

Welfare Programs in Cambodia

In the twelfth-century King Jayavarman VII had begun a public welfare system in Cambodia. King Jayavarman built public rest houses along the roads, distributed rice to the needy, and banned tax collectors from places where the sick were cared for.

Beginning in 1936, the French colonial authorities passed legislation affecting the hours of work, the wages, and the worker's compensation for foreign employees. Later, Cambodians were covered. A system of family allotments was instituted in 1955. Under this system, employers were required to contribute a monthly sum for the welfare of the worker's family.

A few welfare organizations were established in Cambodia under the Sihanouk regime. In 1949 the National Mutual Help Association was founded to provide money, food, and clothing to the needy. In 1951 the Cambodian Red Cross was organized to provide aid to disaster victims, especially those suffering from floods. The Women's Mutual Health Association



Prasat Neak Ponn was a site of King Jayavarman's hospital

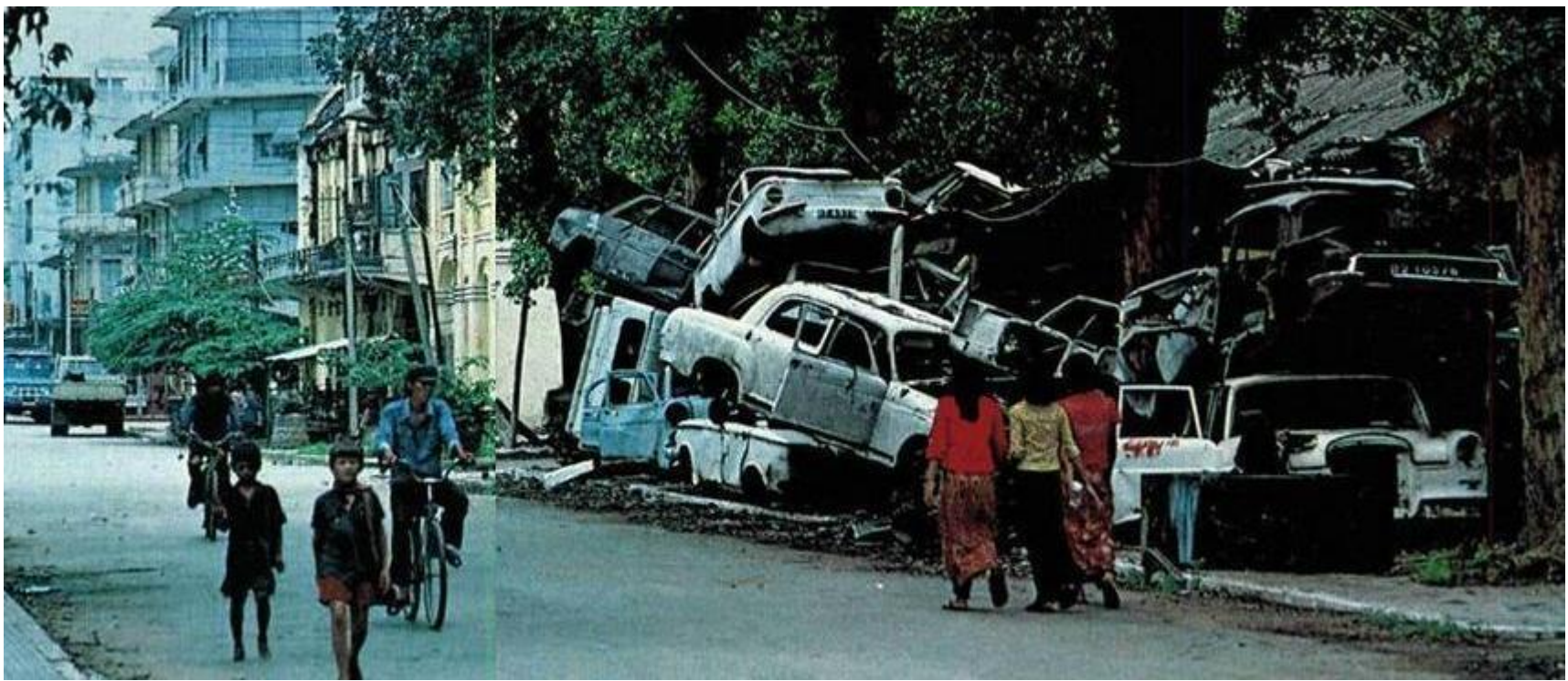


Phnom Penh of the 1930s

was formed in 1953. It was associated with the Preah Ket Mealea Hospital in Phnom Penh, where it provided prenatal and child care. During the 1950s, the Association of Vietnamese in Cambodia opened a dispensary in Phnom Penh. The most ubiquitous source of assistance for the average Cambodian, however, was the network of Buddhist wats that extended down to the grass roots level. Also, relatives and, in the case of the Chinese, extended families and business associations provided assistance to needy members.



Chinese community in Phnom Penh, 1950s



A street of Phnom Penh, early 1980s

In the PRK under the government's gradual evolution toward Marxist-Leninist socialism, the ability of the state to extend charitable aid was seriously impaired because these institutions existed in conditions of near penury, following their active suppression under the Khmer Rouge, and they were barely tolerated by the PRK regime. Instead, fragmentary evidence suggests that public welfare was decentralized and, because of the paucity of resources, received only small amounts in funds from the central government. According to available literature, the care of needy persons was entrusted to local party and government committees and, at the lowest echelon, to *krom samaki* (solidarity groups). Leaders at these grass-roots levels thus were able to evaluate true need and to extend aid varying from in-kind assistance to informal job placement. Such decentralization avoided the bureaucratization of welfare but, at the same time, it carried its own potential for abuse because aid could be apportioned on the basis of fidelity to regime and to party, or even to enforce loyalty to local leaders. The extension to the local level of such social services, however, indicated that the PRK was slowly extending its presence in the countryside, thus reinforcing its claim of nationhood, and its control over its territory and over Cambodian society at large.



A spilled out hospital ward, 1979



Prenatal care, 2000s?