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Scoping Study on Enhancing Food Security and Nutrition and Managing Risks and Shocks in Asia and the Pacific Through Support to Social Protection Systems

Cambodia



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Executive Summary

This study is one of a set of country scoping studies and part of a wider project commissioned by WFP's Regional Bureau Bangkok exploring the use of social protection to enhance WFP's work on improving food security and nutrition, and shock response.

The study aims to:

- enable a deeper understanding of existing national social protection policies, programmes and related instruments;
- provide an overview of notable challenges and opportunities for social protection in Cambodia to support humanitarian and development goals; and
- provide strategic and programmatic recommendations to WFP towards the formulation of future strategic direction, policy, and partnership goals.

The study was based on a comprehensive review of policy and programmatic documentation and key informant interviews with stakeholders in government, UN and other international agencies and NGOs.

SOCIAL PROTECTION IN CAMBODIA

Although in recent decades Cambodia has made significant strides towards economic growth, poverty reduction, human development and food security, more recent data suggests a deterioration in poverty. Challenges in food security persist at the household level, with significant geographic, socioeconomic and demographic disparities. There has been limited progress in tackling undernutrition, with significant demographic, socioeconomic and regional disparities evident. Furthermore, Cambodia increasingly faces the 'double burden' of malnutrition, with increasing overweight and obesity alongside undernutrition. At the same time, Cambodia's vulnerability to disasters and climate change threatens agricultural productivity, livelihoods, food security and nutrition and pushes households (further) into poverty. Economic shocks and, most recently, the Covid-19 pandemic also present a risk to food security and nutrition (FSN), with the poor and vulnerable groups again among the worst affected.

Social protection in Cambodia comprises two pillars of programmes organized under social security and social assistance; however, social assistance is the most developed to date. The social protection sector is dynamic and rapidly evolving, with demonstrable government support, and there have been significant advances in the

system architecture in the past few years, at the levels of policy, institutions, and platforms. In the last five years, social protection has gained prominence in national development plans, and the policy environment has been significantly strengthened. Reforms to the Identification of Poor Households (IDPoor) system (originally developed to service the Health Equity Fund), especially digitization of the register, are improving its use for social protection targeting. In terms of programmes, social assistance follows a lifecycle approach, with programmes including cash and food-based programmes, the Health Equity Fund and vocational training. At the local level, the decentralization of social protection has implications for sub-national actors' workloads, and capacities need to be built.

RESPONDING TO SHOCKS, TACKLING FOOD SECURITY AND NUTRITION THROUGH SOCIAL PROTECTION

The National Social Protection Policy Framework (NSPPF) focuses explicitly on addressing food security and nutrition, envisaged through the rollout of particular social assistance schemes and a cross-government approach. Within social assistance, the commitment to roll out the Cash Transfer Programme for Pregnant Women and Children Under Two (CT-PWYC) aims to reduce undernutrition by making healthy diets and healthcare more affordable for poor households during the first 1000 days of life. Similarly, the commitment to expand the national school feeding programme aims to improve food security and education attainment.

Recent coordination developments include the launch of the Zero Hunger Action Plan 2016–2025, the second National Strategy for Food Security and Nutrition (NSFSN) 2019–23 and the Food System Road Map 2021. These policy documents recognize nutrition as an accelerator for the development of human capital and achievement of the Sustainable Development Goals (SDGs) and the importance of multisectoral approaches for enhancing food availability, access, utilization and stability. Social assistance is recognized as a significant part of the solution, with the NSFSN 2019–23 making 'using social protection instruments for enhancing nutrition' its 5th programmatic priority.

The NSPPF explicitly acknowledges the role of social protection in shock response, with 'emergency response' being one of the four components of the social assistance pillar system. Wider commitments to

system strengthening set out in the NSPPF and progress to date, such as increasing coverage of routine social protection programmes, developing a social registry, building the institutional framework and improving data and systems integration, are strong foundations for the social protection system to play a role during shocks. Events in 2020, including the Covid-19 pandemic, floods and mass return of migrants, confirmed the relevance of Shock Responsive Social Protection (SRSP) – particularly cash transfers – for Cambodia. Since then, the National Social Protection Council (NSPC) has taken substantial steps towards SRSP through the development of a comprehensive SRSP Framework that includes four priority actions.

WFP'S WORK ON SOCIAL PROTECTION IN CAMBODIA

Consultations revealed consistent perceptions among WFP's staff and external actors on WFP's comparative advantages to engage in social protection as well as some limitations and challenges. WFP Cambodia's Country Strategic Plan (CSP) 2019–2023 was organized under six strategic outcomes and aims to contribute to national efforts in the sectors of social protection, food security and nutrition, and emergency preparedness and response. There is no strategic 'social protection pillar' with social protection activities dotted around under different strategic outcomes. The largest activity by far is school feeding.

The portfolio is characterized by a gradual shift away from direct implementation towards strengthening the capacities of national actors. This shift includes in-school feeding, where WFP is supporting the Royal Government of Cambodia to transform home-grown school feeding into a nationally-owned programme. In 2020, in response to the dual impact of floods and Covid-19, WFP added the sixth strategic objective on emergency response and decided to implement CBT directly while forging links with the Government's social protection response and documenting lessons learned to inform future SRSP efforts.

WFP has advanced its partnerships for social protection with national and international actors. Under the current CSP, WFP has consolidated its partnerships on various programmes. WFP recently began working more closely with GIZ through the emergency Cash-Based Transfer (CBT) programme. While WFP collaborates with UNICEF in various areas such as Home Grown School Feeding (HGSE), digital tools for cash scholarships, nutrition coordination platforms, and assessments on the social impact of Covid-19, no formal collaboration has been established on social protection. WFP and UNICEF recently prepared and submitted a joint proposal on SRSP as part of a regional ECHO project in 2022–23.

MOVING FORWARDS: WFP'S ROLE IN SOCIAL PROTECTION IN CAMBODIA

There are a number of entry points where WFP can support strengthening Cambodia's social protection system. These align well with the two priorities identified in WFP's Social Protection Strategy – enhancing FSN and helping people better manage risks and shocks.

Social protection in Cambodia is an already crowded space, so WFP must find a clear niche. Beyond HGSE, the main entry point to strengthen WFP's engagement in strengthening cash-based social assistance is SRSP. WFP's broader portfolio on Disaster Risk Management (DRM) system building, vulnerability analysis and anticipatory action can directly contribute to systems for SRSP. WFP also has strengths to bring to joint efforts to strengthen social assistance to enhance FSN, providing it coordinates with other partners. The report sets out entry points (summarised in the tables below) for how WFP Cambodia could engage in social protection at different levels under the next CSP to pursue the strategic objectives of managing risks and shocks, and enhancing food and nutrition security.

Other actions for consideration include:

Under financing: In future, there may be scope to engage in or provide technical assistance in disaster risk financing for SRSP. However, this is considered a medium- to longer-term action, and the initial priority is the work on the analysis and triggers for forecasting and anticipatory action.

Under programme design: WFP's future focus is the core social assistance programmes of Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and NSPC. The constraints identified with the Food Reserve currently limit opportunity to engage with this in a meaningful way. While there may be entry points for WFP to improve micronutrient fortification, and this is one of WFP's comparative advantages, this is better pursued through private sector engagement and the Scaling Up Nutrition (SUN) business network rather than through social protection.

Under programme delivery: While WFP's decision to implement its emergency CBT for Covid and the flood response through its own parallel systems was understandable, all future efforts should focus WFP's capacity strengthening for SRSP on preparing national delivery systems to implement directly (per the SRSP Framework).

Entry Points for managing risk and shocks through social protection

System Architecture	Policy and legislation <ul style="list-style-type: none"> Deploy the SRSP Framework, once endorsed, as a strategic foundation to then underpin the provision of technical support for developing a joint action plan for operationalization. Provide technical assistance to develop standard operating procedures for adapting/leveraging the Family Package and underlying systems for SRSP. Support formulation of the new NSPPF in 2024–25 to ensure SRSP is adequately included and in line with the Framework. 	Governance, capacity and coordination <ul style="list-style-type: none"> Upon SRSP Framework endorsement, convene high-level meetings to develop joint workplan aligned with sub-decree. Support capacity building to proposed GS-SRSP Sub-Committee/secretariat to implement the SRSP Framework. Development partners coordination group identify most logical structure for coordination of SRSP. WFP to lead this group in close coordination with other leads. Scale up capacity strengthening for government DRM and social protection actors for contingency planning, EWS data analysis and anticipatory action. Lead work with partners to harmonize the organizational approach to cash-transfer programming in disasters.
	Platforms and infrastructure <ul style="list-style-type: none"> Support data integration between the social protection and DRM systems through Platform for Real-time Impact and Situation Monitoring (PRISM). Advocate for and support any system integration and protocol establishment required to enable access to IDPoor data for partners working on disaster response. 	Planning and finance <ul style="list-style-type: none"> Engage with NSPC and others leading on conceptualizing the Social Assistance Fund to encourage contingency/risk financing for SRSP as part of the design. These upstream conversations and actions are needed to broaden the scope for more downstream engagement in SRSP.
Knowledge and Learning	Assessments and analysis <ul style="list-style-type: none"> Examine evidence from existing sources (e.g., market monitoring, SEIA trends data, CT-COVID evaluation, CBT research) to build arguments for transfer value changes and strengthen operational processes for SRSP. With partners, continue and scale up efforts to analyse vulnerability to climate shocks and support the Government to develop early warning indicators and define thresholds and triggers. 	Advocacy
	Engagement and communications <ul style="list-style-type: none"> Support piloting of SRSP through the Government with design and execution of communications strategy to build community understanding of the programme, exit, and clarify that this is not a permanent government-funded scheme. 	Monitoring, evaluation and learning <ul style="list-style-type: none"> Invest in robust monitoring and evaluation of any future pilot SRSP programme for climatic shocks through government systems.

Programme Features	Design of programme features	Registration and enrolment
	<ul style="list-style-type: none"> Per the SRSP Framework priority actions, lead discussions on defining transfer design (targeting design, transfer values, frequency) for future SRSP, considering evidence and analysis, including the MEB. 	<ul style="list-style-type: none"> With UNICEF and MoSVY, use learning from CT-COVID and CBT research to define i) priorities for strengthening routine social assistance processes (as foundation for SRSP) and ii) any additional preparedness measures to ensure processes can be used effectively and expanded at times of shock. Provide technical assistance to MoSVY and NSPC to implement a pilot SRSP programme through national systems in response to the next large-scale flood.
	Benefit delivery	Accountability, protection and assurance
	<p>(All actions above on registration/enrolment apply here for payment processes).</p> <p>(The actions under FSN to enhance financial inclusion of the routine delivery systems will also underpin effective SRSP.)</p>	

Entry points for ensuring food and nutrition security through social protection

System Architecture	Policy and legislation	Governance, capacity and coordination
	<ul style="list-style-type: none"> Establish concrete implementation strategies to realize NSFSN objectives in social assistance. Using GIZ's Inter-agency Social Protection Assessments (ISPA) review between NSPC-CARD as the entry point, advise on concrete entry points for enhancing FSN on cash-based social assistance and school feeding (sensitization/SBCC; school as a hub; transfer adequacy). Share analysis and evidence (see 6.2.3) to support this. Push for greater consideration of FSN in the next NSPPF. 	<ul style="list-style-type: none"> Coordinate with other nutrition partners (UNICEF suggestion of the UN Nut group) to examine entry points to address stunting and wasting through social assistance and develop complementary roles. Support GIZ's initiative to enhance FSN coordination in social protection by offering technical assistance to NSPC/MoSVY to help them fulfil their responsibilities. Scale up transition of HGSF to Government ownership. Support rollout of SBCC strategy. (WFP could support specific aspects relating to healthy diet across all social assistance, focus on school-aged children and 'school as a hub' or limit the focus to HGSF.) Consider regional HGSF technical cooperation in ASEAN.
	Platforms and infrastructure	Planning and finance
	<ul style="list-style-type: none"> Depending on specific system design for the Family Package, support MoEYS on secondary scholarship MIS. Engage in the digital SP initiative with GS-NSPC / GIZ 	<ul style="list-style-type: none"> Using evidence (see 6.2.3), and work jointly with other partners, to present return on investment for changes or investments to social assistance for enhancing FSN (coverage, adequacy, sensitisation, and SBCC).

Knowledge and Learning	Assessments and analysis <ul style="list-style-type: none"> Update Cost of Diet study and examine evidence from existing sources (e.g., SEIA trends data, CT-PWYC evaluation, MEB) to build rationale for enhancing transfer adequacy on CT-PWYC (and other schemes). With partners, examine evidence from CT-PWYC and international evidence from MCCT to build arguments for making CT-PWYC nutrition sensitive. Analyse learning from WFP's financial inclusion study and CBT research; utilise messages for enhancing Family Package financial inclusion and how WFP could support. 	Advocacy <ul style="list-style-type: none"> Synthesize the evidence sources (see above) into a policy brief on the importance of and entry points for nutrition-sensitive social protection, developed jointly with others for maximum impact. Develop and implement a joint and targeted advocacy strategy on enhancing the nutrition sensitivity of social assistance.
	Engagement and communications <ul style="list-style-type: none"> With UNICEF, plans for school-based FSN Social Behaviour Change Communication (SBCC); examine entry points for using the scholarship as rollout vehicle. Subject to government buy-in on need for nutrition sensitization/SBCC on the CT-PWYC, discuss with UNICEF whether there is a role for WFP in its design for implementation (around healthy diets). 	Monitoring, evaluation and learning
Programme Features	Design of programme features <ul style="list-style-type: none"> (With UNICEF, GIZ, Save the Children), use evidence and analysis, including Minimum Expenditure Basket (MEB), to review nutrition sensitivity (transfer adequacy, timeliness, comprehensiveness, coverage) on the Family Package with MoSVY and NSPC. 	Registration and enrolment
	Benefit delivery <ul style="list-style-type: none"> Work with UNICEF to enhance financial inclusion on the Family Package, share evidence from Cost of Diet study; develop joint proposed action plan. Discuss with UNICEF and MoSVY whether WFP could add value to the design of social assistance delivery systems for people living with disability. 	Accountability, protection and assurance <ul style="list-style-type: none"> Engage with UNICEF and MoSVY and use learning from the CT-PWYC evaluation and WFP's CBT research to discuss entry points for enhancing CFM on the Family Package. Explore WFP added value and idea of a single common CFM for all social assistance.

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Abbreviations, acronyms and other terms

AAP	Accountability, assurance and protection
ADB	Asia Development Bank
ASEAN	Association of Southeast Asian Nations
CARD	Council of Agriculture and Rural Development
CBT	Cash-Based Transfer
CO	Country Office
COVID-19	Corona Virus disease 2019
CSES	Cambodia Socio-Economic Survey
CSO	Civil Society Organization
CSP	Country Strategic Plan
CT-COVID	Cash Transfer Program for Poor and Vulnerable Households during COVID-19
CT-PWYC	Cash Transfer Programme for Pregnant Women and Children Under Two
CWG	Cash Working Group
DRF	Disaster Risk Financing
DRM	Disaster Risk Management
EWS	Early Warning System
FSN	Food Security and Nutrition
GRM	Grievance Redress Mechanism
GS-NSPC	(General Secretariat of the) National Social Protection Council
HDDS	Household Dietary Diversity Score
HEF	Health Equity Fund
HGSF	Home Grown School Feeding
HRF	Humanitarian Response Forum
ICT	Information Communication Technology
IDPoor	Identification of Poor Households
ISPA	Inter-agency Social Protection Assessments
LMIC	(Lower) Middle Income Country
MEB	Minimum Expenditure Basket
MEF	Ministry of Economy and Finance
MEL	Monitoring, evaluation and learning
MDPI	Multi-Dimensional Poverty Index
MIC	Middle Income Country
MIS	Management Information System
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
Mol	Ministry of Interior
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MTR	Mid Term Review
NCDM	National Committee for Disaster Management
NHSF	National Home Grown School Feeding
NHGSFP	National Home Grown School Feeding Programme
NSDP	National Strategic Development Plan
NSSF	National Social Security Fund
NSFSN	National Strategy for Food Security and Nutrition
NSPC	National Social Protection Council
NSPPF	National Social Protection Policy Framework
NSSF	National Social Security Fund
OD-IDPoor	On-Demand IDPoor
PCDM	Provincial Committee for Disaster Management
PRISM	Platform for Real-time Impact and Situation Monitoring
RBB	Regional Bureau for Asia and the Pacific in Bangkok (RBB)
SBCC	Social Behaviour Change Communication
SO	Strategy Outcome
SOPs	Standard Operating Procedures
SRSP	Shock-Responsive Social Protection
SUN	Scaling Up Nutrition
TVET	Technical and Vocational Education and Training

Figure 1: Map of Cambodia



1. Introduction

In line with the recent WFP Strategy for Support to Social Protection (WFP 2021a), the WFP Regional Bureau for Asia and the Pacific in Bangkok (RBB) sees the provision of support to national social protection systems as an important avenue for addressing the challenges of food insecurity, malnutrition, poverty, and vulnerability in the region.

Although engagement in social protection features in many of WFP's Country Strategic Plans (CSPs) in the region, there are gaps. These gaps stem from insufficient knowledge about the existing national social protection landscape and challenges and opportunities to address food security and nutrition goals through social protection. This knowledge gap hinders WFP's ability to define its specific role and strategic niche in social protection.

This scoping study is part of a wider project commissioned by WFP's Regional Bureau covering Asia and the Pacific (WFP RBB) to conduct a series of scoping studies and a regional synthesis report on enhancing food security and nutrition and managing risks and shocks in Asia and the Pacific through support to social protection systems. The objective of the wider project is to influence the formulation of social protection in Country Strategic Plans (CSPs) for selected Country Offices (COs) by carrying out four country scoping studies on social protection in the Asia Pacific region (Cambodia, Pakistan, Samoa and Sri Lanka). The scoping studies and regional synthesis report seek to consolidate lessons about and understanding of the social protection landscape, significant actors, policies and initiatives, and opportunities and challenges that can help integrate social protection into the WFP CSPs. This understanding will help ensure that CO's engagement in social protection is well-defined with clear objectives, outputs and activities, including capacity-building actions to support the design and delivery of social protection. The studies also seek to inform a wider community of actors working on social protection in the region about developments and new perspectives in the sector.

Specifically, this study seeks to:

- a) Enable a deeper understanding of existing national social protection policies, programmes and related instruments** with a focus on food security, nutrition and shocks; and the leading national and international social protection actors, their priorities, roles and activities.
- b) Provide an overview of the challenges and opportunities of social protection** in Cambodia to address multidimensional vulnerability; help people better manage risks and shocks; and contribute to zero hunger.
- c) Provide recommendations to WFP COs** to better define and improve their strategic direction, policy, programmatic and partnership engagement in support of national social protection systems and goals.

The scoping study was conducted by a team of consultants managed by the University of Wolverhampton in the United Kingdom. The methodological approach is summarized in Annex A.

2. Cambodia context

The WFP Strategy for Support to Social Protection outlines two interconnected priorities for WFP's engagement in social protection: to help people meet their food security, nutrition (FSN) and associated essential needs and help people manage risks and shocks. These strategic priorities are also two policy challenges in Cambodia. This section outlines these policy challenges.

In the past decades, Cambodia has made significant strides towards economic growth, poverty reduction, human development and food security, though recent data suggests a deterioration in poverty. Cambodia has an estimated population of 16.2 million, 80 percent rural (UNDRR 2019). The country attained lower-middle-income country status in 2016, following rapid growth in gross domestic product (GDP). Growth has been primarily driven by agriculture, the garment, construction and tourism industries, and the Royal Government of Cambodia hopes to attain upper middle-income country (MIC) status by 2030. The Government has demonstrated a strong commitment to poverty reduction and sustainable development, and economic growth has contributed to poverty reduction and food security. There were substantial reductions in income poverty rates, from 47.8 percent in 2007 to 13.5 percent in 2014. In 2021, Cambodia redefined the national poverty line using Cambodia Socio-Economic Survey (CSES) data for 2019–20, which showed an increase in poverty rates since 2014 to 17.8 percent. Poverty rates vary considerably by areas of residence, being lowest in Phnom Penh (4.2 percent) and other urban areas (12.6 percent), and highest in rural areas (22.8 percent) (World Bank 2021). Before the Covid-19 pandemic, there were improvements in the Multidimensional Poverty Index from 0.21 in 2011 to 0.17 in 2019¹ (UNDP 2019), and some improvements in access to food and reductions in hunger² (Royal Government of Cambodia/WFP 2022). Nevertheless, more is needed to achieve zero hunger by 2030.

Challenges in food security persist at the household level, with significant geographic, socioeconomic and demographic disparities. Although food security has been largely achieved in terms of availability, there remain constraints to food access and utilization (FAO and GIZ 2018). Beyond staple foods, access to an adequate

nutritious diet remains problematic. There remain significant inequalities in access to food associated with geography, socioeconomic status, ethnicity, gender and inclusion. Access to food is lower for those in the bottom income quintiles, with over 20 percent of the population unable to afford the least expensive adequate nutritious diet in 2017 (WFP 2017). The quality, diversity and affordability of household diets is a factor of limited crop diversification, dietary preferences and economic access (WFP 2017). Poverty remains concentrated in rural areas, and rates vary drastically by province, contributing to geographic disparities in access to food (CARD 2017, WFP 2017)³. The most significant issues are found in hilly border regions (UNDRR 2019). Entrenched gender inequalities affecting women's economic opportunities overlain with lifecycle vulnerabilities mean women are more likely to be poor⁴ (WFP 2018) and more likely to struggle with access to a nutritious diet (WFP's own analysis). People living with disabilities are also more likely to be poor and struggle to access a healthy diet. WFP's analysis also found that a nutritious diet for an adolescent girl was more expensive than for young children and adults in the household due to their increased nutritional needs.

There has been limited progress in tackling undernutrition, with significant demographic, socioeconomic and regional disparities evident.

Undernutrition is estimated to cost Cambodia between 1.7–2.5 percent of its annual GDP and is a major contributor to mortality and decreased health and productivity. Undernutrition is a particular challenge among young children, adolescents and pregnant women. Stunting rates for children under 5 (32 percent) are higher than the regional average (21.8 percent). There has been no progress towards targets for reducing wasting, with 10 percent of children under 5 wasted, and 24 percent underweight (DHS Program 2014). 14 percent of women aged between 15–49 years were also found to be underweight. Dietary deficiencies in zinc, iodine and B-vitamins widely affect children and women of reproductive age. There has been no progress towards achieving the target of reducing anaemia among women of reproductive age, with 47.1 percent of women aged

1 UNDP is currently providing technical support to the Government's Ministry of Planning on a national MDPI (called the Multidimensional Vulnerability Index), which takes its structure from the Global MDPI and includes metrics on health, food intake, education and standard of living.

2 In the Global Hunger Index 2019, Cambodia scored 22.8, which, despite being classified as 'serious' hunger, is edging closer to the next category of 'moderate' hunger. This score changed to 20.6 in 2020.

3 Rural children and the poorest children are two and four times less likely to receive the minimum acceptable diet, respectively.

4 More than 30 percent of 'ID-Poor' households are headed by women. Cambodia ranks 146th of 189 countries on the Human Development Index, demonstrating persistent, often gender-related, inequality. Women have limited access to resources and receive lower wages than men; they are underrepresented in the formal workforce (77 percent versus 89 percent for men) and perform a significant amount of unpaid care work.

15–49 years now affected (Development Initiatives 2021). Only 30 percent of children between 6–23 months receive a minimum acceptable diet. There is a close association between undernutrition and poverty, with the lower wealth quintiles more severely affected. Drivers include limited affordability due to economic constraints, limited availability of affordable, convenient, and nutritious foods, limited access to clean water and sanitation and insufficient access to information on good nutritional practices and health and nutrition services (Royal Government of Cambodia 2016). Households across all income levels, but especially among lower quintile households, lack information about and basic understanding of nutrition (CARD 2017). There is a close association with vulnerability to shocks, with the Covid-19 socioeconomic impact assessment indicating that these malnourished populations are among the first to suffer under shocks. The health system is ill-equipped to treat wasting and related complications.

Increasingly Cambodia is experiencing overweight and obesity and the ‘double burden’ of malnutrition.

Between 2000–2016, there was a three-fold increase in the prevalence of overweight among children and adolescents. Obesity among boys increased drastically from 1.1 percent in 2000 to 5.1 percent in 2016, while among girls, it rose from 0.2 percent in 2000 to 1.2 percent in 2016 (Development Initiatives 2021). Drivers include rapid urbanization, excessive consumption of rice and cheap, unhealthy snack foods, driven by a combination of socioeconomic challenges, dietary preferences, and lack of awareness (WFP 2017). Women are at particular risk, with 18 percent of women of reproductive age overweight or obese (mostly older women).

Cambodia’s vulnerability to disasters and climate change threatens agricultural productivity, livelihoods, food security and nutrition and pushes households (further) into poverty. In terms of food stability, food access regularly risks being impacted by shocks and disasters. Cambodia is ranked the eighth most vulnerable country to disasters and is 16th of 181 countries on the 2020 World Risk Index, with high exposure to and vulnerability to natural hazards. Climatic shocks, particularly floods and droughts, occur frequently. It is estimated that in the past ten years, an average of

95,000 households have been affected by natural disasters every year. Most farmers (56 percent) are smallholders in the informal sector with less than one hectare of land. Despite growth in agricultural production, yields remain low. Livelihoods in agriculture and fisheries remain undiversified and vulnerable to climate-related shocks. These natural disasters contribute to perpetuating poverty, hunger, and inequality. Shocks affect household incomes and the ability to access essential needs, such as food and basic services. They disproportionately affect poorer household⁵. Meanwhile, a vast portion of the population lives close to the poverty line (the ‘near poor’)⁶ and are also vulnerable to the impacts of shocks, which contribute to pushing households back into poverty and perpetuate an inter-generational poverty cycle⁷ (OECD 2017). For women, children, the elderly, and people with disabilities, who face a range of vulnerabilities, these can be compounded by disasters (OCED 2017, UNDRR 2019, WFP 2019).

Most recently, in October 2020, the flash floods affected nearly 810,000 people (170,000 households) in 19 provinces, including an estimated 388,000 people (89,000 households) registered as poor in the national poverty registry (IDPoor). Affected households reported adopting negative coping strategies, including reducing food consumption, selling productive assets, and borrowing to meet basic needs⁸. The drought event in 2016 also affected 2.5 million people. Climate projections for Cambodia indicate that such shocks will increase in frequency and intensity with prolonged periods of drought, more frequent tropical cyclones, and expanded floodplains by 2030. A 10 percent decline in rice yields is estimated for every 1° increase in temperature, indicating that climate change is a serious threat to food security (UNDRR 2019).

Economic shocks and, most recently, the Covid-19 pandemic also present a risk to food security and nutrition (FSN), with the poor and vulnerable groups again among the worst affected. In the last two decades, Cambodia has suffered from various macroeconomic shocks, including the Asian financial crisis in 1997, the global financial crisis in 2007–8 (Jalilian et al. 2009) and most recently, the severe socioeconomic impacts of the Covid-19 pandemic. Movement restrictions to reduce the spread of Covid-19 resulted in income loss

5 Studies consistently link poverty and vulnerability to shock in Cambodia. There is considerable overlap between the geographical incidence of natural hazards and the regions with some of the highest poverty. Poor households have limited access to savings or borrowing (NSPC 2021).

6 While 13.5 percent were living in poverty in 2014, 28 percent were considered ‘near poor’, and some 60 percent were within 1.5 times of the poverty line (OECD 2017).

7 The second and third quintiles of the population have, on average, only USD 20/month/capita income). Studies highlight that a shock contributing to a reduction in average household income by just 20 percent would nearly double the national poverty rate and there is evidence of significant movement of the population above and below the poverty line (OECD 2017).

8 For example, in the NCDM/HRF Rapid Assessment to flash floods in October 2020, the two main concerns of affected households were lack of food and loss of livelihoods. 35 percent of households visited did not have enough food to feed their families, while many had lost their crops, livestock, and other agricultural produce. Numerous households resorted to negative coping strategies, including reducing meal consumption, selling agricultural assets, and borrowing. Smallholder farmers were particularly at risk owing to the limited diversification of income sources.

and food supply chain disruptions. This and the economic downturn adversely affected people's ability to access nutritious food. The most affected included workers in informal employment (especially those already living in poverty); other low-paid workers in directly affected sectors (tourism, garment sector); returning migrant workers; and vulnerable groups including women, children, pregnant women, older persons, and persons with disabilities (UNDP 2020). The recent Covid-19 Socio-Economic Impact Assessment found that from August 2020–March 2021, more than 50 percent of survey respondents encountered changes in their employment status due to the pandemic, which generally resulted in reduced income (UNICEF et al. 2021). The assessment highlighted several food security-related impacts (Figure 2), which were among the worst in the region (World Bank 2021). These impacts were felt particularly in poor, rural households where negative coping strategies were most prevalent and among vulnerable groups. Furthermore, the closure of schools disrupted the provisioning of school meals, which had previously been a critical safety net for poor households with school-age children. The Royal Government of Cambodia's strong social protection response has been crucial in mitigating these impacts (see

section 3.5). Nevertheless, the study revealed worrisome evidence that IDPoor households – despite monthly social assistance transfers – were increasingly reporting food access problems into March 2021 (UNICEF et al. 2021). The nutrition situation (especially wasting) was also expected to worsen due to negative coping mechanisms such as reducing food intake or consuming less nutritious foods (WFP 2021b).

Cambodia's current student cohort will lose 1.5 learning-adjusted years of schooling—15 percent of pre-pandemic expectations—unless drastic action is taken. Cambodia was very cautious in responding to the Covid-19 pandemic, resulting in exceptionally long school closures. The country faces a significant challenge in reintegrating students and recouping lost learning. This links to FSN since poor and food-insecure households will be more likely to drop out. The World Bank highlighted that income shocks and increased poverty due to the pandemic will result in more dropouts, and the inability to afford a nutritious diet will make it harder to learn. Even prior to the pandemic, poor children were less likely to be enrolled and less likely to reach competency when they attended (World Bank 2021).

Figure 2: Socioeconomic impacts of Covid-19 (March 2021)

IMPACT ON INCOME AND EMPLOYMENT



The study revealed dramatic income reduction among those who lost income during the COVID-19 pandemic: more than 90% of them estimating a 50% and above decrease in household income.

IMPACT ON HOUSEHOLD FOOD SECURITY AND NUTRITION



The period between August 2020 and February 2021 revealed a gradual deterioration of household food security. The October 2020 floods were found to be associated with the lowest point in food security.



A substantial proportion of households (>50%) are using food related coping strategies to overcome the limitations in food availability. The most used methods were to rely on less preferred foods, reduce portion size and number of meals.



More than 50% of household engaged in livelihood coping strategies at any given time during the study, while in October 2020 this increased to 81%. In order to address resource constraints for buying food, households were more likely to spend savings, reduce essential non-food expenditures, and borrow food or money for food.



Protecting the most vulnerable groups from the unintended consequences of non-pharmaceutical interventions, including lockdowns, is required to maintain their access to nutritious food and avoid a further deterioration of their nutritional status and depletion of their assets.

IMPACT ON ACCESS TO ESSENTIAL GOODS AND SERVICES



The most common barriers for accessing food were an increase in prices and lack of financial resources.

Source: UNICEF et al. 2021



Trends in migration and urbanization also present challenges for FSN and disaster vulnerability. Migration and urbanization are strong influences on the Cambodian economy and society. Most opportunities for alternative livelihoods in Cambodia are in the vicinity of growing urban regions. One-quarter of the population has migrated, with around 57 percent of migrants, particularly women, having moved from rural to urban areas, mostly in Phnom Penh. This trend has harmful impacts on nutrition and food security, including contributing to obesity, new demands on households that act as barriers to good nutritional practice (e.g., time constraints for working caregivers⁹), loss of local knowledge and constraints to supporting social and behaviour changes. Meanwhile, the growing overcrowded, unregulated, informal settlements in the peripheries of cities in low-lying areas and riverbanks are susceptible to flooding and expose people to hydrometeorological shocks and the risk of epidemics (CARD 2017, UNDRR 2019).

While maintaining stability, Cambodia is still considered politically fragile and is characterized by a shrinking space for democracy and civil society. Cambodia has the second highest ranking of ASEAN member states in the Fragile States Index and, according to the World Bank's political stability indicator, still suffers from political instability. There has been significant political turmoil even though the country has seen national elections since 1998; the 2013 national elections resulted in six months of anti-government protests (WFP 2019). Recent years have seen crackdowns on political opposition, free press, and civil society movements. In November 2017, the Supreme Court ruled to dissolve the Cambodia National Rescue Party (CNRP) on conspiracy charges. On 13 December 2018, the National Assembly approved an amendment to Article 45 of the Law on Political Parties to ban former opposition members from resuming their political activities. While the administration of justice has been improving, the independence and impartiality of the judiciary and the limited separation of powers and transparency in public affairs remain areas of concern.

⁹ The trend in urban migration is a factor behind the trend of reducing breastfeeding – only 65 percent of children under six months were exclusively breastfed, a significant decrease from the 74 percent reported in 2010.

3. Social protection in Cambodia: policy priorities and systems

3.1 Current social protection system architecture

The social protection sector in Cambodia is highly dynamic and rapidly evolving, with demonstrable government support. There have been significant advances in the system architecture in the past few years, at the levels of policy, institutions, and platforms.

3.1.1 POLICY AND LEGISLATION

The Royal Government of Cambodia's commitment to social protection is enshrined in the constitution and related legislative framework, though the legal framework for social assistance is less developed. Article 36 of the Constitution states that *every Khmer citizen shall have the right to obtain social security and other social benefits as determined by law*. Article 75 states that The State shall establish a social security system for workers and employees. Until recently, the one existing legal instrument defining these benefits was the Labor Law which provided a framework for compulsory pension schemes only. Nevertheless, the legal framework is slowly strengthening. A new Social Security Law passed on 28th December 2018 gives a legal basis for social insurance entitlements for those in the formal sector and includes the self-employed. Social assistance entitlements are not currently set out in law, only through sub-decrees. However, a comprehensive draft social protection law is currently under consultation.

In the last five years, social protection has gained prominence in national development plans, and the policy environment has been significantly strengthened. Social protection first came onto the policy agenda in Cambodia in 2010–11 (Royal Government of Cambodia 2016), with interest growing from the experiences of the macroeconomic crisis of 2009. This shift was followed five years later with the first National Social Protection Policy Framework 2016–2025 (NSPPF), which sets a clear policy direction for the Government for social protection to ensure income security and reduce vulnerability of its citizens. The NSPPF brings together all social protection work under one policy document for the first time, and it supports a lifecycle approach to social protection system building in line with the social protection floor. The policy also sets out

a framework of priority instruments under two pillars of social insurance and social assistance¹⁰ (see Section 3 for more on these instruments). The Framework sets out an ambitious implementation plan over ten years, intending to increase coverage of and strengthen social protection provision in various ways through support to the social protection system architecture: (1) the legal and regulatory framework; (2) the institutional framework; (3) the financial framework; and (4) human resources.

The national policy framework for sustainable development set out in the Rectangular Strategy-Phase IV and operationalized through the National Strategic Development Plan (NSDP) 2019–2023 also acknowledges social protection as one of four priority accelerators for the sustainable development goals. The recent mid-term review of the NSPPF confirmed significant progress towards implementation of the NSPPF's ambitions (Save the Children/Development Pathways 2022). Under the social assistance pillar, in 2020, the Ministry of Education, Youth and Sport (MoEYS), with support from WFP, published a government directive on National Home Grown School Feeding to guide the programme implementation and coordination across relevant ministries and authorities. At the end of 2021, a policy document for the social assistance 'Family Package' (see 2.1.2) was also endorsed. Both are national priorities in the Government's economic recovery plan for COVID-19 (Royal Government of Cambodia 2021).

3.1.2 GOVERNANCE, CAPACITY AND COORDINATION

The Royal Government of Cambodia has made significant progress in strengthening the institutional framework for social protection and developing the coordination framework. In 2018, the National Social Protection Council (NSPC) was founded under the Ministry of Economy and Finance (MEF) with responsibility for overseeing and coordinating social protection across government. The NSPC brings together all line ministries involved in social protection schemes or system provision and has helped to establish a more efficient system, with a clear division of roles for the NSPC secretariat and participating line ministries, organized through a steering committee and related sub-committees. The NSPC oversees social protection policy development and implementation and monitors progress and effectiveness.

¹⁰ The social assistance system in Cambodia is divided into four components: (i) emergency response, (ii) human capital development, (iii) vocational training, (iv) welfare provision to the most vulnerable people.

The NSPC Secretariat is an effective and responsive institution, and its capacities have been strengthened with partner support (especially from GIZ). Central government maintains responsibility for the budget and management of schemes.

Since 2019, the NSPC has overseen a trend towards greater harmonization of social assistance management. The most significant change has been the consolidation of existing and future cash-based social assistance schemes as a comprehensive 'Family Package' under the responsibility of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). This package includes the Cash Transfer for Pregnant Women and Young Child (CT-PWYC), the Disability Grant, the Scholarship and the planned future Old Age Grant. There is a drafted road map and consultations on the programme design document are completed. A sub-decree guiding implementation is expected in 2022. Implementation of the Family Package will coincide with the phasing out of the temporary social protection support put in place during Covid-19 (see Section 3.5). New institutional structures are being created to support this integration of social assistance schemes and manage the inputs of respective ministries. These structures include a National Social Assistance Fund and a social assistance unit under MoEYS to manage the ministries' responsibilities on the Scholarship and school feeding. School feeding currently remains under MoEYS. The MEF manages the Emergency Food Reserve, and the Ministry of Health (MoH) manages the Health Equity Fund. In late 2021, a structure for coordinating development partners' support to the Government was proposed and is under discussion, aiming to improve the efficiency and effectiveness of partner engagement. This structure has a development partner lead for each of the three sub-committees (social assistance, social security, health) and an overarching policy committee made up of the sub-committee leads.

Social protection in Cambodia comprises two pillars of programmes organized under social security and social assistance; however, social assistance is the most developed to date. The contributory social security system aims to provide income protection for the working population at times of illness, employment injury, disability, maternity, or old age, though it has extensive gaps in coverage. The National Social Security Fund (NSSF) manages social security and provides employment injury, social health insurance, maternity, and sickness benefits. The NSSF recently expanded coverage to include the private sector and has around two million members (338,500 civil servants, with the remainder from the formal private sector), though workers in large portions of the economy, including informal sector workers (80 percent of the economy) remain excluded. The NSPC has approved a concept note to expand coverage of social health insurance

to NSSF members' families and vulnerable groups and is about to resume the pilot implementation of a voluntary contributory scheme for the informal sector that was put on hold due to Covid-19 (beginning with transportation sector).

While the Social Security Law includes a pension and unemployment benefits provisions, these schemes are not yet rolled out. Pension benefits currently extend only to civil servants and veterans through the National Social Security Fund for Civil Servants (NSSFC), the National Fund for Veterans (NFV) and the People with Disability Fund (PWDF). The pension was delayed due to Covid-19 and is expected to begin rollout by 2023. This is a critical gap in coverage identified in the mid-term review, particularly affecting working-age people (Save the Children/Development Pathways 2022). The main goal of the social assistance system is to ensure decent living standards for poor and vulnerable citizens while strengthening the capacity of every citizen to retain their jobs and employment. Social assistance programmes include cash and food-based programmes, the Health Equity Fund, and vocational training (see Section 3 for details of each programme and coverage).

The Royal Government of Cambodia is increasingly assuming the lead roles in implementing social assistance, though this transition is slower for school feeding. MoSVY and MoEYS directly implement the cash-based social assistance schemes mentioned previously, with technical assistance from UNICEF. UNICEF does not play a role in implementing these schemes. Similarly, the Government assumed responsibility for the Health Equity Fund (HEF). WFP has directly implemented school feeding in Cambodia for some decades. Since 2015, MoEYS and WFP have been implementing a School Feeding Road Map aiming to build capacity of MoEYS and transition the responsibility for implementation and management of school feeding to the Government. National ownership of school feeding is a priority under the NSPPF, and in 2018, the Government formally adopted Home Grown School Feeding (HGSF) as the model for the national programme. The first National Home Grown School Feeding Programme (NHGSFP) was launched for the school year 2019–20. An Inter-agency Social Protection Assessments (ISPA) review has highlighted the need for building capacities within MoEYS and in sub-national institutions before the scheme can be independently managed. An HGSF transition strategy was launched in 2021, focusing on recruiting dedicated staff and filling gaps in operational expertise, monitoring and financial management skills, and enhancing inter-sector coordination, with the objective to remove WFP's implementation role by 2028. Government ministries/agencies (NSPC, CARD, MEF, Treasury, MoEYS, MoI, MoH, MoP, MoWA, and MoC) have recently agreed to effectively implement their roles and responsibilities outlined in a new sub-decree on HGSF.

Decentralization of social protection has implications for sub-national actors' workloads, and capacities need to be built. Since 2019, government services have been gradually decentralized, with Commune Councils assuming greater responsibilities in many day-to-day operations. This decentralization began with health and education. A team of social officers is now under the management and budget of the district governor, overseen by the Ministry of Interior (MoI). In 2021, there was a switch from the traditional IDPoor registration system to 'On Demand' registration (OD-IDPoor) (see 2.1.3), and while the Ministry of Planning (MoP) retains overall responsibility of the IDPoor register and data, data collection and assessment is now the responsibility of Commune Councils. With these staff becoming simultaneously responsible for a wide range of activities due to decentralization across multiple government areas, there is the risk of overburdening and delays. It remains unclear what performance targets will be set or how the desired coverage or quality of OD-IDPoor will be ensured. There is also a need to build the capacities of Commune Councils to manage aspects of the implementation of social assistance schemes.

3.1.3 PLATFORMS AND INFRASTRUCTURE

Reforms to the IDPoor register and processes are improving the register's use for social protection targeting. Since 2005, MoP has maintained an IDPoor register of households assessed and classified as poor. The IDPoor register underpins eligibility for several social protection programmes, including the HEF, CT-PWYC, Disability Grant, Scholarship, and the temporary cash transfer programme implemented in response to Covid-19 (CT-COVID). While the register initially focused on rural areas, in 2019, coverage was expanded to urban areas. Recently, a series of completed or ongoing reforms to the IDPoor system have addressed recognized limitations, which are expected to enhance the effectiveness of IDPoor as a data platform for informing social protection targeting. One is the transition from irregular, timebound registration exercises every three years to on-demand registration (OD-IDPoor). Another is the switch to digital data collection to make the register more dynamic, enhance the ability of the IDPoor system to capture those falling into poverty and keep the register more up-to-date and accurate. To date, the register has also excluded

households that were assessed but did not fall under the defined poverty line, excluding those who were only slightly less poor and still vulnerable and limiting coverage of the population. The MoP has agreed to transition the IDPoor register towards a more inclusive social register to capture data on all households that apply, which can then be used to target different programmes. In 2021, partners (World Bank, GIZ, UNDP) also supported MoP in reviewing the IDPoor questionnaire and scoring to improve the assessment's ability to accurately predict welfare, including recent sudden changes in welfare and to capture vulnerable groups such as persons with disabilities¹¹. Executing these reforms is a priority under the remainder of the NSPPF implementation period.

Social protection beneficiary data management is increasingly digitized, and work towards platform integration has started. Many different IT systems are currently used to manage data on social protection schemes¹². These systems are largely unintegrated. In 2019, an ADB-funded diagnostic study on ICT for social protection found that this fragmentation caused inefficiencies in the administration and delivery of programmes. Since 2021, NSPC, with support from partners (World Bank, ADB, EUD, ILO, GIZ), have begun to address this. ADB provided technical assistance to develop a concept for an integrated IT-enabled service delivery platform, providing a single registry for social protection beneficiaries, linkages to the civil registration system and IDPoor and the creation of unique social protection identification numbers. GIZ is supporting this work, beginning with the HEF (NSPC 2021, GS-NSPC 21). The transition of all cash-based social assistance programmes to the Family Package under MoSVY will have implications for future use of the MIS on the cash scholarship programme, although it is too early to say what form this system will take. The national school feeding information management system was also launched in 2021.

3.1.4 PLANNING AND FINANCING

Before the Covid-19 pandemic, the Royal Government of Cambodia had shown strong commitment to planning the strengthening of the social protection sector, though further investments in financing were needed. Besides the high-level action plan in the NSPPF, various road maps and action plans guiding progress at the level of programmes also exist – such as the School

¹¹ The report on the First Stakeholder Consultation Workshop on the Revision of the IDPoor Questionnaire (23.07.2021) found that the previous questionnaire may not have captured those made newly poor on account of loss of income, livelihood or remittances as scoring is heavily asset based (especially on housing) which helps identify entrenched chronic rather than new poverty. The new proposed questionnaire and scoring will include greater focus on per capita consumption indicators (food consumption, non-food expenditures, durable consumption and housing/rental expenditures). They are also the same measures used by the government to redefine the poverty rate in 2021, as official measure of living standards in Cambodia CSES. Other changes are including demographic vulnerability characteristics and livelihoods in the scoring and removing some questions (income from selling land or assets, overall house condition, borrowing rice, chronic disease and working children) (NSPC 2021, GIZ 2021).

¹² This includes MOP's IDPoor database, the national ID system, PCA's PMRS for the HEF, NSSF's HSPIS, MOSVY's MIS for the CT-PWCT and MoEYS's Education Management Information System for the Scholarship.

Feeding Road Map 2015–21, subsequent HGSF transition strategy 2021 and draft road map for the Family Package. All social assistance programmes are supported with detailed implementation manuals. Meanwhile, NSPC has invested heavily in evidence generation, developing the social protection monitoring and evaluation framework and related guidance. Nevertheless, prior to Covid-19, expenditure on social protection (especially social assistance) was low in comparison to other similar LMICs and is a factor behind the continued low coverage of social protection programmes (2.3 percent of GDP and 6.2 percent of population, one of the lowest among southeast Asian countries). Before Covid-19, partners considered that there was fiscal space to expand coverage of social assistance and that this was a matter of political will.

The Covid-19 pandemic generated increased investment by the Royal Government of Cambodia in social assistance, and it is hoped that this will contribute to a sustained increase in social protection budgeting. As mentioned in Section 3.5, the Government invested heavily in a social protection response to Covid-19 through the Covid-19 cash transfer (CT-COVID). The social protection response led to unprecedented expenditure levels, with the annual cost of the CT-COVID (1.3 percent of GDP) being more than four times the total expenditure on social assistance and NSSF benefits for private sector workers. This increase brought social protection spending in Cambodia during the Covid-19 crisis on par with spending in other comparable countries before the crisis (Save the Children/Development Pathways 2022). While Covid-19's impact on the economy requires careful consideration of how to expand social assistance affordably, analyses by the Government and its partners have highlighted the important role of such investment in maintaining development gains and stimulating economic recovery post-Covid (UNDP 2020, World Bank 2021).

Although nothing is final, enhancing social protection coverage through the Family Package and expanding the NHGSF programme are both prioritized in the new post-Covid economic recovery plan. At the time of writing, a budget request from the NSPC for USD 1.13 million to support the NHGSF programme in 2022–23 has been submitted to the Prime Minister for approval. WFP and MoEYS are also advocating for school feeding to be included as an item in the MEF's Budget Strategic Plan Program Budget templates. Under the draft Social Protection Law, there are also plans to consolidate the social assistance budgets across programmes in a Social Assistance Fund. Alongside these programme-level discussions are actions of the NSPC and partners to improve the public financial management of social protection, an essential step to support a sustainable expansion of social protection provision. NSPC has been

working with the EU, ILO and ADB to develop systems and models for longer-term planning and financing of social protection. Work includes analysis of the need for social protection and projections of fiscal space available for 2021–2030 and beyond to forecast incremental expansion of routine social protection budgets.

3.2 Prioritization of FSN in the social protection system architecture

The NSPPF explicitly refers to addressing FSN, envisaged through the rollout of particular social assistance schemes. The commitment to roll out the CT-PWYC aims to reduce undernutrition by making healthy diets and healthcare more affordable for poor households during the first 1000 days. The commitment to expand the national school feeding programme aims to improve food security and education attainment. Under the emergency component of the social assistance pillar, the policy commits to enhancing the Food Reserve's management to address food insecurity of the vulnerable. The NSPPF also promotes other programmes supporting nutritionally vulnerable groups (school-aged children, persons with disabilities, elderly people), though it does not identify links between these programmes and FSN.

The Royal Government of Cambodia has outlined various strategies and plans to improve food security and nutrition with a cross-government approach, and these consistently make links between social protection and FSN. The Government is a signatory to international conventions recognizing food security as a basic human right, has adopted the ASEAN Integrated Food Security Framework and its Strategic Plan of Action on Food Security, and is a member of the Scaling Up Nutrition (SUN) Movement. There is strong cross-government support for addressing food and nutrition challenges. Recent developments include the launch of the Zero Hunger Action Plan 2016–2025, the second National Strategy for Food Security and Nutrition (NSFSN) 2019–23 and the Food System Road Map 2021. These policy documents recognize nutrition as an accelerator for the development of human capital and achievement of the SDGs and the importance of multisectoral approaches for enhancing food availability, access, utilization and stability. Social assistance is recognized as a significant part of the solution, with the NSFSN 2019–23 making 'using social protection instruments for enhancing nutrition' its 5th programmatic priority. Similarly, the Food System Road Map 2021 elaborates specific priorities that are aligned with the NSPPF (again primarily around the CT-PWYC and HGSF):

- Highlight the potential for social assistance to address inequities in access to nutritious diets by i) improving access to/affordability of nutritious food, and ii) including sensitization messages and social behaviour change communication (SBCC).
- Commit to making food more accessible to the poor and nutritionally vulnerable groups through expanding cash transfers, homegrown school feeding, and using fortified foods for in-kind distribution schemes.
- Commit to the expansion of 1,000 days health counselling and services for mothers and children under two to improve nutrition and care practices, coupling with nutrition messages and formulating National Dietary Guidelines for adults.
- Commit to enhancing access to social assistance for poor and vulnerable (with a focus on women and children under two) and to linking social assistance and nutrition services.

At the UN World Food Summit and Tokyo N4G Summit in 2021, the Royal Government of Cambodia made commitments under the health and food systems pillars, reiterating its focus on expanding the CT-PWYC with nutrition sensitization to 180,000 beneficiaries by 2025 and transition of HGSP to national ownership by 2026.

Interestingly, while the NSFSN 2019–23 recognizes that social protection addresses the underlying causes of hunger by directly enhancing households' ability to produce food and augment income, it doesn't recognize any role for social protection (such as vocational training, or social security) under the priority area of enhancing FSN through the production of food provision for decent employment.

While these priorities set the foundations of an enabling environment, there is a need to strengthen the system architecture to realize social protection's potential to contribute to FSN fully. The abovementioned policy frameworks, from the aspect of social protection and FSN actors, only draw links between SP and FSN for particular social protection instruments. Furthermore, while the frameworks highlight the potential of certain instruments, there is no appreciation about the current extent of or the need to enhance nutrition

sensitivity of programmes. Furthermore, on the one programme designed to have a nutritional impact (CT-PWYC), the commitments set out on paper (such as nutrition counselling and nutrition messaging) are facing implementation challenges in practice (see Section 3). These issues are due to a combination of several driving factors:

- i) Level of technical understanding of FSN issues across government, including in the bodies responsible for social protection¹³ (though there is some recognition and desire to address this issue, such as seen in MoSVY reaching out on this).
- ii) The still-evolving nature of the social protection system, coupled with the expansion in response to Covid-19, meaning the NSPC has competing priorities.
- iii) Challenges in cross-government coordination of these initiatives. While CARD has the mandate to coordinate multisectoral FSN activities (of which social protection is one), NSPC has the mandate for coordinating social protection. The precise roles and responsibilities of these respective bodies still need to be defined, and there doesn't appear to have been any joint work to define strategic direction or operationalize the high-level commitments made. The situation is further complicated by the institutional history between these bodies, which saw CARD relinquish oversight of social assistance with the creation of NSPC. MoSVY and NSPC report a lack of information flowing from CARD to support the enhancement of social protection or FSN¹⁴. GIZ is now attempting to improve this by engaging both CARD and NSPC in an ISPA institutional assessment to improve coordination for FSN.
- iv) Gaps in monitoring – the mid-term review of the first NSFSN 2014–2018 highlighted the limited evidence of FSN outcomes due to poor monitoring (outside of projects implemented with development partners). The discourse and associated monitoring of social protection remain poverty focused. Nutrition is a stated objective of the CT-PWYC, but monitoring remains limited.

¹³ FSN tends to be equated to access to staple foods. KIIs highlighted that there is limited understanding or appreciation of specifics on how social protection can enhance FSN (e.g., nutritious diet and transfer adequacy). ISPA (2018) also highlighted that knowledge of FSN issues among stakeholders at sub-national level remains weak.

¹⁴ For example, MoSVY had not heard about the work underway at provincial level to establish working groups for coordination of FSN-related efforts across government.

3.3 Social protection system architecture supporting management of risk and shocks

Studies consistently link poverty and vulnerability to shock in Cambodia, highlighting that poor and near-poor households and particular vulnerable groups are often the most exposed to shocks and have the least means to cope. WFP finds considerable overlap between the geographical incidence of natural hazards and the regions with some of the highest poverty. Poor and near-poor households have limited access to savings or borrowing (WFP 2019). This is compounded by lifecycle challenges for vulnerable groups such as women, children, the elderly, and those with disabilities, who face various pre-existing constraints, often compounded by disasters. The NSPPF highlights that poor and near-poor households, and vulnerable groups (women, children) are particularly affected by storms and droughts, which prevent poor families from getting out of poverty, push them back into poverty or make them even poorer (Royal Government of Cambodia 2016). 60 percent of the population is within 1.5 times the poverty line and vulnerable to falling into poverty because of shocks that impact, in only a small way, household income. CSES data identifies groups more vulnerable to falling into poverty, including people with disabilities, the elderly, female-headed households and single parents, and households with high dependency ratios. Such households can be expected to be among those most vulnerable to shocks of all kinds (OECD 2017).

During the Covid-19 pandemic, the most vulnerable included workers in informal employment, especially those that were already living in poverty; other low-paid workers in sectors directly affected (tourism, garment sector); returning migrant workers; and vulnerable groups including women, children, pregnant women, older persons and persons with disabilities. (UNDP 2020).

The creation of the NSPPF has helped to set an enabling environment for social protection to play a role in managing risks and shocks. The NSPPF explicitly acknowledges the role of social protection in shock response, with 'emergency response' being one of the four components of the social assistance pillar system (although the only instrument mentioned as contributing is the Emergency Food Reserve). Furthermore, the wider commitments to system strengthening set out in the NSPPF and progress to date, such as increasing coverage of routine social protection programmes, developing a social registry, building the institutional framework

and improving data and systems integration, are strong foundations for the social protection system to play a role during shocks. Global learning highlights that good routine social protection already provides households with a degree of resilience to crises, while the system architecture is critical for effective implementation of shock-responsive social protection (SRSP) (O'Brien et al. 2018).

Since 2020, the NSPC has made great strides to progress SRSP in Cambodia by developing a comprehensive SRSP Framework. Events in 2020, including the Covid-19 pandemic, floods and mass return of migrants, confirmed the relevance of SRSP – particularly cash transfers – for Cambodia (Section 3 gives further details). In 2020–21, the General Secretariat of the NSPC, with support from WFP, led an analytical process to develop an SRSP Framework for Cambodia, aligned with the NSPPF. The Framework's goal is to guide the Government and its partners to leverage elements of the social protection system to provide more systematic, predictable, timely and effective protection of the poor and vulnerable during and following the most common shocks in Cambodia, including drought, flooding, economic and health-related shocks. The Framework sets out to do this by:

- i. Outlining a clear set of interventions, building from existing data and delivery systems, that can be sequenced and scaled to provide early support to households vulnerable to shocks, preventing them from resorting to negative coping strategies and increasing poverty.
- ii. Building coordination and coherence between these interventions and wider emergency response activities through harmonized design and use of common systems to effectively fill gaps.

The Framework analyses Cambodia's social protection and disaster management systems across all system 'building blocks', looking at enabling and constraining factors and future policy priorities. Based on its findings, the Framework assesses the options for SRSP in Cambodia for both social security and social assistance pillars and their respective benefits and constraints. These options seek to address economic needs and protect incomes for those recognized as the most vulnerable to shocks. This group includes households living in poverty, certain vulnerable groups, and those who remain vulnerable to falling into poverty due to a shock. It recommends four adjustments (see below) with eight specific response options (see Section 3). The Framework is now with the Council of Ministers for endorsement.

- i. Design tweaks to routine social protection programmes (HGSP, Family Package and social health insurance) to maintain the relevance and effectiveness of routine programmes during shocks.
- ii. Expanding the benefits of existing programmes through ‘vertical expansion’, including the Family Package.
- iii. Expanding social protection coverage to new populations affected by shocks, through ‘horizontal expansion’ of the Family Package and HEF, and rollout of a temporary new emergency cash transfer programme.
- iv. Linking the emergency cash programmes of humanitarian actors with the social protection system, through common data and information and consistent approaches to targeting and design, to better fill gaps.

The SRSP Framework lists priority actions to address constraints and progress towards realizing SRSP over the remainder of the NSPPF implementation period and beyond. This approach will initially focus on one shock, starting with flooding and in priority geographic areas. The Framework outlines actions for all elements of the social protection system architecture as well as other essential building blocks (programme design, delivery systems). (See Annex B for priorities for system architecture). In the interim, while the Framework receives official endorsement, MoSVY, WFP and UNICEF have begun discussions on priority actions to take forward at the level of the social assistance system.

The Government’s recent FSN strategies also recognize the role of social protection in managing risks and shocks for enhancing FSN. The NSFSN 2019–23 has a joint priority action to improve FSN in Disaster Management and Climate Change to ensure stability of consumption in disasters. Social protection is mentioned explicitly to enhance FSN in disaster risk management (DRM) through the expansion of the Emergency Food Reserve. Integrating DRM and SRSP is highlighted as a key work area. The Food Systems Road Map 2021 aims to build resilient livelihoods and resilient food systems in shocks. It highlights the important role of social protection (both the Emergency Food Reserve and expansion of SRSP to vulnerable households). Again, social protection instruments have no recognized role in improving the resilience of livelihoods or the food system.

3.4 Gender equality and inclusion of vulnerable groups

The Royal Government of Cambodia makes consistent policy commitments to reduce inequalities and enhance inclusion, including through social protection, although there is scope to improve effectiveness. The national Constitution lays some foundations for gender-responsive and inclusive policies¹⁵. All the policies and strategies mentioned so far consistently acknowledge wealth inequalities and lifecycle vulnerabilities facing women, infants, children, people with disabilities and the elderly and relate these to FSN. The NSPPF prioritizes the provision of social protection for poor households and these vulnerable groups and the needs of women and young children with the rollout of the CT-PWYC. Similarly, in the FSN strategies, the priority entry point for enhancing FSN through social protection is those programmes targeting these nutritionally vulnerable groups and the first 1000 days.

While the NSPPF has a stated aim to reduce inequalities, it does not mention gender inequality. The prioritization of women for social assistance is under the heading of ‘protection of women’, and there is nothing detailed about how this, or any other programme, will contribute to women’s empowerment or the reduction of inequalities, and there is no associated monitoring. In the NSFSN, gender inequality and inclusion of youth is a cross-cutting issue and empowerment of women is a highlighted issue; however, the Strategy does not elaborate linkages or entry points with social protection. In the Food Systems Road Map 2021, empowerment of youth, women and the vulnerable is a priority objective. The Road Map highlights one entry point for promoting gender equality through improving employment/livelihood opportunities but does not mention links to social protection (although Technical and Vocational Education and Training (TVET) is part of the NSPPF and a link here could be foreseen). Another entry point is through promoting an understanding of food systems and the importance of healthy diets, equipping women to become agents of change. This could also be linked to social protection but is not. There is a commitment in all policies to collect sex-disaggregated data.

¹⁵ Article 46: The State and society shall provide opportunities to women, especially to those living in rural areas without adequate social support, so they can get employment, medical care, and send their children to school, and to have decent living conditions.

Article 73: The State shall give full consideration to children and mothers. The State shall establish nurseries and help support women and children who have inadequate support.

Article 74: The State shall assist the disabled and the families of combatants who sacrificed their lives for the nation.

4. Social protection in Cambodia: programmes

The goal of the social assistance system is to ensure decent living standards for poor and vulnerable citizens while strengthening the capacity of every citizen to retain their jobs and employment. Social assistance programmes include cash and food-based programmes, the Health Equity Fund and vocational training. This section details the design, delivery systems, nutrition-sensitivity, inclusivity and shock-responsive features of these social assistance programmes.

4.1 Cash-based social assistance

The Government has made good recent progress towards its policy commitment to a lifecycle approach through the rollout and integration of cash-based social assistance, though coverage remains low. The NSPPF highlights three priorities for social assistance: early childhood and the first 1,000 days of life; children at school-age; and people with disabilities and the elderly. While a Disability Allowance was officially launched in 2013, there was very limited rollout in practice before the start of the NSPPF. A Scholarship for poor primary school children began in 2015. Since NSPPF's launch, under the NSPC, the Government has prioritized the rollout of a new programme (CT-PWYC) and continued expanding the Scholarship, with technical assistance from UNICEF. The NSPC, with support from UNICEF, is consolidating these existing cash-based social assistance programmes plus the future planned rollout of an old age grant into the Family Package. All programmes remain new, and consequently, coverage is still limited. Despite the significant progress, most of the population still lacks basic protection for the risks they face throughout their lives (Save the Children/Development Pathways 2022). A strength of the CT-PWYC is its robust, well-integrated digital delivery systems. In the future, these systems will underpin the management information system (MIS) and delivery processes for other programmes in the Family Package. Concerning new developments:

- **CT-PWYC:** the World Bank recently recommended expanding the programme to cover the needs of children from two to school age. This expansion is MoSVY's ambition and part of the Family Package design document, though implementation will require fiscal space analysis. MoSVY is also interested in exploring more universal coverage beyond IDPoor categories 1 and 2.
- **The Scholarship:** In 2021, the World Bank recommended expanding and strengthening the

Scholarship programme to ensure the retention and return of children to school after Covid-19, especially among more vulnerable families. No decision on this has been made.

- **Old age grant:** UNDP is working on an ageing policy and is talking with NSPC about the possible launch of a non-contributory pension for the elderly. The Government is still basing eligibility on IDPoor, covering 25–30 percent of this age group. UNDP is exploring options for more universal coverage with a higher age threshold (75). The transfer value discussed is USD 8.50/month/adult and the overall budget ceiling is USD 34 million annum.
- **Disability benefit:** the Disability Allowance reached only 16,800 individuals due to limitations in the mechanism for disability identification. UNICEF has since supported MoSVY to establish a national mechanism for disability identification, rolled out in 2021 with training in the communes. To date, over 240,000 cases have been included in the disability registry through this mechanism, and verification is ongoing. This registry will act as a gateway for both disability benefit and wider services. Of the cases included in the disability registry, only those that are also in households registered as IDPoor are currently eligible to receive the disability benefit. All these IDPoor households are currently receiving the CT-COVID. Under the Family Package plans, disabled individuals in households receiving the CT-COVID, and the existing Disability Allowance caseload, will be migrated over to the new Disability Benefit (expected to be around 80,000 persons) and will receive a slightly higher benefit amount.

Three years into the CT-PWYC, evidence and learning from its implementation can inform strengthening of design and delivery systems for routine cash-based social assistance and SRSP. The process evaluation in 2021 highlighted that the programme design is effective at creating demand for healthcare among women who understand service benefits and can travel to health centres. Barriers to accessing health centres remain due to constraints in sensitization, attitudes around health seeking (linked to perceptions of service quality), and difficulties for those in more remote or hard-to-reach locations and migrant workers. While registration and payment processes generally function well and are easy for beneficiaries to navigate, some difficulties have been reported, including delays or errors in payment, mainly due to errors in data entry at various stages in the delivery chain. Furthermore, the payment mechanism of WING is not providing any additional benefits for financial

inclusion. There is limited awareness of the grievance mechanism. Where the grievance redress mechanism (GRM) is used, the most used channels were through the Commune or the Telegram application, highlighting the potential for leveraging digital solutions to meet the needs of beneficiaries better. The evaluation also highlighted

gaps in support to Communes, which are increasingly becoming the locus of service delivery but require resources and training. The evaluation recommended actions to strengthen the programme (see Box 1). NSPC is currently working with UNICEF and MoSVY on a management response plan for consultation.

Table 1: Features of cash-based social assistance programmes

Programme feature	CT-PWYC	Scholarship	Disability Benefit
Objective	Improve health and nutrition of children in the first 1000 days	Encourage primary school attendance and continuation to secondary school	Protection of people with disabilities
Target group and eligibility criteria	Poor pregnant women and children under 2: households registered as IDPoor, and that have a confirmed pregnancy/ registered birth	Poor school-aged children: school-aged children enrolled in school from households registered as IDPoor or identified as poor by school/ community (IDPoor++)	Persons living with a disability: individual living with a disability, identified through the national mechanism for disability identification and from households registered as IDPoor
Coverage	Began in priority provinces, plan is for expansion nationwide. By 2022, has reached 255,800 individuals (pregnant women and children) since start.	Plans for nationwide coverage, for all grades up to 12; rural and remote areas targeted first. 2017-18: 86,126 students in upper primary, 71,669 students in lower secondary and 7,196 students in upper secondary (around 15 percent of children in a school). 2022: 261,974 students.	Original disability allowance: 16,800 people. Expected coverage of Disability Benefit (disability allowance caseload plus CT-COVID beneficiaries living with disabilities): 80,000 people.
Transfer modality	Conditional cash transfer	Conditional cash transfer	Unconditional cash transfer
Transfer value, frequency, duration	USD 10 per transfer, paid after attendance at each health visit (4x ANC; 3x PNC; 7x infant check-ups). Payment of USD 50 if mother delivers in a health clinic/hospital.	24,000 Riel per school year for primary/lower secondary and 36,000 Riel per year upper secondary, paid monthly based on 80 percent attendance.	Still TBC – originally USD 5/ month but set to increase.
Delivery systems	Robust digital systems for automated registration after application to IDPoor. Payment through WING financial services (cash payment through WING agent after presenting WING card and PIN). A CFM is managed by MoSVY.	Currently paid to school bank account for cash-in-hand payments made on school site. MoEYS adopted a digital management information system in 2019. Plan to transition to digital delivery systems under the Family Package.	Major bottleneck limiting uptake to date has been lack of a robust national mechanism to identify disability. Plan to transition to digital delivery systems under the Family Package.
Role in implementation	MoH, MoSVY, WING Financial Services, Health facilities, Commune Councils	MoEYS, MoSVY, schools, school-community committee, Commune Councils	MoSVY, health facilities, Commune Councils
Key partner	UNICEF	UNICEF (prev. WFP)	UNICEF

Source: Key Informant Interviews

Box 1: Priority actions to strengthen the CT-PWYC

1. Utilize the Programme MIS to enable longitudinal tracking of beneficiaries and assess inclusion of hard-to-reach populations in the programme.
2. Assess the OD-IDPoor registration process and consider inclusion of other vulnerabilities as inclusion criteria (e.g., near poor; other vulnerabilities).
3. Work with WING to make its services more available and accessible and explore the possibility of engaging multiple payment services on the programme.
4. Make the delivery of health services more flexible and beneficiary oriented.
5. Increase budget allocation to strengthen and ensure sustainability of programme delivery.
6. Improve communication efforts in hard-to-reach areas and related to the grievance redressal mechanism.
7. Strengthen staffing in Commune Councils, consider opportunities for outreach and sensitization.

Source: UNICEF (2022)

While progress to FSN commitments on the CT-PWYC programme is promising, there remain limitations in the nutrition sensitivity of and nutritional outcomes from cash-based social assistance. The CT-PWYC is the priority programme set out in the Government's policy commitments to enhance FSN outcomes from social assistance. The rapid rollout, investments in digital delivery systems and strong focus on M&E demonstrate government commitment. The targeting approach, beginning in priority provinces with high food insecurity and focusing on nutritionally vulnerable groups, is also conducive to achieving nutrition objectives. However, the programme as currently designed is not meeting its nutrition objectives effectively. The transfer value was not based on any calculation of need, and evaluation highlights that it only covers the costs of reaching a health centre and is inadequate to cover the consumption required for improved nutrition (UNICEF 2022).

The NSPPF's mid-term review reaches similar conclusions about the inadequacy of transfer values across cash-based social assistance, which are low by international standards (Save the Children/ Development Pathways 2022). The nutritional counselling component designed in the pilot has also faced implementation challenges. The MoH's core focus has been on broadly enhancing mother and child health

(through uptake of health services) rather than nutrition specifically (Save the Children/Development Pathways 2022). While it was expected that nutrition screening and messaging would be provided as part of these health consultations, the extent to which this has been achieved in practice remains unclear. According to key informants, the envisaged wider SBCC activities have not been rolled out (partly due to Covid-19 disruption and staffing and budgetary issues). While the evaluation highlighted that outreach sessions can be helpful for promoting nutrition, this conflicts with the health policy oriented towards encouraging visits to health services. The nutrition counselling has reportedly increased nutrition knowledge, but this is not translating into changes in care practices or healthy diets. One additional, unintended negative consequence is that the cash benefit has been used for infant formula, which is not aligned with government policy (a practice pre-dating the CT-PWYC among mothers travelling for work).

In the case of the Scholarship, the primary objective is school retention, and the transfer is currently too small to contribute significantly to FSN. There is currently no agreed approach to develop sensitization or SBCC for FSN linked to the Scholarship. Similarly, the transfer value of the Disability Allowance was insufficient to cover the cost of a healthy diet. In December 2021, the World Bank recommended that these cash transfer programmes incorporate nutrition messages and SBCC for families. The CT-PWYC evaluation generated similar recommendations (see Box 2) to enhance FSN. MoSVY is planning to engage with UNICEF on these matters – though any design or rollout of nutritional messaging and SBCC will also need engagement and agreement with MoH¹⁶.

Box 2: Priority actions to strengthen FSN outcomes on the CT-PWYC

1. Explore possibilities to increase the size of the benefits to adequately support beneficiaries in meeting the Programme objectives related to health and nutrition.
2. Review the Programme's existing SBCC activities in the light of findings from the evaluation and develop and implement a SBCC plan.

Source: UNICEF 2022

Further progress on commitments to implement the social assistance pillar of the NSPPF will strengthen inclusivity, though currently, women's inclusion does not equate to empowerment. The incremental rollout of the cash-based social assistance programmes, each intending to meet the needs of specific poor and vulnerable groups, and the integration of these into the Family Package

¹⁶ The MoH is reportedly seeking greater ownership and standardization of messages and approaches per the national MoH guidelines. The development partner project (NOURISH), the precursor to the CT-PWYC, produced many communication materials and manuals, and part of the reason for their lack of adoption was that these were not owned by the MoH (KIIs).

providing support through the lifecycle will steadily strengthen the inclusivity of the social protection system. While coverage of these schemes remains low, there has been demonstrable progress and steady expansion in the past few years. Evaluations and studies are also highlighting where more efforts are needed to enhance accessibility and inclusion (for example, through greater sensitization on the CT-PWYC). The transition to on-demand registration on IDPoor, which underpins eligibility for these programmes, also has the potential to enhance inclusion. However, there can also be challenges for those in remote areas or who face mobility constraints, which need further investigation. The CT-PWYC programme is putting cash into the hands of women and reducing barriers to accessing health services – although the payment process, while convenient, is not enhancing women’s financial inclusion. As currently designed, this cash transfer is not setting out to address the root causes of gender inequality, though there could be opportunities through complementary programming (see Section 5).

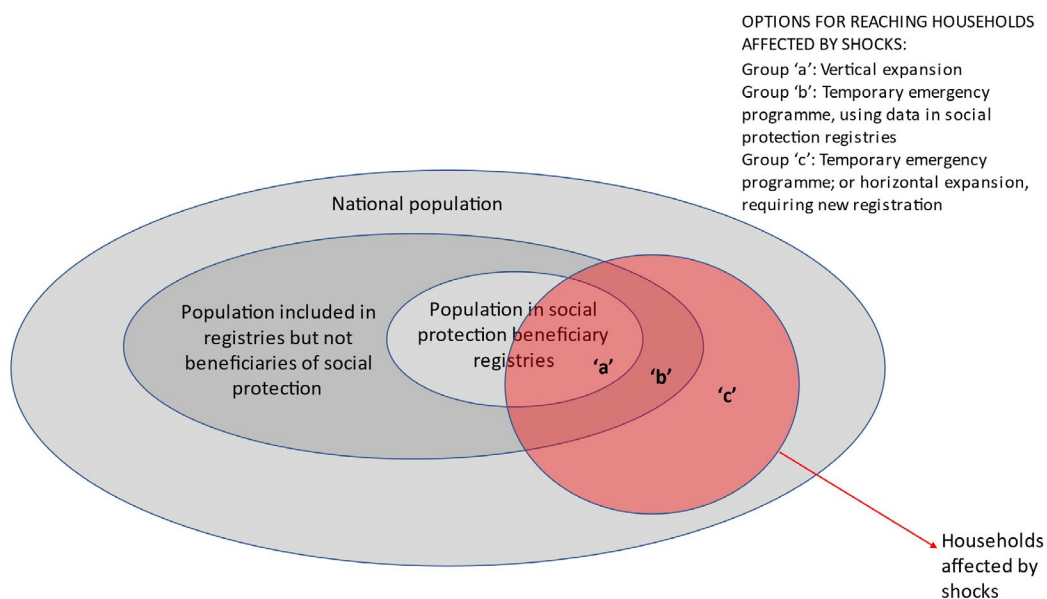
The Royal Government of Cambodia’s SRSP assessment in 2020–21 highlighted the readiness of cash-based social assistance programmes to support SRSP in specific ways and gaps to address. The SRSP Framework recognizes that in the short- to medium-term, the social assistance pillar offers the greatest potential to meet needs following a shock since these programmes specifically target poor and vulnerable groups, and there remains low social security coverage¹⁷. Furthermore, the delivery systems underpinning social assistance (on

the CT-PWYC and forthcoming Family Package) can also be used to reach those outside the coverage of routine social protection in shocks, including the near poor and those in the informal sector)¹⁸. The Framework cites global evidence that one of the most effective ways to support households affected by a shock is with direct cash assistance, which can be used to meet a range of immediate basic needs as well as recovery needs according to a household’s own priorities, and which is easily scalable.

The SRSP assessment examined the ‘readiness’ of the cash-based social assistance programmes across aspects of design and delivery (targeting criteria, coverage, effectiveness of modality, adequacy of benefit design, registration and enrolment, benefit delivery, communication and CFM, and monitoring). It found that the CT-PWYC and planned integration of social assistance into the Family Package provided strong foundations for supporting SRSP in Cambodia, though with some gaps to address (detailed in NSPC 2021). The Framework sets out a series of SRSP options that build from these existing programmes and delivery systems to reach those recognized as the most vulnerable to shocks in Cambodia (see Figure 3). This group includes households living in poverty, particular vulnerable groups, and those who have moved out of poverty but remain vulnerable to falling into poverty due to a shock. Option 3 (see Table 2) has already been successfully tried out with the rollout of the CT-COVID (see Section 3.5).

SRSP IN CAMBODIA: REACHING THOSE MOST VULNERABLE TO SHOCKS

Figure 3: SRSP in Cambodia: reaching those most vulnerable to shocks



¹⁷ The Health Equity Fund focuses on IDPoor households but the programmes under NSSF have low coverage and do not include the informal sector.

¹⁸ In the global social protection responses to Covid-19, 195 countries/territories had planned or introduced social protection measures in response to the pandemic. Social assistance accounts for 60 percent of these measures and over 50 percent are cash-based transfers. And in response to natural disasters in multiple countries, the main response through social protection has been cash transfers (Gentilini et al. 2020).

Table 2: Options for linking SRSP with cash-based social assistance

Population group	Option for SRSP	Specificities for cash-based social assistance programmes
Vulnerable populations enrolled in routine social protection programmes (group a)	Design tweaks: modifications to the design and implementation of routine programmes to ensure that programmes are resilient, accessible and effective during shocks.	A) Waiving enforcement of conditionalities on CTP-PWYC and Scholarship in a shock. b) Waiving the automated time-bound (3-year) exit of households from IDPoor and thus preventing exit from cash-based social assistance in a shock. c) Waiving the automated exit from CTP-PWYC due to child age in a shock.
	Vertical expansion: scaling up or modifying the social protection programme's benefits package, to improve its adequacy in meeting new shock-related needs.	Topping up the value of cash-based social assistance under the Family Package – beginning with the CTP-PWYC.
Vulnerable populations not routinely covered by cash-based social assistance (groups b and c)	A new, temporary emergency cash transfer programme to reach these households using established social protection institutions and delivery systems.	A temporary, shock-specific cash transfer programme, delivered by the Government, through the delivery systems and processes of the social assistance systems (IDPoor registration plus the delivery systems under MoSVY).
	Horizontal expansion: broadening coverage of routine social protection programmes to include new households or individuals.	Expanding coverage of the Family Package – rapid registration campaign in shock-affected areas to identify and enrol households that fit the routine criteria but are not yet included.

The SRSP Framework sets out priority actions to enhance elements of social assistance programme design and delivery to support SRSP (see Box 3). While still awaiting official endorsement, some progress on these actions is underway (see section 3.5).

Box 3: Priority actions for enhancing the Family Package for SRSP

1. Broaden coverage of routine social assistance programmes, prioritizing those locations identified with a high risk of shocks and urban informal settlements.
2. Continue efforts to strengthen the foundational routine social protection delivery systems to enhance efficiency, effectiveness and accountability on both routine and shock-responsive social protection.
3. Commission a learning review on the effectiveness and accuracy of OD-ID Poor to make an informed decision on the effectiveness of SRSP targeting design based on IDPoor and identify any required reforms for IDPoor.
4. Establish principles for guiding targeting of SRSP expansions (vertical expansion; and targeting new households), for flooding, different levels of severity and considering simplicity, accuracy and speed according to the urgency of the response.
5. Consolidate learning on the effectiveness of the CT-COVID and flood response transfer values (see 3.5) and agree on a foundational 'base transfer value' for SRSP for basic needs, along with principles for how to adapt it further, ex-post.
6. In the Family Package programme Operations Manual, set out procedures for operationalizing the design tweaks, rapid enrolment ex-post, and vertical expansion.
7. Undertake field testing of SRSP and ensure effective monitoring to capture learning.

4.2 Food-based social assistance

The Royal Government of Cambodia is transitioning all school feeding activity under a coherent national HGSF programme, with support from WFP. In 2014, MoEYS and WFP initially piloted the HGSF programme design in which local farmers and suppliers sell their produce to nearby schools as an adaptation of the broader school feeding programme. (See Annex C for a summary of programme details and features.) By 2017, WFP was implementing the model in 84 schools in four provinces. An ISPA review of the programme confirmed it as a relevant, effective and well-managed programme (FAO and GIZ 2018). The regular and systematic transfer of cash to schools plays a significant role in ensuring food availability to students. In the school year 2019–20, the NHGSFP, managed by MoEYS, was launched in 205 target schools in the most vulnerable districts of six provinces. This activity included taking on 123 schools previously managed under WFP’s school feeding programme. WFP also began moving the schools it still directly supported over to the HGSF model, now achieved in 682 of 908 WFP-supported schools. Pre-Covid-19, as per the NHGSF Implementation framework, the Government agreed to incrementally expand the NHGSFP to reach 650 schools by the school year 2024–25 as an initial pilot. From 2020, there was no further progress on the agreed annual transition of HGSF schools to government management due to the impact of Covid-19. The new transition strategy aims for MoEYS to assume responsibility for this caseload incrementally on an annual basis.

The HGSF programme can be an effective vehicle for enhancing FSN for children if progress on actions supporting the transition to national management continues. Healthy diets and nutritional outcomes are integral to the operational guidelines. Findings from the detailed ISPA review of the programme in 2019 highlighted features of NHGSF design that have good potential to address FSN, providing programme coverage is increased, and some delivery chain and supply chain issues addressed¹⁹. There was also a need highlighted for further evidence building to demonstrate results.

Features highlighted in the review include:

Access to food:

- Targeting criteria and practices – schools are selected in areas prone to food insecurity.

- Programme benefits, duration and timing adequately address FSN needs, with the quantity, quality and diversity of food ration broadly meeting the requirements of the most nutritionally vulnerable.

Availability:

- Farmers benefit through the ‘structured demand’ in the local markets surrounding the school (income generation and diverse production) increases access for the farmer families and the market.

Utilization:

- Where the programme includes the provision of facilities for WASH and education on food security, hygiene, sanitation and nutrition, this improves utilization. Associated school gardening activities enable students and school staff to learn about agriculture and provide better access to fruit, vegetable and herb activities.
- There is considerable scope for improved coordination of the various SBCC activities directed at food security and nutrition for school-aged children.

The impact of Covid-19 has limited the execution of complementary activities designed to enhance utilization. WFP is currently working on an SBCC strategy for the NHGSFP, with the school as a hub for enhancing SBCC at school and community level.

The HGSF programme is inclusive and equitable in its treatment of gender and the nutritionally vulnerable.

There is no evidence on the extent of inclusion of disability or impacts on gender empowerment. The outreach to communities and the indicators used to target schools (high food insecurity, stunting, high school dropout rate, low enrolment rate, poor retention of girls in schools, and high poverty rates) are ensuring that the programme is (initially) focusing on the most food insecure and very poor communities. Within a school, for equity reasons, all children receive the meals. A gender assessment identified potential contributions to gender equality and gender-specific and informed the programme design. Girls and boys benefit equally from the meals, which is important, given some evidence of unequal food sharing within households based on gender differences. While women play a central role in implementing the HGSF in roles such as cooks, parents, suppliers, and members of the school support committee, there is no specific activity on empowering women. WFP has plans to increase the integration of these concepts into the design and

¹⁹ There are instances where the requisite fresh foods are unavailable in the local producers, and schools must purchase from the market. Activities and training on, for example, good cooking practices, hand washing, food safety, environmental impacts and school gardening could be standardized and mainstreamed. At the local level, the payment and retention of cooks is sometimes problematic as schools must cover this contribution directly.

monitoring. Discussions currently focus on actions to reduce barriers to entry for female suppliers and on mothers as an entry point for effective SBCC.

There is currently limited flexibility to scale up HGFSF to meet new needs during shocks; however, modifying the benefit package to maintain the relevance of support is demonstrably feasible. The ISPA review found that the nascent HGFSF system had limited capacity to respond to new needs caused by shocks due to limited financial resources and complexities in the locally managed supply chain. The assessment for the SRSP Framework confirmed these issues. However, the transition of school meals to home rations on the wider school feeding programme was successfully implemented when schools closed due to Covid-19. The SRSP Framework highlights the need for procedures to transition meals to home rations in a disaster forcing schools to close for stability of access to food.

The Emergency Food Reserve is not yet designed and implemented as an effective instrument to address FSN or manage shocks. The MEF started this programme to meet the food needs of poor and vulnerable citizens affected by food price rises during a crisis. Under this programme, 16,000 tons of food, 3,000 tons of rice seeds and 50 tons of crop seeds are reserved to draw on in a national emergency. The initiative is set out in the NSPPF as a social assistance instrument to use in an emergency. Further, as mentioned in Section 2, this programme is highlighted in various FSN strategies as an entry point for how social protection can enhance FSN (stability of food). However, constraints remain to realizing this potential in practice. The Food Reserve does not sit under the oversight of the NSPC, being managed by the MEF and a parastatal organization, Green Trade Company. Reserve activation appears to be at the Prime Minister's discretion with specific procedural activation guidance yet to be developed, formalized and published. While the NSFSN and the NSPPF both make statements about the need to strengthen the capacity of the Reserve in various ways, it is unclear what changes or reforms have been made that constitute progress towards these commitments or address the issues. While the SRSP Framework acknowledges the Reserve as a potentially important complementary mechanism to support SRSP in Cambodia, it was not included in the SRSP support options in Cambodia in the immediate future, for these reasons.

4.3 The Health Equity Fund

The HEF has the greatest social assistance coverage on paper, but constraints could limit its utility to enhance health and nutrition among vulnerable groups. (See Annex D for a summary of the programme's features.) Beginning in 2000, the HEF is the largest social protection scheme. It operates nationally and provides access to free healthcare while covering certain out-of-pocket expenses for IDPoor households and some working in the informal sector. In 2018, it reportedly reached around 4 million people, including 3 million registered as IDPoor. Programme expenditure in 2017 was USD 13.5 million, 40 percent government funded. There is no monitoring available on FSN impacts; nevertheless, enhancing the access of poor households, including nutritionally vulnerable groups, to medical treatment when needed could logically reduce the health-related drivers of malnutrition. Meanwhile, reimbursing non-medical expenses could reduce the impact of health-seeking on household income and food insecurity.

However, while HEF has this theoretical scale with registered cardholders, this is not its actual scale regarding health service provision. Not all IDPoor cardholders use the services. The HEF provides access to public health services, for which there is only limited demand. There remains a strong preference in Cambodia for private healthcare, driven by widely-held perceptions of poor quality of service in the public health system. While there are investments to strengthen the capacity and quality of services, the issue is complex and will take time to address. Many public sector health professionals also operate a private practice (dual practice) due to low wages. This creates inefficiencies with public investments in the health system partially propping up the private delivery system and creates perverse incentives that contribute to continuing the perception that private is better.

In the annual health congress, the MoH publish data on HEF use, illustrating that the uptake of HEF services by IDPoor cardholders is not high. Independent annual analysis by WHO confirms this. In addition, there are constraints such as gaps in product availability for treating malnutrition and a lack of capacity to diagnose malnutrition. Addressing these constraints is part of GIZ's technical support. A third limitation relates to the delivery chain for payment of non-medical benefits. When USAID provided technical assistance on the HEF, monitoring found it was not consistently reimbursed. Since the Government took over administration, no data has been

shared with NSPC or partners, and it is unclear to what extent IDPoor cardholders can easily and consistently access the non-medical package. Under the planned efforts to develop an integrated digital platform for social protection, beginning with the HEF, the examination and re-engineering of business processes may address this.

The SRSP Framework indirectly sets out expansion of the HEF during shocks, but more monitoring will be required. The Framework recognizes the limitations mentioned with the routine HEF and does not make any direct recommendations for HEF to be a central instrument for shock response. However, it acknowledges that, given the expansion of cash assistance to newly vulnerable households based on OD-IDPoor is a central pillar of the Framework, then this de facto automatically expands access to HEF. The Framework highlights the need for enhanced monitoring and oversight of the HEF against performance indicators to understand demand in normal times and post-shock to judge the HEF's efficacy as an SRSP instrument and to ensure the capacities of health facilities are not overburdened.

4.4 Vocational training

There has been little progress in implementing this component of the NSPPF's social assistance pillar; however, there could be potential for TVET activities to contribute to greater FSN or household resilience if well designed. The NSPPF sets out vocational training as the fourth instrument under the social assistance pillar, highlighting such training as a factor for the future development of the labour market and a means to access more productive, secure and better-remunerated livelihoods. It outlines various skill training programmes of the Ministry of Labour and Vocational Training (MoLVT) and some identified challenges, such as the need to match training with the demands of the labour market better; however, beyond this, there is no clear strategy or approach. Consultations for this scoping study highlighted no further actions by the NSPC to move this forward. Also other key informants (for this study) considered that the vocational training 'sector' required an overhaul to support the economy's transformation towards more diversification and away from agriculture effectively. The primary intervention highlighted in the NSPPF with direct links to social protection has been UNDP's ongoing pilot 'graduation model' in two provinces. This intervention provides a monthly cash transfer, additional 'lump sum' cash and livelihood assets, technical assistance and life skill training to enhance income generation potential and resilience of households. The aim is for the results to influence national policy on social protection and 'graduation'.

4.5 Experience with shock-responsive social protection programmes

The Royal Government of Cambodia successfully designed and implemented a large-scale cash-based social protection response to Covid-19, which can generate extensive learning to guide future implementation of SRSP. (Annex E gives an overview of the cash-based Covid programme features.) The Government led a whole-of-government response to the pandemic, with a national action plan encompassing four objectives: to reduce and delay transmission; minimize serious disease and associated deaths; ensure ongoing essential health services; and minimize the social and economic impact. Under the latter objective, the Government implemented several support measures (listed in Annex F), two of these (income support for laid-off workers in the formal sector and emergency cash assistance targeting poor and vulnerable households) through the social protection system. The CT-COVID was the flagship support. It was a new, temporary social assistance programme implemented by MoSVY, using and adapting the existing systems and processes for cash-based social assistance developed for the CT-PWYC. Originally intended to run for six months from June 2020, the programme is continuing into 2022 as poor households and those in the informal sector continue to face difficulties securing sufficient income to meet basic needs.

The Government is receptive to learning from the CT-COVID, which is building the case for SRSP and highlighting aspects of design and implementation to strengthen. The experiences from implementing the programme firmly demonstrated that the country's social protection system, even though still in the early years of growth and expansion, does offer great potential to meet the needs of those affected by shocks. Learning is also highlighting areas for improvement and strengthening of these systems in the future and can inform the direction of SRSP system development. There have been several initiatives to capture results and learning from CT-COVID (some still ongoing), including data from regular, high-frequency phone surveys with beneficiaries, other reports (UNICEF et al. 2021, World Bank 2021), and the ongoing, UNDP-supported impact evaluation. The learning and recommendations from these initiatives (see Box 4) will inform future dialogue. The NSPC and others in the Government, including the MEF, are demonstrably proud of these achievements. The success is helping to galvanize focus on the social protection sector and create momentum for change – as illustrated by the national 'social protection week' hosted in February 2022.

Box 4: Lessons from the CT-COVID Programme

Lessons:

1. Good attempt to tailor design to differences between households (varying transfer value according to number and composition of members). Nevertheless, the heterogeneity of IDPoor households meant vulnerable households faced constraints above and beyond the average household's experience, with deteriorating condition of the most vulnerable in 2021.
2. Delivery systems were efficient, and the programme (once designed) was speedily implemented. Roll out of OD-IDPoor helped to expand coverage, though this took time.
3. Among the small number who didn't get the transfers, the main barriers were lack of awareness and IDPoor card issues.
4. The programme reached 20 percent of the population, including some of the most in need (most were in the bottom 40 percent). However, many others that were affected were not helped. Considering the economic impact, coverage was relatively low compared to other Asian countries. Highlighted the benefits and limitations of the IDPoor system for SRSP, being unable to adequately identify the near poor and vulnerable who risk falling into poverty after a shock.
5. Highlighted the importance of good coverage of routine social protection as a foundation for SRSP.

Recommendations:

1. Improve efficiency and effectiveness of social protection programmes by examining the adequacy of benefits and better ways for targeting the 'near poor and vulnerable' that are vulnerable to income reductions.
2. Strengthen financial literacy, especially among the IDPoor.
3. Reduce the impact of future shocks on income insecurity by developing SRSP measures that allow rapid expansion of social assistance to guarantee the affordability of food and essential basic needs, as well as access to healthcare services.

The CT-COVID programme significantly impacted the economic well-being of households and highlighted the potential for SRSP to contribute to FSN if well designed. The phone surveys have highlighted the important contribution of the programme to the economic well-being of beneficiary households and in preventing deterioration in coping strategies. Data showed that food was the priority expenditure. The impact evaluation examines changes in a range of indicators, including FSN (rice consumption, household dietary diversity score (HDDS)) with positive results to beneficiaries compared to control groups, especially in rice consumption and increased consumption of animal protein and root vegetables. At the same time, the report highlights low HDDS for both groups, with some 35 percent of beneficiaries still lacking a healthy diet. It also highlights some difficulties with the adequacy of the transfer value and a deterioration in food security over time for vulnerable households facing the impact of overlapping stresses. In this context, the transfer value provided by the Government was insufficient²⁰. The World Bank (2021) also highlighted the potential for SRSP to contribute better to nutrition through healthy diets with the incorporation of nutrition messages.

With WFP's support, MoEYS successfully adapted the NHGSFP for continuity of support to the most vulnerable during Covid-19 restrictions. The implementation of the NHGSFP was significantly affected when schools were closed in March 2020 to help prevent the spread of Covid-19. WFP and MoEYS repurposed the school meals and HGSF financial resources to provide food to children from the most vulnerable (IDPoor) households. MoEYS and WFP supported more than 100,000 children from poor families, with a take-home ration of rice, canned fish, yellow split peas and vegetable oil during lockdown. Institutionalizing this 'design tweak' into the NHGSFP is a priority action in the SRSP Framework.

The flood responses of partners have also made efforts to link with and complement the Royal Government of Cambodia's SRSP efforts. Responses to the large-scale flooding in October 2020 highlighted ways humanitarian partners could leverage social protection systems to enhance the coordination of emergency assistance to affected households. Humanitarian actors operating under the Cambodia Humanitarian Response Forum (HRF) were interested to align emergency cash assistance programmes with and complement the Government's CT-COVID programme in flood-affected areas – such as by 'targeting out' households being supported by the Government, or 'topping up' the CT-

²⁰ Monitoring data for March 2021 showed an increasing number of vulnerable households having to eat less preferred foods.

COVID assistance. The experiences generated learning and consensus about the potential for data integration between these actors to support more harmonized and unified ways of working.

WFP implemented a cash response ‘at scale’ to the dual shock of COVID-19 and flooding, with a secondary objective to generate learning and evidence to inform implementation of the SRSP framework. In late 2020, WFP, with the support of the German Federal Ministry for Economic Cooperation and Development and USAID, and in consultation with the NSPC, MoSVY, MoP and the National Committee for Disaster Management (NCDM), began a pilot cash assistance programme with the objective to increase households’ access to essential needs and support recovery from these shocks. The programme was implemented in five provinces with roughly 40,000 poor households registered in IDPoor. While directly implemented by WFP, the programme aimed to align with the social protection system as much as possible and to leverage parts of the social protection system (such as the IDPoor data).

An operational research component is ongoing and aims to generate lessons on WFP programme’s performance, and to compare with experiences on the Government’s CT-COVID, to understand more about the strengths of the social protection system for supporting shock response and identify priorities for further system strengthening. While still underway, the research is generating important lessons on i) the importance of preparedness for timely response; ii) strengths and limitations of IDPoor as a registration system underpinning shock response; iii) the need for investments in outreach and measures to enhance accessibility of registration for vulnerable groups such as migrants; iv) potential of NCDM’s Platform for Real-time Impact and Situation Monitoring (PRISM) system to inform geographical targeting; and v) feasibility of exploring options for enhancing financial inclusion as part of routine social assistance.

5. Significant actors and governance arrangements

This section overviews the main national social protection actors engaging in social assistance and international partners outside WFP working on social protection. In addition, because of the relevance of DRM actors in the implementation of SRSP, this section also includes a brief overview of the National Committee for Disaster Management (NCDM).

The significant actors in social protection schemes and systems are the National Social Protection Council (NSPC), the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Ministry of Education, Youth and Sport (MoEYS). Other actors also contribute to social protection; for example, the Council for Agricultural and Rural Development (CARD) leads for government on FSN and linking to social protection.

The NSPC is the primary coordination structure, bringing together line ministries working on elements of the social protection system or schemes. The NSPC’s primary objective is to ensure the effective implementation of NSPPF priorities. Based on the new post-Covid-19 economic recovery plan, urgent priorities include: developing the NHGSF programme; rollout of the Family Package (and exit from the CT-COVID); transitioning IDPoor towards a social registry; and SRSP. The NSPC

operates through a secretariat in the Ministry of Economic and Finance (MEF). Secretariat responsibilities include: coordinating policy development; managing and coordinating social protection programme planning and implementation; leading engagement with development partners on planning; implementation of social protection through the social protection DP coordination mechanism; facilitating budget discussions; and monitoring and evaluating programme implementation.

MoSVY is assuming responsibility for social assistance provision within the Government, beginning with the cash-based social assistance. This began with the design and rollout of the CT-PWYC and continues with the integration of other cash programmes under the Family Package. Responsibilities include: strengthening social assistance delivery systems; developing standard operating procedures and related technical design documents; managing implementation in coordination with relevant ministries and partners; and participating in monitoring and evaluation of programmes. MoSVY chairs the social assistance sub-committee of the NSPC. Implementation priorities include: delivery of the Family Package; enhancing SRSP through new programmes; and preparedness planning for expansion of the existing

scheme. Strategic priorities include: revising and improving CT-PWYC based on evaluation findings and local engagement; moving targeting approaches (including IDPoor) beyond poverty criteria; and enhancing nutrition sensitivity of CT-PWYC.

The role of the MoEYS is transitioning. It is responsible for NHGSFP implementation and transition strategy and continued support to the Family Package (implemented by MoSVY), given MoEYS's previous delivery of the scholarship cash transfer. MoEYS chairs the National HGSP Committee.

The Ministry of Planning (MoP) is the custodian of the IDPoor registry responsible for its rollout and leading IDPoor reforms, such as revising the questionnaire and scoring and transitioning IDPoor to become a social registry. Various agencies contribute to capacity strengthening for social protection, including the Ministry of Interior (MoI), CARD and MoSVY.

Other actors provide linkages to other sectors. The Ministry of Health (MoH) is responsible for social protection related to health programmes and systems. It manages the HEF, shares responsibility for CT-PWYC and plays a significant role in SBCC related to nutrition.

The Council for Agriculture and Rural Development (CARD) was the original home of social protection and remains the inter-ministerial body responsible for coordinating FSN in national policy and programming. Functions include: promoting a coordinated and convergent approach for the overlay of sector-led and multisectoral contributions to FSN; carrying out research; leading technical discussions and training; and promoting guidelines concerning nutrition standards and nutrition-sensitive programming. CARD chairs the SP-FSN technical working group, is a member of the NSPC and sits on the sub-committee for social assistance. CARD priorities include: strengthening the integration of FSN and social protection – beginning with implementation of the ISPA-FSN tool in partnership with GIZ and NSPC to identify entry points for working better together; and leading on actions to implement the community-led nutrition priority action of the NSFSN.

The National Council for Disaster Management (NCDM) is the inter-ministerial government body that facilitates and coordinates emergency response efforts and disaster management. NCDM priorities include: developing an improved flood early warning system; building capacities to manage the Platform for Real-time Impact and Situation Monitoring (PRISM) – a web-based, interactive map platform to support risk and vulnerability assessment, contingency planning and response strategy through spatial analysis of different data streams. PRISM currently incorporates various earth observation data that facilitate early warning (for drought and flood), such as river level and groundwater sensors; historical data on disaster risk and other data points indicative of vulnerability to shocks to identify vulnerability hotspots; and baseline data on population size and IDPoor. NCDM provides a good example of data sharing for SRSP/emergency CBT. The NCDM recently worked with WFP to use PRISM to guide the targeting of WFP's emergency cash transfer. PRISM is proposed as a mechanism for supporting the institutionalization of SRSP under the SRSP framework.

Beyond WFP, other international actors have significant roles in the social protection sector. (Annex G gives further information on international actors.) In summary, UNICEF is the lead development partner on cash-based social assistance and works on health, nutrition and education. It is also supporting the Family Package design and work on digital systems. GIZ predominantly provides technical assistance (TA) across broad themes, including IDPoor, FSN and gender, health and digital technologies. UNDP also provides support to IDPoor and works on graduation and complementary programming and ageing policies. FAO is focused on providing technical assistance on FSN to CARD and resilience and climate change programming. It also contributes to HGSP policies and programmes. The World Bank provides a range of TA support and is one of few agencies providing substantial grant or loan support for programmes. INGOs, including Oxfam and Save the Children, focus on the informal sector and early childhood development and nutrition, with Oxfam supporting the development of social protection communications and a digital platform. The Humanitarian Response Forum engages intermittently in emergency response in Cambodia, developing contingency plans and hosting a cash working group that aims to harmonize humanitarian approaches and complement government SRSP efforts.

6. Social protection for enhancing FSN and managing risks and shocks in Cambodia: entry points and challenges

This section builds on the information in previous sections to explore opportunities for strengthening Cambodia’s social protection system to contribute to the two priorities identified in WFP’s Social Protection Strategy – enhancing FSN and helping people better manage risks and shocks. Social protection systems comprise an overall architecture of identifiable building blocks and strengthening systems can focus on one or multiple building blocks.

This section is structured according to the building blocks presented in WFP’s Social Protection Strategy under three components – system architecture, programme features and knowledge and learning. For each component, the section summarizes gaps to address with possible opportunities for change/ progress, including analysis of enabling or constraining factors.

Figure 4: Social protection building blocks



6.1 Opportunities and challenges for enhancing social protection for managing risks and shocks

SYSTEM ARCHITECTURE

In WFP’s strategy for support to social protection, system architecture covers policy and legislation, governance, capacity and coordination, platforms and infrastructure and planning and finance. Within these areas, there are a number of entry points – summarized here and with further detail in Annex H.

There are opportunities to formalize the SRSP Framework (draft but not yet endorsed) and progress to implementation. Despite the consultations suggesting clear political interest and commitment to SRSP, especially since Covid-19, the competing priorities of NSPC have contributed to delays, and an agreement has not yet been reached with NCDM on the role of social protection and cash-based transfers in disaster response. The Framework sets policy direction, identifies actions and creates an entry point for actors to mobilize around and there is particular interest from GIZ, UNICEF, FAO and WFP. WFP is the main partner, having been the first to engage and lead the work on SRSP to date.

21 Source: <https://www.wfp.org/publications/world-food-programme-strategy-support-social-protection-2021>

Regarding platforms and MIS infrastructure, IDPoor provides an opportunity to translate the existing platform into a social registry for both routine and SRSP. However, there are still limitations to address, notably limited coverage, outdated personal information and lack of system integration to allow data sharing. Research and evaluation by various actors are highlighting the issues, and there is progress among government decision-makers to tackle the main challenges, especially to allow better coordination between government responses and those led by humanitarian actors. Addressing these challenges is also a priority for international actors. However, it will be important to ensure that any transformation of IDPoor contributes to SRSP (e.g., by setting poverty thresholds for triggering a response) and to overcome a reluctance among some actors regarding data sharing.

Effective SRSP, as with any disaster response, depends on data on the exposure and vulnerability of locations, communities, households and individuals to disasters, but integration of DRM and social protection systems and data remains limited. There is a policy framework in place to advance integration, with the commitments of the Cambodia Climate Change Strategic Plan (2014–2023) well aligned with the SRSP Framework. However, capacities within the NCDM to coordinate with other actors are still developing. Working with WFP, the PRISM process has provided proof-of-concept regarding the benefits of combining data sources to inform SRSP targeting.

In terms of capacities, learning from various social protection and emergency cash transfer programmes highlights capacity constraints among sub-national level actors. In particular, limitations that lead to access and exclusion issues and only nascent preparedness capabilities. These challenges are recognized in the SRSP Framework and Civil Society Organizations (CSOs) already engage extensively at Commune level and so are well placed to support the ‘last mile’ of SRSP. However, the operating space for CSOs and their engagement in dialogues in the social protection sector is currently far more limited than in other sectors.

KNOWLEDGE AND LEARNING

The building blocks in WFP’s strategy related to knowledge and learning cover assessment and analysis, communications and engagement, advocacy, and monitoring, evaluation and learning (MEL). Entry points are again summarized here and detailed in Annex H.

Following the lessons generated for SRSP from the Covid-19 pandemic, there are opportunities to improve knowledge and learning on SRSP. Since 2020, the Government and its partners, including WFP, have generated learning on SRSP by ‘doing’ and reflecting after

SRSP or emergency cash transfer schemes have ended. Together with efforts to increase assessment and analysis to inform design elements, such as minimum expenditure baskets (MEBs) and transfer values, these ex-post learning efforts are generating helpful information. However, there has been limited robust and substantial learning to date. The emerging evidence is an excellent entry point for discussing SRSP priorities and informing preparedness actions.

Learning from CT-COVID experiences has identified concerns that IDPoor is ill-equipped to identify those who are ‘newly vulnerable’ due to a shock. Similarly, analysis of early warning system (EWS) data to develop triggers for early response or anticipatory actions remains an area with limited capacity in Cambodia. The idea of improving capacity to diagnose and respond to new potential caseloads through IDPoor has government traction and is a priority for international actors, including the World Bank, WFP and GIZ. However, the extent of willingness to further adapt and reform IDPoor (given the extensive efforts already made) is unclear, and there has been no discussion regarding how any reforms will contribute to SRSP. Furthermore, NCDM capacities remain limited, especially regarding the inclusion of early warning and anticipatory action in their contingency planning.

PROGRAMME FEATURES

Programme features include design, registration, delivery, and accountability, assurance and protection (AAP). Entry points related to programme features are identified here and detailed in Annex H.

Recent developments within the cash-based social assistance system have enhanced its utility to deliver support in a shock. It follows that strengthening SRSP at a programme level cannot be taken forward separately from social protection itself. Once endorsed, the SRSP Framework will lay out specific entry points for leveraging cash-based social assistance programmes and specific strengthening actions required. In practice, this will require embedding discussions and planning on SRSP into the wider plans of the NSPC and MoSVY.

The SRSP Framework highlights limitations with the delivery of HGSP, which currently constrains the programme’s ability to scale up in response to shock. An immediate-term entry point is in enabling the programme to transition the modality of assistance in the event of school closures, as mentioned in a new draft sub-decree.

The existing Food Reserve has been identified as an emergency response programme but is not currently well designed to function as such. There are, for example, no guiding principles for setting benefit size or duration

nor procedures for targeting or triggering launch. The governance and coordination of the scheme limit the scope for design changes. However, strengthening the scheme is highlighted as an action in the NSPPF and other strategies. The SRSP Framework identifies to implement strengthening and, although other international actors are not providing technical assistance in this area, WFP's recognized expertise in logistics and food management may provide a useful entry point.

6.2 Opportunities and challenges for enhancing social protection to improve FSN

SYSTEM ARCHITECTURE

At a policy and legislative level, there are patchy linkages between social protection and FSN. There is only limited reference in the NSPPF to FSN, and although the NSFSN further crystallizes the entry points for how social protection can contribute through specific instruments (CT-PWYC; NHGSF; Food Reserve), the challenge is translating these high-level strategies into practice. The terrain is shifting, however, with clear high-level political commitments to addressing FSN and government actors outside CARD becoming more interested in the nutrition sensitivity of social assistance. For HGSF, there is progress in setting the timeline for moving to national ownership and a strategic road map setting out the plan for building government capacity to implement, manage and monitor. However, the respective coordination mandates between NSPC and CARD are challenging to navigate in practice, and Covid-19 has proved a competing priority for FSN within NSPC.

Decentralization is creating opportunities for more focus on sub-national actors and actions to drive FSN efforts across multiple sectors. Realizing these opportunities requires support to institutional capacity building and strengthening. While a group of actors (CARD, FIZ, FAO, UNICEF, HKI) are working to establish provincial-level working groups on FSN to coordinate activities (and these may become a future locus for FSN-sensitive social assistance) few actors are well connected sub-nationally. Furthermore, there is still limited awareness of community-led nutrition initiatives beyond the main implementers and among social protection actors. (See Annex I for more detail.)

KNOWLEDGE AND LEARNING

Social assistance programmes have the potential to enhance FSN but require greater evidence-informed design. This, in turn, requires more monitoring and evaluation, especially to support transfer value setting and more effective cash plus nutrition messaging. The response to evaluations and assessments, such as the 'fill the nutrient gap' and 'cost of diet' studies, suggests that there is openness to learning. Although competing priorities and gaps in understanding can impede progress speed, it may be possible to overlap with work on learning from SRSP, which covers similar questions – especially questions about transfer adequacy.

The NSFSN highlights the use of sensitization and SBCC to enhance nutrition in relation to priority social assistance actions and multi-sectoral and sectoral actions; however, the next steps for social assistance are not clear. The plethora of community-level SBCC initiatives could be drawn upon to develop an overarching SBCC approach for social protection. 'School as a hub' may also provide an entry point for influencing change and using SBCC. However, while CARD is responsible for SBCC coordination, multiple actors are creating a complex set of messages to deliver through SBCC and there are multiple objectives to achieve. Many international actors are engaging with SBCC processes; however, few focus specifically on messages around healthy diet/food practices.

PROGRAMME FEATURES

A significant limitation in meeting FSN needs in Cambodia's current suite of social protection programmes has been low coverage of those who are food insecure or nutritionally vulnerable. The prioritization of certain groups (poor women and children in the first 1000 days, poor people living with disabilities) is a starting point. This prioritization, however, leads to an approach where expansion is to further groups – such as children aged 2-5 – with less focus on specific FSN needs. There are opportunities to tackle this limitation, especially given the recognition following COVID of the need for adequate coverage. It is crucial to ensure that FSN concerns are criteria for future coverage increases.

Another limitation is that existing programmes targeting priority groups for nutrition (such as CT-PWYC targeting the first 1000 days) have not adequately incorporated FSN considerations into their design, leaving shortcomings in terms of transfer adequacy, limited effectiveness of nutritional support centres, and lack of community level SBCC. Other programmes do not have any FSN-sensitive

objectives or designs. However, there is government appetite to action recommendations regarding FSN from the CT-PWYC evaluation. Furthermore, the integration of social assistance into the Family Package and interest in cash-plus programmes with links to services may enable further exploration of options for more nutrition-sensitive programming over the medium term.

The national HGFS programme design is nutritionally sensitive – though arguably more from macronutrients

than micronutrients. Specific improvements could enhance this, for example, strengthening local supply chains and nutritional messaging in schools. Similarly, it is also important to strengthen the Food Reserve scheme, especially the nutritional impact of the ration. Regarding actors, overcoming coordination challenges between partners (for example, harmonization of guidelines and standards for school feeding or fortification) is necessary.

7. WFP Cambodia's role in social protection

This section builds on this study's findings to elaborate entry points for WFP to engage in and strengthen Cambodia's national social protection system. The recommendations consider the ongoing work of the Country Office, gaps and government priorities in social protection, the work of other actors and WFP's Social Protection Strategy.

7.1 WFP's strategic approach to social protection and main activities under the CSP

WFP Cambodia's Country Strategic Plan (CSP) 2019–2023 is organized under six strategic outcomes and aims to contribute to national efforts in the sectors of social protection, food security and nutrition, and emergency preparedness and response. There is no strategic 'social protection pillar'; social protection activities are dotted around under different strategic outcomes (Annex J). There is also no social protection theory of change (although, a draft ToC was produced as part of the mid-term CSP review). The largest activity by far is school feeding.

The portfolio is characterized by a gradual shift away from direct implementation towards strengthening the capacities of national actors. This shift includes in-school feeding, where WFP is supporting the Royal Government of Cambodia to transform home-grown school feeding into a nationally-owned programme. That said, WFP retains a significant implementation role in this programme. In 2020, in response to the dual impact of floods and Covid-19, WFP added the sixth strategic objective on emergency response and decided to implement this CBT directly while forging links with the Government's social protection response and documenting lessons learned to inform future SRSP efforts.

WFP has advanced its partnerships for social protection with national and international actors though there is more to be done.

Under the current CSP, WFP has consolidated its partnership with MoEYS on HGFS and NCDM on DRM and engaged extensively with GS-NSPC regarding SRSP. For the latter, no formal partnership has been established due to requests from the General Secretariat that partner engagement with NSPC is managed through the respective lead agencies for social assistance, social security and health under the new development partner coordination framework. A concept note for partnership between WFP and MoSVY has been drafted, pending discussion and formalization through a partnership agreement. WFP recently began working more closely with GIZ through the emergency CBT programme. While WFP collaborates with UNICEF in various areas such as HGFS, digital tools for cash scholarships, nutrition coordination platforms, and assessments on the social impact of Covid-19, no formal collaboration has been established on social protection. WFP and UNICEF recently prepared and submitted a joint proposal on SRSP as part of a regional ECHO project in 2022–23.

Consultations revealed consistent perceptions among WFP's staff and external actors on WFP's comparative advantages to engage in social protection as well as some limitations and challenges. WFP strengths included:

- Comparative advantage because of its work on HGFS.
- Solid operational expertise to support digital system development (PRISM, Education MIS).
- The primary partner engaging on SRSP. SRSP Framework has helped positioning.
- Analytical capacities can provide expert inputs to inform social protection programme and policy design around nutrition and SRSP (market monitoring; cost of diet; work on MEB; work on vulnerability indicators;

research with OPM). Some key informants (to this study) also noted this in relation to financial inclusion.

- Well-respected technical expertise in FSN (especially on healthy diets).
- Good relationships with the Government, including SP, FSN and DRM counterparts; able to straddle these spaces.
- Lead role in the coordination of humanitarian partners.
- Work with NCDM on PRISM and vulnerability indicators are setting foundations for SRSP.
- Links to the private sector – potential to explore links to micronutrient fortification on food-based social assistance.

Challenging or limiting factors for WFP included:

- More effort is needed on national capacity strengthening in HGSP to reduce WFP's implementation role.
- Externally, lack of clarity about WFP's 'offer' on social protection – what it could potentially support and how it differs from the work of others such as UNICEF.
- Certain areas of social protection system building where WFP has skills (e.g., cash-based social assistance programme design and delivery; assessment and analysis for IDPoor; and MIS/data integration) are already crowded. Same picture with nutritional messaging and SBCC (especially for early childhood).
- Analytical outputs are good quality but may not be being used to their full potential to inform social protection.
- More limited awareness of WFP's comparative advantages in supporting system development for cash-based social assistance (no prior role in national systems or cash-based emergency response – though this may be growing).
- Internal capacities – human resources (no SP unit) and expertise (understanding social protection as a system, how public administration works, budgeting, and how WFP's work links into this).
- Some key informants queried the rationale for WFP directly implementing the CBT and whether the focus should be on supporting the Government to implement it.
- Some limitations on the design of CBT operational research. Learning from WFP's own experiences of

using national systems is important, but without a comparative focus on the Government's own scaling up experiences and whether they faced similar, greater, or fewer challenges, this limits the forward-looking analysis of identifying priorities for national system strengthening.

- Not following through yet on nutrition sensitivity in its own programmes.

7.2 Recommended entry points for WFP's engagement in social protection

Social protection in Cambodia is an already crowded space, so WFP must find a clear niche. Beyond HGSP, the main entry point to strengthen WFP's engagement in strengthening cash-based social assistance is SRSP. WFP's broader portfolio on DRM system building, vulnerability analysis and anticipatory action can directly contribute to systems for SRSP. WFP also has strengths to bring to joint efforts to strengthen social assistance to enhance FSN, providing it coordinates with other partners. This section sets out options for how WFP Cambodia could engage in social protection at different levels under the next CSP to pursue the strategic objectives of managing risks and shocks (Table 5), and enhancing food and nutrition security (Table 6).

Other actions for consideration include:

Under financing: In future, there may be scope to engage in or provide technical assistance in disaster risk financing for SRSP. However, this is considered a medium- to longer-term action, and the initial priority is the work on the analysis and triggers for forecasting and anticipatory action.

Under programme design: WFP's future focus is the core social assistance programmes of MoSVY and NSPC. The constraints identified with the Food Reserve currently limit opportunity to engage with this in a meaningful way. While there may be entry points for WFP to improve micronutrient fortification, and this is one of WFP's comparative advantages, this is better pursued through private sector engagement and the SUN business network rather than through social protection.

Under programme delivery: While WFP's decision to implement its emergency CBT for Covid and the flood response through its own parallel systems was understandable, all future efforts should focus WFP's capacity strengthening for SRSP on preparing national delivery systems to implement directly (per the SRSP Framework).

Table 3. Entry points for managing risk and shocks through social protection

System Architecture	Policy and legislation	Governance, capacity and coordination
	<ul style="list-style-type: none"> • Deploy the SRSP Framework, once endorsed, as a strategic foundation to then underpin the provision of technical support for developing a joint action plan for operationalization. • Provide technical assistance to develop standard operating procedures for adapting/leveraging the Family Package and underlying systems for SRSP. • Support formulation of the new NSPPF in 2024–25 to ensure SRSP is adequately included and in line with the Framework. 	<ul style="list-style-type: none"> • Upon SRSP Framework endorsement, convene high-level meetings to develop joint workplan aligned with sub-decree. • Support capacity building to proposed GS-SRSP Sub-Committee/secretariat to implement the SRSP Framework. • Development partners coordination group identify most logical structure for coordination of SRSP. WFP to lead this group in close coordination with other leads. • Scale up capacity strengthening for government DRM and social protection actors for contingency planning, EWS data analysis and anticipatory action. • Lead work with partners to harmonize the organizational approach to cash-transfer programming in disasters.
	Platforms and infrastructure	Planning and finance
	<ul style="list-style-type: none"> • Support data integration between the social protection and DRM systems through Platform for Real-time Impact and Situation Monitoring (PRISM). • Advocate for and support any system integration and protocol establishment required to enable access to IDPoor data for partners working on disaster response. 	<ul style="list-style-type: none"> • Engage with NSPC and others leading on conceptualizing the Social Assistance Fund to encourage contingency/risk financing for SRSP as part of the design. These upstream conversations and actions are needed to broaden the scope for more downstream engagement in SRSP.
Knowledge and Learning	Assessments and analysis	Advocacy
	<ul style="list-style-type: none"> • Examine evidence from existing sources (e.g., market monitoring, SEIA trends data, CT-COVID evaluation, CBT research) to build arguments for transfer value changes and strengthen operational processes for SRSP. • With partners, continue and scale up efforts to analyse vulnerability to climate shocks and support the Government to develop early warning indicators and define thresholds and triggers. 	
	Engagement and communications	Monitoring, evaluation and learning
	<ul style="list-style-type: none"> • Support piloting of SRSP through the Government with design and execution of communications strategy to build community understanding of the programme, exit, and clarify that this is not a permanent government-funded scheme. 	<ul style="list-style-type: none"> • Invest in robust monitoring and evaluation of any future pilot SRSP programme for climatic shocks through government systems.

Programme Features	Design of programme features	Registration and enrolment
	<ul style="list-style-type: none"> Per the SRSP Framework priority actions, lead discussions on defining transfer design (targeting design, transfer values, frequency) for future SRSP, considering evidence and analysis, including the MEB. 	<ul style="list-style-type: none"> With UNICEF and MoSVY, use learning from CT-COVID and CBT research to define i) priorities for strengthening routine social assistance processes (as foundation for SRSP) and ii) any additional preparedness measures to ensure processes can be used effectively and expanded at times of shock. Provide technical assistance to MoSVY and NSPC to implement a pilot SRSP programme through national systems in response to the next large-scale flood.
	Benefit delivery	Accountability, protection and assurance
	<p>(All actions above on registration/enrolment apply here for payment processes).</p> <p>(The actions under FSN to enhance financial inclusion of the routine delivery systems will also underpin effective SRSP.)</p>	

Table 4. Entry points for ensuring food and nutrition security through social protection

System Architecture	Policy and legislation	Governance, capacity and coordination
	<ul style="list-style-type: none"> Establish concrete implementation strategies to realize NSFSN objectives in social assistance. Using GIZ's Inter-agency Social Protection Assessments (ISPA) review between NSPC-CARD as the entry point, advise on concrete entry points for enhancing FSN on cash-based social assistance and school feeding (sensitization/SBCC; school as a hub; transfer adequacy). Share analysis and evidence (see 6.2.3) to support this. Push for greater consideration of FSN in the next NSPPF. 	<ul style="list-style-type: none"> Coordinate with other nutrition partners (UNICEF suggestion of the UN Nut group) to examine entry points to address stunting and wasting through social assistance and develop complementary roles. Support GIZ's initiative to enhance FSN coordination in social protection by offering technical assistance to NSPC/MoSVY to help them fulfil their responsibilities. Scale up transition of HGSP to Government ownership. Support rollout of SBCC strategy. (WFP could support specific aspects relating to healthy diet across all social assistance, focus on school-aged children and 'school as a hub' or limit the focus to HGSP.) Consider regional HGSP technical cooperation in ASEAN.
	Platforms and infrastructure	Planning and finance
	<ul style="list-style-type: none"> Depending on specific system design for the Family Package, support MoEYS on secondary scholarship MIS. Engage in the digital SP initiative with GS-NSPC / GIZ 	<ul style="list-style-type: none"> Using evidence (see 6.2.3), and work jointly with other partners, to present return on investment for changes or investments to social assistance for enhancing FSN (coverage, adequacy, sensitisation, and SBCC).

Knowledge and Learning	Assessments and analysis	Advocacy
	<ul style="list-style-type: none"> Update Cost of Diet study and examine evidence from existing sources (e.g., SEIA trends data, CT-PWYC evaluation, MEB) to build rationale for enhancing transfer adequacy on CT-PWYC (and other schemes). With partners, examine evidence from CT-PWYC and international evidence from MCCT to build arguments for making CT-PWYC nutrition sensitive. Analyse learning from WFP's financial inclusion study and CBT research; utilise messages for enhancing Family Package financial inclusion and how WFP could support. 	<ul style="list-style-type: none"> Synthesize the evidence sources (see above) into a policy brief on the importance of and entry points for nutrition-sensitive social protection, developed jointly with others for maximum impact. Develop and implement a joint and targeted advocacy strategy on enhancing the nutrition sensitivity of social assistance.
	Engagement and communications	Monitoring, evaluation and learning
	<ul style="list-style-type: none"> With UNICEF, plans for school-based FSN Social Behaviour Change Communication (SBCC); examine entry points for using the scholarship as rollout vehicle. Subject to government buy-in on need for nutrition sensitization/SBCC on the CT-PWYC, discuss with UNICEF whether there is a role for WFP in its design for implementation (around healthy diets). 	
Programme Features	Design of programme features	Registration and enrolment
	<ul style="list-style-type: none"> (With UNICEF, GIZ, Save the Children), use evidence and analysis, including Minimum Expenditure Basket (MEB), to review nutrition sensitivity (transfer adequacy, timeliness, comprehensiveness, coverage) on the Family Package with MoSVY and NSPC. 	
	Benefit delivery	Accountability, protection and assurance
	<ul style="list-style-type: none"> Work with UNICEF to enhance financial inclusion on the Family Package, share evidence from Cost of Diet study; develop joint proposed action plan. Discuss with UNICEF and MoSVY whether WFP could add value to the design of social assistance delivery systems for people living with disability. 	<ul style="list-style-type: none"> Engage with UNICEF and MoSVY and use learning from the CT-PWYC evaluation and WFP's CBT research to discuss entry points for enhancing CFM on the Family Package. Explore WFP added value and idea of a single common CFM for all social assistance.

KEY PARTNERSHIPS FOR RESULTS

The following new partnerships to support actions under each entry points could be prioritized by WFP and ideally formalized through MOUs as follows:

UNICEF: As the main partner leading on programmatic technical assistance to the Family Package (design and operations), UNICEF is a key partner for WFP under both pillars of programmes in the NSPPF (social security and social assistance). Although WFP is the lead partner on SRSP, implementation is through the systems and processes of routine social assistance. WFP should collaborate with UNICEF to jointly examine gaps, and priorities and where WFP could add value based on comparative advantages. If funded, the new joint proposal to ECHO will provide a strong entry point. UNICEF is also leading the social assistance pillar within the new development partners coordination group, under which sub-leads will be established for specific workstreams (such as SRSP).

GIZ: Again, this partnership could span both pillars. GIZ is keen to engage more on enhancing SRSP and will take the SRSP Framework as their starting point. GIZ could be a strategic partner for joint messaging and influence and technical engagement, as well as a source of funds.

MoSVY: As the lead on cash-based social assistance, MoSVY is an important government strategic partner. The draft MOU could be reviewed with MoSVY considering the suggestions in section 6.2.

NSPC: A key strategic partner, although bilateral MOU may not be possible. Another approach could be for WFP to present a clear offer on how it will support NSPC, through the development partners group for endorsement.

Save the Children: Holds a key position as deputy in the development partners' social assistance committee. Save the Children is also a significant partner on FS, given their track record and organizational commitment to enhancing nutrition, and also in the SP-humanitarian nexus and shock response, given their engagement in the HRF and on the MEB analysis.

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Annex A: Methodology

The scoping study followed a qualitative methodology comprising a desk review of available secondary data and in-depth consultations with key stakeholders. The lead consultant also led the NSPC-WFP assignment between mid-2020–mid-2021 to develop an SRSP Framework for Cambodia. This assignment included an extensive literature review on the social protection and DRM systems together with broad stakeholder consultations across government and partners in the social protection and DRM spheres. This approach informs this scoping study with a solid and up-to-date knowledge foundation. The data collection strategy focused on filling gaps (primarily relating to the FSN policy and programme landscape, linkages between FSN and social protection and further developments on SRSP since mid-2021).

Secondary data was compiled from three main sources:

- i. documentation on social protection and DRM systems already available to the consultant from the 2020–2021 assignment to develop the SRSP Framework;
- ii. documentation shared by WFP RBB and Cambodia CO – specific to WFP policy, strategy and programmes, national policy documents and broader country-specific literature; and
- iii. documentation shared by key informants on existing programmes, evidence and learning.

Consultations were carried out between January and March 2022, involving 17 qualitative semi-structured interviews conducted remotely with 26 key informants based in Cambodia and Bangkok. These included government representatives, WFP and development partners working on social protection.

Table of key informants			
No.	Institution	Position	Name
1	NSPC	Deputy Secretary General of GS-NSPC	Mme Chhat Lengchanchhaya
		Officer – Social Assistance Department	Mr Khov Vatanak
2	MoSVY	Secretary of State	HE Samheng Boros
3	CARD	Secretary General	HE Sok Silo
4	WFP RBB	Social Protection and Cash-Based Transfers Adviser	Daniel Longhurst
		Programme Policy Officer, CBT and Social Protection	Sara Pavanello
5	WFP Cambodia	Country Director and Representative	Ms Claire Conan
6	WFP Cambodia	Programme Policy Officer and SO Manager (school feeding, CBT)	Ms Emma Conlan
7	WFP Cambodia	Programme Policy Officer and SO Manager (Nutrition, EPR/DRR, Social Protection)	Mr Kurt Burja
		Programme Policy Officer, SRSP	Mr Sovannarith Hang
8	WFP Cambodia	Programme Policy Officer, head of RAM	Mr Benjamin Scholz
9	WFP Cambodia	Programme Policy Officer, nutrition	Ms Camilla Pederson
		fellow, nutrition	Ms. Bailey Adams
10	WFP Cambodia	Programme Policy Officer, CBT	Mr Federico Barreras
11	UNICEF	Chief, Social Policy	Ms Erna Ribar
12	UNDP	Country Economist	Dr Ivan Gonzalez de Alba

13	FAO	Senior Policy Officer	Dr Ilean Russell
		Policy Officer	Rebekah Bell
		Planning, Monitoring, and Reporting Specialist	D Proyuth Ly
14	DCA	Country Director (and CWG Co-Chair)	Ms Kristen Rasmussen
15	Save the Children	Director of Strategy, Program Development and Impact	Ms Gloria Donate
16	GIZ	Multi-sectoral Food and Nutrition Security Project in Cambodia (MUFESO) project coordinator	Mr Selmi Farid
		Social Protection and Health Project Coordinator	Mr Kelvin Hui
17	Oxfam	Regional Policy Coordinator for Social Protection	Ms Mariana Anton
		Project Lead, Social Protection	Ms Clara Donadello

Developing lines of enquiry for the consultations and the analytical process was informed by the research questions set out in the Terms of Reference and further contextualized by inception consultations with WFP staff in RBB and Cambodia CO plus review of WFP Cambodia's CSP 2019–2023, WFP Social Protection Strategy and WFP's new global Strategic Plan.

At the end of March 2022, a virtual workshop was held with members of the Cambodia CO to review the draft findings and jointly discuss entry points and recommendations to inform the final report.

The WFP Social Protection Strategy for Support to Social Protection and its strategic framework (see Figure 5.1) provided this study's overall guiding framework and informed the structure of the findings and development of recommendations.

Annex B: Priority actions for realizing SRSP from the SRSP Framework

Policy and legislation

- Update the NSPPF to reflect the evolution of SRSP thinking and ensure the priority actions for SRSP are integrated into the policy framework.
- Progress on enacting the draft Social Protection Law to provide the legal basis for SRSP.

Governance, capacities and coordination:

- Build linkages between social protection and DRM sectors and by including the NCDM in the social protection steering committee and establishing a sub-committee on SRSP.
- Through the new social protection gov-partner coordination framework (agreed end 2021), engage with partners to discuss the priority actions and identify strategic partnerships to support execution according to partner interest and comparative advantage.
- Invite HRF partners to join this coordination mechanism, ensuring humanitarian partners' expertise is brought to bear in cooperation on SRSP.
- Understand needs of and build capacity of sub-national administration involved in social assistance implementation to take on additional responsibilities implied with rolling out the SRSP options in the priority locations, bearing in mind needs of vulnerable groups.
- Assess capacity of WING agents in the identified high-risk locations where SRSP will be prioritized.
- Plan for mobilizing or surging in additional human resource capacity following a shock in the priority locations.

Platforms and infrastructure

- Develop a strategy for reforming and integrating social protection data management registries between all implicated government departments and partners that puts SRSP requirements at the centre (transforming IDPoor; establishing a poverty threshold for use during SRSP; SP data integration that meets needs for SRSP and routine programmes; enabling linkages with disaster management partners; and protocols for data protection).
- Enhance system integration between social protection registries and the Royal Government of Cambodia's platform for supporting disaster risk and vulnerability assessment, contingency planning and response strategy (PRISM) to allow spatial analysis of hazard exposure with socioeconomic vulnerability (social protection coverage and IDPoor incidence) to determine priority communes for preparing for and testing an initial rollout of SRSP.
- In the identified priority provinces, make any necessary modifications to the MIS and establish application programming interfaces (APIs) for the SRSP expansions as part of preparedness planning.

Planning and financing

- Within priority locations, develop scenarios and initial contingency plans for testing.
- Engage with WFP, NCDM and other relevant partners to develop a system of market monitoring and assessment ex-post (to confirm feasibility of cash response).
- Engage with partners to agree on the critical indicators to monitor for early warning of macroeconomic or health-related shocks requiring a social protection response and develop a mechanism to routinely monitor these.
- Use the forthcoming expenditure review and social budgeting exercise to develop firm and costed plans for future expansion of routine social protection. If possible, factor in projected SRSP requirements and likely financing needs over the next decade into this analysis.
- With NCDM and partners, advocate for earmarking a portion of the national Contingency Budget for disaster management.
- Engage with MEF and the World Bank to explore the inclusion of SRSP in the DRF strategy (which is exploring options including World Bank's Deferred Drawdown Option for Catastrophe risks (CATDDO) instrument, and regional catastrophic insurance products).
- Develop a layered financing strategy for SRSP (to include for example, repurposing part of the proposed social assistance fund; repurposing other line budgets; potential for additional taxation; potential for earmarking a percentage of the national contingency budget; options for disaster risk financing; sovereign wealth funds; and predictable financing from development partners).

Annex C: HGSP programme features

Programme features	HGSP
Objectives	<p>To provide safe and healthy nutritious meals to children.</p> <p>To promote nutrition education and learning to children in communities faced with food insecurity.</p> <p>To promote local economy and agricultural development.</p>
Target group and eligibility criteria	<p>School children vulnerable to food insecurity: children enrolled in pre-primary and primary schools in provinces with high vulnerability to FSN challenges (defined by data on food insecurity, poverty, and stunting) and low educational performance.</p> <p>Longer-term vision (according to the draft NSDP) is universal provision to children in all schools.</p>
Coverage	<p>Currently covering 53,342 children in 205 schools in six provinces: Siem Reap, Preah Vihear, Battambang, Steung Treng, Banteay Meanchey and Kampong Cham.</p> <p>WFP reaches a further 166,440 children in 682 schools in five provinces: Kampong Chhnang, Kampong Thom, Oddar Meanchey Pursat, Siem Reap.</p>
Transfer modality	Food – provided through the school meal
Transfer value, frequency, duration	<p>One meal per day for each day of the school calendar (200) – breakfast for children attending half a day and lunch for those attending a full day.</p> <p>Initial transfer value 2019–20 of KHR 720 (or USD 0.18) per child per meal for breakfast and KHR 1200 (or USD 0.30) per meal for lunch. Increased to KHR 780 (USD 0.195) for breakfast and KHR 1260 (USD 0.315) for lunch in 20–21.</p> <p>Calculated based on cost of food ration for a nutritiously balanced meal (rice; animal-source protein; fresh vegetables; vegetable oil; iodized salt).</p>
Delivery systems	<p>Cash transferred to schools for food purchases quarterly through the PDoEYS. Suppliers are contracted on an annual basis through a bidding process.</p> <p>The suppliers and relevant service providers are paid monthly by schools by bank cheque.</p> <p>Food is stored, cooked and distributed onsite.</p> <p>Cooks paid through funds raised at Commune level.</p>
Role in implementation	MoEYS, WFP, School leaders, Commune Councils, Village Chiefs, and CARD
Cash+ / complementary programming	Supporting water and sanitation infrastructure and associated behaviour change initiatives; school gardening; and health and nutrition education.
Key partners	WFP, FAO

Annex D: HEF programme features

Programme features	HEF
Objective	To provide access to health care for the poor population
Target group and eligibility criteria	Poor households: those registered as IDPoor
Coverage	Nationwide – 4 million individuals (2018)
Transfer modality	Non-contributory health insurance
Transfer value, frequency, duration	<p>Health care benefits – user fee exemption for services provided at contracted public referral hospitals and health centres.</p> <p>Transportation reimbursements paid to beneficiaries who access hospital services or delivery services at health centres.</p> <p>Daily food allowances for caretakers.</p> <p>Funeral benefit in case of death while receiving hospital treatment.</p> <p>Benefits last for the duration of eligibility for IDPoor.</p>
Delivery systems	Enrolment into HEF is automatic upon registration as an IDPoor cardholder shown at the health facilities when registering for treatment. Details of nature and cost of consultation and treatment is digitized and sent to PCA, who verifies patient eligibility (through API with MoP's IDPoor register). Then the payments to the health centres are paid by the department of budget and finance in the MoH.
Role in implementation	MoH, Payment Certification Agency, District HEF Operators
Key partners	WHO, World Bank, USAID, GIZ

Annex E: CT-COVID programme features

Programme features	Cash Transfer Program for Poor and Vulnerable Households during COVID-19 (CT-COVID)
Objective	To protect poor households from the socioeconomic impacts of the pandemic and avoid households resorting to negative coping.
Target group and eligibility criteria	Poor households and those falling into poverty because of the pandemic: all households registered as IDPoor
Coverage	Nationwide 560,000+ IDPoor households initially eligible. Coverage then scaled up incrementally by 153,000 to cover 715,000 households by May 2021. World Bank analysis showed around 95 percent of the intended beneficiaries were receiving transfers.
Transfer modality	Unconditional cash transfer
Transfer value, frequency, duration	Varying transfer value according to number and composition of members (base transfer on average USD 30/household/month plus additional increments). Government extended the cash transfer until September 2022.
Delivery systems	Uses the digital systems underpinning the CT-PWYC. Payment through WING (but based on presentation of IDPoor card, no project card was issued).
Role in implementation	NSPC, MoP, MoSVY, WING Financial Services, Commune Councils
Key partner	UNICEF, WFP, GIZ, World Bank

Annex F: Government response to COVID-19

Government fiscal intervention (percent of GDP)

Interventions	Description	2020		2021		2022
		Plan	Disbursed	Plan	Full-year Estimate	Plan
Public Health and Social Intervention						
<ul style="list-style-type: none"> • Health Masterplan • Outbreak Prevention and Treatment 	Scaling up health response by increasing prevention and detection facilities, clinical management and treatment and coordination and supporting system	0.39	0.11	0.10	2.48	1.00
Wage Subsidy and Skill Training	Providing partial wage subsidies of USD 40/ month and technical/soft skills training for furloughed workers in the tourism and garment industries	0.25	0.23	0.20	0.20	0.20
Cash for Work	Providing jobs in rural areas through construction, upgrade, and maintenance of rural roads, drainage and small-scale irrigation	0.39	0.36	0.54	0.54	0.33
Cash Transfer	Providing monthly cash grants to poor and vulnerable individuals registered in the Government's IDPoor database	1.16	1.12	0.67	1.12	0.94
Food Support During Lockdown	Providing food support to local people during the lockdown period	-	-	-	0.03	-
Economic Intervention						
Financing through ARDB	Providing low-interest loans for working capital and investment in the agricultural sector through capital injections to Agricultural and Rural Development Bank	0.19	0.18	-	-	-
Co-financing through SME Bank	Co-financing with commercial banks by providing low-interest loans for working capital and investment in six targeted SME sectors through newly-established SME bank	0.19	0.18	-	-	-
Credit Guarantee Fund	Providing capital to establish the Credit Guarantee Corporation of Cambodia which helps bear risk-sharing with businesses	0.77	0.73	-	-	-
SME Financing Facility	Reserving contingent funds to provide any necessary financing to SME sector	1.16	0.11	0.90	0.50	-
Cash Transfer	Providing monthly cash grants to poor and vulnerable individuals registered in the government's IDPoor database			-	-	0.84
Food Support During Lockdown	Providing food support to local people during lockdown period			-	-	0.08
Total Intervention Package		4.50	3.02	2.41	4.87	3.39

Source: Cambodia Authorities cited in World Bank (2021)

Annex G: Key international actors in social protection

DEVELOPMENT PARTNERS	
Organization	Role and activities
GIZ	<p>GIZ's agenda is extensive and focuses on technical support for system strengthening and general overall support according to national priorities.</p> <p>A dedicated project (to mid-2022) provided extensive technical assistance (secondment to MoP) on strengthening and reform of IDPoor (some level of support will continue through the SP-health project).</p> <p>Leading Multi-Sectoral Food and Nutrition Security Project in Cambodia (MUFESO until 2026 – CARD and MoH are the main government partners along with nutrition NGOs – objective to enhance FSN of women of reproductive age and children under 2. Strengthening informal structures, financial inclusion and economic empowerment, nutrition counselling in the 1000 days through community-level SBCC and integration of nutrition in the health sector. Working with CARD to enhance monitoring and evaluation of FSN through establishing data collection capacity and systems at Commune level (socioeconomic information and nutritional status). Building capacity of health centres to advise on nutrition and supporting MoH to improve national policies and guidelines. Developing an App with MoH for growth monitoring for village extension services and health centres.</p> <p>Programme with NSPC on strengthening SP and health systems. The social protection component focuses on policy advice to strengthen the strategic framework of the social protection system, including in social health protection and universal health coverage; digital transformation and system integration; and shock responsiveness and inclusiveness. It includes the work with Oxfam (see below) on the public communications system; supporting the digital integration of social protection information systems; supporting the evolution of IDPoor towards a social registry; and creating the social assistance agency under MoSVY.</p> <p>New plan to implement the ISPA-FSN tool with CARD and NSPC to enhance coordination for integration of FSN-SP; will delineate priorities for CARD and NSPC.</p> <p>With MoSVY providing general support – training and technical assistance, budget support.</p> <p>Interested to further support progress on SRSP through implementation of the framework.</p>
UNICEF	<p>The lead development partner engaging on cash-based social assistance. Also, a lead partner on health and nutrition in early childhood and on education.</p> <p>Led the design of the CT-PWYC and provided technical assistance to support development of the programme's operational systems and processes (including the digital MIS). Recently assumed responsibility for technical assistance on the Scholarship (previously WFP).</p> <p>Currently supporting the design of the Family Package to consolidate cash-based social assistance. Future priorities include: enhancing the CT-PWYC based on the evaluation findings and further efforts to enhance the programme's nutrition outcomes (engagement of health and nutrition teams); step-by-step execution of the Family Package, including support to public financial management and enhancing shock responsiveness of these schemes. Planning a study on 'cash plus' (linking the cash assistance and other complementary services including nutrition services). Hired company to do payment service assessment for the Family Package to broaden beyond WING and as entry point for financial inclusion.</p> <p>Led the development partners working group on social protection. Under the new proposed government-partners coordination structure, would be responsible for leading the partners' social assistance sub-working group. Member of the UN nutrition group.</p>
ILO	<p>The lead development partner engaging on social security, primarily engaging with NSSF and NSPC.</p> <p>Has been providing technical assistance to policy regulatory framework and programme design to support the broadening of social security coverage in line with the NSPPF (private sector pension; discussion on expanding NSSF benefits to the informal sector); and enhancing tripartite social dialogue in the design and implementation of social security schemes.</p> <p>Under the new proposed government-partners' coordination structure, would be responsible for leading the partners' social security sub-working group.</p>

UNDP	<p>In social protection, has been providing technical assistance on the IDPoor reforms and supported the (ongoing) impact evaluation of the CT-COVID.</p> <p>Main area of future work is continued implementation and research on effectiveness of the pilot graduation programme (2000 households in two provinces). Mid-term report 2022. Ambition to inform future social protection policy on complementary programmes and exit/graduation.</p> <p>Working on an ageing policy and advising NSPC on design of proposed non-contributory pension.</p> <p>Leading work with MoP on the national multidimensional vulnerability index.</p>
FAO	<p>Lead UN agency providing technical assistance to CARD and keen to focus on linkages between SP-FSN.</p> <p>Has engaged with NSPC to provide advice and advocacy FSN matters when requested (CT-COVID design). More recently, MOSVY has expressed interest to get FSN issues more firmly into social protection discussions.</p> <p>Supports implementation of NHGSF (supply chain and suppliers). Recent HQ grant to work on enhancing the FSN guidelines and standards for the national school feeding programme.</p> <p>A future priority is supporting the community-led nutrition multisector action under the NSFSN (more minor partner than Hellen Keller International and GIZ). Contributed to design of provincial working groups on FSN and will work on capacity building and mobilization of youth at provincial level.</p> <p>Interested in supporting social protection for resilience building/climate change adaptation, including through integration of 'cash plus'. Small-scale project in two provinces focusing on technical and vocational training to improve productivity or access other more productive livelihoods.</p>
Oxfam	<p>Main priority is expanding social protection to the informal sector, especially in agriculture and with a gender focus. Supporting expansion of social security for workers in the food value chain (new regional programme).</p> <p>Have worked on developing a national SP broadcasting mechanism with NSPC (GIZ funding) to address fragmentation of information dissemination. Idea is that all government stakeholders disseminating information on social protection programmes use this mechanism to reduce duplication and confusion and enhance outreach. Mechanism brings together Oxfam and six CSOs through a digital platform to improve messaging outreach. Beginning with the HEF and CT-PWYC – to address gaps in awareness of these schemes and how to access. In future will be the communication channel if there's an emergency social protection programme. Will transition to NSPC management shortly.</p>
Save the Children	<p>Under current three-year strategy, looking to embed nutrition more holistically across its portfolio.</p> <p>Primarily focused on early childhood development (feeding and care practices; parental leave; and developing materials on SBCC that include nutrition.).</p> <p>Another strategic objective is to support gender and child-sensitive SRSP.</p> <p>Ambition to support a move towards universal child benefits in the medium term.</p> <p>Working with WFP and MoSVY to define a more holistic MEB and transfer value for testing and validation by communities, identifying whether it is the minimum to cope with a shock.</p> <p>Would like to see more engagement in SP by CSOs especially in social accountability. Will be cochairing the social assistance sub-working group of the proposed development partners coordination group.</p>
World Bank	<p>Funding the Flood Monitoring and Impact Assessment System (SEADRIF) programme aiming to establish platform providing rapid, reliable early warning information based on improved forecasting technology. Providing technical assistance to MEF to develop disaster risk financing strategy.</p> <p>Provided technical assistance to the reform of IDPoor and extensive support to monitoring the socioeconomic impact of the pandemic and the CT-COVID.</p> <p>Providing loan agreement to the Government – not social protection specific but includes support to social protection system and conditions for support to enhanced financial inclusion.</p> <p>Funding the Cambodia Nutrition Project, which is working on SBCC, including at community level (through community health workers), expanding to seven provinces.</p>
Humanitarian Response Forum (HRF)	<p>Group composed of primarily UN agencies and international NGOs engaging intermittently on emergency response in Cambodia, chaired by WFP and DCA.</p> <p>Develops annual contingency plan for disasters to complement government efforts. Recent disasters (flooding, COVID-19) have seen members of the group engage on cash transfer programming.</p> <p>Recently established a cash working group to enhance harmonization of approaches. Interest in coordinating with and complementing government SRSP efforts.</p> <p>Pending a forthcoming OCHA review, possibility that the group may move under the Resident Coordinator and be more formalized as a 'cluster'.</p>

Annex H: Opportunities and challenges for enhancing social protection for managing risks and shocks

State of play and gaps and constraints	Opportunities for progress – entry points/enablers	Limitations/constraints	Other considerations for WFP
System architecture (policy/legislation; governance/capacity/coordination; platforms/ infrastructure; planning & finance)			
<p>The SRSP Framework is drafted but not yet endorsed.</p>	<p>Clear political interest in SRSP, growing since COVID-19. All consultations suggest that the NSPC is committed to SRSP.</p> <p>Upon endorsement, the SRSP Framework sets a clear policy direction and actions around which actors can mobilize to develop action plans. Some attempts (MoSVY) to move ahead with Framework elements in the interim.</p> <p>Interest from partners (GIZ, UNICEF, FAO) to support.</p>	<p>Competing priorities of the NSPC have contributed to delays.</p> <p>Delay could also be partly due to issues between NCDM and NSPC in agreeing on the role of social protection in DRM and their respective roles and responsibilities. (NCDM contingency not currently flagging role for cash in disaster response, or for the NCDM in supporting a social protection shock response.)</p>	<p>WFP is the main partner, being the first to engage and is leading the work on the SRSP Framework to date. GIZ is also well placed to engage further.</p>
<p>The rollout of OD-IDPoor is improving the dynamism of IDPoor as a registry for routine social protection and SRSP, but there are still limitations to address: limited coverage (only those under the poverty threshold); outdated personal information (migrants); lack of system integration (for data sharing with partners).</p>	<p>CT-COVID, evaluation of CT-PWYC and WFP's research are generating consistent evidence.</p> <p>The SRSP Framework, if endorsed, also identifies these issues, and prioritizes specific actions to address them.</p> <p>Traction among key decision makers in the Government (MoP, NSPC, MoSVY) to address some issues (move towards a social registry).</p> <p>Also, a priority for partners (World Bank, GIZ).</p> <p>The Government keen to enhance coordination between own responses and those led by (HRF) partners; SRSP Framework sets out entry points for this.</p>	<p>Unclear when MoP will action changes. Need to generate evidence on performance.</p> <p>No discussion yet on HOW these reforms will contribute to SRSP (e.g. setting poverty thresholds for triggering response; frequency of updating personal data; and incentive structures).</p> <p>MoP still reluctant to share IDPoor data directly with partners.</p>	<p>Other partners are already playing a lead role in IDPoor reform – would need to engage through these partners on discussions of SRSP.</p> <p>Formalizing mechanisms for IDPoor data sharing requires high level government-partner and inter-governmental advocacy.</p> <p>HRF may transition to something more formal under the Resident Coordinator.</p>
<p>Effective SRSP, as any disaster response, must be informed by data on disaster vulnerability. There is still limited integration of DRM and social protection systems and data.</p>	<p>Commitments of the Cambodia Climate Change Strategic Plan (2014–2023) to strengthen early warning systems and forecasting models with linkages to emergency preparedness strategies are in line with actions outlined in the SRSP Framework.</p> <p>A key entry point is the establishment of PRISM in the NCDM. Proof of concept of using PRISM to combine data sources and inform targeting of SRSP during WFP's cash programme.</p>	<p>NCDM capacities in leading DRM, while improving, remain limited.</p>	<p>WFP is a key partner –the primary partner engaging with NCDM on capacity building and the partner spanning SP-DRM space.</p>

<p>Learning from the CT-PWYC, the rollout of OD-IDPoor on the CT-COVID, and WFP's CBT all highlight i) some capacity constraints among sub-national actors (contributing to access and exclusion challenges); and ii) the importance of enhancing preparedness.</p>	<p>The SRSP Framework, if endorsed, identifies issues, and sets out specific actions to address.</p> <p>CSOs engage extensively at Commune level and are well placed to support on the 'last mile' of SRSP (communication, outreach, and registration) and sub-national capacity building. This is their comparative advantage.</p> <p>MoSVY interested to take preparedness steps and undertake contingency planning.</p>	<p>Space for CSOs in social protection is currently more restricted than in other sectors (they have funding struggles and are afforded limited space in government-partner dialogues); however, Save the Children's co-lead of the social assistance partner working group could improve this.</p>	<p>The Royal Government of Cambodia and its partners must work to strengthen administrative capacities on the routine social protection system as a foundation for SRSP, and consider what additional preparedness actions are needed to roll out additional support ex-post effectively.</p>
<p>Programme (design; registration; delivery; AAP/protection)</p>			
<p>Recent developments within the cash-based social assistance system have enhanced its utility for SRSP. Gaps to address include: improving coverage of those most vulnerable to shock but currently excluded from social protection; setting effective transfer designs; moving beyond strict poverty targeting to consider the inclusion of the near poor or specific vulnerabilities; filling gaps in communication; and enhancing accessibility of registration.</p>	<p>The SRSP Framework, once endorsed, sets out specific entry points for how to leverage cash-based social assistance programmes and underlying delivery systems and actions to strengthen these.</p> <p>Learning and evidence generated from the CT-COVID, evaluation of CT-PWYC and WFP's research provides further information to inform these actions.</p>		<p>Strengthening SRSP at the programme level cannot be taken forward on its own. Success requires strengthening the design and delivery of routine social assistance programmes (e.g., broadening coverage, enhancing outreach, enhancing GRM) and integrating SRSP-specific features into these.</p> <p>Requires integration of discussions and planning on SRSP into wider plans of NSPC/MoSVY.</p> <p>UNICEF is lead partner engaging on TA for cash-based social assistance to the Family Package.</p>
<p>SRSP Framework highlights various limitations with the delivery of HGSP which currently constrains the programme's ability to scale up in response to shock.</p>	<p>Main entry point for SRSP in the immediate term is in enabling the programme to transition the modality of assistance in the event of school closures. This is mentioned in the new draft sub-decree.</p>		
<p>The Food Reserve is identified as an emergency response programme but is not currently well designed to function as such (no guiding principles for setting benefit size/duration or procedures for triggering launch or for targeting).</p>	<p>Strengthening this scheme is highlighted as an action in the NSPPF and various FSN strategies.</p> <p>If endorsed, the SRSP Framework sets out some actions for generating further evidence on scheme design and performance, which could help to influence reforms.</p>	<p>Challenges in governance and coordination of Food Reserve (limited oversight; no publicly available guiding framework; perceived as a tool to consolidate political support rather than for humanitarian needs) limit scope for making changes to design.</p>	<p>Seem to be no other partners engaging on technical assistance here. Could suggest a lack of political will.</p>

Knowledge & learning (assessment & analysis; comms/engagement; advocacy; MEL)

<p>Since 2020, the Royal Government of Cambodia and its partners (WFP) have been 'learning by doing' on SRSP 'ex-post'. There has been some efforts for assessment and analysis to inform design (MEB and transfer value) and programmes and investment in MEL. This is generating useful information, though not yet space to reflect fully on this.</p>			
<p>The Government appears open to learning and to employing assessment, analysis and evidence in design.</p> <p>The evidence is an excellent entry point for discussions on the priorities for SRSP and to inform preparedness actions under several building blocks (e.g., design, delivery, data and information, capacities).</p>	<p>Still unclear when MoP will action the new assessment.</p> <p>Given extensive efforts made already on the assessment reforms, there is unlikely to be space for further modifications to capture additional indicators of disaster vulnerability in the short to medium term.</p> <p>No discussion yet on HOW these reforms will contribute to SRSP (e.g., use of other data besides poverty scores to inform eligibility).</p> <p>NCDM capacities in leading DRM, while improving, remain limited. Still lacking emphasis on early warning/ anticipatory action in contingency planning.</p> <p>While work on triggers is advancing, still need more government engagement and agreement.</p>	<p>CT-COVID experiences have generated learning on IDPoor issues.</p> <p>The SRSP Framework, if endorsed, also identifies these issues and specific actions to address them.</p> <p>Traction among government decision makers (MoP, NSPC, MoSVV) on reforms (changes to assessment and weighting).</p> <p>Also, a priority for partners (World Bank, GIZ).</p> <p>Key entry point is the wider work being done by partners with NCDM to analyse vulnerability and identify triggers.</p>	<p>Concerns that the IDPoor assessment, as currently designed, has limited ability to identify those who are 'newly vulnerable' due to shock.</p> <p>Analysis of EWS data and developing triggers for early response or anticipatory action is still an area of weakness in Cambodia.</p>
			<p>WFP is a key partner.</p>

Annex I: Opportunities and challenges for enhancing social protection to improve FSN

State of play and key gaps and constraints to address	Opportunity for progress – entry points/enablers	Limitations/constraints	Other considerations for WFP
<p>System architecture (policy/legislation; governance/capacity/coordination; platforms/infrastructure; planning & finance)</p> <p>The NSSPF has quite limited reference to FSN. The NSFNS further crystallizes the entry points for how social protection can contribute through specific instruments (CT-PWYC, NHGSF and the Food Reserve). The challenge is execution of these high-level strategies in practice. On CT-PWYC, limited progress towards enhancing nutrition sensitivity in practice. Arguably more progress made on HGSFP in following through on policy commitments for FSN due to strong partner engagement – main issue here remains capacities of government stakeholders to manage the programme independently. No information available on the Food Reserve.</p>	<p>Clear high-level political commitment to addressing FSN; policy documents across social protection and FSN provide consistent focus around instruments to engage with ('low hanging fruit').</p> <p>MoSVY becoming more interested in nutrition sensitivity of social assistance and is acknowledging capacity gaps (especially within CT-PWYC).</p> <p>Has been a topic of discussion at the 'SP Days'.</p> <p>Strong interest from partners (GIZ, UNICEF, FAO) to support. The planned ISPA institutional assessment with CARD-NSPC should help overcome some of the coordination constraints and identify institutional entry points for enhancing social protection's role in FSN.</p> <p>For HGSF, progress being made in setting a timeline for transition to national ownership, and strategic road map setting out a clear action plan for building government capacity to implement, manage and monitor.</p>	<p>Political will not yet matched with cross-government understanding/expertise to conceptualize the problem and identify solutions (need to go beyond the high level).</p> <p>Competing priorities of NSPC and disruption caused by Covid-19. Focus has been more on system development than FSN integration.</p> <p>Coordination issues between CARD and NSPC – not clear on respective roles and responsibilities (historical tensions).</p> <p>Possible that CARD is currently not pushing strongly on FSN in social assistance dialogue.</p> <p>Coordination issues in the design of CT-PWYC (which was co-opted by MoH to focus solely on Maternal and Neonatal Child Health objectives rather than broader nutrition and care issues) reduced the focus on nutrition in practice.</p> <p>Challenges in governance and coordination of the Seed Reserve have limited progress towards commitments.</p>	<p>As the CT-COVID exits this may be an entry point for discussion on FSN.</p> <p>Need to consider what can be done under the parameters of the current NSPPF to i) make progress on the instruments highlighted while ii) setting groundwork for influencing integration of FSN in the next NSPPF.</p> <p>Achieving progress on such multi-sectoral actions, requiring cross-government engagement, can be challenging. Important to be strategic and selective on where to invest effort and ensure all stakeholders are engaged from start.</p>
<p>Decentralization is creating opportunities to focus more on sub-national actions to drive FSN efforts across sectors; however, requires support to institutional capacity building and strengthening.</p>	<p>CARD/GIZ/FAO/UNICEF/HKI are working on setting up provincial-level working groups on FSN to coordinate sub-national actions. Aspiration for these as future loci for planning/execution of the multisectoral actions for FSN (including social assistance).</p>	<p>Still limited awareness of these community-led nutrition efforts outside the main implementers and within social protection actors.</p>	<p>Possible WFP is currently not as well connected sub-nationally as other stakeholders.</p>

Programme (design; registration; delivery; AAP/protection)

<p>Concerning cash-based social assistance, a limitation in meeting FSN needs has been low coverage of those who are food insecure/nutritionally vulnerable. Certain priority groups (poor women and children in first 1000 days; poor people living with disabilities; poor children) are prioritized. This is a good start but not all households fitting these criteria are currently included (partly due to budgets, partly due to programme uptake). Other key groups are also excluded (children 2–5, those who are near poor but very close to the poverty line and in need).</p>	<p>Political momentum and support for social protection stemming from Covid-19, which could contribute to broadening coverage. Evidence and learning from the Covid-19 experience on the importance of adequate coverage. Influential stakeholders, such as World Bank, also making these statements.</p> <p>The rollout of the Family Package is a government priority and supports a move towards a social protection floor. Expected that exit from the CT-COVID will see a degree of transition of some of the vulnerable to long-term support (e.g., expected to add some 65,000 new cases to the disability grant). The design also includes expansion of assistance to children aged 3–5.</p> <p>Planned changes to IDPoor to move towards a social registry opens space for future discussions on the inclusion of other vulnerable groups (i.e., not only the poor) in social assistance. MoSVY is interested to broaden coverage beyond IDPoor groups 1 and 2.</p>	<p>Any expansion needs to be mindful of fiscal space. Beyond the integration of CT-COVID cases, future expansion (including to children over 2) will not be made until the medium term (expected not before at least 2024).</p> <p>Will require concerted dialogue over the medium term to move forward any agenda towards greater universality of benefits (with GS-NSPC, MEF).</p> <p>When seeking to enhance FSN, there is a tension to bear in mind between breadth and depth of assistance.</p>	<p>UNICEF is the partner of choice on cash-based social assistance and leads the development partner social assistance sub-group.</p>
<p>The CT-PWYC targets a priority group for nutrition (first 1000 days) and has nutrition as a primary objective. However, this is not adequately followed through into the design. Issues include adequacy of the transfer, limited effectiveness of nutritional support in health centres, and lack of SBCC at community level.</p> <p>The other cash-based social assistance schemes, which reach some of those likely to be food insecure/nutritionally vulnerable, do not have an FSN objective, and designs are not nutrition sensitive (e.g. transfer adequacy; messaging).</p>	<p>Evidence and learning from evaluation of CT-PWYC can be an entry point to encourage discussion. There is an appetite in MOSVY to act on recommendations.</p> <p>Another indirect entry point can be through similar discussions (above) on adequacy, under SRSP.</p> <p>Integration of social assistance under the Family Package can enable discussions on nutrition sensitivity to expand more easily to consider all instruments (though the initial priority should remain CT-PWYC).</p> <p>UNICEF interested in taking forward nutrition sensitivity, including through ‘cash plus’ – links to services (study planned) and exploring opportunities for nutritional messaging and SBCC.</p>	<p>Stakeholders agree that any changes to transfer adequacy will not take place immediately (other priorities – exit from CT-COVID, rollout of Family Package) and will need to be planned for with careful fiscal analysis.</p> <p>Maybe still government lack of understanding/full appreciation of transfer adequacy</p>	<p>Medium-term timeframe for influencing desired change through creation and sharing of evidence/analysis.</p>

<p>Rollout of the CT-PWYC has gone well to date. Some limitations to address regarding enhancing inclusion and gender: communication gaps and inaccessible registration for some (those in remote areas and migrants); current payment mechanism does not support financial inclusion, the transformative potential of which could support enhancement of FSN; GRM requires improvement.</p>	<p>Findings/recommendations of the CT-PWYC evaluation on issues with delivery systems provide an entry point for discussion. Appetite in MoSVY to act on recommendations.</p> <p>UNICEF committed to: supporting strengthening delivery processes; leading FSN assessment to inform next steps.</p> <p>CSOs well placed to support on 'last mile delivery' and enhancing AAP, and have comparative advantage. Public broadcasting system being piloted by Oxfam could help to improve sensitization to enhance accessibility and provide a channel for future FSN sensitization.</p> <p>Learning from WFP's CBT could be helpful, to identify ways to enhance the GRM.</p>	<p>Limited space currently for CSOs in the social protection system architecture.</p>	<p>UNICEF is the partner of choice on cash-based social assistance and leads the development partner social assistance sub-group. UNICEF does see a role for WFP here (delivery systems /financial inclusion).</p>
<p>National HGSF design (targeting, benefit package) is nutritionally sensitive (though less so for micronutrients). Making certain improvements could further enhance this (e.g. strengthening local supply chains; standardization of the 'cash plus' package; nutritional messaging in schools).</p> <p>Currently only limited focus on gender empowerment for FSN.</p>	<p>Scope to act on these improvements under the NHGSF policy.</p> <p>Healthy diets and nutritional outcomes are included in the operational guidelines.</p> <p>Scope for the programme to explore opportunities for gender empowerment and FSN through i) sensitization and SBCC strategies that reach from school into the community (improving agency of caregivers); or ii) encouraging participation of female producers in the supply chain.</p>	<p>Some coordination challenges between partners (FAO moving ahead with guidelines on nutrition standards for school feeding).</p> <p>While there are entry points emerging for WFP to support micronutrient fortification in Cambodia, this is more likely through private sector engagement than through HGSF (relatively small programme; limited wider demand).</p>	<p>Changes likely to require medium-term support (transition strategy is 6 years and need to consider complexity of coordination and capacity gaps).</p>
<p>Food Reserve is not transparent and doesn't appear in line with best practice principles for design or delivery for FSN (ration size/duration; targeting).</p>	<p>Strengthening this scheme is highlighted in the NSPPF and various FSN strategies. If endorsed, the SRSP Framework sets out some actions for generating further evidence on scheme design and performance, which could help to influence reforms.</p> <p>One entry point could be around enhancing nutritional impact of the ration – WFP has prior relationship with the Green Trade Company and has previously engaged in training on blending and micronutrient fortification.</p>	<p>The issues within the system architecture (see above) currently limit scope for changing programme design. Would need strong leadership from NSPC/MEF.</p> <p>Outcomes from any efforts to enhance nutritional impact of the ration will be limited if the programme design is not reaching those who are nutritionally vulnerable.</p>	

Knowledge & learning (assessment analysis; communication/engagement; MEL; advocacy)

<p>There is potential for social assistance programmes to enhance FSN, which could be strengthened with more evidence-informed design (analysis to support setting transfer values; considering global evidence on effectiveness of cash plus nutritional messaging). It also requires monitoring results.</p>	<p>The Government appears open to learning. Learning from the CT-PWYC evaluation and studies such as ‘fill the nutrient gap’ and ‘cost of diet’ will be important entry points for discussions on enhancing the nutrition sensitivity of programmes.</p> <p>Overlap here too with the work above on SRSP – the learning from shock responses also provides an entry point for discussion on transfer adequacy.</p>	<p>Competing priorities and gaps in understanding mean progress can be slow.</p>	
<p>Sensitization and SBCC to enhance nutrition highlighted in relation to the social assistance priority action, and other multisector and sector-specific actions under the NSFSN. No SBCC plan yet exists for the social assistance pillar. A coherent SBCC approach for NSFSN is also needed to avoid confusion/duplication of effort and ensure consistent messaging. This is a gap.</p>	<p>Many initiatives currently developing SBCC communication at community level, some of which relate to nutrition (e.g., previous materials from NOURISH; SUN partners; GIZ; World Bank; USAID; Save the Children). These can be drawn on to develop overarching SBCC approach and tailor to specific thematic pillars.</p> <p>Alternatively, materials specific for use on social assistance could be developed.</p> <p>Integration of cash-based social assistance under the Family Package is helpful for simplifying the operationalization of a SBCC strategy (consistency of communication platforms, media, and Commune as hub for all registration).</p> <p>School as a hub can also be a strategic entry point for influencing change, through the HGSF programme and more broadly through the Scholarship. Some ongoing activities can be an entry point for a plan of action in this area. Can link to the national dietary guidelines for school-aged children developed by MoEYS.</p>	<p>Requires government ownership from the outset to ensure adoption and rollout. A challenge as needs inputs from multiple line ministries with a stake (e.g., for social assistance alone would need to include GS-NSPC; CARD; MoEYS; MoSVY MOH – nutrition messages must be aligned with national health standards).</p> <p>CARD has responsibility for SBCC coordination but apparently not yet taking lead.</p> <p>SBCC has been lacking from the CT-PWYC to date due to i) competing priorities; ii) impact of Covid and iii) influence of MoH on initial rollout (more oriented to health than nutrition objectives, focus on messaging at health centres rather than community engagement).</p>	<p>Many other partners are already engaging on this – albeit at the level of projects and programmes.</p> <p>Appears to be less focus to date on messaging and SBCC around healthy diet/food practices and more on care practices for infants. Scope for WFP from the side of access/ utilization and healthy diets.</p>

Annex J: Summary of CSP 2019–2023 and activities

<p>Strategic Outcome 1:</p> <p>Vulnerable communities in Cambodia have access to nutritious, safe, diverse, convenient, affordable and preferred foods by 2025.</p>	<p>Strategic Outcome 2:</p> <p>Poor and vulnerable communities in Cambodia are more resilient to shocks and stresses in the food system by 2023.</p>	<p>Strategic Outcome 3:</p> <p>National and subnational institutions have strengthened capacities to mitigate risks and lead coordinated shock preparedness and response efforts by 2025.</p>	<p>Strategic Outcome 4:</p> <p>National and subnational institutions in Cambodia have strengthened capacities to develop, coordinate and implement well-informed, effective and equitable actions for achieving food security and nutrition targets by 2030.</p>	<p>Strategic Outcome 5:</p> <p>Development and humanitarian partners in Cambodia have access to common supply chain services throughout the year.</p>	<p>Strategic Outcome 6:</p> <p>Vulnerable people affected by crisis in Cambodia have access to nutrition-sensitive food assistance during and after the crisis.</p>
<p>Activity 1:</p> <p>Provide implementation support and technical assistance to national and subnational actors engaged in social safety nets, particularly home-grown school feeding.</p>	<p>Activity 2:</p> <p>Provide implementation support and technical assistance to national and subnational public and private sector actors engaged in food production and transformation.</p>	<p>Activity 3:</p> <p>Provide technical support and backstopping to national stakeholders engaged in shock preparedness and response mechanisms and risk informed coordination.</p>	<p>Activity 4:</p> <p>Develop and integrate digital information systems and provide technical assistance in their use to government officials and their counterparts.</p> <p>Activity 5: Provide technical, coordination and organizational assistance to the Government and food security, nutrition and social protection actors at the national and subnational levels.</p>	<p>Activity 6:</p> <p>Provide on-demand supply chain services to other UN agencies and humanitarian actors.</p>	<p>Activity 7:</p> <p>Provide nutrition-sensitive food-/cash-based assistance to crisis-affected populations to save lives and recover livelihoods.</p>

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