

KINGDOM OF CAMBODIA



MINISTRY OF HEALTH

**THE 5th ASEAN & JAPAN HIGH LEVEL OFFICIALS
MEETING ON CARING SOCIETIES**

**COMMUNITY SERVICES FOR THE
ELDERLY**

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COUNTRY REPORT

I- CURRENT SITUATION

The prolonged chronic wars for several decades in Cambodia had drastically deteriorated its social infrastructure, especially its culture, tradition, customs being devotedly practiced by its people. The tragedy of family and relatives separation, the loss of human rights, honor and dignity as well as poverty of people has also left a heavy burden. All of these factors have affected the living status of all ages, health and the living conditions, in particular the indigent elderly without support. Given the lack of alternative, Cambodian elders

Socio-Demographic Features

Cambodia has area of 181.035 square kilometer and the population is over to 14 million of which the rural population that makes up nearly 84%, the land area for agriculture is 29.3% of total land. The Cambodia like most nation, is a country in transition in terms of socio-economic development, demography and epidemiology. The major health problems of aging are readily seen to stem from economic, social, cultural and political factors, consequently life expectancy at birth for male is 58 years and 64 years for female. The dependency ratio was 82 with a young dependency ratio of 75.4, older dependency ratio of 5.1 and parent support ratio 56. It is demographically very young, thus the projected by National Statistic in the near future aging will be increased much more quickly as other developing countries, the absolute number and proportion of the population aged 60 years and over will increase from 4% (1996) to 20% (2050). Indeed over the last 20 years the birth rate has been decreased in half, while longevity has doubled. This tendency will change the familial structure, which pyramid will change from younger dominant to elder dominant. The rate of growth of the aging population will rapidly increase while the socio-economic base will not be developed simultaneously. Therefore Cambodia still remains the poorest and least developed country in Asia, with the gross domestic product per capita estimated at approximately US\$ 339 in 2005.

The health care system is largely a fee-based system. Wages/pocket money and savings were the most common source of money for care for the slight illnesses. With severe illnesses, the source shift to borrowed money with interest. The total health care cost rise by the patient's age, ranging from \$5.72 for children age 0-9 to \$20.70 for people age 60 years and older. The cost have remained more expensive in the urban areas \$22.89 than the rural areas only \$ 12.75, thus the transport costs were more than twice as expensive in urban than in rural area(\$ 3.20 to \$ 1.17)

II- LEGISLATION AND INSTITUTIONAL FRAMEWORK

The government of Cambodia seeks to promote a better quality of life through the provision of health services and care for aging persons. In 1999, the National Committee for World Health Day of Older People was established as an attempt to tackle the elderly issue with a multi disciplinary and multi sectoral approach. Among Inter-ministrial agencies involved are Ministry of Social Affairs and Youth Rehabilitation, Ministry of Health, Ministry of Women Affair and Veterans , Ministry of Education, Ministry of Religions and other Ministries and Agencies.

The National Committee has decided to establish a permanent secretary office and technical working group to develop the national policy to provide the services to aging

people in Cambodia. The Ministry of Health takes a lead in the coordination of health care services for the elderly and has delivered a National Policy on the Health Care for Elderly and Disabled People since early 1999. The main objectives are to prepare the Cambodian people for a healthy aging and to improve the health status of elderly and disabled people. The provision of care to aging and disabled people must be identified on the quality of care through primary prevention. This is the first priority of this policy and then the secondary prevention must focus on the communicable and non-communicable diseases in the young old people, which cause disability.

National Policy

The Cambodian government shall ensure that the burden of supporting the elderly will be shared among the government institutions with the support from civil society, community, family and the elderly themselves. The government shall care for the tragic plight of the elderly population and adopt appropriate and timely actions to respond to their problems, needs and priorities.

1- Social

- To develop service for the welfare of the elderly.
- To promote social safety for all elderly, especially women in rural communities.
- To protect the vulnerable elderly when they face any disasters.
- To provide knowledge and improve professional skills for government staff working with the elderly.
- To analyze gender in researching on plan making and the evaluation of project and activities for the elderly.
- The government or NGO should provide opportunity for the outstanding elderly to visit well-known sites in Cambodia.

2- Health

- The government through its Ministry of Social Affairs and the Ministry of Health in collaboration with IOs and NGOs provides medical support to the elderly in the community.
- The government shall promote and care for the health of the elderly by providing education on illnesses affecting the elderly like hypertension, diabetes, heart diseases, stomach trouble, respiratory ailment, eye, cancer and promoting the need for hygiene and a clean environment.
- The Ministry of Health shall provide technical training to personnel on how to take care of the elderly in the community as well as to ensure the sufficient medicines for the elderly.
- The government shall encourage the elderly in the community to participate in the use of the existing health services and provide information of the elderly to health workers.
- The government shall make available the educational, physical exercise, sports, recreational programs and daily survival activities and rehabilitation and medical programs for the elderly in the community and pagodas and shall provide training to the government employees working with the health care of the elderly.
- The government shall provide free medical treatment to the elderly with disabilities and those who are unable to support themselves.

3- Economic

- The government shall establish micro-credit scheme that allows the elderly to borrow money to create jobs.
- The government shall provide tax relief to the community products and lower the rate of transport fees.
- The government seeks for the markets for the association of the elderly to sell the community products.

4- Participation

- To establish a scheme whereby the elderly, with the requisite skills and experiences will be encouraged as consultants in the private and public sectors.
- To establish a scheme, which allows retired public servant to engage in government service on a contractual basis?
- To encourage and motivate the elderly to take part in social development activities.

5- Research

- The government shall support data research on social, economic and health issues affecting the elderly.
- To try the best to conduct research on the problems of the elderly in Cambodia and to develop criteria for defining age of the elderly in Cambodia.
- To train and enhance the professional skills of research teams to initiate national policy.

Health Care for Elderly Policy

The main emphasis of the national policy on health care of the elderly seeks care that is accessible, effective and good quality to support of family cares givers, particularly women, as well as the elderly themselves.

1- to improve the welfare of the elderly and disabled people.

2- Human resources training.

3- To promote healthy aging and disabled people through health education.

4 - To provide special care for old- old people in the community.

Law of pension fund

The Ministry of Social Affairs has implemented the law of pension fund to retired government official and government official who are frail and disabled. The policy of pension fund has implemented since 1987. On the first and second mandate of Kingdom of Cambodia Government, it has updated the policy according the national economic development. Up to present the government adds 60% of net salary_of former official that are now retired officially. Thus the Cambodian government is trying to review the public administration in improving the national economy and that will help to solve the pension fund for all retired civil servant and official who are frail and disabled. The other hand the Ministry of Social Affairs has support and help daily life of retired civil servant and official who are frail and disabled by establish “ Association of Retired People (ARP) “ in each province and city of Cambodia that can help simplify difficulties and to gain mutual assistance in any accident. Thereafter the Ministry of social Affairs is in collaboration with the relevant ministries to establish a National Cashier of Pension, which is independent public finance institution to serve all requests and the administration and implementation of pension regime shall be executed punctually and effectively.

III- RECENT ACTIVITIES AND PROBLEMS

Health service

In Cambodia the primary health care services does not incorporate a specific component directed to health and care of older people. Thus the private health services available generally to the community may not be appropriate and insufficient to provide the necessary services to reach the older and their family. Cambodian older people are more vulnerable to illness and likely to use a large proportion of hospital beds, medical services and pharmaceuticals than other age groups. The increased life expectancy for older people is likely to extend the demand for health services and improve medical care.

- Heart disease and stroke are the major causes of death and disability in aging Cambodian. As increasing age is the main risk factor for stroke and cardiovascular disease more generally, this burden will increase as greater proportions of handicap population.
- Breast cancer is similar to cervical cancer in terms of its impact on women. For men the high proportion of liver cancer and gastro- intestinal cancer emerging evidence within the country. There is a little possibility for primary prevention strategies to reduce either incidence or mortality from such kind of these cancers.
- The most common chronic diseases considered among the aging were diabetes and hypertension that associated with multiple conditions. Many of these conditions are amenable to primary or secondary prevention and early intervention can help to avoid the negative consequences.
- The two most common mental health problems are notified by aging, depression is amenable to supportive interventions but there are no preventive measures against dementia.

The lack of appropriate care, in health services, for the elderly people let to create it own set of problem. Left in the care of understaffed health facilities without any knowledge of geriatric care, elderly patients are unlikely to fund the support to regain their fullest potential in terms of independent living, and will be suffering needlessly. A little dedicated care in the immediate recovery period of disabling episodes, and some appropriate advice and support to family carer is known to go a long way in this respect. Thus dedication and patience are likely to be characteristic of family members rather than of health care workers. Nowadays, the general and specific rehabilitative services appear to be sorely lacking within the range of health services offered in Cambodia. Extolling the economic as well as humanitarian basis for this need appears to require reinforcement even if health budget are limited. However there is no formal government or non-governmental schemes for community elderly care and particularly no domiciliary or hospice care despite one part of hospital beds are taken up by elderly patients. Home based care by health center staff are not provided, but some religious charity run homes for the elders with their own resources and donations from others, supplemented Equity Fund from NGOs. Equity Funds are an alternative strategy to help the poorest of the poor to access quality public health services through partnership between Government and NGOs. In fact the main objective of Equity Fund to reduce the burden of acute/chronic illness and resulting indebtedness amount the poorest people through free access to essential services. Thereby traditional health practice has also been taken into account in

Cambodian society. The link between traditional and mainstream care has been in the health care delivery system.

Health promotion and disease prevention

Concerning on health promotion, the Ministry of Health has provide the knowledge of what is normal in older people and information about ways to promote fitness and awareness of what can be realistically expected as a comfortable life for the elderly people. On the other hand the education of tobacco and alcohol avoided or reduced has been promoted through health center staff which may save money and prevent of chronic diseases among old ages. All contribute to reducing the risk of disability that may also address non-communicable and infectious diseases.

Community service

Once consequence of war and decades of disruption in Cambodia most of older people are left without family. It is wrong to assume that the extended family automatically provides support for older people. Those who can no longer rely on traditional support structures and have little or no access to any kind of pension must continue to work if they are to survive. Illness and frailty may mean that eventually there is a reduction in most people's productivity. The local authority recognized the voluntary contributions of older people to their community and continues to support the Association of Retired People and Older People Associations, particularly the need for adequate levels. The elderly members of the family are engaged in a high level of informal activities such as major responsibility for the home, cooking, cleaning and care giving to the frail and sick older persons. The contribution of older women to the workforce in term of child rearing, housekeeping and care giving is very significant. HIV/AIDs is having a devastating impact on older people, with increasing number caring for sick sons and daughters and orphaned grandchildren. But links between alleviating child poverty and supporting older people are not being made.

Housing

Most of older people would like to go on living in their own home for as long as possible, but some people especially older women decided to live in Pagoda with a small shelter and look after themselves without any assistance. The unsafe environment lead to older especially women more prone to depression and reduce fitness. The extremely poor distressed elderly people with no source of income go begging to the society and live in public areas without any shelter neither social security and legal support from the government and local authority. The proportion of older people living in slums and charity shelter is rising quickly and has become long-term slum-dwellers. Older people living in these settlements are at high risk for social isolation and poor sanitation and poor health. Nowadays in Cambodia there are no one address on the planning and design of aged housing and managing housing programs for the poor aging.

Transportation

Presently no special transport services for older or disabled people that unable to use public transport both in urban and rural areas. Motorbike-taxi is familiarly for those older and disabled people that are significantly expose to high risk of accident and death. This should take into account to the government institutions or stakeholders to develop community passenger networks, particularly in urban areas.

Enhanced social responsibility

Help Age International has been supporting older people with the partnerships with Ministry of Social Affairs, Ministry of Health which has shifted its approach from Rehabilitation to Development in their target areas of two provinces by organizing Older people into Older People Associations (OPAs). In 2001 there are 45 OPAs formed in both provinces and the next step of federating the Associations is in the process. These associations are formed mainly to address the older people issues within the family and at the community level. The experiences shows that the impact of formation of OPAs has tremendously increased self-confidence and self-esteem among the older people and they are in turn educating and creating awareness among the other community members on the issues affecting them. They have proved capable in productivity by forming rice bank, fertilizer banks etc., and running small businesses themselves to feed themselves as well as their dependants who in most cases are their grandchildren. The formation of OPAs is a model, which need to be replicated in other provinces by the Government of Cambodia and NGOs for wider coverage in addressing the issues of Older People. In 2005 Help Age International supported by ROK_ASIAN had have implemented the volunteer-based home care for the poor and needy older persons. It promoted and independent life for the poor older persons in the community by providing home care services through volunteers visiting older people's home to care for them. The strategy to promote home care as the following

- gathering information/undertaking research to establish the need for home based care for older persons and raising awareness among public, private and voluntary sectors.
- promoting innovative, culturally appropriate, sustainable and replicable practical projects to prove the efficacy of home care and to provide evidence to influence the policy makers.
- building the capacity of organizations engaged in age care work.
- building a strong networking of organizations working on home care issues in Cambodia.
- advocating for mainstreaming home care into the public policies and programs and for developing targeted programs and services for frail, sick, disabled and dependent older people.

IV- CHALLENGES

Accordingly to the policy, the government of Cambodia needs to address issues relating to older persons in the national development process and beneficiaries of social progress. The government will introduce measures to be set in place to provide local-level and community-based support services for elderly people and to bring the active elderly into the economic and social mainstream and to meet the basic needs of the rural and urban elderly who are poor without family support. On the other hand The World Health Day of Older Person provided an opportunity to create and strengthen the partnership between government, NGOs, other societies, communities and families themselves to deal with those issues. The major areas of concern including:

Social: the government will contribute active aging as a national resource and ensure that the next generations benefit from a long life reparation for productive aging. Promote elderly participation in activities of community association such as the elderly people association, retired people association and farmer association. Those associations could

be very helpful for elders, to exchange experiences with one another, which may ring benefits for their own associations and the individual members.

Family: the government should strengthen the care-giving capability of the family, and identify the vulnerable group with disabled and chronic diseases for the provision of professional guidance, counseling and emotional support, and strengthening of inter-generational relationships.

Health: the government accepts to maintain older's people well-being by providing health services at all levels and the adoption of a healthy lifestyle including awareness of physiological changes, understanding of symptoms of common diseases and the risk factors of poor health.

Nutrition: the government will provide nutritional advice for aging people in order to minimize dietary deficiencies and ambulance. Healthy eating is the best way to educate the older persons.

Housing: the government should arrange appropriate shelter to the poor elderly and those who live alone.

Transportation: the government or stakeholders should provide accessible, affordable public transportation services in rural and urban areas so that elderly and disabled people can participate fully in family and community life.

Income: the government will access the provision of economic security to elderly including:

- for disabled poor elderly people and establishment of regular pension scheme
- for able poor elderly people leading to opportunities for income-generating activities
- for disabled poor elderly people, provision of economic incentives such as loans, to their family helpers
- introduction of self-financed savings scheme with the local authorities.

Appropriate services: The government will choose the options and considerations for service provision based on an evaluation of the relevant information and will decide on specific package of services which needs and who needs are going to be addressed (those of the disabled person or also those of his/her family caregivers).

V- FURTHER PLAN OF ACTION

The main objective of the new national plan is to give leadership and policy initiatives to create a healthy environment for older person which is to ensure that the elderly are provided with access and opportunities to contribute to and share in the benefits of the nation's development. The support and attention given to the elderly view their participation in social benefits as beneficial both to the Cambodian society and the elderly themselves.

Strategies

To achieve the above objective the government has to look at various strategies in the following field:

- a- Create health awareness among the public
- b- Health services
- c- Housing, transportation and living environment
- d- Social protection
- e- Income security and work

f- Community participation

g- Research

Actions

a- *Create health awareness among the publics:*

- Advocate for policy of elderly to the public.
- Mobilize community organizations (RPAs, OPAs), institutions (hospitals, health centers, schools, workplace) and individuals to foster healthy behavior and promote community action for better health.
- Increase awareness of individuals regarding the benefits of lifestyle changes for health in both short and long terms.
- Support the health education for the elderly through a mass media concerning on practical rehabilitation, daily exercise, nutrition, diet, change their eating habits, personal care and environmental hygiene.
- Develop and inform through different media about age care and primary prevention of illnesses among older people in order to promote healthy aging and how to have dignified old age lives.

b- *Health services:*

- Provision of special care to the elderly and disabled people with the establishment of preventive and geriatric service into the national hospital, referral hospital and health center.
- Provide the health care free to very old and disabled people who are not able to find their income for living.
- To set up an appropriate pilot community based nursing care for very old people with strong involvement from the government, community, IOs, NGOs and Cambodian elderly association.
- To promote nursing care for disabled people in order to encourage and support them on positive attitudes toward intergenerational living environment.
- Introduce the health care of the elderly and disabled people into the curriculum of basic training for nurses and undergraduate medical training for the University of Health Science.
- Continue professional training of health staff on health care for the elderly and disabled people at all levels.
- Long term training of trainers on geriatric and rehabilitation in order to improve the quality of care.

c- *Housing, transportation and living environment:*

- Cope the appropriate transportation to the needs and protection of elderly people.
- Designing and construct public building and toilet facilities, standards should be laid down to facilitate easy access for the elderly.
- Provide shelter to the poor older persons that live alone or with the orphan grandchildren in order to ensure the comfortable lining environment.
- Special concessions to provide the older and disabled persons in public transport.

d- *Social protection*

- Assist older and disabled people by reducing isolation and using the social resources available in the community.
- Maintain the social value of respecting the elderly

- Strengthen the family to ensure the welfare of elders and disabled people.
- Obtain the services of elders and disabled people for non-formal education and other program.
- Provide home care services to elder and disabled persons.
- Provide the poor elders and disabled to obtain the assistive devices such as hearing aids, walking aids and kitchen utensils in order to assist them to live on their own.

e-- Income security and work:

- Opportunities and facilities to provide the elders and disabled whom are capable of applying their personal skills to earn income.
- The present compulsory age of retirement should be extended in view of increasing life expectancy.
- Special identity cards should be issued to older and disabled persons to give them special attention and treatment.

f- Community participation

- To promote community participation in the areas of social welfare, report and refer the health situation of very old and disabled people to a nearest health center.
- On special occasions such as World Health Day of Elderly, activities should be planned every years to bring traditional customs relating to the elders and participation of elders should be facilitated.
- Emphasize the community acceptance on the contributory roles of the elderly to social and cultural progress.

f- Research:

- Research on socio-economic and health issues related to frail elderly.
- Research on nutritional status and problems of aging
- Assessment on community and family diagnosis in order to identify the major problems and high risk groups, designing type of services, selection mechanism of priority groups and families.

VI- CONCLUSION

Socio-economic change has brought about an increase in old-age dependency in Cambodia. However the majority of the living standard of aging Cambodian both in urban and rural is still low, the insurance mechanism and policies are not yet adequately prepared. There are no appropriate health services to aging neither long-stay care nor hospice at the present. The shortage of national budget for health is the weakness encountered in the implementation of the aging and health program. The expansion of key national health programs comprised women and child health, expanded immunization and measles eradication, tuberculosis control, STDs/ HIV/AIDs program, malaria and reforms of the pharmaceutical sector is the first priority of the Ministry of health budget. On the other hand is inadequate of health workers skills to manage elderly care in geriatric services. Lastly is lack of inter-sectoral cooperation and support from bilateral donor and International Organization.

The government should recognize the health care of aging persons will be a key issue in the future, which is needs a significant budgetary commitment and encourage NGOs to

implement programs that will benefit the aging, especially for the poor. Indeed one way to improve quality of life of aging is to strengthen the management capability of the elderly in grassroots and family levels. Moreover, the opportunity provision that contributes to the emotional support is also a mean to bring the elderly out of the isolation in the community. These also help keep people of all ages aware of the achievements, experiences, virtue, dignity and contribution of the elderly in developmental activities for the community, which is in line with the government's poverty alleviation. Appropriate provision in national budgeting processes is essential to ensure implementation of the program.