15th ASEAN & Japan Level Officials Meeting on Caring Societies

Good Practices and Lesson Learned
On
Strengthening Seamless Support for Pregnancy, Childbirth, and Child Rearing

31 OCT 17 – 02 NOV 17
FUKUOKA, JAPAN
Labour Law

- **Art. 183** “All enterprises a **minimum of one hundred female workers** or girl shall be established a **nearby nursing room** and **day-care center** at workplaces and female workers are allowed to entitle a **maternity leave of ninety days**, during the first two months after returning to work, they are only expected to perform light work.”
  - During maternity leave, employers shall paid 120% salary to workers *(start on 01/01/18)*
  - Female employees has 4 months pregnancy, employers shall allow female worker leave at least 15 minutes from workplace *(started early October 2017)*

- **Art. 186** “If the company is **not able to set up a day-care** on its’ premises for children **over eighteen months of age**, female workers can place their children in any **day-care center** and the charges shall be **paid by the employers**.”
MoSVY has adopted Policy on Alternative Care for Children, the Minimum Standards on Alternative Care for Children, and the Procedures to Implement the Policy on Alternative Care for Children, since 2006.

In 2015, the RGC adopted a Sub-decree on Residential Care Management and implemented by Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY). This leads to another progress within the child welfare development in Cambodia.

MoSVY has established and implementing “The 30% Reintegration Plan of Children from RCI to Families from 2016-2018.”

There are two key forms of child care in Cambodia:

1. Care for Children in Community
2. Care for Children in Residential Care
Care for Children in Community

Based on the Mapping Report of Residential Care for Children released by MoSVY in 2015, there are three key types of community care:

<table>
<thead>
<tr>
<th>Type</th>
<th>Total Number</th>
<th>Total Children</th>
<th>Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Home</td>
<td>71</td>
<td>1592</td>
<td>820</td>
</tr>
<tr>
<td>Pagodas and other religious buildings</td>
<td>65</td>
<td>1349</td>
<td>673</td>
</tr>
<tr>
<td>Boarding School – Dormitory</td>
<td>72</td>
<td>6,039</td>
<td>2,909</td>
</tr>
</tbody>
</table>
Care for Children in Residential Care

Drawing from the Mapping Report of Residential Care for children, Institutional care are as follow:

<table>
<thead>
<tr>
<th>Type</th>
<th>Total Number</th>
<th>Total Children</th>
<th>Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care Institutions</td>
<td>406</td>
<td>16,579</td>
<td>7,776</td>
</tr>
<tr>
<td>Transit home and temporary emergency accommodation</td>
<td>25</td>
<td>628</td>
<td>348</td>
</tr>
</tbody>
</table>
KEY COMPONENTS IN health services

Supply Side:

Services Improvement

- Infrastructure - maintenance
- Equipment, materials, medicines and commodities
- Policies, Financing
- Availability of services - Coverage
- System management and regulatory environment
- 24-hour services
- Quality, timely, efficient, effective, and equity, etc.

Health System Strengthening

Health Professional Skills and Knowledges

Community Awareness and Utilization

- Health workforce and discipline (administration, professional ethic, attitude and behavior)
- Pre-service training
- In-service training
- On-job training
- Apply technology, etc.

Demand Side:

Health Improvement

- Information, Education, Communication
- Accessibility and satisfaction
- Confidence
- Engagement and participation

- Believe and culture
- Supportive environment
- Family and community practices
- Socio-political interference, etc.

Source: H.E. Dr. Or Vandine, DGH
HEALTH SECTOR REFORMS

**QUALITY – A STRATEGY FOCUS:**

“To provide clear direction for developing a dynamic, quality and responsive system which delivers continuously improving health services for all Cambodians.”

“Further enhancing the quality of health services through strengthening clinical techniques and management capacity of physicians, medical staff and health officials.”
## MDG Scorecard in Cambodia

<table>
<thead>
<tr>
<th>Target</th>
<th>Achievements</th>
<th>CMDG Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infant mortality rate</strong> per 1,000 live births (2014)</td>
<td>28</td>
<td>50</td>
</tr>
<tr>
<td><strong>Under-5 mortality rate</strong> per 1,000 live births (2014)</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td><strong>Measles immunization</strong> % coverage (2014)</td>
<td>79</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Maternal mortality ratio</strong> per 100,000 live births (2014)</td>
<td>170</td>
<td>250</td>
</tr>
<tr>
<td><strong>Skilled birth attendant</strong> % births (2014)</td>
<td>89</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Contraceptive use</strong> % married women aged 15-49 (2014)</td>
<td>56</td>
<td>60</td>
</tr>
<tr>
<td><strong>HIV prevalence</strong> adults aged 15 to 49 years</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Malaria mortality rate</strong> per 100,000 population (2013)</td>
<td>0.08</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Notified cases of TB</strong> new and relapse (2014)</td>
<td>43,738</td>
<td>40,000</td>
</tr>
<tr>
<td><strong>Water (rural)</strong> % using improved drinking water sources (2014)</td>
<td>59%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Sanitation (rural)</strong> % using improved sanitation facilities (2014)</td>
<td>41</td>
<td>33%</td>
</tr>
</tbody>
</table>

*Source: WHO Phnom Penh, 2016*
CAMBODIA LIFE EXPECTANCY AT BIRTH, FEMALE VS. MALE
FROM 1990 TO 2015

Source: UN/ESCAP, Statistical Yearbook for Asia and the Pacific 2015