Care Policy Mapping in Cambodia

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1. Growing Care Needs

The 2019 census data for Cambodia revealed a population of 15,552,211, with 7,571,837 males and 7,980,374 females (National Institute of Statistics, 2020). Cambodia has experienced significant demographic shifts in recent years. The total fertility rate was reported to be 2.4 children per woman between 2021 and 2022 (National Institute of Statistics et al., 2023). Between 2008 and 2019, life expectancy at birth increased notably from 60.81 years to 74.3 years for men and from 63.66 years to 76.8 years for women (National Institute of Statistics, 2020).

Regarding the aging population, 8.86% of Cambodians were aged 60 or older in 2019, with projections indicating a rise to 12.65% by 2030 and 16.11% by 2040 (National Institute of Statistics, 2020). The proportion of children under 15 years old was 29.39% in 2019, but this is expected to decline to 24.54% by 2030 and further to 19.80% by 2040 (National Institute of Statistics, 2020). Additionally, 4.89% of individuals aged five years and above reported having some form of disability (National Institute of Statistics, 2020).

Significant trends are also observed in the care dependency ratio, which includes both young and old age groups. The overall dependency ratio was 61.96% in 2019, with projections indicating a decline to 56.04% by 2040, followed by an increase to 62.98% by 2050 (National Institute of Statistics, 2021). Notably, the young age dependency ratio is expected to steadily decrease from 47.60% in 2019 to 25.22% by 2050, while the old age dependency ratio is projected to rise significantly after 2040, from 14.36% in 2019 to 37.76% by 2050 (National Institute of Statistics, 2021).

2. Care Policies & Infrastructure

Care Infrastructure in Cambodia

In Cambodia, the responsibility for unpaid care work, such as childcare, eldercare, care for individuals with disabilities, and household duties, traditionally falls on women. This cultural expectation has greatly influenced their ability to participate in paid employment (International Labour Organization [ILO], 2024). While there has been some progress in integrating women into the workforce, these deeply ingrained care roles have only shifted slightly. Despite an increase in women's participation in the labor market, many still face the dual challenge of managing care responsibilities at home while also working outside, which presents ongoing difficulties in balancing these demands (United Nations Economic and Social Commission for Asia and the Pacific [ESCAP], 2022). Moreover, care work remains predominantly the domain of women (UN Women, 2024).

As a result, Cambodia's care infrastructure is characterized by a reliance on families to manage care responsibilities, limited government-subsidized care services that often have long waiting times, a lack of community-based care options, and a persistent shortage of care providers in residential homes for particularly older people and people with disabilities.

In recent years, increased attention has been directed toward care work in Cambodia, with the private sector and non-governmental organizations (NGOs), often supported by international donors, playing a significant role in service provision. The government has started to shift its focus towards promoting care work for children, the elderly, and people with disabilities by

collaborating with various stakeholders, including the private sector, development agencies, and NGOs, to enhance the care infrastructure.

The Ministry of Women's Affairs (MoWA) has been in the process of completing the national action plan for the care economy, concentrating on four main areas: 1) care infrastructure, 2) care in relation to social protection, 3) care services, and 4) employment associated with care policies (MoWA, 2024).

Childcare Policies and Services

The Cambodian government has taken significant steps to promote childcare through the development and implementation of various policies, action plans and activities. Key initiatives include the National Policy on Early Childhood Care and Development (2010), the National Action Plan for Early Childhood Care and Development (2014-2018), the National Action Plan for Early Childhood Care and Development (2022-2026), the Policy on Alternative Care for Children (2024) and so on.

National Policy on Early Childhood Care and Development (2010): This policy aims to enhance the well-being of women and children in Cambodia by ensuring access to maternal care, child health, nutrition, and early learning. The policy focuses on promoting school readiness, equipping caregivers with essential knowledge, fostering inter-ministerial collaboration, and supporting children's holistic development through quality health, nutrition, and education services (Royal Government of Cambodia, 2010).

National Action Plan for Early Childhood Care and Development (2014-2018): The 2014-2018 action plan aims to provide comprehensive care and development services for all young children, especially those who are disadvantaged, from conception to under six years of age. Key objectives include ensuring care and nutrition for pregnant women, birth registration, health check-ups, immunization, early learning opportunities for all children, and preparing children to start school at age six. The plan emphasizes training for family caregivers and coordination among ministries to address early childhood development. It highlights the need for inclusive care, involving collaboration among relevant ministries, public agencies, and civil society organizations to support children's overall development (National Committee for Early Childhood Care and Development, 2014).

National Action Plan for Early Childhood Care and Development (2022-2026): Building on previous efforts, the 2022-2026 action plan establishes five key priorities: providing quality, equitable, and inclusive early childhood education; promoting early childhood health and care; ensuring adequate nutrition for women and children; guaranteeing children's safety and security; and offering responsive care and protection (National Committee for Early Childhood Care and Development, 2022).

Policy on Alternative Care for Children (2024): Launched by the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) in 2024, this policy focuses on protecting the rights and development of orphans and vulnerable children outside of traditional family environments. The policy aims to strengthen alternative care services, promote family and community-based care, and reduce reliance on institutional care, with a goal of decreasing the number of children currently in institutional settings (MoSVY, 2024).

Community-Based Childcare Initiatives: The MoWA has been advocating for community-based childcare solutions. In 2016, the MoWA established the first daycare center

at a public institution, located on its premises, to support the childcare needs of civil servants (MoWA, 2016). This model has inspired other ministries to consider similar facilities, with plans to integrate guidelines into public service administration reforms to better support civil servants' childcare needs.

Childcare Centers in Garment Factories and Street Markets: Daycare centers in garment factories and near street markets are being developed with the support of development partners, providing additional childcare options in Cambodia. For example, in June 2020, the World Bank and the Japan Social Development Fund granted US\$2.7 million to Planète Enfants & Développement to establish 22 childcare centers for the children of garment workers aged 3–36 months. These centers primarily benefit female garment workers by providing safe and affordable childcare, enabling them to continue employment post-maternity leave and reducing absenteeism. The centers also focus on early childhood development, nutrition, and health monitoring for improved outcomes (World Bank, 2020).

The Ministry of Women's Affairs (MoWA) reported in 2017 that Cambodia had more residential care facilities than previously known, with 639 facilities operating nationwide. These include 406 residential care institutions, which offer long-term housing, care, and education for children and young people; 25 homes and temporary emergency accommodations, which serve as short-term shelters for children in crisis; 71 group homes, which are smaller, family-like settings where children live together under the care of a small number of caregivers; 65 pagodas and other faith-based care centers associated with religious institutions; and 72 boarding schools that provide both education and living accommodations for children (MoWA, 2017).

While several policies focus on childcare, the actual provision of services in Cambodia is predominantly managed by private childcare centers, volunteer-based community initiatives, residential care centers run by NGOs, early childhood education programs, domestic workers, and family members.

Care Policies and Services for Older Adults with Care Needs

The Cambodian government has introduced several policies to address the needs of its aging population. The **National Healthcare Policy and Strategy for Older People (2016)**, developed by the Ministry of Health, aims to promote healthy aging through a comprehensive, multisectoral approach that covers the entire lifespan. This policy emphasizes establishing standards for elderly care, collecting detailed health data on older adults, and strengthening measures to protect against health risks (Ministry of Health, 2016).

Additionally, the **National Aging Policy** (2017-2030), launched in 2017 and implemented from 2018, adopts a holistic approach to meeting the social welfare, healthcare, economic, and inclusion needs of older adults. This policy acknowledges that due to longer life expectancy, women will significantly outnumber men among the elderly. Consequently, older women, who are more likely to be poorer, widowed, and marginalized, are anticipated to face higher levels of discrimination (MoSVY, 2017a).

The Action Plan 2018-2020 for the National Aging Policy (NAP) 2017-2030 serves as the first action plan to implement the NAP 2017-2030. It consolidates existing and upcoming programs, projects, and activities by line ministries and agencies to improve the quality of life for Cambodia's aging population. The action plan aligns with nine priority areas, including

financial security, health, living arrangements, active aging, and emergency preparedness. Developed through a participative approach, it provides a framework for translating policy directions into concrete actions and serves as a tool for monitoring and evaluating progress. By coordinating efforts across agencies, the plan aims to achieve a development-friendly aging population status and enhance welfare for older Cambodians (MoSVY, 2017b).

To support these policies, the MoSVY has worked with various ministries through the Cambodian National Committee for the Elderly. They have implemented two key programs: the Community-based Older People Development Programme and the Family-based Care for Older People Programme (MoSVY, 2023a). The Community-based Older People Development Programme focuses on promoting health, social engagement, intergenerational support, and economic opportunities for older adults in the community while the Family-based Care for Older People Programme supports family caregivers through training, home-based care, financial assistance, psychological support, and community resources. These initiatives have resulted in the creation of Older People's Associations (OPAs) across the country. OPAs provide a range of social and welfare services, particularly benefiting women who are often the only adults in their households due to their generally higher life expectancy than men. OPA members receive care, Buddhist chants, and assistance accessing treatment from Management Committee members and volunteers, along with limited material support like food, balm, and small cash. In 2018, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) established 1,646 Older People Associations (OPAs) across Cambodia's 25 city-provinces, comprising 448,156 members, including 153,725 women. Of these, 937 OPAs are active: 223 operate well, 267 have moderate operation, 447 are weak, and 733 are inactive (MoSVY, 2021). Moreover, MoSVY has recently partnered with HelpAge Cambodia and the UNDP Cambodia to develop new models of elderly associations that are both inter-generational and multifunctional. These new associations have been established in nine capitals and provinces, including Phnom Penh, Prey Veng, Svay Rieng, Thong Khmum, Kampong Thom, Siem Reap, Banteay Meanchey, Preah Vihear, and Battambang (MoSVY, 2023a). Additionally, with backing from the governments of Australia, Korea, and Luxembourg, and in collaboration with HelpAge Cambodia and the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY), UNDP Cambodia is piloting a policy initiative focused on aging to build a community-centered social protection system. This initiative links religious institutions with Older People Associations (OPAs) using the Intergenerational Self-Help Club (ISHC) model. The ISHC model encourages healthy aging through various social, cultural, educational, healthcare, and livelihood activities. Operating in seven provinces including Kampong Thom, Thboung Khmum, Svay Rieng, Battambang, Preah Vihear, Siem Reap and Banteay Meanchey, it utilizes Cambodia's 5,104 pagodas and Buddhist principles to create affordable, sustainable support for older adults, reinforcing community bonds and advancing the UN Decade of Healthy Ageing (UNDP Cambodia, 2023).

While the Cambodian government has developed policies to support the aging population, the financial resources available to elderly individuals largely depend on contributions from development partners. These partners—including international organizations, NGOs, and donor agencies—often serve as the primary sources of funding and programs that directly benefit older adults. Although the government's policies outline strategic plans for elderly care and support, their implementation and sustainability frequently rely on external financial assistance rather than robust internal funding mechanisms. At present, there are no care

centers for older people in Cambodia operated by either private companies or the public sector. However, older people can receive support from Older People Associations (OPAs) within their communities, family members or domestic workers.

Care-Related Social Protections

The **IDPoor system** is Cambodia's national mechanism for identifying impoverished households eligible for social assistance (Ministry of Planning, 2024). It uses a community-driven proxy means test and a standard questionnaire to categorize households into four levels: Poor Level 1, Poor Level 2, At-risk, and Non-poor. Established in 2006, the IDPoor system was expanded in May 2020 to allow newly impoverished households to register. Households with Equity Cards can access various social benefits, including free healthcare, school scholarships, cash payments, and other subsidies.

Over the past two decades, Cambodia has made significant progress in reducing poverty, with the percentage of people living below the national poverty line dropping from 13.5% in 2014 to 10% in 2019. However, 28% of the population remains close to the poverty line (United Nations, 2019). In response, the government introduced the **National Social Protection Framework (2016–2025)**, providing non-contributory support to vulnerable groups—such as the elderly, pregnant women, children, and persons with disabilities—and contributory benefits like pensions and unemployment support (Royal Government of Cambodia, 2017).

The Law on Social Security Schemes was introduced in 2019 to promote equity, social solidarity, and welfare for all citizens. This law applies to public sector employees, individuals defined under the Labor Law, and self-employed workers, including domestic workers. It outlines the administration and implementation of pension, healthcare, occupational risk, and unemployment schemes, with details on both compulsory and voluntary contributions. It also specifies the responsibilities of the National Social Security Fund (NSSF), the roles of employers, and the benefits for insured individuals, such as pensions, disability allowances, and other welfare measures (Royal Government of Cambodia, 2019).

Despite the positive impacts of cash benefits for families with children, their coverage remains limited, and less than 10% of people with severe disabilities are covered by social protection schemes (ILO, 2017). Women, as primary caregivers, are particularly affected by this gap. However, the disability allowance program is expected to expand in 2021–2022 with the roll-out of a national disability identification process (United Nations, 2021).

In 2023, the **National Social Assistance Programme for Family Package** became a permanent initiative, replacing the Cash Transfer Programme initiated during the pandemic. This program provides monthly financial support to vulnerable families or households with IDPoor cards, including pregnant women, young children, people with disabilities, older adults, and individuals living with HIV/AIDS (MoSVY, 2023b). Full implementation of the Family Package began in April 2024.

The Family Package includes a basic allowance of 34,000 Riel per month for poor families, with additional support for specific groups:

• 28,000 Riel per month for family members over 60, people with disabilities, and those living with or caring for someone with HIV/AIDS.

- 20,000 Riel per month for IDPoor families with children in grades 1 to 9.
- 30,000 Riel per month for families with children in grades 10 to 12.

Pregnant women receive 80,000 Riel for each of the four pregnancy check-ups and 400,000 Riel after giving birth, along with ten free medical follow-up checks. As of January 24, 2024, the program has supported approximately 710,000 IDPoor households, distributing over US\$1.3 billion through 42 rounds of payments (Phnom Penh Post, 2024).

Family-Friendly Workplace Policies

The Cambodia Labour Law of 1997 includes several provisions to support women workers, particularly regarding maternity leave. Articles 182 and 183 of the law grant women 90 days of maternity leave at half pay. Employers are prohibited from dismissing employees due to pregnancy, during maternity leave, or immediately before taking such leave. Furthermore, employees with at least one year of service are entitled to half their wages and benefits during this period, which are calculated based on their average earnings over the previous 12 months. Upon returning from maternity leave, employees can only be assigned light duties for the first two months (Ministry of Labour and Vocational Training, 1997a).

However, the law does not provide for paternity leave, although it allows employees to take up to seven days of special leave for childbirth. Article 186 requires that employers with a workforce of at least 100 women provide onsite daycare facilities or cover the costs of external daycare for children older than 18 months. Additionally, Articles 219 and 220 mandate the establishment of nurseries for children under six years old in plantations near workers' housing. Article 171 also provides for special leave for workers dealing with family-related issues, though it does not detail the purpose, duration, or terms of payment for such leave (Ministry of Labour and Vocational Training, 1997b).

In practice, there is limited information on the extent to which employers in Cambodia comply with Articles 186, 219, and 220 of the Labour Law, which mandate the provision of daycare facilities and nurseries. Similarly, there is insufficient data on compliance with Article 171, which allows special leave for family-related issues. Enforcing these legal requirements is particularly challenging in sectors with low oversight, such as smaller businesses or the informal economy. Anecdotal evidence suggests that many employers in these sectors may not fully adhere to these laws. However, some larger companies and institutions have met legal obligations by offering on-site childcare facilities or financial support for employees' children over 18 months old. Due to the lack of comprehensive data to gauge compliance levels accurately, more research and targeted surveys are needed to better understand how these legal standards are being implemented.

3. People in Care

Care Workers Employed in the Formal Sector

In Cambodia, public daycare services are nonexistent, and the availability of functional daycare centers within factories is very limited. While kindergartens have been established through partnerships between private and public schools, offering more affordable alternatives to private care centers, these remain sparse across the country. Although private daycare services are expanding in urban areas, their cost—approximately \$100 per month per child—is still unaffordable for most garment factory workers (World Bank Group & Planète, Enfants & Développement, 2021). Furthermore, there are no care centers for older people in

Cambodia, and there is a lack of data on the number of care workers employed in the formal sector.

Community-Based Care Workers or Volunteers

There is a lack of available data on the number of community-based care workers or volunteers. Although some development agencies are actively promoting community-based childcare centers for the children of garment workers and Older People's Associations (OPAs) to support the elderly, no specific figures are provided for the number of these workers or volunteers involved.

Domestic Workers

A 2018 study by the **International Labour Organization (ILO)** estimated that Cambodia has approximately 240,000 domestic workers, the majority of whom are women (OXFAM, 2024). These workers perform various tasks, including cleaning, cooking, caregiving, and gardening. A previous ILO study from 2013, which surveyed 550 domestic workers, highlighted the challenges they face due to their exclusion from labor law protections (ILO, 2013). The study found that nearly half of the respondents began work before 6 a.m. and finished between 6 and 8 p.m., working seven days a week without holidays (ILO, 2013). Furthermore, 60% of domestic workers earned less than \$50 per month, while only 4% earned more than \$100 per month (Khmer Times, 2017). In comparison, the minimum wage for garment workers in 2024 is US\$204 per month for regular workers or US\$202 per month for probationary workers (MoLVT, 2023). Therefore, domestic workers receive lower wages than garment workers.

Unpaid Family Caregivers

A report by the Asian Development Bank (ADB) highlights that 95% of Cambodian women are engaged in childcare, which significantly restricts their opportunities for full-time employment (KIRIPOST, 2023). This has led to calls for greater involvement of men in childcare responsibilities and for the government to increase the number of childcare centers available to support working mothers. However, there is no specific data on the number of unpaid family caregivers.

4. The Situation of Domestic Workers

Domestic workers in Cambodia are individuals employed to perform a variety of household tasks, such as caring for children and elderly family members, as well as housekeeping duties like cleaning and maintaining the home (OXFAM, 2019).

The occupation has deep cultural roots in Cambodia, where domestic work has traditionally been associated with women's roles within the household (Asian Development Bank, 2023). Reflecting these societal norms, over 80% of domestic workers in Cambodia are women, while men are more commonly employed in roles outside the home, such as driving, security, and gardening (UN Women, 2015).

This gendered division of labor places female domestic workers at the lower end of the social hierarchy, often subjecting them to low wages, unstable employment conditions, and sometimes exploitative environments resembling servitude (UN Women, 2015). Many domestic workers, especially those working for middle-class families or international residents in Phnom Penh, come from rural areas. Poverty frequently forces these women to leave school at a young age to support their families, compelling them to move to urban areas in search of work. A large number of these workers live in their employers' homes, where they may experience conditions akin to forced labor, facing long hours (7 days per week), limited freedom, and minimal protection (Bou & Paul, 2021).

The Cambodian Labour Code largely excludes domestic workers from its regulations. For instance, although the Code covers topics such as working hours, rest days, vacations, and both written and verbal employment contracts, these provisions do not apply to domestic workers (UN Women, 2015).

The analysis of Cambodia's national care policies and the status of domestic workers can be effectively conducted using the **ILO's 5R Framework**.

4.1 Recognition in the Care Agenda

Cambodia has made some progress in recognizing the rights and needs of domestic workers within its national care policies. In April 2018, the Ministry of Labour and Vocational Training (MoLVT) issued **Prakas No. 235** on Working Conditions for Domestic Workers. This regulation outlines the roles and responsibilities associated with domestic work, sets the minimum age for domestic workers at 18 years (15 years for light duties), and mandates the provision of written contracts, designated days off, and paid public holidays. The regulation also requires employers to register domestic workers with the National Social Security Fund (NSSF) (MoLVT, 2018). The National Social Security Fund (NSSF) in Cambodia provides essential social security coverage for workers, including pensions, health insurance, employment injury insurance, and disability insurance. This coverage safeguards workers against income loss due to old age, sickness, accidents, or disability, helping to ensure financial stability and protection (Royal Government of Cambodia, 2017).

However, significant gaps persist in the protection and recognition of domestic workers:

- The absence of clear employment contracts makes it difficult for workers to enforce their rights.
- There are no limits on working hours, exposing workers to excessively long workdays.
- No minimum wage standards have been established for domestic workers, leading to inconsistent and often inadequate pay.
- Domestic workers lack access to paid leave and social security benefits, further compromising their economic security.
- Domestic work is not fully recognized as a distinct sector under national labor laws, limiting the legal protections and benefits available to workers in this field.

These shortcomings underscore the need for further policy development and stronger enforcement to ensure that domestic workers in Cambodia receive adequate protection and recognition for their contributions.

4.2 Redistribution Between Households and Institutions

A heavy care burden is placed on families due to the limited availability of government-subsidized community care, subsidized residential care services, and universal, affordable childcare. Additionally, family-friendly workplace policies are scarce.

4.3 Reduction of Care Burden and Working Hours

Although **Prakas No. 235** was intended to improve working conditions for domestic workers, it fails to address the critical issue of standardized working hours. As a result, domestic workers frequently endure excessively long workdays, starting as early as 6 a.m. and ending as late as 8 p.m., with minimal rest (ILO, 2013). The situation is even more challenging for live-in workers, who are expected to be available 24/7, blurring the boundaries between work and personal time. This relentless work schedule leads to chronic sleep deprivation and poses serious health risks, including fatigue, stress, and weakened immunity. Moreover, even on designated rest days or public holidays, many domestic workers continue to carry out their care responsibilities, further exacerbating their physical and mental exhaustion. This situation highlights the urgent need for stronger legal protections and standardized working hours to safeguard the well-being of domestic workers.

4.4 Reward for Excessive Care Responsibilities, Overtime, or Accumulation of Skills/Experience

Domestic workers in Cambodia face numerous challenges, particularly due to the lack of social security benefits and labor protections. Although the Cambodian Law on Social Security is intended to cover domestic workers alongside those under the general labor law, enforcement of this provision has been insufficient. As a result, domestic workers are often deprived of critical benefits such as medical care, disability pensions, and maternity leave that are provided under the Occupational Risk and Health Care Schemes. Moreover, domestic workers typically earn lower wages compared to other care workers and are not compensated for overtime, despite frequently working extended hours. They are also excluded from statutory minimum wage protections and do not have a system for regular salary increases. This lack of legal and financial safeguards leaves domestic workers particularly vulnerable to exploitation and contributes to their ongoing economic instability. Therefore, it is crucial to implement comprehensive reforms that extend labor rights and social security protections to this essential segment of the workforce.

4.5 Representation in Policy Dialogues on Care

The Independent Democracy for Informal Economy Associations (IDEA) and the Association of Domestic Workers (ADW) have been instrumental in pushing for the inclusion of domestic workers under union law and have coordinated the Cambodian Domestic Workers Network to engage in dialogues with government agencies and employers to secure better rights and access to social protection.

5. Conclusion

Cambodia has developed policies to address care needs for children, the elderly, and vulnerable groups, but the actual provision of services remains limited and uneven. Many care services rely on private entities, NGOs, community-based initiatives and domestic workers, resulting in disparities in access, quality, and affordability, especially for low-income and rural families. Challenges such as inadequate funding, insufficient caregiver training, and reliance on external support hinder the effectiveness of these policies. To improve care, Cambodia needs better implementation, sustainable funding, and inclusive service delivery models that ensure equitable, high-quality care for all, particularly the most vulnerable populations.

In Cambodia, domestic workers play a crucial role in providing care to children, the elderly, and people with disabilities, particularly in urban areas. However, their availability is constrained by financial barriers faced by low-income families and a lack of professional training in specialized care among domestic workers. This impacts the quality and reliability of care services. The heavy reliance on domestic workers also highlights gender inequalities, as caregiving roles are primarily assigned to women. Enhancing care quality and accessibility requires better financial support for households and investment in training programs for domestic workers.

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