Kingdom of Cambodia
Nation Religion King

Royal Government of Cambodia

National Social Protection Strategy for the Poor and Vulnerable

MESSAGE

Samdach Akka Moha Sena Padei Techo Hun Sen
Prime Minister of Kingdom of Cambodia

Cambodian people have voyaged on a long way in the history in defending for life, integrity, national unity, independency, national territory and pride. Since 1979, Cambodian people had put very strong efforts under numerous constraints and had taken opportunities from challenging issues to develop the nation and transform Kingdom of Cambodia into a country of hope and dignity in South-East Asia. Royal Government of Cambodia had a focusing vision toward the long-term future in the reform agendas by adapting into all eventual situations and gradually improving to achieve the planned objectives of socio-economic development.

Since the first election of the Royal Government of Cambodia in 1993, RGC has faced and overcome many formidable challenges before to maintain the political stability, develop and rehabilitate the social, physical and institutional infrastructure, and identify the long-term vision. After 1998, Royal Government of Cambodia had achieved and ensured the peaceful situation and eliminated all of the civil conflicts happened in the past. The efforts of RGC in maintaining the social and political stability, peace, and internal security and the economic development had made the achievement of high economic growth and poverty reduction continuously in the last decades. The main objectives of the Rectangular Strategy are to improve the economic growth, address the employment for Cambodian labour forces, ensure the social equity and justice, and enhance the effectiveness of public sector by developing action plans, governance, and comprehensive reforms in all sectors.

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

For the Royal Government the most formidable development challenge is the reduction of poverty and improving the livelihoods and quality of life of the rapidly growing population. The Royal Government consider poverty to be a waste of a valuable economic resource which is no only morally unacceptable but can also result in social polarisation and instability.

To continue to implement social safety policies, the Royal Government of the Fourth Legislature will: give priority to improve working conditions for workers and employees through the enforcement of Social Security Law for those under those covered by the Labour Law and the establishment of National Social Security Fund. The Royal Government will continue to

strengthen support to disabled people and families of veterans who sacrificed their lives for the nation. Furthermore, the Royal Government will continue to support retired civil servants and veterans through the development of Law on Protection and Promotion of Rights of People with Disability and social benefit for people with disability and vulnerable households at community level.

Royal Government of Cambodia recognised that the existing social safety nets in Cambodia were not implemented systematically yet, thus the Rectangular Strategy Phase II had addressed the improving of good governance in social safety net delivery through the institutional arrangement and collaboration with all stakeholders involved and including the expansion of the coverage of social service and emergency response. The integration of social Protection issue into the NSDP Update 2009-2013 underlined the high consideration of RGC on social protection policy and it is a response to the long-term socio-economic development and crises.

Royal Government of Cambodia has a duty to provide the essential services to develop and enhance the human capita (health, education and livelihood), which means to create an environment where every individuals can find and reach their full potential and contribute to their own welfare improvement and national development. Simultaneously, Royal Government of Cambodia will continue to provide the interventions in social sectors including 1) the reduction of vulnerabilities of poor people, 2) the measurement to alleviate the impact of natural catastrophe, 3) the support to the victims of those catastrophes, 4) the expansion of rehabilitation and integration programmes for people with disability, victims of drugs, victims of human trafficking and exploitation, and law-violating children, as well as the improvement of social welfare programmes for elderly, orphans, poor widowers, female-headed households, female victims, homeless people, and veterans and their families, and 5) the prevention of law abusing and protection of community safeties at commune, districts, provincial, and national levels with partnership collaboration.

Royal Government of Cambodia through the Council for Agricultural and Rural Development together with line ministries, stakeholders involved, and development partners, had put a strong effort to develop this National Social Protection Strategy by reflecting the strong commitment of the government, the experience of Cambodia and by basing on the appropriate context and foundation of Cambodia to contribute not only in the rehabilitation and stability of economic sector in the present days, but also to enhance the human capital indicators including education, health and livelihood development toward the achievement of long-term Cambodian Millennium Development Goals through maintaining the high economic growth and sustainable development and the presenting of this strategy as the vision of comprehensive, integrated, and sustainable social protection in Cambodia in particularly for the poor and vulnerable people.

The main approaches of this strategy are to 1) protect the poorest and most disadvantaged who cannot help themselves, 2) prevent the impact of 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 the access to health, nutrition, and education service for poor households so that they can move above the poverty line and transform the poor and vulnerable people and Cambodian communities into the productive force of the nation and actively contribute dynamically in the socio-economic development of Cambodia.

I have the honour to request to all line ministries, all stakeholders involved both at national and sub-national level, national and international development partners to implement this strategy persistently, comprehensively, and respectfully as addressing in the National Social Protection Strategy in the design and implementation of the programmes.

Phnom Penh, April, 2011
Prime Minister

Samdach Akka Moha Sene Padei Techo Hun Sen

PREFACE

H.E Yim Chhay Ly, Deputy Prime Minister
Chairman of Cpuncil for Agricultural and Rural Development

Social Protection is a priority of the Royal Government of Cambodia of which the initiative of developing the social protection system is the utmost stipulation of the government to serve for Cambodian people as stated in the Constitution, the Rectangular Strategy Phase II for Growth, Employment, Equity and Efficiency in Cambodia, and explicitly presented in the National Strategic Development Plan Update 2009-2013 as well as the legal documents and international conventions where Royal Government of Cambodia is the signatory.

In the Rectangular Strategy Phase I, the Royal Government of Cambodia was willing to enhance the social intervention by promoting employment opportunities, reducing vulnerability of the poor, increasing relief support during natural disaster and calamities, and enlarging the rehabilitation programme for people with disability, elderly, orphans, homeless people, veterans and their families. The Rectangular Strategy Phase II pointed out the promotion of good governance in delivering social safety net programmes by institutional strengthening, collaboration with development partners, and improving social services and emergency relieves.

The necessity of developing a national social protection strategy for the poor and vulnerable is to promote the livelihood of people and the effectiveness of achieving the Cambodian Millennium Development Goal. Rural economic development is achieved not only through the rehabilitation and development of rural infrastructure, the address to seasonal unemployment, vocational training, or the support of micro-credit, but also through the intervention to ensure the quality of life with the complementation of social development.

The development of this National Social Protection Strategy began at the 2nd Cambodia Development Cooperation Forum (CDCF) on 3-4 December 2008. Royal Government of Cambodia and development partners had noticed the significant progress that has been made in reducing overall poverty levels, parts of the population remain vulnerable to various economic and social shocks, pushing them into poverty. Responding to this issue, RGC and development partners had agreed to undertake scoping and mapping exercise to determine the nature of existing social safety nets in Cambodia in addressing risks resulted from instability of food price and economic crises that may have negative impact on the livelihood of the poor and vulnerable people.

The development of this strategy is at the same time with the post-global financial and economic crises and the food and fuel price soar which had negative impacts on the poor and vulnerable people and had delay the achievement of Cambodian Millennium Development Goals. The first step of this strategy development is the exercise to generally examine and

analyse to determine the scope of existing social safety nets and to identify the strategic and political options for the development of an integrated and systematic social safety net programme suitable for the socio-economic context of Cambodia.

Council for Agricultural and Rural Development had been entrusted to ensure the efficiency of coordination mechanism among inter-ministerial agencies with the participation of all stakeholders involved with the activities focusing on social safety net service delivery to the poor and vulnerable people. In the first-half of 2009, Council for Agricultural and Rural Development, with the support from line ministries and development partners, had worked together to build the consensus on key concepts and comprehensive direction toward the development of social safety net policy. The results of findings and recommendations were presented during the National Forum on Food Security and Nutrition under the theme of Social Safety Nets in Cambodia on 6-7 July, 2009. Samdach Akka Moha Sena Padei Techo Hun Sen, Prime Minister of Cambodia, in the closing remarks, had emphasised that the improvement of social safety nets for the vulnerable people is a principle strategy of RGC in mitigating the negative impacts and other risks resulted from the global economic crises. The core role of social safety net is to protect the vulnerable group and prevent them from negative impact of crises as well as to promote the human capita and expand the economic opportunities. In the second-half of 2009, RGC and development partners had worked together to develop the National Social Protection Strategy for Cambodia focusing on determining the priority for social safety net in 2011-2015.

The experience of a social safety net is not new to Cambodia, but the term and understanding might be conceptually different. Cambodia had implemented these projects and programmes in rehabilitating, integrating and improving food security that address both to emergency situation and livelihood development for the poor people.

Social safety net programme is a main component of the NSPS which were developed based on the context of Cambodia with a systematic and integrated manner to allow the RGC to response immediately and on-time to the emergency situation and with the comprehensive, effective and efficient manner among all stakeholders involved for the short, medium, and long-term responses. The National Social Protection Strategy (NSPS) complements to other sectoral policy, plans and strategy involved directly or indirectly in social protection toward the building of comprehensive, integrated and systematic social protection for the poor and vulnerable people. Moreover, for the effectiveness of implementation, the framework of NSPS had been developed with balancing of addressing chronic poverty, supporting the poor to develop the capacity to address the environmental, economic and social causes, and promoting the human capita to move from poverty by themselves in the future.

This strategic document is organised accordingly by beginning with the definition, scope of strategy, conceptual understanding on of social protection and social safety net, and the inventory and experience of existing social protection activities in Cambodia. Legal frameworks, internal conventions, and various strategic papers in Cambodia related to social protection

were using as reference to consider on the legal aspects in developing this strategy aiming at maintaining complementary activities effectively on limited budget and avoiding the overlap of institutional mandates. This strategy also presents the analysis on profile and source of poverty and vulnerabilities in order to issue the policy, instruments, and frameworks of effective and efficient responses. Moreover, this strategy presents the existing social protection activities for the poor and vulnerable people in Cambodia and the experience of implementation of social protection at national and international level.

The NSPS envisions that all 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. The main goal of the NSPS is that poor and vulnerable Cambodians will be increasingly protected against chronic poverty and hunger, shocks, destitution and social exclusion and benefit from investments in their human capital. Under this goal, the NSPS has the following objectives:

1. The poor and vulnerable receive support including food, sanitation, water and shelter etc, to meet their basic needs in times of emergency and crisis.
2. Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms.
3. The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets.
4. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness.
5. Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, people living with HIV, patients of TB and other chronic illness, etc receive income, in-kind and psycho-social support and adequate social care.

Achieving these objectives require the scaling-up and harmonisation of the existing social protection programmes and the piloting of new interventions to fill the gaps of social protection. As a priority, the Public Work Programmes to provide job opportunities and incomes for the poor and vulnerable people will be scaled-up. The Cash Transfer Programmes for household with many children focusing on nutritional and educational improvement will be implemented to provide the protection for children from short-term impact of the crises at the present time and the improvement of human capita development in long-term.

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 the Framework of 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

harmonise implementation procedures and to coordinate the effective and efficient use of available funds from the national budget and development partners. It also entails active dialogue with supportive development partners and civil society organisations

To implement this strategy, Royal Government of Cambodia will consider on the structure and mechanism of coordination to provide the policy support, monitoring and evaluation, information and knowledge management, and capacity building. The priority ahead is the institutional arrangement, capacity building for coordination agencies at national and sub-national level, and the functionalised coordination together with the monitoring structure for the medium and long-term implementation of the strategy. The on-going social protection activities and the new pilots on social service will be harmonised and assessed to integrate into a more comprehensive national programme in the medium and long-term implementation of NSPS in order to bring various schemes under one integrated programme, at least per objective.

On behalf of Council for Agricultural and Rural Development, I would like to extend my cordial appreciation to Your Excellencies, Ladies, representatives from all line ministries and development partners in the development process of this strategy from the beginning until this final stage and I would like to further request the support and collaboration during the implementation phase of this strategy in order to achieve the socio-economic development and Cambodian Millennium Development Goals.

Phnom Penh, April, 2011
Deputy Prime Minister,
Chairman of Council for Agricultural and Rural Development

Yim Chhay Ly

CONTENT

LIST OF FIGURES, TABLES AND BOXES

ACRONYMS

ADB	:	Asian Development Bank
AusAID	:	Australian Agency for International Development
BETT	:	Basic Education and Teacher Training
BTC	:	Belgische Technische Coöperatie (Belgian Development Agency)
CARD	:	Council for Agricultural and Rural Development
CBHI	:	Community-Based Health Insurance
CCWC	:	Consultative Committee for Women and Children
CDC	:	Council for the Development of Cambodia
CDCF	:	Cambodian Development Cooperation Forum
CDHS	:	Cambodia Demographic and Health Survey
CESSP	:	Cambodia Education Sector Support Project
CMDG	:	Cambodian Millennium Development Goal
CRC	:	Cambodian Red Cross
CSES	:	Cambodian Socio-Economic Survey
DAC	:	Development Assistance Committee (OECD)
DFID	:	UK Department for International Development
DP	:	Development Partner
ECD	:	Early Childhood Development
EEQP	:	Enhancing Education Quality Project
EFA	:	Education For All
FTI	:	Fast Track Initiative
GDCC	:	Government–Donor Coordination Committee
GTZ	:	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
H-A-R	:	Harmonisation, Alignment and Result
HEF	:	Health Equity Fund
HFC	:	Health Financing Charter
HIV/AIDS	:	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDPoor	:	Identification of Poor Households
IFPRI	:	International Food Policy Research Institute
ILO	:	International Labour Organization
IWG-SSN	:	Interim Working Group on Social Safety Nets
JFPR	:	Japan Fund for Poverty Reduction
M&E	:	Monitoring and Evaluation
MAFF	:	Ministry of Agriculture Forestry and Fishery
MDG	:	Millennium Development Goal
MEF	:	Ministry of Economy and Finance
MoEYS	:	Ministry of Education, Youth and Sports
MoH	:	Ministry of Health
MoI	:	Ministry of Interior

MoLVT	:	Ministry of Labour and Vocational Training
MoP	:	Ministry of Planning
MoSVY	:	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	:	Ministry of Women Affairs
MoWRAM	:	Ministry of Water Resource and Meteorology
MPWT	:	Ministry of Public Works and Transport
MRD	:	Ministry of Rural Development
NCDM	:	National Committee for Disaster Management
NPA-WFCL	:	National Plan of Action on the Elimination of the Worst Forms of Child Labour
NP-SNDD	:	National Programme on Sub-National Democratic Development
NPRS	:	National Poverty Reduction Strategy
NSDP	:	National Strategic Development Plan
NSPS-PV	:	Cambodia National Social Protection Strategy for the Poor and Vulnerable
NSSF	:	National Social Security Fund
OD	:	Operational District
ODA	:	Official Development Assistance
OECD	:	Organisation for Economic Co-operation and Development
PWP	:	Public Works Programme
RGC	:	Royal Government of Cambodia
SPF	:	Social Protection Floor
SPFI	:	Social Protection Floor Initiative
SSM	:	Social Service Mapping
TB	:	Tuberculosis
TVET	:	Technical and Vocational Education and Training
TWG	:	Technical Working Group
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNDAF	:	United Nations Development Assistance Framework
UNESCO	:	United Nations Educational, Scientific and Cultural Organization
UNICEF	:	United Nations Children's Fund
USAID	:	United States Agency for International Development
WB	:	World Bank
WFCL	:	Worst Forms of Child Labour
WFP	:	World Food Programme
WHO	:	World Health Organization

EXECUTIVE SUMMARY

National Social Protection Strategy for the Poor and Vulnerable

The **National Social Protection Strategy (NSPS)** complements to other sectoral policy, plans and strategy of line ministries and stakeholders involved directly or indirectly in social protection. This strategy is aligned with and makes operational the priority actions laid out in the Rectangular Strategy Phase II and the NSDP Update 2009-2013.

NSPS is developed based on the consultative process with active participation from line ministries both at national and sub-national level, development partners, and civil societies. During the Cambodia Development Cooperation Forum (CDCF) on 3-4 December 2008, the RGC and development partners agreed to undertake a scoping and mapping exercise and gap analysis on existing social safety nets and to identify the policy direction toward the development of a more integrated social safety net system and commensurate to the socio-economic situation of Cambodia. CARD was tasked to ensure the effective coordination among stakeholders involved. in February, 2009, CARD had set up an interim working group (IWG-SSN) for this task involving representatives from line ministries and development partners to develop the concept note and inventory list on existing social safety net programmes. In July, 2009, CARD had organised the National Forum on Food Security and Nutrition under the theme of Social Safety Net in Cambodia and was re-assigned to undertake the coordination task on development of a National Social Protection Strategy for the Poor and Vulnerable. A number of technical consultations and field studies were organised to review the social protection policy by focusing on several aspects of social interventions including cash transfer to address maternal and child nutrition, public work programmes[1], education and child labour. In the beginning of June, 2010, NSPS was presented to 3rd CDCF for endorsement and collaboration. The comprehensive analysis and detail costing exercise will be the upcoming tasks for the design of specific activities in the strategy.

NSPS is organised into 6 chapters. The first chapter on “Introduction” describe the concept and definition of social protection, social safety net, and other related terms, and determine the scope of policy, activities, and the development process of this strategy. Social protection helps people cope with major sources of poverty and vulnerability while at the same time promoting human development. It consists of a broad set of arrangements and instruments designed to protect individuals, households and communities against the financial, economic and social consequences of various risks, shocks and impoverishing situations and bring them out of

[1] Public work programmes refer to all activities related to the construction, repair, and maintaining the physical infrastructure and job creations

poverty. Social protection interventions include, at a minimum, social insurance, labour market policies, social safety nets and social welfare services.

The second chapter on "Social Protection as a Priority of Royal Government of Cambodia" presents the necessity and importance of the development of this strategy based on the Constitution, Rectangular Strategy Phase II for Growth, Employment, Equity, and Efficiency in Cambodia, NSDP Update 2009-2013 and national legislation, as well as in international conventions to which Cambodia is a signatory.

"Poverty and Vulnerability Profile" is presented in the third chapter of the strategy drawing on the analysis, type and situation of poverty and vulnerability in Cambodia including the analysis on type of existing and unseen risks, shock, and crises based on research papers and data obtained from 2008-2009 Cambodian Socio-Economic Survey. This chapter also raises the issue of negative impact of economic and financial crises and climate changes on the livelihood of people.

The fourth of chapter on "Existing Social Protection Programmes for the Poor and Vulnerable" presents the institutional structure, mandate, sectoral policies and strategies and the existing intervention of line ministries in providing the social protection services to the people. Informal/traditional social safety net and the intervention of civil societies are also presented. This chapter plays a role as a bridge linked existing social protection activities and interventions to the profile of poverty and vulnerability of the people to identify the gaps in the implementation that required further complementation.

Cambodia had implemented successfully a numbers of social safety net projects and programmes, which mostly funded by external sources, in the period of integration and rehabilitation to improve the livelihood and food security for poor people and to response to the emergency needs over the last 20 years. Many successes, especially in delivering service to larger numbers of beneficiaries and in enhancing the accessibility to services, food, and income security including:

- **Food distribution** to the food-insecure areas, school feeding, take home ration, and food for works, had provided the basis of responding to food insecurity issues, chronic poverty, and malnutrition in some cases
- **Scholarship** provided the basis of addressing poverty of school-age children
- **Public work programmes** provide the basis to address the issue of food insecurity, under-employment, and chronic poverty of the working-age population
- **Health equity fund** and **Community-based health insurance** provide the basis to address the health protection for the poor
- **Social welfare service for special vulnerable groups** including people with disability, elderly, orphan children...
- Some other programmes rooted to tradition and culture of resource redistribution for **humanitarian purpose**

Yet Cambodia does not have an effective and affordable social safety net in place. Many of the interventions have been patchy and ad hoc, and highly dependent on specific donor funding sources. The coverage of existing social protection programs for the poor and vulnerable is still very limited; they do not necessarily focus on the poorest areas and efforts have been largely fragmented with weak coordination between the many ministries and institutions involved.
Based on the analysis on the aspect of legal framework of social protection in Cambodia presented in the second chapter and the aspect of poverty and vulnerability profile in the third chapter, together with the highlight of existing social protection programmes and gaps in the implementation in the fourth chapter, the fifth chapter of NSPS on "National Social Protection Strategy for the Poor and Vulnerable" describe in details the approaches, vision, goal, and objectives of NSPS. The effective NSPS requires the balance of 3 approaches:

- Protecting the poorest and most disadvantaged who cannot help themselves
- Preventing the impact of risks that could lead to negative coping strategies and further impoverishment
- Promoting the poor to move out of poverty by building human capital and expanding opportunities.

The broad vision of NSPS includes the contributory social security (social insurance) for formal sector and civil servants and toward the high level of human development as well as the appropriate options and opportunities for all Cambodia. The NSPS envisions that **all 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**.

The main goal of the NSPS is that **poor and vulnerable Cambodians will be increasingly protected against chronic poverty and hunger, shocks, destitution and social exclusion and benefit from investments in their human capital**.

Within the framework toward 2015, NSPS will bridge the current existing programmes with the establishment of systematic and integrated objectives into the delivery for the poor and vulnerable people with a more protection from poverty and promotion of investment on human capital. To reach this linkage, several strategic steps are developed within NSPS.

- Promote the development of **mix of programmes that cover both chronic and transient poverty as well as hunger and also help promote human capital**
- Strengthen the coordination, scaling-up, and harmonisation mechanism for the existing programme to match the root of main vulnerability to the existing programmes
- Evaluate and improve, in case needed, the current IDPoor programme, a mechanism to identify the poor household
- Scale-up the coverage of **the on-going intervention** for improvement of efficiency and effectiveness
- Pilot, evaluate, and scale-up the new programmes based on the effectiveness and sustainability to fill the gaps of existing social protection programme.

Under this goal, the NSPS has the following objectives:

6. The poor and vulnerable receive support including food, sanitation, water and shelter etc, to meet their basic needs in times of emergency and crisis.
7. Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms.
8. The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets.
9. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness.
10. Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, people living with HIV, patients of TB and other chronic illness, etc receive income, in-kind and psycho-social support and adequate social care.

The sixth chapter of this document highlight the "Coordination on implementation, Monitoring and Evaluation of NSPS". This chapter emphasis the arrangement of the mechanism for coordination, monitoring and evaluation of the implementation of NSPS through the active participations among all stakeholders involved and the budget requirement for medium-term implementation of NSPS. 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 the **Framework of 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 **harmonise implementation procedures** and to coordinate the effective and efficient use of available funds from the national budget and development partners. It also entails **active dialogue** with supportive development partners and civil society organisations and the **management on information sharing**. **Capacity development** at the national coordination unit and stakeholders involved at national and sub-national level is the immediate priority including the institutional arrangement, functionalised coordination, and the M&E structure in medium and long-term implementation of NSPS.

Chapter 1

INTRODUCTION

1.1 Definitions

Social protection helps people cope with major sources of poverty and vulnerability while at the same time promoting human development. It consists of a broad set of arrangements and instruments designed to 1) protect individuals, households and communities against the financial, economic and social consequences of various risks, shocks and impoverishing situations and 2) bring them out of poverty. Social protection interventions include, at a minimum, social insurance, labour market policies, social safety nets and social welfare services.

Social insurance programmes are designed to help households insure themselves against sudden reductions in work income as a result of sickness, maternity, employment injury, unemployment, invalidity, old age (i.e. pensions) or death of a breadwinner. They include publicly provided or mandated insurance, such as social health insurance schemes to provide access to health care. Social insurance programmes are contributory, meaning that beneficiaries receive benefits or services in recognition of their payment of contributions to an insurance scheme. The terms social insurance and social security are often used interchangeably. ***Social security*** is closely related to the concept of social protection and can be defined as the protection that a society provides to individuals and households to ensure access to health care and to guarantee income security, particularly in the case of sickness, maternity, employment injury, unemployment, invalidity, old age or loss of a breadwinner.

Labour market policies include interventions to address direct employment generation, employment services and skills development as well as income support for the working poor. Also covered is the setting of appropriate legislation on minimum wages, social security/social insurance contributions, child labour and other labour standards, to ensure decent earnings and living standards.

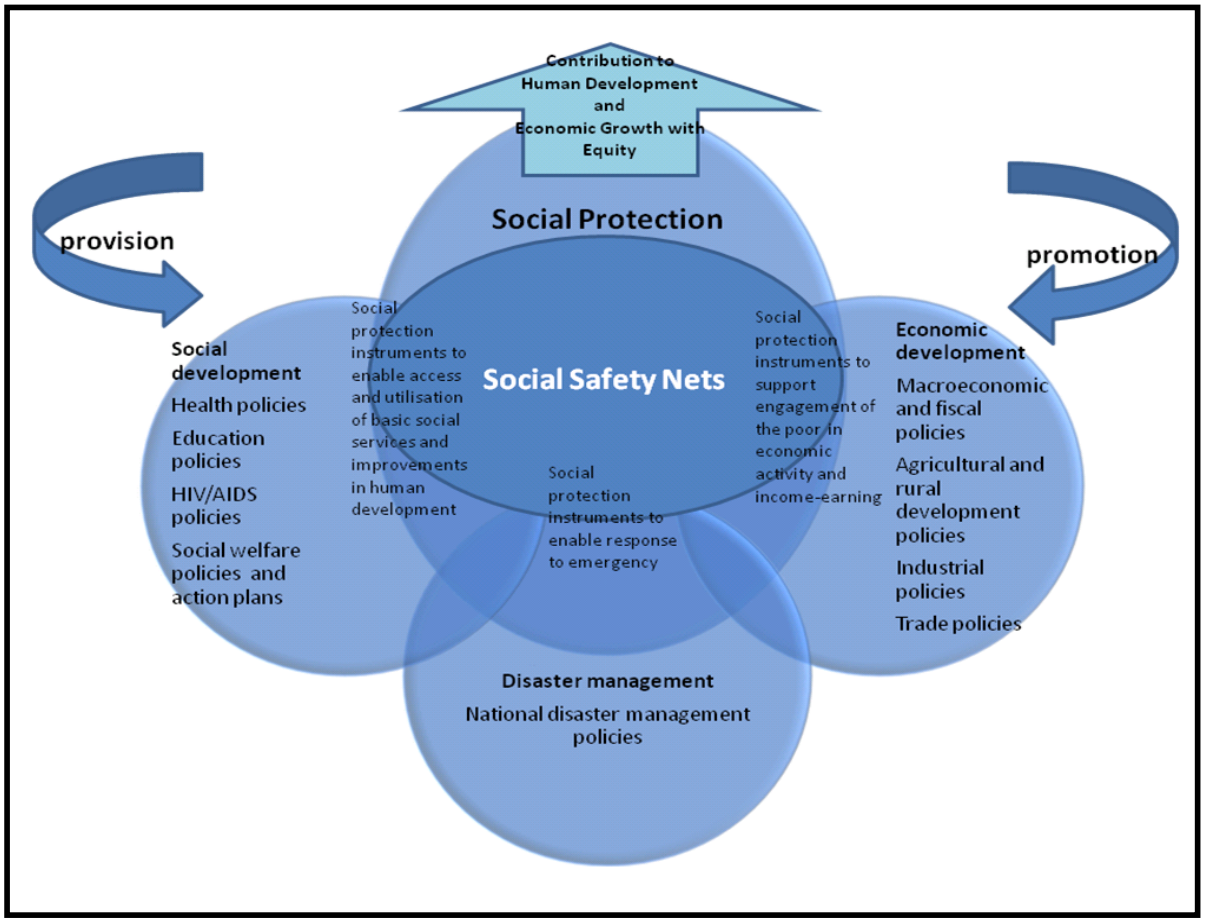
Social safety net programmes consist of targeted interventions designed for the poorest and most vulnerable and financed out of general revenues – taxation or official development assistance (ODA). This is in contrast with social insurance schemes, which rely on prior contributions from their recipients. Safety net interventions include **public works programmes** (cash for work and food for work); **unconditional and conditional transfers** (in cash or kind); and targeted **subsidies** designed to ensure access to health, education, housing or public utilities, such as water or electricity (CARD, 2009).

Social welfare services cover the cares for child care, elderly care, people with disability care, home-based care and referral support for people living with HIV, return and reintegration of

refugee, family preservation, family and community support services, alternative care, rehabilitation support for out-of-school, drug users and child labourers, as well as psycho-social services, including in situations of emergency and distress. They are complementary to cash or in-kind benefits and help reinforce outcomes generated by the former. Identifying points of contact between cash and in-kind transfers and social welfare services is essential in a coordinated and integrated approach to social protection.

The ***Social Protection Floor*** (SPF) is a basic guarantee of social protection for the entire population through a package of benefits and complementary social services to address key vulnerabilities along the life-cycle, for children, pregnant women and mothers, the working-age population and the elderly. Instead of focusing only on demand (for health, education, food, minimum income security, etc), the SPF takes a holistic approach by ensuring the availability of social services.

Figure 1. Social protection and its contribution to economic and social development and disaster response



The broader social protection framework, which includes formal sector and contributory programmes, is in turn part of a broader poverty reduction strategy. Social safety nets complement social insurance schemes, as their target groups are usually different: health,

education and financial services; provision of utilities and local infrastructure; and other policies aimed at reducing poverty and managing overall risk and vulnerability. Social protection is closely related to other development fields. In particular, social protection, employment and agricultural and rural development are interlinked and mutually reinforcing. Figure 1 shows the linkages between social protection and social safety nets, and between social protection and economic development, social development and disaster response.

The Royal Government of Cambodia (RGC) promotes investment in social protection as both a contribution to long-term poverty reduction goals and a short-term emergency/shock response measure to address the consequences of crises confronting Cambodia and its citizens. Specifically, the poverty and vulnerability situation of many people has been exacerbated since 2007 by high food price inflation, as well as the global financial and economic crisis. This latter has affected the fastest-growing sectors of the economy (especially garments, construction and tourism) and resulted in deteriorations with regard to employment, incomes, remittances and access to essential services for the population. Social protection is an investment in poverty reduction, human development and inclusive growth which can close the gap towards achieving the poverty target, which the economic crisis has further widened. **The National Social Protection Strategy for the Poor and Vulnerable (NSPS)** is thus expected to play a critical role in reducing poverty and inequality.

1.2 Scope of the Strategy

Following the policy directions outlined in the Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase II, the RGC is advancing social protection for the formal sector while prioritising expanding interventions aimed specially at reducing poverty, vulnerability and risks for the poor and vulnerable.

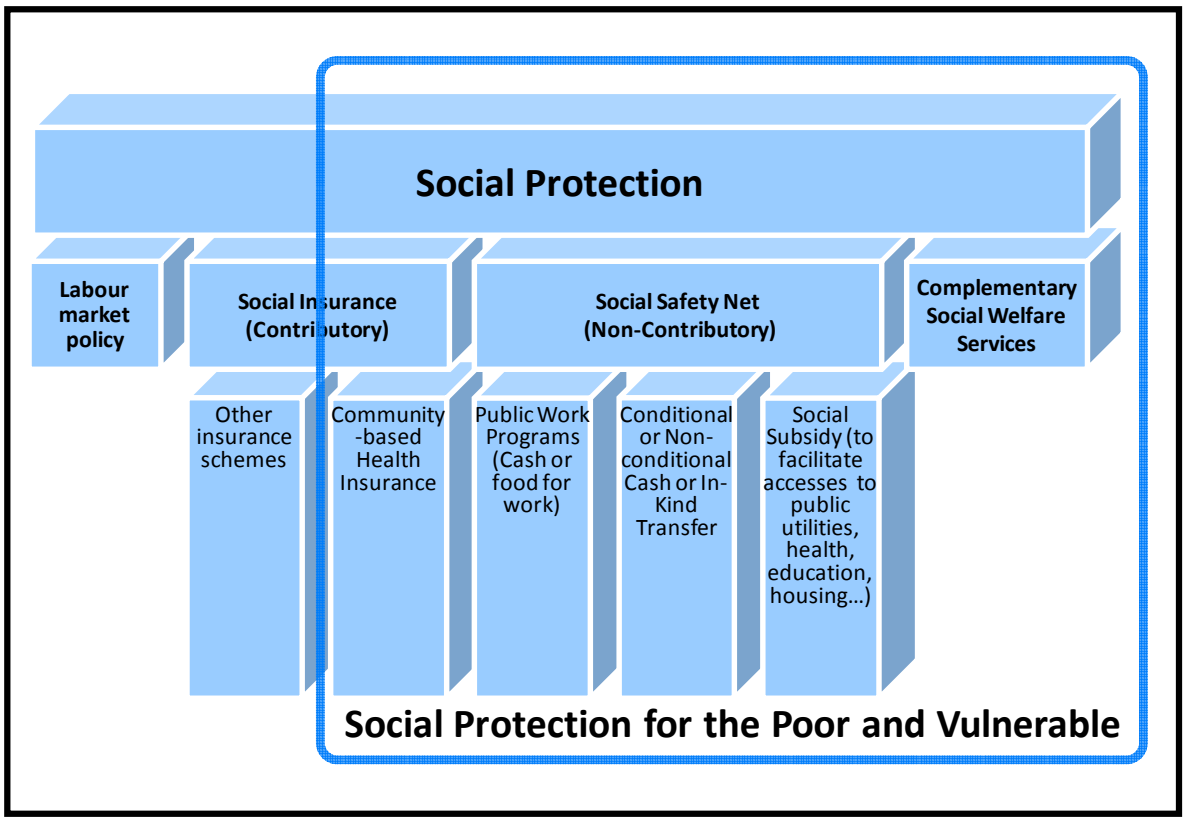
With regard to the medium term, the NSPS focuses on social protection for the poor and vulnerable. The poor and vulnerable are defined as:

- People living below the national poverty line; and
- People who cannot cope with shocks and/or have a high level of exposure to shocks (of these, people living under or near the poverty line tend to be most vulnerable)

The NSPS prioritises the development of effective and sustainable social safety nets targeted to the poor and vulnerable, with complementary social welfare services for special vulnerable groups, such as people living with HIV and orphans made vulnerable or affected by HIV[2,3]. The contributory intervention of community-based health insurance (CBHI) is also included, as it is targeted at the near poor who are vulnerable to falling into poverty as a result of health shocks. Figure 2 illustrates the scope of the NSPS.

[2] The Law on Prevention and Combating against the Prevailing of HIV/AIDS (Article 26) also enshrines the right of people living with HIV to primary health care services, free of charge, in the public health sector network.
[3] For a list of special vulnerable groups, see Chapter 3.2.

Figure 2. Scope of the NSPS, focusing on the poor and vulnerable

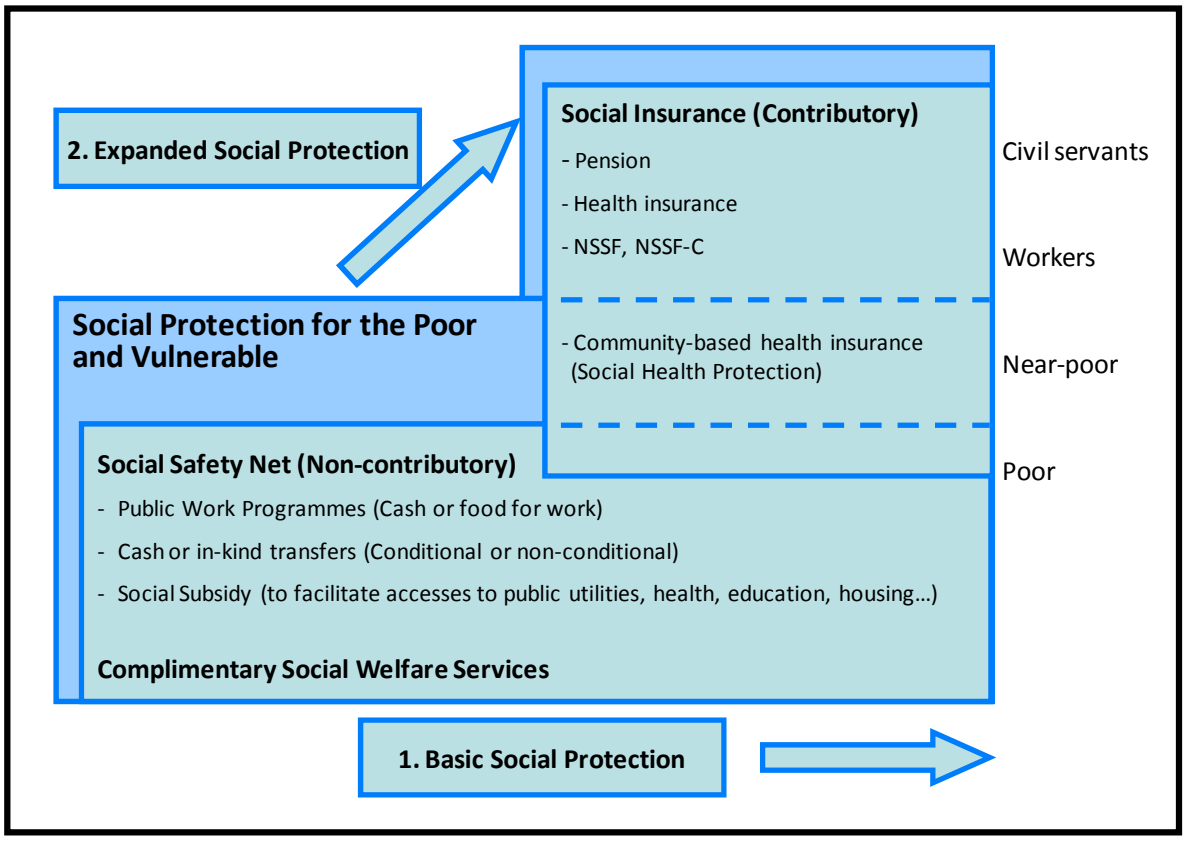


At the same time, the NSPS sets the framework for sustainable and comprehensive social protection for all Cambodians over the long term. This includes both contributory and non-contributory schemes. Figure 3 illustrates the relationship between coverage of basic non-contributory social protection for all and that of contributory social insurance for those with higher incomes, in particular formal sector workers.

The development of comprehensive social protection implies ensuring that the relevant components (non-contributory and contributory) are developed in parallel towards a sustainable system, whereby those who can afford social protection will access it based on their formal contributions and those who cannot afford the contributions will rely on the state for support until they develop such capacity over time. There are linkages and complementarities between the two major components of a comprehensive system of social protection[4].

[4] Including complementary coverage of benefits and services for population groups of different ability; and complementary financing mechanisms towards fiscal sustainability, whereby the contributory system to a large extent funds the development of the non-contributory system through its cross-subsidising function and direct contribution to public revenues, as well as through stronger societal support to the system, including through taxation. The ultimate aim of the dual gradual system is ensuring universal coverage to protect the population against risks, shocks and chronic situations and vulnerabilities.

Figure 3. Gradual progression towards comprehensive social protection, as per the NSPS long-term vision



1.3 Process of Strategy Development

In preparing the NSPS, the Council for Agricultural and Rural Development (CARD) in 2009 and 2010 convened meetings and held technical consultations with a broad set of national stakeholders, giving government representatives (national and sub-national), development partners, civil society representatives and other development practitioners the opportunity to explore the options and priorities in-depth. This transparent and rigorous consultation process has ensured that the analytical and policy inputs have gone through several rounds of discussion and are the result of a combined effort by all stakeholders.

Table 1: Summary of the NSPS consultation process

Timeline	Activity/event	Outcomes
3-4 Dec 2008	Cambodia Development Cooperation Forum	RGC commitment to develop and implement an integrated national strategy for social safety nets.
Jan-Jun 2009	Interim Working Group on Social Safety Nets (under the Technical Working Group on Food Security and Nutrition	Shared knowledge and consensus building on the key concepts and broad direction for policy development and inventory of ongoing social protection interventions.
6-7 Jul	National Forum on Food	During the two-day forum, 400 participants (government,

2009	Security and Nutrition under the Theme of Social Safety Nets in Cambodia	development partners, civil society) discussed, with **Samdach Akka Moha Sena Padei Techo Hun Sen, Prime Minister of Kingdom of Cambodia,** providing the closing address.
19-22 Oct 2009	Technical Consultation on Cash Transfers with a focus on addressing child and maternal malnutrition	Participants from government, development partners and civil society consulted during a workshop in Phnom Penh. A group of participants also visited health and educational services and held discussions with commune councils and the provincial office in Kampong Speu. The consultation culminated in a brainstorming by key stakeholders to produce a "Note on Cash Transfers".
12-14 Jan 2010	Technical Consultation on Public Works	80+ participants (government, development partners, civil society) consulted during a workshop in Phnom Penh. The core group (circa 30 participants) also visited sites of cash for work and food for work projects, one of which is the project site of the **Emergency Food Assistance Project** (ADB- and WFP-supported interventions) in Kampong Chhnang, including a consultation with representatives of a commune council and beneficiaries of the projects. The consultation culminated in a Next Steps Meeting by CARD and a core group of development partners and the production of a "Note on Public Works".
3-4 Feb 2010	Technical Consultation on the Role of a National Social Protection Strategy in Augmenting Human Capital through Promoting Education, Reducing Child Labour and Eliminating its Worst Forms	100+ participants (government, development partners, civil society) consulted during a two-day workshop in Phnom Penh. The consultation built consensus on integrating education and child labour issues into the NSPS, particularly in instruments such as cash transfers, as well as the need to explore greater access to safety net schemes to prevent child labour and withdraw vulnerable children from it, especially its worst forms. A "Note on Child Labour and Education" was prepared by a core group of development partners as a contribution to the NSPS.
Mar-Apr 2010	Consultations on draft NSPS	An executive drafting team was set up to prepare and consolidate inputs into the draft NSPS. Several consecutive drafts of the NSPS were shared and discussed in the extended format of the Interim Working Group on Social Safety Nets. Several rounds of consultations on the content of the NSPS and the proposed objectives took place, towards shaping a coherent strategy.

The results of this consultative process have been captured in NSPS Background Papers:

- **Safety Nets in Cambodia: Concept and Inventory, June 2009** (CARD, WFP and WB). *This paper presents the main features, achievements, gaps and challenges faced by safety net programmes in Cambodia. It provides a review of basic concepts, a summary of risks and vulnerabilities, an inventory of existing safety nets and an analysis of the gaps between risks and vulnerabilities and existing safety nets.*
- **Background Note: Cambodia – Towards a Social Protection Strategy for the Poor and Vulnerable, forthcoming** (CARD and development partners). *This background note presents the outcomes of the consultation process. It gives a detailed overview of poverty and vulnerability in Cambodia, of safety nets already in place and of policy challenges, in order to generate some conclusions on a social protection strategy for the poor and vulnerable, its objectives and options for the near future.*

- **Cash Transfer Programme to Support the Poor While Addressing Maternal and Child Malnutrition: A Discussion Note, March 2010** (World Bank, with contributions from UNICEF, WFP, GTZ, WHO and CARD). *This output of the technical consultation profiles maternal and child malnutrition in Cambodia to assess the rationale behind investing in nutrition programmes. It gives a description of a possible cash transfer programme, as well as discussing and evaluation and costing and fiscal implications.*

- **A Background Note on a Public Works Programme as Part of Social Protection for the Poor and Vulnerable, March 2010** (ILO). *This output of the technical consultation presents a vulnerability and needs analysis followed by an assessment of the rationale for investing in a PWP, as well as an overview of approach and design issues*.

- **Input on Tackling Child Labour and Increasing Educational Access, March 2010** (ILO, in consultation with UNICEF and UNESCO). *This output of the technical consultation assesses social protection and its role in protecting vulnerable children, in particular looking at education and child labour and the linkages between them. With regard to the NSPS, it details incentives for families to ensure that children attend school, services for vulnerable children (including those in the worst forms of child labour) and public works.*

1.4 Roadmap

The NSPS is to be presented for endorsement by the Council of Ministers in 2010. The immediate next steps will be to further develop and implement the priority action plan up to 2013. Implementation will be monitored regularly, with a mid-term review in 2013 that will inform an update of the implementation plan for 2014-2015. In 2015, there will be an evaluation of implementation and the NSPS will subsequently be updated and revised as needed.

2009-2011	:	Strategy formulation and adoption by the Council of Ministers
2011-2013	:	Implementation of short-term priority action plan
2013	:	Mid-term review and adjustment/update of implementation plan
2014-2015	:	Implementation of updated implementation plan
2015	:	Evaluate and update/revise NSPS

Chapter 2

SOCIAL PROTECTION AS A PRIORITY OF ROYAL GOVERNMENT OF CAMBODIA

Social protection is a priority of the RGC. The formulation of the NSPS draws on commitments expressed in the Constitution, the Rectangular Strategy, the National Strategic Development Plan (NSDP) and national legislation, as well as in international conventions to which Cambodia is a signatory.

2.1 Laws and legal documents

The Constitution of Kingdom of Cambodia is the framework for the scope of social protection provision to citizens. It covers the right of all citizens to obtain social security and other social benefits, as well as making special provisions for social security in the formal sector. The Constitution also identifies particular groups that may require special assistance, such as poor women and children, people living with disabilities and the families of combatants who have died serving their country.

Box 1. Articles from the Constitution[5] regarding social protection provision

Article 36:	Every Khmer citizen shall have the right to obtain social security and other social benefits as determined by law.
Article 46:	The State and society shall provide opportunities to women, especially to those living in rural areas without adequate social support, so they can get employment, medical care, and send their children to school, and to have decent living conditions
Article 73:	The State shall give full consideration to children and mothers. The State shall establish nurseries, and help support women and children who have inadequate support
Article 74:	The State shall assist the disabled and the families of combatants who sacrificed their lives for the nation.
Article 75:	The State shall establish a social security system for workers and employees.

National legislation for statutory social security provision includes the **Labour Law**, the **Insurance Law**, and the **Sub-decree on the National Social Security Fund (NSSF)** covering employment injury insurance, the pension scheme, a short-term benefit system, the **Royal Decree on National Social Security Fund for Civil Servant (NSSF-C)** covering the social security system for public civil servants as well as the **Law on Pension and Invalidity Benefits for Cambodian Royal Arm Forces**. Other special vulnerabilities are also addressed including the **Law on Protecting and Improving Rights of People with Disabilities, Law on the Prevention of**

[5] The Constitution of Kingdom of Cambodia in 1993

Domestic Violence and Protection of Victims, Law on Inter-Countries Adoption, Law on Suppression of Trafficking in Humans and Sexual Exploitation...

2.2 Rectangular Strategy Phase II and National Strategic Development Plan Update 2009-2013

The RGC's Rectangular Strategy sets the broad policy directions for improving social protection and identifies priorities for the development of social safety nets. It promotes sustainable and equitable development and prioritises improvements in social protection provision. Through social safety nets, the RGC intends to increase social sector interventions, thereby:

- Enhancing emergency assistance to victims of natural disasters and calamities;
- Reducing vulnerabilities of the poor;
- Reducing disparities in maternal and child health outcomes and inequities in health service utilisation and access to care between richest and poorest quintiles;
- Preventing and withdrawing children from child labour, especially its worst forms;
- Enhancing access to and quality of children's education;
- Improving employment opportunities;
- Enhancing provision of fee exemptions, health equity funds (HEFs)[6] and subsidy schemes to ensure affordable access to health services; and
- Expanding rehabilitation programmes for the disabled, as well as welfare programmes for the elderly, orphans, female victims, people living with HIV and TB, the homeless and veterans and their families.

The National Strategic Development Plan (NSDP) Update (2009-2013) further specifies the need to streamline social protection. In guiding the development of the NSPS and the priorities over the short to medium term, it highlights the need to:

- Give preference to social protection measures that not only provide immediate relief but also contribute to building the beneficiary population's ability/capacity to contribute to the social and economic development of their community;
- Ensure greater transparency and better targeting in the delivery of social protection for the poor through the use of the Identification of Poor Households programme (IDPoor)[7], and through another appropriately adapted targeting mechanism for urban poor while **IDPoor** is being adjusted to urban areas;
- Minimise the planning and delivery costs (overheads) of social safety net programmes to achieve a maximum net transfer of resources to beneficiary populations; and

---

[6] The HEF is a mechanism to reimburse health facilities for treating patients who are classified as too poor to pay. The aim is to provide poor people with access to appropriate health services and protect them against health related-impoverishment. HEFs were introduced into the national framework developed in 2003 and the Health Sector Support Project from 2004-2008, and followed through into the second Health Sector Support Project for 2009-2013.

[7] IDPoor is the RGC's standardised system for pre-identifying poor households,

- Ensure cross-sectoral coordination and integration of social protection measures with decentralised development planning.

2.3 Commitments at the 2008 Cambodia Development Cooperation Forum

The RGC's commitment to social protection as a key priority was reaffirmed at the December 2008 Cambodia Development Cooperation Forum (CDCF). Deputy Prime Minister H.E. Keat Chhon noted that, while significant progress has been made in reducing overall poverty levels, parts of the population remain vulnerable to various economic and social shocks, pushing them into poverty and denying them equal opportunities to participate in economic growth. Improving social protection was selected as a priority intervention for the RGC and development partners in response to the crisis and as a long-term goal to enhance the capacities of the population to withstand the effects of future similar occurrences.

2.4 Reaffirmed Commitment at the National Forum on Social Safety Nets

RGC commitments to social protection and the establishment of a social safety net system, an important part of a longer-term growth strategy, were reinforced by Prime Minister **Samdach Akka Moha Sena Padei Techo Hun Sen**, presiding over the July 2009 National Forum on Food Security and Nutrition under the Theme of Social Safety Nets in Cambodia. Box 2 presents highlights of the Prime Minister's statement.

Box 2: Statement of Prime Minister Samdach Akka Moha Sena Padei Techo Hun Sen

"… The Royal Government takes the global economic and financial crisis as a lesson, an experience and an opportunity by figuring out strategic means and selecting policies and mechanisms to accelerate socio-economic development. In this purpose, the Royal Government has been actively strengthening and expanding its collaboration with development partners, the private sector, and the civil society to improve people's living standard, speed up poverty reduction and ensure food security as stipulated in the national development strategy of the Royal Government of the 4th Legislature of the National Assembly. In this context, the strengthening of 'Social Safety System' for rescuing and supporting vulnerable groups is the Royal Government's major strategy to tackle the negative impact and risks arising from the global economic crisis …"

The Forum concluded by issuing a recommendation statement, which outlined:

- The need to develop a national policy/strategy, and working activities for an integrated and systematic social safety net, as well as the expansion and strengthening of existing Cambodian safety nets;
- The importance of responding to the effects of the crises and addressing the needs of vulnerable people in rural areas who are facing food shortages caused by the global economic crisis and food price increases;
- The establishment of measures for preventing, responding to and facilitating response to crises in the future;
- The strengthening of the process of implementation of safety net programmes through the sub-national level to enable provision of efficient and transparent assistance to vulnerable groups;

- The strengthening of the mechanism for the identification of poor households and vulnerable people;
- The development of capacity at all levels to implement safety nets in an effective, accountable and transparent manner according to policy and the Rectangular Strategy Phase II;
- The delegation to CARD of the responsibility for coordination and facilitation with line ministries, institutions and development partners, in the development and implementation of safety net programmes.

2.5 International Commitments

The RGC is signatory to a number of international conventions which provide the legal framework for the realisation of the right to social protection and the reinforcement of the scope of social protection provision to citizens. These include, among others:

- The Universal Declaration of Human Rights;
- The United Nations Convention on the Rights of the Child;
- The Convention on Elimination of All Forms of Discrimination against Women;
- The International Covenant on Economic, Social and Cultural Rights;
- The Convention on the Rights of Persons with Disabilities; and
- The Madrid International Plan of Action on Ageing.

The RGC has also ratified all International Labour Organization core labour standards and conventions, including Convention No. 138 on the Minimum Age for Admission to Employment, Convention No. 182 on the Elimination of the Worst Forms of Child Labour, and Convention No. 122 on Employment Policy.

Chapter 3

POVERTY AND VULNERABILITY PROFILE[8]

Cambodia has enjoyed significant economic growth over the past decade. The national data in 2004 and 2007 showed that the national poverty rate had dropped from 34.7% in 2004 to 30.1 in 2007 indicating the a rate of poverty reduction of 1.2% per year. In 2010, the poverty rate had dropped to 25.8% (NSDP, 2009-2013 and Commune Database, 2009). However, the gaps between the rich and the poor and the inequality between rural and urban areas are still challenging issues.

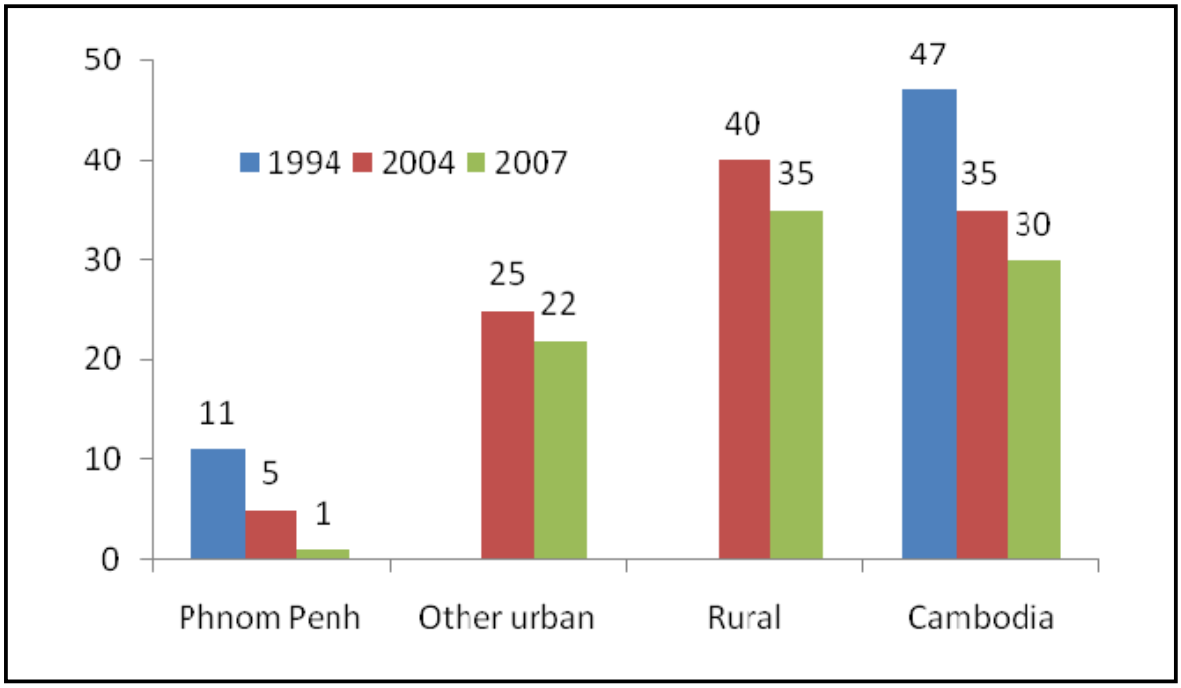


Figure 4: Poverty headcount 1994-2007

Source: CSES 2004, NSDP 2009-2013.

There are regional variations in poverty levels. The most recent regional data in 2010 using the **Commune Database** show that the Tonlé Sap zone and the Plateau/Mountain zone have the highest poverty headcounts (36.6% for plateau and mountainous areas, 30.8% for the Tonlé Sap areas, 22.1% for the central plain areas, and 21.3% for the coastal areas where the national average is 25.8% in 2010)[9].

[8] References for the poverty and vulnerability profile are provided in the Background Note to the NSPS.

[9] Data and information using in this chapter were excerpted from the most available updated documents. However, given the fact that some surveys had been conducted since 2005 or 2008, the statement and description using this data might not reflect the current progressiveness.

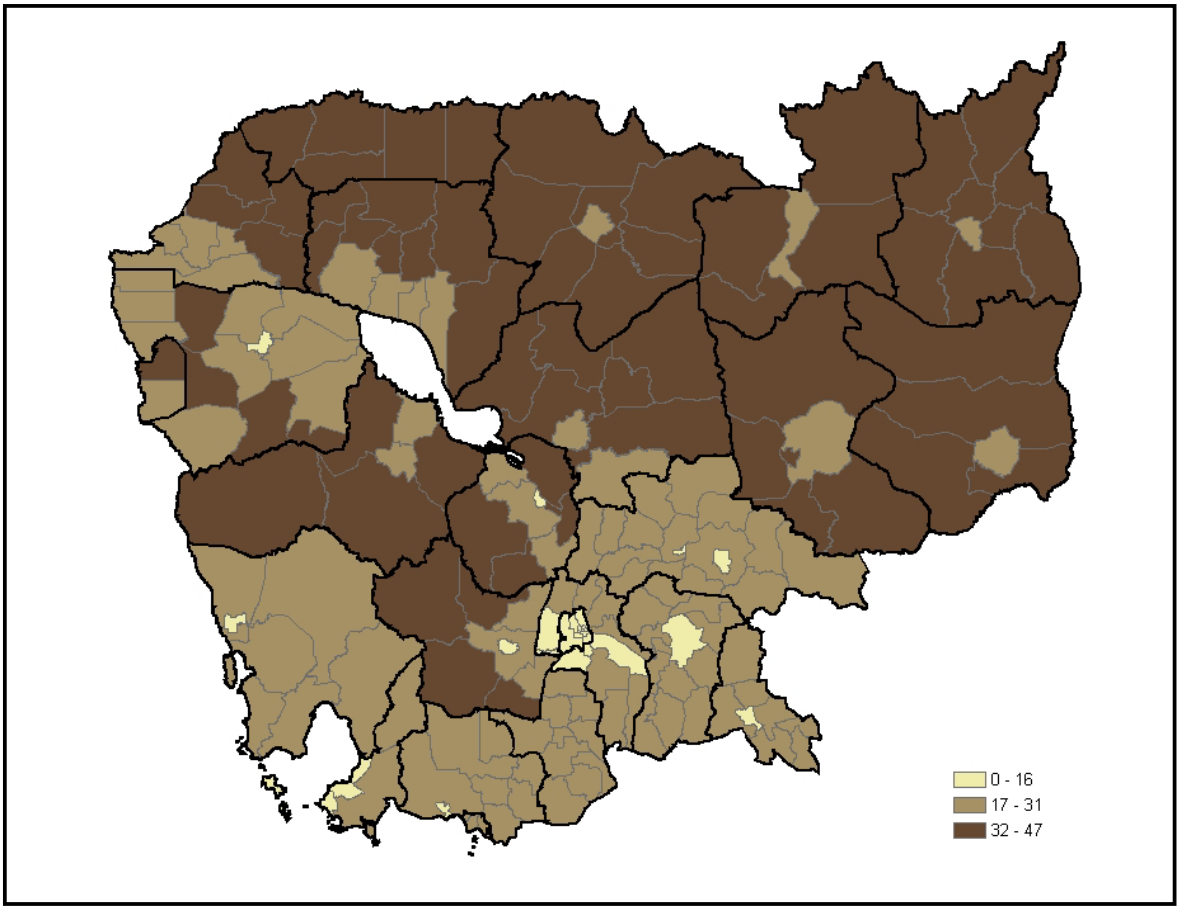


Figure 5: Geographic variations in poverty rates (in %)

Source: Commune Database (2009).

Since these snapshots of poverty were taken, Cambodia has been hit by consecutive macroeconomic shocks – the food, fuel and financial crises – which have further compromised the ability of the poor and vulnerable to cope. The impacts of these crises have been complex, and have accentuated difficulties and compromised the livelihoods and wellbeing of many, in particular those near or below the poverty line.

3.1 Risks, Shocks and Vulnerabilities

Households face several risks that increase their vulnerability and can push them into poverty. When these risks manifest themselves, households face shocks that can drastically change their socioeconomic situation. The degree to which this change can happen depends on how vulnerable households are to shocks. The vulnerability of an individual or household depends on their level of exposure and ability to cope with a shock.

Poverty and vulnerability are intrinsically related. Vulnerability is a cause of poverty, as well as a perpetuating and defining element of it. Poor households tend to have fewer coping strategies to protect them against shocks, and vulnerable households are susceptible to being pushed into or deeper into poverty as a result of shocks.

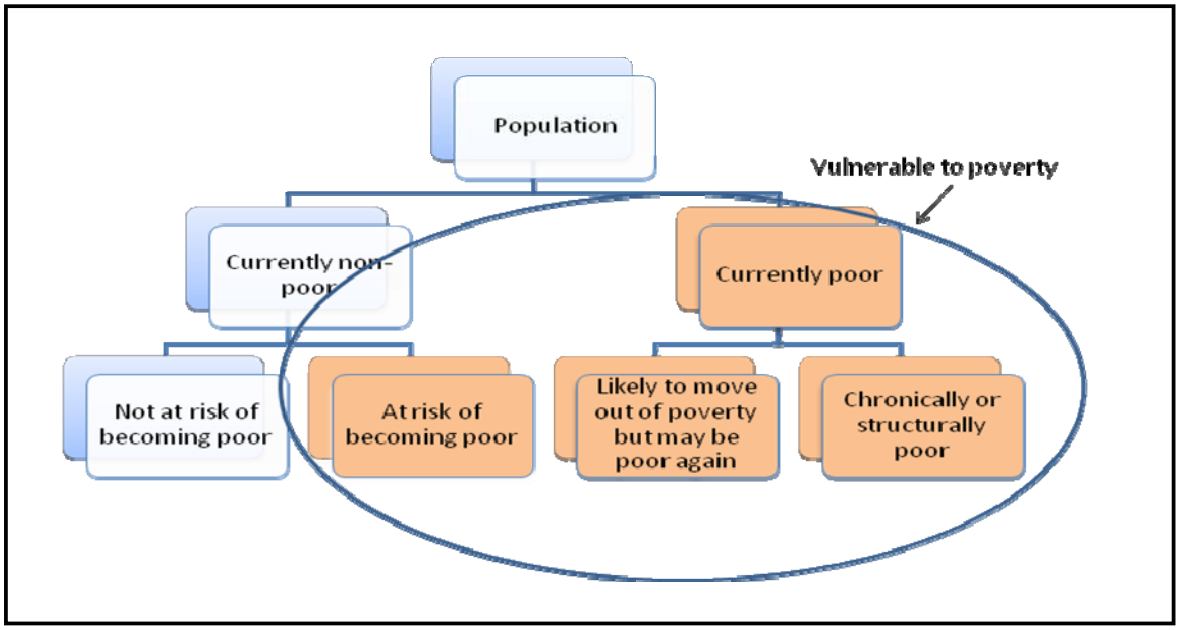


Figure 6: Poverty and vulnerability

The key risks and shocks can be grouped into four categories: 1) emergencies and crises; 2) human development constraints; 3) seasonal unemployment and income insecurity; and 4) health shocks.

3.1.1 Emergencies and Crises

Cambodia's economy and households were significantly exposed to the recent **food, fuel and financial crises**. As Cambodia becomes more integrated into the global economy, the impact of external economic shocks is likely to become more frequent.

The impact of price fluctuations is complex, and the aggregate poverty impacts of the 2007-2008 price rises (the price of rice, the staple food crop of Cambodia, increased by approximately 100% between 2007 and 2008) are yet to be determined (pending analysis of the CSES 2008). The poor are net food buyers, which mean they were least able to cope with the steep rise in prices. There were some winners (for example milled rice sellers, oil sellers, and agricultural day labourers).

Poor and vulnerable households have been hit hard by the impact of the economic crisis, with a significant social and poverty impact in constrained circumstances. There are concerns that women may have been disproportionately affected by the crisis, with significant loss of employment in the garment industry (which predominantly employs female workers), increased risk of domestic violence and greater vulnerability to trafficking and exploitation in the commercial sex industry. Low-skilled male workers have also been vulnerable, in particular in the male-dominated construction industry. The effects of the current economic crisis for children of poor and vulnerable households are also likely to have been significant, with a risk

of increasing child labour and poor families switching to less nutritious food and deferring health treatment.

Cambodia is also vulnerable to **natural disasters**, given the unique hydrological regime and low coverage of water control infrastructure. These affect livelihoods and food security and take a heavy toll on people's living standards, pushing many further into poverty. Most rural households rely heavily on subsistence agriculture: an estimated 72% of Cambodians are dependent on fishing and agriculture for their livelihoods. Fishing and agriculture (and thus households' food security) are heavily dependent on weather conditions and can fluctuate significantly from year to year.

In the past decade, unusual floods and droughts have severely affected large parts of the countryside, resulting in three years of negative agricultural growth (2000, 2002, and 2004). In 2009, Typhoon Ketsana left 43 people dead and 67 severely injured and destroyed the homes and livelihoods of some 49,000 families or 180,000 people (equivalent to 1.4% of the population). Most of the districts affected were among the poorest in the country, and the widespread damage to property and public infrastructure will have a long-term impact on communities' livelihoods (Cambodia National Committee for Disaster Management, 2010)

Floods and droughts are among the most damaging shocks for rural households, and **climate change** will heighten their severity. Although many regions in Cambodia are relatively shielded from climate hazards, almost all provinces are considered vulnerable to the impacts of climate change owing to low adaptive capacity resulting from financial, technological, infrastructural and institutional constraints. Climate change impacts will have significant implications for food security.

Some groups in the population need **special assistance** during crises because they have limited capacity to help themselves. In particular, if they are not integrated into social networks, they will find it more difficult to recover and may require immediate response to ensure uninterrupted access to services they depend on for survival (e.g. access to antiretroviral drugs, physical rehabilitation, etc).

3.1.2 Human Development Constraints

Individual crises along the **life-cycle** can also have negative impacts on human development. Malnutrition is caused by **inadequate infant and young child feeding practices, high levels of infectious disease and inability to access and afford nutritious food**. Despite efforts to address the underlying causes of malnutrition, the proportions of thin (8.9%), short (39.5%) and underweight (28.8%) children remain high (Cambodia Anthropometric Survey 2008).

Because **Illiteracy** is one of the sources of vulnerability, **improving access to quality education** is continued to be a priority of MoEYS including basic school facilities, textbooks and supply of (trained) teachers. According to the data of MoEYS in the 2009-2010 school-year, the net enrolment rate at the three education levels (primary, secondary and high school) were 94.8,

31.9, and 19.4% respectively. The repetition and drop-out rate at primary school level is still a concern of MoEYS aiming to reduce this rate to lower than 10%. In average, the survival rate to primary, secondary and high-school level are 83, 48.7, and 26% respectively. The ratio of teaching staff to pupils at the three education levels were 49, 24, and 29 respectively. Children in rural areas are more than two times less likely to continue to lower secondary than children in Phnom Penh (25% of the former vs. 61% of the latter).

3.1.3 Seasonal Unemployment and Income Insecurity

Labour force underwent dramatically changes in the last decade. In 2010, the proportion of population below 15 year-old was 61.8%. Youth labour force had been dropped slightly from 60.7% in 1998 to 60.1% in 2008 reflecting the positive trend of longer retention of youth in education system.

According to the analysis in the **Labour and Social Trend in Cambodia 2010** by MoP, unemployment rate is low in Cambodia. However, 82.5% of workers remain in **vulnerable employment** referring to un-paid family workers and self-employed workers. The out-of-school rate among children was about 15% in 2010 even though this rate had been dropped from 18.7% in 2005. This issue raises a serious concern since those out-of-school children will participate in labour markets and receive low-paid income and jobs. In the context related to education, youth will have to challenge to 2 types of risks: the **difficulties to find job opportunities** for those who dropped out and out-of-school system, and the **mismatch between field of study and labour market demand** for those who had attained school but had low opportunities to get jobs. Although the proportion of the illiterate and no primary education employed population over 15 year-olds had been dropped from 71.6% in 1998 to 58.8% in 2008, this rate is still remarkably high. Meanwhile, unskilled workers are under strong pressure to find a job and are more likely to accept precarious and poorly remunerated jobs.

The fundamental challenges for labour sector in Cambodia are the demand for **increasing work productivity** and to ensure that this growth has to be in line with better working condition and wage rate. The average annual growth of work productivity in agricultural sector, the largest sector provides job opportunities, (72.1% of employed population) was only 1.7% (Labour and Social Trend Report, MoP, 2010).

On the other hand, as stated in the **Policy Document on the Promotion of Paddy Rice Production and Export of Milled Rice** developed by SNEC, with the production of 7.59M tonnes, Cambodia has the capacity of self-supply and export about 3.51M tonnes in 2009. This figure confirms that Cambodia has the capacity to ensure food security at national level.

Food insecurity at household and community level is a concern rooted from chronic poverty. The numbers of food-insecure households occur during the lean season, natural disasters, calamities and shocks. Among the rural poor, the main causes of food insecurity are lack of access to land, livestock, credit, markets and agricultural inputs. Poor rural households are

dependent predominantly on their own limited food production and irregular, low-paid casual wage labour.

The vast majority of the poor people live in rural areas. Poverty is associated with low agricultural productivity and limited alternative livelihood opportunities. The seasonality of labour requirements in farming means that households, especially those with little or no land, are obliged to find off-farm employment in the slack agricultural season to supplement family income. Given the limited availability of non-farm employment, households, especially those with little or no land, increasingly need to rely on income from unskilled wage employment in urban areas or in neighbouring countries. Seasonal labour migration is particularly common in provinces near Thailand and Viet Nam.

3.1.4 Health Shocks

Health shocks affect the poor disproportionately through three channels. Firstly, the poor may have higher prevalence of injuries and illnesses as they are often involved in physical jobs and face greater risk of accidents and injury; have poor nutrition; have less access to clean water and sanitation[10]; live in poorer housing conditions; and have less access to health and social services. Secondly, the poor are affected through forgone income by not being able to work which, because of a lack of savings, has a greater impact on the poor. Lastly, poor households get trapped in a vicious cycle of 1) high health care costs; 2) high out-of-pocket expenditures involved in seeking health care; 3) indebtedness at overwhelmingly high interest rates[11] when household resources are insufficient; and 4) selling assets (usually land) when all other funds are depleted. Once the cycle starts it is very difficult to break out of it; as such, it is important to prevent it by starting by tackling high health care costs and **out-of-pocket expenditures**.

Progress in enhancing the delivery of health services has been significant. From early on, the RGC had adopted a health sector-wide management (SWiM) approach to guide the development of this sector. Up to 2008, the numbers of Health Centres and health posts, the front line facilities providing **Minimum Package of Activity** located in remote areas, has been increased to 967 and 108 respectively. The total number of Referral Hospitals is 84. However, the **NSDP Update 2009-20013** also recognise issues occurring in public health service deliveries. **Health outcomes and health service utilisation rates** in different socio-economic groups point to equity issues that need stronger attention. Critical concerns about the uneven distribution of **Emergency Obstetric Neonatal Care** services across the country indicate the need for increasing quality of continuum of care for **Reproductive, Maternal, New Born and Child Health Programmes**. Because the **Maternal mortality** remains unacceptably high (461 casualties per 100,000 born), substantial investments in delivery services and fast track

[10] Half of households in the poorest quintile do not have access to improved sources of drinking water and 87.2% live without sanitation.

[11] The 2007 CSES found that the average interest rate of health-related debt ranged between 50% and 60% per year.

interventions are required[12]. Only 63% of births were attended by trained birth attendants in 2009, even though this represented a significant increase from 22% percent in 2003 (Ministry of Health, 2010a). Under-five mortality is estimated to be at 83 out of 1,000 children in this age range, with children in the poorest quintile at almost three times the risk of dying before the age of five than those in the highest wealth quintile.

Good financing system is an essential mean to ensure the quality of service for all people. Over the past 20 years, the health sector has had a substantial increase not only in RGC's budget allocations but also in funding provided by external development partners. In 2008, the contributions of both RGC and the external development partners to the health sector were about the same, at around 8 US$ per capita. However, Cambodians experience **high costs of access and utilisation of essential health care services**. Total annual health expenditure is about US$40 per capita, of which around 60% is individuals' out-of-pocket spending. The **Health Financing Charter (HFC),** introduced in 1996, regulates the application of user fees at government health facilities and sanctioned a fee exemption system for those too poor to pay for health care, to enable them to receive care at government facilities for free when needed. Currently, the **Health Equity Fund and Fee Exemption** has been implemented in 50 operational districts (covered 51 referral hospitals and 120 health posts). Twelve **Community-based health insurance schemes** have been implemented in 11 operational districts (in 7 provinces and Phnom Penh) covered on 11 referral hospital and 81 health posts. In practice, the exemption system covers fewer than half of those considered too poor to pay for services (68% of poor people had been protected under HEF and fee exemption system equal to 2,832,844 persons where the CBHI schemes covered on 73,828 beneficiaries).

3.2 Vulnerable Groups

Infants and children, girls and women of reproductive age and food-insecure households are particularly vulnerable to the shocks described and therefore should be the target of social protection interventions.

3.2.1 Infants and children

Infants and children constitute over a third of the population. In the last recent years, the situation of child mortality have been improved substantially where infant mortality had decreased from 95 to 60 deaths per 1,000 live births from 2000 to 2008, (already reaching its 2010 CMDG target) and under-five mortality had decreased from 124 to 83 deaths per 1,000 live births from 2000 to 2005 (with a 2010 CMDG target of 75). However, there are still wide regional variations that need to be addressed: infant and under-five mortality are still almost double the national average in Kampong Speu, Preah Vihear, Stung Treng, Prey Veng, Mondol Kiri and Ratanak Kiri (MoP, 2010).

[12] NSDP Update 2009-2013 recognized that maternal mortality is a cross-sectoral problem, influenced by women's education and literacy levels, infrastructure development, and levels of women's participation and gender equity.

Poverty creates a barrier to access to and completion of school. Indirect costs related to uniforms, materials, food at school, transportation and informal school fees, along with parents' need to migrate for work and the **opportunity cost** of having children in school rather than contributing to the family income, place a burden on parents.

Infants and children are at risk of **detrimental coping strategies** that can have life-time consequences, including being fed less or lower nutritional quality food, being pulled out of school to enter into child labour and becoming victims of human trafficking. Infants and children are highly vulnerable to shocks, as they lack the ability to mitigate risks and to control adverse circumstances. According to the Cambodia Demographic and Health Survey (CDHS) of 2005, 64% of children in Cambodia face deprivation in at least two areas of wellbeing (food, health, education, information, water and sanitation and shelter).

3.2.2 Girls and women at reproductive age

Girls and women of reproductive age (15-49) are also vulnerable, despite progress in advancing gender equality and opportunities for women in Cambodia. Women have particular vulnerabilities arising from their health needs: maternal mortality remains at unacceptably high; women make up a bigger proportion of HIV-infected adults than in the past (52% in 2009 vs. 38% in 1997)[13]; their low nutritional status is a growing concern; and the overall number of women reporting constraints in accessing health care remains high[14].

3.2.3 Households vulnerable to food insecurity and unemployment

Although the recent dropped-out and out-of-school rate have been reduced and the enrolment rates have been increased remarkably, the school-age children during the 2 decades of civil war period were either not fully able to enrol or most likely dropped out of school systems due to the poverty of their families. Those groups of children, so-called **Illiterate and out-of-school children** are presently become low paid farmers, workers or employed in the service sectors. Most of them are near poor and facing multiple risks and they absolutely require the protection measurement.

With the growth of economic sectors and the interventions of Royal Government of Cambodia, the low-skilled labour forces had acquired jobs and employments mostly in the **labour intensive work** or they will do **migration**. The **labour intensive and low-skilled labour forces** are at risks of losing the jobs or incomes in case of economic shocks and natural disasters.

Food-insecure households also remain highly vulnerable to different types of shocks owing to poor nutrition and limited coping strategies. Constant food deprivation increases the chances of food-insecure households facing health shocks, as their health increasingly deteriorates over

---

[13] Of all new infections among women, two-thirds will be among non-sex workers or women at "low risk".

[14] In 2005, 89% of women reported at least one problem in accessing health care. Getting money for treatment remains the main one, followed by the concern that no provider or drugs are available, and not wanting to go to health services alone (CDHS 2005).

time. Additionally, few alternatives are left for households that have resorted to cutting food consumption to cope with adverse economic shocks.

3.2.4 Other special vulnerable groups

Other particularly vulnerable groups are identified in the Rectangular Strategy, the NSDP Update 2009-2013 and sector ministries' strategies, by virtue of their age, status, situation or condition. These groups include: people living with HIV and their families; homeless people; people living with disabilities; orphan children and at-risk children and youth; victims of violence, abuse and exploitation; indigenous and ethnic minorities; families of migrants; veterans; and the elderly. These groups face particular challenges because of the overlapping vulnerabilities that are often experienced on top of income poverty. They require comprehensive forms of assistance, as social transfers alone are not sufficient to ensure their wellbeing, and are entitled to special protection from the state. They can be considered as **special vulnerable groups** because 1) they warrant priority action in terms of strengthening their social protection and/or 2) they require a particular design of social protection intervention (e.g. through specific targeting procedures, monitoring or customised programming, etc). The RGC consults with relevant stakeholders on how to further improve the social protection of vulnerable groups without or with only limited self-help capacity.

Ethnic minorities face higher poverty rates and much higher poverty gaps than the national average. Although ethnic minorities represent a small share of the population, their living standards are much lower than the national average. Moreover, they face non-monetary disadvantages related to language, remoteness and discrimination. They therefore deserve particular attention in social protection support, in terms of both tailoring programmes to cultural values and finding appropriate targeting mechanisms (e.g. geographical) that allow programmes to cover their particular needs. Presently, Royal Government of Cambodia has issued two policies including the **Development of indigenous people** and the **Policy on Land Registration and Land Use Rights of Indigenous-People Community.**

The **elderly** need special care given their limited ability to participate in economic life. Cambodia's elderly have lower health status than older adults in neighbouring Asian countries, for example. Even marginal reductions in wealth can result in substantial rises in health problems among the elderly. Elderly women may be particularly vulnerable: 10% of elderly women are the sole adults in the household, compared with only 2% of elderly men.

Similarly, Cambodians **living with chronic illnesses** have very little support to pursue independent and sustainable livelihoods (including low access to education, vocational training and income generation). Children in these households are often at greater risk. When a parent is ill for a protracted period, health care expenditure increases, often resulting in a reduction of funds available for food, education and other household expenses. Moreover, children often assume adult roles, such as caring for the sick adult, running the household or caring for other children in the family.

Tuberculosis also remains a major public health concern: Cambodia ranks 21st among countries with the highest burden of TB. The incidence rate for all forms of TB is 500 per 100,000 people per year. The twin burden of TB and HIV epidemics can have devastating consequences.

The number of malaria cases treated in the public health sector per 1,000 population (malaria incidence) has declined from 11.4 in 2000 to about 4.4 in 2008 (there were about 59,000 cases in 2008), although there was a significant increase to 101,000 cases in 2006.

Particular attention needs to be paid to households with **people living with HIV**, which in general are more vulnerable. There are 57,900 adults living with HIV in Cambodia and 5,473 children are known to be infected. Lack of food security and poor nutrition accelerate progression to AIDS-related illnesses and tend to impact negatively on adherence to treatment and response to antiretroviral therapy.

Cambodians living with disability also have little assistance and often have to rely on limited family support to survive. Very few people living with disability have access to rehabilitation and appropriate basic services. Their vulnerability goes further than mere lack of financial resources at individual and/or family level to encompass cultural and social barriers; inadequate availability of and access to education, health and rehabilitation services; lack of awareness of rights; and dependency on others.

The elderly, people living with chronic illness and people living with disabilities often depend on assistance from communities and (poor) relatives to survive: strengthening social protection to these groups may therefore relieve some of the burden currently imposed on poor communities and in particular reduce the impacts on children.

3.3 Issues related to the detrimental coping strategies

Households resort to various types of coping strategies when facing adverse shocks. Some of these have detrimental outcomes, some of which have a negative impact on specific groups, such as women and children. Many negative coping strategies have longer-term consequences and can lead to even greater exposure to and diminished ability to manage risks. While these informal strategies tend to become less dominant with higher per capita income, they remain a cornerstone of risk coping and mitigation strategies, even in the most developed countries.

Frequently seen coping strategies in times of distress are: taking loans at very high interest rates; using own savings; cutting back on food consumption; changing food patterns to less expensive and often less nutritious food; reducing intake of food (especially for women and older girls), which perpetuates a cycle of ill health; purchasing food on credit; looking for alternative jobs; pulling children out of school; and selling assets (including land). Reduced food consumption affects women more severely, and pulling children out of school often results in child labour and sexual exploitation. Child labour is a particularly worrying coping strategy, as half of children aged 5-14 work, some in hazardous or “unconditional” worst forms of child labour.

The **National Social Protection Strategy (NSPS)** addresses these detrimental coping strategies and the adverse consequences for vulnerable groups. By targeting the most affected groups within programmes aimed at breaking vicious cycles of poverty and destitution, the NSPS provides alternatives that can improve the wellbeing of households and individuals.

3.4 Summary

Table 2 summarises the risks, shocks, determinants of vulnerability and vulnerable groups detailed above.

Table 2. Risks, shocks, determinants of vulnerability and vulnerable groups

Main risks and shocks		Determinants of vulnerability	Outcomes	Most vulnerable groups
1. Situations of emergency and crisis	Economic crises *(price shocks, economic slowdown)*	• Have limited income-generating opportunities • Be food insecure • Be concentrated in insecure, unstable employment • Reductions in the number of jobs in key sectors of the economy • Reductions in the purchasing power of salaries and earnings	• Rise in under- or unemployment • Increase in poorly remunerated, insecure and risky jobs • Lower remittances • Increase in food insecurity	• All poor and near poor
	Climate, environmental, natural disasters *(floods, droughts)*	• Rely on crop farming and livestock rearing for subsistence food production and income provision • Depend on (often degraded, over-exploited and contested) common natural resources for livelihoods • Live in remote, isolated areas and suffer a low level of community infrastructure • Have low base of savings and assets to cover emergency needs	• Destruction or degradation of assets and resources • Increase in under- or unemployment • Increase in incidence and severity of food insecurity • Lower incomes	• All poor and near poor • People living in flood- and drought-prone areas
2. Human development constraints	Poor maternal and child health and nutrition	• Have low income and suffer food insecurity • Have poor access to quality maternal, newborn and child health care	• Higher maternal mortality rates • Higher infant mortality rates • Increase in incidence and severity of malnutrition,	• Girls and women of reproductive age • Pregnant women • Small children (0-5)

Main risks and shocks		Determinants of vulnerability	Outcomes	Most vulnerable groups
			stunting and poor cognitive development	
	Poor access to quality education	• Come under pull factors to undertake domestic activities, help with family business and/or take up external employment, given households' low income and food insecurity • Have poor access to quality education services	• Higher dropout rates and low level of skills attained • Increased incidence of child labour (6-14) • Increase in under- and unemployment • Increase in poorly remunerated, insecure and risky jobs • Increase incidence of hazardous or unconditional worst forms of child labour (15-17)	• School age (6-14)
	Poor access to quality second-chance programmes	• Come under pull factors to remain in paid employment, however precarious and low paid • Have poor access to quality training services		• Youth (15-24)
3. Seasonal unemployment and livelihood opportunities	Under- and poor nutrition	• Rely on subsistence farming with low productivity • Do not have sustained employment to supplement incomes from agricultural activities • Rely on (often degraded, over-exploited and contested) common natural resources for livelihoods • Face a greater age dependency • Are more likely to be landless, or have less access to land and relatively smaller land holdings	• Higher maternal mortality rates • Increase in incidence and severity of malnutrition, stunting and poor cognitive development • Increased likelihood of ill-health • Decreased capacity to study or work productively	• All poor and near poor • Families with greater age dependency ratio • Landless and land poor
4. Health shocks	Ill-health, injury, illness, death, pandemics	• Have constrained access to clean water and sanitation • Live with poor housing conditions • Have low base of savings and assets to cover out-of-pocket	• Higher maternal mortality rates • Higher infant mortality rates • Increase in incidence and	• All poor and near poor • Pregnant women • Small children (0-5) • Elderly

Main risks and shocks		Determinants of vulnerability	Outcomes	Most vulnerable groups
		expenditures for health care • Have poor access to quality preventive and treatment health services • Work in physical jobs with greater risk of accidents and injuries	severity of malnutrition, stunting and poor cognitive development • Loss of assets and increased debt	• People living with disabilities • People living with chronic illness
5. Special vulnerable groups	Inability to work, marginalisation	• Have limited access to income-generating activities • Suffer from marginalisation in society, constrained access to services and exclusion from opportunities • Have extra nutritional and medical needs	• Increased income and food insecurity • Increased likelihood of becoming victims of violence, labour and sexual exploitation and abuse	• Elderly • People living with disability • People living with chronic illness • Ethnic minorities • Orphans • Child labourers • Victims of violence, exploitation and abuse • Veterans • Families of migrants • Single mothers

- **Main risks and shocks:** A risk is a source of danger; a possibility of incurring loss or misfortune. When a risk occurs, it becomes a shock.
- **Determinants of vulnerability:** The vulnerability of an individual or household depends on their level of exposure and ability to cope with a shock. People living under or near the poverty line tend to be more vulnerable to negative outcomes of shocks.
- **Outcomes:** Depending on the vulnerability of the individual and household, a range of outcomes can result from experiencing the shock.
- **Most vulnerable groups:** While all poor and near poor are vulnerable to shocks, some groups in the population are especially vulnerable to certain shocks.

Chapter 4

EXISTING SOCIAL PROTECTION FOR THE POOR AND VULNERABLE

4.1 Current Institutional Architecture for Social Protection

Ministries have a mandate to address disparities in service delivery and have therefore implemented sector-specific schemes to enable the poor and vulnerable to access services. Many of these have been implemented under sector strategic plans. Together, these schemes represent the social safety net component of social protection that has contributed to poverty alleviation and to building human capital and resilience to shocks.

Social sector ministries – in particular the Ministries of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Health (MoH), Education, Youth and Sports (MoEYS), Women's Affairs (MoWA) and Labour and Vocational Training (MoLVT) – play a critical role in advancing social protection and providing benefits and services to the poor and vulnerable. Social protection has become an important part of social ministries' scope of activities, given the focus of sector strategies and plans on reducing inequality in access and utilisation of essential social services, especially at sub-national levels.

Line ministries with a mandate to improve **physical infrastructure** – such as MoEYS and the Ministries of Agriculture, Forestry and Fisheries (MAFF), Public Works and Transport (MPWT), Rural Development (MRD) and Water Resources and Meteorology (MoWRAM) – have a dual role to play in social protection by ensuring the creation of sustainable physical assets and also ensuring food security and income generation for the poor and vulnerable.

In addition to the social sector and infrastructure ministries, a number of specialised agencies and institutions have **social protection at the core of their mandate.** The National Committee for Disaster Management (NCDM) helps people mitigate and cope with the effects of disasters. It has successfully contributed towards addressing food insecurity and lack of shelter and access to basic services, including water and sanitation, for those affected by floods and other natural disasters.

As regards the **wellbeing of vulnerable children**, MoEYS carries the mandate to help achieve nine years of basic education, as aspired to in the Cambodian Constitution and the **Education For All** (EFA) goal. To effectively tackle the enormous challenges in the education sector, RGC encouraged the use of a **sector wide approach** (SWAp) by building partnerships to carryout joint planning and programming for the education sector. MoLVT works on creating **decent work** opportunities for vulnerable groups and taking proactive steps to reach the **Twin Goals on child labour**: to reduce all forms of child labour to 8% by 2015 and to eliminate the worst forms of child labour by 2016. In health sector, the building blocks of the **Health Strategic Plan 2003-**

2007's strategic framework were the following three main health programmes of the MoH including Reproductive, Maternal, New Born and Child Health, Communicable Diseases, and Non communicable Diseases and other health problems.

Some others ministries mandated directly or indirectly on **supporting the implementation of social** protection including MEF, MoI, MoP, MoWA as well as the decentralised structures. In view of the priority of the RGC to improve decentralised service provision, the Ministry of Interior (MoI) plays a critical role in identifying entry points for ensuring quality and equitable provision of social protection at sub-national levels. Ministry of Planning's (MoP's) contribution towards identifying and targeting the poor through **IDPoor** is acknowledged as creating the basis for strengthening the provision of social protection and ensuring a streamlined approach to the delivery of social protection.

Remarkable progress has been made toward achieving gender equality and women's empowerment in Cambodia through implementation of RGC's **Neary Rattanak II (2004-2008)** by the MoWA focused on the following priority areas: Economic empowerment of women, Enhancing women's and girls' education, Legal protection of women and girls, Promotion of health of women and girls, Promotion of women in decision-making, and Gender mainstreaming in national policies and programmes.

4.2 Existing Arrangements for Social Protection Provision

The following types of programmes have been particularly successful in reaching large numbers of beneficiaries and effectively enabling access to services, food and income in Cambodia.

Food and nutrition interventions

- General food distribution to food-insecure areas in times of emergency;
- School feeding and take-home rations or food scholarships;
- Food for work programmes addressing food insecurity, seasonal unemployment, chronic poverty and sustainable asset creation; and
- Maternal and child health and nutrition programmes, including transfer of fortified foods conditional on nutrition training
- Food assistance to people living with HIV, TB patient and orphans and vulnerable children

Health interventions

- Advocacy and health improvement measurement and vaccination
- HEFs and CBHIs, addressing basic health protection for the general population.

Education, technical and vocational training interventions

- Scholarships – addressing the income/poverty of schoolchildren
- School feeding and take-home rations
- Training programmes of National Fund for Poverty Reduction

- Training programmes of Special Fund of Samdach Techo Prime Minister
- Certified training programmes of piloting on post-harvest technology and the skill bridging programme
- Training programmes through technical and vocational training centres and community training programmes of Provincial Department of Labour and Vocational Training
- Training programmes for indigenous and vulnerable people
- Entrepreneurship courses for participants in training programmes
- Targeted training programmes for particular stakeholders
- Training and education programmes through NGOs, associations, and private sectors recognised by the government

Social welfare and work condition interventions

- Occupational health and safety system inspection to ensure workplace conditions, healthiness, and safety
- Expansion of occupational health and safety protection for small enterprises and informal sector
- Professional relation registration to establish the conflict solution at workplace and the arbitrary council mechanism to promote the harmonisation between employers and employees
- Work injury insurance
- Social safety net for inter-countries migrants
- Prevention of all worst form of child labour and forced labour
- Social welfare services to special vulnerable groups, including the disabled, the elderly, orphans, etc.

Labour market interventions

- Establishment of national qualification framework, national capacity standard, and capacity test package, which are the national tool to measure the labour force capacity, promote productivity, and bridge the skilled labours into the certified labours. These national tools is to ensure the quality of TVET through the recognition of training courses at technical and vocational training centers of public, NGOs, associations, and private sectors
- The public job service of National Employment Agency, the complementary service to the existing private service, to enable the equity of labour market information among labour forces at provincial levels
- Inspection on training of apprentices for skill capacity development and possibility to acquire the poly-techniques
- Research on employment and vocational skill policy required by the markets to manage and integrate the labour force gradually and prioritise the labour division in labour markets

Many of these schemes and accompanying or related services represent **the building blocks for a comprehensive system of social protection** for the poor and vulnerable in Cambodia.

Table 3 gives a snapshot of the current main government social protection interventions. A full inventory is provided in Appendix 1, giving details of expenditure, beneficiaries and coverage. This is a work in progress: a comprehensive inventory will be developed during the implementation of the NSPS. Some of these programmes are implemented using **IDPoor**, a targeting methodology that is based on proxy means testing, combined with community validation, implemented by the MoP and sub-national government and community structures. The RGC intends to make IDPoor the primary targeting methodology across all social protection schemes, while still allowing for the use of complementary methodologies where their use is justified.

Table 3: Snapshot of current government social protection interventions

Risks and shocks	Programme type	Programmes	Lead ministry
1. 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)	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
2. 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 Samdech 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	

Risks and shocks	Programme type	Programmes	Lead ministry
		courses	
	Scholarships in cash	Per-diem for participants in the Special Fund of Samdech Prime Minister	
Child labour, especially its worst forms	*Direct intervention and livelihood improvement*	Project of Support to the NPA-WFCL 2008-2012	MoLVT
3. Seasonal unemployment and livelihood opportunities	*PWPs*	Food for work	MRD
		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	
4. Health shocks	*Insurance*	NSSF health insurance (planned for 2011)	MoLVT
		NSSF employment injury coverage	
		Health insurance for retired civil servants (planned)	MoSVY
	Fee waiver	Exemptions at rural facilities for poor patients	MoH
	HEFs	HEFs in 50 ODs	
	CBHI	13 CBHI schemes	
5. Special vulnerable groups	*Social welfare for elderly*	Elderly persons' association support and services	MoSVY
	Pensions	Invalidity pensions for parents or guardians of deceased soldiers, spouses of people living with disabilities, retirees and people who have lost their ability to work	
	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	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
	For TB patients	Food Assistance to TB Patients	
6. Other (labour market policy, social security, and insurance system)	*Ensuring workplace condition*	occupational health and safety protection for small enterprises and informal sector	MoLVT
		Professional relation registration, mechanism for conflict solution at workplace, and arbitrary council	
		Work injury insurance	
		Social safety net for inter-country migrants	

Risks and shocks	Programme type	Programmes	Lead ministry
	Labour market information	National qualification framework, national capacity standard, and capacity test package	MoLVT
		Public job service of National Employment Agency	
		Inspection on training of apprentices for skill development poly-techniques	
		Skill and employment policy	
	Social security and pension	Social security fund covered on work injury	MoLVT
		Civil servants and veterans retirement pensions NSSF employer-based pension schemes	MoLVT MoSVY
		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)	MoLVT MoSVY
		Benefits for survivors (parents or patronages) of armed forces, spouse of people with disability, retiree or invalidity	
	Insurance	Health insurance under social security fund for all workers (except domestic workers), civil servants, armed forces and police	MoLVT MoSVY

Note: BETT = Basic Education and Teacher Training; CMDG = Cambodian Millennium Development Goal; 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; TVET = Technical and Vocational Education and Training.

Non-governmental organisations (NGOs) play a significant role in assisting households in distress. In 2009, NGOs channelled roughly 10.4% of total ODA in Cambodia (Council for the Development of Cambodia (CDC) and approximately similar to 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.

Mutual help has traditionally played an important role in Cambodia, through kinship, family obligation and informal networks. **Informal safety nets** include: assistance from family; exchange of labour and animals; sharecropping; sharing household equipment; informal credit arrangements; information exchange; provision of food; lending money at no interest; and self-help initiatives (i.e. funeral associations). Informal safety nets can be overwhelmed by major, repetitive and community-wide shocks and emergencies and they may exclude the most vulnerable households, which are not able to reciprocate assistance (e.g. in-migrants to communities, very poor households, ethnic minorities, the elderly and the infirm, chronically ill persons). Moreover, the practice of and foundations for traditional mutual support are eroding rapidly. Social networks and customs are changing as a result of rapid population growth, increases in livelihood competition and depletion of common natural resources, as well as developmental trends such as urbanisation and migration.

4.3 Gaps and Challenges in Social Protection Provision

Based on the poverty and vulnerability analysis in Chapter 3 and intensive stakeholder consultations over the past year, the RGC identifies the following major gaps in the current provision of social protection:

- In situations of emergency and crisis, public works have been an effective instrument, especially in the rehabilitation phase, but there is currently limited coverage and coordination.
- To tackle seasonal unemployment and food insecurity, social protection interventions include food distribution, school feeding and public works, but again there is limited coverage and coordination of PWPs, and funding and assistance for these activities remain volatile.
- More needs to be done to address poor maternal and child health and nutrition, as coverage of existing programmes (nutrition, HEF) and facilities is not universal and outreaching activities for behavioural changes are not yet showing the desired results.
- More needs to be done to address child labour incidence, especially the worst forms of child labour, as current coverage is limited.
- Scholarships and school feeding programmes need to be expanded to poor areas but big efforts in improving quality of education are crucial to improving attendance.
- Vocational training has the potential to reach out-of-school youth at a greater scale, to match the requirements of employers more precisely and to benefit from a certification/accreditation system.
- Although the wide coverage of the Technical and Vocational Training Centres are almost spread all over Cambodia (except in Preah Vihear and Mondul Kiri), those training centres still face financial issues and training capacities (the lack of dormitory for students especially female and the lack of building and laboratory and practicing materials), whereas the vocational and technical education programmes have not been yet responsive to the needs of labour markets and people demand
- Labour market information system needs to be further developed and expanded
- Domestic and overseas worker/employee data management has not been appropriate to the current economic situation
- The possibility of receiving small scale credit for small scale business is still limited
- There is gap between technical and vocational skill development and the demand of labour market, work productivity improvement, and employment opportunity
- There is limited assistance to special vulnerable groups like the elderly, ethnic minorities and people living with chronic illness, such as HIV, and/or disabilities.

Table 4 summarises progress to date in social protection provision, as well as gaps and challenges within the different responses to poverty and vulnerability.

Table 4: Gaps and challenges in existing interventions

Main risks and shocks		Most vulnerable groups	Progress to date in response	Gaps and challenges in response
1. Situations of emergency and crisis	Economic crises	• All poor and near poor	• Public works have shown to be an effective and rapidly expandable safety net instrument during crises and natural disasters	• Limited coverage and coordination of existing PWPs
	Climate, environmental, natural disasters	• All poor and near poor • People living in flood- and drought-prone areas		
2. Human development constraints	Poor maternal and child health and nutrition	• Girls and women of reproductive age • Pregnant women • Small children (0-5)	• Some maternal and child nutrition programmes are in place • Breastfeeding practices are improving	• Supply of maternal and child nutrition services remains limited and of poor quality • Coverage of these services is not universal • Other demand-side factors (eating, feeding and care practices) are not being adequately addressed
	Poor access to quality education	• School age (6-14)	• Scholarships and school feeding programmes are improving attendance	• Quality of education remains poor • Coverage of education services is variable • Coverage of scholarships and school feeding programmes does not reach all poor areas
	Poor access to quality second-chance programmes	• Youth (15-24)	• Establishment of vocational training curricula • Some programmes in place for second-chance education	• Quality of vocational training remains poor • Supply of second-chance programme is minimal • Poor link between training offered and employers' needs • No certification/accreditation system in place for private sector
3. Seasonal unemployment and livelihoods opportunities	Under- and poor nutrition	• All poor and near poor • Families with greater age dependency ratio • Landless and land poor	• Some targeted food distribution • PWPs are providing some assistance during lean season or crises	• Limited coverage and coordination of existing public works programmes • Funding and assistance remains volatile
4. Health shocks	Ill-health, injury, illness, death, pandemics	• All poor and near poor • Pregnant women • Early childhood (0-5) • Elderly People living with disabilities	• HEFs are financing health care for the poor in some areas	• Quality of health care remains poor • Coverage/access of HEFs is not universal

Main risks and shocks		Most vulnerable groups	Progress to date in response	Gaps and challenges in response
5. Special vulnerable groups	Inability to work, marginalisation	• Elderly • People living with disability • People living with chronic illness • Ethnic minorities • Orphans • Child labourers • Victims of violence, exploitation and abuse • Veterans • Families of migrants • Single mothers	• Pensions for civil servants, NSSF for private sector employees • Some donor assistance to the disabled • Some assistance to ethnic minorities	• No pensions for the poor • Very limited assistance to people with disabilities • Limited assistance to other special vulnerable groups

In addition, the RGC has identified the following institutional and implementation constraints with regard to effective and efficient provision of social protection:

- Safety net implementation often reflects immediate priorities (such as the need to respond to the food and financial crises) rather than a shared longer-term vision for safety net development.
- Programmes are often implemented in parallel with the RGC structure, failing to build capacity in local government to gradually take over safety net management, therefore generating a vicious cycle of low local capacity and sustained parallel implementation of programmes.
- Limited coordination among social protection interventions has resulted in uneven coverage, duplication of efforts and lack of sustainability and overall impact.
- Geographic coverage of existing programmes, even the largest ones, is far from universal. Moreover, programmes do not necessarily prioritise poor areas.
- Targeting has not yet been mainstreamed into safety net implementation and many safety net programmes still rely on *ad hoc* targeting procedures whose accuracy has not been investigated, adding to transaction costs and inefficiencies.
- Few programmes or institutions are actually collecting critical monitoring information beyond inputs, outputs and the mere list of beneficiaries, which makes it difficult to assess the effectiveness of ongoing programmes and improve them on an ongoing basis. Even fewer are using monitoring data to improve their procedures on a continuous basis. Moreover, there are few rigorous and thorough evaluations of existing safety net interventions, making it difficult to assess how well they perform by international standards and where there are areas for improvement.
- Feedback and complaint resolution systems – a central pillar for guaranteeing good governance, transparency and effectiveness of safety net interventions – tend to remain

underdeveloped. Very few programmes have evaluated the effectiveness of their feedback systems.

- As an underlying challenge, the budget for safety net implementation remains low, with the majority of funding provided by Development Partners and earmarked for interventions that are often implemented in parallel with the RGC system.

Chapter 5

NATIONAL SOCIAL PROTECTION STRATEGY FOR THE POOR AND VULNERABLE

The NSPS complements other strategies and sector plans adopted by the RGC that pertain directly or indirectly to social protection. It is aligned with and makes operational the priority actions laid out in the Rectangular Strategy and the NSDP Update 2009-2013.

5.1 Vision

The RGC's long-term vision for social protection is to ensure a basic guarantee of social protection for the entire population through a package of benefits and complementary services. The vision of the NSPS comprises **targeted transfers to the poor** as well as **contributory social protection schemes**. It aims to achieve a high level of human development as well as equal choices and opportunities for all Cambodians. This long-term vision is in line with the concept of the social protection floor.

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.

5.2 Goal

An effective social protection strategy for the poor and vulnerable aims to relieve chronic poverty and food insecurity, assisting the poor to cope with shocks and building human capital for the future to help break the cycle of poverty. The strategic goals of the NSPS thus have three elements:

- Protecting the poorest and most disadvantaged who cannot help themselves
- Preventing the impact of risks that could lead to negative coping strategies and further impoverishment
- Promoting the poor to move out of poverty by building human capital and expanding opportunities.

Goal of Social Protection for 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.

5.3 Common strategic steps for achieving the goal

NSPS had been developed during the strike of global economic crises (food, fuel and financial crisis) which encumber more burdens on the chronic poverty of poor and vulnerable people in Cambodia. Within the framework toward 2015, NSPS will bridge the current existing programmes with the establishment of systematic and integrated objectives into the delivery for the poor and vulnerable people with a more protection from poverty and promotion of investment on human capital. To reach this linkage, several strategic steps are developed within NSPS.

The achievement of these objectives requires a **mix of programmes that cover both chronic and transient poverty as well as hunger and also help promote human capital**. Addressing major (uncovered) sources of vulnerability will take priority, while simultaneously building the milestones of an effective safety net system that can be further developed.

Matching main sources of vulnerability and existing programmes requires **scaling-up and harmonising existing interventions.** HEFs, school feeding, scholarships and public works are already addressing major vulnerabilities faced by the poor and are proving effective. However, as we have seen, some of these programmes, such as public works, tend to be implemented by multiple development partners on an *ad hoc* basis without much coordination, and their medium-term sustainability is often questionable. In scaling up these interventions, it will be of the utmost importance to harmonise processes and ensure regular financing, so as to guarantee medium-term sustainability. In addition, coverage of existing programmes will be reassessed and better aligned with poverty and vulnerability levels of provinces and districts.

The current **mechanism, IDPoor, for identifying the poor households will be evaluated** for further improvement if justified. This evaluation is developed to determine the effectiveness of the current IDPoor and the complementarities with **Commune Database** and to better identify the poor and vulnerable groups in various particular categories where the current mechanism cannot cover.

The on-going intervention in limited coverage will be scaled-up and the implementations will be considered for improvement of efficiency and effectiveness. The new interventions for Cambodia will be piloted, evaluated, and scaled-up based on the effectiveness and sustainability.

Existing social protection gaps for the poor and vulnerable will be addressed by new programmes that intend to help both relieve chronic poverty and promote human capital, such as cash transfers focusing on improvement of child and maternal nutrition, health and education outcomes and reducing child labour, as well as second-chance programmes that promote skills development for out-of-school youth and provide support to child labourers to re-enter the school system.

5.4 Objectives

The NSPS identifies five objectives, as well as key interventions to achieve them, based on the vulnerability and gap analysis and the consultation process in 2009 and 2010. Some of these interventions are ongoing but their coverage needs to be expanded or their implementation streamlined to increase impact. Other interventions, new to Cambodia, will be piloted, evaluated and expanded based on effectiveness and sustainability. Table 5 summarises the objectives and medium-term programme options. Indicators to track the progress against the objectives are summarised in the Results Matrix (Table 8).

Table 5. Objectives of the NSPS[15]

Priority area and related CMDG	Objective	Medium-term options for programmatic instruments
Addressing the basic needs of the poor and vulnerable in situations of emergency and crisis (CMDG 1, 9) 	*1. The poor and vulnerable receive support including food, sanitation, water and shelter etc, to meet their basic needs in times of emergency and crisis*	• Targeted food distribution, • Distribution of farm inputs Other emergency support operations
Reducing the poverty and vulnerability of children and mothers and enhancing their human development *(CMDG 1, 2, 3, 4, 5)* 	*2. Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms*	• Cash, vouchers, food or other in-kind transfers for children and women towards one integrated programme (e.g. cash transfers focusing on maternal and child nutrition, cash transfers promoting education and reducing child labour, transfer of fortified foods to pregnant women, lactating mothers and children • School feeding, take-home rations • Outreach services and second-chance programmes for out-of-school youth and supporting social welfare services
Addressing seasonal un- and underemployment and providing livelihood opportunities for the poor and vulnerable *(CMDG 1)*	*3. The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets*	• National labour-intensive PWPs • Food for work and cash for work schemes

[15] The 9 Cambodian Millennium Development Goals include Eradicate Extreme Poverty and Hunger, Achieve Universal Primary Education, Promote Gender Equality and Empower Women, Reduce Child Mortality, Improve Maternal Health, Combat HIV/AIDS, Malaria and Other Disease Ensure Environmental Sustainability, Forge a Global Partnership for Development, and De-Mining, ERW and Victim Assistance

Priority area and related CMDG	Objective	Medium-term options for programmatic instruments
		
Promoting affordable health care for the poor and vulnerable *(CMDG 4, 5, 6)* 	*4. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness*	• Expansion of HEFs (for the poor) and CBHI (for the near poor) as envisioned in the Master Plan on Social Health Protection (pending Council of Ministers approval)
Improving social protection for special vulnerable groups *(CMDG 1, 6, 9)* 	*5. Special vulnerable groups, including orphans, the elderly, single women with children, people living with HIV, patients of TB and other chronic illness, etc receive income, in-kind and psycho-social support and adequate social care*	• Social welfare services for special vulnerable groups • Social transfer and social pensions for the elderly and people with chronic illness and/or disabilities

Below are the medium-term specific results to achieve each of the five objectives, indicating priority actions, instruments and programmes. Chapter 6 of this document will detail priority actions for the near future (2011-2013), indicating scope and coverage of interventions, resource requirements and funding gaps.

5.4.1 Objective 1

Objective 1

The poor and vulnerable receive support to meet their basic needs, including food, sanitation, water and shelter, etc in times of emergency and crisis.

As identified in the **Strategic Framework for Food Security and Nutrition 2008-2012**, social transfers play an important role in enabling food-insecure households to access food or the means to buy food. This **Social Transfer** applies both to chronically food-insecure groups and to those affected by natural disasters and other types of emergencies and shocks. Programmes addressing chronic or seasonal food insecurity are easily scale-able in times of emergency and crisis, in particular in the post-relief period. Responding to situations of emergency and crisis with a minimum package of benefits and services tailored to the immediate needs of the affected population is essential.

Cambodian Red Cross play an essential role in relief operation during emergency situation. The **NCDM** has the authority to help plan, prepare and respond to situations of emergency and crisis, and also to design programmes to help ensure the wellbeing of affected populations. Emergency preparedness and response are essential elements of its mandate. The Cambodian Red Cross (CRC) is the key organisation delivering assistance in situations of emergency.

In the context of the NSPS, the main instruments in emergency preparedness and response are free distribution of food, shelter, clothing, medical supplies and other essential indispensable services and items within the initial period of the onset of the disaster. These are meant to provide immediate relief and alleviate the suffering of affected populations, and are never conditioned on provision of labour, as the aim is to address the basic needs of people who have no access to alternative means of survival and subsistence.

Following the immediate relief response is a period of recovery and rehabilitation. Cash for work and food for work are social protection instruments frequently utilised in disaster management. This is because there is a need for physical rehabilitation after disasters, and cash for work or food for work programmes are often already in existence and easily expanded during an emergency, depending on local conditions and contexts. These programmes can thus serve the triple purpose of local reconstruction and provision of food and income to assist people to rebuild their livelihoods. However, their scope is limited in terms of choice of programme, target group (the able-bodied working-age population) and also type of assistance. Therefore, they need always to be complemented by interventions that target the situation of other vulnerable groups.

In order to ensure comprehensive social protection in times of crisis, the NSPS prioritises the following actions:

- Improving coordinated emergency response mechanisms and ensuring that all vulnerable groups receive adequate emergency assistance to meet basic needs;
- Ensuring timely provision of relief in the form of a comprehensive package of assistance, including food, water and sanitation, medical supplies, clothing, shelter, etc;
- Building the capacity of sub-national disaster management committees in timely and appropriate response to emergencies to reduce the scale of impact;
- Increasing coverage and effectiveness of existing programmes that reduce food insecurity in times of emergency or crisis through adequate pre-placement and distribution of food stocks, etc;
- Scaling up existing programmes such as cash for work and food for work, especially during post-relief efforts, where context allows;
- Ensuring that emergency and crisis response measures are child friendly and do not encourage child labour.

This objective complements all the other objectives (in particular Objectives 2 and 5). Moreover, many of the programmes and schemes proposed under the other objectives are closely aligned with the type of social protection instruments required for emergency response and are expandable in times of disaster or crisis.

5.4.2 Objective 2

Objective 2

Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms.

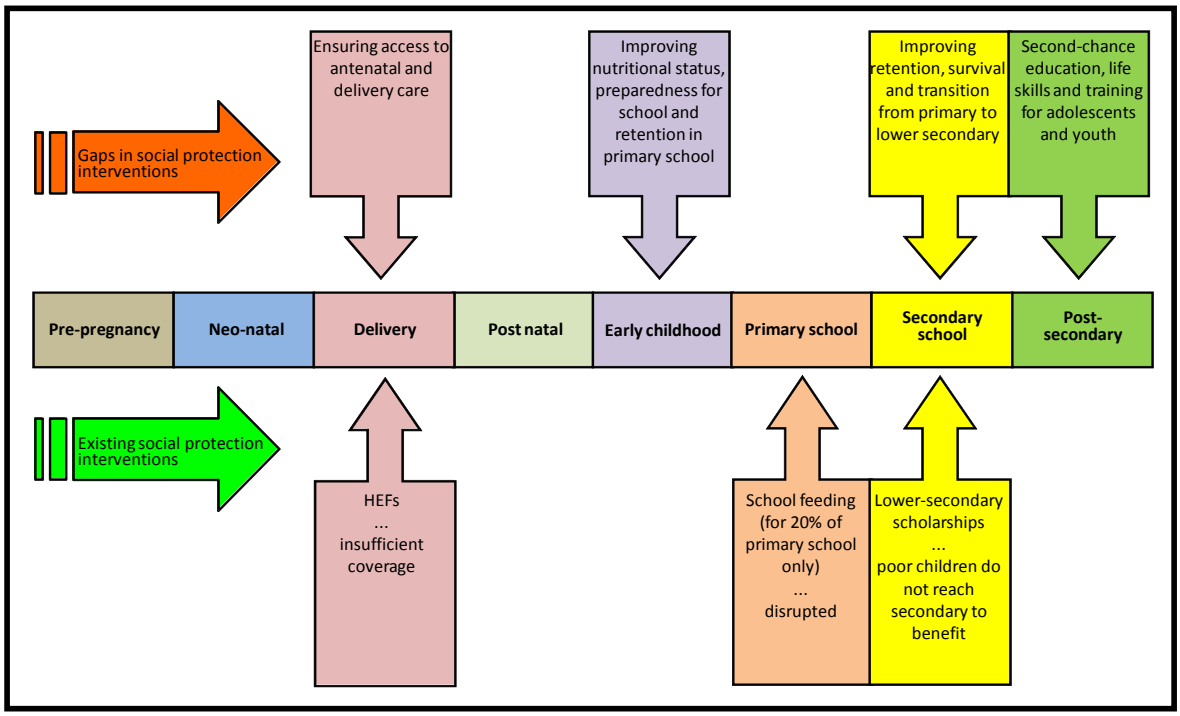
A life-cycle approach to poverty reduction recognises that discrete points in time (such as pregnancy, childbirth, early childhood, adolescence) are characterised by higher exposure to risk. These are the periods in life when the foundations for physical, emotional and cognitive development of the child are laid. The major gaps centre around:

- Access to and utilisation of antenatal, delivery and postnatal care, to enable positive health outcomes for the mother and child;
- Access to ECD, in particular child nutrition, to enable enrolment and retention in primary school;
- Improving retention, survival and transition from primary to secondary education;
- Preventing and removing children from child labour, especially its worst forms.

The groups concerned include:

- Pregnant women/mothers with newborns;
- Young children (in particular those under two years old);
- Primary school children (in particular in Grades 4, 5 and 6);
- Youth (aged 15-24);
- Orphans and children living with or made vulnerable by HIV.

Figure 7: Bridging social protection for children: A life-cycle approach



The economic benefits resulting from investments in the social protection of women and children are numerous: a series of studies on the rate of return on investment in ECD revealed that returns range from US$2 to US$17 per dollar invested. In another analysis, just one year of preschool was found to potentially increase a child's earning capacity as an adult by 7% to 12%. On the other hand, significant economic costs can result from lack of investment in social protection for these poor and vulnerable women and children. Studies on children under five not developing to their full potential estimate that the economic cost to society represents an average income loss of over 20% per year, and global cost benefit analyses have found large economic benefits over the actual financial costs of eliminating child labour[16].

Providing guaranteed social protection through income support and complementary social welfare services is an effective path towards reducing maternal and child poverty and vulnerability in a comprehensive and sustainable manner. Food security and nutrition for pregnant women, mothers with small children and children under five are an RGC priority area. Existing interventions in this area include school feeding programmes (both on-site feeding at schools and monthly take-home rations); subsidised food; supplementary foods to children under two and pregnant and lactating mothers; and nutritional training and facilitated access to (including covering the cost of access) nutrition programmes. The NSPS identifies the following priority actions based on a life-cycle approach to poverty reduction, in particular tackling the issue of food insecurity and nutrition:

- Introduce a **package of benefits** for children and women to address their vulnerabilities;

[16] See Granthem-McGregor et al, 2007, Heckman et al, 2000-2006, World Bank, 2002.

- Address the needs of poor and vulnerable children and women of child-bearing age through a cash or voucher transfer programme;
- Expand secondary school scholarship programmes and include transition scholarships for children in the last year of primary and the first year of secondary, to reduce dropouts;
- Introduce primary school scholarships and take existing pilots to scale;
- Scale up existing programmes such as school feeding and mother and child health and nutrition programmes;
- Establish cross-referral and linkages between provision of child benefits and social service provision, including HEFs, education (ECD, scholarships, school feeding) and social welfare services;
- Expand ECD programmes;
- Combat child labour, through scholarships, outreach services and second-chance programmes for out-of-school youth and support to social welfare services;
- Increase effectiveness of existing programmes that reduce food insecurity through improved monitoring and evaluation (M&E) systems and improved coordination among partners;
- Ensure sustainable financing and national ownership of social safety nets addressing food insecurity;
- Support the further development of a harmonised system to identify food-insecure areas and households, including information on food availability and food market instability.

5.4.3 Objective 3

Objective 3

The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets.

PWPs, by their nature, emphasise use of labour. They use local unskilled labour to create local infrastructure, albeit with variations in the level of technical input and in consequence the non-wage costs. Some programmes are **heavily labour intensive**. These focus on providing sources of livelihoods after natural disasters and providing food or cash in times of particular hardship. The NSPS envisions the expansion and development of current cash for work and food for work programmes. These will need additional resources in order to ensure sustainability of the physical and social assets created. In addition, **labour-based programmes**, which involve higher non-wage costs and consequent low levels of labour intensity, will be implemented on a longer-term basis, thus providing a safety net for the rural poor. Under the priority area of reducing underemployment, particularly in rural areas, PWPs will provide jobs for the poor and vulnerable, with a focus on:

- **Diversifying the basic principle of PWPs:** The programme will encompass a range of infrastructure amenable to the creation of employment, from physical to social infrastructure, depending on local priorities. Cash for work and food for work will be applied to village and sub-district infrastructure, such as village roads, communal ponds and water conservation. PWPs will cover:
  - Specific aspects of existing programmes where employment-intensive methods could be effectively introduced, such as tertiary road maintenance and small-scale irrigation;
  - Entirely new programmes, such as establishment/rehabilitation of village infrastructure and climate change mitigation and adaptation work;
  - Expansion of existing programmes, such as cash for work or food for work;
  - Construction/rehabilitation of social infrastructure (health and education facilities) and their physical accessibility;
  - PWPs for community forestry management, with vital functions for the landless and land-poor, who depend on a variety of options for their survival and wellbeing.
  - Creating of job opportunities in term of social service as an integral part of PWP (Community care for special vulnerable groups, Community sanitation)
- **Expanding existing programmes to have nationwide coverage**. The intensity of the programme in any given area will depend on both the need for infrastructure and levels of poverty and vulnerability. A more detailed analysis is required of the monthly variation of household income and consumption, in order to review the timing of labour inputs and the appropriate wage levels.
- **Improving funding for maintenance of public infrastructure.** Infrastructure maintenance in Cambodia suffers from a chronic lack of funding. This is particularly evident in the roads sector, where the lower levels of the network receive little or no effective maintenance. The economic and social benefits of the infrastructure facilities are soon lost as a result of lack of maintenance.

Special attention will be paid to ensuring equity in the creation of employment, especially equitable treatment of women, equal access to employment opportunities and recruitment, equally paid for equal work, and encouraging women in supervising the worksites. Moreover, PWPs will set targets and build in mechanisms for the inclusion of special groups, for example single mothers, young people and other groups.

A special area of concern will be to ensure that PWPs are free from child labour and that provisions are in place that cater to the needs of working parents and their children (e.g. food, water, crèches, etc, on site), in order to prevent children from engaging in work or helping their parents. Either as temporary or longer-term employment options, PWPs may help discourage households from relying on children's income for family expenses and instead encourage them to send children to school.

The overall size of the programme will be conditioned by the absorptive capacity of the implementing agencies at all levels, the scale of the infrastructure works that are amenable to the employment-intensive approach and the funding available.

Ensuring that the skills of the new entrants match with the requirements of the new jobs is a challenge that will require more efforts focused on expanding technical and vocational education. To achieve the generation of more employment and to improve agriculture sector productivity and diversification will depend on the availability of skilled labour and rural credits that can be developed through technical education and vocational training and micro-finance development.

Royal Government of Cambodia will continue to strengthen the partnership with private sector and national and international communities to promote and improve the quality of education service. In order to reduce the gap between demand and supply for jobs, the government will continue to implement a vocational training policy linked with the labour market in close cooperation with relevant parties through the following measures:

- Provide public service for job seeking for vulnerable groups
- Support the scholarship to out-of-school youth through the TVET programmes for vocational and technical skill development
- Provide basic skills training to people in rural areas to increase income
- Provide training or skill improvement to factory workers in cooperation with employers
- Continue to expand technical and vocational training to provinces/municipalities, including entrepreneurship training programme
- Establish National Agency for Profession and Employment, and Employment Centres in provinces/municipalities as a mechanism for the dissemination of labour market information.

5.4.4 Objective 4

Objective 4

The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness.

A number of alternative approaches to health financing for the poor have emerged since 2000. The most successful are included in the **Master Plan on Social Health Protection**, which provides the basics for a comprehensive system of social health protection. The Master Plan aims to ensure universal and equitable coverage against health shocks caused by social distress and economic loss, to protect the poor and to compensate for the shortcomings of the exemption system. It envisages achieving effective and equitable access to affordable quality health care for all Cambodians by 2015.

The national social health protection system is a combination of financing mechanisms that aim for universal and equitable access, financial protection in case of sickness and efficient and effective delivery of health services. It aims to develop a sustainable system for social health protection that will ensure social health protection coverage for all, with priority for the poor; a basic package of health care benefits at an affordable price; and accessible client-oriented quality health care services. The range of existing social health protection schemes covers:

- User fee exemptions – fee waivers in the social safety nets literature;
- HEFs, applied in an environment where user fees are charged;
- CBHI – private, non-profit, voluntary prepayment schemes that target the people who can afford to pay the CBHI insurance premium; and
- Social health insurance schemes in the private and public formal sectors – compulsory in nature, with premiums shared between employer and employee.

HEFs, which channel funding for the poor and purchase health services from public facilities, were expanded from successful pilots to become the main pro-poor service delivery mechanism of MoH. They help households avoid catastrophic health expenditures. They are a poverty reduction strategy and support achievement of the Cambodian Millennium Development Goals (CMDGs). In 2009, HEF schemes operated in 52 ODs in Cambodia, covering an estimated 73% of their target population[17]. MoH aims to reach nationwide coverage by 2012. Despite the great success of HEFs, a number of policy and implementation challenges need to be addressed in order to allow for nationwide expansion, including reducing the great variation in the types of schemes implemented, reducing variation in operating modalities and ensuring equity in coverage.

In order to achieve more comprehensive and equitable coverage for the poor through social health protection, the NSPS identifies the following priority actions:

- Expanding successful HEFs;
- Streamlining HEF schemes to avoid variation that results in inequitable access to essential health care;
- Streamlining benefits package financing across HEF schemes, including coverage for transportation, food and other costs;
- Harmonising the targeting approach across schemes and establishing linkages with other beneficiary databases.

[17] RGC Health Financing Report, 2009.

5.4.5 Objective 5

Objective 5

Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, people living with HIV, patients of TB and other chronic illness, etc receive income, in-kind and psycho-social support and adequate social care.

Addressing the rights of special vulnerable groups[18] requires building a preventative and responsive social welfare system that both prevents vulnerabilities and risks and protects people from them, based on the rule of law, good governance and effective enforcement or relevant legislation. Effective access to social services – health, education, water and sanitation and complementary social welfare services, is critical for them to be able to achieve an adequate level of wellbeing.

While many of these categories suffer from chronic situations (poverty, illness, disability, etc), risk exposure increases as a result of shocks, natural disasters, climate change, etc. Given that many of these groups suffer from multiple overlapping vulnerabilities, cross-referral through linkages with service providers and a localised case management approach to their care needs to be pursued. This approach will ensure a shift from a situation-based approach to a more comprehensive cross-sectoral approach, whereby attention is given to how multiple vulnerabilities affect the same person simultaneously. This allows selection of the best approach for service response.

MoSVY is the key line ministry engaged in reducing the vulnerabilities facing the poor and vulnerable, assisting the most disadvantaged people and providing psycho-social and material support. MoSVY makes a significant contribution towards strengthening Cambodia's social protection system, closely linking with the justice system. Effective and equitable access to and provision of quality social welfare services require strengthening institutional capacity, partnerships and financing mechanisms. Improved human capacities through a gender-balanced cadre of social workers are at the core of social welfare provision.

In order to arrive at more comprehensive and equitable coverage of social welfare for these special categories, the NSPS identifies the following priority actions in the area of social welfare services:

- Strengthen local government capacity to plan and budget for social protection measures, including social welfare;
- Strengthen access to and quality of social welfare services for poor and vulnerable households, including services that support families and help keep the family together;

[18] As defined in Chapter 3.2.

- Strengthen mechanisms that help local governments identify vulnerable households and provide or refer them to appropriate services;
- Build the overall social welfare system, including capacities, structures, mechanisms and services, to provide adequate care, supported by social change efforts that address harmful attitudes and practices;
- Strengthen provision of a comprehensive package of care for vulnerable women and children (including poor female-headed households, orphans, street children, children with disabilities, women and children living with HIV, etc);
- Improve the quality of youth rehabilitation services and facilities;
- Improve welfare and rehabilitation services and facilities for people with disabilities;
- Strengthen and expand social welfare services for the elderly and veterans;
- Strengthen alternative child care and enforcement of minimum standards of centre-based child care;
- Strengthen cross-referral of services and comprehensive mapping of vulnerabilities; and
- Enforce legislation mandating and regulating social welfare support.

The NSPS identifies the following priority actions in the area of social transfers (in cash or in kind):

- Social pensions for poor and vulnerable elderly people;
- Social transfers for poor and vulnerable people with disabilities;
- Social transfers for vulnerable families, especially those caring for orphans; families affected by violence, substance abuse or chronic illness; female-headed households; and families with HIV and/or TB. These need to be designed to support the family's ability to continue to care for their children.

Chapter 6

COORDINATION ON NSPS IMPLEMENTATION, MONITORING AND EVALUATION

Council for Agricultural and Rural Development is mandated as a focal point for the coordination on activities related to agricultural and rural development. In 2009, this mandate had been expanded to coordinate the development, implementation, and on the monitoring and evaluation of NSPS to enhance its effectiveness and efficiency. As stated in NSDP Update 2009-2013, CARD has been tasked to ensure that effective inter-ministerial coordination mechanisms are in place involving RGC ministries and agencies that are responsible for delivering social safety net programmes to the vulnerable and the poor.

Social protection is a cross-cutting issue that require the coordination and collaboration effectively from line-ministries and stakeholders involved as well as the active dialogue from Development Partners and civil societies. Most of the programmes in the NSPS are by nature inter-sectoral and require coordination across ministries, to avoid thematic and geographical overlaps, to harmonise implementation procedures and to coordinate the effective and efficient use of available funds from the national budget and development partners.

6.1 Coordination on NSPS Implementation

Implementation of social protection activities is the responsibility of line ministries and decentralised government institutions. The NSPS adds value by providing a framework to support ministries and sub-national institutions in delivering social protection interventions that are sustainable, effective and efficient. To achieve this, the NSPS sets out the institutional arrangements for social protection coordination, including policy oversight, M&E, knowledge and information management and capacity building.

Coordination is the regular review and promotion of harmonised efforts across programmes and interventions. Through this support to implementing ministries, the RGC aims to:

- Avoid geographical overlaps or gaps in the provision of social protection;
- Avoid over-targeting or gaps in coverage of beneficiaries;
- Harmonise implementation procedures;
- Strengthen the capacity of ministries and agencies to implement social protection interventions;
- Support the decentralised structures of government (provincial, district, commune councils) to engage on social protection;
- Strengthen vulnerability assessment and monitoring;

- Strengthen M&E of social protection interventions;
- Strengthen information and knowledge management for social protection;
- Strengthen the participation of beneficiaries (in design, review, feedback mechanisms); and
- Coordinate the use of available funds.

Action 1

Establish an appropriate structure and mechanisms to coordinate the development and implementation of the NSPS, ensuring policy oversight, partnership and dialogue, M&E and information and knowledge management.

Roles and functions, composition and modalities of operations will be further detailed in discussions with stakeholders. CARD will also establish a secretariat to facilitate this work.

Establishing an effective institutional framework for coordination will be a priority task to be carried out over the first year of NSPS implementation.

6.1.1 Policy Oversight and Cohesion

Implementation of the specific social protection programmes will be the responsibility of involved ministries and decentralised government institutions based on a set of commonly shared guiding principles. The RGC will establish appropriate coordination mechanisms and structures, comprising key line ministries and government agencies, to ensure effective coordination and monitoring of the NSPS.

The coordination of social protection development in Cambodia needs also to be effectively linked to the official government–development partner dialogue through technical working groups (TWGs). Moreover, for successful implementation, the involvement of decentralised structures of government (provincial, district, commune councils) is essential. The RGC will ensure effective coordination of social protection activities among implementing departments of ministries and civil society organisations at provincial and district level. The commune council (including the Consultative Committee for Women and Children (CCWC)) will oversee targeting and implementation of social protection activities at local level.

6.1.2 Monitoring and Evaluation

Close **results-based M&E** of individual programmes and of the strategy as a whole is a crucial requirement for effective dialogue on social protection in Cambodia and the further development of the NSPS. The NSPS must be able to adjust to the changing environment and sources of vulnerability, and needs systematically to take into account lessons learnt during implementation.

Monitoring of specific interventions and programmes will be implemented by respective implementing agencies (ministries). However, CARD, as the coordinating agency of the NSPS, in

close cooperation with other key agencies, will be entrusted to coordinate/oversee and provide technical advice for M&E activities on social protection and to organise an independent mid-term review of the NSPS (in 2013) to support a more informed dialogue on overall coordination and further development of the strategy (updated NSPS in 2015). For this, the RGC will build up additional capacities on results-based monitoring of social protection within CARD.

Action 2

Establish an M&E framework for the NSPS in order to ensure effective, cost-efficient and transparent implementation and provide evidence-based feedback for the further development of programmes and interventions of the NSPS.

The framework will be **based on a set of output and process indicators relating to the implementation and coordination of the strategy** and will span a wide range of components:

- An updated inventory of existing programmes with basic information, such as geographical coverage, types and number of beneficiaries and budget, to help understand gaps and overlaps;
- A national results-based monitoring system for new social safety net programmes;
- An integrated vulnerability assessment and monitoring system, building on existing systems (e.g. the WFP food and nutrition monitoring system, IDPoor database). The system will provide real-time data and analysis, flagging newly emerging or dramatically worsening vulnerabilities, and tailored responses. It will help save financial resources, through prompt responses;
- Evaluations of specific social protection programmes ranging from simple qualitative studies to enable an understanding of beneficiaries' satisfaction and implementation challenges, to more rigorous quantitative impact evaluations to assess the efficiency and effectiveness of programmes on a range of development outcomes;
- A mid-term review of achievements and impact of the overall strategy to ensure support and evidence-based dialogue on further strategy development, coordination and harmonisation;
- Participatory monitoring of programme implementation to minimise errors of inclusion and exclusion as well as consultation with beneficiaries on design and results from implementation of programmes (e.g. though citizen report cards, etc);
- Financial process monitoring to manage fiduciary risks and maximise cost effectiveness of interventions.

Data sources for M&E of the NSPS will include official statistics (Census, CDHS, CSES), administrative statistics from sector ministries, programme monitoring systems and specific surveys and assessments.

Action 3

Develop an annual progress report on the NSPS through a technical consultation process.

CARD will compile an annual progress report on the NSPS based on indicators in the monitoring framework and information from implementing agencies. Monitoring results will be presented to policymakers, implementers and development partners on a regular basis (in the framework of the Government–Donor Coordination Committee (GDCC) and CDCF process) to influence programme planning, design of future interventions and overall resource management.

6.1.3 Social Protection Knowledge and Information Management

Information and knowledge management is central to coordination, but information on existing social safety nets in Cambodia is still separate and patchy. Better knowledge and information management will improve linkages and information flows between all stakeholders. This involves the collection and management of information and the generation and dissemination of knowledge products and services. Access to information on innovations and lessons learnt, and capacity to create and transfer knowledge, are important to promote the success of social protection programmes. This includes piloting programmes and interventions and learning from these pilots in order to develop relevant guiding principles for national programmes.

Action 4

Strengthen social protection information and knowledge management to ensure the up-to-date, collection, generation and dissemination of information among stakeholders.

Information campaigns will create awareness about social protection programmes. The outcome of the NSPS and its programmes will be shared through national and regional fora and thematic workshops. Social protection discussions in districts and communes will ensure a feedback mechanism to the provincial and national policy level. CARD will develop and update a web-based information and knowledge platform on social protection to bring forward new ideas and foster inter-ministerial and development partner dialogue on social protection. While the website will be useful for many individuals and institutions, it will be difficult for sub-national stakeholders or even some national institutions to access. To complement web-based technology, newsletters and magazines at regular intervals are an option.

6.1.4 Capacity Building in Social Protection

Successful implementation of social protection programmes requires strengthened national and sub-national institutional capacities, including resources and technical knowledge to further develop, roll out, coordinate and monitor a cross-sectoral NSPS.

Analytical capacity on poverty and vulnerability and the design and adjustment of social safety net interventions in a changing socioeconomic environment will be increasingly developed for government staff in CARD and relevant line ministries during the initial implementation phase of the NSPS. Capacity will also be developed at sub-national levels, where appropriate linkages will be made with existing capacity-building components in the context of the National Programme on Sub-National Democratic Development (NP-SNDD).

Action 5

Develop capacity to ensure understanding and build skills for effective implementation of the NSPS at national and decentralised levels.

A **capacity-building needs assessment** complementing existing assessments will determine specific needs at national, sub-national and local levels. A human resource development plan and specific training curricula will be developed in 2011, based on the outcome of this exercise.

A pool of trainers from various sector ministries and agencies will be established to ensure capacity building on social protection at national and decentralised levels during 2012 and 2013. In a **cascade system**, focal points at provincial and district levels will be trained to support commune councils to be effectively involved in the implementation of social protection programmes. Lessons will be drawn from the experience of IDPoor, which has successfully built capacity by means of a cascade training system.

6.2 Beneficiary Selection/Targeting

Appropriate **targeting mechanisms** are crucial to the effective and cost-efficient implementation of the NSPS. A range of approaches to selecting beneficiaries for social protection interventions will be adopted, drawing on self-targeting, geographic targeting and household targeting.

Self-targeting is one of the most cost-effective targeting mechanisms, whereby programmes are designed so that only eligible households want to participate. Self-targeting will be applied as much as possible in PWPs, by fixing remuneration at the prevailing market wage rate for unskilled rural labour. If wages are set too high, programmes run the risk of attracting the non-poor. In case demand for public works exceeds employment possibilities, self-targeting can be combined with geographic or household targeting through the IDPoor system. Special attention will be given to identifying the adequate type of work and the form of payment, to avoid unintentional discrimination against women and others who have lesser working ability and who often cannot complete task-based work without the help of their family members (including children). Special measures will be taken to ensure that public works sites are child friendly (including provision of water and food, crèche places, etc) and free from child labour.

Geographic targeting gives priority to the poorest or most vulnerable regions (e.g. provinces, districts and communes and even villages). IDPoor data which can be used for establishing maps showing the actual incidence of poverty at any disaggregated level, as well as existing poverty and vulnerability map, will be used and further updated. Using a combination of the 2008 Census and CSES data, maps that estimate the incidence of poverty and specific vulnerabilities at a more disaggregated level (e.g. commune) can be established and used.

Household targeting will primarily use Lists of Poor Households and their members, as established by IDPoor. These data can be used for a wide range of social transfers and fee exemptions. From 2007 through 2009, IDPoor was implemented in a total of more than 7,100 villages in 17 provinces, and its expansion to all rural villages is planned in 2010 to 2011. The methodology, based on standardised criteria and procedures developed by MoP in discussion with stakeholders, has proven to be effective, with low inclusion and exclusion rates. It is largely accepted by communities and has become increasingly adopted in targeting safety net interventions. A sub-decree requiring the use of IDPoor data as the primary source of data by most programmes targeting the poor has been drafted and is awaiting adoption by the Council of Ministers. However, the long-term financial sustainability of IDPoor has still not been achieved, and an appropriate financing mechanism must be defined during the implementation of the NSPS.

The following priority actions are foreseen within the NSPS to ensure optimal household targeting:

- Expand the coverage of IDPoor to all rural villages by the end of 2011;
- Develop procedures and criteria for a harmonised system to identify the urban poor;
- Evaluate the accuracy and level of community acceptance of IDPoor and continually refine its implementation procedures;
- Ensure a long-term financing mechanism for IDPoor (allowing a regular two-yearly update of the IDPoor Lists of Poor Households).

For certain interventions, household targeting based on IDPoor will be combined with **categorical targeting** (e.g. selecting households based on particular characteristics, such as having small or school-aged children, being female headed, having a disabled member, etc) and may be complemented by post-identification mechanisms to crosscheck and fine-tune household targeting. Complementary identification and targeting methodologies can and should be used until comprehensive coverage of IDPoor is ensured over the long term, and in cases where more detailed targeting criteria are required. An example of a potential complementary tool is the Social Service Mapping (SSM) approach piloted by the United Nations Children's Fund (UNICEF), which includes indicators that are tailored to identify overlapping vulnerabilities affecting children or families with children – a large group of social protection beneficiaries. Over the longer term, the indicators and methods could be mainstreamed into IDPoor to ensure consistency and comprehensiveness of approach. A summary of the different targeting mechanisms used within the NSPS is given in Table 6.

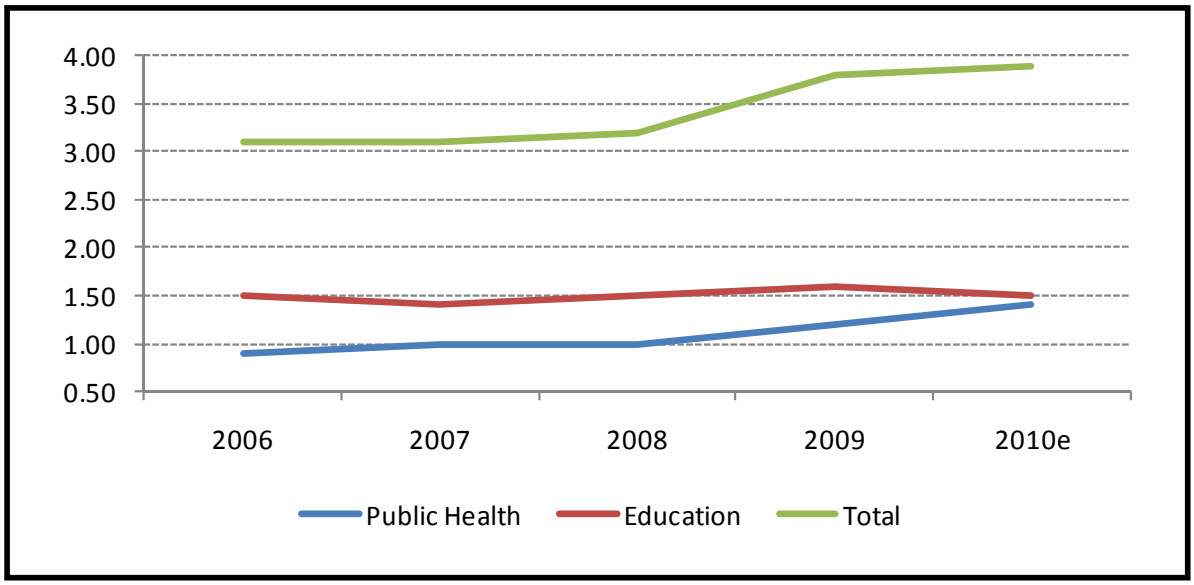
Table 6. Examples of combinations of targeting mechanism for NSPS

Targeting mechanisms	Beneficiaries	Intervention
Self-targeting (+ Area targeting) (+ Household targeting – IDPoor)	(Seasonal) Unemployed	Public works
Household targeting – IDPoor (+ Area targeting) (+ Post identification)	Children under 5 in poor families School children in poor families	Conditional cash transfer (nutrition) Conditional cash transfer (education/child labour)
Categorical targeting (+ Household targeting – IDPoor)	Specific vulnerable groups	
Household targeting (IDPoor)	Poor families	HEF

5.6 Resource Requirements

The total RGC budget for social sector ministries[19] increased by 0.8 percentage points between 2006 and 2010 to 3.9% of gross domestic product (GDP). MoH and MoEYS budgets together have consistently accounted for more than 70 percent of total social sector spending, with MoH budget increasing one half of a percentage point over this period

Figure 9. Trends in overall social spending (% of GDP)



Source: MEF

The new budget structure, in use since 2007, has two chapters (64 and 65), in which there are items labelled as social interventions[20]. Government expenditure on these items amounted to a

[19] MoEYS, MoH, MoSVY, MoLVT, MoWA, Ministry of Information, Ministry of Culture and Fine Arts, Ministry of Environment and Ministry of Worship and Religion

[20] The detailed budget allocation for these two chapters across all government agencies is presented in the separate inventory in the Appendix. Chapter 64.5 is called Allowances and Social Transfers and includes: 1. Family 2. Health and birth giving 3. Death 4. Retirement 5. Demission 6. Work Accidents and Invalidity 7. Orphans of Personnel 8. Other 9. Return Attenuation. Chapter 65.7 refers to Social Assistance, which includes 1. Assistance for hospitalisation 2. Medicaments 3. Food and Supplies 4. Natural Disaster 5. Research Stipends 6.

total of US$181 million across all government agencies in 2008, showing a 55% increase since 2007. Nevertheless, given the level of aggregation in the budget, it is not possible to determine how much of this goes to social protection activities and how much to other types of social intervention. Most of the explicit social protection spending currently targets public employees and formal sector workers.

A costing exercise for the medium- and long-term implementation of the NSPS will be developed as a priority activity during the first year of implementation (including a detailed costing of existing and planned interventions and a fiscal space analysis). Financing arrangements, including joint pool arrangements for certain tasks, will be discussed with development partners to embark on a programme-based approach for social protection in Cambodia and to align and harmonise donor support for the NSPS.

To finance capacity building and planning, monitoring and information and knowledge management activities for the coordination of NSPS implementation, the RGC proposes a pooled fund arrangement to harmonise and align technical assistance support from development partners.

6.4 Priority Options for the Near Future

Limited fiscal space and implementation capacities call for prioritisation of options for social protection development in the short term. Table 7 contains priority programmes and actions for the next two to three years and provides a preliminary cost estimate. More details for specific programmes are outlined in discussion notes of the NSPS.

The priority actions include new programmes (like a national cash transfer or PWP), ongoing programmes that need to be expanded (like HEFs), further programme identification and actions to build up capacities for coordination and M&E of the NSPS at national and decentralised level[21].

Ongoing and new social protection programmes will increasingly be harmonised and integrated during the implementation of the NSPS with larger-scale national programmes, following the same guiding principles[22] and procedures and allowing the tackling of existing vulnerabilities. The long-term vision is to bring the various schemes under one integrated programme, at least per objective, so as to avoid a situation of over-proliferation of schemes and also non-uniform application of quality standards in social protection provision. The programmes being

---

Local Scholarships and Research 7. Scholarships and Research for Abroad 8. Others. Chapter 65.8 refers to Subsidies to Cultural and Social Entities, including subsidies to 1. Communities 2. Orphan Centres 3. Travel scholarships 4. The CRC 5. Sport and Culture Community 6. Rehabilitation Centres 7. King Affairs (King's Charity Programmes).

[21] To date, social protection has been implemented by various ministries without overall coordination. As a result, strategies and work plans for each programme intervention are at different stages of development and implementation. A number of line ministries implementing social protection interventions have already identified the short-term priorities for these, namely, MAFF, MoH, MoEYS and MoSVY. These existing priorities are incorporated into the NSPS. Added to these, the CARD-led consultation process on the NSPS has identified further, complementary, short-term priorities for improving the RGC's provision of national social protection.

[22] These principles include proofed relevance (needs- and evidence-based) interventions, effectiveness and efficiency as well as sustainability of measures, participation and empowerment of beneficiaries (including their involvement in design, review, feedback mechanisms), progressiveness/continuous expansion of programmes and complementarity (avoiding overlaps and inter-linkages) of programmes.

implemented in response to the recent food price and economic crisis will provide lessons on what programmes to scale up and how. Building up institutional capacities in CARD and relevant ministries will be priority for the immediate future, as institutional arrangements and functioning coordination and monitoring structures are a prerequisite for rolling out the NSPS over the medium and long term.

The cost estimates in the Table 7 are indicative only and exact financing will be determined through further analyses and assessments. The majority of the priority actions already have committed funding through the RGC budget and with the support of development partners. Some of the priority actions are new interventions.

Table 7: NSPS short-term priority actions and cost estimates

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US$ m)		
					2010/2011	2012	2013
Overarching priority actions							
0.1	**Disseminate NSPS at national and decentralised level**	CARD		To be confirmed	0.05		
0.2	**Define roles and functions and set up a social protection steering committee and appropriate government/donor coordination structure**	CARD		To be confirmed	0.05		
0.3	**Cost medium- and long-term implementation of NSPS and identify opportunities for joint pooled financing and develop appropriate joint/pooled financing arrangements for social protection tasks**	CARD		To be confirmed	0.1		
0.4	**Conduct capacity need assessment and develop human resource development plan**	CARD		To be confirmed	0.1		
0.5	**Build up capacities for social protection development, coordination and M&E at national level (in CARD and line ministries) (trainer pool)**	CARD		To be confirmed	0.1	0.3	0.3
0.6	**Build up capacities for social protection coordination and monitoring at decentralised level**	CARD		To be confirmed	0.5	0.5	0.5
0.7	**Set up and maintain monitoring and information management system for social protection in CARD**	CARD		To be confirmed	0.5	0.5	0.5
0.8	**Expand coverage of IDPoor to all rural households and provide updated Lists of Poor Households every two years**	MoP	2010: 11 provinces, approx 1.2 million HHs in coverage area 2011-13: per annum 12 provinces, approx	Confirmed for 2010 and 2011	5.6	2.95	3.1

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US$ m)		
					2010/2011	2012	2013
			1.2 million HHs in coverage area				
0.9	**Design and pilot system to identify urban households**	MoP				0.5	0.5
Objective 1: Cover basic needs during crisis and emergencies							
1.1	**Targeted food distribution**	MEF	ADB/EFAP ?	Confirmed			
1.2	**Distribution of agricultural inputs**	MEF, MAFF	ADB/EFAP ?, EC/FAO Food Facility ?	Confirmed			
1.3	**Emergency relief assistance**	MoSVY	Based on 2008-2013 MoSVY work platform, by 2013 beneficiaries will have included 250,000 (50,000 per year) work victims of natural disasters and poor people facing food shortages and victims of disasters will have received emergency relief assistance	Confirmed	MoSVY budget	MoSVY budget	MoSVY budget
	Emergency relief assistance – NCDM						
Objective 2: Reduce poverty and vulnerability of poor mothers and children							
2.1	**Set up new cash transfer programme to support the poor while addressing child and maternal malnutrition (preparation and pilot in 2011-2012, 50% implementation in 2013)**	To be confirmed during project design phase	2012: 64,000 children/mothers 2013: 160,000 children/mothers Benefit level: US$60 per child/year Administration cost 10%	To be confirmed	0.2	4	10
2.2	**Targeted food transfer for mother and child nutrition**	MoH	2010: 50,460 beneficiaries 2011: 50,460 beneficiaries 2012: 55,506 beneficiaries 2012: 55,506 beneficiaries	To be confirmed	3.4	3.8	3.8
2.3	**Expand scholarship programme for secondary school children focusing especially on children vulnerable to child labour**	MoEYS	527 schools currently in CESSP x 30 children on average per school x US$45 = 15,800 potential scholarships for 2011 (US$711,450) Potential in 2012 and 2013 to reach more	Financed by MoEYS budget			

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US$ m)		
					2010/2011	2012	2013
			schools				
2.3	**Expand scholarship programme for primary school children focusing especially on children vulnerable to child labour**	MoEYS	Fast Track Initiative: pilot ending 2012, 10,442 scholarships in 2011, 6,814 in 2012 at US$20/student, 3 provinces Possible impact evaluation in 2013	Confirmed	0.21	0.14	
2.4	**(Expand) School feeding programme**	MoEYS	2010: 454,100 children 2011: 564,660 children 2012: 621,126 children 2013: 621,126 children (Grades 1-6, 1 meal /day)	To be confirmed	9.8	15.2	15.2
2.5	**(Expand) food scholarship programme ("take-home rations")**	MoEYS	2010: 89,696 beneficiaries 2011: 92,400 beneficiaries 2012: 184,800 beneficiaries 2013: 184,800 beneficiaries (Monthly 15kg rice, 2kg beans and 1kg vegetable oil mostly to school girls, Grades 2-6 for family consumption)	To be confirmed	3.3	6.6	6.6
2.6	**Support to the implementation of the National Plan of Action on the Elimination of Child Labour**	MoLVT	12,000 by 2012 [23]	Confirmed			
Objective 3: Reduce seasonal unemployment and provide livelihood opportunities							
3.1	**Set up and gradually expand an integrated national public works programme to address (seasonal) rural unemployment of**	To be confirmed during project	Beneficiaries 2011: 20,750 Beneficiaries 2012: 42,000 Beneficiaries 2013: 105,500	To be confirmed	0.2	10	**24**

[23] The above beneficiaries are to be directly targeted under an ILO-funded project. However, it may be noted that the RGC is committed to ending the worst forms of child labour by 2016. Towards this, it has been estimated by joint World Bank, UNICEF, ILO (Understanding Children's Work Project) study to require an additional funding of $90 million. Thus, for the three-year period 2011-2013, roughly an additional $45 million will be required, i.e. $15 million each year.

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US$ m)		
					2010/2011	2012	2013
	the poor and create sustainable community assets	design phase	Employment for 40 days/year Wage rate: 10,000 Riels Average non-wage cost 30%				
3.2	**Continue existing FFW/CFW programme** **a) WFP** **b) EFAP**	MEF, MRD	2010: 142,915 beneficiaries 2011: 181,249 beneficiaries 2012: 250,000 beneficiaries 2013: 250,000 beneficiaries	To be confirmed	3.3	5	**5**
3.3	**Provide public employment service to the targeted groups**	MoLVT	2011: 10,000 beneficiaries 2012: 15,000 beneficiaries 2013: 20,000 beneficiaries	implemented and to be confirmed	0.15	0.20	0.25
3.4	**Establish credit for small-scale business**	MoLVT	2011: 10,000 beneficiaries 2012: 15,000 beneficiaries 2013: 20,000 beneficiaries	implemented and to be confirmed	2.00	2.50	3.00
3.5	**TVET development for productivity enhancement**		2011: 138,203 beneficiaries 2012: 165,844 beneficiaries 2013: 207,305 beneficiaries	implemented and to be confirmed	9.37	13.27	10.54
Objective 4: Promote affordable health care for the poor and vulnerable							
4.1	**Streamline/harmonise/expand coverage of HEF**	MoH		Confirmed with funding gap identified	9 (Gap 3.0)	10 (Gap 6.0)	12 (Gap 8.0)
4.2	**Expand CBHI?**	MoH	End 2009: 13 schemes with a total of 122,829 members	To be confirmed			
Objective 5: Improve social protection for specific poor and vulnerable groups							
5.1	**Develop concept for addressing vulnerabilities for poor elderly, chronically ill and disabled people**	MoSVY	Long-term strategy to increase social protection for poor, elderly, disabled (e.g. through cash transfers or social pensions) developed and agreed on by 12/2013	To be confirmed	0.1	0.1	0.1
5.2	**Targeted food distribution to specific**	MoH	TB patients	To be confirmed	3.7	3.7	3.7

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US$ m)		
					2010/2011	2012	2013
	vulnerable groups		2010: 22,857 patients, US$2 million People living with HIV/AIDS/OVC 2010: 67,460, US$4.2 million		4.9	5.8	5.8
5.3.	**Social welfare services, including child welfare and youth rehabilitation, welfare and rehabilitation for people with disabilities, homeless, welfare for elderly and for veterans**	MoSVY	Based on the 2008-2013 MoSVY work platform, by 2013 beneficiaries will have included: 11,000 orphan children; 105,160 veterans and 316,260 family members; 15,185 children and teenagers in conflict with the law; 4,500 people with disabilities (900 per year), including 676 children with disabilities; 7,500 homeless people (1,500 per year); 1,500 AIDS-affected women and children and their families (300 per year); 8,500 women and children victims of human trafficking (1,510 per year)	Financed by MoSVY budget	MoSVY budget	MoSVY budget	MoSVY budget
5.4	**Expand the coverage of working injury insurance to other provinces**	MoLVT	More workers will be insured from working injury	NSSF	0.01	0.01	0.01
5.5	**Disseminate the social security policy for working injury**	MoLVT	Awareness on social security policy for working injury	NSSF, Gov. and NGO	0.03	0.05	0.06
5.6	**Health care service**	MoLVT	594,686 workers to receive health care service	NSSF, Gov. and NGO	0.01	0.02	0.03
5.7	**Expand the health care service to family members of workers**	MoLVT	1,784,058 family members of workers to receive health care service	To be confirmed			0.05
5.8	**Monitoring and evaluation**	MoLVT	More effective implementation	To be confirmed	0.01	0.01	0.01
5.9	**Study on the possibility of social pension**	MoLVT	Workers and employees is to receive pension	To be confirmed		0.01	0.01
5.10	**Health protection and safety for small scale business and informal economy**	MoLVT	2011: 10,000 beneficiaries 2012: 15,000 beneficiaries	NSSF, Gov. and NGO	0.20	1.00	1.20

Short-term priority programmes and action	Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US$ m)		
				2010/2011	2012	2013
		2013: 20,000 beneficiaries				

Table 8: NSPS results matrix

Vision: All 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.			
Results/objectives	**Indicator**	**Baseline**	**Target**
Goal: Poor and vulnerable Cambodians will be increasingly protected against chronic poverty and hunger, shocks, destitution and social exclusion and benefit from investments in their human capital.	Proportion of people whose income is less than the national poverty line	30.1% (2007)	19.5% (2015)
	Proportion of people below the food poverty line	18% (2007)	10% (2015)
	Country's social protection index ranking	0.18 (2007)	0.3 (2013)
	% of poor and vulnerable people who benefit from social safety nets	Baseline: TBD	Target: 50% (2015)
	Prevalence of underweight (weight for age <2 SD) children < 5 years of age	28.8% (2008)	19.2% (2015)
	Ranking on the Global Hunger Index (IFPRI)	21.2 (2009)	15 (2015)
Objective 1. The poor and vulnerable receive support including food, sanitation, water and shelter etc, to meet their basic needs in times of emergency and crisis	% of people during emergencies receiving assistance including food, sanitation, water, shelter and other immediate response interventions within prescribed timeframes	TBD	80% (UNDAF)
	Develop national, coordinated, integrated multi-sectoral contingency plan for emergency response	None	Developed
Objective 2. Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms	% of poor children who receive scholarships for primary and secondary education.	26,700 (primary school 2008)	Double (2015)
	Number of beneficiaries who benefit from take-home rations and school feeding	620,000 (WFP, 2009)	805,000 (2013)
	% of children under 2, pregnant women and nursing mothers who benefit from social transfers	64,273 (WFP, 2009)	TBD
	Pregnant women with 2 or more antenatal consultations with skilled health personnel	81	90 (2015)
	% progress in achievement of the national target on eliminating the worst form of child labour	313,000 (2009)	Elimination of WFCL (2016)

Objective 3. The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets	Number of days the rural poor are provided with work opportunities through labour-based PWP	1 million work days (2009)	5 million (2013)
Objective 4. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness	Use indicators in the Social Health Protection Master Plan (ask GTZ/WHO) % of people with access to HEFS		
Objective 5. Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, people living with HIV, patients of TB and other chronic illness, etc receive income, in-kind and psycho-social support and adequate social care	% of people with disabilities who receive social protection services	TBD	50% (2015)
	% of elderly people who receive social protection services	TBD	TBD
	% of people living with HIV who receive social protection services	75,879 (WFP) (2009)	92,000 (2013, WFP)
	% of TB patients who receive social protection services	19,500 (WFP)	36,000 (2013)
	% of Old People Association established		
	% of home care established		
	% of most excluded old people receive cash transfer		
Institutional arrangements: **Coordination** **Targeting** **Capacity development** **M&E** **Information management** **Funding mechanisms**	M&E framework with cost-estimated annual plan developed	Not developed	Developed
	Development of a long-term national funding strategy for social protection for the poor and vulnerable	Not developed	Developed
	% of government budget allocated to social protection	5%	8% (2015) (UNDAF)
	Development of comprehensive national/sub-national database or inventory on social protection/social safety nets (and updating it)	Not developed	Developed
	Expansion of targeting mechanisms	10 provinces	100%
	Integrated information system for vulnerability analysis, monitoring and reporting		
	Number of coordination meetings per year between government line ministries and core development partners	2008: *ad hoc*	2012-2015: bi-monthly

Note: IFPRI = International Food Policy Research Institute; UNDAF = United Nations Development Assistance Framework; WFCL = Worst Forms of Child Labour

.