

PROJECT INFORMATION SHEET

PIP No :

1150

(To be allocated by MOP)

PART A : BASIC PROJECT INFORMATION

(Must be completed in all cases)

1. PROJECT NAME: **Strengthening Pre-service Education System for Health Professionals**
2. PROJECT DATES:
- PROJECT START: **9/8/2020**
- ESTIMATED COMPLETION: **6/30/2026**
3. TOTAL PROJECT COST: **\$21,500,000**
4. RESPONSIBLE MINISTRY: **Ministry of Health**
- RESPONSIBLE UNIT: **Department of Human Resource Development**
- អង្គភាពទទួលខុសត្រូវ: **នាយកដ្ឋានអភិវឌ្ឍន៍ធនធានមនុស្ស**
5. PROJECT STATUS: **On Going**

DETAILED PROJECT INFORMATION

6. TYPE OF PROJECT: **Investment project**
7. SOURCE OF PROJECT FUNDING: **Mix of RGC, Grant and Loan**
8. THE POLICY AREA OF THE PENTAGON STRATEGY PHASE I THAT THIS PROJECT FALLS UNDER:V
Side 3. Improvements of People's Health and Well-being
9. THE CONTRIBUTION OF THE PROJECT TO ACHIEVE THE ABOVE POLICY:

The project will contribute in creating a future generation of health professions who can perform complex reasoning, deal with uncertainty, anticipate and plan impending changes, and undertake many other functions that are essential to improve quality of care on health outcomes. To realize this transformation, this project will invest in human capacity building. Capacity building will be done with faculty development courses, intensive coaching from experts, enhanced infrastructure, technology, and other resources to support new ways of teaching. The resulting new competency-based curriculum and effective teaching cohort promise to produce a competent health care workforce that will change the landscape of health care and be felt for many years after this project is over. Indeed, the lasting benefits will have a positive impact not only on the careers of trainers and students directly involved but also on the many students enrolled in programs in the future. Other self-sustaining aspects of the project include strengthening the regulatory framework that will shape the health professional education system and creating a semiautonomous public NEE center supported by students' fees. At the training institution level, transformation will be reinforced by institutional reforms such as granted autonomy status, an expanded network of certified clinical training sites, and strengthened management information systems.

10. SUPPORT TO CAMBODIA INDUSTRIAL DEVELOPEMENT POLICY:

Does this Project support to the implementation of the Cambodia Industrial Development Policy?

No

11. SECTOR:

Health

Health

Health

Health

12. PROJECT LOCATION: (Describe the location of the project and its components.)

Kampot, Kampong Cham, Phnom Penh, Battambang, Stung Treng,

13. PROJECT OBJECTIVE: (Describe the major purpose of the project.)

The Project Development Objective is to strengthen Cambodia's pre-service education system for health professionals.

14. PROJECT DESCRIPTION: (Provide a description of the project and all its components.)

The project aims to improve the quality of education for health professionals entering the workforce in response to health system needs. It targets two priority areas, which accordingly form the first two project components. The first component aims to improve the governance of health professionals' education in Cambodia by establishing education regulations and standards as well as measuring educational outcomes. The second component aims to strengthen competency-based teaching and learning capacity in selected Health Training Institutions. The third component will support the project management, monitoring, and evaluation.

Component 1: Strengthening health professionals' education governance

This component will support the Human Resources Development Department to strengthen the governance of health professional education in Cambodia including (a) regulations and standardization for health professionals' education, (b) National Competency based Exit Examination(NCEE), and (c) technical assistance and knowledge exchanges on health professional education.

Component 2: Improving competency-based teaching and learning capacity

This component aims to strengthen the competency-based teaching and learning capacity in the University of Health Sciences and the four Regional Centers, namely, the RTC in Kampong Cham Province, the RTC in Kampot Province, the RTC in Battambang Province, and the RTC in Stung Treng Province. Investments under this component will (a) improve teaching competency of faculty members and preceptors; (b) develop and implement CBE courses; (c) improve student assessment processes; (d) modernize physical facilities; (e) strengthen practice sites; (f) establish an electronic feedback system for the ongoing reforms; and (g) strengthen M&E and management capacity of Health Training Institutions to improve training quality and produce more competent graduates who can pass the NCEE before entering the health workforce.

Component 3: Project management, monitoring, and evaluation

This component will support day-to-day management, monitoring, and evaluation of project activities, including planning and execution, financial management (FM), procurement, supervision and reporting, and audits, environmental and social safeguards management, and independent verification, and M&E. These activities will ensure efficient project management and early identification of corrective measures to solve implementation problems. In addition, this component will finance mass communication campaigns to inform population at large on the project-supported reforms and associated benefits including implications on achieving quality of care and provide necessary vehicles, training, workshops, logistics and operational costs, and data collection survey. The Gender Management Action Group of MOH, a gender focal person of the UHS, a focal person of the NCEE, ACC, and RTCs will be engaged for the project implementation and M&E.

15. PROJECT JUSTIFICATION: (Give reasons why this particular project is considered worthwhile.)

Pre-service education for health professionals is delivered at 18 HTIs: 7 public and 11 private institutions. The University of Health Sciences (UHS) is the country's major public health sciences training university and accounts for more than half of all health professionals' production volume. The UHS has faculties of medicine, dentistry, and pharmacy at Campus 1 and the Technical School for Medical Care at Campus 2, which offers courses of Bachelor and Associate Degree in nursing, midwifery, laboratory science, physiotherapy and radiography. There are four public Regional Training Centers (RTCs) offering training in associate degrees in nursing and midwifery, as well as bridging courses for primary nurses and midwives to become associate nurses and midwives. Kampot and Kampong Cham RTCs also offer an associate degree in dental nursing.

Battambang, Kampot and Kampong Cham offers associate degree of nursing and midwifery.

Enrollment and graduation numbers have increased significantly over the past 10 years but have plateaued in some programs in the past 2 to 3 years. In 2010, for example, there were just 79 medical graduates, 51 pharmacy graduates, 484 graduates from the nursing program, and 154 graduates from the midwifery program. For the majority of training programs, graduation numbers increased significantly between 2010 and 2016. However, there has been a decrease in enrollment and graduation numbers in several programs in 2018 and 2019.

Quality of pre-service education affects health professionals' performance. Health professional' performance is determined by a combination of factors including competence, capacity and effort, quality of training, and so on. Key challenges in Cambodia's pre-service education include weak governance and regulation, a mismatch between the competency of graduates and the population's health needs, outdated curricula, poor quality of instruction, ineffective use of practice sites, inadequate facilities and equipment, and poor assessment of students and programs. The following paragraphs outline each of these issues.

Competency-based education (CBE) for health professionals is an international best practice and focuses on the desired performance of health care professionals. Competency refers to knowledge, skills, attitudes, and behaviors required to work as an effective health care professional. CBE makes this explicit by establishing observable and measurable performance metrics that students must attain to be deemed competent. An outcomes-based approach is used in the design, implementation, assessment, and evaluation of health professionals' education programs, employing an organizing framework of competencies.

Therefore, Strengthening Pre-service Education System for Health Professional Project is developed based on draft the Strategic for Pre-service Education for Health Professionals. The project is designed with the three main components as following: Component 1: Strengthening health professionals' education governance, Component 2: Improving competency-based teaching and learning capacity, and Component 3: Project management, monitoring, and evaluation.

16. BENEFITS: (Who will benefit, directly and indirectly, from the project?)

The direct project beneficiaries are the UHS, the four RTCs, practice sites, and relevant departments in MOH, along with professional councils. Faculty members at the Health Training Institutions(HTIs), preceptors at selected practice sites, and in the medium to long term, incoming health students will benefit from the project interventions. In addition, the staff members from selected MOH departments and professional councils will benefit from the governance activities supported by the project.

Although the direct beneficiaries of this project are the HTIs in the public sector, significant benefit also extends to the private health care sector. These include new national standards for curriculum that will be applied to the private HTIs, new standards for practice sites currently used by private HTIs, upgrades to the NCEE that all graduates are required to take, national forums on education that private HTIs will be invited to attend, and new human resource database that will be utilized by practitioners in the private sector. In addition, the majority of graduates from the public institutions work in the private sector after graduation.

17. FEASIBILITY STUDY

Is a Feasibility Study for the project required? **Yes**

If YES, has it been carried out? **Has been done**

18. SOCIAL & ENVIRONMENT IMPACT: (Briefly describe the effects of the project, if any, on the people and the surrounding environment. Will the project assist in alleviating poverty?)

Reduce poverty

19. CLIMATE CHANGE

a. Is any activity or output of the project related to Climate Change? **No**

b. How is the project relevant to Climate Change?

Please select a Climate Change related sector of the project and fill up the contribution of the climate change related expenditure compared to the total project cost.

Climate Change-Related Sector	Percentage	Climate Change Relevance
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20. DISASTER RISK REDUCTION

Is any activity or output of the project related to Disaster Risk Reduction? **No**

21. GENDER ANALYSIS: (How does the project affect the roles of the men and women in the project area? Will women be actively involved in the implementation of the project?)

Through this project will consider to intergrade gender based violence into the national curricula and also will develop the policy to encourage women students have more opportunities to study at health training institutions.

22. CAPACITY TO IMPLEMENT: (Does the Ministry have the skills and experience required to implement the project?)

Department of Human Resource Development(MOH) has full capacity to manage the project.

23. STATUS OF PROJECT IMPLEMENTATION: (Provide a brief update on the progress of the project to date. Discuss any major problems causing delays in project implementation.)

The project is being implemented as planned. Challenges in the implementation include the lack of sufficient funding and human resources for the implementation.

24. PROJECT PRIORITY: (Please indicates the priority ranking of the project decided by the ministry/agency.)

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25. DONOR INVOLVEMENT: (Provide any information on current or potential donor involvement in the project.)

**World Bank Group Financing: International Development Association (IDA)
KfW Fund (Germany)**

PART B : PROJECT COSTS AND FUNDING SOURCES
(In US\$'000)

INVESTMENT COST	2024		2025 Budget	2026 Estimate	2027 Estimate	2028 Estimate	3yr Total 2026-2028	Recurrent Cost Est.
	Budget	Actual						
Operational Expenditure	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Salaries	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Materials + Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure	16,393.0	5,644.0	14,592.0	1,250.0	0.0	0.0	1,250.0	0.0
Construction	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Consultancy (i.e. TA) + Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment+ Furniture	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Training	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	16,393.0	5,644.0	14,592.0	1,250.0	0.0	0.0	1,250.0	0.0
TOTAL COST	16,393.0	5,644.0	14,592.0	1,250.0	0.0	0.0	1,250.0	0.0
FUNDING SOURCES	2024		2025 Budget	2026 Estimate	2027 Estimate	2028 Estimate	3yr Total 2026-2028	
	Budget	Actual						
Project Revenue	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Government Funding	250.0	136.0	243.0	122.0	0.0	0.0	122.0	
Cash Input	250.0	136.0	243.0	122.0	0.0	0.0	122.0	
Other Resources	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Donor Funding	16,143.0	5,508.0	14,349.0	1,250.0	0.0	0.0	1,250.0	
World Bank	9,428.0	4,104.0	7,174.5	625.0	0.0	0.0	625.0	
Germany	6,715.0	1,404.0	7,174.5	625.0	0.0	0.0	625.0	
TOTAL COMMITTED FUNDING	16,393.0	5,644.0	14,592.0	1,372.0	0.0	0.0	1,372.0	
FUNDING REQUIRED	0.0	0.0	0.0	-122.0	0.0	0.0	-122.0	
(Total Cost - Funding Available)								

**Seen and Approved by
Minister**

(Signature)

Date :