KINGDOM OF CAMBODIA
Nation Religion King

Country Report

Collaboration of Social Welfare and Health Services, and Development of Human Resources and Community

-Community Services of the Elderly-

The 5th ASEAN & Japan High Level Officials Meeting on Caring Societies

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Collaboration of Social Welfare and Health Services, and
Development of Human Resources and Community
-Community Services for the Elderly-

I. Background

The Kingdom of Cambodia occupies a territory of 181,035 square kilometers topographically dominated by the Mekong River and the Tonle Sap (Great Lake). The country's capital city is Phnom Penh, which is located in central Cambodia.

Cambodia is a geographically compact country administratively composed of 20 provinces, three of which have relatively short maritime boundaries, 4 municipalities, 183 districts, and 1609 communes.

The population of Cambodian in 2005 is 13.8 million, of which 51.5 percent are females, and growing at an estimated rate of 1.65 percent per annum. The population age 60 and over in Cambodia in 2004 is 6% of the total population (Male: 2.5%, Female: 3.5%). The national average population density is 75 persons per kilometer. Around 84 of the population live in rural areas, with around 9 percent and 7 percent of the population living in Phnom Penh and other urban area. Life expectancy at birth for Cambodian population is 57.87 for male and 64.14 for female.

The socioeconomic indicates for 2006 are as follow:

-Per capita income: 2.10 million Riels
-Exchange rate at an US$: 4,103
-Economic growth: 10.8%
-Exports (US$ million): 3,537
-Imports (US$ million): 4,608

II- The history of Social Welfare Services:

As a result of the chronic war of more than two decades, Cambodia has become one of the poor countries in the South East Asia. Those consequences have caused great destruction for Cambodia in all sectors both economy and social affairs. The social services have been completely destroyed, so there were no such activities from 1975 to 1978. In 1979, Cambodia has been liberated from the danger of genocide. The national infrastructure has been rebuilt again, and has functioned well in working to rehabilitate and build the country in all sectors.

The Social Affairs Institution was created in late 1979, and started its activities in February of 1980. The main strategy then was to save hundreds thousands of orphans left by parents, relatives, and people, who had been victimized by the genocidal regime of Pol Pot. In 1979, the government established 40 orphanage centers, which accommodated about 7,000 orphans. That was great burden for the government, as it had to take care and nourish those orphans so that they could receive education and become good citizens for future.

The roles and duties of the Social Affairs Institution have been expanded subsequently in order to insure social well-being for the vulnerable people in the whole nation. In 1993, during the 1st mandate of the Coalition Royal Government, the National Assembly had adopted a law creating the Ministry of Social Affairs, Labor, and Veterans. Then in 1998, during the 2nd mandate of the Royal Government, the Assembly adopted another law to create the Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation. And, in 2003, during the 3rd mandate of the Royal Government, the National Assembly adopted new law to create the Ministry of Social Affaires Veterans and Youth Rehabilitation, which have had a mission to lead and manage three big works including social affairs, veterans Affaires, and youth rehabilitation.

The Structure and Administration Organization of Social Welfare:

As mention above, the Ministry of Social Affairs, Veterans, and Youth Rehabilitation divide 3 directorates- directorate of technical affairs, directorate of administration and finance, and general inspection.
At national level: The Directorate of social Affairs and Youth Rehabilitation is the main focal point of the MOSAVY for public relations, coordination, social welfare administration, children welfare, rehabilitation, and youth rehabilitation. There are seven departments, which are:

1- The Department of Social Welfare
2- The Department of Child Welfare
3- The Department of Rehabilitation
4- The Department of Youth Rehabilitation
5- The Department of Retirement
6- The Department of Veterans Affaires
7- The Department of Veterans Development.

The Department of Social Welfare within MOSAVY and Provincial, Municipal is responsible for the Street people, Women and children trafficking, HIV/AIDS, **Elderly**, Emergency Aid.

For the elderly section, a small allowance for the Ministry of Social Affairs, Veterans, and Youth Rehabilitation is used to support vulnerable older people is not fairly if compare to the social's face . Realistically, the annual budget is too small to have any real impact.

III- Elderly in Cambodia

A. General Demographic Information of Old-aged person

The Cambodian elderly over 60 in 2004 is account for 6% of the population, where male elders account for 2.5%, and female elders 3.5%. This age of Cambodian elders slightly went up 2.2% .of female to male was due to the effect of high mortality and large scale out migration of adult males from the country during the Khmer Rouge Period from 1975 to 1979.

B. Longevity of elderly

Life expectancy at birth for males was 53.11 years and females 59.21 years in 1998. By 2006, it was projected to be 58.57 for males and 64.85 for females, which would reflect increases of 5.46 and 5.64 years respectively.

C. Health Status of elderly

Physical Impairment The population older than 60 years of age has the greatest percentage of physical impairment at 4%. Men are twice as likely (2%) to be impaired physically as women (1%). The main cause of physical impairment in Cambodia for the elderly stems from illness (63.1%) followed by accidents (19.6%), and other common causes are birth defects (5.8%), landmines (5.5%) and road accidents (3.8%). More specifically, the elderly experience pain, weakness and back pain, and a large majority have difficulty in performing physical functions such as lifting and walking. The combination of these problems limits movement to comfortably conduct daily activities and subsequently result in the need for physical help.

Prevalence, Injury and Treatment: 16.7% of the elderly face illnesses or injuries of which 9.6% are moderate, 4.8% slight and 2.3% serious. Among this, 87.7% sought at least one treatment for illness or injury, 21.7% for two treatments and 6.4 for three treatments at an average cost of US$ 26.60 for each. As the health care system in Cambodia is mainly self-paid, most of money spent on health care comes from the patients or their families themselves. The Cambodia Demographic and Health Survey 2000 found that 70% of fees are paid from combination of savings, wages, and pocket money. Other sources include borrowed money (20%).

D. Living arrangements

The Cambodian elderly rarely live alone, and co residence with adult children is very common. Approximately 4/5 elder Cambodians live with at least one child (more often a daughter than a son) and almost 60% with at least one married child. They almost entirely depend on their families for financial and other support due to a lack of welfare measures or other alternatives.

E. Labor force and employment

A high proportion elder age persons are economically active. 77.31% aged 60-64 years (male 89.39 and female 68.47) and 43.4% aged 65 years and over (male 60.6% and female 31.8%) remain in the labor force. Labor force participation rates in rural areas are much higher than those in urban areas. This may be due to large scale participation of rural residents in agriculture, fishing, forestry, and hunting. At ages 65+, the participation rate of rural residents is much higher at 45.3% than the urban participation rate of 30.9%.

F. Elderly Problems

The principal problems identified as threatening the livelihood and dignity of older people in Cambodia, include:

1. Poverty

Declining physical strength means declining income, and more often than not, a declining quality of life. Although children and relatives will often try to provide support, many are too poor themselves to be able to give adequate support to their parents. This issue is exacerbated further as parents divide whatever land they own amongst their children, often leaving themselves with insufficient land to meet their

own needs. Despite their attempts to avoid poverty, many older people will face discrimination in accessing formal employment, training or credit opportunities.

Susceptibility to poverty is heightened for older people who are childless, or who have lost their children either due to war or civil conflict, or more recently, from HIV/AIDS and rural urban migration. It is for these key reasons, amongst others, that older people are considered amongst the poorest in Cambodia today.

2. Lack of competent and affordable welfare

As part of the natural ageing process, older people are likely to experience a wider and more continuous range of physical and mental ailments. After poverty, illness and the cost of health care is the biggest problem facing older people in Cambodia. With 11% of the average household income spent on health care, it is no surprise that poor older people are often choosing between their own lives and the livelihoods of their families. To prevent becoming a burden, many of the ailments associated with ageing simply go untreated. Furthermore, basic aids for age related sight, eating and hearing conditions are not available, or else are too expensive for the average rural family. Instead, older people rely heavily on traditional healers, with varying degrees of success or satisfaction.

G. Policy for the Elderly

In the social welfare section, especially elderly, Ministry Social Affairs, Veterans, and Youth Rehabilitation has paid attention to carry out a policy for the elderly. The International Day for the Elderly and Aging People is celebrated every year for expressing gratitude to elderly which has remained experiences, achievements, for the new generation. The 200 Elderly Associations are created in 12 provinces/cities in purpose to helping each other when facing problems as well as need for material things. This has also become a venue for them to learn Palli language and Buddhism. In 2003 Ministry set up a policy for elderly people and estimated practice of home-based care by giving the priority in increasing service in communities than build up a center.

With no pension scheme of effective social safety net system in place to support vulnerable older people, Cambodia continues to rely on the tradition of individual and community assistance to older people who have no other means of support. Most support at community level is based primarily on informal family and neighbor networks, which provide food, shelter and sometimes money to the poorest village members. Its weakness lies in that support is not always regular, and is also dependant on the ability of community members to provide support.

Despite not having a pension for elderly people, Cambodia has a civil servant and veteran pension. And in the future aspect, government has planned to create it for older people too. For retirement and veteran pension, in present, retirees have 25.296, invalidators have 6.271, and veterans have 81.857.

1. Retirement and Invalid civil servant

The retirement criteria of the civil servants have been applied based on their work history for at least 20 years. For ordinary staff, the pension able age is 55 years old; for officer leader position at least 58 years old; for department leader position and up, 60

years old; and for teacher of all levels, at least 60 years old. Up to the 1st quarter of year 2002, there have been 17,510 retired civil servants.

The criteria of the invalid civil servants has been apply based on their past work, like that of the retire person, regardless of age; however there must be an evaluation on their health condition. The Health Evaluation Council of the respective Ministry or Institution will compile this evaluation. Up to present time, there have been a total of 5,643 civil servants receiving invalid pension. The retired and invalid civil servants mentioned above have been receiving the cash pension payment from the Government every month for their wives, and children. Their children will receive this cash pension every month until they reach 15 years old; however, if those children are still attending school, they can receive this pension until they finish their education.

The civil servants of both sexes will receive cash support from the Government in case they become ill, endure a serious hardship, on the maternity leave, or die. The respective institution or Ministry is applying this policy. In case a civil servant has died, the monthly cash support of the children will be 12,677 orphans, who are receiving their monthly payment from the MOSVY.

2. Veterans

Recently, Ministry of Social Affairs, Veterans, and Youth Rehabilitation just achieved the Veteran Association which headed by Prime Minister. The association members are governors, military commanders, military police commanders, social staff, assembly members, and senator. And government has also issued the decision on definition 21st every year as a Veteran Day.

Government is improving their livelihood by increasing pension and allowance by following the national economic.

H. Others Cooperation

However, Ministry of Social Affairs, Veterans, and Youth Rehabilitation have paid attention on elderly people by coordinating with national and international organization in improving employment opportunities, enhancing emergency assistance and expanding welfare improvement programs for the elderly, among others. These measures will be further reinforced by the implementation of the policy of government –the Rectangular Strategy for Growth, Employment, Equity and Efficiency- which includes the expansion of welfare improvement programs for the elderly.

Help Age International Cambodia is a non-governmental organization that cooperates in old age section. This organization has budget totally 261.900 $ for increasing family's income, food security, improving health section in 60 distant villages in Pilot Project.

In order to contribute to the achievement of the goal of the project, the following objectives were set:

1. To develop Home care model suitable for socio-culture and economic background of Cambodia.
2. To increase awareness of home care model among public, private and voluntary sectors and influence the national policy.

3. To promote mutual sharing and learning through various home care models in the ASEAN.

UNFPA has been collaborating with the government in addressing the ageing issue through policy dialogue and awareness-raising. It supported the National Institute of Ageing in the 2004 *Survey of the Elderly* conducted by the Population Council. In 2006, it supported the production by the National Committee for Population and Development of a bi-lingual *Fact Sheet on Elderly* for distribution. In Collaboration with Help Age International, UNFPA supported the dissemination of information on ageing issues at the national, provincial and district levels.

I. Recommendations for the elderly

The economic situation and health of Cambodian elders is generally quite unfavorable reflecting the pervasive poverty and underdevelopment of country in general. The results point to a need for greater recognition on the part of the government and aid agencies of the needs and potential contribution of this important but hitherto ignored segment of the population.

In the Social sector:
-Welfare services should be more developed
-Social inclusion of all elderly (especially women in rural communities) should be promoted and at the same time there should be protection measures for vulnerable elderly persons.
-More opportunities to strengthen specialized knowledge and professional skills for Royal Government staff working with elderly people should be given.

In the health sector:
-Special attention should be paid to the medical and health care needs of the elderly.
-There should be training for health personnel on how to care for elderly people in the community and how to optimize existing health care services.
-There should be assurance of availability of educational, physical, sports, recreational and daily life skills activities in the community and pagodas.
-Free medical treatment to disabled elderly people and those who depend on external support should be provided.

In the Economic sector:
-Support of products made through elderly associations is also encouraged.
-Increasing facile labor for elderly.

In the Participation sector:
-Elderly should be encouraged to take part in social development activities.