generally focused or has an emphasis on the hospital context. Application of appropriate personal protection equipment (PPEs), segregation of wastes, and sterilizing of wastes and glassware including autoclaving methods are being practiced.

The analysis of the existing curricula shows that there are not in the country cultural competence training for students at medical schools, focusing on skills and knowledge that values diversity, understand and respond in a culturally-appropriate manner to social diversity: gender, ethnic minorities, disabled people, SOGIE, etc. There is also a lack of content related to topics like how to prevent gender-based violence and work with survivors, work with very vulnerable social groups (street children, impoverished elderly, etc.).

## 3. Proposed actions for Health curricula and ESF inclusion.

### On Health Curricula:

- Include in the behavioral science subject, topics on “social inclusion and environmental sustainability” and/or soft skills courses (behavioral science courses) for medical students for having the right attitude in dealing and treatment of the vulnerable people group;
- Promote public awareness raising activities among medical students for better understanding and responding (in a culturally-appropriate manner) on ethnic minorities, PWD and SOGIE-related elements so that future health workers won’t discriminate PWD, LGBT patients. (details on the process and how to carry it out will be further discussed with the concerned group);
- Include in the medical outreach program, visits to PWD homes/communities, interact and hear from PWDs, see their situation.
- Include in the curricula or imbed in the subject “Organizational Structure and System of MOH, its departments, health institutions from national, provincial, district and commune level, in order to help new medical professionals understand the system and know how and where to refer patients.

### On ESF Inclusion:

- Promote actions to increase the number of women enrollees for doctor students like providing equal number of quota for male and female passing the National Entrance Exam or at least increase the quota for women entering the doctor course at UHS;
- Provide equal access to opportunity for female doctors in the government hospitals. MOH to give priority to female doctors for future hiring until the gender balance among the government

doctors is reached, or increase the number of women doctors by at least 35 percent from the current 19 percent in government health facilities by the end of the project period;

- Provide special support to actively promote the enrolment of disadvantaged groups (ethnic minorities, PWD, women). This is to ensure that the disadvantaged groups are provided the opportunity to enroll in medical course and are not left out. The component of the support provided to students from the disadvantage groups shall be “tailored fit” to their need, i.e. responding to their physical, psychological and cultural circumstances;
- Promote Stung Treng RTC as a focal center in the country for health professional’s education with ethnic minorities through:
  - Information dissemination among high schools at the provinces with many ethnic minorities about Stung Treng RTC program and medical courses offered and to encourage the ethnic minorities’ students to enroll;
  - Developing specific training materials and training activities to reach better and work with ethnic minorities in Cambodia, similar to other centers in countries like Vietnam. Promoting better understanding and responding in a culturally-appropriate manner to the needs of the patients with an ethnic background.

#### On improving health and safety of health workers:

- Health facilities to follow the healthcare waste management process including: sorting, handling, storage and final disposal of solid HCW outlined in good international practices and relevant guidelines and regulations including National Guideline on Health Care Waste Management, Infection Prevention and Control Guidelines for Health Care Facilities, etc;
- Improve and strengthen the public participation and Grievance Redress Mechanism among project implementing units, making the GRM accessible and responsive, making the workplace safe place for all, especially or vulnerable group such as women and children.

#### On improving the documentation and record keeping of HTIs and PIUs:

- Health Training Institutions (UHS and RTCs) to include in their record, documentation of student, faculty and staff coming from ethnic minorities, PWDs, LGBTs
- Project implementing units (MOH Departments, PHDs, ODs, Hospitals, Health Centers, Professional Councils, and National Exam Committee) to include in their documentation, students and personnel coming from the ethnic minorities, PWDs, LGBTs.
- National Entrance Examination and National Exit Examination to include in the documentation of applicants and passers, the number of women, ethnic minorities, PWDs.
- For baseline data on number of PWDs and ethnic minorities involved the health education and public health service, a follow up survey should be conducted at the start of project implementation.