



National Social Security Fund

REPORT ON TEN-YEAR ACHIEVEMENTS 2008-2017 AND ACTION PLANS 2018



**IMPLEMENTATION OF SOCIAL SECURITY SCHEMES FOR PERSONS
DEFINED BY THE PROVISIONS OF THE LABOUR LAW
INCLUDING:**

OCCUPATION RISK HEALTH CARE PENSION



ENSURING INCOME SECURITY, ERADICATING POVERTY, AND PROMOTING SOCIAL STABILITY



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VISION AND MISSION



VISION

To ensure the social security effectively for the persons defined by the provisions of the labour law.

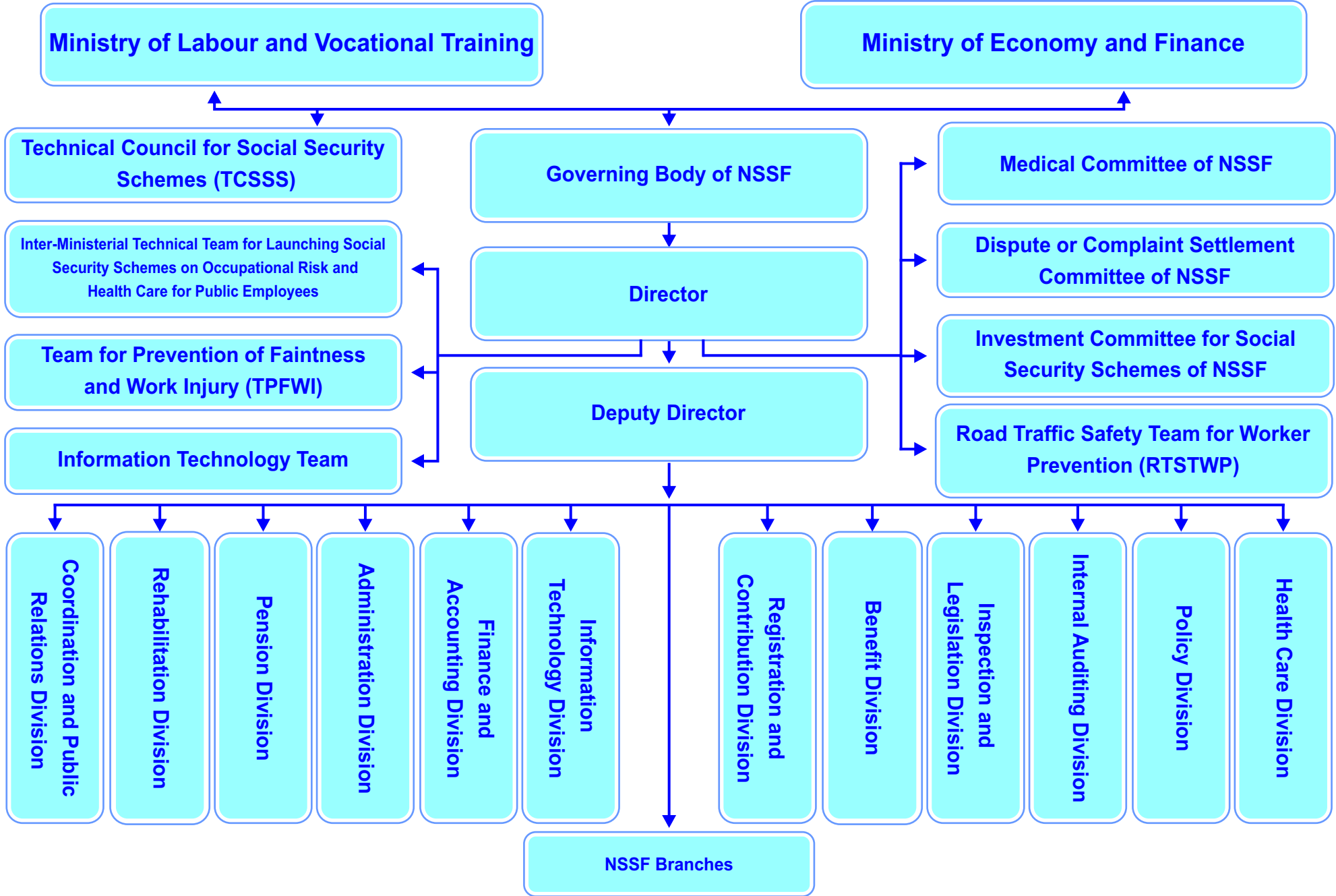
MISSION

To provide the social security services with effectiveness, transparency, accountability, and punctuality for persons defined by the provisions of the labour law with the aim of relieving hardships including old-age, invalidity, death, work injury, or other contingencies such as sickness and maternity.

OBJECTIVES

1. Strengthen and extend the implementation of Occupational Risk (workplace accident, commuting accident, and occupational disease)
2. Launch Health Care Scheme (medical care services, patient or victim referral service and corpse transportation, daily allowance, and health prevention services)
3. Launch Pension Scheme (old-age, invalidity, and death)

ORGANIZATIONAL STRUCTURE OF THE NATIONAL SOCIAL SECURITY FUND (NSSF)



**REPORT
ON
TEN-YEAR ACHIEVEMENTS (2008-2017) AND ACTION PLANS 2018
OF THE NATIONAL SOCIAL SECURITY FUND (NSSF)**

I. Introduction

The implementation of social security schemes on Occupational Risk, Health Care, and Pension has complied with the labour law and sub-decree concerning Establishment of the National Social Security Fund in line with Rectangular Strategy, National Development Strategy, Social Protection Strategy for the Poor and Vulnerable, Financial Sector Development Strategy, Labour and Vocational Training Sector Development Strategy, and Social Protection Strategy for Persons Defined by the Provisions of the Labour Law.

In pursuance of the law and strategic plans above, NSSF has implemented the action plan-phase I, Occupational Risk Scheme, by obtaining the productive achievements and supports from both national and international organizations.

Within ten years (2008-2017), the successful launch of action plan-Phase I, Occupational Risk Scheme, is a substantive catalyst to help urge NSSF to launch the action plan-phase II, Health Care Scheme, for workers. With this success, NSSF also detected some challenges, both weaknesses and strengths, that are vital experiences for further improving the action plan-Phase I, Occupational Risk, Phase II, Health Care for workers with the aim of promoting welfare of workers, and Phase III, Pension that will be launched in the upcoming future.

To promote social welfare and ensure consistency of social protection on Occupational Risk and Health Care Schemes between workers in private sector and public employees in public sector as well as build trust and confidence in full for the so-far achievements of NSSF, the Royal Government provided a new duty to NSSF for implementing social security schemes on Occupational Risk for public employees and on Health Care for public employees, former civil servants, and veterans in compliance with Royal Kret NS/RKT/0317/078, dated 01 February 2017, concerning Establishment of Social Security Schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans with a view to creating social protection on Occupational Risk and Health Care consistent with social protection system for workers.

In the meantime, due to the responsiveness of the Royal government, all workers in both formal and informal sectors shall be entitled to enjoy social protection through Ministry of Labour and Vocational Training whose NSSF is authorized to prepare the Inter-Ministerial Prakas No. 404 LV/Prk., dated 11 October 2017, concerning Implementation of Health Care Scheme through Health Equity Fund for Informal Workers and Provision of Additional Allowance for Female Workers when Deliver a Baby approved by Ministry of Labour and Vocational Training, Ministry of Economy and Finance, and Ministry of Health.

NSSF strongly hopes that its ten-year achievements will become an effective tool for measuring, pursuing, and evaluating the implementation of social security sector for persons defined by the provisions of the labour law, the launch of Occupational Risk Scheme for public employees, former civil servants, and veterans, the exercise of Health Care Scheme through Health Equity Fund System for informal workers, and provision of additional allowance for female workers when deliver a baby. In addition, these achievements highlight the positive and

negative points as well as miscellaneous challenges to be adjusted and addressed for better designing action plans.

II. Ten-Year Achievements (2008-2017)

A. Implementation of Social Security Schemes for Pensions Defined by the Provisions of the Labour Law

1. Strengthening and Expanding the Implementation of Social Security Scheme on Occupational Risk

1.1. Registration and Contribution

All employers or owners of enterprises/establishments under the scope of the Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law shall be mandatory to register their own enterprises/establishments and pay contribution of Occupational Risk Scheme to NSSF. Within the initial launch of NSSF, registration of enterprises/establishments shall be started with the enterprise/establishment with 08 workers or more. Contribution rate of Occupation Risk Scheme is an agreeable rate determined 0.8% of the average wage in the classification of workers' monthly wage.

1.1.1. Registration of Enterprises/Establishments

Since the initial launch from November 2008 to 2017, NSSF has expanded coverage of Occupational Risk Scheme nationwide and registered 10,849 enterprises/establishments with 1,434,316 workers (868,168 females) equal to 60.48%.

Graph 1. Registered Enterprises/Establishments in Capital-Provinces 2008-2017

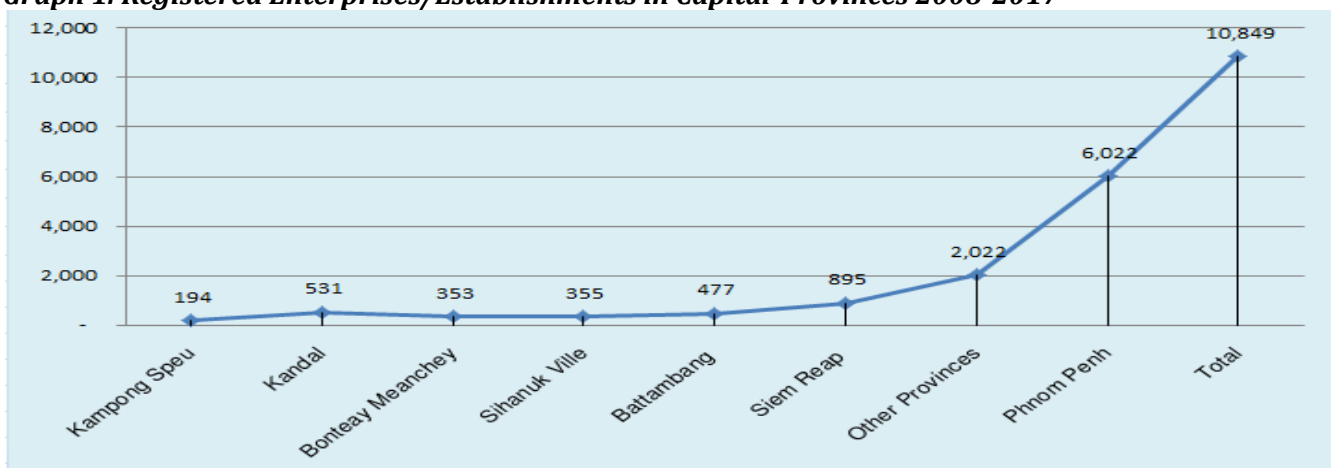


Table 1: Total Number of Registered Enterprises and Members

Description	Total Number of Enterprises and Members			Registered Enterprises and New Members			Head Office			Branch		
	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female
2008-2017	10,849	1,435,316	868,186	2,118	299,045	70,159	909	44,405	20,561	1,209	254,640	49,598
2008-2016	8,731	1,136,271	798,027	935	59,192	36,014	426	24,969	14,425	509	34,223	21,589
2008-2015	7,796	1,077,079	762,013	755	55,491	36,686	388	31,426	20,640	367	24,065	16,046
2008-2014	7,041	1,021,588	725,327	934	174,413	125,605	576	88,195	55,470	358	86,218	70,135
2008-2013	6,107	847,175	599,722	1,524	79,041	56,119	840	34,166	19,457	684	44,875	36,662
2008-2012	4,583	768,134	543,603	1,478	93,917	66,681	595	30,811	20,136	883	63,106	46,545
2008-2011	3,105	674,217	476,922	1,195	79,531	56,864	844	41,515	29,574	351	38,016	27,290
2008-2010	1,910	594,686	420,058	927	143,454	101,852	550	71,827	46,172	377	71,627	55,680
2008-2009	983	451,232	318,206	656	387,046	279,695	567	259,411	190,370	89	127,635	89,325
2008	327	64,186	38,511	327	64,186	38,511	327	64,186	38,511	0	0	0

Source: National Social Security Fund (2008-2017)

Table 2. Update of Enterprises and Workers

Update of Enterprises and Workers									
Description	Total			Head Office			Branch		
	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female
2017	8,507	1,182,849	787,547	4,435	627,637	389,029	4,072	555,212	398,518
2016	6,884	1,108,759	752,459	3,832	611,064	396,987	3,052	497,695	355,472
Fluctuation (± %)	23.58%	6.68%	4.66%	15.74%	2.71%	-2.00%	33.42%	11.56%	12.11%

Source: National Social Security Fund 2017 (detail information in annex 1)

Table 3. Update of Garment and Footwear Enterprises Registered in the NSSF Head Office and Branches

Garment and Footwear Enterprises Registered in the NSSF Head Office and Branches									
Description	Total			Head Office			Branch		
	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female
2017	1,021	696,554	576,772	626	341,023	279,441	395	355,531	297,331
2016	1,006	687,686	566,645	646	362,001	298,371	360	325,685	268,274
Fluctuation (± %)	1.49%	1.29%	1.79%	-3.10%	-5.80%	-6.34%	9.72%	9.16%	10.83%

Source: National Social Security Fund 2017 (detail information in annex 2)

1.1.2. Types of Registered Enterprises/Establishments

From 2008 to late 2017, NSSF has registered 10,849 enterprises/establishments: 6,492 garment and footwear factories, 399 hotels, 212 service-providing companies, 219 restaurants, 162 NGOs, and 3,365 miscellaneous enterprises/establishments.

1.1.3. Closed and Suspended Enterprises/Establishments

Table 4. Closed and Suspended Enterprises/Establishments

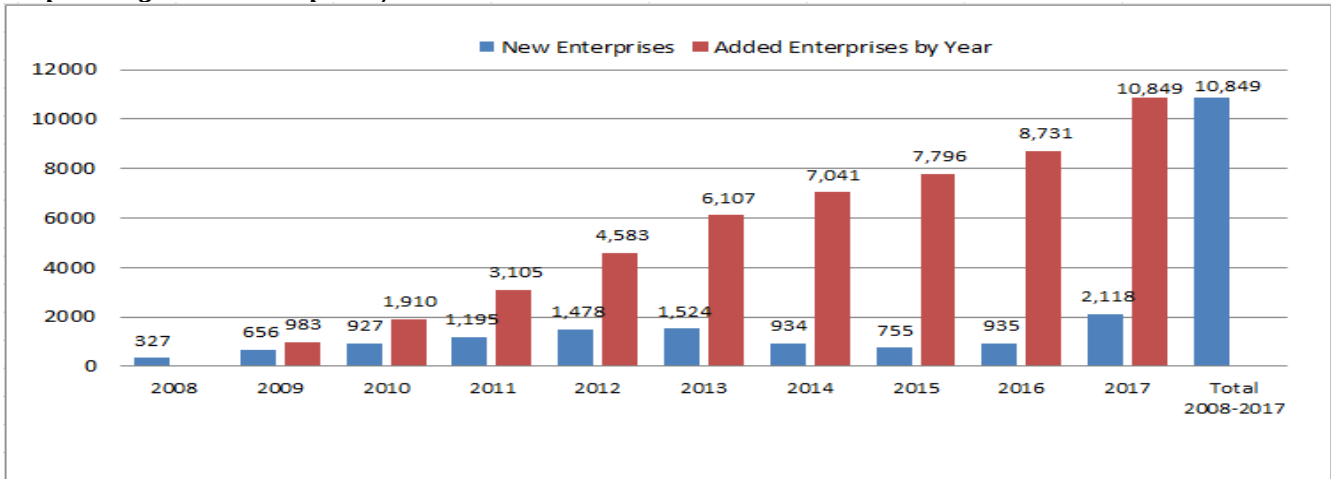
Closed and Suspended Enterprises/Establishment									
Description	Total			Closed Enterprises			Suspended Enterprises		
	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female
2008-2017	2,342	252,467	80,639	2,241	244,178	77,090	101	8,289	3,549

Source: National Social Security Fund 2008-2017

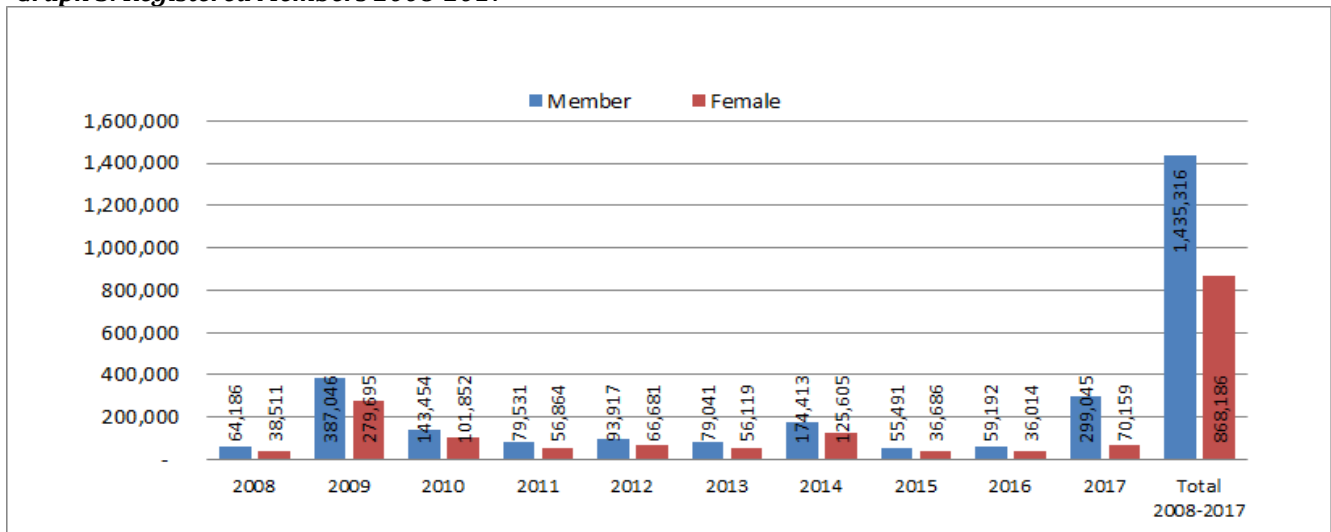
Remarkably, among the closed and suspended enterprises/establishments above, there are some enterprises/establishments have re-operated; some of which changed names of enterprises/establishments and some changed employers. Most of these enterprises/establishments are handicraft, brick kiln, restaurant...etc. and in the distant location.

1.1.4. Graph of Registration 2008-2017

Graph 2. Registered Enterprises/Establishments 2008-2017



Graph 3. Registered Members 2008-2017



1.1.5. Registration

The total number of all enterprises/establishments and workers that registered in the National Social Security Fund were imposed on contribution payment from 2008 to 2017 as follows:

Description	Contributory Enterprises (Average)	Contribution-Paid Enterprises (Average)	Number of Workers (Average)		Contribution (Billion Riels)	Percentage of Contribution-Paid Enterprises	
			Total	Female			
2017	6,866	6,104	1,156,675	793,085	91.88	89%	
2016	6,618	5,416	1,042,143	723,312	82.70	82%	
2015	6,140	5,622	1,038,151	726,705	74.33	92%	
2014	5,758	4,966	908,535	635,975	57.29	86%	
2013	4,749	4,577	824,011	576,808	43.14	96%	
2012	3,886	3,459	694,199	478,998	30.48	89%	
2011	2,450	2,182	573,023	395,386	24.31	89%	
2010	1,608	1,444	481,010	331,897	14.37	90%	
2009	605	553	317,224	222,057	8.02	91%	
2008	322	301	256,316	176,858	1.47	93%	
Total Contribution					427.98		

Source: National Social Security Fund 2008-2017

1.2. Inspection and Legal Affair

Inspection and legal Affair play a role in ensuring the enforcement of Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law and orders coming into force. This work focuses mainly on explaining and instructing employers about policy implementation of social security schemes in order to allow them to register in and pay contribution to NSSF, investigating work injury, inspecting livelihood of the dependent of victim, strengthening law enforcement through inspection, imposing constraint, fining and filing the complaint to the court for the enterprises/establishment objected to complying with the law.

The outcome of inspection 2008-2017 totals 16,507 times equal to 63,573 enterprises/establishments that there are 901 rejected to comply with the law and 217 didn't pay contribution.

1.2.1. Inspection

Table 6. Inspection Works				
Description	Inspection on Registration	Joint Inspector	Inspection on Contribution Payment	Other Inspections
	Enterprise (Times)	Enterprise (Times)	Enterprise (Times)	Enterprise (Times)
2017	2,193	284	490	14,766
2016	2,648	1,381	695	1,588
2015	3,384	1,697	311	1,016
2014	2,501	1,844	680	1,306
2013	9,087	-	292	1,350
2012	3,732	-	1,434	336
2011	3,556	-	191	1,762
2010	2,265	-	67	623
2009	705	-	43	1,346
2008	-	-	-	-
Total	30,071	5,206	4,203	24,093

1.2.2. Legal Affair

NSSF fined 635 enterprises/establishments on registration and 217 on contribution payment and continued to follow up the legal procedures to 49 enterprises/establishments that were filed the complaint to Phnom Penh Court of First Instance because they are guilty of submitting the incorrect number of workers to NSSF, declaring the incorrect wage, not paying contribution, rejecting to the implementation of the NSSF inspectors as well as other penalties.

1.3. Benefit Provision

Even if the number of work injury kept increasing subsequently, NSSF prepared to develop the work formalities and extended the mechanism of benefit provision more conveniently and comprehensively in a bid to allow the workers suffered from work injury to have access services with efficiency and punctuality. Through these measures, NSSF established and operated the data management system of work injury benefit claims that can control the

work injury reports, investigations, and benefits calculation for accelerating the benefit provision with accuracy. NSSF also signed the agreement with 122 public and private health facilities near the workplace of the NSSF members and placed the agents in some health facilities in order to facilitate for the victims to access medical care services. Furthermore, in the case of serious work injury, NSSF designated the officials to go directly to the whereabouts of accidents in order to facilitate and intervene punctually.

1.3.1. Work Injury Report

From 2008 to 2017, NSSF received work injury reports from enterprises/ establishments in capital-provinces nationwide as follows.

Table 7. Situation of Work Injury

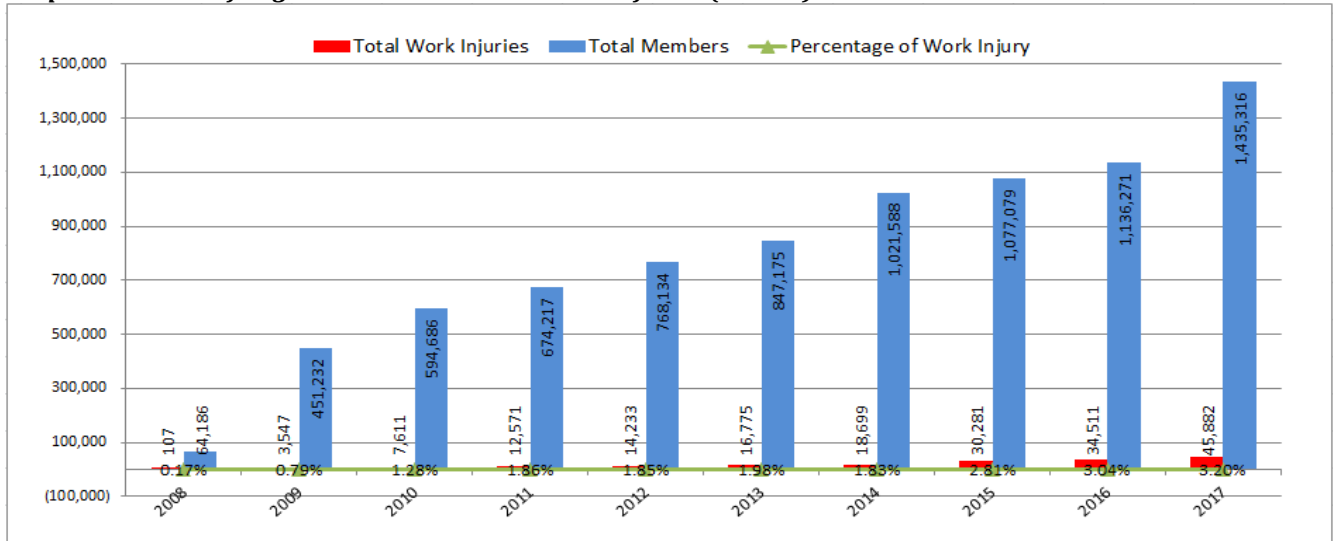
Description	Work Injury Report				Result of Work Injury Investigation (Person)							
	Receipt of Work Injury Reports (Person)		Total Members	Comparison	Work Injury Reports		Mild Injury		Serious Injury		Death	
	Total	Female			Total	Female	Total	Female	Total	Female	Total	Female
2017	47,496	36,024	1,435,316	3.31%	45,882	34,773	42,716	33,029	2,944	1,671	222	73
2016	36,734	27,338	1,136,271	3.23%	34,513	25,683	31,899	24,162	2,446	1,461	168	60
2015	30,919	22,764	1,077,079	2.87%	30,281	22,273	27,804	20,802	2,296	1,404	181	67
2014	19,425	14,410	1,021,588	1.90%	18,699	13,820	17,216	13,003	1,387	790	96	27
2013	16,849	12,034	847,175	1.99%	16,775	12,030	15,452	11,310	1,227	690	96	30
2012	14,761	11,023	768,134	1.92%	14,233	10,709	13,603	10,354	571	333	59	22
2011	13,167	10,276	674,217	1.95%	12,571	9,734	12,084	9,492	440	227	47	15
2010	8,498	6,644	594,686	1.43%	7,611	5,878	7,214	5,652	358	206	39	20
2009	3,792	3,072	451,232	0.84%	3,547	2,872	3,355	2,754	176	108	16	10
2008	N/A	N/A	64,186	N/A	107	78	91	65	15	12	1	1
Total 2008-2017	191,641	143,585			184,219	137,850	171,434	130,623	11,860	6,902	925	325

Table 8. Result of Work Injury Investigation (Types of Work Injury)

Description	Result of Work Injury Investigation (Person)							
	Total of Work Injury Investigation		Workplace Accident		Commute Accident		Occupational Disease	
	Total	Female	Total	Female	Total	Female	Total	Female
2017	45,882	34,773	34,567	27,736	11,300	7,024	15	13
2016	34,513	25,683	24,902	19,477	9,608	6,204	3	2
2015	30,281	22,273	22,487	17,280	7,791	4,991	3	2
2014	18,699	13,820	14,022	10,896	4,674	2,923	3	1
2013	16,775	12,030	12,060	9,007	4,703	3,015	12	8
2012	14,233	10,709	10,573	8,342	3,642	2,357	18	10
2011	12,571	9,734	9,006	7,386	3,565	2,348	-	-
2010	7,611	5,878	5,109	3,946	2,502	1,932	-	-
2009	3,547	2,872	2,523	2,043	1,024	829	-	-
๒๐๐๘	107	78	56	50	51	28	-	-
Total 2008-2017	184,219	137,850	135,305	106,163	48,860	31,651	54	36

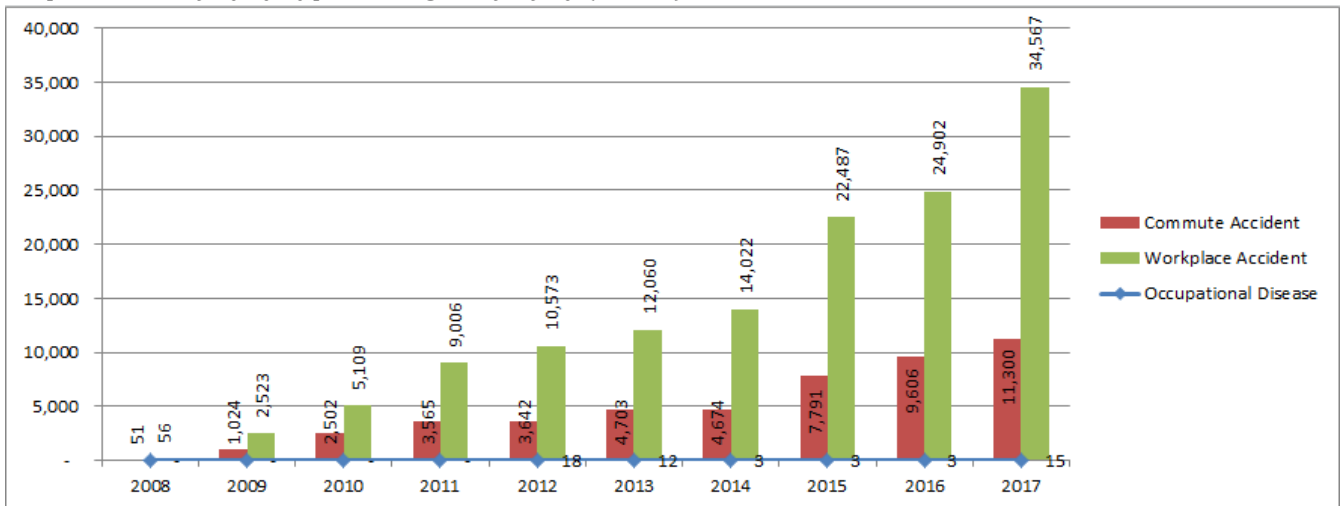
1.3.2. Graph of Work Injury 2008-2017

Graph 4. Number of Registered Workers and Work Injuries (Person)



The graph above shows that workers encountered work injury by each year increase every year in line with the growth of registered workers.

Graph 5. Work Injury by Type and Degree of Injury (Person)



The increase in work injury is in line with the growth of registered workers.

1.3.3. Expenditure by Types of Benefit

Through the benefit claim of victims, NSSF issued benefit awards to 201,797 victims including medical care benefit, temporary disability benefit, permanent disability benefit, survivors' benefit, funeral grant, and caretaker benefit, as well as benefit awards to public and private health facilities and rehabilitation services amounted to 76,64 billion riels.

Table 9. Expenditure by Types of Occupational Risk Benefits (Billion Riels)

No.	A. Types of Benefits	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1	Medical care benefit	-	0.32	0.74	1.14	1.17	1.25	2.50	2.01	2.46	2.10
2	Nursing benefit	-	0.00	0.02	0.04	0.03	0.04	0.07	0.12	0.17	0.19
3	Temporary disability benefit	0.00	0.13	0.36	0.57	0.56	0.77	1.11	1.92	2.55	2.39
4	Benefit of permanent disability less than 20% (allowance)	-	0.01	0.04	0.05	0.05	0.14	0.09	0.18	0.41	0.53
5	Benefit of permanent disability from 20% up (pension)	-	0.00	0.01	0.01	0.06	0.11	0.16	0.30	0.47	0.71
6	Funeral grant	-	0.02	0.04	0.08	0.24	0.39	0.43	0.75	0.67	0.84
7	Survivors' benefit (pension)	-	0.00	0.03	0.08	0.12	0.24	0.40	0.70	1.11	1.60
8	Caretaker benefit	-	-	-	-	0.00	0.00	0.01	0.03	0.04	0.06
9	Rehabilitation services	-	-	-	-	0.00	0.01	0.01	0.04	0.09	0.06
Sub-Total (A)		0.00	0.48	1.23	1.97	2.24	2.97	4.78	6.05	7.96	8.47
No.	B. Types of Health Facilities										
1	Private health facility	0.01	0.59	1.19	2.12	2.44	3.27	4.01	5.01	6.42	8.31
2	Public health facility	-	-	-	-	0.38	0.69	0.76	1.09	1.44	2.75
Sub-Total (B)		0.01	0.59	1.19	2.12	2.82	3.95	4.77	6.10	7.86	11.06
Sub-Total (A+B)		0.01	1.08	2.42	4.09	5.06	6.92	9.55	12.15	15.83	19.53
Total 2008-2017		76.64									

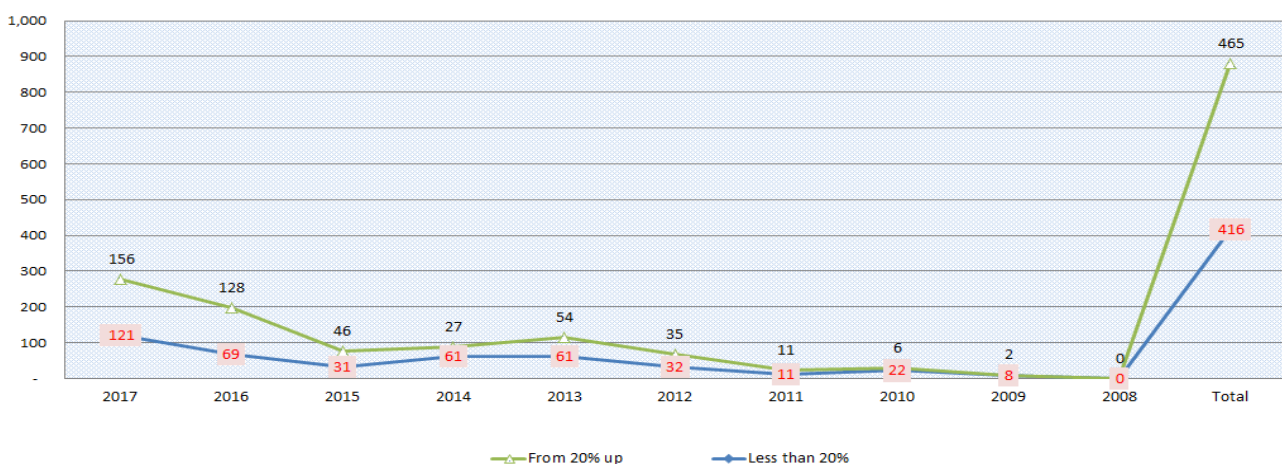
Source: National Social Security Fund 2008-2017

The benefit provision is due to the increase in work injury in line with the growth of registered workers.

1.3.4. Evaluation of the Degree of Permanent Disability

The Medical Committee has performed its own duties with transparency, justice, and professional conscience and built trust with the general organizations and the NSSF members, particularly with employers or owners of enterprises/establishments, in the implementation of NSSF through contribution payment for Occupational Risk Scheme for the workers as well as urged them to submit the correct number of workers and workers' wage in order to avoid the loss of benefits as set forth in the law and regulations.

Graph 6. Evaluation of the Degree of Permanent Disability



1.4. Rehabilitation

In pursuance of Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law, workers suffered from work injury leading to death shall have entitlement to receive rehabilitation services. For social security scheme on Occupational Risk, NSSF has granted medical rehabilitation services through providing prosthesis, orthotics, physiotherapy,

and other medical services, and remarkably offered vocational training to some members suffered from work injury leading to disability. To provide rehabilitation services to the member more effectively and promote disability sector in Cambodia, the National Social Security Fund has collaborated with development partners, national and international organizations, and stakeholders to prepare mechanism for strengthening and expanding the provision of rehabilitation services in social security scheme on Occupational Risk in a bid to offer occupational rehabilitation and vocational training as well as other social services.

In line with the responsiveness for rehabilitation services in social security scheme on Occupational Risk, NSSF is also designing mechanism of rehabilitation service provision in the social security scheme on Health Care; the provision of rehabilitation service in both schemes will launch fully in 2018. The 2017 rehabilitation works accomplished as follows:

- Collaborating with rehabilitation centers in capital-provinces to provide rehabilitation services to some member suffered from work injury leading to disability.
- Collaborating with Bontey Preab Vocational Training Center for People with Disability to interview the members with disability at their home and grant vocational training.
- Following up, keeping in touch, visiting, and inspecting injury of members to provide rehabilitation services.
- Collaborating with Exceed Company to provide rehabilitation services to the NSSF member.
- Collaborating with People with Disability Fund and institutions involved to push the provision of rehabilitation services to the member more effectively.
- Preparing the draft Prakas on Rehabilitation Services for Social Security Schemes on Occupational Risk and Health Care for Persons Defined by the Provisions of the Labour Law.
- Collaborate with International Labour Organization (ILO), World Health Organization (WHO), and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) to design mechanism of rehabilitation service provision.
- Attending training course and study visit on Provision of Rehabilitation Service Abroad.
- Studying and organizing formalities and procedures for providing rehabilitation services.

2. Strengthening and Expanding the Launch of Social Security Scheme on Health Care

2.1. Registration and Contribution

2.1.1. Registration (Renewing Registration of Workers)

Referring to Prakas No.093 LV/Prk., date 07 March 2016, on Determination of Phase and Date of Implementation of Social Security Scheme on Health Care and Notification No. 127 LV/N, dated 02 May 2016, on Registration of Workers in the National Social Security Fund, NSSF prescribed to implement to the targeted enterprises/establishments that are located in Phnom Penh, Kandal province, and Kampong Speu province, and continued to reach subsequently other provinces depending on the actual technical and geographical situation.

NSSF renewed registration of workers by 2017 amounted to 3,271 enterprises/establishments with 1,121,409 workers (848,126 females).

Table 10. Renewing Registration of Workers

Description	Renewing Registration of Workers								
	Total			Head Office			Branch		
	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female
By 2017	3,271	1,121,409	848,126	1,709	599,080	451,618	1,562	522,329	396,508
Update of enterprises and workers 2017	8,507	1,182,849	787,547	4,435	627,637	389,029	4,072	555,212	398,518
Comparison (%)	38.45%	94.81%	107.69%	38.53%	95.45%	116.09%	38.36%	94.08%	99.50%

According to table 18, the comparison between renewing registration of workers and update of registered enterprises/establishments accomplished 38.45%.

2.1.2. Contribution Payment

All employers or owners of enterprises/establishments shall be compulsory to collect contribution and pay contribution to NSSF. Contribution rate of employers or owners of enterprises/establishments is equal to 1.3 (one point three) % and of workers is equal to 1.3 (one point three) % of average wage in the classification of workers' monthly wage.

Table 11. Contribution of Health Insurance Project (HIP)

2016	0.12
2015	0.61
2014	0.66
2013	0.11
Sub-Total (A) (Billion Riels)	1.50
Contribution of Health Care Scheme	
2017	154.75
2016	17.05
Sub-Total (B) (Billion Riels)	171.80
Total (A+B) (Billion Riels)	173.30

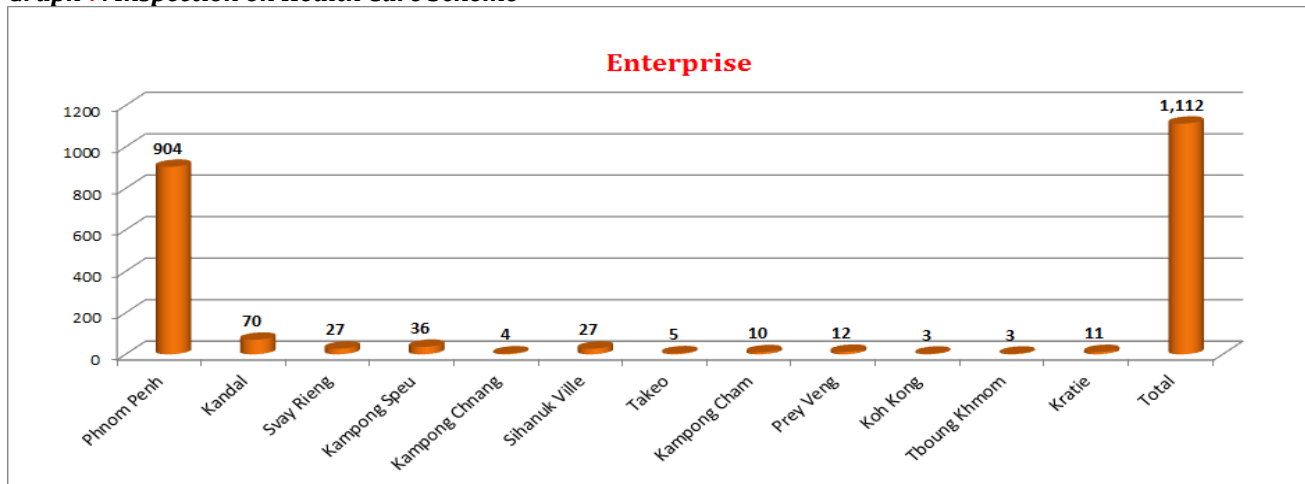
Table 11.1. Enterprises/Establishments Paid and Didn't Pay Contribution

Description	Contributory Enterprises (Average)	Contribution-Paid Enterprises (Average)	Number of Workers (Average)		Total Contribution (Billion Riels)	Non-Contribution-Paid Enterprises (Average)	Number of Workers (Average)	
			សរុប	ស្រី			សរុប	ស្រី
២០១៧	626	610	608,965	505,605	154.75	16	9,229	7,456
២០១៦	335	282	265,761	222,247	0.18	53	37,577	3,009
Fluctuation (± %)	86.94%	116.31%	129.14%	127.50%	85966.01%	-69.34%	-75.44%	147.78%

In 2017, NSSF impose 626 enterprises/establishments on contribution payment; of contributory enterprises/establishments, there are 610 with 608,965 workers (505,605 females) paid contribution.

2.2. Inspection and Legal Affair

Graph 7. Inspection on Health Care Scheme



- Facilitate the employers at their enterprises/establishments to register in NSSF.
- Collaborate to explain and introduce the formality and procedure of registration.
- Collaborate to distribute the contribution payment letter to the enterprises/establishments.
- Collaborate to explain and introduce health care benefit and contribution payment.

2.3. Benefit Provision

To allow workers to access services next to their workplaces and housing, for this stage, NSSF has expanded coverage to sign the agreement with 1,295 health facilities in capital-provinces by 2017: 04 national hospitals, 107 referral hospitals, 1,169 health centers, and 15 private health facilities.

2.3.1. Service-Accessing Member

2016	2015	2014	2013	Total
2,224	11,466	10,784	2,564	27,038
(Average)				
185	956	899	214	563.29

Description	Person	Times
From November 2016 to 2017	218,697	559,647

2.3.2. Expenditure of Benefits

2016	0.19
2015	0.32
2014	0.29
2013	0.04
Sub-Total (A) (Billion Riels)	0.85
Expenditure of Health Care Scheme	
2017	26.54
2016	0.01
Sub-Total (B) (Billion Riels)	26.55
Total (A+B) (Billion Riels)	27.40

3. Urge to Design and Launch Social Security Scheme on Pension

Preparing to launch Pension Scheme for private workers not only highlights the endeavour of the Royal Government for the future of active labour force in present but also promotes labour productivity because by way of this mechanism the workers who are significant active labour forces feel warm for their future even though they are working in private sector, they can also have possibility to sustain their life when they reach old age without depending fully on their children. This point is a part to promote human rights for the elderly.

This pension scheme shall be introduced by the leaders by 2019 that currently NSSF is studying legal instruments with a view to reaching to design feasibility to launch pension scheme as expected with no any impacts.

B. Implementation of Social Security Schemes for Public Employees, Former Civil Servants, and Veterans

For preparing to launch Health Care Scheme for public employees, former civil servants, and veterans, the team designed to create legal instruments, formalities, and procedures as follows:

- Royal Kret No. NS/RKT/0217/078, dated 01 February 2017, concerning Establishment of Social Security Scheme on Occupational Risk for Public Employees, Former Civil Servants, and Veterans.
- Sub-Decree No. 134 SD.E, date 23 August 2017, concerning Conditions, Formalities, and Procedures of Benefit Provision of Social Security Schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans.
- Other draft legal instruments.

Health Care Scheme for public employees, former civil servants, and veterans shall be launched by 2018, whereas, for Occupational Risk Scheme for public employees, currently the team is studying legal instruments in order to reach to prepare possibility for launching this scheme in 2019.

C. Implementation of Health Care Scheme through Health Equity Fund for Informal Worker and Provision of Additional Allowance for Female Workers when Deliver a Baby.

Referring to Inter-Ministerial Prakas No. 404 LV/I.M.Prk., dated 11 October 2017, on Implementation of Health Care Scheme through Health Equity Fund for Informal Workers and Provision of Additional Allowance for Female Workers when Deliver a Baby approved by Ministry of Labour and Vocational Training, Ministry of Economy and Finance, and Ministry of Health, NSSF is in charge of administrating and registering informal workers and distributing additional allowance to formal and informal female workers when deliver a baby.

1. Registration

Table 15. Registered Enterprises and Informal Workers (Health Equity Fund)									
Description	Total			Head Office			Branch		
	Enterprise	Member	Female	Enterprise	Member	Female	Enterprise	Member	Female
2017	21,379	184,436	27,665	15,513	87,575	13,136	5,866	96,861	14,529

2. Benefit Provision

The informal workers shall access health services from the lowest to highest level of the nearest public health facilities.

3. Provision of Additional Allowance for Female Workers when Deliver a Baby

Provision of additional allowance for formal and informal female workers when deliver babies shall be complied from 01 January 2018 onwards.

D. Implementation Supports

1. Preparation of Policies and Legal Instruments

For the increase in work scope and number of workers, growth of social economy, and requirement of public service provision for people, wholly and partly for the workers who are working in the enterprises/establishments, until 2017 NSSF has strived twofold to fulfil its works by designing to strengthen, extend, and develop policy of social security schemes via preparation of long-term in-depth plans and creation of legal instruments for the basis of implementation with the aim of ensuring to provide social security services with effectiveness, punctuality, and response to the need.

➤ Meeting on Social Security Schemes for Private Workers

- Check Annual Financial Report of the National Social Security Fund.
- Review the draft report on Annual Achievements of the National Social Security Fund.
- Check and approve income and expenditure plan of the National Social Security Fund
- Discuss and review the essence of draft Prakas on Registration of Enterprises/ Establishments and Workers in the National Social Security Fund.
- Discuss and review the essence of draft Prakas on Determination of Contribution Rate and Procedures of Contribution Payment for Social Security Schemes on Occupational Risk and Health Care.

➤ Meeting on Social Security Schemes for Public Employees

- Discuss the draft sub-decree on Conditions, Formalities, and Procedures of Benefit Provision of Social Security Schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans.
- Review the essence of draft sub-decree on Determination of Contribution Rate, Formalities and Procedures of Contribution Payment of Social Security Schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans.

2. Management and Human Resource Training

2.1. Administration and Finance

2.1.1. Administration

Administration plays a vital role in administrating documents, supplies, and management of officials and contracted staff in a bid to ensure the practice of the internal regulation and in compliance with the law on Common Statute of Civil Servants of the Kingdom of Cambodia with effectiveness. In 2017, the NSSF Administration Division accomplished as follows:

A. Letter Management

- Manage in-documents.
- Manage out-documents

B. Letter Preparation

- Prepare the payroll ledger.
- Prepare the contribution payment of Occupational Risk and Health Care Schemes for contracted staffs.
- Prepare the promotion of functional level and incentive provision to the NSSF officials.
- Prepare the promotion of grade, level by seniority and education degree as well as the incentive to the NSSF official.
- Prepare the promotion of grade, level by seniority, incentive provision, and incentive resume for the NSSF officials.
- Prepare the evaluation of the NSSF officials for the request of decoration.
- Prepare principles for requesting to convene the meeting on Determination of the Number of Recruited Officials and Contracted Staffs in NSSF.
- review and provide functional incentive for officials who are promoted
- Prepare documents of probationary staffs.
- Nominate the probationary staffs as the permanent.

2.1.2. Finance

Accounting and financial works of NSSF operate completely through banking system; it means that all operations of income and expenditure management, such as contribution collection, fine payment, benefit provision to workers suffered from work injury, and administration expense, shall be done by banking system in which ACLEDA, CANADIA, and Wing Cambodia Limited Specialized banks collect contribution, provide cash benefit, and maintain the social security reserve in a bid to ensure effectiveness and accountability. For process of implementation, NSSF achieved some vital works as follows;

- Preparing income and expenditure plan (action plan) for the following year.
- Preparing monthly income statement in 2017.
- Recording monthly contribution paid by enterprises/establishments in Account Receivable.
- Recording daily expense in Journal Entry.
- Recording the monthly payable reimbursements in cash for service providers and of pension benefits for the NSSF members in Account Payable.
- Preparing exchange rate for monthly contribution payment
- Checking other expenses such as mission, administration, prevention of work injury, and benefit provision.
- Preparing the tax payment on monthly wage.
- Preparing monthly payroll ledger.
- Verifying bank slip with cash book.

2.2. Cooperation and Human Resource Training

Cooperation and human resource training play a vital role in developing organization and strengthening the cooperation between stakeholders and both national and international development partners in a bid to ensure continuity of the implementation of organization for designing plans, formalities, and procedures of works, developing knowledge, and exchanging new experiences. This cooperation and human resource training also make a contribution to develop the entire social activities that the leaders, especially the NSSF officials, attended the meeting, workshop, training course, and study visit both in local and international as follows:

2.2.1. Human Resource Training

- Preparing to offer the training course to the NSSF official on Procedures and Process of the Implementation of Social Security Scheme on Health Care.
- Preparing to offer the internal training course to the officials and contracted staffs of the NSSF branches on Procedures of the Registration of Workers for Health Care Scheme in the National Social Security Fund.
- Preparing to offer the training course to the leaders and division directors of NSSF on Administration of Old-Age Pension.
- Preparing to offer the internal training course to the officials and contracted staffs on Sub-Account 6112 and Sub-Program 4 in relation to Procedures of Registration of Workers for Health Care Scheme in the National Social Security Fund.
- Preparing to offer the internal training course to the officials and contracted staffs of the NSSF branches on Update of Skilled Work in relation to Social Security Schemes.
- Preparing to offer the internal training course to the new contracted staffs on Procedures of the Registration of Enterprises/Establishments.

2.2.2. Domestic Affair

For the cooperation and human resource training in the country, NSSF has prepared to offer the training course and updated annually the internal works for officials and staffs. The leaders, officials, and staffs of NSSF convened the discussion meeting in a bid to organize the development plans and attended the workshops with the aim of raising awareness in ministries, organizations, and institutions involved nationwide for many times in 2017 as follows:

- Workshop on Raising Awareness of Regulations and Prakas associated with Working Conditions for Domestic Servants, Himawari Hotel.
- Dissemination Workshop on Action Plans for Implementation of Labour Migration Policy 2017 in Cambodia, Hotel Phnom Penh.
- Dissemination Workshop on Data Analysis Result of Women Sustained Domestic Violence and Other Violence, Landscape Hotel.
- The second discussion workshop related to the draft bill on Witness Protection and the shield law, Anti-Corruption Unit (ACU).
- Discussion Meeting on Annual Achievements 2016 and Action Plans 2017, Office of Ministry of Labour and Vocational Training.
- The second discussion meeting on Draft Principles of Infirmity Creation in Enterprises/Establishments, Hotel Phnom Penh.
- Workshop on Youth Rights at Work, National Employment Agency.
- Workshop on Quality Adjustment and Effectiveness of Public Service Provision, Sokha Phnom Penh Hotel.
- Meeting on Evaluation of the Promotion of Grade and Level by Seniority for the year of 2017, Office of Ministry of Labour and Vocational Training.
- Workshop on Mainstreaming Awareness of FMIS, Office of Ministry of Labour and Vocational Training.
- Workshop on Review of Annual Achievements, Hotel Phnom Penh.

- Workshop on Actuarial Study for Pension Scheme in Cambodia, Ministry of Economy and Finance.
- Workshop on Preparation of Action Plans for Implementation of Three-Year National Employment Policy (2017-2019), Hotel Phnom Penh.
- Tripartite workshop on Annual Review of Decent Work Program in Cambodia (2016-2018), Hotel Phnom Penh.
- Training course on Economic Science for Non-Economist, Royal University of Phnom Penh.
- Workshop on Preparation of Budget Strategic Plans and Action Plans-Phase III, OC Boutique Hotel, Sihanuk Ville.
- Special training course, Office of Ministry of Labour and Vocational Training.
- The first sub-committee meeting on Creation of Decent Work Opportunity and High Labour Productivity, Hotel Phnom Penh.
- Training Course on Preparation of Inventory, Office of Ministry of Labour and Vocational Training.
- Meeting on Technical Training Program with the Japanese Party, Phnom Penh International Airport.
- Workshop on Result of Possibility Study for Covering Informal Workers, Hotel Phnom Penh.
- Discussion Meeting on Sustainability of Response to HIV and AIDs in Cambodia, Himawari Hotel.
- The national tripartite workshop for preparing documents of Cambodia to attend the 10th ASEAN forum on Migrant Worker in Philippine, Angkor Paradise Hotel, Siem Reap province, Cambodia.
- Workshop on Update of Goals and Objectives of Road Traffic Safety, Cambodiana Hotel.
- Tripartite workshop on Annual Review of Decent Work Program in Cambodia, Hotel Phnom Penh.

2.2.3. Foreign Affair

Aside from the promotion of human resource and cooperation in the country, the international relation plays a vital role in promoting the cooperation with the international development partners and the integration of social security sectors of Cambodia in the region with the aim of exchanging new technical experiences for developing the country. In 2017, NSSF fulfill the main foreign affairs for social security sector as follows:

- Training course on Wage Policy, People's Republic of Korea.
- Workshop on Old-Age Pension, Vietnam.
- Workshop on Effectiveness of Social Security Program in Developing Countries in Asia, Indonesia.
- Workshop on Leadership for Universal Health Insurance Coverage, Japan.
- Study Visit on Call Center of SSO, Thailand.
- Training Course on Social Health Insurance, People's Republic of Korea.
- Workshop on Relation between Stakeholders for Universal Health Service Coverage, Ghana.
- International Social Security Conference on Future Employment, Malaysia.
- The 34th summit of ASEAN Social Security Association, Thailand.
- Short-term training course on Preparation of Pension System, Germany.

- ASEAN conference on Social Protection, Philippine.
- Training course on Rehabilitation Services for Workers with Physical Disability, Thailand.
- Short-term training course on Preparation of Health Insurance System, Germany.
- Workshop on Sustainable Financial Mechanism for Social Insurance and Continuity of Pension System in Asia, Vietnam.
- International workshop on Extension of Social Security Coverage in Economic Crisis, Indonesia.
- Meeting of the ILO Universal Priority Program on Establishment of Social Protection Basis for All, Geneva, Sweden.
- Discussion meeting on Old-Age Benefit, Bangkok, Thailand.
- Meeting, training course, study visit involved, and operation of Health Insurance Review Agency (HIRA), Seoul, People's Republic of Korea.

2.3. Information Technology

NSSF prepared operation and data management through information technology for registration, contribution payment, benefit provision, attendant management of official, and some significant works as follows:

2.3.1. Programming

- Program for registering the recruited candidates
- Developing rehabilitation program
- NSSF Program
- NSSF Program v7.01
- E-Form (Web Application) for public employees
- E-Form (Web Application) for workers
- HSPIS Program
- Registration and contribution program for informal workers
- Registration and contribution program for public employees
- Registration and contribution program
- Administration program
- Developing HR System
- Develop new NSSF website
- NSSF website
- New NSSF Benefits:
 - ✓ Occupational risk benefit
 - ✓ Work injury investigation
 - ✓ Health care benefit
 - ✓ Provider payment method for work injury
 - ✓ Inspection
- Program for retrieving data from Sage Accpac (NSSF Sage)
- NSSF Sage application
- Program for searching data or information of the member through API
- Developing program for online health facility appointment
- Online health facility appointment through Smartphone (IOS)
- Program for searching data or information of the member through Smartphone (IOS)

2.3.2. Networking

- Collaborate with Online Company to deal with Link Failover.
- Resolve problem of fingerprint connection with the NSSF branches in capital-provinces.
- Configure the system in order to allow the user to access VOIP-PHONE in capital-provinces.
- Prepare PRTG for adding some information (ID of each ISP Company) in order to ease the maintenance team to connect with Service Provision Company.
- Configure the system to allow the admin to connect with health facility (retrieve data from fingerprint).
- Install Cisco Switch 2960-x for connecting with Server Farm.
- Prepare to link network between NSSF and General Department of Identification (through VPN).
- Collaborate with RMO Company to check Juniper and Microtech devices of SINET Company in order to be active/standby and create names of internet users as well as add them into each group.
- Configure NAT to connect with DVR of the NSSF branches.
- Configure ASA 5505 to link network with General Department of Identification.
- Configure NAT in Juniper device and Access-list in Cisco ASA 5505 to allow the users to access camera through smartphone at their branches.
- Install program for IVMS-4500, CatiEZ, and Configuration SNMP.
- Update network diagram of the NSSF head office.
- Collaborate with the network maintenance team to prepare the cable again (prepare to name cable and test each data system).
- Resolve error of network system (identification) that cannot connect with some Clients.
- Prepare to collaborate, adjust, install, and link other networks.
- Prepare to convene the meeting between IT Technician Team and enterprises/establishments on Procedure and Mechanism of Providing Khmer National Identity Card.
- Prepare to close the meeting list of IT Technician Team on Procedure and Mechanism of Providing Khmer National Identity Card.

2.3.3. Maintenance

- Check Server room every weekend.
- Create new policy on Symantec Server—the Server machine is limited the Live Update every four hours and scanned every eight hours; The Client is limited the Live Update every four hours and scanned at 12:00 p.m. (for Registration and Contribution Division whose Clients are scanned at 12:30 p.m.); and limit the automatic message sending to Email, Gmail, and Yahoo of NSSF.
- Collaborate with maintenance and network teams to resolve the problem of QMS that doesn't show number on the screen.
- Fix computers, replace the broken UPS, link new networks, and resolve error of the NSSF program.
- Scan virus of all computers in the NSSF head office.

- Facilitate the NSSF agent standby in the health facility for problem of HSPIS, network, and so on.
- Check Symantec Server for Clients Virus attack, Live Update, and Scan.
- Resolve error of printer in all divisions of the NSSF head office.
- Create Call Remote to deal with error of the NSSF program and other problems.
- Facilitate and resolve all errors in all divisions of the NSSF head office and branches as well as the health facilities signed the agreement with NSSF.

2.4. Internal Audit

To promote the effectiveness of organization, the Internal Auditing Division is charge of implementing activity group 5 “Development of Internal Auditing” consisting of 03 activities:

- Activity 1: Strengthen and extend internal auditing governance.
- Activity 2: Administrate human resource of Internal Auditing Division.
- Activity 3: Strengthen implementation of Internal Auditing Division.

2.5. Dispute or Complaint Settlement Committee of NSSF

Dispute or Complaint Settlement Committee of NSSF was established to address dispute or complaint in relation to the enforcement of regulations and orders in social security sector among the NSSF member, employer, and NSSF; this committee has tripartite members: representatives of NSSF, employers, and workers.

3. Dissemination and Occupational Risk Prevention

Dissemination is a significant task that NSSF has paid high attention to prepare numerous public dissemination plans in order to publish the achievements, prevention of work injury, implementation of social security scheme policy, further strengthening of implementation with stakeholders, such as employers, representative of workers, trade unions, health facilities, NGOs, and ministries and institutions involved with a view to receiving new information from policy implementation of social security schemes and urging them to contribute to dissemination and work injury prevention together. Remarkably, in 2017, some dissemination performed as follows:

- Dissemination of Team for Prevention of Faintness and Work Injury (TPFWI) and of Road Traffic Safety Team for Worker Prevention (RTSTWP) on Annual Achievements.
- Dissemination meeting on Implementation of Social Security Scheme Policy and Service of Occupational Risk Benefit Provision.
- Dissemination Meeting on Implementation of Social Security Scheme Policy on Health Care.
- Dissemination meeting on Hygiene, Work Safety, Working Conditions, Benefits of Social Security Schemes, Preventive Measures on Workers’ Faintness, and Worker-Transporting Means.
- Dissemination meeting on Road Traffic Safety of Transportation Means for Worker-Transporting Drivers and Workers, Driving Training Course, and Driving Exam.
- Training course for the focal point on Traffic Law and First-Aid.
- Dissemination of video spot on television channels and of audio spot on radio channels.
- Newsletter, calendar, leaflet, booklet, and registration documents were distributed to the participants in each dissemination meeting.

Apart from the disseminations above, NSSF also possesses a website (www.nssf.gov.kh) with all information and significant legal instruments in connection with the implementation of the Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law, Facebook Page (www.facebook.com/nssfpage), phone contact, and Hotline (1286) for disseminating the breaking news associated with the implementation of social security scheme policy and informing the members directly and immediately. In addition, NSSF has also disseminated through the media and designated the officials to directly publish, guide, and explain the workers in the enterprises/establishments in relation particularly to the policy implementation of social security schemes on Occupational Risk and Health Care, procedures and formalities of registration, contribution payment, benefit claim, and benefit provision.

3.1. Strengthen Dissemination of Social Security Scheme Policy

For strengthening dissemination of social security scheme policy, until 2017, NSSF has disseminated the policy of strengthening benefit provision services for workers to representative of enterprises/establishments, victims as the NSSF member, representatives of organizations and institutions, competent authorities, and health facility signed the agreement with NSSF as well as all victims who are receiving Occupational Risk Benefits from NSSF.

Description	Situation of Dissemination			Participants	
	Time (s)	Employer/Trade Union/Victim/Authority	Capital-Provinces	Total	Female
2017	428	48,683	25	57,329	45,807
2016	74	12,868	25	12,868	5,274
2015	46	4,841	19	6,188	2,475
2014	23	2,907	8	1,682	673
Total 2014-2017	571	69,299	25	78,067	54,229

Description	Situation of Dissemination			Participants	
	Time (s)	Employer/Trade Union/Victim/Authority	Capital-Provinces	Total	Female
2017	250	28,258	13	33,276	27,118
2016	35	5,704	5	5,704	2,408
Fluctuation (± %)	614.29%	395.41%	160.00%	483.38%	1026.16%

3.2. The NSSF Team Collaborated with the Dissemination Team to Strengthen Labour Sector Development Policy

Table 17. The NSSF Team Collaborated with the Dissemination Team to Strengthen Labour Sector Development Policy

Description	Enterprises Received Dissemination		Participants (Workers)	
	Factory	Time	Total	Female
2017	727	727	142,187	123,072
2016	91	91	8,728	7,371
Fluctuation (± %)	698.90%	698.90%	1529.09%	1569.68%

Source: National Social Security Fund

3.3. Dissemination Meeting on Prevention of Work Injury

3.3.1. Team for Prevention of Faintness and Work Injury (TPFWI)

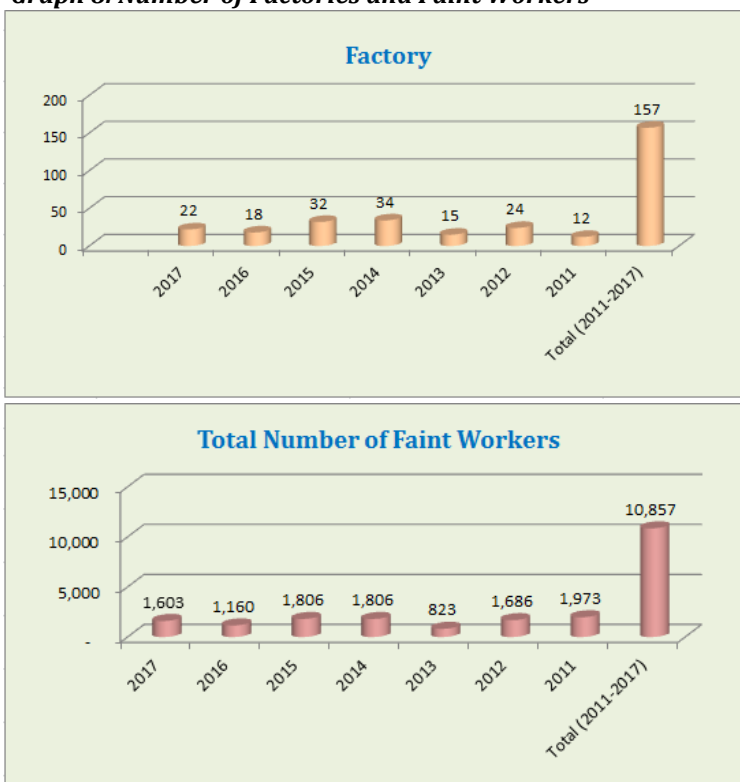
Team for Prevention of Faintness and Work Injury (TPFWI) has duties to study the root of workers' faintness, take emergency measures, facilitate with health facility and relevant authorities to allow victims to receive emergency service, and make a contribution to disseminate work injury prevention program. TPFWI is preparing to conduct the dissemination meeting continually in a bid to allow employers or representatives of enterprises/establishments and workers to raise awareness of working conditions, hygiene, work safety, prevention of workers' faintness, prevention of traffic accident by workers' transportation means, and benefits of social security schemes with a view to cutting down and preventing work injury, especially for workers' faintness, at the lowest level.

In the phenomenon of workers' faintness, TPFWI also facilitated, took measures to modify, and rescue.

Phenomenon of Workers' Faintness and Dissemination to Workers 2008-2017

- Phenomenon of Workers' Faintness

Graph 8. Number of Factories and Faint Workers



- The causes of workers' faintness result from:
- Radiation of chemical substances (pesticide) sprayed in the paddy field.
 - Dusty water fan of the cooling system.
 - Unhygienic environment in compound of the production building
 - Hot and stuffy atmosphere in the production building
 - Stress
 - Mass panic

Description	Enterprises		Workers	
	Factory	Time	Total	Female
2017	88	88	7,296	5,129
2016	77	77	13,042	11,738
2015	90	90	13,450	12,105
2014	27	19	3,100	2,790
2013	71	32	10,917	9,825
2012	15	105	28,000	25,200
Total 2012-2017	368	411	75,805	66,787

3.3.2. Road Traffic Safety Team for Worker Prevention

Currently, the traffic accident is a severe burden of the Royal Government due to the victim suffered from it leading to death, injury, disability, vandalism, and destruction of state and private property, in particular the workers sustained commute accident by other transportation means. To contribute to reduce and prevent the traffic accident, the National Social Security Fund under the Ministry of Labour and Vocational Training established the Road Traffic Safety Team for Worker Prevention (RTSTWP) referring to Decision No. 002/13 LV/D dated 25 January 2013 that there are compositions from relevant ministries, representatives of employers and workers, and Handicap International (HI). This team has duties to design action plans, study and collect data, conduct statistics of workers' transportation means, disseminate traffic law and traffic safety, collaborate with the local authorities to take preventive measures, prevent the traffic accident, and comply with other orders provided by Minister of Labour and Vocational Training.

In 2017, the team prepared action plans and disseminating materials for disseminating and explaining the worker-transporting drivers and workers about Traffic Law, vehicle inspection, first-aid, wearing-helmet, other preventive measures, especially for the location with frequent accident, and other remarkable works as follows:

Table 19. Situation of Workers' Traffic Accidents

Traffic Accident of Workers	Cases	Situation of Victims (Person)					Vehicle (%)			Offending Vehicle (%)		By Sector (%)		
		Death	Serious	Mild	Total	Female	Motorbike	Car	Other	Offended by Worker-Transporting Driver	Offended by Other Vehicles	Factory	Bank/Micro-Finance	Other
2017	1,771	36	320	1,970	2,326	2,326	87.62%	3.96%	8.42%	45.10%	54.52%	50.52%	18.71%	30.77%
2016	7,592	118	1,293	7,898	9,309	5,839	73.00%	15.00%	13.00%	39.00%	61.00%	66.00%	7.00%	27.00%
Fluctuation (± %)	-76.67%	-69.49%	-75.25%	-75.06%	-75.01%	-60.16%	20.03%	-73.60%	-35.23%	15.64%	-10.62%	-23.45%	167.29%	13.96%

Source: Road Traffic Safety Team for Worker Prevention (RTSTWP) 2017

- Dissemination to Workers

Table 20. Dissemination on Traffic Law and Preventive Measures of Traffic Accident

Description	Enterprises		Participants			
	Factory	Time	Worker	Driver	Total	Female
2017	671	682	60,677	30,241	90,918	55,093
2016	154	137	24,922	1,488	26,410	15,794
2015	307	103	17,776	3,591	21,367	12,820
2014	123	22	2,675	1,600	4,275	2,565
2013	172	24	2,880	1,867	4,747	2,848
Total	1,427	968	108,930	38,787	147,717	89,120

Source: Road Traffic Safety Team for Worker Prevention (RTSTWP) 2013-2017

III. Challenges of Social Security Scheme Development

A. Challenges of Implementation of Social Security Schemes for Persons Defined by the Provisions of the Labour Law

1. Challenges of Strengthening and Expanding the Implementation of Occupational Risk Scheme

Until 2017, the National Social Security Fund encountered some challenges as follows:

1.1. A handful of enterprises/establishments

- Don't know clearly about procedures of registration and contribution payment of NSSF and submit the incorrect monthly number of workers.

- Are difficult to be made appointment (restaurant, entertainment club, Karaoke...).
- Delay to register their own workers.
- Close enterprises, suspend operation, and change new address, admin, and trademark without informing NSSF.
- Don't have correct legal documents by operating anarchic handicraft.
- Provide report of work injury incorrectly and late by keeping the claim documents numerous and then submitting them to NSSF.
- Have not paid contribution.

1.2. A handful of workers

- Don't know precisely about NSSF, don't have obvious identity documents, and claim non-work injury benefit.
- Have not had legitimate marriage certificate.
- Access services in the health facility not signed the agreement with NSSF and consume services in the wrong target.

1.3. A handful of health facility

Quality of medical service provision of some health facilities is limited.

2. Challenges of Strengthening and Extending the Implementation of Health Care Scheme

For the implementation of health care scheme, the National Social Security Fund faced some challenges as follows:

2.1. A handful of enterprises/establishments

- Renewing registration of workers
 - ✓ Delay to register their workers
 - ✓ Be afraid of impacting the assembly line by sending a minority of workers to register
- Don't inform NSSF about number of new and laid-off staffs and other inform unclearly.
- Has not paid contribution of Health Care Scheme.

2.2. A handful of workers

- Renewing registration of workers
 - ✓ Use other's identification documents by not telling the truth because they are afraid that they will be dismissed.
 - ✓ Don't understand clearly about health care benefits.
 - ✓ Are afraid of losing years of service when their names are adjusted properly.
- Try not to show their membership card by thinking that the doctors don't provide good services to them except immediate payment.

2.3. A handful of some health facilities' services

A small amount of doctor don't know obviously about the procedures of service provision for the member (refer patient from one ward to another) and prescribe essential drugs inadequately.

3. Challenges for Urging to Prepare and Launch Pension Scheme

3.1. Shortage of human resources.

3.2. Shortage of actuarial specialists for calculation of contribution payment and benefit provision.

3.3. Shortage of basic data for study and analysis.

3.4. Not yet prepare to study feasibility of the implementation.

B. Implementation of Social Security Schemes for Public Employees, Former Civil Servants, and Veterans

1. Registration of public employees doesn't respond to the total number of civil servants.

2. Public employees don't understand precisely their own benefits to be entitled.

3. Dissemination is not wide enough.

C. Implementation of Health Care Scheme through Health Equity Fund System for Informal Workers and Provision of Additional Allowance for Female Worker when Deliver a Baby.

1. Difficulty in inviting employers to register their enterprises/establishments and workers.

2. Employers don't understand precisely the benefit that their workers will be entitled.

3. Informing the pregnancy of workers to NSSF is so late.

4. Female workers have incorrect or abnormal Khmer national identity cards or don't have Khmer national identity cards.

5. Workers don't understand clearly the use of bank system.

6. Members don't use smartphone.

D. Implementation Support

1. Human resource is limited.

2. Implementation of social security schemes is not broad.

3. It is difficult to recruit the skilled doctor.

4. Workers' faintness is continuing to occur.

5. Traffic accident caused by worker-transporting workers still increases

6. Some employers and workers don't know NSSF.

IV. Remedies and Action Plans

To ensure the law enforcement on Social Security Schemes for Persons Defined by the Provisions of the Labour Law with effectiveness and punctuality and address other challenges, the National Social Security Fund owns some major goals for action plans as follows:

B. Implementation of Social Security Schemes for Persons Defined by the Provisions of Labour Law

1. Strengthening and Expanding the Implementation of Occupational Risk Scheme

1.1. All employers of enterprises/establishments shall collaborate to:

- Pursue to disseminate and explain the implementing mechanism coming into force.
- Continue to facilitate and appoint the employers in the afternoon and try its best to explain them before taking measures.
- Facilitate and explain directly in a bid to determine whether or not the enterprise/establishment is operating.
- Try to contact the enterprise/establishment admin directly in order to guide them to prepare documents for contribution payment and benefit claim.
- Go to demand contribution through imposing the constraint letter.

1.2. Workers shall be:

- Facilitated and explained directly the principles coming into force.
- Urged to apply for a marriage certificate.
- Guided to access services in the health facility signed the agreement with NSSF.

1.3. Services of Health Facility

- NSSF has facilitated with the health facility signed the agreement in order to better provide services and convened the meeting to address miscellaneous problems.
- NSSF has continued to sign the agreement with health facility and places the NSSF agent to be on standby in the health facility.

2. Strengthening and Expanding the Implementation of Health Care Scheme

2.1. Employers of Enterprises/Establishments shall collaborate to:

- Explain their workers about registration and service provision.
- Guide their admin how to prepare the report of number of workers correctly.

2.2. Workers shall be:

- Explained procedure of renewing registration of members (disseminate Notification on 127 LV/N, on Registration of Workers in NSSF)
- Explained and disseminated health care benefit as well as facilitated to access services through the NSSF agent on standby in the health facility.

2.3. Services of Health Facility

- NSSF convened the meeting with health facility to find better solution to provide essential drugs and services more smoothly.
- NSSF facilitated with health facility and requested the general practitioner not to promote the health product to the NSSF members.
- NSSF continued to accredit level of care and sign the agreement with health facility in 25 capita-provinces.
- NSSF explained the health facility about the Provider Payment Methods (PPM).
- NSSF explained the health facility about procedure of identifying the NSSF member to access services in the health facility through SMS and H-SPIS.

3. Urge to Prepare and Launch Pension Scheme

3.1. NSSF recruited staffs and trained human resource.

3.2. NSSF requested to collaborate with development partners for preparing the implementing mechanisms and training human resource.

3.3. NSSF requested the development partners to provide the specialist for studying and collecting data for the analysis of contribution payment and provided services.

3.4. NSSF prepared to study possibility of launch, requested the principles for implementation, and designed legal instruments.

B. Implementation of Social Security Schemes for Public Employees, Former Civil Servants, and Veterans.

1. Urging to register public employees by collaborating with ministries, institutions, and organizations concerned.

2. Increasing the dissemination by all means as follows:

- Direct dissemination
- Dissemination on television, radio, news press, Facebook Page, website, and other media system.

C. Implementation of Health Care Scheme through Health Equity Fund System for Informal Workers and Provision of Additional Allowance for Female Workers when Deliver a baby.

1. Urge to invite the employer to register their worker with a view to allowing them to have entitlement to enjoy benefits of social security schemes.
2. Urge the broader dissemination.
3. Urge to disseminate information to employers or representatives of employers and workers.
4. Try to explain workers directly when they come to complete the form for requesting additional allowance in the NSSF head office and branches.
5. Explain and introduce workers to find out the importance of hotline number: 1286.
6. Explain and urge workers to use their own legal Khmer national identity cards.

D. Implementation Support

1. In case of limited human resource, NSSF has to:
 - Prepare to offer training course.
 - Request development partners for offering the NSSF officials training course in both local and abroad.
 - Prepare the long-term human resource development strategy.
2. Organize to amend the law on Social Security Schemes for Persons Defined by the Provisions of the Labour.
3. Design the separate statute for motivating the skilled doctor.
4. Increase the dissemination on Hygiene, Work Safety, and Preventive Measures of Workers' Faintness.
5. In case of traffic accident, NSSF has to:
 - Collaborate with institutions and organizations involved in a bid to push the worker-transporting driver to:
 - ✓ Change their vans or trucks that were invented with wrong technical standards into passenger car with appropriate seat.
 - ✓ Offer the training course on Traffic Law to worker-transporting driver.
6. Expand dissemination on Policy of Social Security Schemes for employers and workers more widely.

Conclusion

For ten-year implementation of Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law and Sub-Decree on Establishments of the National Social Security Fund, NSSF has accomplished the proud achievements based on Rectangular Strategy, National Development Strategy, Social Protection Strategy for the Poor and Vulnerable, Financial Sector Development Strategy, Labour and Vocational Training Sector Development Strategy, and Social Protection Strategy for Persons Defined by the Provisions of the Labour Law 2014-2108.

With the achievements above, NSSF has observed some challenges in relation to mandatory implementation of employers and some workers, quality of medical service provision that are modified continually, and other challenges of NSSF. Associated with these challenges, NSSF also observed that number of work injury still increases in line with the growth of enterprises/establishments and workers registered in NSSF, in particular the case of serious injury; although commute accident increase slightly, this case is still the concerned amount. Therefore, to contribute to address the challenges above, it is required that ministries,

institutions involved, national and international organizations, and other development partners continue to support and collaborate for developing social security sector in Cambodia and would contribute actively to the disseminating measures to be taken in order to prevent work injury at the lowest level that makes a contribution to reduce poverty and promote social stability. Furthermore, workers themselves have to raise awareness of health problem and take high precaution for fulfilling works, especially for the commute, with a view to avoid accident because it causes not only loss of job, time, and money but also death.

According to the so-far achievements, all leaders, officials, and staffs of NSSF have paid attention to fulfil works with profession conscience and high responsibility; ministries and institutions involved, national and international organisations, and other development partners supported and collaborated well with NSSF; and employers or owners of enterprises/ establishments and workers also contributed to better comply with the law.

Phnom Penh, 02 January 2018

**Delegate of the Royal Government in charge as
Director of the National Social Security Fund**

ADDRESS AND CONTACT NUMBER WITH THE CENTRAL OFFICE AND NSSF BRANCHES

No.	Province	Address	Contact Number	Desk Phone Number	E-mail
1	Kandal	#01, St. 202, Derm Mean Village, Sangkat Derm Mean, Takmao Town, Kandal	085 567 766 977 963 078	024 640 1676	samphearak@nssf.gov.kh
		Knong Village, Praek Ta Meak Commune, Ksach Kandal District, Kandal	096 615 6168 012 548 805 098 548 805	023 519 8999	nssf_reythearith@nssf.gov.kh
2	Kampong Speu	<u>Branch 1</u> National Road No.4, Chung Bongkoul Village, Baek Chan Commune, Ang Snuol District, Kandal	012 286 879 015 210 210 060 212 212	024 508 0777	movratha@yahoo.com
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3	Svay Rieng	National Road No.1, Roung Bonlae Village, Svay Rieng Commune, Svay Rieng Town, Svay Reing	077 663 214	044 715 831	pek.samol@nssf.gov.kh
4	Sihanouk Ville	Sangkat No.4, Sihanouk Ville, Sihanouk	017 933 396 077 663 215	034 934 606	tong_samnieng@nssf.gov.kh
5	Kampong Chhnang	#C495, Group No.18, Mong Barang Village, Sangkat Paak, Kampong Chhnang Town, Kampong Chhnang	077 663 216 016 884 348	026 988 891 026 775 566	nssf_kcn@nssf.gov.kh
6	Siem Riep	Borey Seang Nam, Khnar Village, Chreav District, Seim Reap Town, Seim Reap	012 534 345 077 663 217	063 965 934	pang_sokchea@yahoo.com sokchea@nssf.gov.kh
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		Phum 3, Preah Ponleap Commune, Serey Sourphon Town, Bontey Meanchey			
8	Kampong Cham	<u>Branch 1</u> National Road No.6A, Bar Theay Village, Bar Theay Commune, Bar Theay District, Kampong Cham	012 520 767 077 990 048	042 652 1999 042 943 388	say.sothon@nssf.gov.kh
		<u>Branch 2</u> Phum 4, Veal Vong Commune, Kampong Cham Town, Kampong Cham			

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10	Prey Veng	#107, Phum 3, Kampong Leav Commune, Prey Veng Town, Prey Veng	012 548 805 092 708 803	N/A	reythearith@yahoo.com rey.thearith@nssf.gov.kh
11	Takeo	St. 03, Chok Village, Roka Knong Commune, Daun Keo Town, Takeo	012 636 439	032 210 666	vannak-rk@nssf.gov.kh vannaknssf@gmail.com
12	Kampot	1 Orsapea village, Kampong Kandal Commune, Kampong Bay District, Kampot Town, Kampot	012 623 332 072 688 886	033 932 133	phokchetra@gmail.com sin.kosal@nssf.gov.kh
13	Kep	St. 33A, O Krosa Village, O Krosa District, Kep Town, Kep Province	093 933 383	N/A	N/A
14	Koh Kong	#26, Group No. 2, Dong Tong Commune, Khamarak Phumen Town, Koh Kong	097 973 9006 012 625 855	035 936 436	kongkea.nssf.kk@gmail.com
15	Battambang	#K2 117, St. 616, Rom Chong 4 Village, Rathanak Commune, Battambang Town, Battambang	097 997 2829	053 953 336	battambang@nssf.gov.kh
16	Pailin	Wat village, Pailin Commune, Pailin Town, Paili	086 893 777	055 956 667	somit.ream@nssf.gov.kh
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20	Ratanakiri	Teis Ornloung Village, Beung Konseng Commune, Banlung Town, Ratanakiri	011 451 777 097 966 7666	075 974 184	sam_ath@nssf.gov.kh
21	Mondulkiri	Chombork Village, Spean Meanchey Commune, Sen Monorom Town, Mondulkiri	012 205 756 088 820 5756	N/A	kosol_vicheth@yahoo.com
22	Oddar Meanchey	Chhuk Village, Samrong Commune, Samrong Town, Oddar Meanchey	097 523 4666 085 311 300	N/A	simmao2013@gmail.com
23	Preah Vihear	Kandal village, Kampong Bronak Commune, Preah Vihear Town, Preah Vihear	097 366 6060 012 259 258	N/A	nssf_pvh@nssf.gov.kh savuthnou22@gmail.com
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25	Russey Keo Branch	#06, St. 342 (road to Grand Phnom Penh), Conner Street 598, Phum 4, Center 6, Sangkat Chrang Chamras I, Khan Russey Keo, Phnom Penh	092 486 256 088 691 1911	023 663 3030	vannaknssf@nssf.gov.kh
26	Meanchey Branch	Borey Peng Hout, #43, Street P-10C, Sangkat Nirout, Khan Chbar Armpov, Phnom Penh.	077 366 555	023 901 530	Lay.sovan@nssf.gov.kh
27	Pursenchey Branch	Street 31, Street Samdech Chea Sim, Sangkat Prek Leap, Khan Chrouy Changva, Phnom Penh	012 991 558	023 901 529	sovanrithsom@gmail.com



SN/RKT/0217/078

ROYAL KRET

ON

ESTABLISHMENT OF SOCIAL SECURITY SCHEMES ON OCCUPATIONAL RISK FOR PUBLIC EMPLOYEES AND ON HEALTH CARE FOR PUBLIC EMPLOYEES, FORMER CIVIL SERVANTS, AND VETERANS

We

**Preah Karuna Preah Bat Samdech Preah Bormneath Norodom Sihamoni
Samanaphumcheatsasna Rakatkatteya Khemraradreas Puthendreatharamohaksat
Khemreachea Samohopheas Kampuch Ekreachrad Boranasante Supheakmangkalea
Sereyvibulea Khemara-Sreypireas Preahchao Krong Kampuchea Thebadey**

- Having seen the Constitution of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/0913/903, dated 24 September 2013, concerning the Nomination of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/1213/1393, dated 21 December 2013, concerning the Revision and Addition of the Composition of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/0416/368, dated 04 April 2016, , concerning the Revision and Addition of the Composition of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kram No. 02/NS/94, dated 20 July 1994, promulgating the Law on the Organization and Functioning of the Council of Ministers;
- Having seen Royal Kram No. 06/NS/94, dated 30 October 1994, promulgating the Law on the Common Statute of Civil Servants of Kingdom of Cambodia;
- Having seen Royal Kram No. NS/RKM/0902/018, dated 25 September 2002, promulgating the Law on the Social Security Schemes for Persons Defined by the Provisions of the Labour Law;
- Having seen Royal Kram No. NS/RKT/0203/007, dated 13 February 2003, promulgating the Law on the Statute of Civil Servants of Legislation Team;
- Having seen Royal Kram No. NS/RKM/0105/003, dated 17 January 2004, promulgating the Law on the Establishment of Ministry of Labour and Vocational Training;
- Having seen Royal Kram No. NS/RKT/0714/015, dated 16 July 2014, promulgating the Law on the Statute of Judges and Prosecutors;

- Having seen Royal Kret No. NS/RKT/0501/178, dated 22 May 2001, concerning the Separate Statute of National Police of Cambodia;
- Having seen the Approval of **Samdech Akka Moha Sena Padei Techo Hun Sen**, Prime Minister of the Kingdom of Cambodia.

HEREBY PROMULGATED

**CHAPTER I
GENERAL PROVISIONS**

Article 1..

This Royal Kret intends to establish the social security schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans in order to promote the social welfare.

Article 2..

This Royal Kret has an objective to provide the social security schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans.

Article 3..

This Royal Kret covers:

1. Public employees :
 - A. Civil servants in public service working in the ministries and institutions at national and sub-national levels and defined by the provisions of the law on the Common Statute of Civil Servants of Kingdom of Cambodia.
 - B. Civil servants working in the legislative body.
 - C. Civil servants working in the judicial body.
 - D. National police.
 - E. Contracted workers working in the ministries, institutions, and organizations at the national and sub-national levels are recognized by Ministry of Public Service.
2. Former civil servants and veterans.
3. Public employees as not set forth in point 1 and the dependents shall be regulated by sub-decree based on the actual social and economic situations.

The social security schemes for the militant of Royal Cambodian Armed Forces shall be determined in the legal instruments separately.

Article 4..

In this Royal Kret:

- The term ***Occupational Risk Scheme*** refers to the insurance against workplace accident, commuting accident, and occupational disease.
- The term ***Work Injury*** refers to the accident inflicting on the body of public employee in a period of working hour of his/her own ministry, institution, or organization.
- The term ***Commuting Accident*** refers to the accident inflicting on the body of public employee during the direct commute from his residence to workplace and home without interrupting or detouring for a personal or non-work-related reason out of the work ordered by his/her ministry, institution, or organization.
- The term ***Occupational Disease*** refers to any diseases resulting from -work although such diseases are diagnosed within working period or after the termination of employment contract.
- The term ***Health Care Scheme*** refers to the social health insurance provides the health prevention for accident or illness not involved with occupational risk.
- The term ***Occupational Risk Benefit*** refers to medical care, disability allowance or disability pension are provided to the public employee suffered from work injury, commuting accident, or occupational disease; and survivors' pension is granted to the beneficiary of victim suffered from work injury, commuting accident, or occupational disease resulting in death.
- The term ***Health Care Benefit*** refers to health prevention and medical care services are provided to persons as set forth in article 3 above.
- The term ***Contribution*** refers to the premium paid as set in the law by the public employees, former civil servants, veterans, and the state as fund for the benefit compensation.
- The term ***Former Civil Servant*** refers to the old-age pensioner and invalidity pensioner.
- The term ***Veteran*** refers to the retired, handicapped, and disabled.

CHAPTER II COMPETENT INSTITUTION

Article 5..

The National Social Security Fund (NSSF) is a unique implementer that has the authority to manage the social security schemes on Occupational Risk and Health Care Schemes for the persons defined by article 3 of this Royal Kret.

Article 6..

The Governing Body member of the National Social Security Fund who represent the public sector shall have the authority to organize the meeting and enact the social security schemes on Occupational Risk and Health Care for public employees, former civil servants, and veterans by inviting representatives from the National Social Security Fund for Civil Servant (NSSFC), National Fund for Veteran (NFV), Persons with Disabilities Foundation (PWDF), and other institutions involved for consultation.

The decision of the Governing Body of the National Social Security Fund shall be requested for the review and approval from the technical-tutelage ministry and financial-tutelage ministry respectively in compliance with the current effective legal instruments.

CHAPTER III CONTRIBUTION, BENEFIT, AND RESERVE PART I OCCUPATIONAL RISK SCHEME FOR PUBLIC EMPLOYEES

Article 7..

The contribution of the social security schemes on Occupational Risk for Public Employees is borne by the state, institutions, or direct supervising unit.

The contribution rate, formalities, and procedures of the contribution payment for this scheme shall be defined by sub-decree.

Article 8..

Benefits of the occupational risk scheme for public employees are the following:

- Medical care
- Allowance for permanent disability less than 20%
- Pension for permanent disability from 20% up

- Funeral grant and survivors' pension for spouse, children, and the elderly, who have no income, is the dependent of the victim suffered from work injury resulting in death.

The conditions, formalities, and procedures of the benefits provision shall be defined by sub-decree.

PART II
HEALTH CARE SCHEME FOR PUBLIC EMPLOYEES, FORMER CIVIL
SERVANTS, AND VETERANS

Article 9.-

The contribution of the social security schemes on Health Care is the joint obligation of the state, institutions, or direct supervising units and public employees.

The contribution of the social security schemes on Health Care for former civil servants and veterans is borne by the person concerned. The contribution rate of the former civil servants and veterans shall not exceed the rate borne by public employee.

The contribution rate, formalities, and procedures of the contribution payment for this scheme shall be defined by sub-decree.

Article 10.-

Benefits of the social security schemes on Health Care for public employees, former civil servants, and veterans are the following:

- Medical care services including inpatient, outpatient, emergency, physiotherapy and kinesiotherapy, delivery and prenatal and postnatal care, and rehabilitation.
- Patient or victim referral service in case of emergency and corpse transportation service.
- Health prevention services.

The conditions, formalities, and procedures of the benefit provision shall be defined by sub-decree.

PART III
RESERVE

Article 11..~

The reserve for the social security schemes on Occupational Risk and Health Care as stated in this Royal Kret shall be defined by sub-decree in accordance with the proposal of both tutelary ministries.

**CHAPTER IV
ACCREDITATION AND QUALITY ASSURANCE OF HEALTH FACILITIES'
SERVICES**

Article 12..~

The medical care shall be provided by health facilities recognized by the Ministry of Health and signed the agreement with the National Social Security Fund.

Article 13..~

The accreditation of medical care services shall comply with the guidelines defined by the Ministry of Health.

Quality Assurance of health facilities' services shall be monitored and evaluated by the Medical Committee of the National Social Security Fund.

**CHAPTER V
DATA MANAGEMENT COORDINATION**

Article 14..~

Ministries and competent institutions shall collaborate to provide data related to public employees, former civil servants, and veterans to the National Social Security Fund in order to insert those data into the data management system of the occupational risk and health care schemes.

**CHAPTER VI
IMPLEMENTATION**

Article 15..~

The accurate phase and date for the implementation of the Occupational Risk and Health Care Schemes for persons defined by article 3 of this Royal Kret shall be regulated by Joint Prakas between Ministry of Labour and Vocational Training and Ministry of Economy and Finance.

**CHAPTER VII
FINAL PROVISIONS**

Article 16.

Any regulations contrary to this Royal Kret shall be abrogated.

Article 17.

Samdach Akka Moha Sena Padei Techo Hun Sen, Prime Minister of the Kingdom of Cambodia, shall be responsible for implementing this Royal Kret from the signed date.

Royal Palace, dated 01 February 2017

**(signature and seal)
Norodom Sihamoni**

No. 1702.080

Having informed the King
Ask for the signature
**Prime Minister
(Signature)**
Samech Akka Moha Sena Padei Techo Hun Sen

Having informed Samech Akka Moha Sena Padei Techo
Hun Sen, Prime Minister
Minister of Ministry of Labour and Vocational Training
(signature)
Ith Samheng



**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**ROYAL GOVERNMENT
No. 134 SD.E**

**SUB-DECREE
ON
CONDITIONS, FORMALITIES, AND PROCEDURES OF BENEFIT PROVISION
OF SOCIAL SECURITY SCHEMES ON OCCUPATIONAL RISK FOR PUBLIC
EMPLOYEES AND ON HEALTH CARE FOR PULBIC EMPLOYEES, FORMER
CIVIL SERVANTS, AND VETERANS**

ROYAL GOVERNMENT

- Having seen the Constitution of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/0913/903, dated 24 September 2013, concerning the Nomination of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/1213/1393, dated 21 December 2013, concerning the Revision and Addition of the Compositions of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/0416/368, dated 04 April 2016, concerning the Revision and Addition of the Compositions of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kram No. 02/NS/94, dated 20 July 1994, promulgating the Law On the Organization and Functioning of the Council of Ministers;
- Having seen Royal Kram No. NS/RKM/0196/18, dated 24 January 1996, promulgating the Law on the Establishment of the Ministry of Economy and Finance;
- Having seen Royal Kram No. NS/RKM/0105/003, dated 17 January 2005, promulgating the Law on the Establishment of the Ministry of Labour and Vocational Training;
- Having seen Royal Kram No. NS/RKM/0613/012, dated 20 May 2013, promulgating the Law on Amendment of Article 28 of the Law on the Organization and Functioning of the Council of Ministers;
- Having seen Royal Kret No. NS/RKT/0217/078, dated 01 February 2017, concerning the Establishment of Social Security Schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans;

- Having seen Sub-Decree No. 199 SD.E, dated 22 April 2013, concerning the Formalities of Entitlement and Obligation involved with Five Statuses of Professional Militant and Special Provisions for Military Officers rank as General.
- Having seen Sub-Decree No 488 SD.E, dated 16 October 2013, concerning the Organization and Functioning of the Ministry of Economy and Finance;
- Having seen Sub-Decree No. 283 SD.E, dated 14 November 2014, concerning the Organization and Functioning of the Ministry of Labour and Vocational Training;
- Reference to the Approval of the Council of Ministers in the Plenary Session on 04 August 2017.

HEREBY DECIDED

CHAPTER I GENERAL PROVISIONS

Article 1..

This sub-decree regulates conditions, formalities, and procedures of benefit provision for social security schemes on Occupational Risk for public employees and on Health Care for public employees, former civil servants, and veterans except that former militants who rank as General and Admiral in compliance with the spirit of sub-decree No. 199 SD.E, dated 22 April 2013, concerning Formalities of Entitlement and Obligation involved with Five Statuses of Professional Militants and Special Provisions for Military Commanders.

Article 2..

In this sub-decree:

- The term *Occupational Risk Scheme* refers to the insurance against workplace accident, commuting accident, and occupational disease.
- The term *Work Injury* refers to the accident inflicting on the body of public employee in a period of mission and working hours of his own ministries, institutions, or organizations.
- The term *Commuting Accident* refers to the accident inflicting on the body of public employee during the direct commute from his/her residence to workplace and vice versa without interrupting or detouring for a personal or non-work-related reason out of the work ordered by his/her ministry, institution, or organization.
- The term *Occupational Disease* refers to any diseases resulting from the work or although such diseases are diagnosed within working period or after the termination of employment contract.
- The term *Health Care Scheme* refers to the social health insurance provides the health prevention for accident, illness, or health problem not involved with occupational risk.
- The term *Occupational Risk Benefit* refers to medical care, disability allowance, or disability pension are provided to the public employee suffered from work injury,

commuting accident, or occupational disease; and survivors' pension is granted to the beneficiary of victim suffered from work injury, commuting accident, or occupational disease leading to death.

- The term ***Orphan*** refers to the parentless child who lives under burden of the victim suffered from occupational risk.
- The term ***Health Care Benefit*** refers to the health prevention and medical care services.
- The term ***Health Prevention Service*** refers to any activities such as screening or predetermination of health problem symptoms and signs, health education, consultation, immunization program, or any interventions in order to prevent from health problems.
- The term ***Medical Profession Technics*** refer to the technics or methods of diagnosis and medical care complying with the medical standards provided by health professionals accredited by the Medical Council of Cambodia and licensed to run healthcare occupations by Ministry of Health.
- The term ***Surgery*** refers to medical operation with the purpose of treatment.
- The term ***Health Facility*** refers to the public or private health facilities recognized by Ministry of Health.
- The term ***Outpatient Consultation Service*** refers to the examination and consultation excluding hospitalization.
- The term ***Emergency Service*** refers to any interventions performed in an unexpected occasion and with the purpose of resuscitation or prevention of limb or any organs loss of victim or patient.
- The term ***Fee-For-Service*** refers to the cost of each medical care service in health facility.
- The term ***Allowance*** refers to lump-sum provided to the victim.
- The term ***Pension*** refers to amount of money granted to the victim suffering from occupational risk periodically.
- The term ***Survivors' Benefit*** refers to amount of money provided to spouse or children under the burden of person concerned.

CHAPTER II
CONDITIONS, FORMALITIES, AND PROCEDURES OF
OCCUPATIONAL RISK BENEFIT PROVISION
SECTION I
COMMON PRINCIPLES

Article 3..

The public employees as stipulated in article 3 of Royal Kret No. NS/RKT/0217/078, dated 01 February 2017, have entitlement to receive occupational risk benefits when suffering from occupational risk.

The victims suffering from occupational risk or beneficiaries shall inform promptly the National Social Security Fund (NSSF) and ministry, institution, or organization concerned about the accident inflicting on the body of the victim with the exception of force majeure, infeasibility, or rational reasons.

Ministry, institution, sub-national administration, or organization concerned shall inform the National Social Security Fund (NSSF) by any means about the incidence of occupational risk not later than 48 (forty-eight) hours of working day after receiving the request from NSSF. The assumption of work injury shall be determined in accordance with the result of work injury investigation done by NSSF.

**SECTION II
MEDICAL CARE SERVICE PROVISION**

Article 4..

Medical care services for Occupational Risk include as follows:

- Both inpatient and outpatient services shall be provided to the victim suffering from work injury until recovery, according to the medical professional technics.
- Emergency.
- Provision of drug and ancillary medical kits for treatment.
- Rehabilitation services comprising supply, nursing, prosthesis or artificial limbs fixing, body adjustment required by the official medical practitioner, and vocational rehabilitation.
- Corpse transportation or victim referral services for emergency.

**SECTION III
PENSION AND ALLOWANCE PROVISION
FOR PERMANENT DISABILITY**

Article 5..

A- The public employees suffered from work injury resulting in the permanent disability less than 20 (twenty) percent shall have entitlement to receive disability allowance as a lump sum by calculating the following formula:

$$DA = DAV \times PDD \times 20\% PAV$$

Unofficial Translation of the NSSF Translation Team

- DA = Disability Allowance
- DAV = Daily Allowance of Victim equal to monthly basic salary of victim divided by 22 days
- PDD = Permanent Disability Degree of victim
- PAV = Present Actual Value by age of victim.

B- The public employees suffered from work injury resulting in the permanent disability from 20 (twenty) percent up shall be entitled to get permanent disability pension by calculating the following formula:

PDP = MNS x 4/5 PDD)

- PDP = Permanent Disability Pension
- MNS = Monthly Net Salary of victim

Permanent disability pension shall be considered as forever temporary provision. The National Social Security Fund shall prepare to reassess the degree of disability not later than 12 (twelve) months. The person concerned entitled to receive this pension shall be compulsory to be assessed the degree of disability regulated by the National Social Security Fund.

In case there is an overlapping benefit between pension and old age pension, the person concerned shall have entitlement to get only one benefit with the highest amount.

Degree of Permanent disability shall be regulated in annex 1 of this sub-decree.

Medical Committee of NSSF or medical practitioner recognized by NSSF shall determine the degree of permanent disability in case degree of permanent disability is not stated in the annex 1 of this sub-decree.

Present actual value shall be regulated in annex 2 of this sub-decree.

Adjustment of present actual value shall be regulated by inter-ministerial Prakas between the Minister of Labour and Vocational Training and the Minister of Economy and Finance.

SECTION IV PROVISION OF FUNERAL GRANT AND SURVIVORS' PENSION

Article 6.-

In case there is a work injury leading to death, a person responsible for preparing the funeral of victim shall be provided 10 (ten) million riels. This funeral grant shall be provided to a person responsible for preparing the funeral of victim.

This funeral grant may be revised by inter-ministerial Prakas between Minister of Labour and Vocational Training and Minister of Economy and Finance.

Article 7..

In case there is a work injury resulting in death, beneficiaries of victim have entitlement to receive survivors' pension.

Beneficiaries of victim suffering from work injury resulting in death are as follows:

- A. Spouse of victim has a legitimate marriage certificate before the victim suffers from work injury or death resulting from work injury.
- B. Children are by the age of below 18 (eighteen), single, and have the following conditions:
 - Biological child.
 - In case of divorce or death of spouse, the child of the new spouse under direct charge of victim also receives the same survivors' pension as the child of the first spouse.
 - Adoptive child of the person concerned is requested legally in accordance with the regulations coming into force or orphan under the burden of the person concerned.

Age of dependent child may be determined by the age of below 21(twenty-one) and the child who is under the vocational training or studying in the public or private education establishment recognized by the competent institution shall have the student verification letter.

Age of child with disability or chronic disease unable to work shall not be determined.

- C. Parents or the elderly aged at least 55 (fifty-five) and unable to earn money and under dependent of victim.

Article 8..

Survivors' pension shall be provided monthly by calculating the following formula:

- A. For beneficiaries include spouse, child, and parents or the elderly :
 - Spouse = $\frac{3}{5} \times 63\%$ MNS (MNS = Monthly Net Salary of victim)
 - Child= $\frac{2}{5} \times 63\%$ MNS
 - Parents or the elderly = 7% MNS
- B. For beneficiaries include spouse and child :
 - Spouse = $\frac{3}{5} \times 70\%$ MNS
 - Child = $\frac{2}{5} \times 70\%$ MNS
- C. For beneficiaries include spouse and parents or the elderly :
 - Spouse = 28% of MNS

Unofficial Translation of the NSSF Translation Team

- Parents or the elderly = 28% MNS
- D. For beneficiaries include spouse or child :
 - Spouse or child = 56% MNS
- E. For beneficiaries include parents or the elderly :
 - Parents or the elderly = 35% MNS
- F. For beneficiaries include child and parents or the elderly :
 - Child = 28% MNS
 - Parents or the elderly = 28% MNS.

Article 9..

Entitlement to survivors' pension shall be terminated in the following cases:

- When the person concerned dies.
- Spouse remarries although such spouse doesn't have legitimate marriage certificate.
In such case, the person concerned shall inform the National Social Security Fund not later than 30 (thirty) days following the date of remarriage.

Article 10..

Period of the claim for funeral grant is valid for 01 (one) year.

Period of the claim for permanent disability allowance less than 20 (twenty) percent and of permanent disability pension are valid for 05 (five) years.

**CHAPTER III
CONDITIONS, FORMALITIES, AND PROCEDURES
OF HEALTH CARE BENEFIT PROVISION
SECTION I
COLLECTIVE GUIDELINES**

Article 11..

To access health care services, public employees, former civil servants, and veterans as set forth in article 3 of Royal Kret No. NS/RKT/0217/078, dated 01 February 2017, and paid contribution shall show their identity cards or Khmer national identity cards to the health facility signed the agreement with the National Social Security Fund. In case the new public employee entered into new body, ministries, institutions, or organizations concerned shall submit the name of the public employee concerned to NSSF.

Ministries, institutions, sub-national administrations, or competent organizations shall submit the updated data of public employees, former civil servants, and veterans to the National Social Security Fund every 06 (six) months in a bid to insert it into data management system for occupational risk and health care schemes.

Every health facility signed the agreement with NSSF shall collaborate with the National Social Security Fund to manage and provide the medical care services in compliance with protocol or clinic operation instructions of Ministry of Health.

SECTION II MEDICAL CARE SERVICE PROVISION

Article 12..

Medical care services consist of inpatient, outpatient, birth delivery, prenatal and postnatal care, physiotherapy or kinesitherapy, rehabilitation services, and emergency.

Article 13..

Medical care services shall be provided as follows:

A- Inpatient services in the health facility shall be provided as follows:

- Treatment and care services with medical professional technicians
- Diagnosis, laboratory, medical imagery and other medical screening services
- Surgical apparatus and other medical equipment in the need of treatment
- Prescribed medicine
- Patient room (based on the actual situation of health facility).

B- Outpatient services in the health facility shall be provided as follows:

- Treatment and care services with medical professional technicians
- Diagnosis, laboratory, medical imagery and other medical screening services
- Surgical apparatus and other medical equipment in the need of treatment
- Prescribed medicine

C- Delivery, prenatal care, and postnatal care services shall be provided.

D- Physiotherapy, kinesitherapy, and other rehabilitation services shall be provided.

E- With emergency service in case of the emergency, the victim may access services in the nearest health facility. If such health facility doesn't sign the agreement with the National Social Security Fund, the victim or a representative of victim shall inform promptly the National Social Security Fund.

Article 14..

Medical care services as stipulated in paragraphs A, B, C, and D of the article 13 above shall be provided only in the health facility signed the agreement with the National Social Security Fund. Service consumption in other health facility shall not be provided with the exception of the emergency.

**SECTION III
PROVISION OF PATIENT OR VICTIM REFERRAL
AND CORPSE TRANSPORTATION SERVICES**

Article 15..

Patient or victim referral service shall be provided only in the case of emergency and by ambulance (SAMU) of health facility.

Hopeless patient referral or corpse transportation services shall be provided based on the service price of health facility signed the agreement with NSSF.

**SECIOTN IV
PROVISION OF HEALTH PREVENTION SERVICES**

Article 16..

Health prevention services shall be provided by the National Social Security Fund, national health prevention program, or other health prevention programs.

Health prevention services provided by the National Social Security Fund shall be implemented the same as the health prevention program for health care scheme for persons defined by the provisions of the labour law.

**SECTION V
EXCLUDED SERVICES AND TREATMENTS**

Article 17..

The excluded services or treatments in the medical care are as follows:

- Free services as stipulated in the public health policy
- General health checkup
- Dental care (cleaning, filling, and implanting)
- Sexual surgery and care
- Plastic Surgery
- Artificial fertilities
- Barren treatment
- Organ transplantation
- Self-treatment
- Eye contact lens and glasses
- Drug abuse treatment
- Artificial glow surgery
- Coronary and heart surgery

- Hemodialysis

The excluded medical services or treatment as set in the paragraph above of this article shall be provided in the case of emergency.

The excluded medical services or treatment as set in the paragraph above of this article may be revised by inter-ministerial Prakas between the Minister of Labour and Vocational Training and the Minister of Health in line with the actual situation.

SECTION VI DETERMINATION OF CHRONIC DISEASES

Article 18..

Chronic disease services shall be provided only in the public health facility and essential drug regulated by Ministry of Health. Any drugs out of the essential drug list shall be borne by the patient concerned.

List of chronic diseases shall be implemented the same as the one for health care scheme for persons defined by the provisions of the labour law.

CHAPTER IV CONDITIONS, FORMALITIES, AND PROCEDURES OF PROVIDER PAYMENT METHODS AND BENEFIT CLAIM SECTION I CONDITIONS, FORMALITIES, AND PROCEDURES OF PROVIDER PAYMENT METHODS FOR OCCUPATIONAL RISK

Article 19..

Medical care services for occupational risk for public employees shall be paid by fee-for-service payment method.

Medical care service for public employees suffered from work injury shall be complied only with the health facility signed the agreement with the National Social Security Fund.

In case the victim suffered from work injury accesses services in the health facility not signed the agreement with the National Social Security Fund, the victim concerned may reimburse the cost of medical care services. The reimbursement of medical care cost shall be complied with the regulation of NSSF.

In the case of emergency, the victim may access the emergency services in the nearest health facility. NSSF shall pay the emergency cost in compliance with the actual price of health facility.

Article 20..

The claim of medical care cost shall be valid in a period of 12 (twelve) months starting from the date of health problems.

**SECTION II
CONDITIONS, FORMALITIES, AND PROCEDURES
OF PROVIDER PAYMENT METHODS FOR HEALTH CARE**

Article 21..

Medical care services for health care provided to the public employees, former civil servants, and veterans shall be implemented the same provider payment methods as the provider payment methods for persons defined by the provisions of the labour law with the exception of the cancer treatment used chemotherapy and drugs, which are not in the list of essential drug shall be paid by fee-for-service, for diabetes mellitus type 1 & 2 and hypertension treatment.

Article 22..

The claim of medical care cost shall be valid in a period of 12 (twelve) months starting from the date of health problems.

**SECITON III
FORMALITIES AND PROCEDURES OF BENEFIT CLAIM**

Article 23..

Formalities and procedures of benefit claim for occupational risk and health care shall be regulated by Prakas of the Minister of Ministry of Labour and Vocational Training.

**CHAPTER V
RESERVE
SECTION I
RESERVE FOR OCCUPATIONAL RISK SCHEME**

Article 24..

Reserve for occupational risk scheme shall be determined as follows:

A- Reserve for long-term benefits shall be at least equal to the expenditure of pension for the last two years.

B- Reserve for short-term benefits shall be at least equal to a half of other benefit expenditures with the exception of pension expenditure for the last two years.

**SECTION II
RESERVE FOR HEALTH CARE**

Article 25.

Reserve for Health Care shall be at least equal to the benefit expenditure on Health Care for the last one year.

**CHAPTER VI
MECHANISM OF SUPPORT, FACILITATION, AND COLLABORATION**

Article 26.

Ministry of Labour and Vocation Training shall issue Prakas in order to determine mechanism of support, facilitation, and collaboration between NSSF and ministry, institution, sub-national administration, or organization has authorities to implement the social security schemes on Occupational Risk for public employees and on Health Care for public employees, former civil servants, and veterans.

Benefit provision for occupational risk and health care schemes under the provisions of this sub-decree shall be set phases and date regulated by the Minister of Labour and Vocational Training and the Minister of Economy and Finance.

**CHAPTER VII
FINAL PROVISIONS**

Article 27.

Any regulations contrary to this Royal Kret shall be abrogated.

Article 28.

Minister in charge of the Office of the Council of Ministers, the Minister of Ministry of Labour and Vocational Training, the Minister of Ministry of Economy and Finance, the Minister of Ministry of Health, the Minister of Ministry of Public Service, all Ministers, and Heads of the Relevant Organizations, and Executive Director of the National Social Security Fund shall take responsibility for implementing this sub-decree respectively from the signed date.

Phnom Penh, 23 August 2017

Prime Minister

Samdech Akka Moha Sena Padei Techo Hun Sen

Receiving places:

- Ministry of Royal Palace
- Secretariat General of the Council of Constitution
- Secretariat General of the Senate
- Secretariat General of the National Assembly
- Secretariat General of the Royal Government
- Cabinet of Samdech Prime Minister
- Cabinet of Samdech and His/Her Excellency Deputy Prime Minister
- Article 28
- Royal Gazette
- Documents and Archives

Annex 1 of Sub-Decree No. 134 SD.E, dated 23 August 2017, concerning Conditions, Formalities, Procedures of Occupational Risk Benefit Provision for Public Employees and Health Care Benefit Provision for Public Employees, Former Civil Servant, and Veterans.

TABLE OF DEGREE OF DISABILITY

PART I		
LIST OF COMPLETELY PERMANENT DISABILITY		
No.	Description of Injury	Percentage of Disability
1	Loss of both hands or amputation at higher sites	100
2	Loss of a hand and a foot	100
3	Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot	100
4	Loss of sight to such an extent as to render the claimant unable to perform any work for which eyesight is essential	100
5	Very severe facial disfigurement	100
6	Absolute deafness	100
PART II		
LIST OF PARTLY PERMANENT DISABILITY		
A. Amputation-upper limbs (either arm) cases		
1	Amputation through shoulder joint	90
2	Amputation below shoulder with stump less than 8" from tip of acromion	80
3	Amputation from 8" from tip of acromion to less than 9" below tip of olecranon	70
4	Loss of a hand or of the thumb and four fingers of one hand or amputation from 4.5" below tip of olecranon	60
5	Loss of thumb	30
6	Loss of thumb and its metacarpal bone	40
7	Loss of four fingers of one hand	50
8	Loss of three fingers of one hand	30
9	Loss of two fingers of one hand	20
10	Loss of terminal phalanx of thumb	20
B. Amputation –Lower Limbs Cases		
11	Amputation of both feet resulting in end-bearing stumps	90
12	Amputation through both feet proximal to the metatarsal-phalangeal joint	80
13	Loss of all toes of both feet through the metatarsal-phalangeal joints	40
14	Loss of all toes of both feet proximal to the proximal inter-phalange joint	30
15	Loss of all toes of both feet distal to the proximal inter-phalangeal joint	20
16	Amputation at hip	90
17	Amputation below hip with stump not exceeding 5" in length measured from tip of great trochanter	80
18	Amputation below hip with stump exceeding 5" in length measured from tip of great trochanter but not beyond middle thigh	70
19	Amputation below middle thigh to 3,5" below knee	60

Annex 1 of Sub-Decree No. 134 SD.E, dated 23 August 2017, concerning Conditions, Formalities, Procedures of Occupational Risk Benefit Provision for Public Employees and Health Care Benefit Provision for Public Employees, Former Civil Servant, and Veterans.

20	Amputation below knee with stump exceeding 3.5” but not exceeding 5”	50
21	Amputation below knees with stump exceeding 5”	40
22	Amputation of one foot resulting in end-bearing	30
23	Amputation through one foot proximal to the metatarsal-phalangeal joint	30
24	Loss of all toes of one foot through the metatarsal-phalangeal joint	20
C. Eyes, Ears		
25	Loss of one eye, without complications, the other being normal	40
26	Loss of vision of one-eye without complications or disfigurement of eye-ball, the other being normal	30
27	Permanent total loss of hearing in one ear loss of	20
Fingers of right or left hand		
28	Whole	14
29	Two phalanges	11
30	One phalanx	9
31	amputation of finger tip by machine without loss of bone	5
Middle Finger		
32	Whole	12
33	Two phalanges	9
34	One phalanx	7
35	amputation of fingertip by machine without loss of bone	4
Ring or Little Finger		
36	Whole	7
37	Two phalanges	6
38	One phalanx	5
39	amputation of fingertip by machine without loss of bone	2
D. Toes of right or left foot		
Great toe		
40	Through metatarsal-phalangeal joint	14
41	Part, with some loss of bone	3
Any other toe		
42	Through metatarsal-phalangeal joint	3
43	Part, with some loss of bone	1
Two toes of one foot, excluding great toe		
44	Through metatarsal- phalangeal joint	5
45	Part, with some loss of bone	2
Three toes of one foot, excluding great toe		
46	Through metatarsal-phalangeal joint	6
47	Through metatarsal-phalangeal joint	3
Four toes of one foot, excluding great toe		
48	Through metatarsal-phalangeal joint	9
49	Through metatarsal-phalangeal joint	3

*Annex 1 of Sub-Decree No. 134 SD.E, dated 23 August 2017, concerning **Conditions, Formalities, Procedures of Occupational Risk Benefit Provision for Public Employees and Health Care Benefit Provision for Public Employees, Former Civil Servant, and Veterans.***

List of permanent disability shall be revised by the Prakas of Minister of Ministry of Labour and Vocational Training.

Note:

- The completely permanent disability of the limbs or organs as stipulated in the above mentioned list shall be considered as loss of those limbs or organs.
- Sign «”» called inch (1 inch = 2.54 cm)

TABLE OF PRESENT ACTUAL VALUE (PAV)

Age	PAV
0	12,222
1	12,305
2	12,364
3	12,398
4	12,408
5	12,398
6	12,369
7	12,324
8	12,263
9	12,189
10	12,104
11	12,010
12	11,910
13	11,806
14	11,700
15	11,593
16	11,485
17	11,376
18	11,266
19	11,156
20	11,045
21	10,932
22	10,818
23	10,704
24	10,587
25	10,470
26	10,351
27	10,230
28	10,108
29	9,983
30	9,857
31	9,728
32	9,596
33	9,462
34	9,326
35	9,188
36	9,048
37	8,906
38	8,762
39	8,616
40	8,468
41	8,317
42	8,164
43	8,009
44	7,852

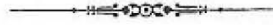
Annex 3 of Prakas No. 109 LV/PrK. concerning Employment Injury Benefits

45	7,692
46	7,530
47	7,366
48	7,200
49	7,032
50	6,862
51	6,690
52	6,516
53	6,341
54	6,164
55	5,986
56	5,807
57	5,627
58	5,447
59	5,265
60	5,083
61	4,900
62	4,717
63	4,534
64	4,350
65	4,169
66	3,990
67	3,817
68	3,648
69	3,481
70	3,316
71	3,153
72	2,996
73	2,842
74	2,693
75	2,547
76	2,406
77	2,270
78	2,138
79	2,011
80	1,888
81	1,771
82	1,658
83	1,550
84	1,447
85	1,348
86	1,255
87	1,166
88	1,081
89	1,001
90	926
91	854
92	787

Annex 3 of Prakas No. 109 LV/PrK. concerning Employment Injury Benefits

93	723
94	664
95	608
96	555
97	505
98	459
99	415
100	374
101	333
102	293
103	246
104	174
105	0

**KINGDOM OF CAMBODIA
NATION RELIGION KING**



**MINISTRY OF LABOUR
AND VOCATIONAL
TRAINING
NO. 404 LV/PrK.NSSF**

**MINISTRY OF ECONOMY
AND FINANCE**

MINISTRY OF HEALTH

INTER-MINISTERIAL PRAKAS

ON

**IMPLEMENTATION OF HEALTH CARE SCHEME THROUGH HEALTH
EQUITY FUND SYSTEM FOR INFORMAL WORKERS AND PROVISION
OF ADDITIONAL ALLOWANCE FOR FEMALE WORKERS WHEN
DELIVERY**

SENIOR MINISTER

MINISTER

MINISTER

**MINISTRY OF ECONOMY AND
FINANCE**

MINISTRY OF HEALTH

**MINISTRY OF LABOUR AND
VOCATIONAL TRAINING**

- Having seen the Constitution of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/0913/903, dated 24 September 2013, concerning the Nomination of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/1213/1393, dated 21 December 2013, concerning the Revision and Addition of the Composition of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kret No. NS/RKT/0416/368, dated 04 April 2016, , concerning the Revision and Addition of the Composition of the Royal Government of Kingdom of Cambodia;
- Having seen Royal Kram No. 02/NS/94, dated 20 July 1994, promulgating the Law on the Organization and Functioning of the Council of Ministers;

- Having Seen Royal Kram No. NS/RKT/0613/012, dated 20 May 2013, promulgating the Law on Amendment of Article 28 of Law on Organization and Functioning of the Council of Ministers;
- Having seen Royal Kram No. NS/RKM/0105/003, dated 17 January 2005, promulgating the Law on the Establishment of Ministry of Labour and Vocational Training;
- Having seen Royal Kram No. NS/RKT/0196/18, dated 24 January 1996, promulgating the Law on Establishment of Ministry of Economy of Finance;
- Having seen Royal Kram No. NS/RKT/0196/06, dated 24 January 1996, promulgating the Law on Establishment of Ministry of Health;
- Having seen Sub-Decree No. 283 SD/E, dated 14 November 2014, concerning Organization and Functioning of Ministry of Labour and Vocational Training;
- Having seen Sub-Decree No.488 SD/E, dated 16 October 2013, concerning Organization and Functioning of Ministry of Economy and Finance;
- Having seen Sub-Decree No.67 SD/E, dated 16 October 2013, concerning Organization and Functioning of Ministry of Economy and Finance;
- Having seen Sub-Decree No.16 SD/E, dated 02 March 2007, concerning Establishment of the National Social Security Fund;
- Reference to the necessity of Ministry of Economy and Finance, Ministry of Health, and Ministry of Labour and Vocational Training.

HEREBY DECIDED

CHAPTER I GENERAL PROVISIONS

Article 1..

This inter-ministerial Prakas aims to determine the implementation of health care scheme through the health equity fund system for informal workers and the provision of additional allowance to the female workers in both formal and informal sectors when they deliver a baby.

Article 2..

This inter-ministerial Prakas aims to determine the management mechanisms and benefit provision of health care scheme for informal workers and the provision of additional allowance to the female workers in both formal and informal sectors when they deliver a baby.

Article 3..

This inter-ministerial Prakas covers the informal workers and female workers both in formal and informal sectors.

Article 4..

The “terms” used in this inter-ministerial Prakas are as follows:

- The term ***Informal Worker*** refers to worker signs an employment contract, which is not more than 8 (eight) hours a week, a part-time work, a casual work, or a seasonal work, and has been registered in the National Social Security Fund.
- The term ***Health Care Benefit of Health Equity Fund*** refers to medical care services provided through the health equity fund system.
- The term ***Health Equity Fund*** refers to the financing mechanism of social protection enables the targeted population to access or utilize health care services free of charge in public health facilities that service cost is borne by the Royal Government.
- The term ***Regular Worker*** refers to person working regularly and permanently in any sectors and gaining health care scheme via contributory system which is solely taken liability by employers.
- The term ***Delivery*** refers to birth delivery of baby aged from 26 (twenty-six) weeks up in the public health facility.
- The term ***Contractor*** refers to person who receives piecework from employer or owner of an enterprise/establishment and has rights to recruit manual workers by his or her self in need with a view to performing operation or providing a service with lump-sum.

CHAPTER II

COMPETENT INSTITUTION FOR REGISTRATION

Article 5..

The National Social Security Fund (NSSF) shall be in charge of management and registration of informal workers and provides the additional allowance to the female workers in both formal and informal sectors when they deliver a baby.

CHAPTER III

HEALTH CARE BENEFITS AND ADDITIONAL ALLOWANCE FOR DELIVERY

PART I

HEALTH CARE BENEFIT THROUGH HEALTH EQUITY FUND SYSTEM

Article 6..

Health care benefits of this inter-ministerial Prakas shall be regulated by inter-ministerial Prakas of Minister of Health and Minister of Economy and Finance.

Article 7..

The informal workers shall access health services from the lowest to highest level of health facility. In case of emergency, the victim or patient may access services in the nearest public health facility.

PART II

ADDITIONAL ALLOWANCE FOR FEMALE WORKERS WHEN DELIVERY

Article 8..

Every female worker in both formal and informal sectors delivers a baby in the public health facility shall gain the following allowance:

- A. For one child, she receives 400,000 (four hundred thousand) riels.
- B. For twin, she receives 800,000 (eight hundred thousand) riels.
- C. For triple twin, she receives 1,200,000 (one million two hundred thousand) riels.

This allowance shall be provided directly by NSSF after delivery although such child is alive or dead.

CHAPTER IV REGISTRATION

PART I

REGISTRATION OF INFORMAL WORKERS

Article 9..

Every employer or owner of an enterprise/establishment shall be compulsory to register their own workers in NSSF even though they are regular or casual workers.

Article 10..

Female workers in both formal and informal or legitimate representative of workers shall inform the National Social Security Fund about workers' pregnancy within three months before the date of delivery. In case of failing to inform the National Social Security Fund as the determined date, the person concerned or the representative shall inform promptly within one month after delivery. If not, the person concerned shall not have entitlement to receive this additional allowance.

**PART II
REGISTRATION OF WORKERS RECRUITED BY CONTRATOR**

Article 11..

Every employer or owner of an enterprise/establishment employing the contractor shall have a written contract with the contractor as well as the list of signed contractors.

Every contractor shall be compulsory to register his or her workers in the National Social Security Fund in a bid to receive health care services and additional allowance when female workers deliver a baby.

Article 12..

In case the contractor fails to fulfill the obligation as stipulated in article 11 above, every employer or owner of an enterprise/establishment signed the contract with the contractor shall be responsible to register workers recruited by the contractor instead.

**CHAPTER V
SOURCE OF FINANCE**

Article 13..

All expenditures of health care service provision for the informal workers through the health equity fund system and the additional allowance for delivery shall be financed by the national budget.

This budget shall be separated from the budget of health equity fund for the poor.

**CHAPTER VI
DATE OF IMPLEMENTATION**

Article 14..

The provision of health care benefit for the informal workers and the additional allowance for delivery of female workers as set forth in the provisions of this inter-ministerial Prakas shall be implemented as from 01 January 2018 onwards.

**CHAPTER VII
FINAL PROVISIONS**

Article 15..

General Departments and relevant bodies under the Ministry of Economy and Finance, Ministry of Health, and Ministry of Labour and Vocational Training shall practice this inter-ministerial Prakas respectively from the signed date.

**SENIOR MINISTER,
MINISTER
MINISTRY OF ECONOMY
AND FINANCE**

**MINISTER
MINISTRY OF HEALTH**

**MINISTER
MINISTRY OF LABOUR AND
VOCATIONAL TRAINING**

AUN PORNMONIROTH

MAM BUNHENG

ITH SAMHENG

Receiving Places:

- Office of the Council of Ministers
- Ministry of Economy and Finance
- Ministry of Health
- Ministry of Labour and Vocational Training
- Secretariat General of the Royal Government
- Cabinet of Samdech Akka Moha Sena Padei Techo Prime Minister
- Cabinet of Samdech and His/Her Excellency Deputy Prime Minister
- All Relevant Ministries and Institutions
- Article 15
- Royal Gazette
- Document and Archive

1. Update of Registered Enterprises/Establishments and Workers

No.	Capital/Provinces	2017		
		Number of Enterprises	Workers	Female
1	Phnom Penh	4,435	627,637	389,029
2	Kandal	431	144,257	111,280
3	Kampong Speu	173	85,662	71,866
4	Banteay Meanchey	316	17,848	10,313
5	Siem Riep	727	29,161	13,885
6	Sihanouk Ville	280	35,873	22,188
7	Svay Rieng	160	55,658	37,498
8	Kampong Chhnang	91	38,028	32,640
9	Kampong Cham	163	30,483	24,695
10	Kratie	146	6,977	2,608
11	Takeo	137	38,966	32,624
12	Prey Veng	47	4,916	4,002
13	Kampot	73	6,958	3,129
14	Kep	40	493	182
15	Koh Kong	44	10,467	7,141
16	Battambang	410	8,487	3,835
17	Pailin	63	2,990	1,707
18	Pursat	160	10,122	7,803
19	Kampong Thom	148	6,189	2,433
20	Stung Streng	79	1,112	418
21	Rattanakiri	109	3,723	1,296
22	Mondulkiri	55	1,255	419
23	Oddar Meanchey	53	3,348	1,674
24	Preah Vihea	38	1,125	406
25	Tboung Khmum	129	11,114	4,476
Total		8,507	1,182,849	787,547

2. Update of Garment and Footwear Enterprises/Establishments in Capital/Provinces

No.	Capital/Provinces	Number of Enterprises	Number of Workers	
			Total	Female
1	Phnom Penh	626	341,023	279,441
2	Kandal	155	128,103	102,401
3	Kampong Speu	82	64,943	55,199
4	Banteay Meanchey	5	4,198	2,892
5	Siem Riep	1	19	15
6	Sihanouk Ville	31	15,356	12,687
7	Svay Rieng	31	30,998	25,990
8	Kampong Chhnang	18	30,820	26,936
9	Kampong Cham	10	24,042	21,810
10	Kratie	-	-	-
11	Takeo	45	36,306	31,018
12	Prey Veng	3	3,921	3,640
13	Kampot	5	2,447	2,176
14	Kep	-	-	-
15	Koh Kong	3	5,759	4,446
16	Battambang	1	104	71
17	Pailin	-	-	-
18	Pursat	2	7,032	6,599
19	Kampong Thom	1	13	12
20	Stung Streng	-	-	-
21	Rattanakiri	-	-	-
22	Mondulkiri	-	-	-
23	Oddar Meanchey	-	-	-
24	Preah Vihea	-	-	-
25	Tboung Khmum	2	1,470	1,439
Total		1,021	696,554	576,772



HOTLINE

24/7

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