Kingdom of Cambodia

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Cambodia Country Report

Follow up of the 9th ASEAN & Japan High Level Officials Meeting on Caring Societies "Human Resource Development in the sectors of Welfare and Health – with a focus on capacity building of service providers and employability promotion of vulnerable people"
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Ministry of Health
Ministry of Labour and Vocational Training
Ministry of Social Affairs, Veterans and Youth Rehabilitation

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Recommendation 2: To facilitate a holistic approach that includes the active participation of responsible government officials from both national and local levels, relevant civil society groups, and the target population in policy formulation, programme implementation, monitoring and evaluation. These approaches should be consistent with relevant sectoral policies including health, social welfare and labour and also considered mutually complementary in order to improve the quality of life of the vulnerable;

Health Sector

The Ministry of Health of the Kingdom of Cambodia (MOH) with active involvement of health officials at all levels of the Cambodian health system together with other relevant national, international stakeholders and community established and implemented its first ever Health Strategic Plan 2003-2007 (HSP1) in August 2002 in a responsible manner toward achieving the Cambodian health related Millennium Development Goals by 2015.

The Second Health Strategic Plan 2008-2015 (HSP2) has been developed by a Taskforce for Developing HSP2 under strategic guidance of the Ministry of Health senior leadership. The development process lasted for six months, starting in October 2007 after the completion of the review of the Health Strategic Plan 2003-2007 in August 2007, and went through a wider consultation:

- Regional consultation on the first draft with Provincial Health Departments, Operational Districts and selected Health Centers in 24 provinces;
- Consultation of the first draft with Technical Working Group for Health (TWGH) at a Special TWGH meeting to consolidate comments from two separate consultative meetings. The former was amongst development partners and the latter amongst NGOs active in health sector.
- National consultation on the second draft of the plan with 24 Provincial Health Departments, relevant ministries, development partners, NGOs and professional association.
- Review and endorsement of the final draft by the Ministry of Health senior leadership.

The development of the HSP2 has received technical support from World Health Organization and USAID-funded-consultants (HLSP) and financial support from Health Sector Support Project (World Bank, Asian Development Bank, Department for International Development/UK and UNFPA) and World Health Organization.

Moving towards accomplishing these goals, the RGC and the 2nd Health Sector Support Program (HSSP2) Partners signed Joint Partnership Arrangement (JPA) Concerning Common Arrangements for Joint Support to the HSP2. In this JPA, they have committed themselves to the principles of harmonization as reflected in the Declaration by RGC and Development Partners on Enhancing Aid Effectiveness and strive to reach the highest degree of alignment with the budgetary and accountability system and legislation of Cambodia so as to enhance effective implementation and to reduce the administrative burden on RGC.

The Signatories acknowledge the need for clear leadership by MOH in the strategic and policy issues process, as well as the need for effective and reliable partnership between and within MOH and Health Partners

This JPA sets out the responsibilities of RGC and Program Partners in the implementation of the HSSP2. MOH has the overall responsibility and accountability for the performance of the sector as a whole, ensuring that all the activities in the sector, including those supported by Program Partners, are consistent with and contribute to the health sector goals and priorities. MOH, as the executing agency, in collaboration with MEF, and other RGC agencies, will facilitate the successful implementation of the Program. To this end, MOH and Program Partners will:

Maintain 3YRP and AOP processes as a prerequisite for allocating health sector expenditures and Program activities. AOP development is based on the 3 principles:

1. Participatory process for plan development: The planning process is designed to be participatory, from the Joint Annual Performance Review (JAPR) of performance and identification of priorities to the development of activities by individual units based on an agreed common set of objectives and strategic interventions, to the face-to-face assessment and feedback process of individual AOPs. Also, the consolidated planning process offers each unit and their health partners the opportunity to influence broader resource allocation through sharing of information, while at the same time maintaining operational control over resources allocated to their own units.
2. Priority setting as informed by JAPR and individual annual review
3. Results oriented planning and budgeting

Planning Process and Schedules

The AOP process is designed to promote a decentralized planning culture in the health system, enabling managers at facility level to make informed planning decisions to support sector/local priorities identified by annual reviews. Decentralized planning also calls for incorporation of the operational district plans (including AOP of Health Centers: HCs, Referral Hospitals: RHs and Operational Districts: ODs) into the Provincial Plans.

The Department of Planning & Health Information (DPHI) in collaboration with the Budget & Finance Department takes the lead in appraising and providing feedback to individual AOPs and consolidates them into the Health Sector AOP, which is finally reviewed and endorsed by the Health Sector Steering Committee (HSSC, comprising of high level officials of the MOH, Ministry of Economic and Finance and Ministry of Planning) prior to implementation. While the AOP development process is still evolving, there is a critical need for strengthening implementation of AOP processes for more effective bottom-up planning, in particular at OD and facility levels, where limited planning and budgeting skills are reported. This requires sustained capacity building efforts.

The progress in implementing the HSP2 will be monitor through joint annual progress review and mid-term review followed by end-cycle evaluation to determine impact of the HSP2 on improved health status. It is envisioned that all health partners will use this framework (including a set of agreed indicators) to review progress of their programs/projects in the health sector.

The annual progress of HSP2 will be monitored through JAPR which has been regularly organized since 2004. The Annual Progress Report is developed (presented in the Guidelines for Preparation of AOP) and based on use of information from the annual reviews of the AOP implementation conducted by health institutions at all levels of the health system according to the annual planning process.

The Joint Annual Performance Review (JAPR) conducted in conjunction with the Health Congress attended by the MoH institutions at all levels, other relevant ministries, health development partners, provincial authorities, community councils, member of the community, professional associations, NGOs and for-profit private organizations and other stakeholders.

The Mid-Term of the HSP2 was occurred in 2011 based, in part, on the results of the Cambodia Demographic and Health Survey 2010 which is available in 2011. The MTR contributed to mid course corrections and updates of HSP2 for the 2011-15 period through the review of sector progress and achievements.

Labour Sector

2011 is the fourth year of implementation of the Rectangular Strategy Phase II and is a year in which every sector at every level nationwide and across the world has been seeking the measure to restore and develop the country following its recovery from the global economic crisis. In this context, the Ministry of Labour and Vocational Training (MoLVT) has consolidated mechanisms of the implementation of its mission in line with planned strategic and action plans for the implementation of the Rectangular Strategy Phase II in contribution to strengthening the national economy's competitive capacities in a goal to contribute to poverty reduction leading to sustainable development.

Following the aforementioned strategic policies and action plans so as to ensure better safety systems of work and employees' well-being and based on principles ensuring effectiveness, resources and times to double the application of its mission monitored and evaluated by using comprehensive plans and indicators with an aim to realize MoLVT's plans and targets and the government's policies.

National Social Security Fund (NSSF) strongly hopes that the action plan for 2012 will become an efficient instrument to measure social security schemes development and will reflect every negative point so as to set forth 2012 working targets.

❖ **REMEDIAL ACTIONS**

The National Social Security Fund has launched two main policies. Firstly, it concerns the dissemination, provision of coordination and guideline. Secondly, it principally involves the enforcement of laws in force. Base on the two principles above, and a number of challenges learnt in 2011, the National Social Security Fund in this 2012 has laid out the following measures to address the issues:

- To provide coordination for the health services at hospitals or polyclinics contracted with the NSSF;
- To communicate and provide guidance to owners of enterprises-establishments and workers covered in the occupational risk insurance policy;

- To enforce disciplinary measures on any enterprises-establishments for their delay in paying the contributions and underreporting of the number of workers based on the actual circumstances;
- To prepare case files and submit the complaints to the courts against any enterprises-establishments refusing to apply for the registration and to pay the contributions for occupational risks to the National Social Security Fund.

❖ **ACATION PLAN FOR 2012**

In the effective implementation of the security regimes for those beneficiaries covered under the provision of the Labour Law, the National Social Security Fund has launched a number of priority targets that should be achieved in this 2012, paying particular which has been under the process and the 2 step which centers around the health insurance scheme which is set to launch soon in order to enable affected workers to get access to the insurance services under the social security scheme, which would thus secure their income and contribute to the reduction of people's poverty and improving the social stability.

- Strengthen the enforcement of law on social security regimes for persons covered under the provision of Labour Law;
- Extend the occupational risk insurance scheme coverage across the country;
- Implement measures on prevention, control and emergency rescue in the event of any work related accidents;
- Prepare formalities and procedures of payment of benefits more rapidly and efficiently;
- Prepare formalities and procedures applicable to the healthcare.

National Social Protection Strategy

The overriding goal of the Royal Government of Cambodia is to firmly and steadily build a Cambodian society which enjoys peace, political stability, security, social order and sustainable and equitable development, with strict adherence to the principles of liberal multi-party democracy and respect for human rights and dignity. The social fabric will be strengthened to ensure that the Cambodian people are well educated, culturally advanced, engaged in dignified livelihoods and living in harmony within both the family and society.

The Royal Government of Cambodia through the Council for Agricultural and Rural Development (CARD), together with line ministries, relevant stakeholders and development partners, has developed a National Social Protection Strategy for the Poor and Vulnerable 2011-2015 (NSPS), which was approved by the Council of Ministers on 18 March 2011. This strategy represents a vision of comprehensive, integrated and sustainable social protection in Cambodia, in particularly for the poor and vulnerable, and has been written in a way that ensures participatory and rights based approaches during design.

The main approaches of this strategy are to 1) protect the poorest and most disadvantaged who cannot help themselves; 2) mitigate risks that could lead to negative coping strategies and further impoverishment; and 3) promote the poor to move out of poverty by building human capital and expanding opportunities, including access to health, nutrition and education services for poor households, so they can move above the poverty line. This will transform poor and vulnerable people in communities into a productive force for the nation, and contribute actively and dynamically to the socioeconomic development of Cambodia.

Vision of Social Protection for the Poor and Vulnerable

Cambodians, especially the poor and vulnerable, will benefit from improved social safety nets and social security, as an integral part of a sustainable, affordable and effective national social protection system.

Goal of Social Protection for the Poor and Vulnerable
Poor and vulnerable Cambodians are increasingly protected against chronic poverty and hunger, shocks, destitution and social exclusion and benefit from investments in their human capital.

Achieving the objectives of the National Social Protection Strategy requires the scaling-up and harmonization of existing social protection programmes and the piloting of new interventions to fill any gaps. Implementation is the responsibility of line ministries and decentralised government institutions. The NSPS thus complements the efforts of line ministries in achieving sector targets by developing a framework for sustainable, effective and efficient implementation. Most programmes in the NSPS are by nature inter-sectoral and require coordination across ministries and government agencies, to avoid thematic and geographical overlaps, to harmonize implementation procedures and to coordinate the effective and efficient use of available funds from the national budget and development partners. They also entail active dialogue with supportive development partners and civil society.

Recommendation 7: To enhance the functional integration of the vulnerable people into communities, especially older persons and PWDs, by documenting best practices and supporting effective approaches in community based social welfare services;

Health Sector – Action Plan for 2012

Increased efficiency, accountability, quality and equity throughout the health system will be achieved through application of morality, strong beliefs and commitment to common goals by all who are working in health care. Therefore the day-to-day activities of health managers and staff in all areas throughout the organizations at all levels should be guided by five principles.

Social health protection, especially for the poor and vulnerable groups	To promote pro-poor approaches, focusing on targeting resources to the poor and groups with special needs and to areas in greatest need, especially rural and remote areas, and urban poor.
Client focused approach to health service delivery	To offer services with emphasis on affordability and acceptability of services, client rights, community participation and partnership with the private sector.
Integrated approach to high quality health service delivery and public health interventions	To provide comprehensive health care services including preventive, curative and promotion in accordance with nationally accepted principles, standards and clinical guidelines, such as MPA and CPA, and in partnership with the private sector.
Human resources management as the cornerstone for the health system.	To be operational and productive driven by competency, ethical behavior, team work, motivation, good working environment and learning process.

Good governance and accountability	To provide stewardship for both the public and private sectors, focusing on a sector wide approach, effective planning, monitoring of performance, and coordination.

- Health care services used by the poor under the financial scheme for the poor was 2,164,130 cases in 2011, which is 1.2% higher than in 2010.
- Exemption fees for the poor in the public health facility where have had health equity funds or health voucher in 2011 was 1,278,040.
- Health Equity Funds: used by the poor was increased from 770,549 in 2010 to 872,556 in 2011.
- Community Based Health Insurance (CBHI) was 333,439 in 2011.
- Poor women used reproductive voucher was 13,534 in 2011.

Social Welfare

National legislation for statutory social security provision, which includes supports for social integration programmes of vulnerable people, includes the Labour Law, the Insurance Law, the Sub-decree on the Establishment of a National Social Security Fund (NSSF) covering employment injury insurance, the pension scheme, a short-term benefit system, the Royal Decree on the National Social Security Fund for Civil Servants (NSSF-C) covering social security for public civil servants as well as the Law on Pension and Invalidity Benefits for the Royal Cambodian Armed Forces (RCAF). Other special vulnerabilities are also addressed, through the Law on the Protection and the Promotion of the Rights of Persons with Disabilities, the Law on the Prevention of Domestic Violence and the Protection of Victims, the Law on Inter-country Adoption, and the Law on Suppression of Trafficking in Humans and Sexual Exploitation.

There are a large number of policies and minimum standards documents which also provide a regulatory framework for the provision of social integration and protection for especially vulnerable groups, which include the Policy for the Development of Indigenous Communities, and the Policy on Land Registration and Land Use Rights of Indigenous Communities, the Policy and Minimum Standards for the Protection of the Rights of the Victims of Human Trafficking, the Policy on Alternative Care for Children, Minimum Standards on Residential Care for Children, Minimum Standards on Alternative Care for Children in the Community, Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children.

Current Government Social Interventions

Risks and Shocks	Programme Type	Programmes	Lead Ministry
Situations of emergency and crisis	Food distribution	Emergency Food Assistance Project (free distribution of rice)	MEF
		Disaster response and preparedness; general food distribution (Ketsana)	NCDM
		Package of emergency relief to vulnerable and victims of emergency (including victims of mines) – 946 families	MoSVY
	Budget support	Agriculture smallholder and social protection development policy operation	MEF

	Commune transfers for emergency assistance	Emergency assistance – cash and in-kind assistance to communes to support achievement of CMDGs	MoI
Human development constraints			
Poor maternal and child health and nutrition	Nutrition programmes	Child survival: components on improving maternal health and newborn care, promotion of key health and nutrition practices	MoH
		Maternal & Child Health and Nutrition Programme	
		Other interventions	
		Iodine salt production and distribution programme	MoP
Poor access to quality education	Scholarships in cash	FTI (Grades 4-6); CESSP (Grades 7-9); JFPR (Grades 7-9); BETT (Grades 7-9); EEQP (Grades 10-12); Dormitory (Grades 10-11); various projects (Grades 7-9)	MoEYS
		Emergency Food Assistance Project (Grades 5-6 & 8-9)	MEF
	Second-chance education programme	Training programmes of National Poverty Reduction Fund	MoLVT
		Training programme of Special Fund of Samdach Prime Minister	
		Training with certificates	
		TVET pilot on post-harvest technology and skills-bridging programme	
		Training courses through technical and vocational training institutions and community training course programmes of provincial Department of Labour and Vocational Training	
		Special training programmes for indigenous and vulnerable people	
		Entrepreneurship course for participants during training courses	
	Scholarships in cash	Per diem for participants in the Special Fund of Samdach Prime Minister	
Child labour, especially its worst forms	Direct intervention and livelihood improvement	Project of Support to the NPA-WFCL 2008-2012	MoLVT
Seasonal	PWPs	Food for work	MRD

unemployment and livelihood opportunities		Food for work (Emergency Food Assistance Project)	MEF
		Cash for work (Emergency Food Assistance Project)	MEF
	School feeding	School feeding	MoEYS
		Emergency Food Assistance Project	MEF
	Take-home rations	Take-home rations	MoEYS
	Financial support	Small-scale credit for self-employment in the National Poverty Reduction Fund	MoLVT
		Small-scale credit for self-employment in the Special Fund of Samdach Prime Minister	
Health shocks	Fee waiver	Exemptions at rural facilities for poor patients	MoH
	HEFs	HEFs in 50 ODs	
	CBHI	13 CBHI schemes	
Special vulnerable groups	Social welfare for elderly	Elderly persons' association support and services - 452 Associations for Older Persons with a total of 165,881 members	MoSVY
	Social welfare for families living with disabilities	Physical rehabilitation centres/community-based rehabilitation services for people with disabilities	
	Social welfare and policy development for children and orphans	Orphans: allowance, alternative care, residential care; child victims of trafficking, sexual exploitation and abuse; children in conflict with the law and drug-addicted children	
		Child protection: helps develop laws, policies, standards and raise awareness to protect children at particular risk	
	Social welfare for families living with HIV/AIDS and TB patients	Social services and care to children and families of victims and people affected by HIV/AIDS; children in conflict with the law; and drug-addicted children	
		HIV/AIDS workplace programme for garment factory workers	MoLVT
		Food Assistance to People Living with HIV and AIDS	MoH, MoSVY
		Food Assistance to TB Patients	
Other (labour market policy,	Ensuring decent	Occupational health and safety protection for small enterprises and informal sector	MoLVT

social security, and insurance system)	workplace conditions	Affiliation to professional associations to establish mechanism for conflict resolution at workplace and Arbitration Council	
		Work injury insurance	
		Social safety net for migrants abroad	
	Labour market information	National qualification framework, national capacity standards and capacity test package	
		Public job service of National Employment Agency	
		Inspection of apprenticeship training	
		Skills and employment policy	
	Social security and pensions	Social security fund covering work injury	
		Civil servants' and veterans' retirement pensions NSSF employer-based pension schemes	
		Maternity benefits for all workers (except domestic workers), civil servants, armed forces and police; 90 days maternity leave; pay at half salary covered by employer (Labour Law Article 183)	
		Benefits for survivors (parents or dependants) of armed forces, spouses of disabled people, retirees or disabled persons	
	Insurance	Health insurance under NSSF for all workers (except domestic workers), civil servants, armed forces and police	MoLVT MoSVY

Note: BETT = Basic Education and Teacher Training; CESSP = Cambodia Education Sector Support Project; EEQP = Enhancing Education Quality Project; FTI = Fast-Track Initiative; JFPR = Japan Fund for Poverty Reduction; NPA-WFCL = National Plan of Action on the Elimination of the Worst Forms of Child Labour; OD = Operational District.

Non-governmental organizations (NGOs) play a significant role in assisting households in distress. In 2009, NGOs channeled roughly 10.4% of total ODA in Cambodia (Council for the Development of Cambodia (CDC)), and approximately the same in 2010 (10.3%). Within the health sector, much assistance goes towards primary health care and access to hospitals and clinics. In education, it focuses on basic education for the poor and vocational training. NGOs are also very active in providing community and social welfare services through orphanages and general assistance to vulnerable children and youth. There are currently 179 NGO run residential care centres, providing services to 8,452 children. The majority of large donors now expect to see that NGOs use participatory and rights based approaches during strategic planning.

There are also many NGO networks throughout Cambodia, including Chab Dai and COSECAM, which are Coalitions against human trafficking and exploitation; the Child Welfare Group, which is made up of 30-40 GOs and NGOs committed to meeting together to share information, learn from each other

and advocate on behalf of children; MEDICAM bringing together NGOs working in the health sector; HACC for NGOs working with people affected by HIV/AIDS, and the NGO-CRC, for NGOs working towards better protection of the rights of children. Government forums with NGO members include the National Multi-Sectoral Orphans and Vulnerable Children Task Force, and the Disability Action Council. Several key NGOs actively seek to closely partner and support various Ministries of the Royal Government of Cambodia in programme areas and policy implementation. These opportunities for close partnership between NGOs and the Government ensure that the voices of the vulnerable are clearly heard and understand during key discussions, and help to enable their participation in policies and programmes which directly affect their wellbeing. They also ensure that there is a high level of information sharing and exchange of experience between stakeholders on social protection issues.

Highlights of Good Practices

National Multi-Sectoral Orphans and Vulnerable Children Task Force

In mid-2006, the National Multi-Sectoral Orphans and Vulnerable Children Task Force/Secretariat (NOVC-TF) was established to facilitate co-operation amongst key stakeholders, the majority of which are local and international NGOs who work with OVCs, in the planning and monitoring of OVC-related activities and to provide advocacy and technical support on OVC issues. The objectives for this Task Force are to provide a forum for MoSVY to facilitate coordination among key stakeholders to jointly identify national program priorities, and harmonize activities; to review and address policy gaps and strategic issues, advocate for quality services for OVC; to promote and facilitate collaboration, discussion and information sharing among key government and non-government stakeholders working with OVC; to monitor and assess the situation of OVC and recommend specific actions to address any policies, legal frameworks, standards, guidelines and service gaps; to advocate for, advice on, and facilitate the provision of quality family and community-based services for OVC and to facilitate resource mobilization for OVC-related services, especially where there are critical gap.

In 2011, the members of the National Multi-Sectoral Orphans and Vulnerable Children Task Force drafted The Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children. This MoSVY document provides vital guidance to NGOs and all programmes caring for orphans and vulnerable children in six essential areas: Food and Nutrition, Health Education, Social, Emotional and Psychological, Economic Strengthening and Other, which address shelter, birth registration and succession planning. The Standards and Guidelines compliment the existing minimum standards, because they contribute towards preserving the integrity of vulnerable households with children, and prevent family separation. MoSVY plays a key role in coordinating and monitoring implementation of these standards, which are to be used by all service providers to help align and standardise support, increase coordination and collaboration, and improve the quality of care support and protection for the maximum number of orphans and vulnerable children in Cambodia.

Monitoring and Evaluation Project

MoSVY is currently implementing a project to collect data on child vulnerability at village level against 23 pre-determined indicators. This process involves partnership between Government departments, local authorities and NGOs to gather information from village chiefs and grassroots service providers to ascertain how many children are vulnerable due to which causes, and how many of their families are being provided with services in six essential areas. The M&E programme currently covers 14 provinces in Cambodia, and quarterly data collection started in 2012.

It is planned that the information will be used to direct service providers to the most under-served vulnerable groups in areas where other service providers are not yet working. This will then prevent duplication of work by service providers, and improve the social protection coverage and service delivery. The project is also an opportunity for local authorities and NGOs in the provinces to receive training in important policies that seek to help and support the vulnerable groups they work to serve. Therefore messages key to social protection are reinforced – in particular the importance of family preservation and supporting families in crisis.