

Health Sector Support Project Cambodia

SOCIAL STRATEGY

A. Ethnic Minority Development Plan

1. The objective of the Ethnic Minority Development Plan (EMDP) is to ensure that Cambodia's ethnic minorities will benefit fully from increased access and quality of health care. Given the ethnic composition of Cambodia, EMDP focuses largely on the hill tribes^a in the provinces of Mondol Kiri and Rattanak Kiri.

2. The Project's approach to ethnic minority beneficiaries is guided by the 1998 Indigenous People's Policy of the Asian Development Bank (ADB) and by national guidelines on the rights of ethnic minorities. Consistent with these guidelines, the Project will work to ensure that (i) ethnic minorities are not made more vulnerable as a result of the project's interventions and (ii) ethnic minorities positively benefit from the project. EMDP is based on ADB's previous studies in Cambodia, including TA 5794-REG: Addressing the Health and Education Needs of Ethnic Minorities in the Greater Mekong Subregion, and TA 5953-REG: Capacity Building for Ethnic Minorities. EMDP also draws on the joint social assessment supported by the Department for International Development (DFID) for the partners in the health sector project.^b

3. **Potential Negative Impact on Ethnic Minorities.** No negative impacts on ethnic minorities are expected. In Mondol Kiri and Rattanak Kiri, two new health centers and nine health posts will be constructed. The health posts are designed to serve low-density areas. The civil works proposed to be undertaken under the Project are small and no resettlement is expected. Evidence shows that hill tribes are receptive to health interventions if properly designed and if implemented by health workers with substantial knowledge about local beliefs.

4. The Cham are native Khmer speakers and well integrated into mainstream society. Women and men regularly interact with the existing health system without apparent discrimination or unease. Expanding and improving the health system should not have any negative impact on the Cham.

5. **Ensuring Proportional Benefits to Ethnic Minorities from the Project.** The hill tribes in Mondol Kiri and Rattanak Kiri are among the poorest groups in the country. Limited access and low-quality health services are problems shared with other marginalized and remote groups. These limitations will be similarly addressed by the Project for vulnerable Khmer-speaking groups. To the extent possible, the Project will help ethnic minorities by expanding health services in poor areas through a mainstreaming strategy. EMDP focuses on issues specific to ethnic minorities. The most significant barriers they face are those created by differences in language and culture, which will be addressed by the ethnic minority strategy.

6. Literacy rates in Mondol Kiri and Rattanak Kiri are less than one third of the national average. Women are even less likely to be literate and speak Khmer. This creates extra barriers for women who are often most in need of reproductive health, birth-spacing, and child health services. Women's inability to access health services harms the children.

^a Another common term is Khmer Loeu (highland Khmer). EMDP will use the term hill tribes to describe the 15 indigenous groups in the northeast.

^b Helen Pickering. *The Health Situation of Ethnic Minorities in Cambodia*. June 2002.

7. The mainstreaming strategy will be implemented through the following components of the Project:

(i) New and upgraded health facilities and equipment in poor and remote areas will help improve the quality of health care that ethnic minorities receive (components 1.1.1 and 1.2.1). (ii) Developing a maintenance plan will help ensure the sustainability of the health system, which is a particular concern in remote areas where few alternatives exist (components 1.1.2 and 1.2.2). (iii)

Equal opportunity will be given to eligible candidates from ethnic minorities in all training activities (component 1.3 and 3.2.4) (iv) The use of contracting in the remote provinces of Mondol Kiri and Rattanak Kiri will lead to significant improvements in access to health in areas with little or no formal health care (component 1.4.2). (v) Increased community participation in the health system will ensure that basic health services are responsive to local needs and are culturally appropriate. The project will support the establishment of health center community committees (component 3.1).

8. The ethnic minority strategy focuses on designing interventions that are culturally appropriate and will improve the access of ethnic minorities to basic health services:

(i) Training community-based health workers from Mondol Kiri and Rattanak Kiri will ensure that the staff that serve the ethnic minority population speak the local language and are familiar with the local culture. The training program will be designed to take into account the low initial level of education of ethnic minority students (component 3.2.5). (ii) The construction of small, village-based health posts will provide basic services to low-density populations. The health posts also permit the local population to staff health services rather than rely on outsiders to staff larger health centers (component 1.1). (iii) The

development of guidelines for nongovernment organization (NGO) selection for contracting in Mondol Kiri and Rattanak Kiri will ensure that the NGO will train and employ local staff familiar with the ethnic minority languages and cultures (component 1.4.2). (iv) The introduction of a formal national and provincial affirmative action plan will ensure that ethnic minorities help manage the health system (components 3.1.1, 3.2.1, and 3.2.2). (v) Community participation in the management of local health services will be ensured. For cultural and linguistic reasons, the participation strategy may need to be modified to ensure that ethnic minorities (and particularly hill tribes) have an adequate voice in the health system. The contracted NGOs in Mondol Kiri and Rattanak Kiri will develop a culturally sensitive participation strategy for their contracted district. (vi) An ethnic minority-disaggregated monitoring and evaluation (M&E) system will be institutionalized in Ministry of Health (MOH) (component 3.3)

9. Developing the capacity of the Government to monitor the implementation of EMDP is essential. As part of the EMDP, the following steps will be undertaken:

(i) A focal point for ethnic minority issues will be designated by the provincial health services in Mondol Kiri, Rattanak Kiri, and, if necessary, in other provinces. The focal point will serve as a liaison among the provincial health service, contracted NGOs, MOH, and the local population. (ii) All annual reviews will ensure that the terms of EMDP are met and will discuss their progress. ADB will program a special review mission to focus on the concerns of ethnic minorities in the third or fourth year of the project. (iii) The Project will request that ethnic minority-specific questions be included in future health and living standard surveys to ensure that it is possible to track the health status of ethnic minorities. ADB will ensure that M&E activities under the Project incorporate the concerns of ethnic minorities. Monitoring will be qualitative and quantitative.

B. Gender Strategy

10. Women in Cambodia are disproportionately burdened by health problems. Although the Strategic Plan focuses on ensuring that the health system will equally benefit men and women, specific actions and investments are needed to realize this intention. The gender strategy is the Project's contribution to the commitment of the Government and ADB to improve the health status of women and ensure their full participation in the health system.

11. The Project is classified as a **gender intervention** because of the significant benefits that women will receive. The Project is built around the Strategic Plan, and stresses the availability of sufficient resources for Minimum Package of Activity (MPA) and Complementary Package of Activity (CPA), which emphasize women's health, particularly reproductive health. Given the limited resources available for health in Cambodia, the Project recognizes that investing in reproductive health will have a positive impact on the welfare of the population.

12. Following the Government and ADB strategy, the Project is committed to mainstreaming gender concerns. It will support many interventions and reforms that will benefit both women and men, including efforts to increase the affordability and access to health services. In addition, the Project will introduce a number of changes that will target women specifically. The implementation of the MPA will significantly increase access to reproductive health for 1.2 million women of reproductive age. At least 5,200 female health workers will be trained in the MPA and CPA to ensure that more women can be attended to. Many partners are providing significant support (including through this Project) to the national HIV/AIDS strategy that will also benefit women, who are disproportionately burdened by HIV/AIDS.

13. Key to implementing the gender strategy is ensuring that the health system serves the health needs of men and women. The formal health system has health center community committees (HCCCs) to involve the community in the management of health centers. The HCCC consists of one man and one woman per village covered by the health center. Many areas, however, do not have an active HCCC. The Project will help communities establish HCCCs where none exist.

14. **Ensuring Women Benefit Proportionately from the Project.** The underlying principle of the Project is that women's health concerns should be mainstreamed in the health sector through a gender mainstreaming strategy. It will attempt to ensure that the health system takes into account the cultural and biological differences between men and women. The Project will also have a gender targeting strategy to ensure that women receive adequate support from the health system. The Project will monitor the implementation of the gender mainstreaming

strategy.

15. It will be implemented through the following as part of the Project:

- (i) To ensure that women are adequately represented in the health system, a significant number of women health workers will be trained under the project. Equal opportunity for women to receive training is essential and the Project will ensure that women will receive training at least in proportion to their numbers in the health system, with the ultimate goal of at least 40% of trainees being women in 2007 (component 1.3).
- (ii) The Project will ensure that civil works provide adequate visual and auditory privacy for patients, which is particularly important for women (component 1.1).
- (iii) The Project will help establish health center feedback committees (HCFCs) in communes where the committees are not operating. HCFCs provide equal representation to men and women and ensure that their voices are heard in the management of local health centers (component 3.1).
- (iv) Ethnic minority women are often especially disadvantaged due to their low formal education and contact with the formal health system. The Project will focus on training ethnic minority women health workers, who have the cultural and linguistic knowledge to treat ethnic minority women effectively. More than 50% of the trainees in remote provinces will be women (components 1.3 and 3.2).

16. The gender targeting strategy will be built into the Project and will serve to improve the health status of women. In particular the Project will work to accomplish the following:

- (i) Incorporate the MPA and CPA in the health system, which will significantly improve women's access to reproductive health services and benefit approximately 1.2 million women living in project operating districts (components 1.2 and 1.3).
- (ii) Improve the relevance of messages that encourage women's health-seeking behavior, for themselves and for children (component 3.2).
- (iii) Institutionalize a gender-disaggregated M&E system (component 3.3)

17. ADB will work with the Government and other partners to ensure that the gender strategy is implemented. The Project will ensure the strategy's implementation. Annual reviews to be conducted jointly with all partners will ensure that the terms of the strategy are met, and a discussion on its progress will be included in progress reports.

Appendix 15, Social Strategy

[Report and Recommendation of the President \(RRP: CAM 32430\)](#)