



វិទ្យាស្ថានសភាកម្ពុជា
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Briefing Note

Commission on Health, Social Affairs, Veteran, Youth Rehabilitation, Labor, Vocational Training and Woman Affairs

National Social Security Fund in Cambodia:

Background for Field Mission to Prey Veng, Svay Rieng, Tboung Khmum and Kampong Cham Provinces

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1. Introduction

The Royal Government of Cambodia (RGC)'s long-term goal is to achieve sustainable and inclusive growth and to become a higher middle-income country in 2030 and a high-income country in 2050[1]. Cambodia has maintained strong economic growth of around 7 per cent annually since 2011, a decreasing poverty rate standing at 13.5 percent in 2014¹ and a Gini coefficient of 0.28 in 2016; however, there remain 4.5 million citizens considered vulnerable that could fall below the poverty line if they face economic disruptions[2]. To protect vulnerable Cambodians, the RGC has created the National Social Protection Policy Framework 2016-2025 which lays out a path to extend the breadth and depth of the National Social Security Fund (NSSF).

Until recently, the NSSF had provided social insurance under two schemes: the Employment Injury Insurance scheme and the Health Insurance scheme. The two schemes have gradually expanded their coverage nationwide. The Employment Injury Insurance scheme had over 1.6 million registered members in 12,513 registered businesses as of 2018, with 156 contracted hospital facilities. The Health Insurance scheme had nearly 1.6 million registered members in 9,200 registered businesses, with 1,349 contracted hospitals[3].

From 2019, the RGC is introducing a third scheme under the NSSF: the Pensions scheme. The Pensions scheme aims to provide income support to retired workers. Data on the progress of implementing the Pensions scheme will be available in coming years.

Three ministries are involved in implementing the NSSF program: the Ministry of Health, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), and the Ministry of Labour and Vocational Training (MoLVT). The total budget allocated to the three ministries and their provincial departments has increased greatly over time and was increased again in 2019, although the Ministry of Health has seen a fall in planned external capital financing.

This briefing note provides an overview of the legal frameworks and achievements of social security implementation in Cambodia under the Employment Injury Insurance scheme and the Health Insurance scheme. It also looks at the budget allocation of the three ministries. Lastly, it discusses the challenges the government faces in implementing its social security strategy. The report is prepared in response to a request from Commission 8 of the National Assembly to support their mission to Prey Veng, Svay Rieng, Tbong Khmum and Kampong Cham provinces to observe the implementation of the NSSF.

2. Legal framework and strategic plans

The NSSF plays an important role in providing social insurance support to employees. It aims to protect workers from falling into uncontrollable poverty. To implement the NSSF, laws, regulations and strategies have been referenced and enacted as follows:

- The Constitution of the Kingdom of Cambodia in 1993[4]:
 - Article 36, all Cambodians shall have the right to obtain social security and other social benefits as determined by law.
 - Article 72, the state shall give full consideration to disease prevention and medical care. Poor people shall receive free medical consultations in public hospitals, infirmaries and maternities.
 - Article 73, the state shall give full consideration for children and mothers and shall create nurseries and help women without support who have many children under their care.
 - Article 74, the state shall assist disabled persons and the families of combatants who sacrificed their lives for the nation.
 - Article 75, the state shall establish a social security system for workers and employees.

¹ This is the last update about poverty rates in Cambodia, there is no updated figure so far.

- Labor Law in 1992 requires an employer to be responsible for the employee’s work injury.[5]
- Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law in 2002: The law aims to organize social security scheme including pension and occupational risk scheme (Article 1).[6]
- Sub-decree on the establishment of the National Social Security Fund with the mission to manage and implement social security fund.
- Sub-decree on Concerning the Establishment of Social Security Scheme on Health Care for Persons Defined by the Provisions of the Labour Law in 2016 and amended in 2017.[7]
- Sub-decree on Conditions, Formalities, and Procedures of Benefit Provision of Social Security Schemes on Occupational Risk for Public Employees and on Health Care for Public Employees, Former Civil Servants, and Veterans in 2017.[8]
- The Inter-Ministerial Prakas on Health Care through Health Equity Fund for Informal Workers and Supplementary Allowance for Female Workers when Giving Birth. In the Article 5 of the Prakas, NSSF is responsible to manage and register informal workers and provide supplementary allowance when giving birth for female workers in both formal and informal sectors.[9]
- National Social Protection Policy Framework 2011-2015 and 2016-2025.
- Convention number 102 of International Labor Organization (ILO) states that the minimum standard of social security consists of nine schemes/branches namely care and treatment, injury, old age, occupational accidents, homelessness, maternity benefits, citizen survivors benefits to be included in social security policies.[10]
- An Inter-ministry Prakas has been issued in June 2019 to implement a cash assistance program for pregnant women and children under the age of two, who hold an equity and priority card.[11]

3. Achievements in Implementing the National Social Security Fund

Since the establishment of the National Social Security Fund (NSSF) in 2008, the NSSF has provided basic insurance to workers in the formal sector to raise their welfare and secure their livelihood in case they encounter hardships. There are three main schemes being implemented by the NSSF, namely: Employment Injury Insurance, Health Insurance and Pensions.[12] As shown in the NSSF’s report on *Ten-Year Achievements 2008-2017 and Action Plans 2018*, the first two schemes have been successfully introduced; however, the remaining pension scheme is still being developed. Thus far, only a pension fund for public servants has been introduced.

Table 1: Summary of achievements of the NSSF in 2018

	Employment Injury Scheme	Health Care Scheme
Number of registered establishments	12,513	9,200
Number of registered members	1,634,221	1,556,145
<i>of female members</i>	<i>918,721</i>	<i>929,450</i>
Number of contracted health facilities	156	1,349
<i>public hospitals</i>	<i>137</i>	<i>1,299</i>
<i>private hospitals</i>	<i>19</i>	<i>50</i>
Number of cases in using health services	41,132	1,673,752
<i>public hospitals</i>	<i>33,751</i>	<i>1,673,752</i>
<i>private hospitals</i>	<i>7,381</i>	<i>-</i>
Budget payment to health facilities (billion riels)	11.17	73.22
<i>public hospitals</i>	<i>9.58</i>	<i>73.22</i>
<i>private hospitals</i>	<i>1.59</i>	<i>-</i>

Source: NSSF, cited in “Health Performance Report in 2018 and Action Plans 2019”[3]

The achievements of the two established schemes are as follows.

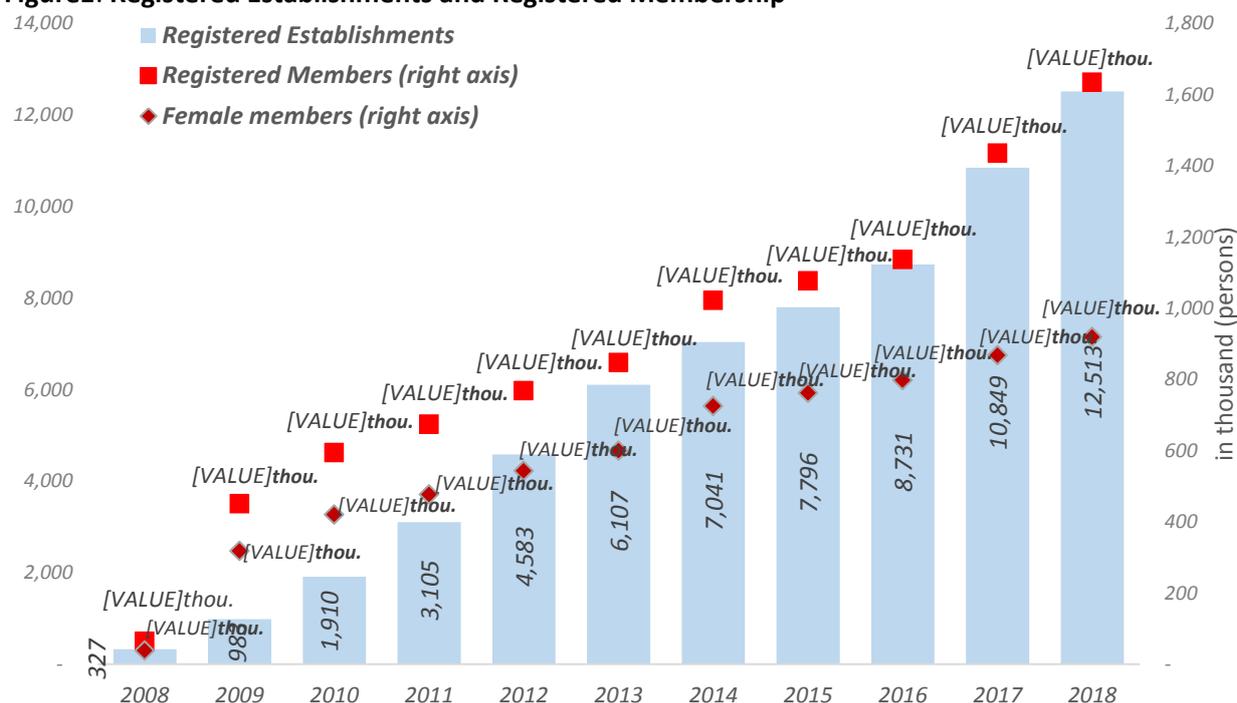
3.1 Employment Injury Insurance

Employment Injury Insurance nationwide

The Employment Injury Scheme was first launched in November 2008 to provide occupational injury and work-related health coverage for employees in private-sector companies employing eight or more workers. Its coverage has grown quickly and is now nationwide. Figure 1 shows that initially only 327 enterprises were registered to the employment injury and occupational risk scheme, with about 64 thousand members with 60% of them women. Coverage has grown and reached 12,513 enterprises and about 1.63 million members (56.2% female members) nationwide in 2018. In 2018, the NSSF made employment injury payments to health facilities of 11.17 billion riels.

Current contribution rates and benefits are described in Table 2.

Figure1: Registered Establishments and Registered Membership



Note: The data of registered establishments includes the number of closed and suspended enterprises

Source: Report on Ten-Year Achievements 2008-2017 and Action Plans 2018[3, 12]

Table 2: Current contribution rates and benefits

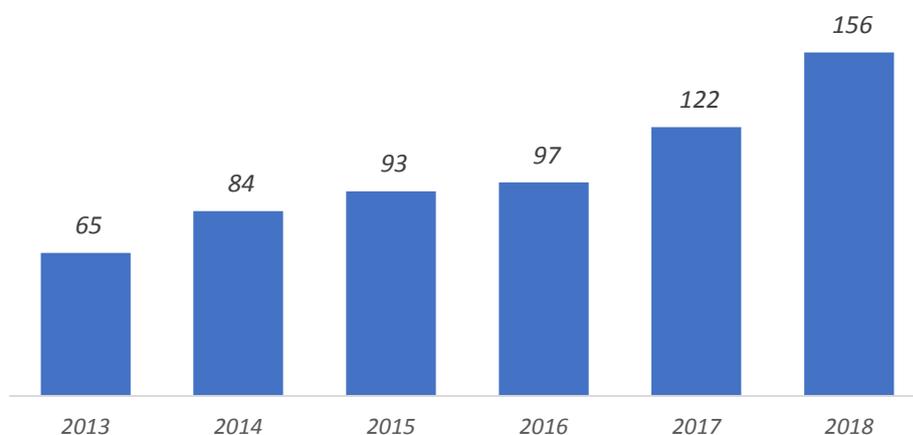
Contributions	Benefits
Contributions to employment injury or occupation risk scheme are borne by the employer at the rate of 0.8% of gross wages of employees.	Benefits that employees can receive from the scheme include: <ul style="list-style-type: none"> - Emergency service - Medical care treatment - Temporary disability: Daily allowance which is 70% of the daily average wage of employees and 50% of the daily average wage of victims - Permanent disability benefit: They are entitled to a permanent disability pension. - Funeral allowance - Survivor benefit: varies to conditions of survivors.

Source: NSSF[6]

To deliver health services to registered members, the NSSF has signed agreements with four types of hospitals: national hospitals, referral hospitals, health centers and private health facilities.

The number of contracted hospital facilities has risen from 65 in 2013 to 156 in 2018 (Figure 2).

Figure 2: Number of Hospital Facilities Signed with NSSF



Source: Report on Annual Achievements and Action Plans between 2013 and 2016, and Ten-Year Achievements 2008-2017 and Action Plans 2018[12, 13]

Employment Injury Insurance in Prey Veng, Svay Rieng, Tbong Khmum and Kampong Cham provinces

The number of workers registered for Employment Injury Insurance in Prey Veng, Svay Rieng, Tbong Khmum and Kampong Cham provinces has grown considerably faster than in the rest of Cambodia, especially in Tbong Khmum province from 2015 to 2017. The number of female workers covered has also increased faster than the national average. The number of registered establishments has grown faster than the national average in Prey Veng, Svay Rieng, and Tbong Khmum, but slower than average in Kampong Cham (Table 3).

Table 3: Number of registered enterprises and workers

	Enterprises			Workers			Female Workers		
	2015	2017	Growth	2015	2017	Growth	2015	2017	Growth
Prey Veng	35	47	34.3%	4,054	4,916	21.3%	3,682	4,002	8.7%
Svay Rieng	111	160	44.1%	46,483	55,658	19.7%	32,205	37,498	16.4%
Tbong Khmum	94	129	37.1%	6,581	11,114	68.9%	3,355	4,476	33.4%
Kampong Cham	138	163	18.1%	23,643	30,483	28.9%	19,741	24,695	25.1%
All provinces	6,470	8,507	31.5%	1,109,890	1,182,849	6.6%	779,998	787,547	1.0%

Source: Report on Ten-Year Achievements 2008-2017 and Action Plans 2018 and Report on Annual Achievements in 2015 and the Action Plans [12, 14]

In Prey Veng province, the number of registered enterprises grew 34.3%, from 35 registered enterprises in 2015 to 47 in 2017. The number of members grew 21.3%, from 4,054 in 2015 to 4,916 in 2017, of which the number of female workers grew by 8.7%.

In Svay Rieng province, the number of registered enterprises grew 44.1%, from 111 registered enterprises in 2015 to 160 in 2017. The number of members grew 19.7%, from 46,483 in 2015 to 55,658 in 2017, of which the number of female workers grew by 16.4%.

In Tbong Khmum province, the number of registered enterprises grew 37.1%, from 94 registered enterprises in 2015 to 129 in 2017. The number of members grew 68.9%, from 6,501 in 2015 to 11,114 in 2017, of which the number of female workers grew by 33.4%.

In Kampong Cham province, the number of registered enterprises grew 18.1%, from 138 registered enterprises in 2015 to 163 in 2017. The number of members grew 28.9%, from 23,643 in 2015 to 30,348 in 2017, of which the number of female workers grew by 25.1%.

The growth of women members in Svay Rieng and Kampong Cham contributed most to total growth among the four provinces. Of 100 registered new members, 57 people were women in Svay Rieng and 72 were women in Kampong Cham (Table 4).

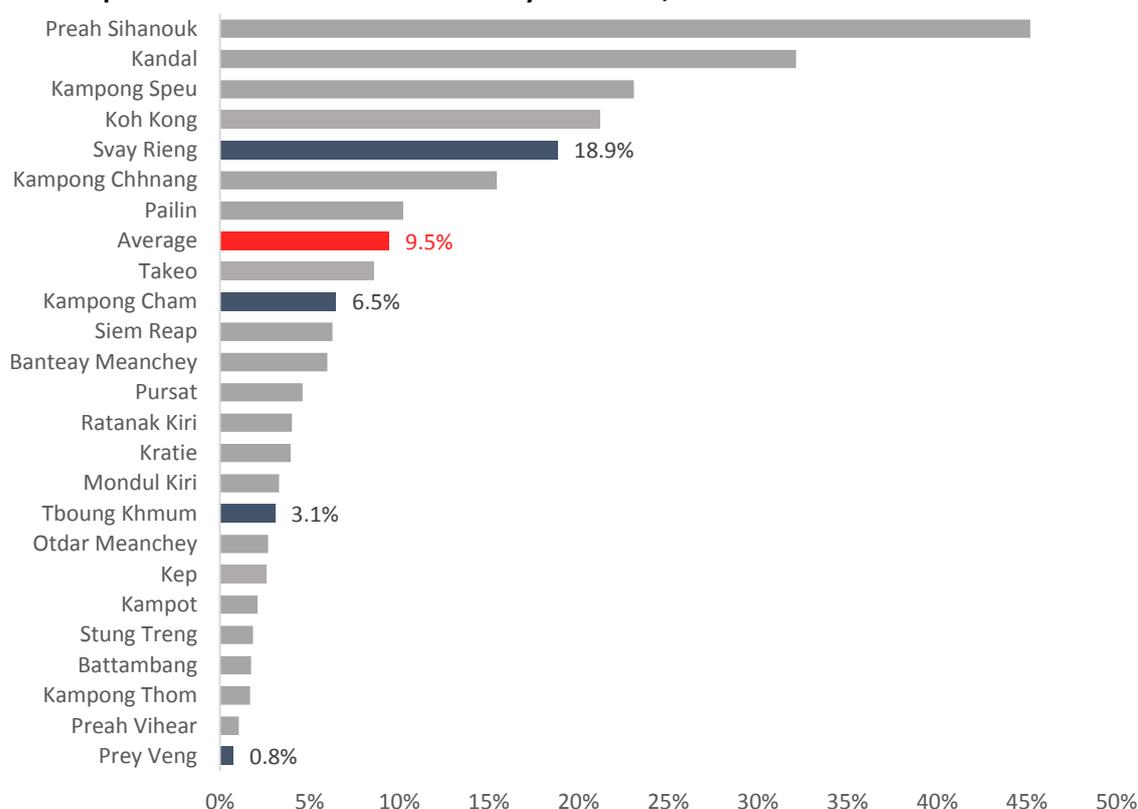
Table 4: Growth contributed by women

	Growth Contributed by Female Workers to Total Registered Members
Prey Veng	37.1%
Svay Rieng	57.7%
Tbong Khmum	24.7%
Kampong Cham	72.4%
All provinces	10.3%

Source: Report on Ten-Year Achievements 2008-2017 and Action Plans 2018 and Report on Annual Achievements in 2015 and the Action Plans [12, 14]

Compared to the number of total workers in each province (both formal and informal), Svay Rieng has achieved a high rate of coverage at 18.9%, which is over twice the national average of 9.5% (Figure 3). The coverage ratio in the other three provinces was below the national average. Kampong Cham has a ratio of 6.5%, Tboung Kmum has a ratio of 3.1%, and Prey Veng has the lowest coverage ratio of 0.8%. Coverage ratios could be attributed to a number of factors, primarily the types of industries and size of employers in each province, and do not necessarily reflect enforcement and compliance activities.

Figure 3: Proportion of total workers covered by insurance, 2017



Source: Report on Ten-Year Achievements 2008-2017 and Action Plans 2018[12], Ministry of planning , and PBO/FACT calculations [15]

There are currently 8 hospital facilities (6 referral hospital and 2 health centres) with the NSSF in Prey Veng province, 3 referral hospitals in Svay Rieng province, 3 referral hospitals in Tboung Khmum, and 8 referral hospitals in Kampong Cham province that have signed contracts with the NSSF to provide health services to members registered for Employment Injury Insurance (Table 5).

Prey Veng, Tboung Khmum and Kampong Cham have a relatively high number of providers to meet the demand of registered members (resulting in fewer members per provider than the national average). Svay Rieng has 18,553 members per contracted provider, which is nearly twice the national average.

Table 5: Number of contracted health care providers

	Number of contracted health providers	Number of members per provider
Prey Veng	8	615
Svay Rieng	3	18,553
Tboung Khmum	3	3,705
Kampong Cham	8	3,810
National average		9,695

Source: Report on Ten-Year Achievements 2008-2017 and List of Health Facilities Signed the Agreement for Occupational Risk Scheme[12]

The Employment Injury Insurance scheme’s growth in Prey Veng, Tboung Khmum and Kampong Cham appears to be much faster than in the rest of Cambodia. However, Svay Rieng remains below the national average of insurance coverage. More information is required to determine whether these growth and coverage rates are the result of structural factors related to the overall business environment in the provinces or if they result from different efforts to develop the NSSF.

3.2 Health Insurance

Health Insurance Scheme Nationwide

The second branch of the NSSF, the Health Insurance Scheme, was officially launched in 2016. The scheme aims to provide workers with a health package to tackle health issues that arise outside the workplace. [12]

Before the scheme was started, the NSSF had collaborated with development partners running the “Health Insurance Project” between 2013 and 2016 as a pilot for the scheme. During the first stage, the scheme targeted provinces where the most factories were located, namely in Phnom Penh, Kandal provinces and Kompong Speu province. By the end of the project in March 2016 there were 6,312 registered workers from 11 factories and a total of 8 contracted hospital facilities[13].

The Health Insurance scheme was officially rolled out to the rest of the country in late 2016. The introduction has proven successful, with about 1.6 million registered workers in 9,200 registered enterprises in 2018[3]. In 2018, the number of contracted hospital facilities was 1,349, located in 25 capital/provinces, and the NSSF made health scheme payments to health facilities of 73.22 billion riels.

Current contribution rates and benefits are described in Table 6.

Table 6: Contributions and Benefits under Health Care Scheme

Contribution	Benefits
Before 2018, both employee and employers shared equal monthly contributions as follows: - Employer: 1.3% of monthly wage of worker	Insured persons receive health care coverage for inpatient, outpatient, emergency services, rehabilitation services, daily allowance and

- Employee: 1.3% of monthly wage of worker	disease prevention.
From 2018, the contribution is only borne by the employer.	

Source: NSSF[6]

Health Insurance Scheme Prey Veng, Svay Rieng, Tbong Khmum and Kampong Cham provinces

Data on the Health Insurance scheme at the provincial level is still limited at this early stage of the program, with only the number of contracted hospitals available. Table 5 shows that among the four provinces, Prey Veng had the highest number of registered hospitals, reaching 117. Kampong Cham had 95 registered hospitals, Tboung Khmum had 72, and Svay Rieng had 49. More of the new program’s performance may be assessed as more data becomes available in future years.

Table 7: Contracted health providers for the Health Insurance Scheme

Number of contracted health providers	
Prey Veng	117
Kampong Cham	95
Tboung Khmum	72
Svay Rieng	49

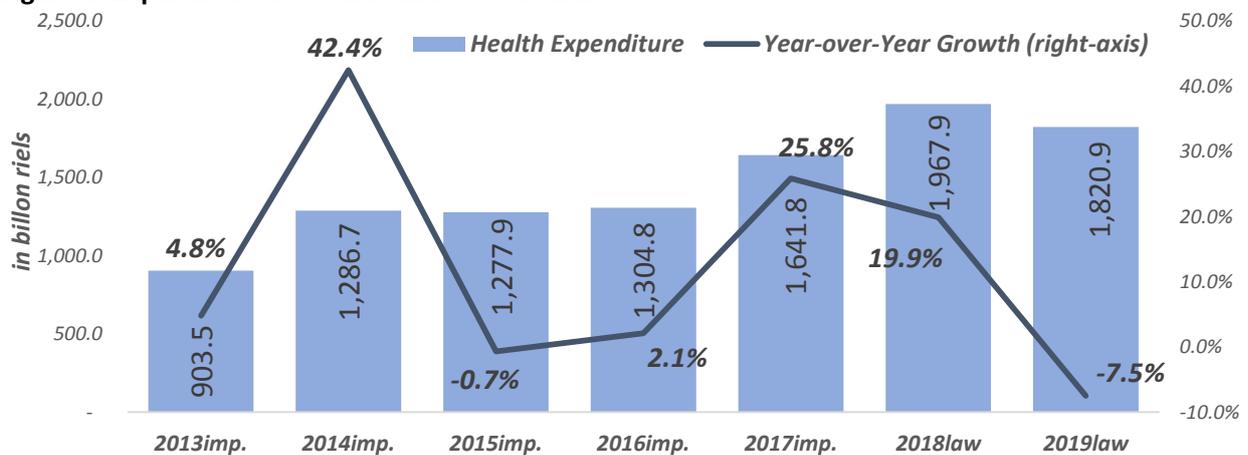
Source: Report on Ten-Year Achievements 2008-2017 List of Health Facilities Signed the Agreement for Health Care Scheme[12, 16]

4. Budget allotment to the three ministries involved in implementing the NSSF

To consider where there has been an appropriate expansion in NSSF implementation in Prey Veng, Svay Rieng, Tbong Khmum and Kampong Cham provinces, it may be informative to examine trends in the overall budget expenditure allocated to the national and provincial line departments of the Ministry of Health (MoH), Ministry of Social Affairs Veteran and Youth Rehabilitation (MoSVYR), and Ministry of Labour and Vocational Training (MoLVT) from 2013 to 2019.

Figure 4, Figure 5 and Figure 6 depict the actual budget appropriation to the MoH, MoSVYR and MoLVT and their provincial departments as a whole from 2013 to 2017, and the budgeted amount between 2018 and 2019. It also presents the year-on-year growth during the five-year period.

Figure 4: Expenditure on Health and YoY Growth

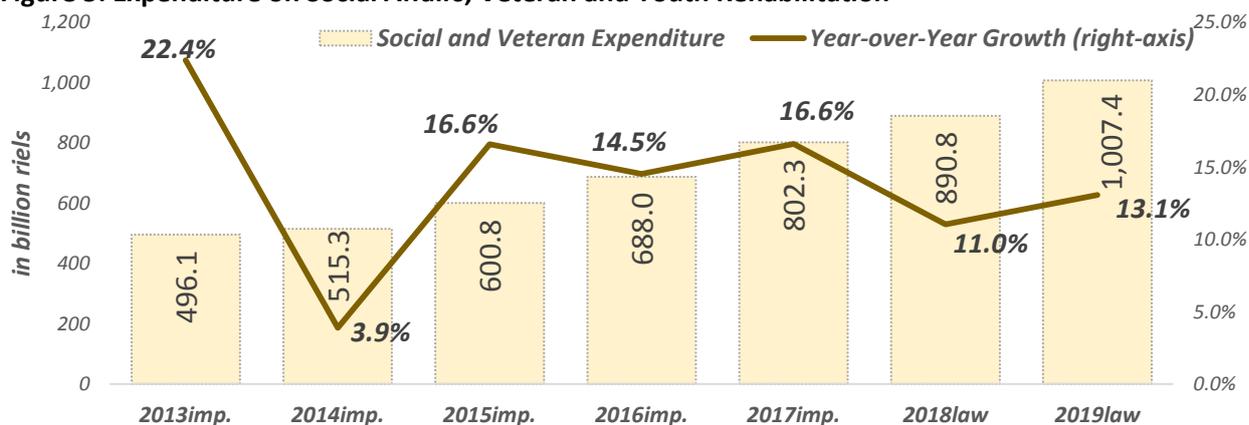


Source: Law on Budget Implementation for State Management for 2013 to 2017 & Law on Financial Management for the 2018 and 2019

Figure 4 shows that actual expenditure of the MoH and its provincial departments rose from 903.5 billion riel in 2013 to 1,641.8 billion riel in 2017, nearly doubling as the result of rising capital expenditure supported by external financing. However, in 2019, budgets are set to be lower than in 2018: 1,820 billion riels compared to 1,967.9 billion riels.

Actual expenditure allotted to MoSVYR and its provincial departments increased from 496.1 billion riels in 2013 to 802.3 billion riels in 2017, as shown in Figure 5. Planned spending for 2018 and 2019 continues to increase to 890.8 billion riels and 1,007.4 billion riels, respectively. Average growth over the period was 12.6%, driven primarily by current expenditure.

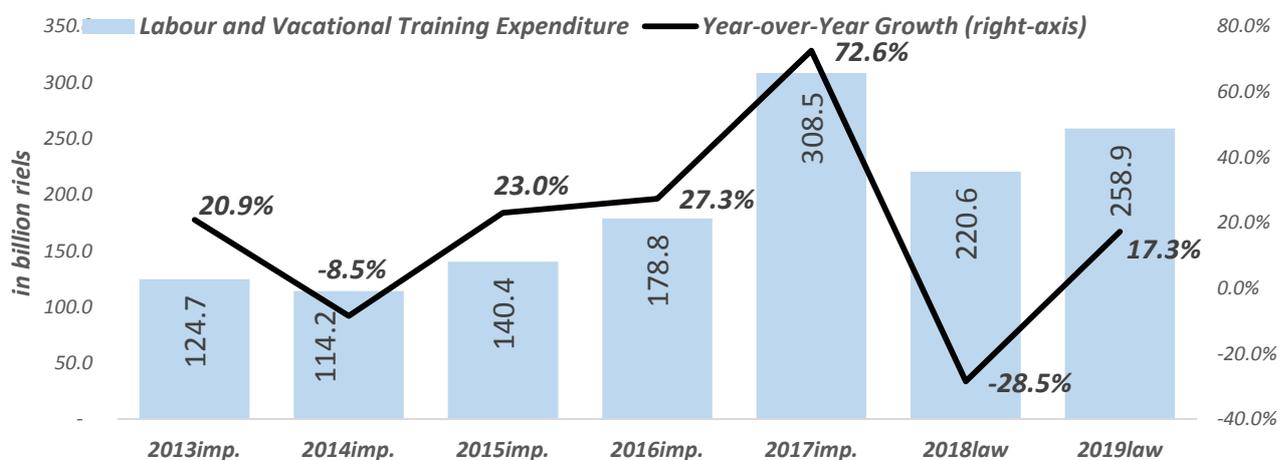
Figure 5: Expenditure on Social Affairs, Veteran and Youth Rehabilitation



Source: Law on Budget Implementation for State Management for 2013 to 2017 & Law on Financial Management for the 2018 and 2019

The budget allocated to the MoLVT and its provincial departments increased from 124.7 billion riels in 2013 to 308.5 billion riels in 2017 (See Figure 6). The increase was led by capital expenditure financed by external sources. Interestingly, expenditure in 2017 increased by 72.6% compared to 2016. Planned spending roughly follows the rising trend prior to 2017, at 220.6 billion riels in 2018 and 258.9 billion riels in 2019.

Figure 6: Expenditure on Labour and Vocational Training and YoY Growth



Source: Law on Budget Implementation for State Management for 2013 to 2017 & Law on Financial Management for the 2018 and 2019

5. Challenges of implementing the National Social Security Fund

Achieving the goals of the RGC's National Social Protection Policy Framework will face several challenges across the three schemes

Employment Injury Insurance

- **Awareness.** Coverage remains low because some enterprises are not aware of the requirements and procedures of enrollment to the NSSF.[12]
- **Lack of identification.** The majority (71%) of employers experience difficulties registering their workers with the NSSF due to workers lacking identification, particularly when they transfer from the informal sector, according to a 2017 ILO survey.[17]
- **Noncompliance.** Many employers, particularly in the restaurant and entertainment industry are noncompliant, changing premises, suspending operations and closing firms without informing the NSSF.[12]
- **Education.** Workers are often unaware of requirements to use contracted health facilities and instead access non-contracted hospitals, resulting in complicated administration procedures to resolve the mistake or a failure to be covered.[12, 18]
- **Quality of contracted facilities.** The quality of treatment services and medical care in some health facilities is not adequate or is of a low standard.[12, 19, 20]

Social Health Insurance

- **Business impact.** Some employers delay renewing employee registration for the health care scheme because employees are required to register in-person and it will disrupt work flows, particularly on manufacturing assembly lines.[12]
- **Administrative noncompliance.** Some employers fail to inform the NSSF when new workers are hired or existing workers are laid off.[12]
- **Lack of identification.** Some employers experience registration problems because workers lack identification or their identification is fake. Workers are reluctant to push for registration in some cases if they do not have proper identification and will be fired or lose their seniority when it is discovered.[12, 18]
- **Concerns over the quality of social health care.** Workers often don't seek treatment at contracted health facilities or do not show their membership card as they believe that they would not be treated well without immediate payment, and they do not want to show their membership card.[12]

Pension scheme

- **Administration infrastructure.** The implementation of a national pension scheme faces challenges in building administration capacity, particularly in finding the technical expertise to design and build a contribution and benefits system. There are also data limitations in analyzing the use and sustainability of the pension scheme prior to its launch.[12, 17]

6. Conclusion

The NSSF has made considerable progress in expanded coverage throughout the country with increasing numbers of registered businesses, members and contracts with health care providers. That is also true of the provinces of Prey Veng, Svay Rieng, Tboung Khmum and Kampong Cham. However, the four provinces remain at different stages of achieving complete Employment Injury Insurance coverage of their work force: Svay Rieng is considerably above the national average, Kompong Cham and Tboung Khmum are well below the national average, and Prey Veng has the lowest coverage of all provinces. More information is required to determine whether current coverage rates of the Employment Injury Insurance scheme in those provinces is structural (related

to the overall population and business environment) or results from underinvestment in developing the NSSF in these provinces.

At the time of publication there is insufficient data to report on trends in the implementation of the Health Insurance and Pension schemes.

References

1. Ministry of Economy and Finance, (2019). *Draft on Macroeconomic and Public Finance Policy Framework 2020-2022*. Available at: https://www.mef.gov.kh/documents/mustsee/Macroeconomic_and_Fiscal_Policy_Framework_2020-2022.pdf [Accessed 23 July 2019].
2. World Bank. (2019). *Overview of Cambodia* [Online]. Available at: <https://www.worldbank.org/en/country/cambodia/overview> 2019].
3. Ministry of Health, (2018). *Health's Performance Report in 2018 and Action Plans 2019*. Phnom Penh, Available at: http://moh.gov.kh/content/uploads/2017/05/2019_MoH-Final01-Low.pdf.
4. Constitution Council, (1993). *Constitution of the kingdom of Cambodia*. Phnom Penh, Cambodia: Available at: https://www.ccc.gov.kh/index_en.php.
5. Royal Government of Cambodia (1992). Labour Act, 2008(1992).
6. Royal Government of Cambodia, (2007). *the Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law*. Phnom penh Cambodia: Natioanl Social Security Fund, Available at: <http://www.nssf.gov.kh/default/employment-injury-scheme-2/>.
7. Royal Government of Cambodia, (2007). *Establishment of the social security schems on health care for persons defined by the provision of the labour law*. Phnom Penh, Cambodia: Royal Government of Cambodia, Available at: <http://www.nssf.gov.kh/default/>.
8. Royal Government of Cambodia (2018). Sub-decree on determining the rate of contributions procedures and payment of social security in healthcare for public officials, ex-official and veterans number. 59 SD.E. Phnom penh ,Cambodia: office of the council of minister.
9. LVT, (2017). *Inter-Ministerial on Health care, Health Equity Fund for informal worker and supplemental allowance for Female worker give birth*. Phnom Penh Cambodia: Labour and Vacational Training, Available at: <http://www.nssf.gov.kh/default/wp-content/uploads/2017/> [Accessed 26 July 2019].
10. ILO. (1952). *Convention N 102, social security Minimum standards* [Online]. Inernational Labour organization. Available at: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312247 [Accessed 24 2019].
11. Ministry of Economy and Finance, (2019). *Inter-ministry Prakas on the Implementation of Cash Assitance Program for Pregnant Women and Child under 2 years old of Households holding a Equity or Priority Card*. Phnom Penh: Ministry of Economy and Finance.
12. National Social Security Fund, (2018). *Report on Ten-Year Achievements 2008-2017 and Action Plans 2018*. Phnom Penh, Cambodia: N. S. S. Fund, Available at: <http://www.nssf.gov.kh/default/wp-content/uploads/2018/04/Binder1.pdf>.
13. National Social Security Fund, (2013-2016). *Report on Annual Achivement from 2013-2016 and Action Plans*. Phnom Penh.
14. National Social Security Fund, (2015). *Report on Annual Achievements in 2015 and the Action Plans*. Phnom Phen, Cambodia.
15. National Institute of Statistics. (.n.y.). *Commune database* [Online]. Phnom Penh, Cambodia: Natioanl Institute of Statistic. Available at: <https://www.nis.gov.kh/index.php/km/>.
16. National Social Security Fund, (2018). *List of Health Facilities Signed the Agreement for Health Care Scheme*. Phnom Penh, [Accessed 26 August 209].
17. ILO, (2017). *Operational Review of the Cambodian National Social Security Fund*. Available at: https://www.usp2030.org/gimi/RessourcePDF.action;jsessionid=1Dhh_QDdddXcoHod7Q8tnfanYhhkzw0CNBY-fbTIEq5q0yHTuiaZ!2015759462?id=55154.
18. Varabott Ho, (2017). *National Social Security Fund*. Available at: https://cam-ed.com/image/web_doc/Varabott_Ho_-_Financial_Management_in_the_Context_of_the_Healthcare_Sector.pdf

19. CHEAK LYMENG (n/a). National security fund in Cambodia. Available at: https://www.ilo.org/wcmstp5/groups/public/---asia/---ro-bangkok/documents/meetingdocument/wcms_434277.pdf.
20. Royal Government of Cambodia, (2017). *National Social Protection Policy Framwork 2016-2025*. Available at: <http://www.nssf.gov.kh/default/wp-content/uploads/2017/10/Social-Protection-Policy-2016-2025.pdf>.