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# **National Social Protection Strategy for the Poor and Vulnerable**

**Council for Agricultural and Rural Development (CARD)**  
**in consultation with relevant line ministries**  
**of the Royal Government of Cambodia**  
**and Interim Working Group on Social Safety Nets (IWG-SSN)**

**Phnom Penh**  
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## Foreword

## Preface

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## 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
Mol	:	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

## Overview

### Introduction

Social protection is a priority of the Royal Government of Cambodia (RGC), as expressed in the Constitution, the Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase II, the National Strategic Development Plan (NSDP) Update 2009-2013 and national legislation, as well as international conventions to which Cambodia is a signatory. Numerous social protection programmes and interventions have been implemented successfully across a range of sectors.

The main rationale behind a National Social Protection Strategy for the Poor and Vulnerable (NSPS) is the need to accelerate progress towards the Cambodian Millennium Development Goals (CMDGs). Achievement of the CMDGs has been further delayed by the recent food, fuel and financial crises, which have had a negative impact on the poor and widened social disparities. Social protection, a crosscutting policy area, can address the challenges involved in reducing poverty, inequality and disparities.

As such, the strategic intent of the NSPS is to achieve socioeconomic security for the population, as outlined in the Rectangular Strategy Phase II, the NSDP Update 2009-2013 and sector policies and plans, and to bring coherence across policy formulation and implementation.

During the Cambodia Development Cooperation Forum (CDCF) in December 2008, the RGC mandated the Council for Agricultural and Rural Development (CARD) to undertake a scoping and mapping exercise and gap analysis on existing social safety nets and to coordinate the development of a more integrated social safety net system. CARD set up an interim working group (IWG-SSN) for this task. The development of the NSPS was supported through a number of technical consultations involving a broad set of stakeholders, including government representatives at national and sub-national level, development partners, civil society representatives and other development practitioners.

### Vision, goal and objectives

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.**

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); as well as
- infants and children; girls and women of reproductive age; food-insecure households; ethnic minorities; the elderly; people living with chronic illnesses; people living with HIV; and people living with disability (vulnerable groups in the NSPS).

The NSPS outlines short- and medium-term provision of response measures to address the consequences of shocks confronting Cambodian citizens and provides a long-term framework for a comprehensive social protection system to contribute to the sustainable reduction of poverty over time.



In the short and medium term, then, 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.

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 and/or TB, etc receive income, in-kind and psycho-social support and adequate social care.

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 sources of vulnerability will take priority, while simultaneously building the foundations of an effective safety net system that can be developed further. Given these priorities, the following are the preferred instruments for short- and medium-term implementation:

- Cash and in-kind transfers and fee exemptions (as already being applied in health and education, with new cash transfer programmes to address high malnutrition and the worst forms of child labour);
- Public works programmes (improved labour-intensive approaches along with revamped existing cash for work and food for work initiatives, integrating issues of education and child labour); and
- Social welfare services for special vulnerable groups.

For the long term, the NSPS sets the framework for sustainable and comprehensive social protection for all Cambodians. The aim is to achieve universal coverage for risks and vulnerabilities with a basic package of transfers and services commensurate with the economic development of the country, in accordance with the Social Protection Floor Initiative (SPFI). This comprises both contributory social security mechanisms for the formal sector and improved social safety nets for the informal sector.

## Implementation

The NSPS is aligned with and makes operational the priority actions laid out in the Rectangular Strategy Phase II and the NSDP Update 2009-2013. It also complements other strategies and sector plans that pertain directly or indirectly to social protection. Many of these strategies and plans, and the accompanying or related services, represent the building blocks for a comprehensive system of social protection for the poor and vulnerable in Cambodia.

Implementation is the responsibility of line ministries and decentralised government institutions. The active involvement of decentralised structures of government (provincial, district and commune councils) is essential to successful implementation. Some of the key interventions outlined above are already ongoing. The NSPS thus complements the efforts of line ministries in achieving sector targets by making operational

existing sector-embedded social protection measures. Coverage of these needs to be expanded or their implementation streamlined and harmonised to increase impact.

Other interventions, new to Cambodia, will be piloted, evaluated and expanded based on effectiveness and sustainability. These new programmes will address existing social protection gaps for the poor and vulnerable, by relieving chronic poverty, promoting equity and investing in human capital.

## **Coordination**

The NSPS adds value by providing a framework to support ministries and sub-national institutions in delivering interventions that are sustainable, effective and efficient. 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.

According to the NSDP update 2009-2013, CARD is mandated to ensure that effective inter-ministerial coordination mechanisms are in place involving RGC ministries and agencies responsible for delivering social safety net programmes to the poor and vulnerable. Coordination of the development, implementation and monitoring of an effective and affordable NSPS includes policy oversight, monitoring and evaluation (M&E), knowledge and information management and capacity building.

This will entail the following actions:

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.
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.
3. Develop an annual progress report on the NSPS through a technical consultation process.
4. Strengthen social protection information and knowledge management to ensure the up-to-date, collection, generation and dissemination of information among stakeholders.
5. Develop capacity to ensure understanding and build skills for effective implementation of the NSPS at national and decentralised levels.

In particular, close M&E of interventions and programmes, and the strategy as a whole, together with effective knowledge management, will be crucial requirements for ongoing strategic development.

## **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.

Household targeting will be based primarily on the Ministry of Planning (MoP) Identification of Poor Households programme, to achieve greater harmonisation and uniformity in targeting the poor. 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 necessary.

## **Resource requirements**

A list of costed programmes and interventions is being developed for the near future, to prioritise the expansion of existing measures and the introduction of new social protection provisions. A costing exercise for the medium and long term will be 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 will be discussed with development partners. The objective is a programme-based approach to social protection in Cambodia, with harmonised donor support to the NSPS that is aligned with government systems. The RGC proposes a pooled fund arrangement to finance the coordination of NSPS implementation.

## **Immediate priorities**

Priority actions include new programmes (cash transfer, public works) ongoing programmes that need to be expanded (such as Health Equity Funds (HEFs)) and further programme identification. Building up institutional capacities in CARD and relevant agencies, at national and decentralised level, will be a major priority for the immediate future: institutional arrangements and functioning coordination and monitoring structures are a prerequisite for rolling out the NSPS over the medium and long term.

Ongoing and new social protection programmes will increasingly be harmonised and integrated with larger-scale national programmes during implementation, in order to bring the various schemes under one integrated programme, at least per objective. The aim is to avoid a situation of over-proliferation and non-uniform application of quality standards in social protection provision.

# 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. The term is often used interchangeably with social insurance.

**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 **workfare** (also known as public works programmes (PWPs) and 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<sup>1</sup>.

**Social welfare services** cover: child care; old age care; disability care; home-based care and referral support for people living with HIV; return and reintegration; family preservation; family and community support services; alternative care, rehabilitation support for school leavers 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 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

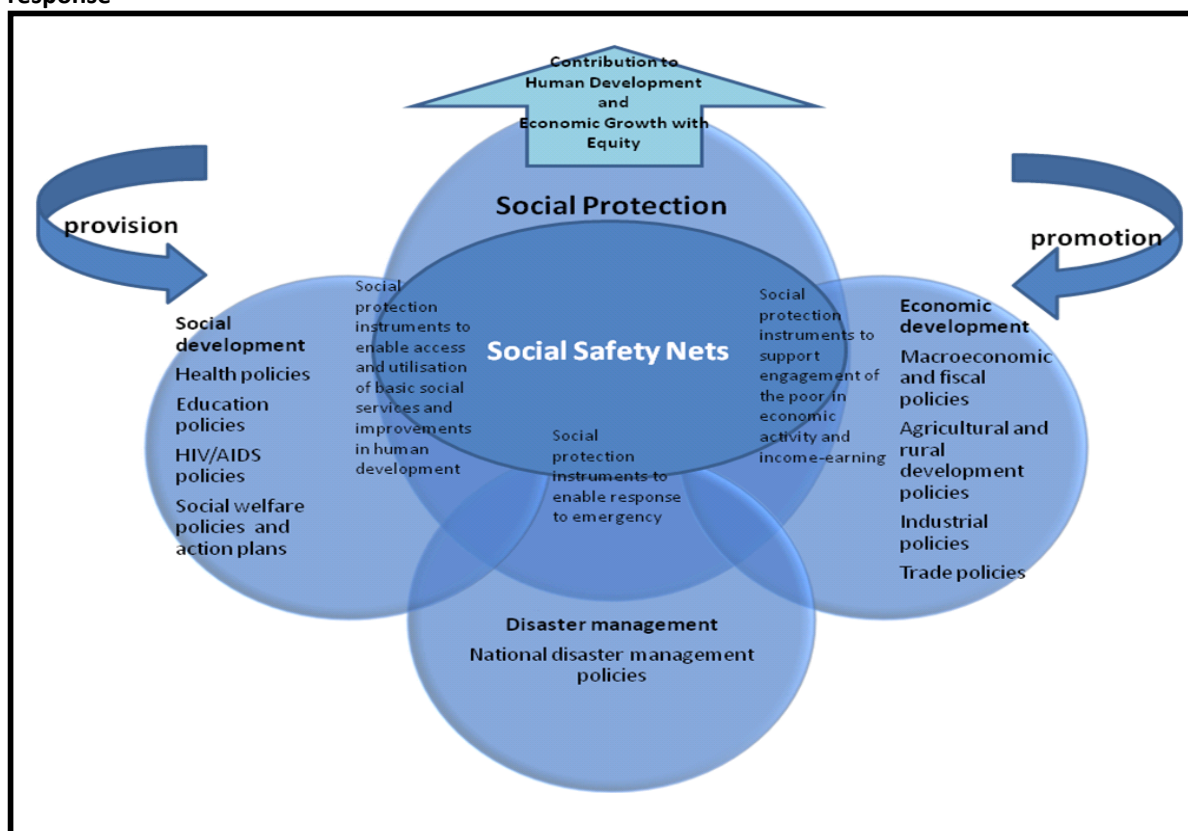
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<sup>1</sup> CARD 'Safety Nets in Cambodia' Concept Note and Inventory, June 2009.

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.

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.

**Figure 1: Social protection and its contribution to economic and 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

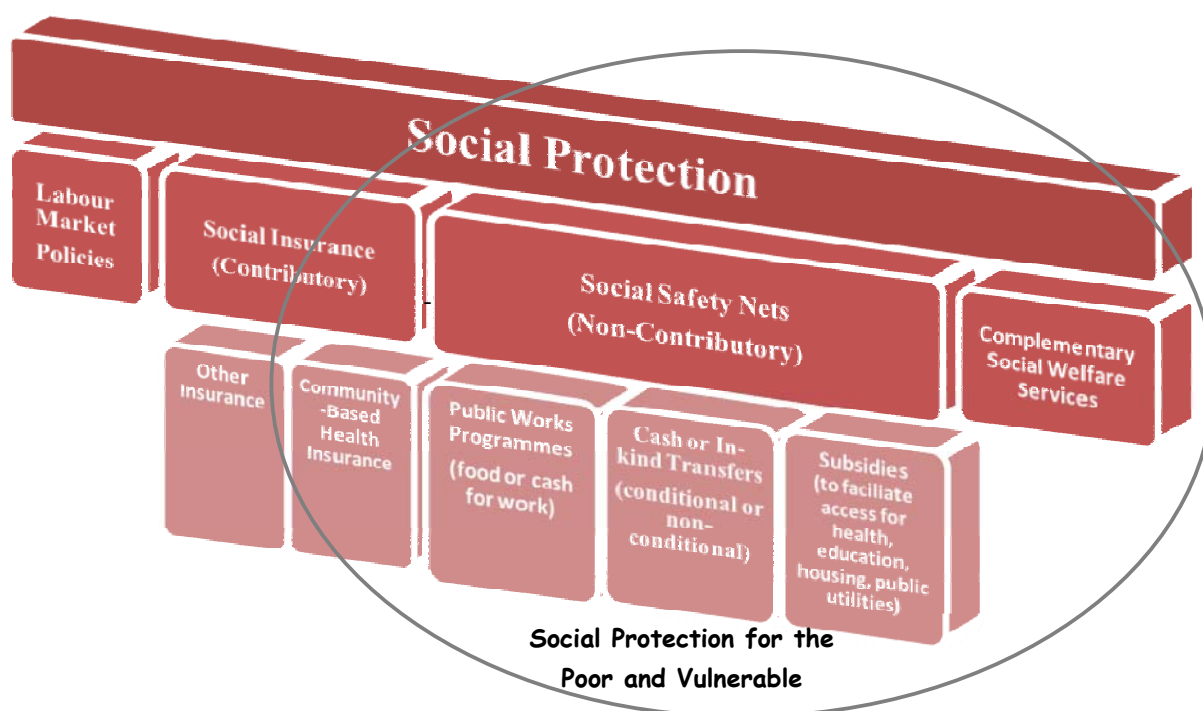
Following the policy directions outlined in the Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase II, the RGC is advancing social protection for the formal sector while prioritising expanding interventions aimed specially at reducing poverty, vulnerability and risks for the poor 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;
- People who 1) cannot cope with shocks and/or 2) have a high level of exposure to shocks (of these, people living under or near the poverty line tend to be the 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<sup>2/3</sup>. 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.

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

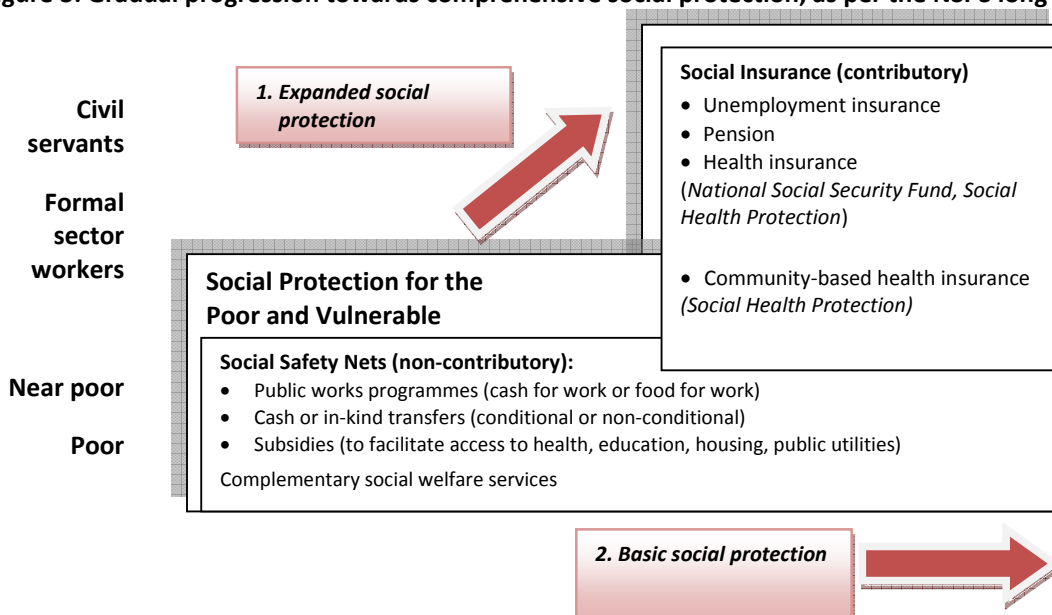


At the same time, the NSPS sets the framework for sustainable and comprehensive social protection for all Cambodians over the long term. This includes both contributory and non-contributory schemes. Figure 3 illustrates the relationship between coverage of basic non-contributory social protection for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

<sup>2</sup> The HIV Law (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.

<sup>3</sup> For a list of special vulnerable groups, see Chapter 3.2.

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



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 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<sup>4</sup>.

### 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.

<sup>4</sup> 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.



**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 2009	National Forum on Food Security and Nutrition under the Theme of Social Safety Nets in Cambodia	During the two-day forum, 400 participants (government, development partners, civil society) discussed, with Prime Minister Hun Sen 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 (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.*

These papers are compiled in separate reference documents to the NSPS but are also available from the CARD website, at [www.CARD.gov.kh](http://www.CARD.gov.kh) or [www.socialprotection.gov.kh](http://www.socialprotection.gov.kh).

## **1.4 Roadmap**

The NSPS is to be presented for adoption by the Council of Ministers in 2010. The immediate next steps will be to further develop and implement the priority action plan (Section 5.7) 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.

2010: Strategy formulation and adoption by the Council of Ministers
2010-2013: 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

## 2. Social Protection as a Priority for the RGC

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 Constitution and Laws

The Constitution 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.

National legislation for statutory social security provision includes the Labour Law, the Insurance Law, the Law on Social Security Schemes and the Sub-decree on the National Social Security Fund (NSSF), covering employment injury insurance, the pension scheme, a short-term benefit system and a number of other pieces of regulatory legislation to ensure social security for formal sector workers in particular.

#### Box 1: Articles from the 1993 Constitution regarding social protection provision

<b>Article 36:</b>	Every Khmer citizen shall have the right to obtain social security and other social benefits as determined by law.
<b>Article 46:</b>	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
<b>Article 73:</b>	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
<b>Article 74:</b>	The State shall assist the disabled and the families of combatants who sacrificed their lives for the nation.
<b>Article 75:</b>	The State shall establish a social security system for workers and employees.

### 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)<sup>5</sup> and subsidy schemes to ensure affordable access to health services; and

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<sup>5</sup> 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-

- 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 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)<sup>6</sup>, 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
- 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:

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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.

<sup>6</sup> IDPoor is the RGC's standardised system for pre-identifying poor households,

- 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:

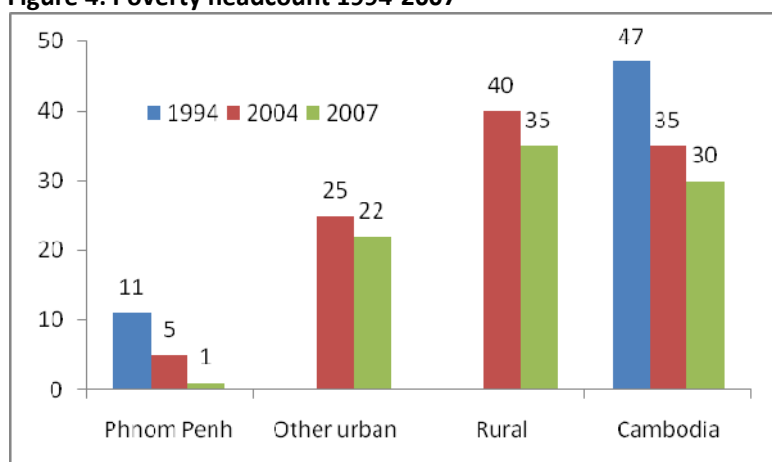
- The Universal Declaration of Human Rights;
- The United Nations Convention on the Rights of the Child;
- The Convention on Elimination of All Forms of Discrimination against Women;
- The International Covenant on Economic, Social and Cultural Rights;
- The Convention on the Rights of Persons with Disabilities; 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 and Convention No. 182 on the Elimination of the Worst Forms of Child Labour.

### 3. Poverty and Vulnerability Profile<sup>7</sup>

Cambodia has enjoyed significant economic growth over the past decade, achieving a rate of poverty reduction of 1.2% per year, but the most recent (2007) poverty data show around 30.1% of Cambodians (around 4 million people) still living below the poverty line. In rural areas, the rate of poverty is higher, at 34.7%. The percentage of the population under the food poverty line<sup>8</sup> is 18% (20.8% in rural areas).

**Figure 4: Poverty headcount 1994-2007**



Source: CSES 2007.

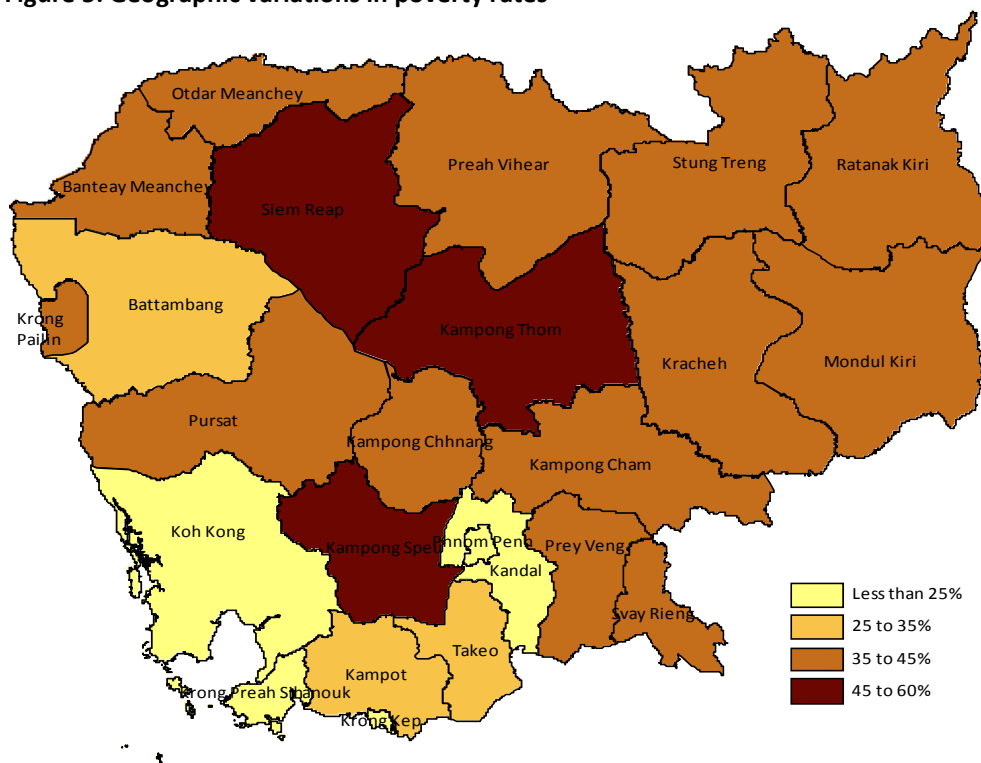
There are regional variations in poverty levels. The most recent regional data (2004) show that the Tonle Sap zone and the Plateau/Mountain zone have the highest poverty headcounts (45% and 56%, respectively, compared with a national average of 35% in 2004). Poverty magnitude (number of poor people) is greatest in the densely populated Tonle Sap and Plains zones (37% and 40%, respectively, of the nation's total poor)<sup>9</sup>. The provinces with the highest poverty rates (proportion of the population living below the poverty line) are Siem Reap, Kampong Thom and Kampong Speu.

<sup>7</sup> References for the poverty and vulnerability profile are provided in the Background Note to the NSPS.

<sup>8</sup> The food poverty line is based on the estimated cost of a basket of food providing a dietary intake of 2,100 calories per day. The overall poverty line includes the food poverty line plus non-food allowances (derived from non-food consumption by those whose total per capita household consumption is equal to the food poverty line). The poverty line for Cambodia overall in 2007 was 2,473 Riel (3,092 Riel for Phnom Penh, 2,704 Riel for other urban areas and 2,367 Riel for rural areas).

<sup>9</sup> Up-to-date data on regional and provincial poverty headcounts will be available in the forthcoming analysis of the 2009 Cambodia Socio-Economic Survey. The CSES 2007 and 2008 were relatively small in size – 3,593 households compared with almost 12,000 in the 2004 and 2009 rounds – and cannot provide estimates for smaller geographical areas such as regions or provinces.

**Figure 5: Geographic variations in poverty rates**



*Note: Some provinces are grouped together to achieve representativity.*

*Source: CSES 2004.*

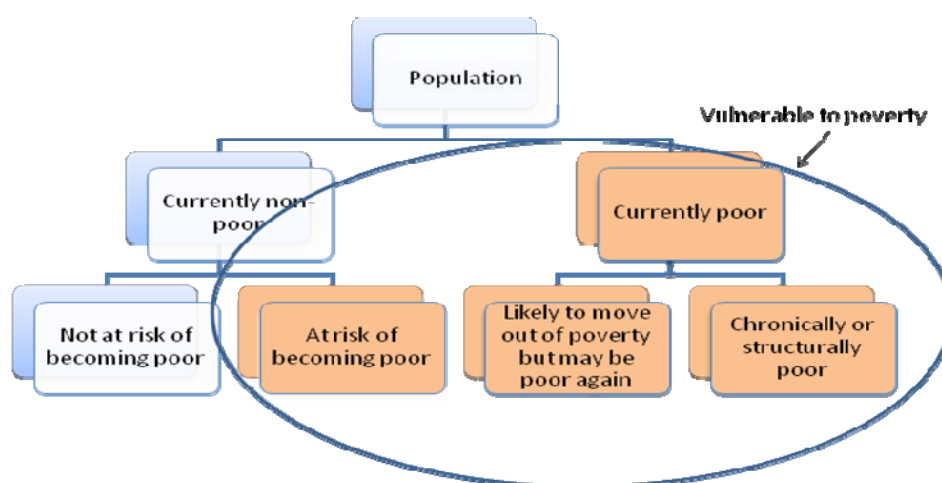
Since these snapshots of poverty were taken, Cambodia has been hit by consecutive shocks – the food, fuel and financial crises – which have further compromised the ability of the poor and vulnerable to cope. The impact of these crises has been complex, and comprehensive data on effects on poverty trends will be available only from forthcoming analysis of the 2008 and 2009 CSES. It is clear, though, that the crises have accentuated difficulties and compromised the livelihoods and wellbeing of many, in particular those near or below the poverty line. Evidence is emerging that progress on some key human development indicators (in particular nutrition, health and education) may have stalled or even reversed.

### 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**



Many households in Cambodia continue to have a tenuous hold on wellbeing and are vulnerable to shocks. A sizeable proportion of households (7% in 2004) lives within a 10% band above the poverty line (i.e., if the per capita consumption of these households declined by 10% they would fall into poverty). Individual-, household-, community- and national-level shocks continuously push households near the poverty line in and out of poverty.

The key risks and shocks can be grouped into four categories: 1) emergencies and crises; 2) human development constraints; 3) seasonal unemployment and lack of livelihood opportunities; 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**. Although it is a net exporter of rice, Cambodia is also a net importer of food and fuel, and increases in global commodity prices can lead to serious terms of trade shocks<sup>10</sup>. Meanwhile, although Cambodia's financial sector was not directly exposed, the economy's dependence on external demand, investment and savings, combined with the bursting of the bubble in the real estate sector, meant that the global financial crisis also had serious impacts on the country. These economic shocks have affected poor and vulnerable households through loss of employment or lower wages/fewer hours of work and lower purchasing power. As Cambodia becomes more integrated into the global economy, the impact of external economic shocks is likely to become greater.

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). Households' experience will have varied according to their economic status, livelihood and location. There were some winners (for example rice sellers and agricultural day labourers) but there were also serious impacts on food security and nutrition for many of the poor and vulnerable. The poor are net food buyers, and food consumption accounts for 73% of total consumption for households in the poorest quintile (with rice accounting for 40-50% of this). As such, the poor were least able to cope with the steep rise in prices. About 50% of households reported cutting back on food consumption as a way of coping and, during the lean season prior to the wet season rice harvest in the latter part of 2008, as many as 2.8 million people became food

<sup>10</sup> Adverse terms of trade shocks are changes in the relative price of exportable to importable goods which discourage investment and employment.

insecure. The crisis may have caused stagnation and even a reversal of the decline in the rate of child malnutrition and ill health: in particular, the percentage of children underweight (28.8%) and wasted (8.9%) did not improve from 2005 to 2008 (Cambodia Anthropometric Survey 2008).

On the heels of the price shock, the impact of the global economic crisis was seen in key sectors such as garments, construction and tourism. There have been around 70,000 redundancies in the garment sector and 60,000 in construction, with other job losses in tourism, and many firms have reported reducing workers' hours or pay. With their earning power reduced, many wage and self-employed workers have had to reduce their remittances to rural family members. With less money around in rural areas, local demand for goods and services has also reduced and off-farm activities have become less profitable.

Poor and vulnerable households will have been hit hard by the impact of the economic crisis, with a significant social and poverty impact. At this stage, rapid assessments and surveys have reported constrained circumstances for many of the poor and vulnerable. 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. Food shortages affect vulnerable groups particularly seriously, as their daily food consumption requirement may be higher compared with others. 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, 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, livelihoods and public infrastructure will have a long-term impact on communities' livelihoods (Comprehensive Post-Disaster Needs Assessment 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.

As the above examples show, crises and emergencies can destroy households' livelihoods and exacerbate food insecurity, taking a heavy toll on people's wellbeing and pushing many further into poverty. 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. Chronic and acute malnutrition remains high in Cambodia. 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. Despite improvements between 2000 and 2005, chronic malnutrition rates have stagnated since then; acute malnutrition saw an increase between 2007 and 2008, possibly as a result of the 2007-2008 food price crisis (Cambodia Anthropometric Survey 2008).

**Poor access to quality education** is another source of vulnerability for young Cambodians. A lack of basic school facilities, a shortage of textbooks and inadequate supply of (trained) teachers are key constraints. Cambodia suffers in particular from a severe shortage of teachers in primary and secondary education (respectively, 51 and 29 students per teacher). Low educational outcomes remain a concern, with particular challenges in writing and mathematics. Dropout rates are high: although enrolment/attendance rates are as high as 82% in primary school, they decrease sharply to 29% in lower secondary, down to 13% in upper secondary school. 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 Livelihood Opportunities

**Food insecurity** is a serious concern, rooted in chronic poverty. There are more than 350,000 food-insecure households (about 1.7 million people) with consistently poor and borderline food consumption. The number rises significantly during the lean season and also becomes more pronounced during natural disasters, calamities and shocks. The highest number of food-insecure households is observed around the Tonle Sap zone, followed by the Plains zone, the Plateau/Mountain zone and the Coastal zone. Most food-insecure households live in rural areas, are landless (20% of the rural population) or land poor (25% of the rural population)<sup>11</sup> and have more children and more elderly. 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 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

The negative consequences of **health shocks** are very damaging for the poor and vulnerable and can drive near-poor households into irreversible and damaging poverty with serious, long-lasting consequences for vulnerable groups. 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<sup>12</sup>; 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

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<sup>11</sup> More than 25% of rural households have less than 0.5 ha of land.

<sup>12</sup> Half of households in the poorest quintile do not have access to improved sources of drinking water and 87.2% live without sanitation.

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<sup>13</sup> when household resources are insufficient; and 4) selling assets (usually land) when all other funds are depleted; ending in 5) further poverty and destitution. 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.

**Access to quality health care** is limited for the poor, owing to factors such as distance from health facilities, difficult and expensive transport, lack of qualified health staff in remote facilities, lack of drugs and equipment, limited opening hours of health facilities and negative attitudes of health staff. Serious outcomes of poor access to quality health care are persistently high maternal and under-five mortality rates. Maternal mortality, at 461 casualties per 100,000 born, remains highly worrying. Only 58% of births were attended by trained birth attendants in 2008, even though this represented a significant increase from 32% percent in 2000. 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.

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. Its purpose was both to ensure uniform application of user fees and to provide an income to health facilities. The HFC also 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. In practice, the exemption system covers fewer than half of those considered too poor to pay for services.

### 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.

**Infants and children** constitute over a third of the population. More than 1.7 million children aged below 18 were income poor in 2004 (CSES 2004) and 40% live in poverty, suffer high rates of malnutrition and child mortality and have low levels of educational achievement. In recent years, the child mortality situation has improved substantially, but 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 and Mondol Kiri and Ratanak Kiri. 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. Poverty assessments by household size and type show that families with children under 15 experience higher poverty levels than other families.

It is estimated that child poverty is higher among the younger age groups and reduces as age increases. However, small children (up to five years old) are currently not targeted by social protection, except if they

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<sup>13</sup> The 2007 CSES found that the average interest rate of health-related debt ranged between 50% and 60% per year.

are beneficiaries of health protection through the HEFs and to some extent through interventions focusing on early childhood development (ECD). 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).

**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)<sup>14</sup>; their low nutritional status is a growing concern; and the overall number of women reporting constraints in accessing health care remains high<sup>15</sup>.

**Food-insecure households** also remain highly vulnerable to different types of shocks owing to poor nutrition and limited coping strategies, and are identified as a priority for strengthened social protection. Constant food deprivation increases the chances of food-insecure households facing health shocks, as their health increasingly deteriorates over time. Additionally, few alternatives are left for households that have resorted to cutting food consumption to cope with adverse economic shocks. The most vulnerable households are those that are unable to supplement their incomes from agricultural activities through sustained employment.

Food-insecure households tend to rely on agriculture alone. They face a greater age dependency burden than other rural households and 42% have only one family member working for a cash income. Households with poor food consumption are more likely to be landless than overall rural households (27% compared to 20%, respectively). Landless households, including those that lease land, are also more likely to be more food insecure (19% of the rural population).

The majority of food-insecure households are rural; however, there are also groups living in extreme poverty in urban areas, facing food insecurity and low standards of living, marginalised from access to services and lacking secure housing tenure. It is estimated that informal and other urban poor communities constitute 20% (about 250,000 people) of the population of Phnom Penh. With the urban growth rate set to continue increasing (currently at 2.21% from 1998 to 2008) (Census 2009), the proportion of vulnerable urban poor will grow.

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 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.

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<sup>14</sup> Of all new infections among women, two-thirds will be among non-sex workers or those at "low risk".

<sup>15</sup> 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).

**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.

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. According to CDHS 2005 data, children with chronically ill parents<sup>16</sup> are significantly less likely to have basic possessions, such as shoes or two or more sets of clothes. In a 2004 study, monthly per capita household income was 42% lower in HIV-affected households, while spending rates remained largely the same. Children and adolescents in these households were likely to eat fewer meals and experience hunger more often than their peers in non-HIV affected households. 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, with an estimated 64% of Cambodians infected with *M. tuberculosis*<sup>17</sup>. The twin burden of TB and HIV epidemics can have devastating consequences.

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. Vulnerability and poverty are compounded by stigma and discrimination.

**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.

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<sup>16</sup> The CDHS found that, for 6.1% of Cambodian children (aged 0-17), one or both parents had been very sick for three or more months the previous year.

<sup>17</sup> WHO 'Global TB Control: Surveillance, Planning, Financing', 2008.

### 3.3 Coping Strategies

Households resort to various types of coping strategies when facing adverse shocks. Some of these have detrimental outcomes with regard to their livelihoods and become the driving factors that push them into (deeper) poverty. Vulnerable households are more likely to use detrimental coping strategies, 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 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 <i>A risk is a source of danger; a possibility of incurring loss or misfortune. When a risk occurs, it becomes a shock.</i>		Determinants of vulnerability <i>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.</i>	Outcomes <i>Depending on the vulnerability of the individual and household, a range of outcomes can result from experiencing the shock.</i>	Most vulnerable groups <i>While all poor and near poor are vulnerable to shocks, some groups in the population are especially vulnerable to certain shocks.</i>
1. Situations of emergency and crisis	Economic crises <i>(price rises, economic slowdown)</i>	<ul style="list-style-type: none"> <li>• Have limited income-generating opportunities</li> <li>• Be concentrated in insecure, unstable employment</li> <li>• Reductions in the number of jobs in key sectors of the economy</li> <li>• Reductions in the purchasing power of salaries and earnings</li> </ul>	<ul style="list-style-type: none"> <li>• Rise in under- or unemployment</li> <li>• Increase in poorly remunerated, insecure and risky jobs</li> <li>• Lower remittances</li> </ul>	<ul style="list-style-type: none"> <li>• All poor and near poor</li> </ul>
	Climate, environmental, natural disasters <i>(floods, droughts)</i>	<ul style="list-style-type: none"> <li>• Rely on crop farming and livestock rearing for subsistence food production and income provision</li> <li>• Depend on (often degraded, over-exploited and contested) common natural resources for livelihoods</li> <li>• Live in remote, isolated areas and suffer a low level of community infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Destruction or degradation of assets and resources</li> <li>• Increase in under- or unemployment</li> <li>• Increase in incidence and severity of food insecurity</li> <li>• Lower incomes</li> </ul>	<ul style="list-style-type: none"> <li>• All poor and near poor</li> <li>• People living in flood- and drought-prone areas</li> </ul>

<b>Main risks and shocks</b> <i>A risk is a source of danger; a possibility of incurring loss or misfortune. When a risk occurs, it becomes a shock.</i>		<b>Determinants of vulnerability</b> <i>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.</i>	<b>Outcomes</b> <i>Depending on the vulnerability of the individual and household, a range of outcomes can result from experiencing the shock.</i>	<b>Most vulnerable groups</b> <i>While all poor and near poor are vulnerable to shocks, some groups in the population are especially vulnerable to certain shocks.</i>
		<ul style="list-style-type: none"> <li>Have low base of savings and assets to cover emergency needs</li> </ul>		
<b>2. Human development constraints</b>	Poor maternal and child health and nutrition	<ul style="list-style-type: none"> <li>Have low income and suffer food insecurity</li> <li>Have poor access to quality maternal, newborn and child health care</li> </ul>	<ul style="list-style-type: none"> <li>Higher maternal mortality rates</li> <li>Higher infant mortality rates</li> <li>Increase in incidence and severity of malnutrition, stunting and poor cognitive development</li> </ul>	<ul style="list-style-type: none"> <li>Girls and women of reproductive age</li> <li>Pregnant women</li> <li>Early childhood (0-5)</li> </ul>
	Poor access to quality education	<ul style="list-style-type: none"> <li>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</li> <li>Have poor access to quality education services</li> </ul>	<ul style="list-style-type: none"> <li>Higher dropout rates and low level of skills attained</li> <li>Increased incidence of child labour (6-15)</li> <li>Increase in under- and unemployment</li> <li>Increase in poorly remunerated, insecure and risky jobs</li> </ul>	<ul style="list-style-type: none"> <li>School age (6-14)</li> </ul>
	Poor access to quality second-chance programmes	<ul style="list-style-type: none"> <li>Come under pull factors to remain in paid employment, however precarious and low paid</li> <li>Have poor access to quality training services</li> </ul>	<ul style="list-style-type: none"> <li>Increase incidence of hazardous or unconditional worst forms of child labour (15-17)</li> </ul>	<ul style="list-style-type: none"> <li>Youth (15-24)</li> </ul>
<b>3. Seasonal unemployment and livelihood opportunities</b>	Under- and poor nutrition	<ul style="list-style-type: none"> <li>Rely on subsistence farming with low productivity</li> <li>Do not have sustained employment to supplement incomes from agricultural activities</li> <li>Rely on (often degraded, over-exploited and contested) common natural resources for livelihoods</li> <li>Face a greater age dependency</li> <li>Are more likely to be landless, or have less access to land and relatively smaller land holdings</li> </ul>	<ul style="list-style-type: none"> <li>Higher maternal mortality rates</li> <li>Increase in incidence and severity of malnutrition, stunting and poor cognitive development</li> <li>Increased likelihood of ill-health</li> <li>Decreased capacity to study or work productively</li> </ul>	<ul style="list-style-type: none"> <li>All poor and near poor</li> <li>Pregnant women</li> <li>Early childhood (0-5)</li> <li>Families with greater age dependency ratio</li> <li>Landless and land poor</li> </ul>
<b>4. Health shocks</b>	Ill-health, injury, illness, death, pandemics	<ul style="list-style-type: none"> <li>Have constrained access to clean water and sanitation</li> <li>Live with poor housing conditions</li> <li>Have low base of savings and assets to cover out-of-pocket expenditures for health care</li> <li>Have poor access to quality preventive and treatment health services</li> <li>Work in physical jobs with greater risk of accidents and injuries</li> </ul>	<ul style="list-style-type: none"> <li>Higher maternal mortality rates</li> <li>Higher infant mortality rates</li> <li>Increase in incidence and severity of malnutrition, stunting and poor cognitive development</li> <li>Loss of assets and increased debt</li> </ul>	<ul style="list-style-type: none"> <li>All poor and near poor</li> <li>Pregnant women</li> <li>Early childhood (0-5)</li> <li>Elderly</li> <li>People living with disabilities</li> </ul>

<b>Main risks and shocks</b> <i>A risk is a source of danger; a possibility of incurring loss or misfortune. When a risk occurs, it becomes a shock.</i>		<b>Determinants of vulnerability</b> <i>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.</i>	<b>Outcomes</b> <i>Depending on the vulnerability of the individual and household, a range of outcomes can result from experiencing the shock.</i>	<b>Most vulnerable groups</b> <i>While all poor and near poor are vulnerable to shocks, some groups in the population are especially vulnerable to certain shocks.</i>
<b>5. Special vulnerable groups</b>	Inability to work, marginalisation	<ul style="list-style-type: none"> <li>• Have limited access to income-generating activities</li> <li>• Suffer from marginalisation in society, constrained access to services and exclusion from opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Increased income and food insecurity</li> <li>• Increased likelihood of becoming victims of violence, labour and sexual exploitation and abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Elderly</li> <li>• People living with disability</li> <li>• People living with chronic illness</li> <li>• Ethnic minorities</li> <li>• Orphans</li> <li>• Child labourers</li> <li>• Victims of violence, exploitation and abuse</li> <li>• Veterans</li> <li>• Families of migrants</li> </ul>

## 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. 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 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.

Finally, the 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.

### 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.

#### Health interventions

- HEFs and CBHIs, addressing basic health protection for the general population.

#### Education interventions

- Scholarships – addressing the income/poverty of schoolchildren; and
- School feeding and take-home rations.

#### Social welfare interventions

- Social welfare services to special vulnerable groups, including the disabled, the elderly, orphans, etc.

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, 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
<b>1. Situations of emergency and crisis</b>	<i>Food distribution</i>	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
	<i>Budget support</i>	Agriculture smallholder and social protection development policy operation	MEF
	<i>Commune transfers for emergency assistance</i>	Emergency assistance – cash and in-kind assistance to communes to support achievement of CMDGs	Mol
<b>2. Human development constraints</b>			
<b>Poor maternal and child health and nutrition</b>	<i>Nutrition programmes</i>	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	
	<i>Social security</i>	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
<b>Poor access to quality education</b>	<i>Scholarships in cash</i>	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
<b>Child labour, especially its worst forms</b>	<i>Direct intervention and livelihood improvement</i>	Project of Support to the NPA-WFCL 2008-2012	MoLVT

Risks and shocks	Programme type	Programmes	Lead ministry
Poor access to quality training	<i>Second-chance education programme</i>	TVET pilot skills bridging programme	MoLVT
		TVET post-harvest processing	
		TVET voucher skills training programme (non-formal)	
3. Seasonal unemployment and livelihood opportunities	<i>PWPs</i>	Food for work	MRD
		Food for work (Emergency Food Assistance Project)	MEF
		Cash for work (Emergency Food Assistance Project)	MEF
	<i>School feeding</i>	School feeding	MoEYS
		Emergency Food Assistance Project	MEF
	<i>Take-home rations</i>	Take-home rations	MoEYS
4. Health shocks	<i>Insurance</i>	NSSF health insurance (planned for 2011)	MoLVT
		NSSF employment injury coverage	
		Health insurance for retired civil servants (planned)	
	<i>Fee waiver</i>	Exemptions at rural facilities for poor patients	MoSVY
	<i>HEFs</i>	HEFs in 50 ODs	MoH
	<i>CBHI</i>	13 CBHI schemes	
5. Special vulnerable groups	<i>Social welfare for elderly</i>	Elderly persons' association support and services	MoSVY
	<i>Pensions</i>	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	
	<i>Social welfare for families living with disabilities</i>	Physical rehabilitation centres/community-based rehabilitation services for people with disabilities	
	<i>Social welfare and policy development for children and orphans</i>	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	
	<i>Social welfare for families living with HIV/AIDS</i>	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	MoLVT MoH, MoSVY
		HIV/AIDS workplace programme for garment factory workers	
		Food Assistance to People Living with HIV and AIDS	
	<i>For TB patients</i>	Food Assistance to TB Patients	
6. Other	<i>Pensions</i>	Civil servants and veterans retirement pensions	MoSVY
		NSSF employer-based pension schemes (planned)	MoLVT

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 2007, NGOs channelled roughly 26% of total ODA in Cambodia (Council for the Development of Cambodia (CDC) ODA database **Error! Reference source not found.**), with a total of US\$65 million spent on social protection alone in 2007. 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 (fisheries, forests and lands), as well as developmental trends such as urbanisation and migration. Such erosion is particularly marked among the poorest households, and is thought to have been heightened by the recent food and financial crises.

### 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.
- 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
<b>1. Situations of emergency and crisis</b>	Economic crises	<ul style="list-style-type: none"> <li>• All poor and near poor</li> </ul>	<ul style="list-style-type: none"> <li>• Public works have shown to be an effective and rapidly expandable safety net instrument during crises and natural disasters</li> </ul>	<ul style="list-style-type: none"> <li>• Limited coverage and coordination of existing PWPs</li> </ul>
	Climate, environmental, natural disasters	<ul style="list-style-type: none"> <li>• All poor and near poor</li> <li>• People living in flood- and drought-prone areas</li> </ul>		
<b>2. Human development constraints</b>	Poor maternal and child health and nutrition	<ul style="list-style-type: none"> <li>• Girls and women of reproductive age</li> <li>• Pregnant women</li> <li>• Early childhood (0-5)</li> </ul>	<ul style="list-style-type: none"> <li>• Some maternal and child nutrition programmes are in place</li> <li>• Breastfeeding practices are improving</li> </ul>	<ul style="list-style-type: none"> <li>• Supply of maternal and child nutrition services remains limited and of poor quality</li> <li>• Coverage of these services is not universal</li> <li>• Other demand-side factors (eating, feeding and care practices) are not being adequately addressed</li> </ul>

Main risks and shocks		Most vulnerable groups	Progress to date in response	Gaps and challenges in response
	Poor access to quality education	<ul style="list-style-type: none"> <li>School age (6-14)</li> </ul>	<ul style="list-style-type: none"> <li>Scholarships and school feeding programmes are improving attendance</li> </ul>	<ul style="list-style-type: none"> <li>Quality of education remains poor</li> <li>Coverage of education services is variable</li> <li>Coverage of scholarships and school feeding programmes does not reach all poor areas</li> </ul>
	Poor access to quality second-chance programmes	<ul style="list-style-type: none"> <li>Youth (15-24)</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of vocational training curricula</li> <li>Some programmes in place for second-chance education</li> </ul>	<ul style="list-style-type: none"> <li>Quality of vocational training remains poor</li> <li>Supply of second-chance programme is minimal</li> <li>Poor link between training offered and employers' needs</li> <li>No certification/accreditation system in place for private sector</li> </ul>
<b>3. Seasonal unemployment and livelihoods opportunities</b>	Under- and poor nutrition	<ul style="list-style-type: none"> <li>All poor and near poor</li> <li>Pregnant women</li> <li>Early childhood (0-5)</li> <li>Families with greater age dependency ratio</li> <li>Landless and land poor</li> </ul>	<ul style="list-style-type: none"> <li>Some targeted food distribution</li> <li>School feeding</li> <li>PWPs are providing some assistance during lean season or crises</li> </ul>	<ul style="list-style-type: none"> <li>Limited coverage and coordination of existing public works programmes</li> <li>Funding and assistance remains volatile</li> </ul>
<b>4. Health shocks</b>	Ill-health, injury, illness, death, pandemics	<ul style="list-style-type: none"> <li>All poor and near poor</li> <li>Pregnant women</li> <li>Early childhood (0-5)</li> <li>Elderly</li> <li>People living with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>HEFs are financing health care for the poor in some areas</li> </ul>	<ul style="list-style-type: none"> <li>Quality of health care remains poor</li> <li>Coverage/access of HEFs is not universal</li> </ul>
<b>5. Special vulnerable groups</b>	Inability to work, marginalisation	<ul style="list-style-type: none"> <li>Elderly</li> <li>People living with disability</li> <li>People living with chronic illness</li> <li>Ethnic minorities</li> <li>Orphans</li> <li>Child labourers</li> <li>Victims of violence, exploitation and abuse</li> <li>Veterans</li> <li>Families of migrants</li> </ul>	<ul style="list-style-type: none"> <li>Pensions for civil servants, NSSF for private sector employees</li> <li>Some donor assistance to the disabled</li> <li>Some assistance to ethnic minorities</li> </ul>	<ul style="list-style-type: none"> <li>No pensions for the poor</li> <li>Very limited assistance to people with disabilities</li> <li>Limited assistance to other special vulnerable groups</li> </ul>

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.

## 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 goal of the NSPS thus has three elements: 1) supporting the poorest and most disadvantaged who cannot help themselves; 2) reducing the impact of risks that could lead to negative coping strategies and further impoverishment; and 3) supporting 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 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

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	<ul style="list-style-type: none"><li>Targeted food distribution,</li><li>Distribution of farm inputs</li></ul> Other emergency support operations

Priority area and related CMDG	Objective	Medium-term options for programmatic instruments
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	<ul style="list-style-type: none"> <li>• 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)</li> <li>• School feeding, take-home rations</li> <li>• Outreach services and second-chance programmes for out-of-school youth and supporting social welfare services</li> </ul>
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	<ul style="list-style-type: none"> <li>• National labour-intensive PWPs</li> <li>• Food for work and cash for work schemes</li> </ul>
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	<ul style="list-style-type: none"> <li>• 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)</li> </ul>
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 disabilities, people living with HIV and/or TB, etc receive income, in-kind and psycho-social support and adequate social care	<ul style="list-style-type: none"> <li>• Social welfare services for special vulnerable groups</li> <li>• Social transfer and social pensions for the elderly and people with chronic illness and/or disabilities</li> </ul>

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.

**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.

Below are the medium-term specific results to achieve each of the five objectives, indicating priority actions, instruments and programmes. Chapter 5.7 details priority actions for the near future (2011-2013), indicating scope and coverage of interventions, resource requirements and funding gaps.

## **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 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.

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.

## **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.**

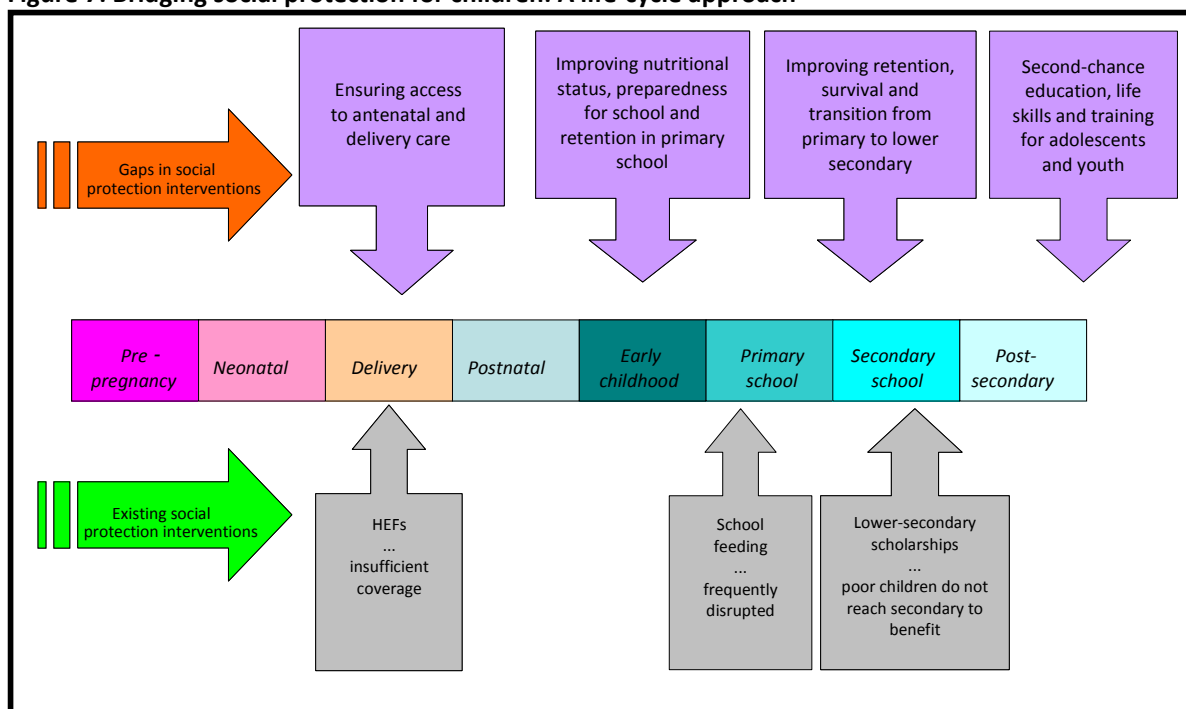
A life-cycle approach to poverty reduction recognises that discrete points in time (such as pregnancy, childbirth, early childhood, adolescence) are characterised by higher exposure to risk. These are the periods in life when the foundations for physical, emotional and cognitive development of the child 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<sup>18</sup>.

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;
- 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;

<sup>18</sup> See Granthem-McGregor et al, 2007, Heckman et al, 2000-2006, World Bank, 2002.

- 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.

### 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.
- **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. PWP 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.

#### **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 (May 2009, before the Council of Ministers pending approval), 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<sup>19</sup>. 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.

#### **Objective 5**

**Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, people living with HIV and/or TB, etc receive income, in-kind and psycho-social support and adequate social care.**

Addressing the rights of special vulnerable groups<sup>20</sup> 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:

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<sup>19</sup> RGC Health Financing Report, 2009.

<sup>20</sup> As defined in Chapter 3.2.

- 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;
- 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.

## 5.4 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.

Social protection is a crosscutting task, one which demands effective coordination and collaboration of many sector ministries and government agencies, as well as active dialogue with supportive development partners and civil society organisations. 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.

CARD is mandated to provide coordination, policy guidance, monitoring and information management with regard to agricultural and rural development. In 2009, CARD's mandate was expanded to coordinate the development, implementation and monitoring of an effective and affordable NSPS, as per the NSDP Update 2009-2013, which tasked CARD with ensuring that effective inter-ministerial coordination mechanisms are in place involving RGC ministries and agencies responsible for delivering social safety net programmes to the poor and vulnerable.

#### **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.

#### **5.4.1 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.

#### **5.4.2 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. through 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.



### 5.4.3 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.

### 5.4.4 Partnership, Dialogue and 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.

## 5.5 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 PWP, 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, as well as existing poverty and vulnerability maps, 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.

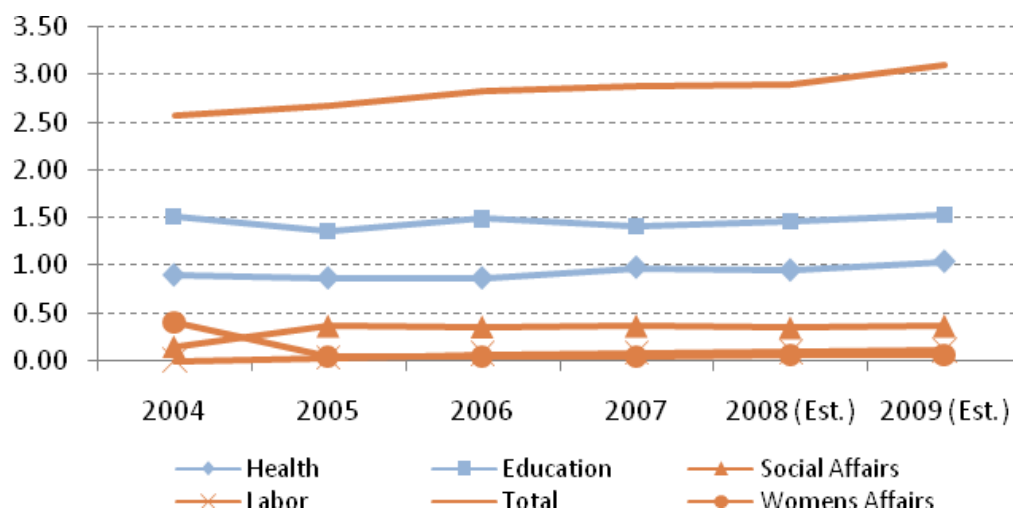
**Table 6: Targeting mechanism for NSPS**

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 RGC budget for the social sector ministries (MoEYS, MoH, MoSVY, MoLVT, MoWA) increased by one-half of a percentage point between 2004 and 2009, to 3.1% of gross domestic product (GDP)<sup>21</sup>.

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



Source: MEF and World Development Indicators.

It is hard to determine the level of spending on social protection by the RGC given the current budget structure. The new budget structure, in use since 2007, has two chapters (64 and 65), in which there are items labelled as social interventions<sup>22</sup>. Government expenditure on these items amounted to a total of

<sup>21</sup> The RGC also includes in the classification of social ministries the Ministries for Information, Culture and Fine Arts, Environment and Public Worship and Religion.

<sup>22</sup> 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. Local Scholarships and Research 7.

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.

## 5.7 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.

- 5.7 - I recommend revising to: "More details for specific programmes are outlined in the discussion notes [\(policy notes\) in the Appendix](#) of the NSPS.
- Table 7 1.1-1.2 and 3.2: need to check the ADB info with ADB - will CARD (Peter?) do this?
- Table 7 1.3: I recommend putting an 'and' between natural disaster and poor people.. then the sentence makes sense to me (editorially, although it still doesn't make sense to me that the number of disaster victims are known in advance, but if this is in MOSAVY's work platform....)
- Table 7 2.6: needs further discussion - with HE Ngy Chanphal?
- NSPS results matrix: I'm not sure what the red text signifies: to be checked with WFP?
- References: to be completed by line ministries.
- Glossary: I can give final input on this if useful.

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<sup>23</sup>.

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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).

<sup>23</sup> 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.

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<sup>24</sup> 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 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.

***This matrix is a work in progress. CARD welcomes the support of line ministries in confirming the priority actions.***

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<sup>24</sup> 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.

**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
<b>Overarching priority actions</b>							
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 1.2 million HHs in coverage area	Confirmed for 2010 and 2011	2.8	2.95	3.1
0.9	Design and pilot system to identify urban households	MoP				0.3	0.3
<b>Objective 1: Cover basic needs during crisis and emergencies</b>							
1.1	Targeted food distribution	MEF	ADB/EFAP ?	Confirmed			
1.2	Distribution of agricultural inputs	MEF, MAFF	ADB/EFAP ?, EC/FAO Food Facility ?	Confirmed			

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US\$ m)		
					2010/2011	2012	2013
1.3	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
<b>Emergency relief assistance – NCDM</b>							
<b>Objective 2: Reduce poverty and vulnerability of poor mothers and children</b>							
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 schools	Financed by MoEYS budget			
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-	To be confirmed	3.3	6.6	6.6

Short-term priority programmes and action		Implementing ministry	Estimated beneficiaries and benefit levels	Funding status	Resource requirements (in US\$ m)		
					2010/2011	2012	2013
2.6	Support to the implementation of the National Plan of Action on the Elimination of Child Labour	MoLVT	6 for family consumption) 12,000 by 2012 12,000 what? Children who are working in child labour? Poor children?) <sup>25</sup>	Confirmed			
<b>Objective 3: Reduce seasonal unemployment and provide livelihood opportunities</b>							
3.1	Set up and gradually expand an integrated national public works programme to address (seasonal) rural unemployment of the poor and create sustainable community assets	To be confirmed during project design phase	Beneficiaries 2011: 20,750 Beneficiaries 2012: 42,000 Beneficiaries 2013: 105,500 Employment for 40 days/year Wage rate: 10,000 Riels Average non-wage cost 30%	To be confirmed	0.2	10	24
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 ADB to insert details (not sure if EFAP goes until 2011?)	To be confirmed	3.3	5	5
<b>Objective 4: Promote affordable health care for the poor and vulnerable</b>							
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			
<b>Objective 5: Improve social protection for specific poor and vulnerable groups</b>							
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 vulnerable groups	MoH	TB patients 2010: 22,857 patients, US\$2 million People living with HIV/AIDS/OVC	To be confirmed	3.7 4.9	3.7 5.8	3.7 5.8

<sup>25</sup> 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
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	2010: 67,460, US\$4.2 million 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

**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
<b>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.</b>	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)
<b>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</b>	% 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
<b>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</b>	% 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	81	90 (2015)

	health personnel		
	% progress in achievement of the national target on eliminating the worst form of child labour	313,000 (2009)	Elimination of WFCL (2016)
<b>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</b>	Number of days the rural poor are provided with work opportunities through labour-based PWP	1 million work days (2009)	5 million (2013)
<b>Objective 4. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness</b>	Use indicators in the Social Health Protection Master Plan (ask GTZ/WHO) % of people with access to HEFS		
<b>Objective 5. Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, people living with HIV and/or TB, etc receive income, in-kind and psycho-social support and adequate social care</b>	% 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)
<b>Institutional arrangements:</b> <b>Coordination</b> <b>Targeting</b> <b>Capacity development</b> <b>M&amp;E</b> <b>Information management</b> <b>Funding mechanisms</b>	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: <i>ad hoc</i>	2012-2015: bi-monthly

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

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## Glossary

## Glossary

**Absolute poverty level/line.** Based on monetary poverty lines anchored in some absolute standard of what households should be able to count on in order to meet their basic needs. Absolute poverty lines are based on estimates of the cost of a nutritional basket considered minimal for the health of a typical poor family, to which a small provision is added for non-food needs.

**Basic package of transfers and services.** Basic package of social transfers (cash and/or in kind) and linked social welfare and essential social services (inclusive of health, education, ECD, water and sanitation, housing, among others) for the protection of the poor and vulnerable population against chronic poverty, shocks and vulnerability.

**Beneficiary selection.** See Targeting.

**Cambodia Development Cooperation Forum.** Chaired by the RGC, this government–development partner high-level forum meets every 18 months to discuss key strategic policy issues on broad areas where faster and critical progress is necessary or where additional actions are needed. Previous CDCF papers can be accessed from the Council for the Development of Cambodia’s website: [www.cdc-crdb.gov.kh/](http://www.cdc-crdb.gov.kh/).

**Cambodian Millennium Development Goals.** In 2003, MoP developed its own set of national development goals for 2015. These were based on the Millennium Development Goals (MDGs) agreed at the United National Millennium Summit in 2000 (to which Cambodia, along with all other countries, was a signatory), but also incorporated some changes to adapt the global MDGs to the context of Cambodia. There are nine CMDGs, with 25 overall targets and 106 specific targets. <http://www.mop.gov.kh/Default.aspx?tabid=156>.

**Capacity building.** A coordinated process of deliberate interventions to 1) upgrade skills; 2) improve procedures; and 3) strengthen organisations. Capacity building refers to the investment in people, institutions and practices that will enable countries to achieve their development objectives. Capacity is built effectively when such activities contribute to the achievement of national goals while donor aid dependence decreases.

**Cash for work.** Sustainable community asset creation as a way for poor rural communities to receive cash in return for labour by building and rehabilitating community assets, such as village roads, irrigation systems, ponds or dams.

**Cash transfers.** Non-contributory social safety net programmes that pay cash benefits to eligible people or households. Common variants include child allowances, social pensions, needs-based transfers and conditional cash transfers.

**Child deprivation.** A situation of lack of access for the children (<18 years of age) to basic necessities, such as food, health, education, water and sanitation, shelter and information.

**Child labour.** Labour undertaken by Cambodian children aged 5-14 years old. The RGC in its NPA-WFCL (February 2004) identified 16 hazardous forms of child labour in the country, along with three unconditional worst forms of child labour. Hazardous forms of labour are: portering; domestic work; waste scavenging or rubbish picking; fishing; work on rubber plantations; work on tobacco plantations; work on other semi-industrial agriculture plantations; brick making; salt production and related enterprises; handicrafts and related enterprises; processing sea products; stone and granite breaking; rock/sand quarrying and stone collection; gem and coal mining; restaurant work; begging. Unconditional worst forms of child labour are: child commercial sexual exploitation; child trafficking; children used in drug production, sales and trafficking.

**Child poverty.** Includes both income and non-income aspects of the poverty of children, with income referring to lack of access by children to family income and resources, and non-income referring to

lack of access to basic social services, social protection and welfare services and benefits, which jointly affects their wellbeing and opportunities for realising their potential in life.

**Chronic poverty.** Poverty that endures year after year, usually as a result of long-term structural factors faced by the household, such as low assets or location in a poor area remote from thriving markets and services.

**Citizen report cards.** A system of measuring the quality, equity and effectiveness in the provision of a particular public service by recording beneficiary satisfaction based on a score system, which is aggregated to measure the overall level of satisfaction with the service provider and is used to inform future improvements in the service.

**Community-based health insurance.** CBHI targets the near-poor who can afford to pay a minimal amount for premium contribution in exchange for a defined health care benefit package. In 2008, there were 12 schemes operated by local and international NGOs in the country, covering about 79,873 members.

**Complementary services.** Essential social and welfare services which contribute to maximising the benefits received through cash or in-kind support, as they contribute to the building of the human capital and capacity of the beneficiary through additional training, psycho-social support, counselling, care and other assistance, which is indispensable to the beneficiary in overcoming poverty and deprivation and successfully sustaining wellbeing over time.

**Compulsory social health insurance schemes.** Mandating social security coverage of the private and public formal sectors; compulsory in nature and where premiums are shared between the employer and employee.

**Conditional transfers.** Conditional transfers (in cash or kind) link 1) the provision of resources to poor households to maintain consumption levels over the short term with 2) incentives for these households to invest in human capital (health and education), with long term, intergenerational benefits. Poor households are given transfers in exchange for compliance with specific conditions (or “co-responsibilities”) encouraging them to use education and health services and lowering the cost of accessing such services. School feeding is an example of a conditional in-kind transfer with wide reach in Cambodia. Conditional cash transfers have proved very effective in improving lagging human development indicators in a number of countries. In Cambodia, the scholarship for the poor programme under the Education Sector Support project has increased enrolment rates in the program area by 20%. As with any instrument, it is important to remember that conditional transfers cannot serve as a complete safety net, as households without access to health or education facilities or without children of school age are not eligible for these programmes.

**Coping strategies.** The subset of risk management strategies designed to relieve the impact of risk once a shock has occurred. The main forms of coping with shocks that decrease income consist of individuals using their savings and selling assets, borrowing or relying on public or private transfers to maintain current consumption.

**Council for Agricultural and Rural Development.** CARD has been delegated the task of cooperating with and facilitating line ministries, institutions and development partners for the development and coordination of the implementation of social safety net programmes.

**Cross-referral of services.** A system where the individual experiencing exposure to multiple overlapping vulnerabilities, shocks or contingencies is effectively referred to linked or complementary services and benefit providers, in order to ensure a comprehensive response to their situation, while maximising the benefits arising for the individual from one particular service or benefit. Often, the system includes a component of localised case management, and is predicated on shared databases of information on the beneficiary and implies effective referral irrespective of the first point of access of any service.

**Destitution.** A situation of extreme poverty and hunger that requires immediate and unconditional support in the form of cash or in-kind support and services.

**Disability.** A physical, mental or psychological condition that limits a person’s activities. The social model of disability emphasises people’s ability to function in their particular physical and social environment.

Disability therefore arises when barriers prevent people with functional limitations caused by age, disease, injury or other causes from participating fully in society.

**Early childhood development.** An approach to children's development (from zero to primary school) that ensures provision of child health care, nutrition, social, emotional and cognitive development, protection from risks and a protective living environment in a holistic manner.

**Equity.** Concept of fairness in economics. Equity analysis examines the distribution of benefits across pertinent groups (poor/non-poor, men/women, rural/urban and so on). Horizontal equity requires that the same benefits or taxes apply to individuals or households that are equal in all important respects. Vertical equity implies that benefits or taxes are differentiated by ability to pay or need.

**Fee exemption.** Exemption granted to everyone for a defined class of service, for example vaccination or prenatal care.

**Fee waivers and scholarships for schooling.** Also known as stipends (usually paid in cash to households), education vouchers (coupons that households use to purchase education or inputs to education), targeted bursaries and interventions related to tuition and textbooks. All such mechanisms are meant to assist households in meeting the costs of schooling.

**Fee waivers for health.** Waivers granted to individuals based on their personal characteristics (such as poverty), relieving them of the need to pay for health services for which charges usually apply.

**Food for work.** Sustainable community asset creation as a way for poor rural communities to receive food in return for labour by building and rehabilitating community assets, such as village roads, irrigation systems, ponds or dams.

**Food security.** Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food, thus enabling them to meet their dietary needs and preference for an active and healthy life.

**Global Social Protection Floor Initiative.** A global inter-agency initiative that promotes the concept of the SPF, which corresponds to a set of basic social rights, services and facilities that an individual should enjoy, including essential services and a set basic social transfers for children, working-age persons and the old-age population.

**Headcount poverty.** Also known as poverty incidence, poverty headcount is the proportion of a population that falls below a national poverty line.

**Health Equity Fund.** 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 to 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 project for 2009-2013.

**Identification of Poor Households.** The Ministry of Planning's ID-Poor system is an example of proxy-means tested targeting tailored to the rural Cambodian context, combined with community validation.

**Integrated vulnerability impact monitoring and analytical system.** A system of real-time monitoring and analysis of socioeconomic vulnerabilities and shocks that examines changes in a number of contexts and pulse indicators in relevant social sectors in order to flag newly emerging or dramatically worsening vulnerabilities, towards informing policymaking for tailored responses through scale-up, expansion of existing programmes or introduction of new temporary ones to respond to emerging situations.

**Investments in human capital.** Investments into the essential elements that compose human capital, such as contributing to physical, intellectual and emotional development and covering health, education and ECD, among others.

**Life-cycle approach.** An approach to social protection that takes into account vulnerabilities and contingencies affecting the individual throughout his/her life-cycle, from conception to old age, and proposes tailored measures of social protection in order to respond most adequately to the age-specific and also gender-specific situation.

**Marginalisation.** Social and economic situation of exclusion from the benefits and services that the majority of the population enjoys which results in deterioration of the overall level of living and welfare of the individual.

**Mitigation strategies.** Risk management strategies implemented by individuals or households before a risk event occurs aimed at reducing the impact of a future risky event. For example, households may contribute to informal or formal insurance mechanisms that will help cover the cost of losses in the event of drought or flood.

**National Strategic Development Plan.** The NSDP 2006-2010, updated for 2009-2013, is a single, overarching document containing the RGC's priority goals and strategies to reduce poverty and to achieve the CMDGs and socioeconomic development goals for the benefit of all Cambodians. It synthesises and prioritises the goals of the National Poverty Reduction Strategy (NPRS) and CMDGs and is intended to align sector strategies and planning cycles to the government's overall long-term vision, as well as guide development partners to align and harmonise their efforts towards better aid effectiveness and a higher "net resources" transfer.

**Non-contributory pensions (or social pensions).** Benefits paid to the elderly from tax-financed (rather than contribution-financed) sources without regard to past participation in the labour market.

**Official development assistance.** Grants or loans to countries and territories on Part I of the Organisation for Economic Co-operation and Development's Development Assistance Committee List of Aid Recipients (developing countries) which: 1) are undertaken by the official sector; 2) have promotion of economic development and welfare as the main objective; 3) are at concessional financial terms (if a loan, having a Grant Element (q.v.) of at least 25%). In addition to financial flows, technical cooperation (q.v.) is included in aid. Grants, loans and credits for military purposes are excluded. For the treatment of the forgiveness of loans originally extended for military purposes. Transfer payments to private individuals (e.g. pensions, reparations or insurance payouts) are in general not counted (OECD DAC).

**Outreach services.** An option of service provision where the service is brought closer to the beneficiary in circumstances where institution-based service provision is not possible for reasons of high costs of physical access by the beneficiaries, and can cover social welfare, health and other essential social services.

**Package of benefits.** See basic package of transfers and services

**Pensions.** A sum of money paid regularly as a retirement benefit.

**Poverty gap.** The mean difference between the poverty line and household income divided by the poverty line (the non-poor have a gap of zero) calculated over the whole population. The income gap multiplied by the headcount equals the poverty gap.

**Poverty lines.** Cut-off point to separate the poor from the non-poor. They can be monetary (for example a certain level of consumption) or non-monetary (for example a certain level of literacy). The use of multiple lines can help in distinguishing among different levels of poverty. Also see Absolute poverty lines.

**Prevention strategies.** Subset of risk management strategies implemented by individuals or households before a risk event occurs to lessen the likelihood of an occurrence.

**Programme-based approach.** A way of engaging in development cooperation based on the principles of coordinated support for a locally owned programme of development, such as a national development strategy, a sector programme, a thematic programme or a programme of a specific organisation. Therefore, the term covers sector-wide approaches and other types of coordinated approaches, such as thematic approaches. Programme-based approaches share the following features: 1) leadership by the host country or organisation; 2) a single comprehensive programme and budget framework; 3) a formalised process for donor coordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement; 4) efforts to increase the use of local systems for programme design and implementation, financial management, monitoring and evaluation (OECD DAC).

**Public works programmes (or workfare).** Where income support for the poor is given in the form of wages (in either cash or food) in exchange for work effort. These programmes typically provide short-term employment at low wages for unskilled and semi-skilled workers on labour-intensive projects such as road construction and maintenance, irrigation infrastructure, reforestation and soil conservation.



Generally seen as a means of providing income support to the poor in critical times as well as a way of getting the unemployed back into the labour market.

**Rectangular Strategy Phase II.** The Rectangular Strategy sets out Cambodia's long-term development vision. It sets out the government's intention to build Cambodian society by strengthening peace, stability and social order, promoting sustainable and equitable development and entrenching democracy and respect for human rights and dignity. The four growth components of the Rectangular Strategy are 1) agricultural development; 2) infrastructure rehabilitation and development; 3) private sector development and employment creation; and 4) capacity building and human resource development. Good governance is at the core of the strategy. The Rectangular Strategy was first launched in 2004 and was updated in 2008.

**Risk and vulnerability analysis.** Complements poverty analysis by providing insights into the risks the poor face, as well as the size and characteristics of the population at risk of becoming poor in the event of a shock.

**Risk management strategies.** Strategies introduced by individuals, households or communities dealing with risks that may temporarily or permanently affect their wellbeing. *Ex ante* strategies look to avoid the risk's occurrence (prevention strategies) or, if this is not possible, to reduce its impact (mitigation strategies). *Ex post* strategies are aimed at dealing with the shock once it occurs (coping strategies).

**Safety nets.** Non-contributory transfer programmes targeted in some manner to the poor and those vulnerable to poverty and shocks. Analogous to the US term "welfare" and the European term "social assistance".

**Safety net system.** A collection of programmes, ideally well designed and well implemented, complementing each other as well as complementing other public or social policies.

**Second-chance programmes.** Vocational training for students who did not complete their education.

**Scholarships.** Income transfer to poor families with school-going children or children themselves to cover the indirect and opportunity costs of accessing education services, which can be in cash or in kind (e.g. bicycles, uniforms, books etc).

**School feeding programmes.** In-kind food transfers that provide meals or snacks for children at school to encourage their enrolment and improve their nutritional status and ability to pay attention in class.

**Self-targeted programmes (or self selection).** Self-targeted programmes are technically open to everyone, but are designed in such a way that take-up is expected to be much higher among the poor than the non-poor, or the level of benefits is expected to be higher among the poor.

**Social assistance.** See Safety nets.

**Social exclusion.** Social and economic situation of exclusion from the benefits and services that the majority of the population enjoys which results in deterioration of the overall level of living and welfare of the individual. Social exclusion and marginalisation are interchangeable terms.

**Social funds.** Multi-sectoral programmes that provide financing (usually grants) for small-scale public investments targeted at meeting the needs of the poor and vulnerable communities and at contributing to social capital and development at the local level.

**Social infrastructure.** Objects of physical infrastructure serving a social purpose (e.g. schools, early childhood centres, health centres etc) or social services (e.g. community learning, literacy programmes etc) which provide social benefits to the population to ensure their maximum wellbeing and adequate standards of living.

**Social insurance.** Contributory programmes designed to help households insure themselves against sudden reductions in income from work resulting from sickness, maternity, employment injury, unemployment, invalidity, old age or death of a breadwinner; to provide people with health care; and to provide benefits for families with children. They also include social health insurance schemes to provide people with access to health care. Types of social insurance include publicly provided or mandated insurance against unemployment, old age (pensions), disability, death of the main provider and sickness. Contributions are often shared by employers and employees.

**Social insurance programmes.** Programmes designed to help households insure themselves against sudden reductions in income, including publicly provided or mandated insurance against unemployment, old age, disability, death of the main provider and sickness. Social insurance programmes are

contributory where beneficiaries receive benefits or services in recognition of their contributions to an insurance scheme

**Social protection.** The set of public interventions aimed at supporting the poorer and more vulnerable members of society, as well as helping individuals, families and communities manage risk. Social protection includes safety nets (social assistance), social insurance, labour market policies, social funds and social services. In particular in the Cambodian context, it consists of a broad set of arrangements and instruments designed to assist individuals, households and communities to better manage risk, shocks and extreme poverty.

**Social risk management.** A framework that can be used to analyse the sources of vulnerability, how society manages risks and the relative costs and benefits of various public interventions on household welfare. Risk management strategies include prevention, mitigation and coping and may use government, for profit or private informal mechanisms.

**Social safety nets.** See Safety nets.

**Social security.** The protection that society provides for its members through a series of public measures: to compensate for the absence or substantial reduction of income from work resulting from sickness, maternity, employment injury, unemployment, invalidity, old age or death of a breadwinner; to provide people with health care; to provide benefits for families with children.

**Social protection.** Includes not only public social security schemes but also private or non-statutory schemes with similar objectives, provided that the contributions to these schemes are not wholly determined by market forces (i.e. redistribution).

**Social protection floor.** Corresponds to a set of basic social rights, services and facilities that the global citizen should enjoy. It can be seen as a core obligation of ensuring the realisation of minimum essential levels of rights embodied in human right treaties. The SPF could consist of two main elements that help to realise these human rights: 1) ensuring the availability, continuity and geographical and financial access to essential services, such as water and sanitation, food and adequate nutrition, health, education, housing and other social services such as life and asset saving information; 2) realising access by ensuring a basic set of essential social transfers, in cash and in kind, to provide a minimum income and livelihood security for poor and vulnerable populations and to facilitate access to essential services. It includes social transfers (but also information, entitlements and policies) to children, people in active age groups with insufficient income and older persons.

**Social sector ministries.** MoSVY, MoH, MoEYS, MoWA and MoLVT play a critical role in advancing social protection and providing benefits and services to the target population. Line ministries with a mandate to improve physical infrastructure – such as MPWT, MRD, MoWRAM – have a dual role to play in social protection by ensuring the creation of assets and also ensuring food security and income generation for the poor and vulnerable.

**Social services (or basic social services or essential social services).** Services covering education, health, food and adequate nutrition, water and sanitation, housing and other life- and asset-saving services, essential to ensuring adequate living standards and wellbeing of the individual and his/her family.

**Social welfare services.** Services covering child care, old-age care, disability care, home-based care and referral support for people living with HIV, return and reintegration, family preservation, family support and community support services, alternative care, rehabilitation support for school leavers and child labourers, as well as psycho-social services, including situations of emergency and distress. These are complementary to cash or in-kind benefits and help reinforce the outcomes produced by the former. Identifying points of contact between cash transfers and social welfare services is essential in a coordinated and integrated approach to social protection.

**Socioeconomic security.** Social protection of the population against economic and social shocks through either non-contributory or contributory measures, whether provided and financed by the state, private sector or organised groups of individuals.

**Supplementary feeding programmes.** In-kind food programmes intended to provide food to mothers and young children.

**Take-home rations.** Provision of a regular food ration to poor families with children, particularly girls in Grades 4 to 6, who are identified as at high risk of dropping out owing to economic or family pressures. Encourage poor families to send their children to school and compensate for the opportunity cost, helping reduce dropout rates and facilitating promotion to lower secondary school.

**Target group (or target population).** The intended beneficiaries of programme benefits.

**Targeting.** The effort to focus resources among those most in need of them.

**Transient poverty.** Poverty among households that are poor in some years but not all. They may be poor in some years because of idiosyncratic or covariate temporary shocks ranging from an illness in the household or the loss of a job to drought or macroeconomic crisis.

**Technical Working Group on Food Security and Nutrition.** There are 19 TWGs. This TWG focuses on issues of food security and nutrition. TWGs are intended to serve primarily as coordinating and supporting bodies for the government and development partners; they are not intended to substitute for or to duplicate the functions of ministries and agencies. The focus for all TWG activities is: 1) the achievement of the goals and targets of the NSDP and its associated sector and reform processes; 2) the identification and application of approaches that enhance aid effectiveness in the context of the RGC Harmonisation, Alignment and Result (H-A-R) Action Plan. (Council for the Development of Cambodia guidelines).

**Unconditional transfers (also see Conditional transfers).** *Unconditional cash and near-cash transfers* help the poor maintain basic consumption levels. These may be in the form of cash, or vouchers or stamps for purchasing goods and services. Vouchers or stamps limit the choice beneficiaries have for the use of funds; cash transfers allow beneficiaries to use the funds on whatever they see fit to smooth household income and consumption but may be less helpful in times of national crises when transfers do not have the same purchasing power owing to higher prices. Programmes include needs-based social assistance, family allowances, non-contributory pensions and disability transfers and food stamps. Cambodia currently does not have large programmes for cash and near-cash transfers. *Unconditional in-kind transfers* can help ensure access to critical basic goods. They are particularly useful where private markets do not work well enough to ensure that supply will respond to increased demand. Transfers of food (the most common form of in-kind transfer) can be used to improve nutritional status as well as help maintain consumption levels, by addressing food security directly. Examples of in-kind transfers include mother/child food supplement programmes, take-home food rations, school supplies and uniforms. The *Rice Distribution Programme* under the *Emergency Food Assistance Project* supervised by MEF and the *Mother and Child Health Programme* supported by the WFP are examples of in-kind transfers.

**Universal basic education.** In the Cambodian context, the attainment of the nine year of basic education, as provided by the Education Law.

## Appendix 1: Inventory of Existing Interventions for Cambodia

This table provides an inventory of RGC programmes and development partner- and NGO-funded projects related to social protection. It attempts to cover the main programmes and projects but is not comprehensive. This is a work in progress to be completed during the first year of implementation of the social protection strategy.

Risks and shocks	Programme type	Programmes	Lead ministry	Supporting DP	Annual expenditure (est. US\$)	Year of expenditure data	Beneficiary profile						Coverage
							No. of target beneficiaries	No. of beneficiaries	No. of female beneficiaries	Mostly poor	Mostly non-poor	Whole population	
<b>1. Situations of emergency and crisis</b>	<i>Food distribution</i>	Emergency Food Assistance Project (free distribution of rice)	MEF	ADB	6.5m	2008	342,853	342,853		x			200 targeted communes
		General food distribution (Ketsana)	NCDM	WFP	698,353	2009	25,000	84,205 (2009)	42,103	x			Rural
		Package of emergency relief to vulnerable and victims of emergency (including victims of mines)	MoSVY	UNICEF			206 new landmine victims (2009)	87		x			Rural
		Various projects	NCDM	CRC, NGOs						x			
	<i>Budget support</i>	Agriculture smallholder and social protection development policy operation	MEF	WB, AusAID	13m	2009-2010	n/a	n/a	n/a	x			n/a
	<i>Commune transfers for emergency assistance</i>	Emergency assistance – cash and in-kind assistance to communes to support achievement of CMDGs	MoI	UNICEF	27,600 (2009 – UNICEF contribution)		158 communes	158 communes		x			Rural
<b>2. Human development constraints</b>													
<b>Poor maternal and child health and nutrition</b>	<i>Nutrition programmes</i>	Child survival: components on improving maternal health and newborn care, promotion of key health and nutrition practices	MoH	UNICEF	3.6m	2010 budget				x			
		Maternal & Child Health and Nutrition Programme	MoH	WFP	3.4m	2009	46,620	64,273 (2009)	48,379	x			
		Other interventions	MoH	WHO, others						x			
		Various projects		NGOs						x			

Risks and shocks	Programme type	Programmes	Lead ministry	Supporting DP	Annual expenditure (est. US\$)	Year of expenditure data	Beneficiary profile						Coverage
							No. of target beneficiaries	No. of beneficiaries	No. of female beneficiaries	Mostly poor	Mostly non-poor	Whole population	
	<i>Social security</i>	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	n/a								x	National
Poor access to quality education	<i>Scholarships in cash</i>	FTI (Grades 4-6)	MoEYS	DP group	217,112	2009	5,174	3,459+	1,713	x			Rural
		CESSP (Grades 7-9)	MoEYS	WB	819,847	2009	No target set (2009)	18,684	12,036	x			Rural
		JFPR (Grades 7-9)	MoEYS	ADB				15,087 scholarships (2003-2006)		x			
		BETT (Grades 7-9)	MoEYS	BTC				6,427 scholarships (2004-2007)		x			
		EEQP (Grades 10-12)	MoEYS	ADB	\$1.22m	Total	4,000 by 2014	500 (2009-2010)	0.6	x			Rural
		Dormitory (Grades 10-11)	MoEYS	ADB				216 scholarships (2006-2008)		x			
		Various projects (Grades 7-9)		NGOs				4,876 scholarships (2003-2008)		x			
		Emergency Food Assistance Project (Grades 5-6 & 8-9)	MEF	ADB	305,350	2010 budget	12,645			x			Targeted communes
Child labour, especially its worst forms	<i>Direct intervention (prevention and withdrawal) and livelihood improvement</i>	Project of Support to the NPA-WFCL 2008-2012	MoLVT	ILO	665,000	Until 2012	12,000 children 2,000 families (2010-2012)	18,000+ children 4,5000+ families (2006-2008)	Minimum of 50%	Only poor			15 provinces by 2012
Poor access to quality training	<i>Second-chance education programme</i>	TVET pilot skills bridging programme	MoLVT	ADB	360,000	Total	700 by 2012			x			National
		TVET post-harvest processing	MoLVT	ADB	1.15m	Total	3,000 by 2012			x			Rural
		TVET voucher skills training programme (non-formal)	MoLVT	ADB	6.13m	Total	210,000 by 2015			x			Rural
		Various projects		NGOs						x			

Risks and shocks	Programme type	Programmes	Lead ministry	Supporting DP	Annual expenditure (est. US\$)	Year of expenditure data	Beneficiary profile						Coverage
							No. of target beneficiaries	No. of beneficiaries	No. of female beneficiaries	Mostly poor	Mostly non-poor	Whole population	
3. Seasonal unemployment and livelihood opportunities	PWPs	Food for work	MRD	WFP	3.1m	2009	156,249	106,923 (2009)	56,461	x			Rural
		Food for work (Emergency Food Assistance Project)	MEF	ADB (to WFP)	0.6m 1.4m	2009 2010		5,429 households		x			Targeted communes
		Cash for work (Emergency Food Assistance Project)	MEF	ADB	0.1m 6.6m	2009 2010		2,824 households		x			Targeted communes
	School feeding	School feeding	MoEYS	WFP	8.1m	2009	564,660	532,186 (2009)	255,669	x			Rural (20% of schools)
		Emergency Food Assistance Project	MEF	ADB (to WFP)	1.2m	2010	60,500	60,500	28,984	x			Targeted communes
	Take-home rations	Take-home rations	MoEYS	WFP			92,400	86,925 (2009)	43,464	x			Rural
		Various projects		NGOs						x			
4. Health shocks	Insurance	NSSF health insurance (planned to be implemented 2011)	MoLVT	n/a			Private sector employees of firms of 8< employees				x		National
		NSSF employment injury coverage	MoLVT	n/a			Private sector employees of firms of 8< employees	350,000 workers (December 2009)			x		National
		Health insurance for retired civil servants (planned)	MoSVY	n/a							x		National
	Fee waiver	Exemptions at rural facilities for poor patients	MoH							x			Rural
	HEFs	HEFs in 50 ODs	MoH	USAID, BTC, WB, ADB, DFID, AusAID	6.6m	2009	Est. 4 million living under the poverty line	68% of target population: 3,168,883 people (2008H)		x			National
	CBHI	13 CBHI schemes	MoH	GTZ and others			Target population: the near poor	122,829 members 2009 (coverage less than 1% of target population)			The near poor		National
5. Special vulnerable groups	Social welfare for elderly	Elderly persons' association support and services	MoSVY							x			National
		Various projects	NGOs							x			

Risks and shocks	Programme type	Programmes	Lead ministry	Supporting DP	Annual expenditure (est. US\$)	Year of expenditure data	Beneficiary profile						Coverage
							No. of target beneficiaries	No. of beneficiaries	No. of female beneficiaries	Mostly poor	Mostly non-poor	Whole population	
	<i>Pensions</i>	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	MoSVY	n/a				31,121 people with disabilities		x			National
	<i>Social welfare for families living with disabilities</i>	Physical rehabilitation centres/community-based rehabilitation services for people with disabilities	MoSVY	UNICEF						x			National
		Various projects		NGOs						x			
	<i>Social welfare for children and orphans</i>	Orphans: allowance, alternative/residential care; Child victims of trafficking, sexual exploitation and abuse; Children in conflict with the law and drug-addicted children	MoSVY	UNICEF						x			National
		Various projects		NGOs						x			
	<i>Social welfare and policy development</i>	Child protection: helps develop laws, policies, standards and raise awareness to protect children at particular risk	MoSVY	UNICEF	2.9m	2010 budget				x			National
	<i>Social welfare for families living with HIV/AIDS</i>	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	MoSVY	Global Fund, UNAIDS, UNICEF						x			National
		HIV/AIDS workplace programme for garment factory workers	MoLVT	UNICEF	100,000	2009				x			Urban
		Food Assistance to People Living with HIV and AIDS	MoH, MoSVY	WFP	4.2m	2009	77,355	75,879 (2009)	41,211	x			National
		Various projects		NGOs						x			
	<i>For TB patients</i>	Food Assistance to TB Patients		WFP	2.9m	2009	36,000	38,268 (2009)	19,500			x	National

Risks and shocks	Programme type	Programmes	Lead ministry	Supporting DP	Annual expenditure (est. US\$)	Year of expenditure data	Beneficiary profile						Coverage
							No. of target beneficiaries	No. of beneficiaries	No. of female beneficiaries	Mostly poor	Mostly non-poor	Whole population	
6. Other	Pensions	Civil servants and veterans retirement pensions	MoSVY	n/a	16.4m	tbc					x		National
		NSSF employer-based pension schemes (planned)	MoLVT	n/a							x		National