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Older People's Income and Social Protection in Cambodia during COVID-19 and Beyond

MINISTRY OF SOCIAL AFFAIRS, VETERANS AND YOUTH REHABILITATION

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List of abbreviations

EWD	Elderly Welfare Department
FGD	Focus Group Discussion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ILO	International Labour Organization
KIIs	Key Informants Interview
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
NFV	National Fund for Veterans
NIS	National Institute of Statistics
NISA	National Institute of Social Affairs
NSPC	National Social Protection Council
NSPPF	National Social Protection Policy Framework
NSSFCS	National Social Security Fund for Civil Servants
OPA	Older People Association
RGC	The Royal Government of Cambodia
SOP	Standard of Practices
SWD	Social Welfare Department

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Executive summary

This aims to enhance the understanding and document the situation of older women and men in Cambodia and their concerns and needs, particularly relating to poverty, income security and access to social protection – both before and during COVID-19. The report further seeks to present in a concise and engaging manner the situation and views of older women and men to highlight the need for improvement of social protection in older age, and in particular the introduction of a social pension.

This mixed-methods study was carried out in Battambang, Kampong Thom and Phnom Penh. The study sample included 60 older people, 12 caregivers, 12 local KIs and 8 National KIs. Secondary data related to the needs of older people and social protection in Cambodia was also reviewed.

A life of dignity and wellbeing is an aspiration for people across all age groups. This is also the aspiration of older people in Cambodia. This study found that, in order to achieve that, older people require support in four areas:

- **Income:** older people need adequate and reliable incomes that would enable them to meet their basic needs and participate fully in their communities.
- **Healthcare services:** older people need good quality and accessible healthcare.
- **Shelter/Accommodation:** there are many older people who are homeless or reside in dilapidated houses.
- **Care:** many older people, particularly the older old, experience declining health and often require care and support at home.

However, for the vast majority of older people, the support received is inadequate.

The majority of older people interviewed for this study remain active and work hard, however much of their work is unpaid. Only about a third of older people interviewed had income from work; the majority engaged in unpaid work such as carrying out household chores, looking after grandchildren and the sick, working in the family garden/business.

As a result, the majority of older people rely on material and financial support from family members to meet their basic needs. Family remittances was the main source of income for 73% of study participants.

However, family high levels of poverty and economic vulnerability faced by the population as a whole mean that many families have limited resources to share.

The COVID-19 pandemic has made the situation even more difficult for the majority of older people. 55% of older people who participated in this study confirmed that COVID-19 had affected their daily lives.

While the RGC has made significant progress in the development of a social protection framework for Cambodia, the social protection system has important coverage gaps and is currently unable to offer adequate protection across the lifecycle.

The provision of social protection in older age is very limited. Only those who worked in the public sector (civil servants and military personnel) are currently entitled to old age pensions, and only a few older people are included in social assistance programs targeted at poor and vulnerable people.

There is, therefore, an urgent need to expedite the development of social protection interventions, such as the Old Age Allowance, which could have a significant impact on the wellbeing of older people in Cambodia.

Recommendations

Based on the findings of this study, we make the following recommendations:

1. Improvements to income security in old age

- NSPC should develop and establish a universal or pension-tested social assistance programme for older people.
- NSPC should review and consult on the development of the Social Security Law to ensure income security for older people.
- The review of National Policy of Old Age 2017-2030 should include the implementation of a social assistance programme to guarantee income security in old age (social pension).
- MoP should strengthen the procedures involved in the provision of ID Poor cards to older people who are entitled to them.
- MoSVY should provide a more timely service in the delivery of pensions to retired government officials.

2. Improvements to social care services for older people

- The National Elderly Care Center should develop a training program for family members and caregivers of older people to enable them to provide better care to older persons in their families.
- The National Elderly Care Center, HelpAge Cambodia and Older People's Associations (OPAs) should organize events for caregivers of older adults to offer them an opportunity to share their knowledge and practices of caregiving, and feel valued as caregivers.
- The relevant ministries should support older people to access assistive devices that can improve their physical function such as prosthetics, orthotics, glasses, and hearing aids.
- A monitoring system for promoting older people's welfare should be created to monitor and support vulnerable older people.
- Older people's care centres should be established to provide services and supports to older people in needs, offering services such as day care services (centre-based) and home care services.
- Local authorities should continue their support to OPAs by providing coordination, finance and technical support, as well as helping older people directly when they are in need.

1. Study background, objectives and methodology

1.1. Background

Social protection has been widely recognized as one of the most effective tools in addressing poverty and promoting income security throughout the life course. Pensions are the most important social protection interventions to ensure income security in older age. The COVID-19 pandemic has also highlighted the role of social protection in protecting people from covariate shocks and crises, as demonstrated by a significant increase of governments' spending in social protection to cushion people from the negative impacts of the COVID-19 pandemic.

Recognizing the important role of social protection to achieve sustainable human development and inclusive growth, the Royal Government of Cambodia, through the National Social Protection Council (NSPC), has developed the National Social Protection Policy Framework (NSPPF 2016-2025), which guides the implementation of social protection in the country and is scheduled for review in 2021. Currently, a National Law on Social Protection is being drafted and a consultation process involving different stakeholders is ongoing. Both the NSPPF and the drafted National Law on Social Protection contain references to social protection for older people in the form of social assistance. However, social protection for older people has so far not been prioritized, and references in institutional frameworks do not provide much detail or call for concrete schemes to be implemented.

The National Institute of Social Affairs (NISA) and the Elderly Welfare Department, with support from HelpAge Cambodia and HelpAge International, undertook this study on the income security and social protection needs of older people in Cambodia to support its advocacy towards enhanced social protection in older age, in particular in the context of the development of the National Law on Social Protection and upcoming review of the National Social Protection Policy Framework.

1.2. Purpose of the study

The purposes of the study are:

1. To better understand and document the situation of older women and men in Cambodia and their concerns and needs, particularly relating to poverty, income security and access to social protection, during COVID-19 and more generally.
2. To present in a concise and engaging manner the situation and views of older women and men to highlight the need for improvement of social protection in older age, and in particular the introduction of a social pension.

1.3. Research questions

The study aimed to answer the following questions:

- **Livelihood strategies and sources of income**
 - How do older women and men earn their income?
 - What challenges do they experience - societal attitudes, health and disabilities, skills, demand for older people's goods and services, access to resources such as land, credit, markets?
- **Financial and material support**
 - What support do older people receive from their families, communities and the Government (including any form of cash transfers or social protection)?
- **Adequacy of incomes from various sources and older people's poverty and deprivations**
 - Are the various income sources adequate and reliable for older people to live in wellbeing and dignity?
 - If not, what are the consequences of inadequate income in older age?
 - How do older people cope with not having sufficient income?
- **Basic needs**
 - Do older people have the ability to meet their basic needs and priorities, which include food security, access to health care, shelter, water and sanitation?
- **Contribution of older people**
 - What are older people's contributions to family and community life, including the provision of unpaid care, and local economies?
- **Social protection**
 - How adequate is the existing the social protection - including the pension system and cash transfers that are relevant for older people - for providing security in older age?
 - Are there coverage, adequacy and appropriateness issues?

1.4. Methodology

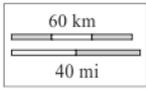
The study was conducted using a mixed-methods approach. Consent was obtained prior to the interviews/FGDs, and COVID-19 standard of practice (SOP) was strictly applied when interacting with the study participants.

Data sources

Besides gathering secondary data from recognized sources, primary data was collected in Battambang, Kampong Thom, and Phnom Penh municipality through focus group discussions (FGDs), in-depth interviews with older people, as well as key informant interviews (KII) at both local and national levels.

- 2 Focus group discussions (FGDs) with older people were carried out in each location – one including 10 women and another including 10 men. Participants were purposively selected to reflect different age groups (younger old, old, older old), poverty status (with/without Poor Card ID), and pension status (with/without pensions). FGD lasted about one hour.
- 20 older people were individually interviewed in each location. Questionnaires were designed to capture intention, with probing hints to explore the stories, reasons or feedbacks on what was expressed. Interviews lasted about 45 minutes. If an older person was unable to respond, the interview was terminated unless there was an available caregiver to support.
- 4 Key informant interviews (KII) were carried out in each location with (1) leader from Older People Association (OPA), (2) director/assigned staff from provincial department of social affairs, veterans and rehabilitation, (3) commune chiefs, and (4) monk leader. Each interview lasted about 45 minutes.
- At national level, KII included representatives from the National Fund for Veterans (NFV), the National Social Security Fund for Civil Servants (NSSFCS), Head of Elderly Welfare Department (EWD), Head of Social Welfare Department (SWD), Representative from National Social Protection Council (NSPC), and Representative from Oxfam, ILO, and HelpAge Cambodia. The interviews focused on exploring the existing regulations/policies and social protection for older people. Each interview lasted around one hour.

Figure 1. Map of study areas



PP : Phnom Penh

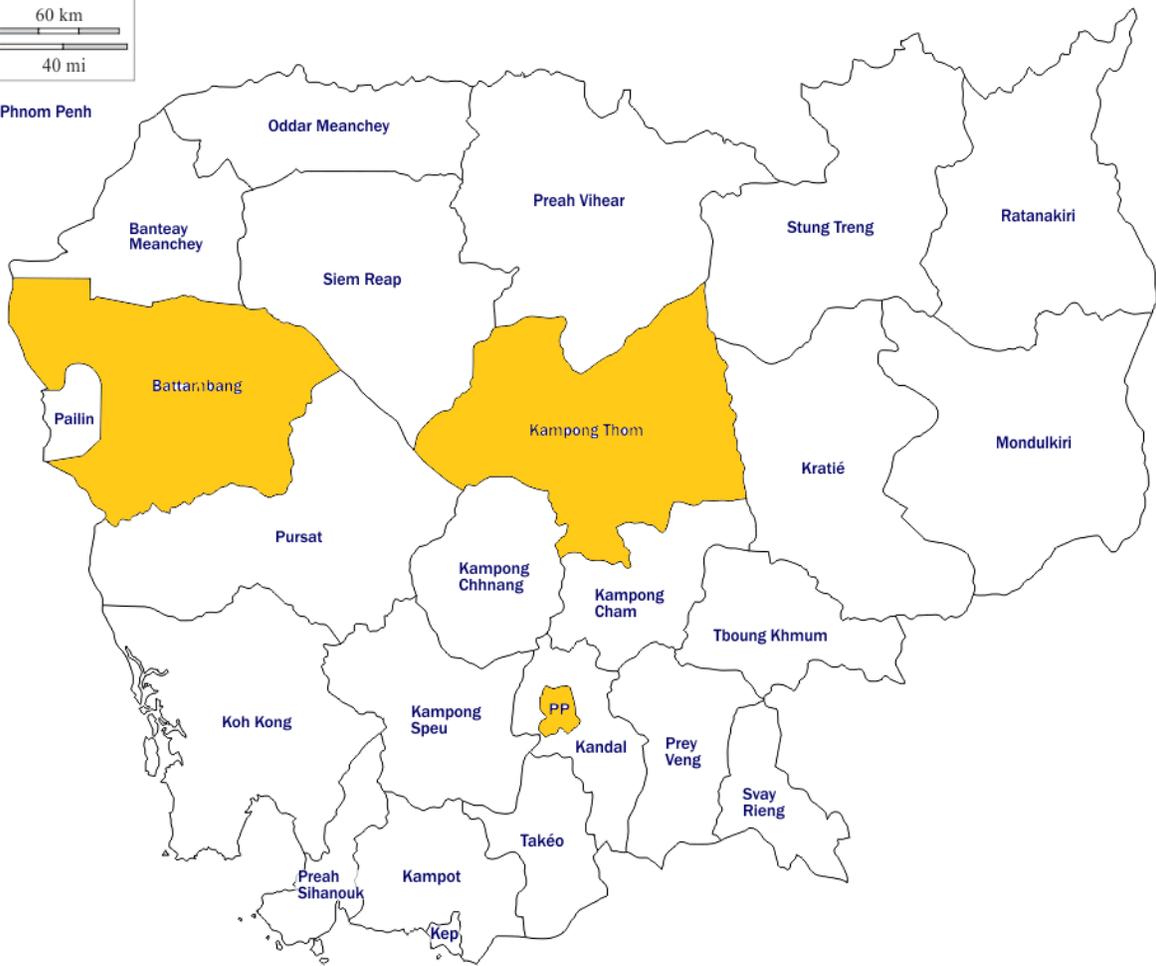


Table 1. Study sample

	Older people	Caregivers	Local KIIs	National KIIs
Battambang	20	4	4	8 (NFV, NSSFCS, EWD, SWD, NSPC, Oxfam, ILO, and HelpAge Cambodia)
Phnom Penh	20	4	4	
Kampong Thom	20	4	4	
Total	60	12	12	
Grand Total	84			

Data analysis

The qualitative data from FGDs and interviews was analysed factoring age (younger old/old/older old), gender, disability status, and socio-economic status including access to pension. Additionally, in exploring each topic, where possible, the study compared the situation before and during the COVID-19 pandemic.

Table 2. Situation of older people before and during the COVID-19 pandemic



Case studies

The study also recorded and transcribed case studies that document the struggles and successes of older people. The cases illustrate the livelihood strategies and support systems of older people and their families.

Figure 2. Pictures from the study's interviews with older people and key informants



2. Older people's income and living arrangements

This chapter describes the findings of this study in relation to older people's needs and concerns, and the availability of social protection. It starts by providing an overview of the demographics of older people in Cambodia, as well as the demographics of older people in the study sample.

2.1. Situation of older people in Cambodia

Cambodia has a population of 15,288,489 according to the 2019 Census, with 7,418,577 (48.5%) males and 7,869,912 (51.5%) females (NIS, 2019). The population increased 14.1% between 2008 to 2019, and there was also an increase in the proportion of those aged 60 and over (RGC 2017).

Table 3. Cambodia's total population, by region and sex, 2019

Region	Males	Females	Total
Central Plain	3,608,448	3,868,996	7,477,444
Tonle Sap	2,326,375	2,474,885	4,801,260
Coastal and Sea	516,711	544,437	1,061,148
Plateau and Mountains	967,043	981,594	1,948,637
Total	7,418,577	7,869,912	15,288,489

Source: General population census 2019 by National Institute of Statistics

There are 1.3 million people aged 60 and above in Cambodia, representing 8.9% of the population (HelpAge Cambodia August 2020 and NIS 2019). Older people represent 8.2 % of the population in urban areas and 9.3% in rural areas (NIS 2019). According to projections of the Ministry of Planning, the proportion of the population aged 60 and above is expected to increase from 13% in 2010 to 30% in 2070, similar to the proportions of older people in Italy and Japan (MoP, 2013). Women have higher life expectancy than men (RGC, 2016).

Older people's education

In Cambodia, older people are found to have a higher levels of illiteracy compared to other age groups (RGC, 2016). Of those aged 65 and above, 41.7% have never attended school, 20.4% have completed at least primary school, and only 5% have completed at least lower secondary school (NIS, 2018). Older women are significantly less likely to have received an education compared to older men.

Table 4. Older people who have and have never attended school, by age group and sex, 2017

Age Group	Number			Percentage		
	Women	Men	Both Sexes	Women	Men	Both Sexes
Older adults who have attended school, by age group and sex, 2017						
55-64	365,321	322,466	687,787	63.6	82.8	71.3
65+	183,141	246,494	429,635	39.0	79.5	55.1
Older adults who never attended school, by age group and sex, 2017						
55-64	179,144	53,868	233,011	31.2	13.8	24.2
65+	269,027	55,915	324,941	57.2	18.0	41.7
Older adults who completed at least primary school, by age group and sex, 2016						
55-64	114,985	155,674	270,659	20.0	40.0	28.1
65+	54,821	104,501	159,321	11.7	33.7	20.4
Older adults who completed at least lower secondary school, by age group and sex, 2017						
55-64	51,287	69,847	121,134	8.9	17.9	12.6
65+	11,721	33,236	44,958	2.5	10.7	5.8

Older people's health

Older people experience relative high levels of ill-health and disability. Common health conditions experienced by older people include joint pain, hypertension, diabetes, cough/respiratory diseases, back pain, arthritis, osteoporosis, and fatigue (NISA 2010). There are also significant levels of disability among older people, in particular those aged above 70 years (NISA, 2019 p.v).

Older women face more physical and mental health issues compared to older men as consequence of higher life expectancy, household responsibilities, and lower personal and family economic savings (NISA, 2019).

Adib (2011) noted a link between high levels of illiteracy and poorer health in older age. Similarly, this study found that low levels of education can have an impact on health seeking behaviour. For instance, some older people did not wish to seek help from family members or relatives, despite being in pain, because they believe bad health is an unavoidable part of being old. Older people who have higher education have been found to behave differently under similar circumstances - they often seek help from family members for medical treatment, and even know how to take care of themselves at home.

Older people in rural areas also face additional barriers to access healthcare. A study by Annear, Grundy, Ir, & Jacobs (2015) showed that, in rural areas in Cambodia, only 15% of primary care consultations take place in public institutions, and that half of all health care providers are private unqualified providers.

2.2. Demographics of the study sample

The table below describes the demographics of older people who participated in this study.

	Mean	N	%
Mean Age (yrs)	73		
Age group	60-69 yrs	26	43%
	70-79 yrs	20	33%
	80-89 yrs	14	23%
Sex	Male	25	42%
	Female	35	58%
Education	Not at all	22	37%
	Kindergartener	3	5%
	Primary School	21	35%
	Secondary School	9	15%
	High School	4	7%
	College	0	0%
	Others	1	2%
ID Poor	No	37	62%
	Yes	23	38%
N of Year (IDPoor)	3		
Number of Year have IDPoor	Less than 3 yrs	11	48%
	3 yrs and more	12	52%

Table 5. Demographics of study sample

The average age of people who participated in this study is 73 years old. 43% of participants were aged between 60-69 (“younger old”), 33% were aged between 70-79, and 23% were aged 80-89 (“older old”). There were more women (58%) than men (42%) in the study sample.

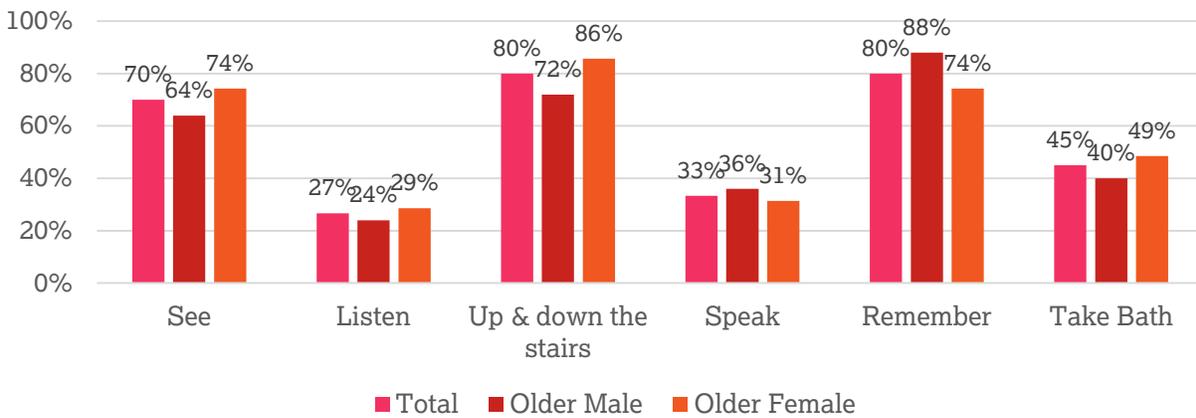
Levels of education were low. 37% of study participants did not attend school at all, 35% only attended primary school, and 15% received secondary education.

In relation to poverty status, 62% of participants did not have ID Poor card. The 38% of participants who had one, have had it for 3 years on average - 52% had it for 3 years and more, while 48% had it for less than 3 years.

Disability levels among study participants was high. 80% of participants had at least some difficulty with mobility, the same proportion of those who had at least some difficulty with cognition, while 70% had at least some difficulty with their vision. Older women were more likely to experience difficulties with mobility, vision, hearing and self-care; while older men were more likely to have cognition and communication difficulties.

Figure 3. Older people in the study sample: Disability of older people¹

¹ Adapted from WG-SS questions by using same 6 areas: vision, hearing, mobility, communication, cognition and selfcare.



Source: National Institute of Social Affairs, December 2020

Older people’s living arrangements

In Cambodia, similarly to other countries in Asia, older people typically live with their sons and daughters, and count on their family to look after them.

The table below shows the living arrangements of study participants. The majority (57%) lived with their adult children and grandchildren, 33% lived with their spouses, and 7% lived alone. Those living alone face particular challenges in relation to their financial and psychosocial wellbeing.

Table 6. Older people in the study sample: Living arrangements

Living with...	%
Spouse	33%
Children and grandchildren	57%
Relative	3%
Alone	7%

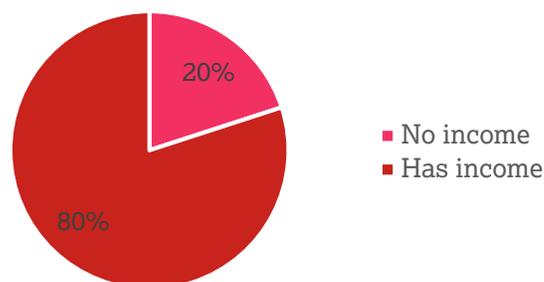
Source: National Institute of Social Affairs, December 2020

2.3. Older people’s sources of income

This study looked into older people’s main income sources and livelihood strategies, as well as the financial and material support they receive from family members, communities and the government.

As the figure below shows, 80% of older people taking part in this study had some type of income. **The main sources of income were family support/remittances (73%), pensions (33%), and work (31%).**

Figure 4. Older people in the study sample: Access to income



Source: National Institute of Social Affairs, December 2020

Table 7. Older people in the study sample: Reported income

US\$	Mean	Minimum	Maximum
Main income from work per month	73.7	7.5	225.0
Income from pensions	158.44	100.00	200.00
Income from Family support/ remittance	28.43	1.25	200.00

Source: National Institute of Social Affairs, December 2020

Remittances from relatives are the main source of income for many, but the amount received is normally low - on average USD 28 per month.

Income from work among research participants was on average USD 73.7 dollars per month, ranging from as little as USD7.5 and to a maximum of USD225 per month.

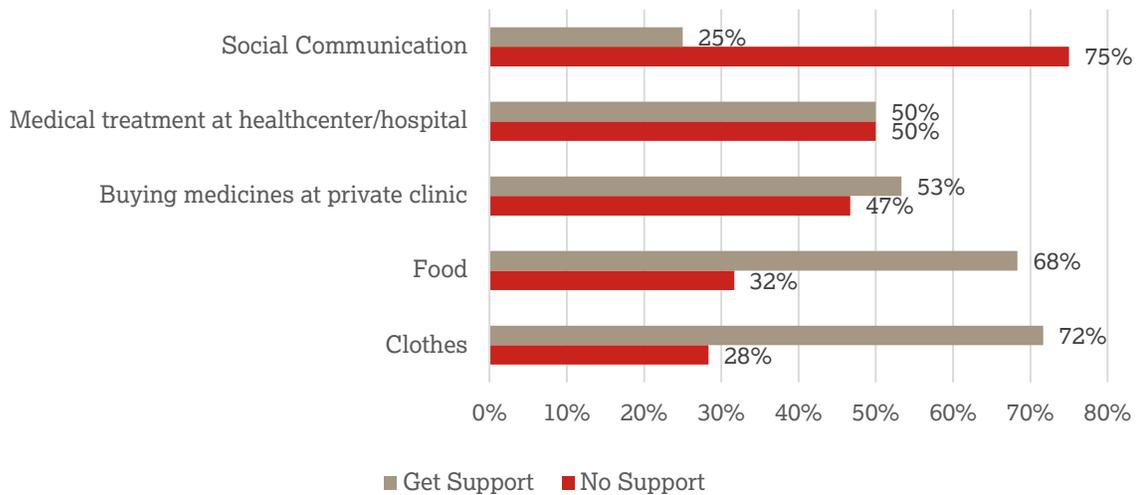
Pension income was on average USD158.44, ranging between USD100 and USD200 per month. There seems to be an overrepresentation of people with pensions in the study sample, as in Cambodia, according to the ILO (2017), only 3.2% out of the population over the retirement age receive a pension. Cambodia's pension system will be further discussed in the section 6.1 below.

Remittances and family support

Even though many older people have some income from work, business or pension, the material and financial support provided by family members is critical to older people.

Family remittances was the main source of income for 73% of study participants. But family support to older people goes way beyond that. Figure 3 describes the additional types of family support received by older people.

Figure 5. Older people in the study sample: Support received by older people from family



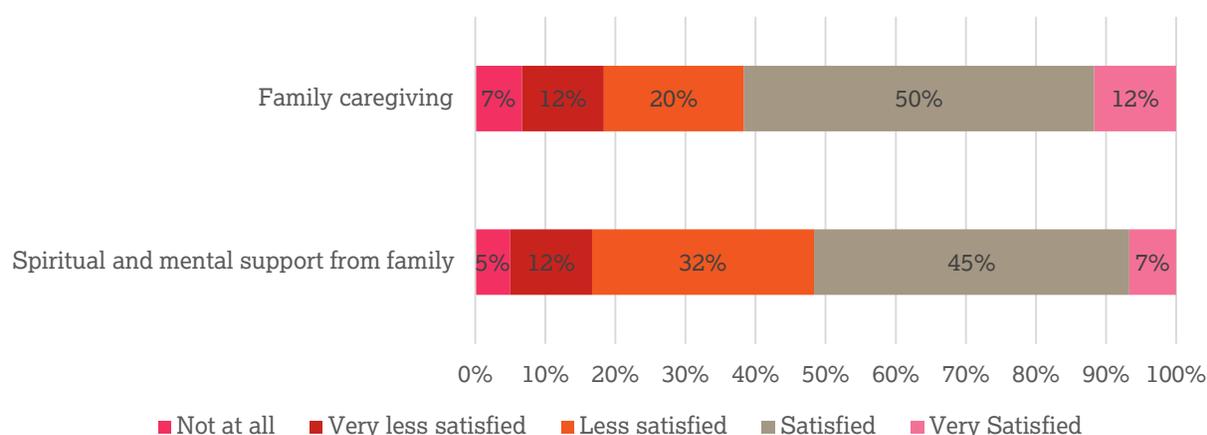
members

Source: National Institute of Social Affairs, December 2020

Over 70% of older people received clothing, 68% received food, and about half received support to buy medicine from private clinics (53%) and to access medical treatment at health centres or hospitals (50%). Older people also mentioned they received some additional financial assistance/gifts during national days or traditional ceremonies or festivals days. **About two-thirds (62%) of study participants were satisfied or very satisfied with family caregiving including the material support they receive from families.**

Levels of spiritual and mental support were much lower. It is noticeable that only a quarter of older people were supported with social communication or socialization. **Just over half of older people with satisfied or very satisfied with the spiritual and mental support they receive.**

Figure 6. Older people in the study sample: Older people's level of satisfaction with family support



Source: National Institute of Social Affairs, December 2020

Given the importance of family support, it is likely that older people who do not have children will be particularly vulnerable and more likely to require support.

Income from work

There are often significant changes in people’s employment and income in older age. Older people often have less employment opportunities. Samorodov (1999) argued that the labour market for older people is very limited, especially for those with health issues and disabilities. Older people often do not have enough physical strength to carry out the jobs that are available for low-skilled workers such as construction or plantation work.

About a third (31%) of participants in this study had income from work. The majority were self-employed, working on their own farms. Those living in Phnom Penh, however, were more likely to have salaried jobs. There were significant differences between older women and older men livelihood strategies - older women in Battambang and Kampong Thom typically worked for others growing and harvesting vegetables near their homes, while older women in Phnom Penh were often engaged in business with their adult children selling groceries. Older men in the two provinces typically worked as farmers, working on their rice fields or raising livestock like chicken and cows, while older men in Phnom Penh often worked in construction or as security guard.

However, much of older people’s work is unpaid. The majority of older women interviewed for this study carry out household chores and look after grandchildren and the sick. Older men also engaged in household chores and were particularly engaged in looking after the family rice fields and in home gardening. This will be further discussed in section 5.

Table 8. Older people in the study sample: Work carried out by older people, by sex

		Male (%)	Female (%)
Activities	Not working	23	16.4
	Gathering food (vegetables, fish, meat, etc.)	2.6	1.8

Collecting non-timber forest products	2.6	3.6
Working in rice fields	10.5	0
Cooking and household chores	18.4	32.7
Gardening	21.5	12.7
Taking care of children and grandchildren	21.5	32.7

Source: National Institute of Social Affairs, December 2020

Case study: Livelihoods of an older person with disabilities

Mr. Sang Sat is 84 years old, living in Chamkar Lahong village, Sasda Commune, Sampov Loun District, Battambang Province.

He has four members in his family - two single daughters, his wife and him. His health is weaker now than when he was younger. He has pain in his back, knees, legs and rheumatism bothering him almost every day on and off. These symptoms impede him from walking far from home, and he has to use a walking stick to assist him to walk. Because of these health conditions he works mainly around the house, working in the family's lemongrass plantation. The income from selling lemongrass is very small - even though he harvests five times a month. Each time he harvests between 10 to 15kgs that could earn around 20,000 riels. Due to his skills as an undertaker, he can generate additional income of around 32,000 riels when someone died in the community. **This income is not enough to meet the basic needs of his family.** When he gets sick, he receives support from the OPA - around 20,000 riels - and he uses his family ID Poor to access health services at the Health Center.



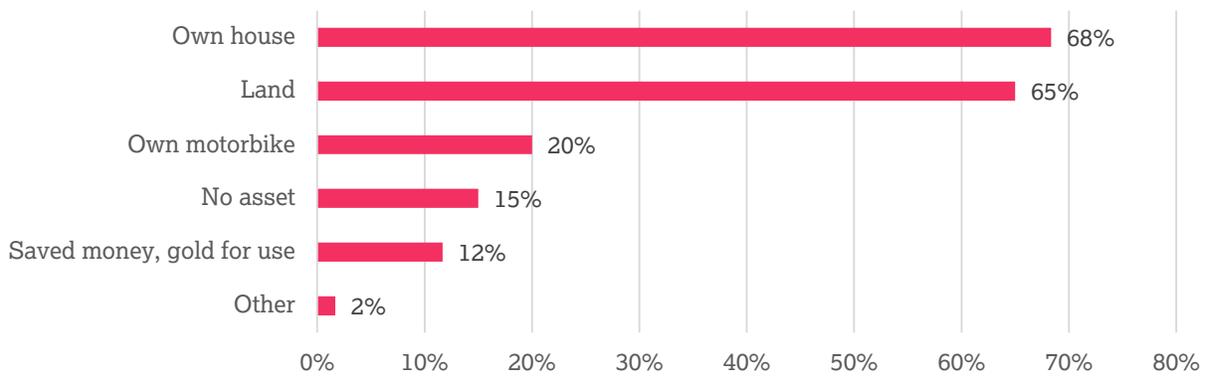
During COVID-19, he received 160,000 riels per month from the RGC Social Cash Transfer. Even though the support is not sufficient to cover the family needs, it has improved his living condition, and removed some of the worry around the financial situation of the family during the COVID-19 pandemic.

Asset ownership and savings

The study found high levels of home and land ownership among participants - 68% of older people owned their houses and 65% owned land. The ownership of motorbikes was much more limited (20%). 15% of older people did not have any assets.

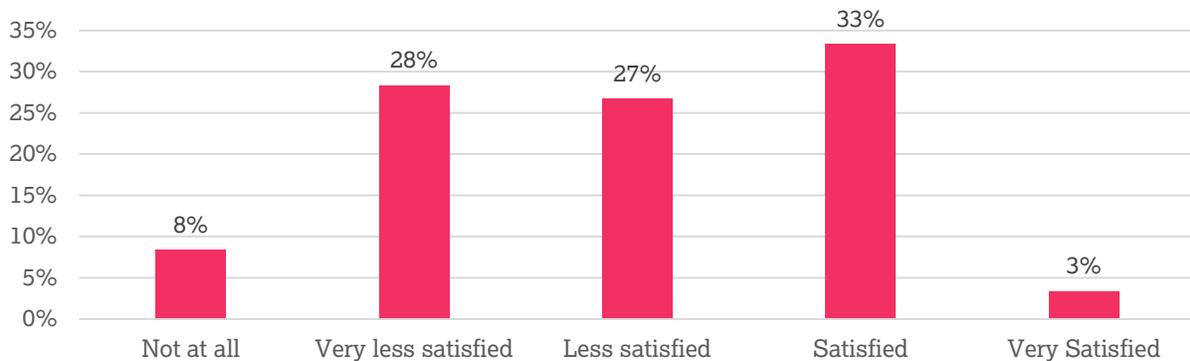
Levels of savings were low, with only 12% of older people reporting to have money and/or gold that they could use in emergencies.

Figure 7. Older people in the study sample: Older people's ownership of assets



Source: National Institute of Social Affairs, December 2020

Figure 8. Older people in the study sample: Older people’s level of satisfaction with assets and savings



Source: National Institute of Social Affairs, December 2020

Although levels of home and land ownership were high among older people, two thirds said they were not satisfied with the assets/savings they have. Older people explained that the quality of the assets they owned was generally poor- for instance, some of them have plots of land that are too small to cultivate, while others have houses that are in dilapidated condition.

Case study: Older women in caring roles and income generation

Ms. Chhon Ngar is 62 years old, living in Prey Kuy "Kor" village, Prey Kuy commune, Kampong Svay district, Kampong Thom province. She has six people in her family. She takes care of four grandchildren - two grandchildren whose parents live in Phnom Penh and another two grandchildren who live close by, but whose parents go to work during the day. She makes money by selling vegetables that she grows in her home garden around the house and also receive remittances from her children.

During COVID-19 outbreak, she faced some challenges. **The remittances from her children that used to be around USD400\$ per month reduced to USD 200\$.** Also, **the price of vegetables that she used to sell in has reduced significantly.** For instance, the price of a bundle of basil declined from 1,500 to 800 riels, a bundle of water morning glory used to be 500 and is now 300 riels, wax gourd was 500 and is now 300 riels, and a kilogram of anise basil that used to sell for 4,000 riels now has no buyers. Moreover, **she is scared of interacting much with people around because she is worried about contracting the virus – there is nobody to take care of her if she is infected, and her health is already frail.**

Presently, she has to save on daily food, clothing and buying grandchildren's toys. Without saving, she would not have enough money to pay back the bank loan and also have some money to attend weddings and ceremonies in the community. She used to spend around 30,000 riels per day for food and some clothes or toys for grandchildren – now she spends between 10,000 and 15,000 riels. She continues to sell vegetables from her home garden and raise animals such as chickens and ducks for family consumption and for selling in case of need.



3. The impact of COVID-19 on older people in Cambodia

55% of older people participated in the study confirmed that COVID-19 affected their daily lives.

Over two-thirds (67%) said the pandemic has affected their social communication and socialization. Older people talked about having difficulties with travelling, communicating with other people, and going to pagodas or ceremonies for the fear of contracting COVID-19. Even interacting with neighbours has been very difficult during this time.

The COVID -19 pandemic has also had a negative impact on older people's finances. Older people who were economically active generally said that they were able to support themselves and even make contributions to other family members and grandchildren. However, there was a complete change for many during the COVID-19 pandemic. **Most of them lost their jobs and/or had to stay home for fear of becoming infected with the virus.** As a result, their personal finance are suffering. Some of them had some savings, but not enough to live on during COVID-19 pandemic.

Over half of study participants (55%) have said that the pandemic has impacted their family income, as some of their children lost job or are earning less than before. Additionally, remittances from children working in other areas of Cambodia or other countries had, according to older people, been delayed and significantly diminished. Some older people also reported losing their jobs and finding it difficult to survive.

These results are corroborated by a HelpAge Cambodia study (2020) which also found that COVID-19 has had a negative impact on the children who were supporting their older parents financially. The study also found evidence of a general lack of awareness of older people about COVID-19, as well as negative effects of the pandemic on older people food security, wellbeing and protection. 67% of older people did not know where the nearest facility for COVID-19 treatment was, and 34% of older people reported reducing the amount of food eaten. HelpAge Cambodia study also found evidence of increased depression, and financial, emotional and physical abuse.

Table 9. Older people in the study sample: The impact of COVID-19 on older people

Has COVID-19 had an impact on your daily lives?		
	Number	%
Yes	33	55%
No	27	45%
Has COVID-19 had an impact on your family's income?		
Yes	18	55%
Has COVID-19 had an impact on your communication/socialization?		

Yes	22	67%
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Source: National Institute of Social Affairs, December 2020

The RGC’s Cash Transfer for Poor and Vulnerable Household Program offered some relief to poor households (with ID Poor I and ID Poor II) during the pandemic. Participants of the study who received the cash transfer found that, although the value of the transfer was small, it provided some relief and helped them cover some of their basic needs, particularly food. However, 45% of older people who received the support still had difficulties meeting their basic needs. As the programme was very narrowly targeted at those who had ID poor, many older people who were in similarly difficult circumstances as result of the pandemic, did not receive any government support.

4. Adequacy of support received by older people

A life of dignity and wellbeing is an aspiration for people across all age groups. This is also the aspiration of older people in Cambodia. This study found that, in order to achieve that, older people require support in four areas:

- **Income:** older people need adequate and reliable income that would enable them to meet their basic needs and participate fully in their communities.
- **Healthcare services:** older people need good quality and accessible healthcare.
- **Shelter/Accommodation:** there are many older people who are homeless or reside in dilapidated houses.
- **Care:** many older people, particularly the older old, experience declining health and often require care and support at home.

The RGC has pledged to contribute to the wellbeing of older adults by protecting and securing their basic needs (Suy, Chhay, Chatterjee, Reyad & Chakriya 2018). However, challenges still persist. Tech (2012) claimed that government’s expenditure on social assistance - both in cash or in-kind – is limited. Moreover, very few older people were able to make substantive savings during their working lives (MoP 2013). As a result, older people who are unable to make a living from work, particularly those living with chronic illnesses and disability, are very reliant on the assistance from family members.

The majority of older people in Cambodia live with their adult children and count on their family for material, physical and emotional support (Knodel et al., 2005; Zimmer & Kim, 2001, in MoP 2013). Many of them rely entirely on the financial support from family members, especially women who are almost twice as likely to rely on financial support from family compared to men (NISA, 2019). However, the support provided by family is not always adequate, as families struggle financially.

This study found that those who cannot count on their families, rely on neighbours, the pagoda, and *ad hoc* donations to meet their basic needs.

“...I need some support for my living...some money to deal with my living condition, especially when I get sick...” (older person without ID Poor card or pension)

When support is not available, coping strategies include reducing number of meals and eating less than normal. As a consequence of poor nutrition, health conditions often deteriorate.

A provincial KI at Battambang province confirmed that:

“...related to living condition, they lack food for daily living, and some older people do not have a house, do not have land nor live in a pagoda...some older people are left behind and not cared by their children, so they have no support and have a lot of stress and anxiety...”

Participants in this study assessed the level of support they receive in relation to their basic needs. **The vast majority of older people felt that the support they receive is insufficient to meet their basic needs.** 85% of older people taking part in this study said they did not have enough support to access medication, 77% did not have enough support to upkeep their houses, 72% did not have enough support to access food, 70% didn't have enough support to access clothing, and 47% didn't have enough support to access water.

Both men and women experienced similar levels of lack of support across all areas, with the exception of food where women were less likely to say they had enough support, and water where men were less likely to say they had enough support.

Table 10. Older people in the study sample: Support received by older people

Type of support		Sex		Total
		Male	Female	
Food	Not enough support	16 (64%)	27 (77%)	43 (72%)
	Enough support	9 (36%)	8 (23%)	17 (28%)
Water	Not enough support	13 (52%)	15 (43%)	28(47%)
	Enough support	12 (48%)	20 (57%)	32 (53%)
Shelter	Not enough support	19 (76%)	27 (77%)	46(77%)
	Enough support	6 (24%)	8 (23%)	14 (33%)
Clothing	Not enough support	17 (68%)	25 (71%)	42(70%)
	Enough support	8 (32%)	10 (29%)	18 (30%)
Medicine	Not enough support	22 (88%)	29 (83%)	51(85%)
	Enough support	3 (22%)	6 (17%)	9 (15%)

Source: National Institute of Social Affairs, December 2020

5. Contributions of older people to their families and communities

This study confirmed that older people play important roles within their families, as caregivers, heads of the family, and educators.

Caregivers: Older people, in particularly older women, look after their grandchildren and sick children, as well as taking care of the house for their children. Older people were found to spend their whole day carrying out chores/tasks related to their role as caregivers: preparing food, washing, bathing sick family members and grandchildren. Older people said they found it difficult to find time to rest; some even said they became sick because of exhaustion. Even those who have physical difficulties and are not able to move much around their house still look after the children – they sit on a chair or on a bed under the house watching the grandchildren playing and trying to keep them out of danger.

An older woman who participated in in-depth interview at Kampong Thom province said that:

“I am old now, but I have to take care of four grandchildren. Their parents rely on me since they have to go to work far from home. All of them are not easy to look after since they are very young. They are busy kids and like to play around and sometimes I have to find them somewhere in the neighbours’ houses. I am worried about them and I do not have enough time for myself to take a rest. I also have to do gardening and harvest vegetables to sell in the village to support my family”.

An older woman in the FGDs in Battambang and Kampong Thom provinces said that:

“I am 78 years old.... My health is getting weak, but I am still able to move around and do the housework. I do not want to rely on all supports from my children. I have to do all things I can do in order to release the burden of my children. My daughter complain that I do too much in the house. They want me to stay still because they do not want me to get sick...but I noticed that I would be sick if I stay doing nothing and I will feel bored”.

Head of the family: Older people were found to be active in 1) supporting their families financially - many older people who are healthy, especially those aged 60 to 69 years, work in construction, potato plantations, rice fields, and selling groceries, firewood, and vegetables; 2) older people are often the ones who initiate and decide on families’ affairs and businesses such as arranging marriage for children, using families’ property to cover emergency costs, buying property/ assets for the family, issues of heritage. The study found that older people are often ready to dispose of the family assets in order to support family members, but are hesitant to spend family savings or assets on themselves, as they want to leave behind their properties for their children; and 3) older people play an active role in solving families’ problems and engaging in conflict resolution.

An older man who participated in in-depth interview at Battambang province confirmed that:

“...presently, I have a family of four members, my wife and two children. I am an undertaker and a farmer. Now, I am 84 years old, but I continue working as always in order to earn some money for family, even though my health condition is deteriorating. I also lead my wife and children to grow and harvest lemon grass for local market. My family rely on me to make decisions regarding the housework and solving family’s problems”.

An old man aged 76 years old claimed that:

“I do not have many things for my children. I have only a house and a small rice field that my son and his wife could live on and farm rice...I told my son that when I get older if my sickness cannot be treated, I do not want them to spend much money on my treatment or selling the land for my sickness. I wish to die and at least I could leave them the house and land for them to live on”.

Educators: As educators older people contribute their skills, knowledge and experiences to educate their family members, children and grandchildren. The study found that older people trained and coached their family members and children on ways of working, dealing with family and work issues, as well as business development. For example, older people in rural areas share a wealth of knowledge and experiences in farming techniques with the younger generations.

They also tell stories about their life and work to their grandchildren in the hope that they will apply to some of this learning to improve their lives. Very often older people remind their grandchildren about their culture and traditions, and the moral values and behaviours that shape family and community life in the hope that the younger generations will preserve and uphold them.

This study found that the contributions of older people go beyond their contributions to their families. Older people were also contributing their resources, skills, knowledge and experiences to their communities, as community representatives, protecting and promoting community culture and traditions, and engaging in voluntary work to support others in need.

Older people as community representatives: As community representatives, older people actively engage in many community tasks including providing inputs and concrete ideas for community development, being commune or community committee council members, and being community witnesses in community issues such as land title issues. Some older people are also leaders or members of Older People Associations (OPAs). A local authority interviewed in Battambang province confirmed that:

“...Older people are the representative of the community as old and living heritage of community who help community and sustain the culture of community. Some older people are the leaders or members of Older People Associations (OPAs), and some older people are the potential and influencer who are the community or provincial council member...”.

Preserving community culture: Older people also contribute significantly to their community by sharing knowledge and skills and educating communities on important lessons related to life, morality, civilization, law, and so on. Moreover, older people help to preserve community

culture by carrying out traditional activities and performing rituals, and by teaching and encouraging the younger generations to know their value and practice. For example, wedding celebrations, funerals, cultural celebrations, rituals, festivals, baking, cooking, playing traditional games. Older people are invaluable sacred resources in keeping and promoting the traditional practices of the community. A local authority interviewed in Battambang province confirmed that:

“...Older people play very important roles in community because they have experience, knowledge, and good advice for their families and younger generations. They are really valuable for family and society, and they are the role models for younger generation...”

Engaging in voluntary work to support others in need: older people are often engaged in voluntary work in their communities, as members of OPAs, helping at the Pagodas, helping their neighbours. An older man interviewed in Battambang province confirmed that:

“...Being an undertaker is not good about earning income, but this is what I can do to help other people in community in my age. People need me when there is funeral.”

6. Older people's access to social protection

6.1. Cambodia's social protection system

The social protection system in Cambodia has important coverage gaps and is currently unable to offer adequate protection across the lifecycle.

Social protection can be defined as public measures providing income security for individuals (Holzmann & Jorgensen 2000:1). Conway, Haan & Norton (2000) and Tech (2012) defined social protection as the set of public actions and policies or programs taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given society, diminishing people's exposure to risks and enhancing their capacity to protect themselves against hazards and loss of income.

The RGC has strived to enhance the living standards, alleviate poverty and foster social stability through improvements in social security and social assistance.

The social security schemes support civil servants, veterans, people with disabilities, workers and employees through the National Social Security Fund (NSSF), the National Social Security Fund for Civil Servants (NSSFC), the National Fund for Veterans (NFV) and the People with Disability Fund (PWDF).

Cambodia has adopted the Law on Social Security Scheme for persons defined by the provisions of Labor Law in 2002. This law established (1) a pension scheme which provides old age, invalidity and survivors' benefits, and (2) an occupational risk scheme which provides employment injury and occupational illness benefits. Based on this law, the National Social Security Fund (NSSF) was established in 2007 to manage national social insurance schemes covering work injury and health insurance (NSSF, n/d). The development of the social security system continued with the development of a Social Protection Strategy for Persons Defined by

the Provisions of the Labor Law (2014 – 2018) and the adoption and promulgation on 2nd November 2019 of the Law on Social Security Schemes which benefits of both public and private workers and covers pensions, health care, occupational risks and unemployment schemes.

In order to extend social protection beyond the scope of formal workers, the RGC developed a Social Protection Strategy for the Poor and Vulnerable 2011-2015 which aimed at promoting the livelihoods of the people and ensuring the achievement of the Cambodian Millennium Development Goals (CMDGs). This was followed by National Social Protection Framework 2016-2025 (NSPPF 2017), which is a long-term roadmap focusing on two main pillars: Social Assistance and Social Security. The Social Assistance is divided into four components: (1) emergency response, (2) human capital development, (3) vocational training (4) welfare for vulnerable people. The Social Security consists of five components: (1) pensions, (2) health insurance, (3) employment injury insurance, (4) unemployment insurance (5) disability insurance.

Currently, social assistance for poor and vulnerable people is mostly provided on a small scale. All programs use the Identification of Poor Households Programme (IDPoor), a social registry administered by the Ministry of Planning (MoP).

3.2. Social protection for older people in Cambodia

The provision of social protection in older age is very limited. Only those who worked in the public sector (civil servants and military personnel) are currently entitled to old age pensions, and only a few older people are included in social assistance programs targeted at poor and vulnerable people.

This study found that although 58% of study participants benefit from some form of social protection, just under half of them (45%) still faced difficulties to meet their basic needs after receiving the support. Just over a quarter of older people interviewed received a pension (26%), and 75% of them consider the pension benefit to be inadequate. Interestingly, nearly two-thirds (62%) of respondents were not aware of old age pensions - only those who benefits from pensions had some understanding of it.

Table 11. Older people in the study sample: Perceptions of adequacy of social protection for older people in the study sample

		Number	Percentage
Benefit from social protection	No	25	42%
	Yes	35	58%
Still face difficulties after receiving support	No	23	55%
	Yes	19	45%
Pension amount is adequate	No	12	75%
	Yes	4	25%

Awareness of older people about the pension	No	36	62%
	Yes	22	38%

Source: National Institute of Social Affairs, December 2020

Social security for older people in Cambodia

In Cambodia retirement pensions are provided to public service workers such as civil servants, military, and police. According to ILO (2017) only 3.2% of the older population receive pensions. On March 4th, 2021, the RGC issued Sub-decree implementing the pension scheme for those who under labour law.

Civil Servants receive their pension benefits from the National Social Security Fund for Civil Servants (NSSF-C) and veterans receive their pension benefits from the National Fund for Veterans (NFV), ranging from 60% - 80% of their final salary.² At the moment, private sector workers receive no pensions, but in the future private sector workers will be able to claim their old age pensions from the National Social Security Fund (NSSF) after being registered for at least 20 years and having paid contributions for at least 60 months over a period of 10 years (ILO 2017) and according to Sub-decree No. 32 SD.E, 2021. The scheme will not however benefit the current cohort of older people, nor the vast majority of workers in Cambodia who work in the informal sector or carry out unpaid work.

National KI confirmed that:

“...Just to inform that the contribution of workers is 4% of their salary (2% contribute from employee and 2% from worker) ...At the same time, all citizens are encouraged to buy insurance services for their old age from any private insurance company in Cambodia...”

This study found that even those who retired from public services and receive a pension still struggle to make ends meet due to the limited adequacy of pension benefits. Most say they still rely on the assistance from their adult children or Older People’s Associations (OPAs) for food, clothing, participating in community ceremonies, weddings or paying for health services.

Social assistance for older people in Cambodia

Social assistance in Cambodia is limited and largely targeted at poor households under the Identification of Poor Households Programme (IDPoor), a social registry created in 2006 by the MoP (MoP 2017). The main social assistance programmes are the Emergency Support Programmes, Health Equity Fund (HEF), and Disability Allowance. There are no governmental social assistance programmes which target older people in particular.

National KI confirmed that:

“...Social welfare for vulnerable groups, which includes older people, is part of social assistance. Older People are included in this group because they have small chance to get income, other social services, nutrition, and health care.”

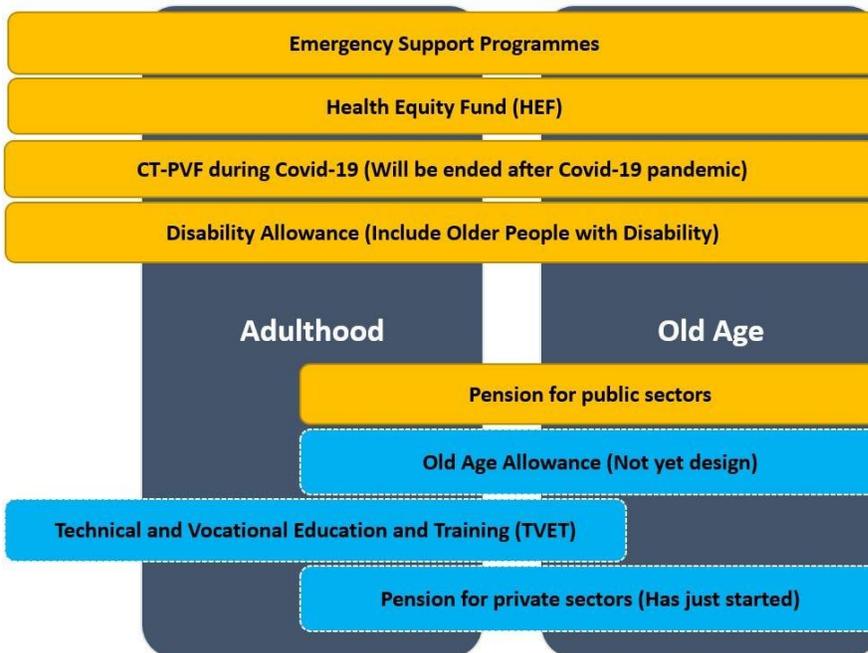
² <https://ageingasia.org/ageing-population-cambodia/>

The **Emergency Support Programmes** provide temporary support to households when they face natural disasters such as floods, draught, disease, and other natural and man-made disasters. Supports include provision of food, shelter, medicine, and some financial support.

The **Health Equity Fund (HEF)** provide households with poor ID cards free access to healthcare at health centres and hospitals. Older people living in poor households with ID poor cards can potentially receive free healthcare services.

Disability Allowance is being implemented in some target areas benefiting poor people with disabilities – including older people with disabilities.

Figure 9. Summary of social protection for older people in Cambodia



Source: Authors

These social assistance programmes are very limited in scope and reach only a small proportion of the population, and only a small number of poor and vulnerable older people. There are also significant issues in identifying the poor, and many poor and vulnerable older people do not have ID Poor cards and are hence excluded from government assistance.

This study confirmed that there are poor older people who do not have ID Poor cards. Without the cards they cannot receive free healthcare through the HEF when they go to health centres or hospitals, and are excluded from government and development partners’ supports. The annual progress report on social protection in Cambodia 2020 by general the secretariat for National Social Protection Council recognised some of these issues:

“...The identification and registration of citizens, the identification of the poor and vulnerable people and the registration systems of operators are not yet linked, which might lead to double identification/registration and overlapping provisions of benefits...”

The RGC is currently working in the development other social protection programmes which could have a significant impact on the wellbeing of older people and their families, such as the Old Age Allowance, private sector pensions, and the technical and vocational training (TVET) programme. The RGC has also announced in 2018 the establishment of the National Elderly Care Center in Phnom Penh, which focus on senior care training (MoSVY 2018).

3.3. Cambodia’s social protection response to COVID-19

In response to the COVID-19 pandemic, the RGC initiated in June 2020 a special social assistance program called the “Cash Transfer for Poor and Vulnerable Households” to provide monthly cash transfers to poor and vulnerable families with ID Poor cards. Older adults aged 60 and above with ID Poor cards were also targeted.

A KI at the national level described:

“... The especial social assistance programme - cash transfer for COVID-19 -start from 25 June 2020 and continue until end of March 2021 then will exit at 25 April 2021. The distribution of the cash transfer reflects the realities of society based on the poverty levels: IDPoor 1 (extremely poor) and IDPoor 2 (poor).”

However, the program has benefited only a small proportion of poor and vulnerable older people. According to the MoSVY (2021), 320,913 older people benefited from the special program, which represents only about 23% of the total older population. The majority of poor older people did not receive any government support either because they did not have an ID Poor card, or because their ID Poor cards were invalid/expired.

A KI at provincial level confirmed that:

“...a few families were included in the program late since there were delays in issuing their poor identification registration...”

Those who received the emergency support were grateful and stressed that it had made a big difference to them. Participants in this study confirmed that through this assistance they were able to buy food, medication and communicate with others. Older people suggested that the government should continuing this program after COVID-19.

“...In my age, I need and want assistance such as money and other supports for living because I am weak. If there is any support from government or NGOs, I am really appreciate/happy...”

3.4. Support provided by community and non-governmental organizations in response to COVID-19

Community organisations in Cambodia also play an important role in providing assistance to older people, complementing family and government support. Many of the older people who

took part in this study were members of OPAs, and also got some supports from NGOs or charities.

Older People Associations (OPAs)

In 2009, the RGC approved a Circular on the Establishment and Management of OPAs at the community level throughout the country in order to enhance the well-being of older people and reduce poverty (MoSVY 2009). OPAs are seen as local-based mechanisms to support older people in need with support from HelpAge Cambodia and local authorities.

For instance, when OPA members become sick, OPA Management Committee members and volunteers take care of them, perform Buddhist chants, help them to access treatment. Moreover, OPAs also provide older people some material support such as rice, fish sauces, soybean sauces, cooking oil, balm for rubbing, and some cash for older adults who are frail and need assistance; but the support provided is not sufficient for fulfilling older people's needs.

Non-governmental organizations (NGOs)

There are very few local NGOs working in providing social services for older people, with limited resources and coverage. There are several international NGOs working in social protection in Cambodia, with the majority focusing on policy engagement rather than service delivery, as highlighted by a national KI:

“From the beginning to present, [international NGO] has done our work related to social protection, mostly related to social security, [international NGO] does not do by itself, we mostly do as policy influencing, we are not service provider.”

These organisations play an important role in supporting government to develop policy frameworks at the national level, but their contribution to social service delivery is limited.

In sum, while RGC has made significant progress in the development of a social protection framework for Cambodia, important gaps remain. The provision of social protection in older age is very limited, and older people without significant family support struggle to meet their basic needs.

Conclusion and recommendations

This study has provided a snapshot of the situation of older people in Cambodia, highlighting their concerns and needs, their livelihoods strategies, as well as the support available to them.

A life of dignity and wellbeing is an aspiration for people across all age groups. This is also the aspiration of older people in Cambodia. This study found that, in order to achieve that, older people require support in four areas:

- **Income:** older people need adequate and reliable incomes that would enable them to meet their basic needs and participate fully in their communities.
- **Healthcare services:** older people need good quality and accessible healthcare.

- **Shelter/Accommodation:** there are many older people who are homeless or live in dilapidated houses.
- **Care:** many older people, particularly the older old, experience declining health and often require care and support at home.

However, for the vast majority of older people, the support received is inadequate.

The majority of older people interviewed for this study remain active and work hard, however much of their work is unpaid. Only about a third of older people interviewed had income from work; the majority engaged in unpaid work such as carrying out household chores, looking after grandchildren and the sick, working in the family garden/business.

As a result, the majority of older people rely on material and financial support from family members to meet their basic needs. Family remittances was the main source of income for 73% of study participants.

However, family high levels of poverty and economic vulnerability faced by the population as a whole mean that many families have limited resources to share.

The COVID-19 pandemic has made the situation even more difficult for the majority of older people. 55% of older people who participated in this study confirmed that COVID-19 had affected their daily lives.

While the RGC has made significant progress in the development of a social protection framework for Cambodia, the social protection system has important coverage gaps and is currently unable to offer adequate protection across the lifecycle.

The provision of social protection in older age is very limited. Those who worked in the public sector (civil servants and military personnel) are currently entitled to old age pensions, while the pension for formal economic sector have just been approved and launched in March 2021. Only a few older people are included in social assistance programs targeted at poor and vulnerable people.

There is, therefore, an urgent need to expedite the development of social protection interventions, such as the Old Age Allowance, which could have a significant impact on the wellbeing of older people in Cambodia.

Recommendations

Based on the findings of this study, we make the following recommendations:

1. Improvements to income security in old age

- NSPC should develop and establish a universal or pension-tested social assistance programme for older people.
- NSPC should review and consult on the development of the Social Security Law to ensure income security for older people.
- The review of National Policy of Old Age 2017-2030 should include the implementation of a social assistance programme to guarantee income security in old age (social pension).

- MoP should strengthen the procedures involved in the provision of ID Poor cards to older people who are entitled to them.
- MoSVY should provide a more timely service in the delivery of pensions to retired government officials.

2. Improvements to social care services for older people

- The National Elderly Care Center should develop a training program for family members and caregivers of older people to enable them to provide better care to older persons in their families.
- The National Elderly Care Center, HelpAge Cambodia and Older People's Associations (OPAs) should organize events for caregivers of older adults to offer them an opportunity to share their knowledge and practices of caregiving, and feel valued as caregivers.
- The relevant ministries should support older people to access assistive devices that can improve their physical function such as prosthetics, orthotics, glasses, and hearing aids.
- A monitoring system for promoting older people's welfare should be created to monitor and support vulnerable older people.
- Older people's care centres should be established to provide services and supports to older people in needs, offering services such as day care services (centre-based) and home care services.
- Local authorities should continue their support to OPAs by providing coordination, finance and technical support, as well as helping older people directly when they are in need.

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