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Table of Contents

Welcome - Note from the Director........................................................................................................... 7
About the Center for Excellence in Disaster Management & Humanitarian Assistance.............. 8
Disaster Management Reference Handbook Series Overview................................................................. 9
Executive Summary................................................................................................................................. 11

Country Overview.................................................................................................................................. 12
  Culture .................................................................................................................................................. 13
  Demographics....................................................................................................................................... 13
    Ethnic Makeup .................................................................................................................................. 13
    Key Population Centers .................................................................................................................... 13
    Language ............................................................................................................................................ 13
    Religion ............................................................................................................................................. 13
    Vulnerable Groups ............................................................................................................................ 13
  Economics ............................................................................................................................................ 15
  Government .......................................................................................................................................... 15
  Environment ......................................................................................................................................... 16
    Geography ......................................................................................................................................... 16
    Borders ............................................................................................................................................. 16
    Climate .............................................................................................................................................. 16
    Climate Change ............................................................................................................................... 16

Disaster Overview ................................................................................................................................. 18
  Hazards ................................................................................................................................................. 18
  Recent History of Natural Disasters .................................................................................................... 18
  Country Risks ....................................................................................................................................... 18
Organizational Structure for Disaster Management

Lead Government Agencies in Disaster Response
Organizations in Cambodia
U.S. Government Agencies in Cambodia
Participation in International Organizations
Foreign Disaster Relief and Emergency Response
Laws, Policies, and Plans on Disaster Management
Education and Training
Disaster Management Communications
  Early Warning Systems
  Responsible Agencies for Flood and Storm Warning
Cambodian Armed Forces

Infrastructure

Airports
Seaports
Land Routes
  Roads
  Railways
  Waterways
Schools
Communications
Utilities
  Power
  Water and Sanitation

Health

Health Overview
Healthcare System Structure
List of Figures

Figure 1: Map of Cambodia.................................................................................................................. 12
Figure 2: Cambodia Disaster & Risk Profile (EM-DAT).......................................................................... 20
Figure 3: INFORM’s Country Risk Profile for Cambodia.................................................................... 20
Figure 4: Disaster Management Coordination Structure........................................................................ 23
Figure 5: Flooding in Cambodia’s Waterways....................................................................................... 32
Figure 6: UN Sendai Framework for Disaster Risk Reduction 2015-2030.............................................. 58
Figure 7: HFA Level of Progress Achieved............................................................................................ 59

List of Tables

Table 1: Airports in Cambodia ............................................................................................................. 30
Table 2: List of Main Seaports in Cambodia.......................................................................................... 30
Table 3: Key Health Reforms, Cambodia .............................................................................................. 39
Table 4: Cambodia National Progress Report on the Implementation of the HFA 2007-2009................ 72
Table 5: HFA Country Progress Report Future Outlook Areas, Cambodia............................................ 74

List of Photos

Photo 1: Bayon Temple.......................................................................................................................... 13
Photo 2: Primary School in Cambodia.................................................................................................. 33
Photo 3: WASH Training in Cambodia’s Hospitals............................................................................... 34
Photo 4: Ground Breaking Ceremony, National Cancer Center............................................................ 36
Photo 5: Health Center, Cambodia....................................................................................................... 37
Photo 6: Nurse at Makara Hospital...................................................................................................... 42
Photo 7: Cambodian Midwife Project.................................................................................................. 44
Welcome - Note from the Director

Dear Reader,

In years since 2008, bilateral engagements between the U.S. and Cambodia have broadened and investment in health, education, governance, and economic growth has resulted.¹ U.S. military engagement includes naval port visits, military assistance, and joint exercises related to international peacekeeping, humanitarian activities, and maritime security. U.S. policy toward Cambodia lies in engaging on many fronts while promoting democracy and human rights. The U.S. provides significant foreign aid to Cambodia, largely through non-governmental organizations.²

Humanitarian assistance and disaster relief (HADR) are priorities for Cambodia and the United States (U.S.) and training together on HADR can enable readiness for disasters. The Royal Cambodian Armed Forces (RCAF) and the U.S. Military have participated in bilateral and multilateral HADR exercises together in recent years. These include the Royal Preah Khan, Angkor Sentinel, Cooperation Afloat Readiness and Training (CARAT), Pacific Angel, Pacific Partnership, Pacific Airlift Rally, and others. Many of these exercises and operations allow multiple nations to work together so that in the event there was a natural disaster in the Indo-Asia-Pacific region, the region's militaries are prepared to work together to address humanitarian crises.³ Exercises are designed to collectively strengthen both countries' HADR capabilities and improve military-to-military cooperation. The RCAF and U.S. Army Pacific have participated together in the Lower Mekong Initiative (LMI) Disaster Response Exercise and Exchange (DREE) along with counterparts from Laos, Myanmar, Thailand and Vietnam. The disaster exercise is an example of a multi-national collaboration effort to better prepare for natural disasters in the Indo-Asia-Pacific region.⁴ The U.S. Military are among the first responders to crisis in the Pacific and so it is important for the U.S. Military to have a strong relationship with RCAF.⁵ Cambodia and the U.S. have worked together to make Cambodia safer in regards to the U.S. government Humanitarian Mine Action program. Threats of explosive remnants of wars from years ago are still buried in Cambodia. U.S. service members, more specifically U.S. Marine Corps EOD technicians and CBRN specialists from III MEF, have trained the Cambodian Mine Action Center and RCAF national Authority of Chemical Weapons in support of this program.⁶

The Idaho National Guard has partnered with RCAF to train together through the Air National Guard's State Partnership Program. Since the partnership was formally established in 2009, the partners have conducted multiple HADR related subject matter exchanges and a senior leadership exchange, as building regional partners in the Pacific is important to this program.⁷

This Cambodia Disaster Management Reference Handbook provides the reader with an overview of disaster management structure, laws, and plans for the country. Information on culture, demographics, natural hazards, and infrastructure is discussed. Conditions such as poverty, water and sanitation, health, and other humanitarian concerns are also covered.

Sincerely,

Joseph D. Martin, SES
Director
Information about the Center for Excellence in Disaster Management and Humanitarian Assistance

Overview

CFE-DM is a U.S. DOD organization that was established by U.S. Congress in 1994. The Center is a direct reporting unit to U.S. Pacific Command and is located on Ford Island, Joint Base Pearl Harbor-Hickam, Hawaii.

CFE-DM was founded as part of the late Senator Daniel K. Inouye’s vision. The Senator had witnessed the effects of Hurricane Iniki that struck the Hawaiian Islands in 1992, and felt the civil-military coordination in the response could have been more effective. He set about to establish CFE-DM to help bridge understanding between civil and military responders, and to provide a DOD platform for building Disaster Management and Humanitarian Assistance (DMHA) awareness and expertise in U.S. forces, and with partner nations in the Asia-Pacific. While maintaining a global mandate, the Asia-Pacific region is our priority of effort and collaboration is the cornerstone of our operational practice.

Mission

The Center’s mission is to advise U.S. Pacific Command leaders; enable focused engagements, education and training; and increase knowledge of best practices and information to enhance U.S. and international civil-military preparedness for disaster management and humanitarian assistance.

Vision

CFE-DM exists to save lives and alleviate human suffering by connecting people, improving coordination and building capacity.

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Disaster Management Reference Handbook Series Overview

The Disaster Management Reference Handbook Series is intended to provide decision makers, planners, responders and disaster management practitioners with an overview of the disaster management structure, policies, laws, and plans for each country covered in the series. Natural and man-made threats most likely to affect the country are discussed. The handbooks also provide basic country background information, including cultural, demographic, geographic, infrastructure, and other relevant data.

Conditions such as poverty, water and sanitation, vulnerable groups, and other humanitarian issues are included. A basic overview of the health situation in the country and disease surveillance is also covered. The handbooks include information on key national entities involved in disaster management, disaster response and preparation, and the military’s role in disaster relief. Information on UN agencies, international NGOs, major local NGOs, and key U.S. agencies and programs in the country, are also provided.

The overall aim is to offer a guide that brings together important information about disaster management and response for each country in an effort to provide a basic understanding for the reader. Information in the handbooks are compiled and based primarily on trusted, reliable, publicly available sources. Much of the information used is from U.S. or other government sources, United Nation sources, NGO websites, scholarly references, foreign government websites, and various media sources. When available, a link to the original internet source is provided.

Each handbook is a working document and will be updated periodically as new, significant information becomes available. We hope that you find these handbooks informative, relevant, reliable, and useful in understanding disaster management and response for this country. We welcome and appreciate your feedback to improve this document and help fill any gaps to enhance its future utility. Feedback, comments, or questions can be emailed to cfe-dmha.fct@pacom.mil. You may also contact the Center for Excellence at: (808) 472-0518. Please visit our website (https://www.cfe-dmha.org) to view the latest electronic versions available or to request a hard copy of a disaster management reference handbook.

Disclaimer

This report has been prepared in good faith based primarily on information gathered from open-source material available at the date of publication. Most of the information used was from United States (U.S.) or other government sources and is therefore considered to be in the public domain. Such sources include the Central Intelligence Agency (CIA) Fact Book, U.S. Department of State (DOS), and foreign government’s web pages. Where possible, a link to the original electronic source is provided in the endnote (reference) section at the end of the document. Other sources used include Non-Governmental Organization (NGO) home pages, Relief Web, United Nations Development Program (UNDP), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), World Bank, and Asian Development Bank (ADB). While making every attempt to ensure the information is relevant and accurate, Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM) does not guarantee or warrant the accuracy, reliability, completeness or currency of the information in this publication.
Executive Summary

The Kingdom of Cambodia (Cambodia) has a relatively high exposure to natural disasters and is expected to be one of the countries most affected by climate change. Droughts, floods, and typhoons have devastated crops and caused the loss of life. Typhoons and tropical storms in the Pacific can lead to a heavy flood season in Cambodia. In the wet season, water from the Mekong River causes flooding. In 2011, Cambodia experienced one of its worst flood seasons on the lower Mekong River since 2000 affecting 18 of the 24 Cambodian provinces and affecting 1 million people. More recently, during the 2015-16 El Nino event, three-fourths of the paddy rice area experienced a loss in yield due to drought.

In Cambodia, the occurrence of major disasters is a key factor that prompted the development and strengthening of legal frameworks for preparedness, response and recovery from disasters. Local, international and regional organizations are playing the key role in implementing disaster risk reduction projects in Cambodia. This has resulted in improved coordination between the National Committee for Disaster Management (NCDM) and local NGOs to be able to facilitate more effective preparedness and response operations as well as strengthen a local NGO network called the Cambodian Humanitarian Forum (CHF).

Cambodia drafted and adopted the National Action Plan for Disaster Risk Reduction 2014-2018 in 2014. This plan finalized the required policies and legal processes to strengthen DRM in Cambodia. It also focused on capacity building at national and sub-national levels and provided dedicated resources for strengthening the NCDM and the Sub-National Committees for Disaster Management. Cambodia’s legislative then passed the Law on Disaster Management in June 2015. This legal framework for disaster management assigns legally binding roles and responsibilities, establishes institutions, and assists with the allocation of resources and coordination. NCDM is Cambodia’s lead government agency for emergency preparedness and relief. The NCDM provides the overall leadership of the Plan of Action for Disaster Risk Reduction (DRR) coordination in Cambodia.

Cambodia has adopted the Cambodia Red Cross (CRC) as the primary partner for relief operations. In recent years, Cambodia has been improving the Early Warning System (EWS). To date, they have over 50,000 registered users receiving alerts during floods and other natural hazards. The Ministry of Water Resources and Meteorology (MOWRAM), with support from the United Nations Development Programme (UNDP) have played an important role in improving EWS.

According to the Royal Government of Cambodia, disaster management is a key component of its social and economic planning. Natural disasters have increased poverty in Cambodia, which makes effective disaster management an important contribution to poverty reduction. The vulnerability of people living in rural areas is very high and may continue to rise, requiring improved preparedness and planning. The majority of the poor (90 percent) live in rural areas. In 2016, Cambodia’s rural population was approximately 79 percent. The majority of Cambodians are farmers, and their livelihoods mainly depend on agriculture. One third of Cambodia’s gross domestic product (GDP) in 2015 relied on agriculture.

Health and education remain challenges for Cambodia and have become development priorities. One third of all children under five are stunted. However, maternal health, early childhood development, and primary education programs in rural areas have improved in recent years. Cambodia’s economic growth is becoming stronger and poverty rates are continuing to fall. After two decades of strong economic growth, Cambodia has received the lower middle-income status, as of 2015. The country has a high prevalence of communicable disease due to limited access to safe drinking water and sanitary facilities. This causes waterborne diseases, such as diarrhea, dysentery and cholera. A large percentage of the population do not have access to piped water and more than half do not have access to improved sanitation. However, the Ministry of Health (MOH) is working towards increased prevention of communicable diseases through the dissemination of educational materials via local television, and disease surveillance and control activities. Cambodia also faces widespread respiratory diseases due to the utilization of biomass fuels for cooking in rural areas, increased pollution from vehicles, and fossil fuels used in urban areas. The Government of Cambodia has introduced reforms and improved the healthcare system. Despite the improvement, healthcare coverage for all Cambodians continues to be a challenge.
Country Overview

Cambodia was a French colony and during the 20th century experienced the turmoil of war, occupation by the Japanese, and postwar independence. Cambodia became independent from France in 1953, but soon after the country got involved in the Second Indochina War from 1955-1979. On April 17, 1975, The Communist Party of Kampuchea (CPK), otherwise known as the Khmer Rouge, took control of Cambodia. The Khmer Rouge created the state of Democratic Kampuchea in 1976 and ruled the country until January 1979. From 1975 to 1979, the Khmer Rouge ruled the Kingdom and killed 21 percent of Cambodia’s population. During this time, 1.5 million Cambodians died from execution, diseases, forced hardships, and starvation. The country has experienced many years of civil unrest and landmines have taken the lives of thousands of Cambodians.

On December 1978, the Vietnamese invaded Cambodia. In 1979, Vietnamese troops expelled the Khmer Rouge from Phnom Penh. This was the start of a ten-year Vietnamese occupation in the Kingdom of Cambodia. Cambodia started rebuilding under the Vietnam-backed regime of the People’s Republic of Kampuchea in the 1990’s. It reestablished a constitutional government, and instituted free elections. The country was run as a Vietnamese colony for nearly a decade until 1989, when the last Vietnamese troops left Cambodia. When the freely elected Royal Government of Cambodia was formed in 1993, the U.S. and the Kingdom of Cambodia established full diplomatic relations. Following the factional fighting in July 1997, U.S. legislation prohibited bilateral assistance to the central government. Other legislation required the U.S. to oppose international financial institution lending to the Cambodian government for all except basic human needs. U.S. military assistance to the Royal Cambodian Armed Forces (RCAF) ceased in 1997 to prevent direct assistance to Hun Sen’s government until improvements were made in policies and practices. From 1997 until the lifting of legislative restrictions on bilateral assistance in 2007, U.S. assistance to the Cambodian people was provided mainly through non-governmental organizations.

Cambodia became a member of the Association of South East Asian Nations (ASEAN) in 1999, working with other ASEAN countries to promote political and economic cooperation, and regional stability.

Cambodia is located along the Mekong River, and its landscape consists of plains and lowland areas. During the monsoon season, Cambodia experiences flash floods usually after heavy rainfall. The country has almost all types of hydro-meteorological hazards such as floods, drought, heavy storms, typhoons, fire incidents, and epidemics. Most geographical regions of the country are exposed to one or more of these hazards. Cambodia has Lao PDR as a neighbor to the north, Thailand as a neighbor to the north and west, and Vietnam as a neighbor to the south as seen in Figure 1.
Culture

The Kingdom of Cambodia is located southwest of the Indochinese peninsula, and for the last 2,000 years Cambodia’s civilization has absorbed influences from India and China. Some of these influences spread from the Hindu-Buddhist kingdoms of Funan and Chenla (1st–8th century), and the classical age of the Angkor period (9th–15th century). The Khmer (Cambodian) empire peaked in the 12th century, which was the time they constructed the temples of Angkor Wat and Bayon, as well as the imperial capital of Angkor Thom. Photo 1 depicts the Bayon Temple.41

For centuries, Cambodian culture has been influenced by other cultures. Many aspects of their culture have been influenced by India, but their religion has been a primary focus in their culture. Cambodians have developed a Khmer belief, but also have blended beliefs of Buddhism and Hinduism. Cambodia was at its peak during the Angkor period, between the 9th and 14th century. During this time many temples were built and still remain dispersed through Thailand, Cambodia, Laos, and Vietnam.42

Ethnic Makeup

The Kingdom of Cambodia is composed predominantly of Khmer. According to the last census, 97.6 percent of the population are Khmer, 1.2 percent Cham, 0.1 percent Chinese, 0.1 percent Vietnamese, and 0.9 percent are other.43

Key Population Centers

Cambodia has an estimated population of 15.67 million and a population density of 82 people per square kilometer (212/square mile). The largest city and capital is Phnom Penh, with a population of 1.4 million, or 2.2 million in the metropolitan area. The next largest city is Battambang, with a population approaching 200,000.44

The population in Cambodia grew and while the country is still very rural, urbanization is rising in country centers. Population distribution is uneven which has implications for the poor. Cambodia’s poor population has faced shocks in recent years. These include shocks from natural disasters, price hikes and job losses associated with the food and fuel. Typhoon Ketsana in 2009 and floods of 2011 and 2013 have put a heavy strain on the population.45

Language

The official language in Cambodia is Khmer, which is spoken by 96.3 percent of the population. The residing 3.7 percent are a combination of different languages.46

Religion

The official religion in Cambodia is Theravada Buddhism, which consist of 96.9 percent of the population.47 The remaining populations are comprised of 1.9 percent Muslim, 0.4 percent Christian, and 0.8 percent other.48

Vulnerable Groups

Victims of Landmines

In 1979, during the ousting of the Khmer Rouge, landmines were laid in Cambodia in order to impede the return of the Khmer Rouge. Tens of thousands of local people were forcibly recruited into constructing a barrier minefield along the length of the Cambodia-Thai border (466 miles). Further, landmines were laid by State of Cambodia forces, to defend towns, villages, and supply routes from attack by opposition forces. In addition, Khmer Rouge and
monarchist opposition forces used landmines to protect newly won ground or to contaminate the interior of abandoned Vietnamese defensive positions.\

To date, Cambodia has cleared 50 percent of the minefields, but it is still one of the most landmine impacted countries in the world. There have been over 64,000 casualties recorded since 1979 and over 25,000 amputees; this is the highest ratio per capita in the world.\

Although there has been a significant reduction in casualty numbers over recent years, Cambodia's mine and explosive problem is still a major challenge to the social and economic development of the country. Even though the landmine threat is now largely concentrated in 21 border districts predominately in the rural north-west of Cambodia, landmines continue to prevent development by hindering access to land, water sources, roads, and health services. It also creates financial and emotional hardship to families needing to care for landmine survivors.

**Victims of Human Trafficking**

Cambodia is a hub for human trafficking victims. The United States Department of State's 2017 Trafficking in Persons (TIP) Report, identifies Cambodia as a Tier 2 category. A tier 2 country is a country whose government does not fully comply with the Trafficking Victims Protection Act’s (TVPA) minimum standards, but are making notable efforts to attain compliance with the standards.

The TIP report describes Cambodia as a source, transit, and destination country for men, women, and children subjected to forced labor and sex trafficking. Cambodian adults and children that migrate to other countries for work are subjected to sex trafficking or forced labor on fishing vessels, in agriculture, construction, factories, or domestic servitude. The report also states that children from impoverished families are highly vulnerable to forced labor, often with the complicity of their families, including in domestic servitude and forced begging in Thailand and Vietnam. Male Cambodians are increasingly recruited in Thailand for work on fishing boats and subsequently subjected to forced labor on Thai-owned vessels in international waters. Cambodian victims escaping this form of exploitation have been identified in Malaysia, Indonesia, Mauritius, Fiji, Senegal, and South Africa. Cambodian men report severe abuses by Thai captains, deceptive recruitment, underpaid wages, and being forced to remain aboard vessels for years. NGOs report women from rural areas are recruited under false pretenses to travel to China to enter into marriages with Chinese men; some are subsequently subjected to forced factory labor or forced prostitution.

The TIP report also states that all of Cambodia's provinces are a source for human trafficking. Sex trafficking is largely clandestine; Cambodian and ethnic Vietnamese women and girls move from rural areas to cities and tourist destinations, where they are subjected to sex trafficking in brothels, beer gardens, massage parlors, salons, karaoke bars, and non-commercial sites.

USAID has tried to improve collaboration between the government and civil society in Cambodia. USAID has a Combating Trafficking in Persons (C-TIP) program to combat trafficking. Nine USAID missions contributed nearly 50 percent of the agency's counter-trafficking programming funds in the last ten years. These missions included Cambodia. Of the top six countries in which USAID invested, five countries including Cambodia moved from Tier Three or Tier Two Watch List to Tier Two in the State Department's annual ranking of countries' efforts to combat TIP. The U.S. has also funded a MTV EXIT (End Exploitation and Trafficking) campaign in Cambodia. MTV EXIT provided training and mentorship to youth in Cambodia on how to use art, drama, and technology as tools for communicating messages about safe migration and the dangers posed to at-risk communities such as the poor living in rural communities.

USAID has helped establish a National Committee to Lead the Suppression of Human Trafficking, Smuggling, Labor and Sexual Exploitation of Women and Children. This committee coordinates anti-trafficking efforts throughout the country. USAID's activities invest in coordination, prevention, protection and prosecution. Coordination and collection of data between anti-trafficking actors; victim care through development and implementation of national standards; and access to justice for victims of trafficking is improving. USAID and the Ministry of Social Affairs in Cambodia have worked together to create National Minimum Standards for the Protection and Rights of Victims of Human Trafficking which is important to for the Cambodian government to ensure they protect victims' rights without discrimination.
Children

Children in Cambodia are a particularly vulnerable group; they are subjects of human trafficking, landmines, and various diseases. AIDS affects many Cambodian children, a third of new infections are transmitted from the mother to the child. Because of this, a great number of children find themselves orphans after their parents die of AIDS. Unfortunately, hospitals in Cambodia are insufficient and above all, they are in very bad condition. Hospitals rarely have pediatric services, therefore children are exposed to all the infections and illnesses present in the hospital. Children’s health is equally affected by the consequences of Cambodia’s recent conflict. For example, half of the mine victims are children. In 2013, Cambodia committed to achieving that 90 percent of people living with HIV are diagnosed, that 90 percent of those diagnosed are on antiretroviral treatment, and that 90 percent of those on treatment are virally suppressed (“90-90-90” targets by 2020). They also pledged to reduce new HIV infections to fewer than 300 annually by 2025. In December 2016, Cambodia launched a policy to immediately treat everyone diagnosed with HIV with antiretroviral treatment, which followed recommendations from the World Health Organization (WHO).

Economics

After two decades of strong economic growth, Cambodia has received the lower middle-income status as of 2015, with gross national income (GNI) per capita reaching US$1,070. Due to the garment and tourism exports, Cambodia has sustained an average growth rate of 7.6 percent from 1994-2015, ranking sixth in the world. Tourism, garment, construction and real estate, and agriculture sectors accounted for the bulk of growth. Around 600,000 people, the majority of whom are women, are employed in the garment and footwear sector. An additional 500,000 Cambodians are employed in the tourism sector, and a further 50,000 people in construction. Tourism has continued to grow rapidly with foreign arrivals exceeding 2 million per year since 2007 and reaching around 4.5 million visitors in 2014, and 5 million visitors in 2016. Mining also is attracting some investor interest and the government has touted opportunities for mining bauxite, gold, iron and gems.

Even though Cambodia’s graduation from a low-income country is a victory to their economy, it will reduce its eligibility for foreign assistance and it will force the government to find new sources of financing in 2017. The Cambodian Government has been working with bilateral and multilateral donors, including the Asian Development Bank (ADB), the World Bank (WB) and the International Monetary Fund (IMF), to address the country’s many pressing needs; more than 30 percent of the government budget comes from donor assistance. A major economic challenge for Cambodia over the next decade will be creating an economic environment in which the private sector can create enough jobs to handle Cambodia’s demographic imbalance.

Poverty continues to fall in Cambodia, although more slowly than in the past. In 2014, the poverty rate was 13.5 percent compared to 47.8 percent in 2007. About 90 percent of the poor live in the countryside.

Government

Cambodia is a Constitutional Monarchy and has adopted Parliamentary Representative Democracy. The Prime Minister is elected in majority vote among 123 members of the National Assembly, who are elected every five years in the general election and officially appointed by the King. The Prime Minister of Cambodia is the head of government while the King is the head of state. The current king is His Majesty King Norodom Sihamoni, and the current Prime Minister is H.E Samdech Hun Sen.

In 1993, The UN sponsored elections in Cambodia under a coalition government. Factional fighting in 1997 ended the first coalition government. In 1998, a second round of national elections were held which renewed political stability. Some of the surviving Khmer Rouge leaders have been tried or are awaiting trial for crimes against humanity by The Extraordinary Chambers in the Courts of Cambodia (ECCC), commonly known as the Cambodia Tribunal or Khmer Rouge Tribunal, a hybrid UN-Cambodian tribunal supported by international assistance. July 2003 elections resulted in one year of negotiations between contending political parties before a coalition government was formed. In 2004, King Norodom Sihanouk abdicated the throne and his son, Prince Norodom Sihamoni, was selected to succeed him. Prior local elections in 2012 had little of the pre-election violence that preceded
prior elections. However, national elections in 2013 were disputed and the Cambodian National Rescue Party (CNRP) boycotted the National Assembly. An agreement was met nearly a year later, with the CNRP agreeing to enter parliament in exchange for ruling party commitments to electoral and legislative reforms.70

Local (commune) elections took place in June 2017, but were contested among many for not being democratic. According to the National Election Committee, almost 90 percent of registered voters cast their votes. Upcoming 2018 national elections are expected to be contested much like the June local elections.71 Registered voters will have to choose between the ruling Cambodian People's Party (CPP) and the Cambodia National Rescue Party (CNRP) which is the opposition party.72 Government tensions are high as Kem Sokha, from the opposition party leader was arrested for treason by Prime Minister Hun Sen's government (September 2017). With the upcoming 2018 election slated for next year, many criticize that the sudden prosecution is a tactic to make the opposition lose. Other opposition party members and activists are imprisoned and others face threats of prosecution.73

Environment

Approximately 46 percent of Cambodia is covered with forest and is rich in biodiversity. It is the third-largest lowland dry evergreen forest in Southeast Asia, which is composed of 2,300 plant species, 14 endangered animals, and one of seven elephant corridors left in the world. Cambodia faces many threats to its forest and biodiversity. These threats include clearing and degradation, overexploitation of key species, and undervaluing of ecological services, like carbon sequestration. Forests are continually being reduced due to industrialized agriculture and mine exploration.74 Cambodia has one of the fastest rate of deforestation in the world. Forest cover has declined from 60 percent in 2006 to less than 47 percent in 2014.75

Geography

Cambodia is located in Southeast Asia.76 It covers 176,515 square (sq) kilometers (68,153 sq miles) of land, and 4,520 sq kilometers (1,745 sq miles) of water.77 Cambodia consists of mountains, plains, and great rivers. Important overland and river trade routes link China to India and Southeast Asia.78

Borders

The Kingdom of Cambodia is geographically situated in the Southeast Asian region and bordered with Vietnam to the east, Thailand to the west, Lao PDR to the north, and the Gulf of Thailand to the south.79 Cross-border migration is very common to look for jobs abroad. Unfortunately, this can lead to employment situations that could be or could lead to human trafficking. Cambodian workers are often unable to access land for farming, cannot find or have limited access to information about jobs in Cambodia, or are offered better wages abroad.80

Climate

Cambodia has a tropical climate that is humid. The country has two seasons which include a rainy season (May to October) and a dry season (November to April). The average temperature is from 70°F to 97°F. The months with the lowest temperature are December and January while the months with the highest temperatures are April and May.81

Climate Change

Cambodia is ranked as one of the most climate-vulnerable countries, not only in Southeast Asia, but the world.82 The Climate Risk Index ranks countries most affected by climate change in the period 1996–2015 based on extreme weather events.83 Cambodia’s vulnerability to climate change is linked to its dependency on climate sensitive sectors like the developing agrarian country, with 80 percent of the population relying on subsistence crop production in rural areas. Climate change is a threat to life, livelihoods, and life-supporting systems. It is expected to compound and amplify already existing development challenges, through more severe water scarcity and more frequent floods, resulting in agricultural failure and food shortages and through the accelerated loss of biodiversity and decline in ecosystem services. It may also have health implications in the form of higher incidence of malaria and dengue.84

According to the Asian Development Bank (ADB), Cambodia lost $1.5 billion (10 percent of its GDP), in 2015 from the negative effects of climate change. In July 2016, ADB announced a $96 million package to help Cambodia cope with the loss of livelihoods and income due to extreme climatic events. However, if nothing is done to address this problem the country could lose a larger percentage in the future.85
CAMBODIA
Disaster Overview

Disaster Management Reference Handbook | September 2017
**Disaster Overview**

**Hazards**

Disasters are attached to economic, social, and environmental features of Cambodia. The country experiences almost all types of hydro-meteorological hazards such as floods, drought, heavy storms, typhoons, fire incidents, and epidemics. Most geographical regions of the country (i.e. Riverine Central Plains, coastal ecosystems and Dangrek mountain range in the north and Cardamom mountains in the southwest) are exposed to one or more of these hazards. Additionally, climate change is expected to increase the frequency, intensity and severity of these extreme natural events. As the majority of Cambodians are farmers and their livelihoods mainly depend upon subsistence agriculture, the vulnerability of people living in rural areas is very high and may continue to rise, requiring improved preparedness and planning. The Mekong River that enters the country from Laos and Great Tonle Sap Lake in the middle create the unique flooding feature, and most typhoons originate from the South China Sea towards the south and southeast across Vietnam and Southern China.

Cambodia experiences the following hazards:

**Deforestation**

Cambodia lost around 1.59 million hectares (4 million acres) of tree coverage between 2001 and 2014, and just three percent remains covered in primary forest. Cambodia has one of the world’s highest rates of deforestation, losing a Connecticut-size area of tree cover in just 14 years.

**Floods**

Cambodia is one of the five countries located along the Mekong River. During the monsoon season, Cambodia experiences flash floods usually after heavy rainfall. The provinces of Battambang, Kampong Chhnang, Kampong Speu, Kampong Thom, Kampot, Kandal, Pursat, and Ratanakiri are regularly hit by flash flooding. Cambodia is also affected by slower but prolonged flooding which is caused by the overflow of Tonle Sap River and Mekong tributaries, inundating the provinces of Kampong Cham, Kratie, Kandal, Prey Veng, Stung Treng, Svay Rieng and Takeo.

**Drought**

Compared to floods, drought is less researched, making it difficult to generate national and international response. The drought condition is primarily a result of erratic rainfall, it is worsened by limited coverage of irrigation facilities (the current coverage is around 20 percent). Drought in Cambodia is characterized by loss of water sources caused by the early end or delays in expected seasonal rainfall. Drought severely affects farming productivity especially among rice growing communities who rely solely on rain or river-fed irrigation. Low agricultural yield due to extended drought has increased indebtedness of families and contributed to widespread food shortages.

**Typhoons**

East Asia and the Pacific has on average, 27 tropical cyclones per year and they are the most costly meteorological disaster. Some typhoons and tropical depressions that reach Indochina do not weaken over the land and produce torrential rainfall and extensive flooding in Cambodia. Typhoons become most damaging when they hit during the flooding season (September-October) because they causes heavy rain.

**Recent History of Natural Disasters**

A recent history of natural disasters in Cambodia include:

**Flood in 2011 and 2013**

In 2011, floods affected 350,000 households (over 1.5 million people) and 52,000 households were evacuated. Out of 24 provinces, 18 were affected; four provinces along Mekong River and Tonle Sap had the most damage. The death toll reached 250, and 23 people sustained injuries from the floods in 2011. Nearly 431,000 hectares (1,065,000 acres) of transplanted rice fields were affected and 267,000 hectares (659,770 acres) of rice fields were damaged. In addition, 925 kilometers (575 miles) of the national, provincial, and urban roads were affected and 360 kilometers (225 miles) of the roads were damaged. The 2011 floods caused an estimated loss at 630 million USD.

In 2013, floods affected 20 out of 24 provinces, 377,354 households, claimed 168 lives, and forced 31,314 households to evacuate to safe areas. Compared to floods in 2011, floods in 2013 appear to have been less extensive in scale, although in some provinces the impact, including
number of evacuated families, damaged crops, and damaged infrastructure, was more significant due to a combination of factors such as: unexpected gravity of the floods, both in extent and intensity, longer time for waters to recede, repeated floods and flash floods, limited preparedness undertaken in advance and limited early warning.\(^\text{92}\)

**Lightning Strikes in 2016; 2011-2012**

Lightning strikes claimed human lives and livestock; it also destroyed houses and facilities. In 2011, lightning strikes killed 165 and injured 149. In 2012, 101 people died and another 72 were injured.\(^\text{93}\) In 2016, 108 persons were killed and 105 injured by lightning strikes in 2016. From early January to 11 July of 2017, 52 people and 55 cattle were killed, and 56 people were injured by lightning.\(^\text{94}\)

**Droughts from 2015-2016; 2009-2012**

El Niño in 2015-2016 weather caused less rainfall, warmer weather, and delayed or shorter monsoon rains in Cambodia. The National Committee for Disaster Management’s (NCDM) estimated that at least 50 percent of districts were affected by the drought. During this time, 18 of Cambodia's 25 provinces were severely affected by drought and 2.5 million people were affected. There was significant crop damage and low water supplies which affected many poor communities who depend on this for irrigation. Health centers reported increased cases of illnesses. Children are vulnerable including diarrhea, fever, and upper respiratory infections.\(^\text{95}\)

In 2009, 13 out of 24 provinces were affected by severe droughts. There were 57,965 hectares (143,235 acres) of rice crops affected and 2,621 hectares (6477 acres) were destroyed. In 2010, 12 provinces out of 24 were affected by severe drought, as well as 14,103 hectares of transplanted rice.\(^\text{96}\)

In 2011, drought affected 3804 hectares (9400 acres) of rice fields and destroyed 53 hectares (130 acres). In 2012, drought hit 11 out of 24 provinces, affected 14,190 hectare (35,065 acres) of rice fields and destroyed 3151 hectares.\(^\text{97}\)

**Typhoon Ketsana in 2009**

On 29 September 2009, Cambodia was hit by Typhoon Ketsana. Out of the 25 provinces, 14 were affected by the typhoon, as well as 180,000 households. In addition, 43 people died and 67 were injured.\(^\text{98}\)

### Country Risks

It is important to look at disasters in terms of how frequent countries are faced with hazards; the impact on the population in terms of death or request for international assistance; and in terms of how the disaster affects the country financially. Figure 2 reflects internationally reported losses in terms of frequency, mortality, and economics for Cambodia spanning from 1990-2014. The research is from the EM-DAT International Disaster Database. For a disaster to be entered into the database at least one of the following criteria must be fulfilled; ten (10) or more people reported killed; a hundred (100) or more people reported affected; a declaration of a state of emergency is made; or a call for international assistance is requested. From the frequency circle graph, floods are the most frequently occurring hazard (72 percent). As seen in the mortality circle graph, floods cause the most deaths (97.4 percent). Floods also cost the most economic destruction (91.1 percent) as seen on the economic circle graph.\(^\text{99}\)

The exposure of hazards in a country; how vulnerable the country is; as well as the coping capacity of a country are important factors in disaster risk management. Figure 3 shows INFORM's (Index for Risk Management) risk profile for Cambodia. INFORM is a global, objective, and transparent tool for understanding the risk of humanitarian crises. INFORM is a composite indicator, developed by the Joint Research Center, combining 53 indicators into three dimensions of risk: hazards (events that could occur) and exposure to them, vulnerability (the susceptibility of communities to those hazards) and the lack of coping capacity (lack of resources that can alleviate the impact). The index results are published once every year. They give each country an overall risk score of 1-10 (1 being the lowest and 10 the highest) for each of the dimensions, categories, and components of risk. The higher the score the more vulnerable a country is. The purpose of INFORM is to provide an open, transparent, consensus-based methodology for analyzing crisis risk at global, regional or national level. Cambodia has a 2017 Hazard and Exposure risk of 4.8/10; a Vulnerability score of 3.0/10; and a Lack of Coping Capacity score of 6.5/10. Physical exposure to floods, tsunamis, tropical cyclones, and droughts rate the highest.\(^\text{100}\)
Figure 2: Cambodia Disaster & Risk Profile (EM-DAT)

Figure 3: INFORM’s Country Risk Profile for Cambodia
CAMBODIA
Organizational Structure

Disaster Management Reference Handbook | September 2017
Organizational Structure for Disaster Management

The National Committee for Disaster Management (NCDM) provides the overall leadership Plan of Action for Disaster Risk Reduction (DRR) coordination in Cambodia. Figure 4 shows the disaster management coordination structure in Cambodia. The structure of disaster management includes the sub-national and local level. It includes Provincial Committees for Disaster Management (PCDM), District Committees for Disaster Management (DCDM), and Commune Committees for Disaster Management (CCDM). There is also Village Disaster Management Groups (VDMG) that fall beneath the CCDM.

Lead Government Agencies in Disaster Response

The main government structure in Cambodia with regards to DRR and disaster response is the NCDM. The NCDM is headed by the Prime Minister and consists of 22 members from various government ministries, as well as representatives of the Royal Cambodian Armed Forces, Cambodian Red Cross and the Civil Aviation Authority. The NCDM is the lead agency in emergency response, but has a main role of coordination only since other ministries who are member of NCDM have resources to directly respond to disasters in Cambodia.

The NCDM was established in 1995 to facilitate the coordination of the multi-ministry response to emergency and disaster events. After Cambodia experienced devastating floods in 2000 and 2003, NCDM more clearly defined its mandate, and structure of the NCDM. The NCDM meets at least twice a year in order to monitor, assess, collect, analyze and manage data on the dangers arising from disasters and compile reports on disaster situations and to recommend to the Royal Government the setting up guidelines, policies and other measures for disaster management. During an emergency, the NCDM meets at the National Emergency Coordination Centre (NECC) at the NCDM secretariat.

The main ministries involved in DRR and members of the NCDM include:

- The Ministry of Planning (MoP) which was involved in the preparation of the SNAP 2008-2013;
- The Ministry of Health (MoH) which has already established Rapid Response Teams (RRT) in each province and is planning to create an Emergency Operation Center (EOC) at the ministry;
- The Ministry of Water Resources and Meteorology (MoWRAM) which is mandated to provide hydro meteorological early warning and is involved in flood and drought management;
- The Ministry of Education, Youth and Sports (MoEYS) which has been involved in several initiatives for the integration of DRR into the school curriculum; and
- The Ministry of Agriculture, Forestry and Fisheries (MAFF).

Other members of the NCDM are the Ministry of Rural Development (MRD), the Ministry of National Defense (MoND), the Ministry of the Interior (MoI), and the Ministry of Information (MoInfo).

The Cambodian Red Cross (CRC) is also member of the NCDM and is officially recognized by the Royal Government of Cambodia as an auxiliary to the public authorities in humanitarian services. The CRC is a key community-based actor of the NCDM and the Provincial Committee for Disaster Management representatives (PCDM). The CRC has 24 branches covering all provinces in Cambodia, with a network of more than 5,700 Red Cross Volunteers (RCV) and 5,300 Red Cross Youth (RCY) who deliver services and implement programs. The CRC is a main relief and response mechanism in the country as most government assistance is channeled through the CRC rather than directly to national or sub-national Disaster Management (DM) committees.

Organizations in Cambodia

Many of the organizations in Cambodia also contribute to disaster management and humanitarian assistance (DMHA) efforts. The Humanitarian Response Forum (HRF) consists of INGOs and UN agencies in Cambodia; HRF plays an important role in humanitarian response since they have resources, tools, knowledge,
Figure 4: Disaster Management Coordination Structure
and skills. HRF is co-chaired by Action Aid and World Food Program (WFP). Following the 2011 floods in Cambodia, the UN Disaster Management Team (UNDMT) established the Cambodian HRF to improve the coordination and communication on emergency preparedness, humanitarian and early recovery response in Cambodia between the UN, NGOs and International Organizations (IOs).

**United Nations (UN)**

The UNDMT acts as a coordination body for UN agencies closely involved in supporting disaster situations in Cambodia. It is composed of the United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF), World Health Organization (WHO), Food and Agriculture Organization (FAO), WFP and is co-chaired by WFP and the Resident Coordinators (RC) office.

**International NGOs**

Several international NGOs are involved in DRR and disaster response. Many are also members of the Joint Action Group (JAG), which is a network of NGOs involved in disaster management and is intending to reinforce the standardization of DRR activities, to share information, and promote best practices. In the event of a disaster, the JAG will also act as a coordinating body in order to improve the response of its members. International NGOs in Cambodia include Save the Children, Oxfam, Action Aid, World Vision Cambodia, People in Need (PIN), Caritas, CARE, PLAN International, HEKS, and the International Federation of Red Cross and Red Crescent Societies (IFRC).

**National NGOs and CRC**

National NGOs include the Association for Development (AFD), Vulnerability and Illiteracy Reduction (VIR), Children's Development Association (CDA), National Academy of Science (NAS), Northeastern Rural Development Organization (NRD), My Village (MVI), Save Vulnerable Cambodians (SVC), Partnership for Development of Kampuchea (PADEK), Life With Dignity (LWD), Development and Partnership in Action (DPA), Women's Community Voices (WCV), Kampuchea Women's Welfare Action (KWWA), Village Support Group (VSG), Rural Aid Organization (RAO), Support Organization for Rural Farmers (SORF), and the Cambodian Red Cross (CRC).

**U.S. Government Agencies in Cambodia**

The United States Agency for International Development/Office of Foreign Disaster Assistance (USAID/OFDA) is involved with the building of the emergency response capacity of humanitarian NGOs supporting Cambodia. USAID/OFDA provided approximately US$450,000 in FY 2016 to support the Asian Disaster Preparedness Center (ADPC) to provide trainings aimed at strengthening the capacity of and improving coordination among local NGOs, the Government of Cambodia, and other relevant agencies. ADPC’s work improved coordination between the NCDM and local NGOs to facilitate more effective preparedness and response operations as well as strengthened a local NGO network called the Cambodian Humanitarian Forum (CHF). The successes of the CHF lead to the launching of the program “Strengthening Capacity of Government and Local Humanitarian Organizations on Preparedness for Response in Asia”. One of the main activities under this program is the baseline assessment used to assess the emergency response capacity, system and mechanism, and inter-agency coordination between the national, sub-national, and local humanitarian organizations in Cambodia. A validation workshop on these baseline assessment results was presented in July 2017 in Phnom Penh, Cambodia.

USAID/OFDA through the World Food Program (WFP) strengthened the emergency preparedness of the Humanitarian Response Forum (HRF) in FY 2016. The HRF is a network of UN agencies, NGOs, and international organizations that support emergency preparedness in Cambodia by enhancing coordination and communication among humanitarian actors based in the country. More than $193,000 went to the HRF to finalize sector-specific disaster contingency plans, implement coordination and information-sharing mechanisms, consolidate assessment methodologies, and provide relevant training for the HRF.
The contact information for USAID in Cambodia is located below:

USAID Cambodia  
No 1, Street 96, Wat Phnom, Daun Penh  
Phnom Penh, Cambodia  
Phone +855-23-728 300  
Email: icambodia@usaid.gov

The U.S. Embassy Cambodia is in Phnom Penh, Cambodia. The U.S. Embassy serves as a partner with Cambodia to build understanding between people and governments while promoting human rights, democracy, development, economic growth and trade. The U.S. Embassy in Cambodia has the U.S. Defense Attache Office (USDAO) which has the primary mission to represent the Secretary of Defense, the Chairman of the Joint Chiefs of Staff, the Military Service Secretaries, the Service Chiefs of Staff, and the Commander, United States Pacific Command. In addition, the USDAO serves as military advisors to the Chief of Mission and provide liaison with the Royal Cambodian Armed Forces.

Below is the contact information for the U.S. Embassy in Cambodia:

U.S. Embassy Phnom Penh  
#1, Street 96  
Sangkat Wat Phnom  
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Phone +855-23-728 000  
Email: USDAOCambodia@state.gov

Participation in International Organizations

Cambodia participates in the following International Organizations:


Foreign Disaster Relief and Emergency Response

Article 32 of the Law on Disaster Management (DM Law) 2015 says, in the event that the disaster extent is greater than the response capacity of the country, the Royal Government of Cambodia, upon the request of NCDM, shall appeal to the international community for emergency response and recovery assistance. Upon the commitment of international communities to provide assistance, NCDM could.
• Declare the acceptance of international assistance;
• Command the relevant authorities to cooperate and collaborate with donors and international response teams in the response operation; and
• Authorize the utilization of international assistance to be delivered into the country under special rules, regulations and procedures.

There is no clear procedure for coordination of international responders within Cambodia during an emergency response and recovery operation. Civil society initiatives such as the HRF and the JAG have been established to try to resource and support effective response.127 IFRC provided support to the Government of Cambodia and the Cambodia Red Cross Society in their undertaking of an International Disaster Response Laws, Rules and Principles (IDRL) technical assistance project to analyze the national legal framework for international assistance.128 However, there is an absence of procedures for the effective facilitation and regulation of incoming international assistance.129 The Royal Government of Cambodia would benefit from an effective military defense cooperation plan that provides priority areas for international assistance. This may lead to improved international military cooperation.130

Laws, Policies, and Plans on Disaster Management

The occurrence of major disasters is one of the key factors that prompted the development and strengthening of legal frameworks for preparedness, response, and recovery from disasters in Cambodia.131 There are several laws, policies, and plans, (external and internal) that shaped Cambodia’s policies on DRR. They include the following:

Law on Disaster Management (DM Law)

In June 2015, Cambodia’s legislature passed the Law on Disaster Management (DM Law). This legal framework for disaster management assigns legally binding roles and responsibilities, establishes institutions, and assists with the allocation of resources and mechanisms for coordination amongst different institutions.

The DM Law has three stated goals in terms of regulating disaster management which include:132

• Prevention, adaptation and mitigation in the pre-disaster period, due to natural or human-made causes;
• Emergency response during the disaster; and
• Recovery in the post-disaster period.

The relationship between the 2015 DM Law and Cambodia’s commitments to regional cooperation and national disaster risk reduction involve two key regional and international Disaster Risk Management (DRM) frameworks, the Association of Southeast Asian Nations (ASEAN) Agreement on Disaster Management and Emergency Response (AADMER) and the Sendai Framework for Disaster Risk Reduction 2015-2030.133

ASEAN Agreement on Disaster Management and Emergency Response (AADMER)

The AADMER contains provisions on disaster risk identification, monitoring and early warning, prevention and mitigation, preparedness and response, rehabilitation, technical cooperation and research, mechanisms for coordination, and simplified customs and immigration procedures. It is a regional legally-binding agreement that binds South East Asian Nations (ASEAN) Member States together to 1.) Promote regional cooperation and collaboration in disaster risk reduction, and 2.) Increase joint emergency response to disasters in the ASEAN region.134 Cambodia became an ASEAN member in 1999.135

National Action Plan for Disaster Risk Reduction (NAP-DRR) 2014-2018

The National Action Plan for Disaster Risk Reduction 2014-2018 was drafted and adopted in 2014 to replace the Strategic National Action Plan for DRR 2008-2013 (SNAP).136 NAP-DRR was geared to address major gaps in existing policy and to address the challenges of the following:137

• Finalizing the required policies and legal processes to strengthen DRM in Cambodia (including the DM law);
• Optimizing efforts to mainstream DRR into planning processes in every sector;
• Focusing on capacity building at national and sub-national levels for better preparedness and effective response;
• Creating the necessary synergies between DRR and climate change adaptation (CCA);
• Promoting knowledge production which is relevant to the Cambodian context; and
• Ensuring dedicated resources for strengthening the NCDM and the Sub-National Committees for Disaster Management.

**National Strategic Development Plan (NSDP 2014-2018)**

The National Strategic Development Plan (NSDP) is the key policy document that outlines Cambodia's overall development goals and provides the strategy for achieving them. This replaces the former NSDP 2009-2013. The NSDP 2014-18 has dedicated sections for identifying and addressing DRR challenges. The NSDP 2014-18 also identifies financial resources to be allocated to disaster risk management, which is different than the earlier NSDP. The previous NSDP plan (2009-2013) was developed to serve as an implementation tool for Cambodia. It recognized that natural disasters such as floods, droughts, typhoons, and epidemic diseases cause losses of human lives, damage crops and properties as well as affect the national economy. It also aimed to address the underlying vulnerability factors of the country through sustainable interlinked development work and the new NSDP 2014-2018 builds on that.

**National Adaptation Program of Action to Climate Change**

The National Adaptation Program of Action to Climate Change (NAPA) was endorsed in 2006. The NAPA presents projects to address the urgent and immediate needs and concerns of people for adaptation to the adverse effects of climate change in areas that include human health, agriculture, water resources, and coastal zone.

**Education and Training**

Cambodia Red Cross (CRC) in partnership with NCDM, have undertaken two sub-national workshops with the aim to strengthen public awareness on the 2015 Law on Disaster Management. The goal is to ensure greater understanding of the rights, roles and responsibilities of various actors provided in the law, including at the community level.

There was a workshop training held in July 2017, which presented the findings of the Baseline Assessment on Disaster Preparedness and Response in 18 capital/provinces in Cambodia conducted in June 2017. The baseline assessment involved key players from NCDM, PCDM, DCDM, local NGOs, line ministries, UN, INGOs, Cambodia Red Cross, media, private sectors and academic institutions. One of the main activities under the program is the baseline assessment in order to assess the emergency response capacity, system and mechanism, and inter-agency coordination between the national, sub-national, and local humanitarian organizations in Cambodia.

**Disaster Management Communications**

**Early Warning Systems**

Cambodia is one of the most natural disaster prone countries in East Asia. Multiple hydro-meteorological hazards such as floods, storms, and typhoons regularly affect Cambodia during the monsoon season (from June to November) with significant economic and social impacts. These disasters coupled with recurrent droughts have severe consequences.

Currently, the Ministry of Water Resources and Meteorology (MOWRAM), with support from the United Nations Development Programme (UNDP) are initiating a 4-year project (2015-2019) to improve the EWS in Cambodia. The project is financed by the Least Developed Countries Fund (LDCF), with a total budget of US$4.9 million. The EWS aims to warn people in advance of a natural disaster, it is currently fully active in 6 disaster prone provinces (Banteay Meachey, Battambang, Siem Reap, Pursat, Kampong Chhnang, and Kampot) and there are over 50,000 registered users.

Through this project, MOWRAM will generate and effectively disseminate early warning messages for both, planning purposes, and for disaster preparedness and emergency response. The customized weather and climate information, generated with the support of the project, will focus on communities prone to natural hazards and on the agriculture sector, agriculture is Cambodia's most vulnerable economic sector, representing 85 percent of all households and contributing 34 percent of the gross domestic product. The National Committee for Disaster Management (NCDM) and the Ministry of Agriculture, Forestry and Fisheries (MAFF) are important partners in the project.

Cambodia has Tepmachcha flood detection units for flood forecasting and early warning. People in Need Cambodia, a non-governmental,
nonprofit organization, has developed the detection. Tepmachcha is a solar-powered, GSM-enabled, sonar-based stream gauge, built on open-source technology. It uses sonar detection at pre-determined intervals to measure the height of the water at its location and transmits this data. A web application compares these data points against two pre-determined values. If a dangerous ‘warning’ level of water is detected, the system will automatically sends out a mobile alert message to people in the affected areas. Before the Tepmachcha flood detection units were used, water monitoring was done manually and the time from alert to message dissemination could be hours or days. Warning messages are now sent instantly to registered users. This helps people better prepare for the oncoming water. This could translate to evacuation to the nearest safe site or securing in place.146

**Responsible Agencies for Flood and Storm Warning**

The Ministry of Water Resources and Meteorology (MOWRAM) is responsible of disseminating flood and storm warnings. However, in 2011 the Ministry of Environment and BBC Media Action study said that, following floods in 2010, 36 percent of Cambodians did not receive any flood related information about the disaster and 72 percent of those who did receive alerts, received it during or after the event had occurred. In 2013, more than 1.8 million people were affected by heavy rain and flash floods across 20 Cambodian provinces. Many families were not prepared for the intensity of the storms, nor were they aware how severely the flooding would affect their families and their livelihoods; resulting in a greater loss of lives and more significant economic losses.147

**Cambodian Armed Forces**

The Royal Cambodian Armed Forces (RCAF) has played an important role in disaster response and relief in the country.148 The RCAF has been in the process of developing its capability for rapid response to both domestic and international natural disasters. As part of its roles in contributing to the building and developing of the nation, the RCAF has been actively contributing to the rehabilitation of physical infrastructure, building and repairing roads for communication and irrigation systems, demining, rescuing people during natural disasters and participating in international peacekeeping missions.149

RCAF military forces include the following:150

- Royal Cambodian Armed Forces (RCAF)
- Royal Cambodian Army
- Royal Cambodian Navy
- Royal Cambodian Air Force
- Central Department of National Police
- Cambodian National Police
- The Royal Gendarmerie of Cambodia (Military Police)

The U.S. has provided support in a wide range of military cooperation areas to improve RCAF’s capability in humanitarian assistance, peacekeeping, maritime security, and in broadening Cambodia’s counterterrorism strategy.151
Infrastructure

Airports

Cambodia has three international airports: Phnom Penh International Airport, Siem Reap International Airport, and Sihanoukville International Airport. Phnom Penh airport is the largest with most flights being Asia-bound. Siem Reap airport is the popular tourist destination of Angkor Wat, and operates flights to the Southeast Asian region, China, and South Korea. Recent expansion projects have doubled the capacity of the two airports from accommodating five to ten million passengers per year. Three million passengers used Phnom Penh International Airport in 2015, and Siem Reap Airport serviced 3.3 million passengers in the same year. In addition to international airports, Cambodia has usable airports or airstrips in each province. Seven of the airstrips have permanently surfaced (tarmac, concrete, or laterite) runways. Table 1 lists the Airports in Cambodia.

Seaports

Phnom Penh and Kampong Som (Sihanoukville) are the two main ports in Cambodia. The Kampong Som Port is Cambodia's largest shipping facility and only deep-sea port and is the main entrance and exit point for imports and exports. It is located 185 km south-west of the capital. Other ports include Kampot, and Krong Kaoh Kong (Krong Koh Kong). Table 2 lists the two main seaports in Cambodia.

<table>
<thead>
<tr>
<th>Airport</th>
<th>Maximum Runway Length</th>
<th>Runway Surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phnom Penh International</td>
<td>3,000 m (9,843 ft.)</td>
<td>Tarmac/Concrete</td>
</tr>
<tr>
<td>Siem Reap International</td>
<td>2,550 m (8,366 ft.)</td>
<td>Concrete</td>
</tr>
<tr>
<td>Sihanoukville International</td>
<td>2,500 m (8,366 ft.)</td>
<td>Concrete</td>
</tr>
</tbody>
</table>

Table 1: Airports in Cambodia

Location: **Phnom Penh Port** - 11° 35' N, 104° 55' E; the port is situated on the west bank of the Tonle Sap River.

Overview: Phnom Penh is the capital of Cambodia and is linked to the rest of the country by a widespread road network. It has a direct rail link with Bangkok to the northwest and Sihanoukville to the west-southwest. The port consists of two sets of public mooring facilities and a back-up area.

Berths: Port No 1 includes Berths No 4, 5 and 6 and Port No 2 includes Pontoon Berths No 5b and 5c. There is one new 300 m long, 30 m wide berth. The depth alongside the new berth is 4.2 m in the dry season up to 5.2 m in the rainy season. There are other berths for small craft.

Max vessel size: The maximum length alongside is 120 m, and the maximum draught varies throughout the year.

Dry docks and repairs: There are only dry-docking facilities for small vessels. For repairs, there is only one military dock available for small vessels.

Location: **Kompong Som (Sihanoukville) Port** - 10° 38 'N, 103° 30' E; the port is in the Bay of Kompong Som and the southern part of the Gulf of Thailand.

Overview: The port has facilities for four vessels of 10,000 deadweight tonnes (dwt) or six of 4,000 dwt and four small vessels of less than 7.0 m draught. There is a tanker facility at Pointe du Depart north of the main port for small tankers of 60 m length alongside and 4.2 m draught.

Berths: There are eight berths with an overall length of 983 m and depths of 8.0-13.0 m.

Max vessel size: The maximum length alongside is 150 m, with a draught of approximately 8.5 m. For tanker terminals, the draught is 9.2 m.

Dry docks and repairs: Small repair facilities are available but no dry docks.

Table 2: List of Main Seaports in Cambodia
Land Routes

Roads

In Cambodia, roads are a frequent mode of transportation for both passenger traffic (approximately 65 percent) and freight traffic (70 percent). This is due to the limits of other available forms of infrastructure. However, two thirds of all roads may be impassable during some parts of the rainy season. Motorcycles represent approximately two thirds of all motor vehicles, while buses and taxis run by private operators connect the major cities. Road management is shared by the Ministry of Public Works and Transport (MPWT), which is responsible for the national and provincial roads, and the Ministry of Rural Development, with responsibility for the rural roads. Sections of National Road 5 are currently being rehabilitated and widened with funding from the Japan International Cooperation Agency (JICA). National Road 5, which runs between Phnom Penh and the Thai border and is part of the Asian Highway (AH) 1 and the Southern Economic Corridor, is planned to serve as a major corridor for regional industry. Construction of National Road 55 is also underway, which is to be a 182-km long road stretching from central Pursat province to the Thai border.

Serious flooding occurs in Phnom Penh and in other parts of Cambodia during the rainy season and can cause roads to become flooded. The drainage system in Phnom Penh is not yet adequate to cope with heavy rain despite frequent changes and developments. Cambodia’s drainage systems are poor quality and insufficient in size. In addition, garbage can often be seen blocking the drains, which makes flooding very common.

Railways

The rail in Cambodia is in poor condition in terms of the service and infrastructure. The network has recorded a decline in passenger use mainly due to improved bus services. The railway is estimated to carry less than 15 percent of freight traffic from Cambodia’s ports into the interior of the country. Much of the rail network was out of use during the 1970s and 1980s due to the country’s civil war. The tracks are in poor condition and are only used during the daytime. Both passengers and freight are loaded onto the same train. Lines run between Phnom Penh and Sisophon, and from Phnom Penh to Sihanoukville. Only six trains per day are operated, running at a maximum speed of 35 km/h and with an average speed of about 15km/h, and are frequently subject to delays and cancellations.

A track running from Phnom Penh southwest to the town of Touk Meas in Kampot province, near the border with Vietnam, was reopened in October 2010 after years of refurbishment. In addition, the US$143 million Cambodia Railway Rehabilitation Project is a jointly managed venture between the Asian Development Bank (ADB) and the Cambodian government intended to raise the rail network to international standards and restore a missing link between Sisophon and Poipet on the Thai border. By 2014 approximately 93 percent, of the southern line had been rehabilitated. However, other areas of the railway in Cambodia have been delayed due to funding problems.

Waterways

Waterways total approximately 2,400 km. Inland waterways include the Mekong and Tonle Sap rivers, and their tributaries. Major river ports in Cambodia include Kratie, Kampong Cham, and Phnom Penh. The Mekong is navigable throughout the year from Kratie to Vam Nao Pass Junction near the Vietnamese border, and from there to the South China Sea. Vessels of up to 2,000 deadweight tonnes (dwt) can travel the lower reaches of the Mekong year round, providing dredging is undertaken and vessels of up to 1,500 dwt can travel between Phnom Penh and Kompong Cham.

Tropical storms and typhoons in the Pacific Ocean can lead to a heavy flood season. In September 2011, Cambodia had one of its worst flood seasons on the lower Mekong River since 2000 affecting 18 of the 24 Cambodian provinces. Figure 5 shows the extensive flooding (depicted in blue in the middle of the map) after heavy monsoon rains and a series of tropical storms hit Cambodia. Approximately One million were affected, 247 killed, and approximately 46,400 households were displaced. In the wet season (May to October), water from the Mekong river causes the Tonle Sap to reverse flow, and expand the lake to six times the size it would be during the dry season.
The country has made significant improvements in education over the years. The Ministry of Education, Youth and Sport (MoEYS) is close to achieving universal access to primary education with Cambodia achieving a 98 percent primary net enrollment rate in 2015. Cambodia has built nearly 1,000 new schools in the last ten years and has invested significant resources to expand access to a quality education. The government has committed 18 percent of the national budget to education. It has revised the national curriculum and corresponding student learning materials with the goal to improve learning, however only half of all third graders are reading at grade level. Cambodia has also strengthened gender parity in education, with girls comprising 48 percent of primary students.

Australia supports Cambodia’s education sector. During 2015–18, Australia’s aid investments included three key objectives: (1) improving access to infrastructure; (2) increasing agricultural productivity; and (3) better health and education. CARE Australia provides support to Cambodia’s education. Photo 2 is of a first-grade teacher at Krola Primary School in Cambodia (courtesy of CARE Australia). Most of her students have interests in becoming nurses, teachers, or mechanics. In addition, CARE is helping children from remote ethnic groups go to school and learn in their native language for the first time through its multi-lingual education program in Cambodia.

In 2016 and 2017, USAID has supported bridging activities to build MoEYS capacity to develop and manage early grade reading assessment tools and processes. USAID supported three MoEYS delegation visits to
the U.S. to engage on global education policy dialogue and see different U.S. models for school management and education service delivery.\textsuperscript{167}

In 2017, USAID started a new early grade reading program to support the Ministry of Education, Youth and Sports (MoEYS) to develop national Early Grade Reading program. The five year program (2017-2021) improves children’s reading skills in grades 1-3 based on evidence-based practical approaches. The All Children Reading Cambodia program will also ensure the inclusive education concept integrated into early grade reading interventions so that all children including children disabilities have access to quality primary education.\textsuperscript{168}

**Communications**

Cambodia has a history of war and as a result, much of the telecommunications infrastructure has been destroyed. In urban areas, fixed-line and cellular service is adequate, but in rural areas the service deficiencies are extensive. However, mobile phone coverage is expanding quickly. Almost 95 percent of Cambodians own a phone, and 39.5 percent own a smartphone. Smartphone ownership shows a clear divide between urban areas, where the figure stood at 51 percent, and rural areas, where the corresponding figure was 34.3 percent.\textsuperscript{169} The Ministry of Posts and Telecommunications (MPTC) has encouraged more private sector involvement than in any other infrastructural sector in Cambodia through a series of joint ventures. However, it has been difficult to find due to the lack of a developed regulatory framework and poor transparency in the issuing of licenses or reporting of revenue/expenses. A number of initiatives have been aimed at strengthening regulation. In 2012, the Telecommunications Regulator of Cambodia was launched to regulate telecommunications. In 2015, Cambodia and China signed a co-operation agreement on issues of telecommunications and information and communications technology (ICT), and the same year, the Cambodian National Assembly passed a new telecommunications law.\textsuperscript{170}

Much of Cambodia media is owned by the state or the business elite with close ties to government. Only a limited number of international media outlets available in the country, such as Radio French International (RFI), Voice of Democracy (VOD), and Radio Australia (ABC). They are considered independent, as they provide news and information that is not affiliated with a political party. Internet usage is estimated to be just under 20 percent and social media access is still very much concentrated around major centers. Currently social media is not a primary tool to disseminate information to target communities during an emergency. However, this is most likely to change in the future as social media is used more in rural areas and as access to the Internet improves. Although many humanitarian agencies are actively involved in disaster risk management and early warning projects, emergency broadcasting support for media as a key communication tool can be improved.\textsuperscript{171}

**Utilities**

**Power**

Fossil fuels, such as coal and petroleum products, are imported. Diversification of power sources in Cambodia has been shifting from oil-based power plants to hydropower and coal power plants. Cambodia uses several types of oil (petroleum). Cambodia still imports electricity due to seasonal factors. Hydropower generation usually declines during the dry seasons due to the lack of water. As a result, Cambodia needs to import electricity from neighboring countries such as Viet Nam, Thailand, and Lao PDR. Currently, the increase in generation from coal power plants contributes to the decrease in electricity imports. Electricité du Cambodge (EDC) collects petroleum fuel consumption data
from oil power plants (IPPs) and the General Department of Energy (GDE) maintains the information on consumption and use. Biomass in Cambodia consists of firewood and biogas based on animal dung and is mainly burned in rural areas. Charcoal is also used in the residential sector, especially in these rural areas.\(^{172}\)

**Water and Sanitation**

Flooding during the rainy season, infrastructure problems, and inadequate human resources and financial resources create water and sanitation problems in Cambodia. The drainage system requires urgent intervention. Laws and legislation for wastewater management institutions is needed. In addition, there needs to be a master plan for the wastewater management and related infrastructure of each town and urban area throughout Cambodia.\(^{173}\) Only 40 percent of the rural population has access to potable water. Development programs and aid have focused on the water sector, but projections say it will be years for most of the population to have secure water supplies.\(^{174}\)

Six Ministries play significant roles in urban Water, Sanitation, and Hygiene (WASH), with the Ministry of Industry and the Ministry of Public Works and Transport being the most significant: \(^{175}\)

- **The Ministry of Industry and Handicrafts’ Potable Water Supply Department** is responsible for regulating piped urban water supplies and related private sector concessions.
- **The Ministry of Public Works and Transport** is responsible for drainage and thus sewerage; it also has responsibilities for wastewater treatment, solid waste management roads etc.
- **The Ministry of Water Resources Management and Meteorology** is responsible for water resources, hydrological flood control and water extraction licenses.
- **The Ministry of Environment** is responsible for water and air quality, water pollution control and solid waste management.
- **The Ministry of Economy and Finance** is responsible for financial management of the two autonomous state water supply operators, and the repayment of development loans and credits that have been used to build and expand public sector facilities.

- **The Ministry of Interior** through the Secretariat for the National Committee for Democratic Development is responsible for de-concentration and decentralization reforms and sub-national planning processes, which includes consideration of water supply, sanitation and hygiene services and issues.

In Cambodia, there is training of hospital staff on WASH in collaboration with the MOH as seen in Photo 3.\(^{176}\) A working group on WASH in HCF includes the MOH, WHO-Cambodia, WaterAid, and Emory University. The purpose of the working group is to determine the gaps in WASH infrastructure and resources; prioritize facility improvements; integrate WASH into new and existing policies, train facility staff on WASH as it relates to IPC; and to familiarize the health sector with WASH.\(^{177}\)

![Photo 3: WASH Training in Cambodia's Hospitals](image-url)
Health

Health Overview

Cambodia’s health infrastructure has made significant progress in rebuilding the healthcare systems after being crippled because of years of conflict. In the 1990’s the Government of Cambodia committed to healthcare reform and in 1994 the Ministry of Health (MOH) began to implement healthcare reform with an emphasis on district level infrastructure.\(^{178}\)

Four laws govern Cambodia’s health sector:
- 1996 Law on the Management of Pharmaceuticals;
- 1997 Law on Abortion;
- 2000 Law on Management of Private Medical, Paramedical and Medical Aid Services; and
- 2002 Law on Prevention and Control of HIV/AIDS.\(^{179}\)

The Cambodian health system has undergone many health reforms and is on track to achieve the objectives and health-related Sustainable Development Goals (SDGs) which superseded the Millennium Development Goals (MDGs). Effectively on 1 January 2016 the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development was implemented. The SDGs were adopted by world leaders in September 2015 at the UN Summit. The SDGs, build on the success of the MDGs and aim to end all forms of poverty with the further implementation of strategies which build economic growth and addresses a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection.\(^{180}\)

The overall health of Cambodians has shown significant improvement since 1980. Evidence of health improvements is demonstrated with a stable increase in life expectancy and a reduction in mortality rates, particularly the infant mortality rate and maternal mortality ratio.\(^{181}\) Cambodia achieved MDG targets for reducing infant, under-five, and maternal mortality, and HIV/AIDS long before the UN 2015 target date. Infant mortality rate declined 74 percent between 2000 and 2014 (from 95 deaths per 1000 live births in 2000 to 24.6 per 1000 live births in 2014). Under-five mortality decreased by 72 percent between 2000 to 20014 (from 124 deaths per 1000 live births in 2000 to 35 per 1000 live births in 2014. Maternal mortality ratio declined 64 percent from 472 per 100,000 live births in 2005 to 170 in 2014.\(^{182}\)

The Government of Cambodia has worked progressively with development partners to enhance the coverage of and access to healthcare for all Cambodians through the development of new healthcare facilities. The Government and developmental partners has also work diligently to decrease the prevalence of major communicable diseases.\(^{183}\) Photo 4 depicts the ground-breaking ceremony for the construction of the National Cancer Center and they Maternity building at Calmette Hospital in Phnom Penh, Cambodia in January 2014.\(^{184}\)

However, Cambodia continues to face significant healthcare challenges. From a global perspective, Cambodia’s national health-status indicators are relatively low compared to other countries. Additionally, Cambodia’s health status indicators suggest Cambodia lacks behind other countries within the same region. Remaining high rates of child malnutrition have significant implications for overall well-being and human capital development. Inequalities in health outcomes by socioeconomic status and between urban and rural populations are a major issue of concern, despite considerable improvements in equity in access to healthcare.\(^{185}\) The 2015 life-expectancy at birth for Cambodians is 67 for males and 71 for females. The probability of death between the ages of 15 and 60 is 20.9 percent for males and 14.3 percent for females.\(^{186}\)
Health Care System Structure

The Ministry of Health (MOH) is the primary agency over health planning, policy, development, and implementation. Cambodia began an overhaul of the country’s health system and implemented an organizational healthcare system reform in the mid-1990s. With the implementation of healthcare reform the MOH assumed the responsibility for Cambodia’s health-system development, engagement with partners for the development agencies, and directs policy implementation.  

The MOH is solely in authority of the administration and provision of government health services. The Directorate General for Health (DGH) directs health service distribution through 24 MOH Provincial Health Departments (PHDs) consist of 81 health Operational Districts (ODs), disseminated according to population size and demand. The 24 PHD direct a provincial hospital in their region and governs the ODs within their jurisdiction. ODs can be accountable for the care of 100,000 to 200,000 residents. Additionally, each PHD overseas a number of health centers and referral hospitals which primarily provide secondary care. Health centers provide preventive and basic curative care to approximately 10,000–20,000 residents. In remote area of Cambodia access to less formal health posts are available.

The healthcare system in Cambodia has improved since the 1980s; however, the system continues to be inadequate. Disparities in the healthcare system are demonstrated by the ratio of care providers to population. Currently the health system accounts for 1 doctor for every 5,000 people in the country. Additionally, facilities and equipment in Cambodia’s hospitals do not comply with international standards, and therefore many Cambodians and visitors to Cambodia with serious injury or illness elect to seek treatment outside of the country. Photo 5 depicts a Health Center in Kampong Phluk, Cambodia.

In Cambodia there are various facilities to seek attention for acute illness or a minor injury. Most of these facilities are located within the major cities. Healthcare clinics are capable of providing general healthcare and treatment; however, care requiring a specialist is only available at hospitals. International clinics are located in Phnom Penh where treatment for minor ailments can be provided. The international clinics also offer a medical translation services and medical evacuation if required. The Polyclinique Aurora Hospital located in Phnom Penh is recommended if treatment must be found in a Cambodian hospital. The Royal Rattanak Hospital and Royal Angkor International Hospital are composed of Thai and Cambodian staff, and are partnered with a hospital in Thailand.

Photo 5: Health Center, Cambodia
Health Reform

Cambodia has implemented health reforms in health service management and health administration which have improved the overall health system in the country. The MOH oversees the administration of the public health system in Cambodia. Increased independence in the process and responsibility for management decisions and for provisions of health services are afforded to health administrators within the public health system. This demonstrates progress towards greater autonomy for local health managers. The status of almost one third of all Operating Districts (ODs) has been transitioned to the status of Special Operating Agencies (SOAs). The transition is beneficial whereas, SOAs are afforded increased access to human resources and financial management and have additional funds available to them through Direct Service Delivery Grants.191

Table 3 lists the key health reforms and events that have been implemented in Cambodia:192

<table>
<thead>
<tr>
<th>Year</th>
<th>Key Reform</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>Development of the Health Coverage Plan as a framework for developing the health system infrastructure, based on population and geographical criteria</td>
</tr>
<tr>
<td>1996</td>
<td>Introduction of the Health Financing Charter, which paved the ways for implementing user charges at public health facilities, with exemptions for the poor; fee revenues are managed locally according to inter-Ministerial Prakas of MOEF and MOH</td>
</tr>
<tr>
<td>1996</td>
<td>Commencement of the Asian Development Bank Basic Health Services Project, which carried out civil works to construct and renovate health facilities, train health personnel to increase their capacity, including health service management, and implement a pilot program for contracting health services, including contracting-in and contracting-out</td>
</tr>
<tr>
<td>1999</td>
<td>Piloting of the external contracting model of service delivery during 1999–2003. This built on public–private partnership in health service management by contracting international NGOs through the MOH, encompassing three main issues: (1) decentralization, (2) use of regulated markets, and (3) harnessing the emergence of private sector and civil society</td>
</tr>
<tr>
<td>2000</td>
<td>Sector-Wide Management (SWiM) framework implemented by MOH and health partners.</td>
</tr>
<tr>
<td>2000</td>
<td>The first Health Equity Funds initiated in two districts (Sotnikum and Bantheay Meanchey) and in Phnom Penh</td>
</tr>
<tr>
<td>2002</td>
<td>Updating of the 1995 Health Coverage Plan to improve the geographic coverage of services</td>
</tr>
<tr>
<td>2003</td>
<td>Adoption of the Health strategic plan 2003–2007 and commencement of the first Health Sector Support Program (2003–2008), with the principal objectives of increasing MOH service-delivery capacity and performance, targeting the poor (particularly in rural areas), and reducing the impact of infectious diseases and malnutrition</td>
</tr>
<tr>
<td>2006</td>
<td>Adoption of the National Strategic Development Plan 2006–2010, including priority strategies, actions and targets for the health sector</td>
</tr>
<tr>
<td>2006</td>
<td>Adoption of the National Strategy for Reproductive and Sexual Health in Cambodia 2006–2010. This strategy focused on: service delivery, finance, human resources, information and policy/governance</td>
</tr>
<tr>
<td>2007</td>
<td>Joint Annual Performance Review carried out by the MOH and development partners to assess the implementation of the Health Strategic Plan and the Health Sector Support Program 2003-2007</td>
</tr>
<tr>
<td>2007</td>
<td>Introduction of the Midwife Incentive Scheme as a government-funded, supply-side incentive paid to midwives for facility-based deliveries</td>
</tr>
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</table>
Challenges in the Healthcare System

The Government of Cambodia has made significant improvements in the healthcare system with the introduction of various healthcare reforms; however, challenges impeding the progress of the provision of adequate healthcare for all Cambodians continue to remain a serious concern for the country. Some of the challenges in the Cambodian healthcare system include:

Under Regulated Private Healthcare Sector:
The preventative and curative healthcare industry is dominated by private healthcare providers which are often inadequately regulated. Private practitioners in Cambodia, by national law, have to attain accreditation from the MOH and must be licensed. However, regardless of considerable progresses made in healthcare policy, the regulation of private for-profit healthcare providers remains a challenge. In remote regions of Cambodia merely 15 percent of primary care provisions are attained from public sector providers and approximately 50 percent of healthcare services are attained by private non-medical, typically unaccredited and under qualified providers.193

Government Expenditures: Approximately 95 percent of the Government of Cambodia’s healthcare budget is funded by way of general taxations and the remaining 5 percent is attained through government fees at public facilities. Increased government expenditures for healthcare have been weakened by demonstrated inadequacies in fair distributions and technical proficiencies. Per capita, nearly 60 percent of health expenditures are incurred by the individual. A majority of the population elects to seek care from private providers due to high costs, poor quality, and the lack of accessibility associated with the public sector. Additionally, Cambodian’s are met with significant challenges to healthcare as a result the national ratio of physicians per capita and limited access to remote populations.194 Further improvement is warranted towards efficiency in government expenditures.195

Incurred Healthcare Cost: The cost of quality healthcare is passed to the individual and without a substantial decline in Out-Of-Pocket (OOP) health expenditures, Cambodia’s vision for universal health coverage will remain unattainable. The individual cost associated

Table 3: Key Health Reforms, Cambodia (cont.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>Introduction of Special Operating Agencies Implementation Guidelines providing OD managers, Health Centers and Referral Hospitals with greater autonomy using internal contracting with performance-based payment and conversion of some ODs to SOA status</td>
</tr>
<tr>
<td>2008</td>
<td>Implementation of HEF Guidelines to establish MOH authority over the growing number of HEFs operated in collaboration with local and international NGOs as implementers and contracted by the MOH</td>
</tr>
<tr>
<td>2008</td>
<td>Adoption of the government’s Organic Law, which provided the framework for the decentralization and de-concentration</td>
</tr>
<tr>
<td>2008</td>
<td>Adoption and implementation of the second Health Strategic Plan 2008–2015 focusing on five strategic areas: health service delivery, health financing, human resource development, health information system and health system governance</td>
</tr>
<tr>
<td>2010</td>
<td>Introduction of the Fast Track Initiative for reducing Maternal and Newborn Mortality, focusing on six components: (1) assuring universal access to emergency services by improving and expanding emergency obstetric and newborn care; (2) expansion of availability of skilled birth attendance; (3) improvement of family planning through availability of modern contraceptive methods; (4) improvement of availability of abortion services in public health clinics along with regulative strengthening</td>
</tr>
<tr>
<td>2011</td>
<td>Mid-Term Review of Health Strategic Plan 2008–2015</td>
</tr>
<tr>
<td>2013</td>
<td>Drafting of the National Health Financing Policy</td>
</tr>
</tbody>
</table>
with healthcare has far reaching economic effects and remains a major barrier to accessing healthcare for vulnerable populations, poor and impoverished communities.\(^\text{196}\)

**Private Healthcare Sector:** Private healthcare providers consume the majority of healthcare expenditures. Nationally a tremendous percentage of OOP expenditure is paid to private providers. Cambodian residents OOP expenses for healthcare are the leading household expense apart from non-consumables goods and are among the highest in the region. The financial burden is especially overwhelming for poor households. Large disparities exist in the prevalence of OOP expenditures across the population.\(^\text{197}\)

**Health Insurance:** Cambodia does not have compulsory health insurance or social health insurance coverage in place. The government’s National Social Security Fund provides work related injury benefits to private-sector employees; and the National Social Security Fund for Civil Servants does not provide health benefits to employees. A small volunteer health insurance market exists, containing private for-profit insurance companies and not-for-profit which assist rural communities and urban workers, though coverage is minimal. Both of these target non-poor formal and informal sector workers who can afford to pay premiums. Subsidized HEFs for the poor provide coverage and financial protection for a quarter of the national population.\(^\text{198}\) A number of demand-side financing schemes provide social health protection, including Health Equity Funds (HEFs), voucher schemes, voluntary community-based health insurance (CBHI), and extremely limited private health insurance.\(^\text{199}\)

**Health Assistance**

**Parallel Health Systems**

Healthcare outside of the government system is limited, but is available. Various local and global NGOs provide health services external to the government system, along with charitable organizations which offer inpatient and outpatient treatment. The Kantha Bopha group of children’s hospitals, a part of the national hospital system, receives funding from international charitable donors. The Sihanouk Hospital Center for HOPE located in Phnom Penh is a notable charitable service provider in Cambodia. The Center for HOPE works to provide education and training to Cambodian medial service providers and free healthcare for the poor population. HOPE provides preventative care, acute care, specialty care, surgeries, emergency services and HIV and TB care. The HOPE medical care system in Cambodia is made up of multiple mobile clinics and three medical centers located in Phnom Penh.\(^\text{200}\)

**Health Services for Specific Populations**

Cambodian military personal are provided healthcare by the Ministry of National Defence through its operated and staffed hospitals. Additionally, Cambodian prisoners are provided healthcare primarily by trained nurses. Prisoners who fall critically ill are transferred to public health facilities for further treatment.\(^\text{201}\)

**Communicable Diseases**

Cambodia has a high prevalence of communicable disease due to limited access to safe drinking water and sanitary facilities. Additionally, poor hygiene results in waterborne diseases, such as diarrhea, dysentery, and cholera. The utilization of biomass fuels for cooking in rural areas, increased pollution from vehicles, and fossil fuels used in the energy sector, primarily in urban areas, are major contributors to air pollution resulting in widespread respiratory diseases in the country. The MOH are working towards increased prevention of communicable diseases through the development and dissemination of public educational materials information sharing via local television, and disease surveillance and control activities.\(^\text{202}\)

Preventative actions and mitigations are implemented through various national programs. Government programs include providing Insecticide Treated Bed Nets (ITNs) for malaria and vector control for dengue fever throughout the country. The Government of Cambodia along with the Department of Communicable Disease Control, Department of Preventive Medicine, the National Centre for Health Promotion, the National Centre for Malarialogy, Parasitology and Entomology, the National Centre for Tuberculosis and Leprosy Control, the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Infections and other institutes have developed various disease-specific programs for the mitigation and prevention of environmental and communicable diseases.\(^\text{203}\)
Cambodia has a very high risk for major infectious diseases. Food or waterborne diseases including bacterial diarrhea, hepatitis A, and typhoid fever are common. Vector-borne diseases such as dengue fever, Japanese encephalitis, and malaria are also endemic to the nation. Information provided in the section for infectious diseases was obtained directly from Index Mundi, Cambodia Major Infectious Diseases.

Food or waterborne diseases acquired through eating or drinking have a negative effect on the local economy.

- **Hepatitis A** - viral disease that interferes with the functioning of the liver; spread through consumption of food or water contaminated with fecal matter, principally in areas of poor sanitation; victims exhibit fever, jaundice, and diarrhea; 15 percent of victims will experience prolonged symptoms over 6-9 months; vaccine available.
- **Typhoid fever** - bacterial disease spread through contact with food or water contaminated by fecal matter or sewage; victim's exhibit sustained high fevers; left untreated, mortality rates can reach 20 percent.

Vector borne diseases acquired through the bite of an infected arthropod:

- **Malaria** - caused by single-cell parasitic protozoa Plasmodium; transmitted to humans via the bite of the female Anopheles mosquito; parasites multiply in the liver attacking red blood cells resulting in cycles of fever, chills, and sweats accompanied by anemia; death due to damage to vital organs and interruption of blood supply to the brain; endemic in 100, mostly tropical, countries with 90 percent of cases and the majority of 1.5-2.5 million estimated annual deaths occurring in sub-Saharan Africa.
- **Dengue fever** - mosquito-borne (Aedes aegypti) viral disease associated with urban environments; manifests as sudden onset of fever and severe headache; occasionally produces shock and hemorrhage leading to death in 5 percent of cases.
- **Japanese Encephalitis** - mosquito-borne (Culex tritaeniorhynchus) viral disease associated with rural areas in Asia; acute encephalitis can progress to paralysis, coma, and death; fatality rates 30 percent.

Respiratory disease acquired through close contact with an infectious person:

- **Meningococcal meningitis** - bacterial disease causing an inflammation of the lining of the brain and spinal cord; one of the most important bacterial pathogens is Neisseria meningitides because of its potential to cause epidemics; symptoms include stiff neck, high fever, headaches, and vomiting; bacteria are transmitted from person to person by respiratory droplets and facilitated by close and prolonged contact resulting from crowded living conditions, often with a seasonal distribution; death occurs in 5-15 percent of cases, typically within 24-48 hours of onset of symptoms; highest burden of meningococcal disease occurs in the hyper-endemic region of sub-Saharan Africa known as the “Meningitis Belt” which stretches from Senegal east to Ethiopia.

Animal contact disease acquired through direct contact with local animals:

- **Rabies** - viral disease of mammals usually transmitted through the bite of an infected animal, most commonly dogs; the rabies virus affects the central nervous system causing brain alteration and death; symptoms initially are non-specific fever and headache progressing to neurological symptoms; death occurs within days of the onset of symptoms.

Non-Communicable Diseases

The MOH Department of Preventive Medicine work with Provincial Health Departments, Operating Districts, and the Public Health Centers manage the prevention and control of NCDs and associated risk factors to provide disease prevention and control services for both communicable and non-communicable diseases in Cambodia. The management of immunization services, reproductive care and family planning services is the responsibility of the National Maternal and Child Health Center (NMCHC) in Phnom Penh and services are provided at all public health facilities.

Government Health Centers provide basic services to Cambodian residents. Complicated
cases are sent to referral hospitals. Many NGOs provide precautionary services aimed for specific conditions at the community level. The Reproductive and Child Health Alliance (RACHA) in Cambodia provides necessary health services including reproductive health, child health, nutrition, sanitation, hygiene, infectious diseases, HIV/AIDS and other related services.

Training for Health Professionals

Continuing education and training of healthcare professionals in Cambodia has been provided through the expansion of health education training institutions. The Cambodian Government has various agencies which provide on-going healthcare training for public healthcare workers:

- The Council of Ministers is the primary agency for the management and regulation of healthcare education establishments;
- The MOH and the Ministry of Education, Youth and Sport (MoEYS) are directly responsible for the training of healthcare professionals;
- The departments for Human Resource Development at the Ministry of Education, Youth and Sport (MoEYS) are responsible for initial training and continuous professional development of healthcare workers;
- Various private institutions provide healthcare training and are accountable to the MOH. However, private institutions remain under the authority of MoEYS for administration, reporting and certification.

The University of Health Sciences (UHS) is the primary provider of the scientific and vocational education of healthcare workers in the private sector. The Technical School for Medical Care is also part of the UHS system. The Technical School for Medical care provides associate degrees in nursing, midwifery, laboratory technology, physiotherapy and medical imaging. Additionally, UHS provides undergraduate degrees for medical doctors, pharmacists and dentists. Graduate students may obtain a Master of Public Health degree through the MOH’s National Institute of Public Health.

The UHS, Technical School for Medical Care, and the Regional Training Centers offer multiple facilities, however there are an inadequate number of classrooms and laboratories to accommodate the enrollment rates. Additionally, the university and training center libraries lack adequate accessibility for students due to limited hours of operation and tend to have a shortage of recent editions of study materials. A deficiency in infrastructure, deficient water supply and maintenance are major problems at the Regional Training Centers.

Four Regional Training Centers provide primary and secondary nursing and midwifery education. The Institute of Medical Sciences of the Royal Cambodian Armed Forces affords training in numerous medical fields, including nursing and midwifery, and educates medical assistants, medical officers, pharmacists and dentists to serve in the armed forces; however, individuals that are not a part of the armed forces are qualified to register for classes and pay all associated fees. Photo 6 depicts trained medical staff at Makara Hospital in Preah Vihear, Cambodia.

The deficiency of management and certification of various private institutions presents considerable challenges to the healthcare and higher education sectors. Implemented in 2003, all higher public and private educational institutions providing bachelor, master and postgraduate degrees are responsible to the Accreditation Committee of Cambodia. However, significant concerns continue to remain in regards to the quality of education attained in private institutions for medical and healthcare workers. As a result of the concerns for quality of healthcare in education, one of the key recommendations from the Mid-Term Review of the Health Strategic Plan 2011–2015 was for the Government of Cambodia to establish government-recognized continuous education programs to foster better organization and planning.
Women, Peace, and Security

Women in Cambodia have worked progressively in the four decades following the Cambodian Civil War to increase their access to education, politics, and the workforce; however, vast disparities exist in women’s equality throughout the nation. Cambodia established the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1992. Though women have enjoyed the security of equality under the law, Cambodian women continue to be negatively affected by involuntary prostitution, domestic violence, and human trafficking.217

Cambodian data on women's political involvement and admittance to primary education have advanced, yet outdated challenges and developing concerns suggest there is much advancement needed before Cambodia attains gender equality.218 A gender study by the Ministry of Women's Affairs that accompanied the National Strategic Plan on Gender Equality and Women's Empowerment found that while women's participation in the labor market is high, their involvement continues to be impaired by low wages and limited options to develop professional skills. The nation has witnessed gains in girls' access to tertiary and technical education; however, disparities still exist among females and males. Female enrolment in public institutions for higher education increased from 21 percent in 2001 to 38.81 percent in 2013 and from 23.53 percent to 40.79 percent in the same timeframe for private institutions.219 Challenges include lack of funding, legal gaps and an attitude that gender issues are the responsibility of the Ministry of Women Affairs.220

In the course of the 2015 October Security Council Open Debate, Cambodia did not present any declarations confirming the government's promotion for the achievement of UNSCR 1325 and the Women, Peace and Security (WPS) Agenda. Women and local organizations, such as the Cambodian League for the Protection and Defense of Human Rights, have been acting to protect the rights and security of women in Cambodia. Presently, Cambodia does not have a National Action Plan for the Implementation of United Nations Security Council Resolution 1325.221

Cambodia is currently ranked at number 112 of 144 countries listed on the 2016 Global Gender Gap Index (GGI).222 Cultural and social norms in regards to the equality of women in Cambodia remain strongly rooted in many people's beliefs. Research indicates one-fifth of women in Cambodia have experienced physical violence at least once in their lifetime.224

Photo 7: Cambodian Midwife Project
Conclusion

Cambodia is one of the most disaster-prone countries in Southeast Asia. Flooding and drought increase socio-economic vulnerabilities of the rural poor adding to Cambodia’s development and poverty challenges. Approximately 80 percent of Cambodia lies within the Mekong River, which causes flooding to the country. In 2014, Cambodia drafted and adopted the National Action Plan for Disaster Risk Reduction 2014-2018, which focused on capacity building at national and sub-national levels and provided dedicated resources for strengthening the National Committee for Disaster Management (NCDM) and the Sub-National Committees for Disaster Management. In 2015, Cambodia’s legislature passed the Law on Disaster Management, which provided a legal framework for disaster management and assigned legally binding roles and responsibilities. NCDM is Cambodia’s lead government agency for emergency preparedness and relief. The NCDM provides the overall leadership of the Plan of Action for Disaster Risk Reduction (DRR) coordination in Cambodia. The occurrence of major disasters prompted the development and strengthening of legal frameworks for preparedness, response and recovery from disasters.

Cambodia’s economy is predominately led by garment-making; however, the tourism industry has been expanding rapidly providing economic growth. Additionally, Cambodia seeks to establish economic returns from offshore oil and gas reserves. Offshore oil and gas reserves would potentially attract overseas investments, which would replace aid. Subsequent to the 2013 national elections, the Cambodian Government implemented a combination of economic and business reforms. In 2015, the government introduced the Industrial Development Plan, which identified significant challenges to Cambodia’s economic advancement. The implementation of economic reform and the development plan has resulted in Cambodia experiencing rapid economic growth throughout the last decade. Over the past fifteen years, Cambodia’s GDP grew at an average annual rate of nearly eight percent. GDP per capita improved to an approximated $1,228 in 2015. The tourism, garment, construction, real estate, and agriculture sectors in Cambodia were the primary contributors to economic growth.

In 2017, the poverty rate was 14 percent compared to 47.8 percent in 2007. About 90 percent of the poor population resides in rural areas. Cambodia attained the Millennium Development Goal (MDG) of reducing the national poverty rate by nearly 50 percent prior to entering 2009, yet the greater part of families who elevated out of poverty were only able to improve their economic status by a slight margin. Currently approximately 4.5 million Cambodians are classified as near-poor.

Cambodia continues to face challenges in health and education. Approximately 33 percent of children under the age of five are underdeveloped. Additionally, nearly 79 percent of Cambodia’s residents lack adequate access to a clean water supply and 58 percent do not have access to improved sanitation. The maternal mortality ratio per 100,000 live births declined from 472 in 2005 to 161 in 2015, the under-five mortality rate reduced from 83 per 1,000 live births in 2005 to 28.7 per 1,000 in 2015. The overall primary education enrollment showed an increase of 15 percent from 1997 to 2016 reaching 97 percent; however, lower secondary completion rates only reached 43 percent in 2013 (drastically lower than the average for lower middle-income countries).

The Cambodian political environment in 2016, under Prime Minister Hun Sen and the Cambodian People’s Party (CPP), resulted in intensified political persecution on political grounds. Political persecution targeted the opposition, human rights workers, social activist, and public officials based on their perceived beliefs and assumed political opposition for Prime Minister Hun Sen. Political persecutions sought to prevent electoral success of the opposition and aimed to created conditions, which would prevent victory by the opposition Cambodia National Rescue Party (CNRP). China, Japan, and the European Union were the principal contributors of national development and economic assistance and China, Vietnam, and South Korea were the main investors for Cambodia in 2016.

In 2017 Cambodia’s authoritarian government reformed the law guarding political parties allowing for a simpler process for the Cambodia’s Ministry of Interior and Supreme Court; both widely seen as controlled by the ruling Cambodian People’s Party (CPP), to disband a political party on the foundation that it compromises “national unity”. A national election is due in 2018.
Appendices

DMHA Engagements in the Past Five Years

Recent DMHA Engagements

The Royal Cambodian Armed Forces and U.S. military have boosted military ties over the last few years by holding disaster management and humanitarian assistance exercises in Cambodia. The following is a listing of the most recent exercises and engagements over the last few years including bilateral and multilateral exercises:

- **Angkor Sentinel (AS)-2016**: Kampong Speu Province, Cambodia-U.S. and Cambodian forces closed Angkor Sentinel on March 25, 2016 at the Training School for Multinational Peacekeeping Forces in Kampong Speu Province, Cambodia. This year marked the seventh iteration of the annual bilateral military exercise hosted by the Royal Cambodian Armed Forces and sponsored by the U.S. Army Pacific designed to collectively strengthen the two countries’ humanitarian assistance and disaster relief capabilities and improve military-to-military cooperation. Angkor Sentinel is an annual bi-lateral exercise between USARPAC and the Royal Cambodian Army. The exercise includes a battalion level command post exercise (CPX), an engineer civic action project (ENCAP) and medical civic action projects (MEDCAP). The exercise focuses on training U.S. and Cambodian forces to support peace keeping and stability operations.

- **Cooperation Afloat Readiness and Training (CARAT)-2016**: Sihanoukville, Cambodia (NNS)-U.S. and Royal Cambodian Navy (RCN) service members completed the 7th annual Cooperation Afloat Readiness and Training (CARAT) exercise in Cambodia on November 4, 2016. The five-day exercise included, U.S. Sailors and Marines engagements in training with RCN counterparts in the fields of security operations, force protection, small boat operations and maintenance, amphibious operations, communications, preventive medicine, and casualty assistance. The capstone event was a comprehensive field training exercise (FTX), where the training from the previous days was put to practical use. CARAT is an annual exercise between the Royal Cambodian Navy and the U.S. Navy. The exercise focuses on enhancing maritime security skills through activities such as maritime interdiction, diving and salvage operations, maneuvering, and disaster response. The inaugural CARAT with Cambodia took place in 2010. CARAT is a series of annual, bilateral maritime exercises between the U.S. Navy and the armed forces of Bangladesh, Brunei, Cambodia, Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Timor Leste, which started in 1995.

- **Pacific Angel-2016**: Pacific Angel is a joint and combined humanitarian assistance mission conducted in various countries throughout the Indo-Asia-Pacific region with the active participation and leadership of the U.S. Air Force. Pacific Angel includes general health, dental, optometry, pediatrics, physical therapy, and engineering programs as well as various humanitarian aid and disaster relief subject matter expert exchanges. The mission enhances participating nations’ humanitarian assistance and disaster relief capabilities while providing needed services to people throughout the region. At the invitation of the Cambodian government, the U.S. and Cambodia militaries conducted humanitarian assistance events and military to military subject matter expert exchanges from June 6–18, 2016, in Kampot Province, Cambodia, as part of Pacific Angel 2016. During this mission, approximately 80 members of the U.S. military and Cambodian counterparts, along with service members from Australia, Vietnam and Thailand, worked together in partnership with local non-governmental organizations to provide humanitarian assistance to the residents of Kampot Province.

- **Cooperation Afloat Readiness and Training (CARAT)-2015**: The 6th annual exercise Cooperation Afloat Readiness and Training (CARAT) Cambodia concluded with a closing ceremony at the Royal Cambodian Ream Navy Base, Nov. 20. CARAT is a bilateral exercise series between the U.S. Navy and the armed forces of Bangladesh, Brunei, Cambodia, Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Timor Leste, which started in 1995.
forces of nine partner nations in South and Southeast Asia, including Bangladesh, Brunei, Cambodia, Indonesia, Malaysia, Philippines, Singapore, Thailand, and Timor-Leste. This year marked the 6th consecutive iteration; CARAT continues to be the premier naval engagement between U.S. and Royal Cambodian navies. The exercise is a tangible venue for increasing maritime security cooperation and interoperability between the two navies.  

- **Pacific Airlift Rally (PAR) Exercise-2015:** The Pacific Airlift Rally is a biennial, military airlift symposium sponsored by U.S. Pacific Air Forces for nations in the Indo-Pacific region. PAR focuses on enhancing airlift interoperability among regional air forces in support of multilateral humanitarian assistance and disaster relief operations. Exercise-related events included informational seminars and expert briefings, a command post exercise that addresses military airlift support required during natural disasters, and a field training exercise that builds upon the command post exercise. PAR 15 took place in August, 2015 at Joint Base Elmendorf Richardson, Alaska.

- **Angkor Sentinel-2015:** Angkor Sentinel is an annual bilateral military exercise hosted by the Royal Cambodian Armed Forces and sponsored by the U.S. Army Pacific in Kampong Speu Province, Cambodia. The two-week Cambodian hosted event included over 450 personnel from the U.S. and Cambodia who participated in Angkor Sentinel 2015, a 33 percent increase in Khmer soldiers than the previous year's exercise. Some of the events included planning and executing a battalion level command post exercise, engineering civic action projects and executing a medical civic action program. In all, each soldier received over 100 hours of training.

- **US DoS Lower Mekong Initiative (LMI) Disaster Response Exercise and Exchange (DREE)-2015:** Sept. 25, 2015, both military and civilian, from six nations in Vientiane, Laos PDR participated in the 2015 Lower Mekong Initiative Disaster Relief Exercise and Exchange. The LMI Disaster Response Exercise and Exchange is an annual civil-military disaster preparedness and response initiative between the governments of Burma, Cambodia, Lao PDR, Thailand, Vietnam, and the United States. It focuses upon regional readiness to all-hazard situations in the Lower Mekong area. The LMI DREE provides a framework for civil-military authorities to develop best practices, engage in collaborative dialog, exercise plans and procedures to enhance HADR capabilities. The event was organized and prepared by the U.S. Army Pacific and the Cambodian Royal Gendarmerie. Royal Preah Khan 2015: Royal Preah Khan is a bilateral exercise between the U.S. and Cambodia that strengthens the relationship between the two nations in humanitarian assistance and disaster response. The exercise focuses on enhancing response capabilities through staff exchange, crisis action planning, and a command post exercise. In January 2015, U.S. Marines with Headquarters Regiment, 3rd Marine Logistics Group, stationed in Okinawa, Japan, partnered with members of the Royal Cambodian Armed Forces (RCAF), including the Royal Gendarmerie, to conduct exercise Royal Preah Khan.

- **Pacific Partnership (PP)-2014:** PP is an annual Pacific Fleet humanitarian and civic assistance mission which U.S. military, host and partner nations, NGOs and international agencies designed to build relationships and disaster response capabilities in the Asia Pacific region. PP is the largest annual humanitarian civic assistance mission in the Asia-Pacific region. During the PP 2014 in Cambodia, multinational medical teams worked next to their Royal Cambodian Armed Forces (RCAF) counterparts to conduct professional exchanges and to provide medical treatment in Sihanoukville, Phnom Penh, and Takeo, as well as veterinary services on Koh Rong Island and in the Sihanoukville region. Pacific Partnership provided care to more than 4,000 Cambodians in need, including many who would not normally have access to medical services. The medical practitioners exchanged ideas and knowledge on crucial medical issues facing Cambodia, including a cardiology seminar in Phnom Penh attended by more than 150 medical personnel from throughout Cambodia.
• **Angkor Sentinel-2014**: Cambodia and the United States conducted a joint military exercise dubbed “Angkor Sentinel 2014”, aimed to build capacity for Cambodian armed forces and bolster bilateral military ties. The annual exercise lasted for ten days (April 21-30) at the Training Centre for Multinational Peacekeeping Forces, about 70 km west of capital Phnom Penh.  

• **HADR Tabletop Exercise-2014**: Cambodia and U.S. military medical personnel participated in a humanitarian assistance and disaster relief tabletop exercise on March 21 during a subject-matter expert exchange in Phnom Penh, Cambodia. As the final event of Cambodia Medical Exercise 14-1, the TTX tested the participants’ abilities to plan a humanitarian assistance and disaster relief response effort. In the scenario, heavy rainfall produced mass flooding in Phnom Penh, displacing civilians, damaging buildings and unearthing unexploded ordnance.  

• **Angkor Sentinel-2013**: Kampong Speu Province, Cambodia-Soldiers of the 116th Cavalry Brigade Combat Team, Idaho Army National Guard, made the journey back to the Peacekeeping Operations School in Kampong Speu Province, Cambodia and participated in the Angkor Sentinel 2013 exercise May 16-29. AS 13 is a continuing series of rigorous, multi-faceted exercises designed to promote regional peace and security.  

• **US DoS Lower Mekong Initiative (LMI) Disaster Response Exercise and Exchange (DREE)-2013**: The US State Department's Lower Mekong Initiative (LMI) Disaster Response Exercise and Exchange (DREE) were held in Phnom Penh June 10-13, titled, “Lower Mekong Initiative Pacific Resilience Disaster Response Expert Exchange.” Over 100 military and civilian participants from Cambodia, Laos, Myanmar, Thailand, Vietnam, and the U.S. and 20 different organizations participated in the tabletop exercise. During the exercise, participants collaborated on a response to a large-scale flooding scenario along the Mekong. The exercise focused on regional flood response and the ASEAN preparedness procedures and guidelines. The event was organized and prepared by the US Army Pacific and the Cambodian Royal Gendarmerie. The US Army Corps of Engineers-Pacific Ocean Division provided expertise.  

• **Pacific Airlift Rally (PAR) Exercise-2013**: Pacific Airlift Rally 2013, co-hosted by the U.S. and the Royal Cambodian Air Forces took place at Pochentong Air Base, Phnom Penh, Cambodia. The PAR exercise series which began in 1997. PAR 13 was focused on enhancing airlift interoperability among regional air forces in support of multilateral humanitarian assistance and disaster relief operations. Exercise-related events included informational seminars and expert briefings, a command post exercise that addressed military airlift support required during natural disasters, a field training exercise that built upon the command post exercise. PAR advances military airlift interoperability and cooperation among the nations of the Indo-Pacific region, and provides a venue to exchange humanitarian airlift, air-land and air delivery techniques specific to Indo-Pacific region aircraft.  

• **Medical First Responder (MFR) Exchange-2013**: Kampong Speu Province, Cambodia (May 27, 2013)-The Medical First Responders course was conducted with the Royal Cambodian Armed Forces and Idaho National Guard Soldiers during Angkor Sentinel 2013, May 18-27. The Medical First Responders course, or MFR, is designed to teach students basic lifesaving skills to help their fellow Soldiers should they become injured. Topics covered included patient assessment, hemorrhage control, wound care, mild traumatic brain injuries, basic CPR, and medical evacuation procedures. As part of Angkor Sentinel 2013, or AS 13, one of the main exercise objectives is to improve lifesaving medical skills and public health capabilities. The MFR consisted of academics, practical instruction, and evaluation.  

• **Pacific Partnership (PP)-2012**: The Military Sealift Command’s hospital ship, USNS Mercy (T-AH 19) arrived in Cambodia July 28 and conducted the final mission phase of Pacific Partnership 2012 (PP12). PP12 was the U.S. Pacific Fleet’s seventh annual Pacific Partnership humanitarian and civic assistance (HCA) mission.
Recent U.S. Military DMHA Projects

- **Humanitarian Mine Action Relief-2015**: Nov. 5, 2015. U.S Marine Explosive Ordinance Disposal (EOD) trained Cambodian Mine Action Centre (CMAC) in support of the Humanitarian Mine Action program. The program focuses on assisting selected countries in relieving human suffering and in developing an indigenous mine action capability to help with explosive remnants of war.

- **U.S. Assistance-International Military Education and Training in Cambodia-2014**: U.S. assistance provides English-language; leadership training; military professionalism; human rights awareness.

- **U.S. Assistance-Nonproliferation, Antiterrorism, Demining and Related Programs-2014**: $4 million in FY2014 was provided to the Government of Cambodia to fund programs which remove unexploded ordnance (UXO) and explosive remnants of war (ERW) and to enhance Cambodia’s border security.

- **UACE-Preah Ang Duong High School Completion-April 2013**: The U.S. Army Corps of Engineers (US ACE) helped with the completion of the Preah Ang Duong High School. The USD $700,000 project was the largest investment of funding under the U.S. Overseas Humanitarian, Disaster Assistance and Civic Aid Program in Cambodia. The new high school replaced a school built in the 1950s by USAID, and is the largest humanitarian assistance project built in the country. The project was the result of a three-year effort by the ODC of the U.S. Embassy in Cambodia, U.S. Pacific Command and U.S. Army Corps of Engineers.

Office of Defense Cooperation (ODC) DMHA Programs

- **Excess Defense Articles (EDA) and Humanitarian Assistance Program**: Excess Property (HAP-EP): Cambodia manages programs in country for U.S. Pacific Command. Under the EDA program, more than 100 heavy trucks and ambulances have been donated to various demining agencies working in country. The HAP-EP program has focused on providing excess medical equipment and supplies from military stocks to charity hospitals operating throughout Cambodia.

- **Humanitarian Assistance Bridge and School Construction**: U.S. Pacific Command has funded the construction of eight bridges and four schools throughout Cambodia as part of the Humanitarian Assistance program. A medical clinic was also constructed by thirty U.S. Marines in October 2005 in Kompong Chhnang Province. The total sum of the engineering projects funded by the United States under the OHDACA program equals more than USD $2,000,000.

- **Mosquito Net Distribution**: U.S. Pacific Command has provided more than USD $600,000 worth of mosquito nets to a variety of organizations throughout the country, including the National Malaria Center, the Cambodian Mine Action Center, the HALO Trust, and the Mines Advisory Group. These nets have been distributed in Pailin province, as well as throughout Cambodia in several other malaria-affected areas.

- **Title 10 Conferences**: Members of the Royal Cambodian Armed Forces are invited and funded to attend certain conferences held in the region and in the United States, focusing on, but not limited to, the rule of law, medical issues, civil-military roles, and disaster/search and rescue operations.

National Guard’s State Partnership Program (SPP)

The State Partnership Program was started in 1993 and provides an opportunity to form regional partnerships between all states of the U.S. and National Guard members from each state with countries across the world. All 50 states and U.S. territories are involved in partnerships with foreign nations. The Idaho Army National Guard has partnered with Cambodia since 2009. In December 2009, a delegation of Royal Cambodian Armed Force (RCAF) members kicked off the partnership with a 6 day visit to the Idaho Army National Guard Base in Boise Idaho. Recent engagements between the Idaho National Guard and RCAF counterparts include:

- **Cambodia, Idaho National Guard Senior Leadership Exchange-2017**: Senior leaders of the Idaho National Guard’s official military partner—the Royal Cambodian Armed Forces—visited
Idaho the week of Sept. 18, 2017 as part of the State Partnership Program. Since the partnership was formally established in 2009, the partners have conducted several subject matter expert exchanges but this visit was the first of its kind—a senior leadership exchange. The four Cambodian leaders on this exchange included representatives of the Institute of Health Science, the National Defense University, Military Institute of Technology and Material, and Department of International Affairs.

- **Angkor Sentinel-2015**: Kampong Speu Province, Cambodia – The Idaho Army National Guard arrived in Cambodia for the commencement of Angkor Sentinel 15, March 9. Angkor Sentinel is an annual bilateral exercise sponsored by U.S. Army Pacific and hosted by the Royal Cambodian Armed Forces, focusing on humanitarian assistance and responding to disasters. This year marks the sixth iteration of this significant and highly productive regional training exercise.

- **Medical First Response-2014**: Phnom Penh, Cambodia – Idaho Air and Army National Guardsmen met with their Cambodian counterparts Sep. 15-19 to complete the fifth year of partnership activities. Medical First Response was the topic and the third year in a row the two militaries came together to share best practices on the subject. The overall purpose of the partnership is threefold: (1) to share best practices in any given engagement area—in this case medical first response; (2) build capacity to become self-sufficient to sustain, exercise and execute skills and capabilities, and (3) build a strong partnership that enhances a combatant commander’s ability to maintain reliable regional allies. The culminating goal is to have two fully capable and interoperable allies able to provide humanitarian response to disasters locally, regionally or globally.

The U.S. continues to advance its political, economic, and security interests in Southeast Asia and works with ASEAN to secure vital sea-lanes, fight translational threats, and increase the economic growth in the region. China also has an interest in economic cooperation in this arena, linking China’s political-security cooperation and creating a pull on the ASEAN member states. There is no comprehensive regulatory agenda between ASEAN and its bilateral or multilateral aid partners such as the U.S., China, Russia, Japan, Australia and others. Russia has expanded influence within the ASEAN block and Cambodia specifically; Russia and Cambodia cooperate in numerous economic sectors. Cambodia, like many ASEAN countries, demonstrates to the international community that it is independent in regards to foreign policy. However, it does signal to the U.S. and others that the arena is filled with many multilateral aid partners.
Force Protection/Pre-Deployment Information

The following information is provided for pre-deployment planning and preparations. Visit www.travel.state.gov prior to deployments for further up-to-date information.

Passport/Visa
Entry / Exit Requirements for U.S. Citizens:
You will need a valid passport and a Cambodian visa to travel to Cambodia. Tourist and business visas are valid for one month beginning with the date of entry into Cambodia. Cambodia offers on-line visa processing.
Tourists and business travelers may also obtain a Cambodian visa at the airports in Phnom Penh, Siem Reap, and at all major border crossings. Cambodian airports now collect fingerprints upon entry using an inkless, electronic process. You will need two passport-sized (4cm by 6cm) photographs and a passport valid for a minimum of six months beyond the date of entry into Cambodia.
Cambodia regularly imposes fines for overstay of an expired visa. If the overstay is 30 days or less, the charge is USD $5.00 per day; for overstays of more than 30 days, the charge is USD $6.00 per day. You should contact the nearest embassy or consulate of Cambodia or visit the Embassy of the Kingdom of Cambodia web site for the most current visa information.

The U.S. Department of State is unaware of any HIV/AIDS entry restrictions for visitors to or foreign residents of Cambodia.

Emergency Contact Information
American Citizens should call the Embassy as soon as practical in the event of an arrest, death, hospitalization, or other emergency involving a U.S. citizen. In an emergency, Embassy personnel can assist in talking with medical personnel, police, or other officials on behalf of the U.S. citizen and his or her family.

Embassy of the United States of America
#1, Street 96, Sangkat Wat Phnom, Khan Daun Penh, Phnom Penh
Embassy Tel: (855-23) 728-000

For emergencies during regular office hours (8:00am to 5:00pm, Monday thru Friday) please call +855 23-728-402/ +855 23-728-051 / +855 23-728-234.
In the event of an emergency after hours, please call +855 23-728000. Press 1 and then 0 to be transferred to the operator.
A duty officer is always available outside normal office hours to assist American citizens who have serious emergencies. U.S. citizens with emergencies should call the Embassy’s main number, 023-728-000. Please note that routine matters such as visa inquiries or replacement pages for passports do not constitute emergencies.

Victims of Crime: Report crimes to the local police and contact the U.S. Embassy at 023-728-402, 051, or 234. Remember that local authorities are responsible for investigating and prosecuting the crime.
U.S. citizen victims of sexual assault should contact the U.S. Embassy first.

The U.S. Embassy can assist with:
• Helping you find appropriate medical care;
• Assisting you in reporting a crime to the police;
• Contacting relatives or friends with your written consent;
• Explaining the local criminal justice process in general terms;
• Providing a list of local attorneys;
• Providing information on victim’s compensation programs in the U.S.;
• Providing an emergency loan for repatriation to the United States and/or limited medical support in cases of destitution;
• Helping you find accommodation and arrange flights home; and
• Replacing a stolen or lost passport.

Domestic Violence: U.S. citizen victims of domestic violence may contact the Embassy for assistance.

For further information:
• Enroll in the Smart Traveler Enrollment Program (STEP) to receive security messages and make it easier to locate you in an emergency.
• Call us in Washington at 1-888-407-4747 toll-free in the United States and Canada or 1-202-501-4444 from other countries from 8:00 a.m. to 8:00 p.m. Eastern Standard Time, Monday through Friday (except U.S. federal holidays).
Currency Information

The U.S. dollar is widely used, especially for larger transactions, and most prices are quoted in dollars. Ripped or torn U.S. bills are not accepted. The Cambodian riel can also be used, but it is less favored and is mostly given to tourists as change for dollar purchases. The riel is commonly used in smaller towns and rural areas. Credit cards are increasingly accepted within Cambodia, and a number of banks in Phnom Penh accept Visa cards for cash advances. Credit cards are often subject to a service charge. Banks and major hotels accept travelers’ checks but usually charge a service fee. Several international banks operate ATM machines that allow travelers to obtain U.S. dollar currency in Phnom Penh, Siem Reap, and other urban centers. Personal checks are not generally accepted. Several banks serve as Western Union agents, to which funds can be wired, including in Phnom Penh, Siem Reap, Sihanoukville, and other provincial cities.

Travel Health Information

Medical Care

Medical facilities and services in Cambodia do not meet international standards. Both Phnom Penh and Siem Reap have a limited number of internationally-run clinics and hospitals that can provide basic medical care and stabilization. Medical care outside of these two cities is almost non-existent. Local pharmacies provide a limited supply of prescription and over-the-counter medications, but because the quality of locally obtained medications can vary greatly, make sure to bring a supply of your medications that is adequate for the duration of your stay in Cambodia. You should be wary of purchasing local medication. Counterfeit medication is readily available, often indiscernible from authentic medication, and potentially lethal. Be aware that U.S. Medicare does not apply overseas. Make sure your health insurance plan provides coverage overseas. Most care providers overseas only accept cash payments. Supplemental insurance is recommended to cover medical evacuation.

Prescriptions

If traveling with prescription medication, check with the government of Cambodia to ensure the medication is legal in Cambodia. Always, carry your prescription medication in original packaging with your doctor’s prescription.

Vaccinations

Vaccinations: Be up-to-date on all vaccinations recommended by the U.S. Centers for Disease Control and Prevention. Tuberculosis is an increasingly serious health concern in Cambodia. For further information, please consult the CDC’s information on TB.

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<tr>
<th>CDC Travel Recommendations for Travel to Cambodia</th>
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<tbody>
<tr>
<td>Routine vaccines</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Typhoid</td>
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<tr>
<td>Hepatitis B</td>
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### Japanese Encephalitis
You may need this vaccine if your trip will last more than a month, depending on where you are going in Cambodia and what time of year you are traveling. You should also consider this vaccine if you plan to visit rural areas in Cambodia or will be spending a lot of time outdoors, even for trips shorter than a month. Your doctor can help you decide if this vaccine is right for you based on your travel plans.

### Malaria
When traveling in Cambodia, you should avoid mosquito bites to prevent malaria. You may need to take prescription medicine before, during, and after your trip to prevent malaria, depending on your travel plans, such as where you are going, when you are traveling, and if you are spending a lot of time outdoors or sleeping outside. Talk to your doctor about how you can prevent malaria while traveling.

### Rabies
Rabies can be found in dogs, bats, and other mammals in Cambodia, so CDC recommends this vaccine for the following groups:

1. Travelers involved in outdoor and other activities (such as camping, hiking, biking, adventure travel, and caving) that put them at risk for animal bites.
2. People who will be working with or around animals (such as veterinarians, wildlife professionals, and researchers).
3. People who are taking long trips or moving to Cambodia
4. Children, because they tend to play with animals, might not report bites, and are more likely to have animal bites on their head and neck.

### Yellow Fever
There is no risk of yellow fever in Cambodia. The government of Cambodia requires proof of yellow fever vaccination only if you are arriving from a country with risk of yellow fever. This does not include the US. Your doctor can help you decide if this vaccine is right for you based on your travel plans.

### Eat and drink safely
Unclean food and water can cause travelers’ diarrhea and other diseases. Reduce your risk by sticking to safe food and water habits.282

**Eat**
- Food that is cooked and served hot
- Hard-cooked eggs
- Fruits and vegetables you have washed in clean water or peeled yourself
- Pasteurized dairy products

**Don't Eat**
- Food served at room temperature
- Food from street vendors
- Raw or soft-cooked (runny) eggs
- Raw or undercooked (rare) meat or fish
- Unwashed or unpeeled raw fruits and vegetables
- Unpasteurized dairy products
- “Bushmeat” (monkeys, bats, or other wild game)

**Drink**
- Bottled water that is sealed
- Water that has been disinfected
- Ice made with bottled or disinfected water
- Carbonated drinks
- Hot coffee or tea
- Pasteurized milk

**Don't Drink**
- Tap or well water
- Ice made with tap or well water
- Drinks made with tap or well water (such as reconstituted juice)
- Unpasteurized milk

### Safety and Security
The Department of State is concerned that individuals and groups may be planning terrorist actions against U.S. citizens and interests, as well as at sites frequented by Westerners in Southeast Asia. See Department of State’s Worldwide Caution. Extremist groups in Southeast Asia
have transnational capabilities to carry out attacks against locations where Westerners congregate. U.S. citizens residing in, or traveling to, Cambodia should therefore exercise caution in clubs, discos, bars, restaurants, hotels, and places of worship, schools, outdoor recreation venues, tourist areas, beach resorts, and other places frequented by foreigners. U.S. citizens should remain vigilant with regard to their personal security and avoid police action, crowds, and demonstrations. During political standoffs in November 2015 and again in May 2016, authorities deployed armed commando units; political violence broke out at the National Assembly in October 2015, injuring two lawmakers. Even demonstrations intended to be peaceful can quickly escalate into violence without warning as seen in January 2014 when several people were killed.

The U.S. Embassy frequently receives reports of random gunfire and armed attacks in the vicinity of bars, nightclubs, and other entertainment venues. Several foreigners have been injured in violent attacks in these areas, and U.S. citizens should remain vigilant.

Land mines and unexploded ordnance are found in rural areas throughout Cambodia, and especially in Battambang, Banteay Meanchey, Pursat, Siem Reap, and Kampong Thom provinces. Travelers in these regions should never walk in forested areas or even in dry rice paddies without a local guide. Areas around small bridges on secondary roads are particularly dangerous. Travelers should not touch anything that resembles a mine or unexploded ordnance; they should notify the Cambodia Mine Action Center at 012-800-473/023-995-437.

To stay connected:

- Enroll in the Smart Traveler Enrollment Program so we can keep you up to date with important safety and security announcements.
- Follow the Bureau of Consular Affairs on Twitter and Facebook.
- Bookmark the Bureau of Consular Affairs website, which contains the current Travel Warnings and Travel Alerts as well as the Worldwide Caution.
- Follow the U.S. Embassy in Cambodia on Twitter and visiting the Embassy’s website.
- In the event of an emergency, contact us at 1-888-407-4747 toll-free within the United States and Canada, or via a regular toll line, 1-202-501-4444, from other countries.
- Take some time before traveling to consider your personal security and checking for useful tips for traveling safely abroad.

Cambodia has a high crime rate, including street crime. Military weapons and explosives are readily available to criminals despite authorities’ efforts to collect and destroy such weapons. Armed robberies occur frequently, and foreign residents and visitors, including U.S. citizens, are among the victims. The Embassy has also received reports that residences and hotel rooms of U.S. citizens in Phnom Penh were burglarized while the occupants were asleep.

The most common type of theft is “snatch and grab” robbery, and anything that can be quickly grabbed is at risk: cameras, jewelry, purses, backpacks, mobile phones, etc. Exercise caution and keep belongings out of sight if you travel via “tuk-tuk,” as passengers in these open-air vehicles have been targeted by thieves. If walking along the street, make yourself less of a target by carrying bags or items in your hand or on the shoulder that is furthest from the street. If someone attempts to rob you, you should surrender your valuables immediately, since any perceived resistance may be met with physical violence, including lethal force. The U.S. Embassy frequently receives reports of violent robberies that escalate into fatalities. In September 2013, a U.S. resident was shot in the leg during an armed robbery. In October 2013, a U.S. tourist was killed on the tourist island of Koh Rong off the coast of Sihanoukville. In April 2014, a Dutch resident and her young child were stabbed to death after an intruder entered her home attempting to steal a bicycle.

Pickpockets, some of whom are beggars, are present in the markets and at the tourist sites. Sometimes they may act overly friendly, placing their hand on your shoulder or back to distract you in order to pick your pocket.

To avoid the risk of theft or confiscation of original documents, the U.S. Embassy advises its personnel and all U.S. citizens traveling to, or residing in, Cambodia to carry photocopies of their U.S. passport, driver’s license, and other important documents and to leave the originals in a hotel safe or other secure place. Local police rarely investigate reports of crime against tourists, and travelers should not expect to recover stolen items. It has also been reported that some police stations charge foreigners between $20 and $100 to file a police report.
Foreigners travelling to Cambodia should be aware of common scams targeting tourists, often involving card games. The Embassy receives many reports of U.S. citizens being approached by individuals in public locations, such as popular shopping malls, and being invited to their homes and end up participating in card games. These are often scams to steal tourists’ money. If you find yourself a victim of one of these scams, you should contact the U.S. Embassy.

The U.S. Embassy advises its personnel who travel to the provinces outside of Phnom Penh to exercise extreme caution outside the provincial towns at all times. Many rural parts of the country remain without effective policing. Avoid walking alone after dusk anywhere in Sihanoukville, especially along the waterfront. You should be particularly vigilant during annual festivals and at tourist sites in Phnom Penh, Siem Reap, and Sihanoukville, where there have been marked increases in motorcycle “snatch and grab” thefts of bags and purses.

If you are visiting Cambodia, you should practice sound personal security awareness by varying your routes and routines, maintaining a low profile, not carrying or displaying large amounts of cash, not wearing flashy or expensive jewelry, and not walking alone after dark. In addition, you should travel by automobile and not use local moto-taxis or cyclos (passenger-carrying bicycles). These vehicles are more vulnerable to armed robberies and offer no protection against injury when involved in traffic accidents.

U.S. citizens are advised not to engage in commercial surrogacy arrangements in Cambodia at this time. In October 2016, the Government of Cambodia issued an official proclamation banning commercial surrogacy in Cambodia. Those with surrogacy cases already in progress should consult a lawyer and contact the U.S. Embassy with any questions. Please keep in mind that U.S. citizens and other foreigners in Cambodia are subject to Cambodian laws and procedures.

Sendai Framework

The Sendai Framework is the global blueprint and fifteen year plan to build the world’s resilience to natural disasters. The Sendai Framework for Disaster Risk Reduction 2015-2030 outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks:

- Understanding disaster risk;
- Strengthening disaster risk governance to manage disaster risk;
- Investing in disaster reduction for resilience; and
- Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction.

It aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years. It was adopted at the Third United Nations World Conference on Disaster Risk Reduction in Sendai, Japan in 2015. Figure 6 shows the Sendai DRR Framework.
The present framework will apply to the risk of small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters, caused by natural or manmade hazards as well as related environmental, technological and biological hazards and risks. It aims to guide the multi-hazard management of disaster risk in development at all levels as well as within and across all sectors.

The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries requires a focused action within and across sectors by States at local, national, regional and global levels in the following four priority areas.

Priority 1: Understanding disaster risk

Priority 2: Strengthening disaster risk governance to manage disaster risk

Priority 3: Investing in disaster risk reduction for resilience

Priority 4: Enhancing disaster preparedness for effective response, and to «Build Back Better» in recovery, rehabilitation and reconstruction

Targets

1. Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-2015
2. Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015
3. Reduce direct disaster economic loss in relation to global gross domestic product (GDP) by 2030
4. Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030
5. Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020
6. Substantially enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of this framework by 2030
7. Substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to people
The Hyogo framework for Action (HFA) was adopted as a guideline to reduce vulnerabilities to natural hazards. The HFA assists participating countries to become more resilient and to better manage the hazards that threaten their development. The levels of progress of the 2007-2009 results of the HFA for Cambodia are represented in Figure 7 and Table 4. Table 5 provides an overview of the overall challenges and the future outlook statement from the HFA report. The 2007-2009 is the most recent HFA report available for Cambodia.

### Priority for Action #1: Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.

<table>
<thead>
<tr>
<th>Core Indicator*</th>
<th>Indicator Description</th>
<th>Level of Progress Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National policy and legal framework for disaster risk reduction exists with decentralized responsibilities and capacities at all levels.</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Dedicated and adequate resources are available to implement disaster risk reduction plans and activities at all administrative levels.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Community Participation and decentralization is ensured through the delegation of authority and resources to local levels.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>A national multi sectoral platform for disaster risk reduction is functioning.</td>
<td>2</td>
</tr>
</tbody>
</table>

### Priority #2: Identify, assess and monitor disaster risks and enhance early warning

<table>
<thead>
<tr>
<th>Core Indicator*</th>
<th>Indicator Description</th>
<th>Level of Progress Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National and local risk assessments based on hazard data and vulnerability information are available and include risk assessments for key sectors.</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Systems are in place to monitor, archive and disseminate data on key hazards and vulnerabilities.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Early warning systems are in place for all major hazards, with outreach to communities.</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>National and local risk assessments take account of regional/trans-boundary risks, with a view to regional cooperation on risk reduction.</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4: Cambodia National Progress Report on the Implementation of the HFA 2007-2009
### Priority #3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels

<table>
<thead>
<tr>
<th>Core Indicator*</th>
<th>Indicator Description</th>
<th>Level of Progress Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relevant information on disasters is available and accessible at all levels, to all stakeholders (through networks, development of information sharing systems, etc.).</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>School curricula, education material and relevant trainings include disaster risk reduction and recovery concepts and practices.</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Research methods and tools for multi-risk assessments and cost benefit analysis are developed and strengthened.</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Countrywide public awareness strategy exists to stimulate a culture of disaster resilience, with outreach to urban and rural communities.</td>
<td>3</td>
</tr>
</tbody>
</table>

### Priority #4: Reduce the underlying risk factors

<table>
<thead>
<tr>
<th>Core Indicator*</th>
<th>Indicator Description</th>
<th>Level of Progress Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disaster risk reduction is an integral objective of environment related policies and plans, including for land use natural resource management and adaptation to climate change.</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Social development policies and plans are being implemented to reduce the vulnerability of populations most at risk.</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Economic and productive sectorial policies and plans have been implemented to reduce the vulnerability of economic activities.</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Planning and management of human settlements incorporate disaster risk reduction elements, including enforcement of building codes.</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Disaster risk reduction measures are integrated into post disaster recovery and rehabilitation processes.</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Procedures are in place to assess the disaster risk impacts of major development projects, especially infrastructure.</td>
<td>2</td>
</tr>
</tbody>
</table>

### Priority #5: Strengthen disaster preparedness for effective response at all levels

<table>
<thead>
<tr>
<th>Core Indicator*</th>
<th>Indicator Description</th>
<th>Level of Progress Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strong policy, technical and institutional capacities and mechanisms for disaster risk management, with a disaster risk reduction perspective are in place.</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Disaster preparedness plans and contingency plans are in place at all administrative levels, and regular training drills and rehearsals are held to test and develop disaster response programs.</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Financial reserves and contingency mechanisms are in place to support effective response and recovery when required.</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Procedures are in place to exchange relevant information during hazard events and disasters, and to undertake post-event reviews.</td>
<td>2</td>
</tr>
</tbody>
</table>

Table Notes:
* Level of Progress:
1 – Minor progress with few signs of forward action in plans or policy
2 – Some progress, but without systematic policy and/ or institutional commitment
3 – Institutional commitment attained, but achievements are neither comprehensive nor substantial
4 – Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities
5 – Comprehensive achievement with sustained commitment and capacities at all levels

Table 4: Cambodia National Progress Report on the Implementation of the HFA 2007-2009 (cont.)
### Future Outlook Area 1:
The more effective integration of disaster risk considerations into sustainable development policies, planning and programming at all levels, with a special emphasis on disaster prevention, mitigation, preparedness and vulnerability reduction.

#### Challenges:
Several DRR programs have been implemented in Cambodia. One of the important lessons learned is that CBDRM methodologies do work in communities and need to be continually used as a core concept in all future DRR programs. Results of DRR projects revealed a need for a broader information sharing and partnership focus, with an emphasis on having good linkages with the government sector. Training and capacity building is effective at the community-level. However, this can only be so true with the support from the NCDM and the Provincial/District Committee on Disaster Management. The cooperation and coordination between the three pillars of disaster management—national, provincial and district—in the country is critical to successful DRR programs. As in the case of the Takeo province CBDRM program, villagers learned what to do in disaster preparedness and mitigation. With effective government support at all levels, this experience can happen in all of Cambodia’s rural and most vulnerable communities.

Another key lesson learned is that projects implemented through the government and local partners have proved to be good models for CBDRM and can enable communities to bond in such a way that gives them ownership and empowerment in their community. The CRC programs implemented in several Cambodian villages have highlighted this special lesson. With regards to failures or less than adequate DRR programs, some noteworthy lessons learned are:

- Funding is a common problem that cuts programs short or long-term objectives and needed sustainability;
- There is a general low-capacity among the provincial, district and commune level disaster management committee, this has slowed the mechanism for better disaster preparedness and response at the community level;
- There has been a lack of feedback committees at all levels, thus effective monitoring and evaluation of DRR programs have been difficult to achieve;
- There is a lack of community-based resources for CBDRM programs and thus initiatives for projects are often hindered due to lack of funds. It has been brought forward that villagers in communities need to learn how to allocate outside resources to initiate projects; and
- In the context of CBDRM, risk mapping needs to be incorporated into community planning over a continuous period through training and practical application. Furthermore, it should be noted that risk mapping is not the panacea to all problems of risk identification.

#### Future Outlook Priorities:
A key role in the establishment of a national platform for DRR in Cambodia would have to be played by the NCDM. At the level of a “national platform”, this would have to be based on a revitalized and strengthened NCDM playing a wider risk reduction role with the establishing of a suitable additional mechanism to bring together all stakeholders to have a shared vision and a concerted programmatic approach to implementing DRR in the country. Here UN Agencies, donors and NGOs would be key associate agencies to be formally brought into the mechanism. For development and implementation of a national program on DRR, the NCDM 2001 strategy would still remain as a framework within which to initiate a pragmatic approach to DRR. There is need for a revitalized and revised national strategy together with solid procurements of energy and resources. This would be a useful first step for the success of future DRR in the country.

Some key recommendations to consider are:

- Ensure community participation and government linkages, including communications with authorities and DM focal points;
- Focus projects more on sustainable livelihoods and strengthening capacity;
- Mainstream DRR into national and local development planning rather than “stand alone” DRR projects;
- Access to more resources and longer funding cycles to enable DRR initiatives to be fully integrated into development plans; and
- Address food security issues for rural households when constructing DRR projects at community level, this is a primary concern for most rural households.

Table 5: HFA Country Progress Report Future Outlook Areas, Cambodia
### Future Outlook Area 2: The development and strengthening of institutions, mechanisms and capacities at all levels, in particular at the community level, that can systematically contribute to building resilience to hazards.

| Challenges: | In Cambodia, local, international and regional organizations are playing the key role in implementing disaster risk reduction projects at all levels, while disaster management committees at all levels are coordinating to those NGOs. Among those actors, some are emphasizing on direct implementation of disaster risk reduction projects at communities, and some are emphasizing on development and strengthening of institutions, mechanisms and capacities of disaster management committees at all levels, national, provincial, district and commune levels. For example, ADPC is mainly focusing on development and strengthening of institutions, mechanisms and capacities at all levels through various activities including assisting at the national level to develop the Strategic National Action Plan for Disaster Risk Reduction, Development of National Community Based Disaster Risk Reduction Strategy, and providing the capacity building to disaster management committees at all levels, development and implementation of flood preparedness program at provincial and district etc. However, there are still challenging to achieve substantial and comprehensive achievements, due to the following issues:  
- Capacities of Disaster Management Committees at all levels are limited in term of policies, capacities, human resources, institution, strategy, programs, and plans;  
- Inconsistency of financial and technical support to develop and strengthen institution, mechanisms, and capacities of disaster management committees at all levels; and  
- There is a need to form a group of DRR trainers with in the country especially with NCDM. |
| Future Outlook Priorities: | Cambodia remains to be a less developed country that is impacted by natural hazards such as annual floods, drought, poverty and health issues such as HIV/AIDS epidemics. Though the economy has slightly grown over the years, the country continues to be faced with the many challenges that have great impact on its future development. Despite these ill issues and the unsightly consequences they constitute, the government continues to support mechanisms for effective DRR from national to district levels of authority. It has been noted that some DRR programs have achieved considerable success and improvements with regards to DRR and building capacity within the country’s most vulnerable communities. Collaboration and building solid partnerships with regional institutions such as ADPC and UNDP has significantly played a big part in helping the country to achieve its MDGs under the HFA 2005-2015. With continued regional and international support, it is likely that Cambodia will improve its current low HDI ranking and achieve the prescribed MDGs as adapted by the Cambodian government. However, the reality of the complex internal circumstances should not be underplayed by external leaderships. |

### Future Outlook Area 3: The systematic incorporation of risk reduction approaches into the design and implementation of emergency preparedness, response and recovery programs in the reconstruction of affected communities.

| Challenges: | While there is much emphasis on disaster risk reduction activities from partner agencies, local, international, regional organizations, the national government is also concentrating on post disaster recovery and rehabilitation activities. The Ministry of Water Resource and Meteorology (MoWRAM), Ministry of Public Works and Transport (MPWT) and Ministry of Rural Development (MRD) are responsible to implement the post disaster recovery and rehabilitation projects such as constructions of rural and national roads, irrigation systems, dikes, dames, bridges, water gates, water reservoirs etc. Meanwhile, there are still many challenges of implementation of the post disaster recovery and rehabilitation projects, due to several factors below:  
- DRR knowledge and skill for officer in the disaster management institutions.  
- DRR concept was not understood and prioritized by key government agencies and NGOs. |
| Future Outlook Priorities: | NCDM needs to have enough support to strengthen its own capacity to work on DRR, NCDM needs to have enough support to fully implement the SNAP, DRR country network needs to be maintained. |

Table 5: HFA Country Progress Report Future Outlook Areas, Cambodia (cont.)
Country Profile

The information in the Country Profile section is sourced directly from the Central Intelligence Agency (CIA) World Fact book. Additional numbers on country comparison to the world can be found by going directly to the website. Information is provided by Antarctic Information Program (National Science Foundation), Armed Forces Medical Intelligence Center (Department of Defense), Bureau of the Census (Department of Commerce), Bureau of Labor Statistics (Department of Labor), Central Intelligence Agency, Council of Managers of National Antarctic Programs, Defense Intelligence Agency (Department of Defense), Department of Energy, Department of State, Fish and Wildlife Service (Department of the Interior), Maritime Administration (Department of Transportation), National Geospatial-Intelligence Agency (Department of Defense), Naval Facilities Engineering Command (Department of Defense), Office of Insular Affairs (Department of the Interior), Office of Naval Intelligence (Department of Defense), US Board on Geographic Names (Department of the Interior), US Transportation Command (Department of Defense), Oil & Gas Journal, and other public and private sources.

Most Cambodians consider themselves to be Khmers, descendants of the Angkor Empire that extended over much of Southeast Asia and reached its zenith between the 10th and 13th centuries. Attacks by the Thai and Cham (from present-day Vietnam) weakened the empire, ushering in a long period of decline. The king placed the country under French protection in 1863, and it became part of French Indochina in 1887. Following Japanese occupation in World War II, Cambodia gained full independence from France in 1953. In April 1975, after a seven-year struggle, communist Khmer Rouge forces captured Phnom Penh and evacuated all cities and towns. At least 1.5 million Cambodians died from execution, forced hardships, or starvation during the Khmer Rouge regime under POL POT. A December 1978 Vietnamese invasion drove the Khmer Rouge into the countryside, began a 10-year Vietnamese occupation, and touched off almost 13 years of civil war.

The 1991 Paris Peace Accords mandated democratic elections and a cease-fire, which was not fully respected by the Khmer Rouge. UN-sponsored elections in 1993 helped restore some semblance of normalcy under a coalition government. Factional fighting in 1997 ended the first coalition government, but a second round of national elections in 1998 led to the formation of another coalition government and renewed political stability. The remaining elements of the Khmer Rouge surrendered in early 1999. Some of the surviving Khmer Rouge leaders have been tried or are awaiting trial for crimes against humanity by a hybrid UN-Cambodian tribunal supported by international assistance. Elections in July 2003 were relatively peaceful, but it took one year of negotiations between contending political parties before a coalition government was formed. In October 2004, King Norodom Sihanouk abdicated the throne and his son, Prince Norodom Sihamoni, was selected to succeed him. The most recent local (Commune Council) elections were held in Cambodia in 2012, with little of the pre-election violence that preceded prior elections. National elections in July 2013 were disputed, with the opposition - the Cambodian National Rescue Party (CNRP) - boycotting the National Assembly. The political impasse was ended nearly a year later, with the CNRP agreeing to enter parliament in exchange for ruling party commitments to electoral and legislative reforms.

Geography:

Location:
Southeastern Asia, bordering the Gulf of Thailand, between Thailand, Vietnam, and Laos

Geographic coordinates:
13 00 N, 105 00 E

Map references:
Southeast Asia

Area:
Total: 181,035 sq km
Land: 176,515 sq km
Water: 4,520 sq km

Country comparison to the world: 90
<table>
<thead>
<tr>
<th><strong>Area - comparative:</strong></th>
<th><strong>Land use:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>One and a half times the size of Pennsylvania; slightly smaller than Oklahoma</td>
<td>Agricultural land: 32.1 percent</td>
</tr>
<tr>
<td><strong>Land boundaries:</strong></td>
<td>Arable land 22.7 percent; permanent crops 0.9 percent; permanent pasture 8.5 percent</td>
</tr>
<tr>
<td>Total: 2,530 km</td>
<td><strong>Forest:</strong> 56.5 percent</td>
</tr>
<tr>
<td>Border countries (3): Laos 555 km, Thailand 817 km, Vietnam 1,158 km</td>
<td><strong>Other:</strong> 11.4 percent (2011 est.)</td>
</tr>
<tr>
<td><strong>Coastline:</strong></td>
<td><strong>Irrigated land:</strong></td>
</tr>
<tr>
<td>443 km</td>
<td>3,540 sq km (2012)</td>
</tr>
<tr>
<td><strong>Maritime claims:</strong></td>
<td><strong>Population - distribution:</strong></td>
</tr>
<tr>
<td>Territorial sea: 12 nm</td>
<td>Population concentrated in the southeast, particularly in and around the capital of Phnom Penh; further distribution is linked closely to the Tonle Sap and Mekong Rivers</td>
</tr>
<tr>
<td>Contiguous zone: 24 nm</td>
<td><strong>Natural hazards:</strong></td>
</tr>
<tr>
<td>Exclusive economic zone: 200 nm</td>
<td>Monsoonal rains (June to November); flooding; occasional droughts</td>
</tr>
<tr>
<td>Continental shelf: 200 nm</td>
<td><strong>Environment - current issues:</strong></td>
</tr>
<tr>
<td><strong>Climate:</strong></td>
<td>Illegal logging activities throughout the country and strip mining for gems in the western region along the border with Thailand have resulted in habitat loss and declining biodiversity (in particular, destruction of mangrove swamps threatens natural fisheries); soil erosion; in rural areas, most of the population does not have access to potable water; declining fish stocks because of illegal fishing and overfishing</td>
</tr>
<tr>
<td>Tropical; rainy, monsoon season (May to November); dry season (December to April); little seasonal temperature variation</td>
<td>Environment - international agreements:</td>
</tr>
<tr>
<td>Mostly low, flat plains; mountains in southwest and north</td>
<td>Signed, but not ratified: Law of the Sea</td>
</tr>
<tr>
<td><strong>Elevation:</strong></td>
<td><strong>Geography - note:</strong></td>
</tr>
<tr>
<td>Mean elevation: 126 m</td>
<td>A land of paddies and forests dominated by the Mekong River and Tonle Sap (Southeast Asia's largest freshwater lake)</td>
</tr>
<tr>
<td>Elevation extremes: lowest point: Gulf of Thailand 0 m</td>
<td></td>
</tr>
<tr>
<td>Highest point: Phnum Aoral 1,810 m</td>
<td></td>
</tr>
<tr>
<td><strong>Natural resources:</strong></td>
<td></td>
</tr>
</tbody>
</table>
Population:
15,957,223

Note: estimates for this country take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality, higher death rates, lower population growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (July 2016 est.)

Country comparison to the world: 69

Nationality:
Noun: Cambodian(s)
Adjective: Cambodian

Ethnic groups:
Khmer 97.6 percent, Cham 1.2 percent, Chinese 0.1 percent Vietnamese 0.1 percent, other 0.9 percent (2013 est.)

Languages:
Khmer (official) 96.3 percent, other 3.7 percent (2008 est.)

Religions:
Buddhist (official) 96.9 percent, Muslim 1.9 percent, Christian 0.4 percent, other 0.8 percent (2008 est.)

Age structure:
0-14 years: 31.24 percent (male 2,515,435/female 2,468,855)
15-24 years: 19.02 percent (male 1,501,070/female 1,533,500)
25-54 years: 40.18 percent (male 3,139,851/female 3,271,077)
55-64 years: 5.43 percent (male 342,063/female 524,114)
65 years and over: 4.14 percent (male 248,454/female 412,804) (2016 est.)

Population Pyramid
A population pyramid illustrates the age and sex structure of a country’s population and may provide insights about political and social stability, as well as economic development. The population is distributed along the horizontal axis, with males shown on the left and females on the right. The male and female populations are broken down into 5-year age groups represented as horizontal bars along the vertical axis, with the youngest age groups at the bottom and the oldest at the top. The shape of the population pyramid gradually evolves over time based on fertility, mortality, and international migration trends.

For additional information, please see the entry for Population pyramid on the Definitions and Notes page under the References tab.

Dependency ratios:
Total dependency ratio: 55.6
Youth dependency ratio: 49.2
Elderly dependency ratio: 6.4
Potential support ratio: 15.6 (2015 est.)

Median age:
Total: 24.9 years
Male: 24.2 years
Female: 25.6 years (2016 est.)

Population growth rate:
1.56 percent (2016 est.)

Country comparison to the world: 74

Birth rate:
23.4 births/1,000 population (2016 est.)

Country comparison to the world: 66
Death rate:
7.6 deaths/1,000 population (2016 est.)
Country comparison to the world: 109

Net migration rate:
-0.3 migrant(s)/1,000 population (2016 est.)
Country comparison to the world: 119

Population distribution:
Population concentrated in the southeast, particularly in and around the capital of Phnom Penh; further distribution is linked closely to the Tonle Sap and Mekong Rivers

Urbanization:
Urban population: 20.7 percent of total population (2015)
Rate of urbanization: 2.65 percent annual rate of change (2010-15 est.)

Major urban areas - population:
PHNOM PENH (capital) 1.731 million (2015)

Sex ratio:
At birth: 1.05 male(s)/female
0-14 years: 1.02 male(s)/female
15-24 years: 0.98 male(s)/female
25-54 years: 0.96 male(s)/female
55-64 years: 0.65 male(s)/female
65 years and over: 0.6 male(s)/female
Total population: 0.94 male(s)/female (2016 est.)
Mother’s mean age at first birth:
22.9 years
Note: median age at first birth among women 25-29 (2014 est.)

Maternal mortality rate:
161 deaths/100,000 live births (2015 est.)
Country comparison to the world: 45

Infant mortality rate:
Total: 48.7 deaths/1,000 live births
Male: 55.2 deaths/1,000 live births
Female: 41.9 deaths/1,000 live births (2016 est.)
Country comparison to the world: 36

Life expectancy at birth:
Total population: 64.5 years
Male: 62 years
Female: 67.1 years (2016 est.)
Country comparison to the world: 181

Total fertility rate:
2.56 children born/woman (2016 est.)
Country comparison to the world: 75

Contraceptive prevalence rate:
56.3 percent (2014)

Health expenditures:
5.7 percent of GDP (2014)
Country comparison to the world: 127

Physicians density:
0.17 physicians/1,000 population (2013)

Hospital bed density:
0.7 beds/1,000 population (2011)
Drinking water source:
Improved:
Urban: 100 percent of population
Rural: 69.1 percent of population
Total: 75.5 percent of population
Unimproved:
Urban: 0 percent of population
Rural: 30.9 percent of population
Total: 24.5 percent of population (2015 est.)

Sanitation facility access:
Improved:
Urban: 88.1 percent of population
Rural: 30.5 percent of population
Total: 42.4 percent of population
Unimproved:
Urban: 11.9 percent of population
Rural: 69.5 percent of population
Total: 57.6 percent of population (2015 est.)

HIV/AIDS - adult prevalence rate:
0.63 percent (2015 est.)
Country comparison to the world: 59

HIV/AIDS - people living with HIV/AIDS:
74,100 (2015 est.)
Country comparison to the world: 49

HIV/AIDS - deaths:
2,000 (2015 est.)
Country comparison to the world: 49

Major infectious diseases:
Degree of risk: very high
Food or waterborne diseases: bacterial diarrhea, hepatitis A, and typhoid fever
Vector borne diseases: dengue fever, Japanese encephalitis, and malaria (2016)

Obesity - adult prevalence rate:
2.9 percent (2014)
Country comparison to the world: 183

Children under the age of 5 years underweight:
23.9 percent (2014)
Country comparison to the world: 18

Education expenditures:
1.9 percent of GDP (2014)
Country comparison to the world: 152

Literacy:
Definition: age 15 and over can read and write
Total population: 77.2 percent
Male: 84.5 percent
Female: 70.5 percent (2015 est.)

School life expectancy (primary to tertiary education):
Total: 11 years
Male: 11 years
Female: 10 years (2008)

Unemployment, youth ages 15-24:
Total: 0.5 percent
Male: 0.7 percent
Female: 0.4 percent
Note: according to official statistics (2010 est.)
Country comparison to the world: 130

Government:

Country name:

Conventional long form: Kingdom of Cambodia
Conventional short form: Cambodia
Local long form: Preahreacheanachakr Kampuchea (phonetic transliteration)
Local short form: Kampuchea

Former: Khmer Republic, Democratic Kampuchea, People's Republic of Kampuchea, State of Cambodia

Etymology: the English name Cambodia is an anglicization of the French Cambodge, which is the French transliteration of the native name Kampuchea

Government type:

Parliamentary constitutional monarchy

Capital:

Name: Phnom Penh

Geographic coordinates: 11 33 N, 104 55 E

Time difference: UTC+7 (12 hours ahead of Washington, DC, during Standard Time)

Administrative divisions:

24 provinces (khett, singular and plural) and 1 municipality (krong, singular and plural)
Provinces: Banteay Meanchey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Kampot, Kandal, Kep, Koh Kong, Kratie, Mondulkiri, Oddar Meanchey, Pailin, Preah Vihear, Prey Veng, Pursat, Ratanakiri, Siem Reap, Sihanoukville, Stung Treng, Svay Rieng, Takeo, Tbong Khmum
Municipalities: Phnom Penh (Phnum Penh)

Independence:

9 November 1953 (from France)

National holiday:

Independence Day, 9 November (1953)

Constitution:


Legal system:

Civil law system (influenced by the UN Transitional Authority in Cambodia) customary law, Communist legal theory, and common law
International law organization participation: Accepts compulsory ICJ jurisdiction with reservations; accepts ICCt jurisdiction

Citizenship:

Citizenship by birth: no

Citizenship by descent only: at least one parent must be a citizen of Cambodia

Dual citizenship recognized: yes

Residency requirement for naturalization: 7 years

Suffrage:

18 years of age; universal

Executive branch:

Chief of State: King Norodom SIHAMONI (since 29 October 2004)

head of government: Prime Minister HUN SEN (since 14 January 1985); Permanent Deputy Prime Minister MEN SAM AN (since 25 September 2008); Deputy Prime Ministers SAR KHENG (since 3 February 1992), TEA BANH, Gen., HOR NAMHONG, NHEK BUNCHHAY (all since 16 July 2004), BIN CHHIN (since 5 September 2007), KEAT CHHON, YIM CHHAI LY (since 24 September 2008), KE KIMYAN (since 12 March 2009)

Cabinet: Council of Ministers named by the prime minister and appointed by the monarch
Elections/appointments: monarch chosen by the 9-member Royal Council of the Throne from among all eligible males of royal descent; following legislative elections, a member of the majority party or majority coalition named prime minister by the Chairman of the National Assembly and appointed by the monarch
Legislative branch:

Description: bicameral Parliament of Cambodia consists of the Senate (61 seats; 57 indirectly elected by parliamentarians and commune councils, 2 indirectly elected by the National Assembly, and 2 appointed by the monarch; members serve 6-year terms) and the National Assembly (123 seats; members directly elected in multi-seat constituencies by proportional representation vote; members serve 5-year terms)

Note: two seats will be added to the National Assembly in 2018, for a total of 125

Elections: Senate - last held on 4 February 2012 (next to be held in 2018); National Assembly - last held on 28 July 2013 (next to be held in July 2018)

Election results: Senate - percent of vote by party - CPP 77.8 percent, SRP 22.2 percent; seats by party - CPP 46, SRP 11; National Assembly - percent of vote by party - CPP 48.8 percent, CNRP 44.5 percent, other 6.7 percent ; seats by party - CPP 68, CNRP 55

Judicial branch:

Highest court(s): Supreme Council (organized into 5- and 9-judge panels and includes a court chief and deputy chief); Constitutional Court (consists of 9 members); note - in 1997, the Cambodian Government requested UN assistance in establishing trials to prosecute former Khmer Rouge senior leaders for crimes against humanity committed during the 1975-1979 Khmer Rouge regime; the Extraordinary Chambers of the Courts in Cambodia (also called the Khmer Rouge Tribunal) were established and began hearings for the first case in 2009; court proceeding were ongoing in 2016

Judge selection and term of office: Supreme Court and Constitutional Council judge candidates recommended by the Supreme Council of Magistracy, a 17-member body chaired by the monarch and includes other high-level judicial officers; judges of both courts appointed by the monarch; Supreme Court judges appointed for life; Constitutional Council judges appointed for 9-year terms with one-third of the court renewed every 3 years

Subordinate courts: Appellate Court; provincial and municipal courts; Military Court

Political parties and leaders:

Cambodian National Rescue Party or CNRP [KHEM SOKHA] (a July 2012 merger between the Sam Rangsi Party or SRP and the former Human Rights Party or HRP [KHEM SOKHA, also spelled KEM SOKHA])

Cambodian People’s Party or CPP [HUN SEN]

Political pressure groups and leaders:

Partnership for Transparency Fund or PTF (anti-corruption organization)

Students Movement for Democracy

The Committee for Free and Fair Elections or Comfrel

Other: human rights organizations; labor unions; youth groups

International organization participation:

ADB, ARF, ASEAN, CICA, CICA (observer), EAS, FAO, G-77, IAEC, IBRD, ICAO, ICRM, IDA, IFAD, IFC, IFRC, ILO, IMF, IMO, Interpol, IOC, IOM, IPU, ISO (correspondent), ITU, MINUSMA, MIGA, NAM, OIF, OPCW, PCA, UN, UNAMID, UNCTAD, UNESCO, UNIDO, UNIFIL, UNISFA, UNMISS, UNWTO, UPU, WCO, WFTU (NGOs), WHO, WIPO, WMO, WTO

Diplomatic representation in the US:

Chief of Mission: Ambassador CHUM BUN RONG (since 3 August 2015)

Chancery: 4530 16th Street NW, Washington, DC 20011

Telephone: [1] (202) 726-7742

FAX: [1] (202) 726-8381

Diplomatic representation from the US:

Chief of Mission: Ambassador William A. HEIDT (since 2 December 2015)
Embassy:

Mailing address: Unit 8166, Box P, APO AP 96546

Telephone: [855] (23) 728-000

FAX: [855] (23) 728-600

Flag description:

Three horizontal bands of blue (top), red (double width), and blue with a white, three-towered temple representing Angkor Wat outlined in black in the center of the red band; red and blue are traditional Cambodian colors

Note: only national flag to incorporate an actual building into its design

National symbol(s):

Angkor Wat temple, kouprey (wild ox); national colors: red, blue

National anthem:

Name: “Nokoreach” (Royal Kingdom)
Lyrics/music: CHUON NAT/F. PERRUCHOT and J. JEKYLL

Note: adopted 1941, restored 1993; the anthem, based on a Cambodian folk tune, was restored after the defeat of the Communist regime

Economy:

Economy - overview:

Cambodia has experienced strong economic growth over the last decade; GDP grew at an average annual rate of over 8 percent between 2000 and 2010 and at least 7 percent since 2011. The tourism, garment, construction and real estate, and agriculture sectors accounted for the bulk of growth. Around 600,000 people, the majority of whom are women, are employed in the garment and footwear sector. An additional 500,000 Cambodians are employed in the tourism sector, and a further 50,000 people in construction. Tourism has continued to grow rapidly with foreign arrivals exceeding 2 million per year since 2007 and reaching around 4.5 million visitors in 2014. Mining also is attracting some investor interest and the government has touted opportunities for mining bauxite, gold, iron and gems.

Cambodia remains one of the poorest countries in Asia and long-term economic development remains a daunting challenge, inhibited by endemic corruption, limited human resources, high income inequality, and poor job prospects. As of 2012, approximately 2.66 million people live on less than $1.20 per day, and 37 percent of Cambodian children under the age of 5 suffer from chronic malnutrition. More than 50 percent of the population is less than 25 years old. The population lacks education and productive skills, particularly in the impoverished countryside, which also lacks basic infrastructure. The World Bank in 2016 formally reclassified Cambodia as a lower middle-income country as a result of continued rapid economic growth over the past several years. Cambodia’s graduation from a low-income country will reduce its eligibility for foreign assistance and will challenge the government to seek new sources of financing in 2017. The Cambodian Government has been working with bilateral and multilateral donors, including the Asian Development Bank, the World Bank and IMF, to address the country’s many pressing needs; more than 30 percent of the government budget comes from donor assistance. A major economic challenge for Cambodia over the next decade will be fashioning an economic environment in which the private sector can create enough jobs to handle Cambodia’s demographic imbalance.

GDP (purchasing power parity):

$58.94 billion (2016 est.)

$55.09 billion (2015 est.)

$51.47 billion (2014 est.)

note: data are in 2016 dollars

country comparison to the world: 106

GDP (official exchange rate):

$19.37 billion (2016 est.)

GDP - real growth rate:

7 percent (2016 est.)

7 percent (2015 est.)

7.1 percent (2014 est.)
Country comparison to the world: 9

**GDP - per capita (PPP):**
- $3,700 (2016 est.)
- $3,500 (2015 est.)
- $3,400 (2014 est.)

Note: data are in 2016 dollars

Country comparison to the world: 180

**Gross national saving:**
- 12.7 percent of GDP (2016 est.)
- 11.8 percent of GDP (2015 est.)
- 11.1 percent of GDP (2014 est.)

Country comparison to the world: 140

**GDP - composition, by end use:**
- Household consumption: 78.5 percent
- Government consumption: 5.4 percent
- Investment in fixed capital: 21 percent
- Investment in inventories: 1.6 percent
- Exports of goods and services: 64.7 percent
- Imports of goods and services: -71.2 percent (2016 est.)

Country comparison to the world: 10

**Industries:**
- Tourism, garments, construction, rice milling, fishing, wood and wood products, rubber, cement, gem mining, textiles
- Industrial production growth rate:
  - 8.3 percent (2016 est.)

Country comparison to the world: 11

**Labor force:**
- 6.643 million (2016 est.)

Country comparison to the world: 68

**Labor force - by occupation:**
- Agriculture: 48.7 percent
- Industry: 19.9 percent
- Services: 31.5 percent (2013 est.)

Country comparison to the world: 2

**Unemployment rate:**
- 0.3 percent (2013 est.)
- 0.2 percent (2012 est.)

Note: according to official statistics; underemployment is high

Country comparison to the world: 72

**Population below poverty line:**
- 17.7 percent (2012 est.)

Country comparison to the world: 72

**Household income or consumption by percentage share:**
- Lowest 10 percent: 2 percent
- Highest 10 percent: 28 percent (2013 est.)

Country comparison to the world: 72

**Distribution of family income - Gini index:**
- 37.9 (2008 est.)
- 41.9 (2004 est.)

Country comparison to the world: 72
Budget:
Revenues: $3.388 billion
Expenditures: $3.562 billion (2016 est.)

Taxes and other revenues:
17.5 percent of GDP (2016 est.)
Country comparison to the world: 169

Budget surplus (+) or deficit (-):
-0.9 percent of GDP (2016 est.)
Country comparison to the world: 52

Public debt:
33.9 percent of GDP (2014 est.)
33.4 percent of GDP (2013 est.)
Country comparison to the world: 138

Fiscal year:
Calendar year

Inflation rate (consumer prices):
2.8 percent (2016 est.)
1.2 percent (2015 est.)
Country comparison to the world: 130

Central bank discount rate:
NA percent (31 December 2012)
5.25 percent (31 December 2007)

Commercial bank prime lending rate:
11.8 percent (31 December 2016 est.)
11.71 percent (31 December 2015 est.)
Country comparison to the world: 72

Stock of narrow money:
$1.785 billion (31 December 2016 est.)
$1.602 billion (31 December 2015 est.)
Country comparison to the world: 135

Stock of broad money:
$14.38 billion (31 December 2016 est.)
$12.12 billion (31 December 2015 est.)
Country comparison to the world: 99

Stock of domestic credit:
$11.72 billion (31 December 2016 est.)
$9.776 billion (31 December 2015 est.)
Country comparison to the world: 101

Market value of publicly traded shares:
$NA

Current account balance:
-$1.678 billion (2016 est.)
-$1.886 billion (2015 est.)
Country comparison to the world: 144

Exports:
$8.762 billion (2016 est.)
$8.453 billion (2015 est.)
Country comparison to the world: 90

Exports - commodities:
Clothing, timber, rubber, rice, fish, tobacco, footwear

Exports - partners:
US 23 percent, UK 8.7 percent, Germany 8.2 percent, Japan 7.4 percent, Canada 6.7 percent, China 5.1 percent, Vietnam 5 percent, Thailand 4.9 percent, Netherlands 4 percent (2015)
<table>
<thead>
<tr>
<th>Imports:</th>
<th>Electricity access:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12.32 billion (2016 est.)</td>
<td>Population without electricity: 9,900,000</td>
</tr>
<tr>
<td>$11.92 billion (2015 est.)</td>
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<tr>
<td>Country comparison to the world: 90</td>
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<tr>
<td><strong>Imports - commodities:</strong></td>
<td></td>
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<tr>
<td>Petroleum products, cigarettes, gold, construction materials, machinery, motor vehicles, pharmaceutical products</td>
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<tr>
<td>Imports - partners: Thailand 28.7 percent, China 22.2 percent, Vietnam 16.4 percent, Hong Kong 6.1 percent, Singapore 5.7 percent (2015)</td>
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<tr>
<td><strong>Reserves of foreign exchange and gold:</strong></td>
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<tr>
<td>$8.477 billion (31 December 2016 est.)</td>
<td>3 billion kWh (2014 est.)</td>
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<tr>
<td>$7.376 billion (31 December 2015 est.)</td>
<td>Country comparison to the world: 131</td>
</tr>
<tr>
<td>Country comparison to the world: 79</td>
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<tr>
<td><strong>Debt - external:</strong></td>
<td></td>
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<tr>
<td>$8.46 billion (31 December 2016 est.)</td>
<td></td>
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<tr>
<td>$7.483 billion (31 December 2015 est.)</td>
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<tr>
<td>Country comparison to the world: 114</td>
<td></td>
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<tr>
<td><strong>Stock of direct foreign investment - at home:</strong></td>
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<tr>
<td>$29.17 billion (2014 est.)</td>
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<tr>
<td>Country comparison to the world: 68</td>
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<tr>
<td><strong>Exchange rates:</strong></td>
<td></td>
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<tr>
<td>Riels (KHR) per US dollar -</td>
<td></td>
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<tr>
<td>4,066 (2016 est.)</td>
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<td>4,067.8 (2015 est.)</td>
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<tr>
<td>4,067.8 (2014 est.)</td>
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<td>4,037.5 (2013 est.)</td>
<td></td>
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<tr>
<td>4,033 (2012 est.)</td>
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</tr>
</tbody>
</table>

**Electricity access:**

Population without electricity: 9,900,000

Electrification - total population: 34 percent

Electrification - urban areas: 97 percent

Electrification - rural areas: 18 percent (2013)

**Electricity - production:**

3 billion kWh (2014 est.)

Country comparison to the world: 131

**Electricity - consumption:**

4.1 billion kWh (2014 est.)

Country comparison to the world: 123

**Electricity - exports:**

0 kWh (2013 est.)

Country comparison to the world: 119

**Electricity - imports:**

1.8 billion kWh (2014 est.)

Country comparison to the world: 55

**Electricity - installed generating capacity:**

1.4 million kW (2014 est.)

Country comparison to the world: 122

**Electricity - from fossil fuels:**

32.7 percent of total installed capacity (2013 est.)

Country comparison to the world: 174

**Electricity - from nuclear fuels:**

0 percent of total installed capacity (2013 est.)

Country comparison to the world: 62
Electricity - from hydroelectric plants:
57.4 percent of total installed capacity (2013 est.)
Country comparison to the world: 38

Electricity - from other renewable sources:
10 percent of total installed capacity (2013 est.)
Country comparison to the world: 40

Crude oil - production:
0 bbl/day (2015 est.)
Country comparison to the world: 115

Crude oil - exports:
0 bbl/day (2013 est.)
Country comparison to the world: 107

Crude oil - imports:
0 bbl/day (2013 est.)
Country comparison to the world: 172

Crude oil - proved reserves:
0 bbl (1 January 2016 est.)
Country comparison to the world: 115

Refined petroleum products - production:
0 bbl/day (2013 est.)
Country comparison to the world: 125

Refined petroleum products - consumption:
36,000 bbl/day (2014 est.)
Country comparison to the world: 116

Refined petroleum products - exports:
0 bbl/day (2013 est.)
Country comparison to the world: 168

Refined petroleum products - imports:
36,240 bbl/day (2013 est.)
Country comparison to the world: 93

Natural gas - production:
0 cu m (2013 est.)
Country comparison to the world: 166

Natural gas - consumption:
0 cu m (2013 est.)
Country comparison to the world: 127

Natural gas - exports:
0 cu m (2013 est.)
Country comparison to the world: 75

Natural gas - imports:
0 cu m (2013 est.)
Country comparison to the world: 171

Natural gas - proved reserves:
0 cu m (1 January 2014 es)
Country comparison to the world: 121

Carbon dioxide emissions from consumption of energy:
6.5 million Mt (2013 est.)
Country comparison to the world: 120

Telephones - fixed lines:
Total subscriptions: 256,387
Subscriptions per 100 inhabitants: 2 (July 2015 est.)
Country comparison to the world: 99
Telephones - mobile cellular:
Total: 20.851 million
Subscriptions per 100 inhabitants: 133 (July 2015 est.)
Country comparison to the world: 48

Telephone system:
General assessment: adequate fixed-line and/or cellular service in Phnom Penh and other provincial cities; mobile-cellular phone systems are widely used in urban areas to bypass deficiencies in the fixed-line network; mobile-phone coverage is rapidly expanding in rural areas
Domestic: fixed-line connections stand at about 2 per 100 persons; mobile-cellular usage, aided by competition among service providers, has increased to over 130 per 100 persons
International: country code - 855; adequate but expensive landline and cellular service available to all countries from Phnom Penh and major provincial cities; satellite earth station - 1 Intersputnik (Indian Ocean region) (2015)

Broadcast media:
mixture of state-owned, joint public-private, and privately owned broadcast media; 9 TV broadcast stations with most operating on multiple channels, including 1 state-operated station broadcasting from multiple locations, 6 stations either jointly operated or privately owned with some broadcasting from several locations, and 2 TV relay stations - one relaying a French TV station and the other relaying a Vietnamese TV station; multi-channel cable and satellite systems are available; roughly 50 radio broadcast stations - 1 state-owned broadcaster with multiple stations and a large mixture of public and private broadcasters; several international broadcasters are available (2009)

Internet country code:
.kh

Internet users:
Total: 2.985 million
Percent of population: 19 percent (July 2015 est.)
Country comparison to the world: 124

National air transport system:
Number of registered air carriers: 4
Inventory of registered aircraft operated by air carriers: 10
Annual passenger traffic on registered air carriers: 1,103,880
Annual freight traffic on registered air carriers: 2,301,260 mt-km (2015)
Civil aircraft registration country code prefix: XU (2016)

Airports:
16 (2013)
Country comparison to the world: 142

Airports - with paved runways: Total: 6
2,438 to 3,047 m: 3
1,524 to 2,437 m: 2
914 to 1,523 m: 1 (2013)

Airports - with unpaved runways: Total: 10
1,524 to 2,437 m: 2
914 to 1,523 m: 7
Under 914 m: 1 (2013)
Heliports: 1 (2013)

Railways:
Total: 642 km
Narrow gauge: 642 km 1.000-m gauge
Note: under restoration (2014)
Country comparison to the world: 108
**Roadways:**

Total: 44,709 km

Paved: 3,607 km

Unpaved: 41,102 km (2010)

Country comparison to the world: 80

**Waterways:**

3,700 km (mainly on Mekong River) (2012)

Country comparison to the world: 28

**Merchant marine:**

Total: 544

By type: bulk carrier 38, cargo 459, carrier 7, chemical tanker 4, container 4, liquefied gas 1, passenger 1, passenger/cargo 6, petroleum tanker 8, refrigerated cargo 11, roll on/roll off 4, vehicle carrier 1

Foreign-owned: 352 (Belgium 1, Canada 2, China 177, Cyprus 4, Egypt 4, Estonia 1, French Polynesia 1, Gabon 1, Greece 2, Hong Kong 10, Indonesia 2, Ireland 1, Japan 1, Lebanon 5, Russia 50, Singapore 3, South Korea 10, Syria 22, Taiwan 1, Turkey 15, UAE 2, UK 1, Ukraine 35, Vietnam 1) (2010)

Country comparison to the world: 21

**Ports and terminals:**

Major seaport(s): Sihanoukville (Kampong Saom)

River port(s): Phnom Penh (Mekong)

**Military and Security:**

Military expenditures:

2 percent of GDP (2015 est.)

1.66 percent of GDP (2014)

1.58 percent of GDP (2013)

1.55 percent of GDP (2012)

1.5 percent GDP (2011)

Country Comparison to the world: 60

**Military branches:**

Royal Cambodian Armed Forces: Royal Cambodian Army, Royal Khmer Navy, Royal Cambodian Air Force; the Royal Cambodian Gendarmerie is the military police force responsible for internal security; the National Committee for Maritime Security performs Coast Guard functions and has representation from military and civilian agencies (2016)

Military service age and obligation:

18 is the legal minimum age for compulsory and voluntary military service (2012)

**Disputes - international:**

Cambodia is concerned about Laos’ extensive upstream dam construction; Cambodia and Thailand dispute sections of boundary; in 2011 Thailand and Cambodia resorted to arms in the dispute over the location of the boundary on the precipice surmounted by Preah Vihear Temple ruins, awarded to Cambodia by ICJ decision in 1962 and part of a UN World Heritage site; Cambodia accuses Vietnam of a wide variety of illicit cross-border activities; progress on a joint development area with Vietnam is hampered by an unresolved dispute over sovereignty of offshore islands

**Trafficking in persons:**

Current situation: Cambodia is a source, transit, and destination country for men, women, and children subjected to forced labor and sex trafficking; Cambodian men, women, and children migrate to countries within the region and, increasingly, the Middle East for legitimate work but are subjected to sex trafficking, domestic servitude, or forced labor in fishing, agriculture, construction, and factories; Cambodian men recruited to work on Thai-owned fishing vessels are subsequently subjected to forced labor in international waters and are kept at sea for years; poor Cambodian children are vulnerable and, often with the families’ complicity, are subject to forced labor, including domestic servitude and forced begging, in Thailand and Vietnam; Cambodian and ethnic Vietnamese women and girls are trafficked from rural areas to urban centers and tourist spots for sexual exploitation; Cambodian men are the
main exploiters of child prostitutes, but men from other Asian countries, and the West travel to Cambodia for child sex tourism
Tier rating: Tier 2 Watch List – Cambodia does not fully comply with the minimum standards for the elimination of trafficking; however, it is making significant efforts to do so; the government has a written plan that, if implemented, would constitute making significant efforts to meet the minimum standards for the elimination of trafficking; authorities made modest progress in prosecutions and convictions of traffickers in 2014 but did not provide comprehensive data; endemic corruption continued to impede law enforcement efforts, and no complicit officials were prosecuted or convicted; the government sustained efforts to identify victims and refer them to NGOs for care, but victim protection remained inadequate, particularly for assisting male victims and victims identified abroad; a new national action plan was adopted, but guidelines for victim identification and guidance on undercover investigation techniques are still pending after several years (2015) narcotics-related corruption reportedly involving some in the government, military, and police; limited methamphetamine production; vulnerable to money laundering due to its cash-based economy and porous borders.
### Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AADMER</td>
<td>ASEAN Agreement on Disaster Management and Emergency Response</td>
</tr>
<tr>
<td>ABC</td>
<td>Radio Australia</td>
</tr>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>AFD</td>
<td>Association for Development</td>
</tr>
<tr>
<td>ARF</td>
<td>Asean Regional Forum</td>
</tr>
<tr>
<td>AS</td>
<td>Anchor Sentinel</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>CARAT</td>
<td>Cooperation Afloat Readiness and Training</td>
</tr>
<tr>
<td>CBHI</td>
<td>Community-Based Health Insurance</td>
</tr>
<tr>
<td>CCA</td>
<td>Climate Change Adaptation</td>
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<tr>
<td>CCDM</td>
<td>Commune Committees for Disaster Management</td>
</tr>
<tr>
<td>CDA</td>
<td>Children’s Development Association</td>
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<tr>
<td>CDC</td>
<td>Center for Disease Prevention and Control</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
</tr>
<tr>
<td>CFE-DM</td>
<td>Center for Excellence in Disaster Management &amp; Humanitarian Assistance</td>
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<tr>
<td>CHF</td>
<td>Cambodian Humanitarian Forum</td>
</tr>
<tr>
<td>CICA</td>
<td>Conference on Interaction on Confidence Building Measures</td>
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<tr>
<td>CMAC</td>
<td>Cambodian Mine Action Centre</td>
</tr>
<tr>
<td>CNRP</td>
<td>Cambodia National Rescue Party</td>
</tr>
<tr>
<td>CPK</td>
<td>Communist Party of Kampuchea</td>
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<tr>
<td>CPP</td>
<td>Cambodian People’s Party</td>
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<tr>
<td>CPX</td>
<td>Command Post Exercise</td>
</tr>
<tr>
<td>CRC</td>
<td>Cambodian Red Cross</td>
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<tr>
<td>DCDM</td>
<td>District Committees for Disaster Management</td>
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<tr>
<td>DGH</td>
<td>Directorate General for Health</td>
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<tr>
<td>DM</td>
<td>Disaster Management</td>
</tr>
<tr>
<td>DM Law</td>
<td>2015 Law on Disaster Management</td>
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<tr>
<td>DMHA</td>
<td>Disaster Management and Humanitarian Assistance</td>
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