



# International Medical Relief

PROVIDING COMMUNITY HEALTH  
TO POPULATIONS MOST IN NEED

## CAMBODIA



## PRE-FIELD BRIEFING PACKET

## CAMBODIA

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## ABOUT THIS PACKET

This packet has been created to serve as a resource for the 2016 Cambodia Medical Team.

This packet is information about the country and can be read at your leisure or on the airplane. The final section of this booklet is specific to the areas we will be working near (however, not the actual clinic locations) and contains information you may want to know before the trip.

The contents herein are not for distributional purposes and are intended for the use of the team and their families. Sources of the information all come from public record and documentation. You may access any of the information and more updates directly from the World Wide Web and other public sources.



## BACKGROUND

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 preelection 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.



## EXTENDING YOUR STAY

### WHAT TO SEE IN CAMBODIA

Cambodia is an unusual destination in Southeast Asia in that some travelers go here *just* to see one attraction, namely Angkor Wat, a vast and ancient temple complex that is officially the world's largest religious monument. While it is without doubt a must-see, it would be a mistake not to also get to know the rest of the country—as Cambodia has quite a bit more to offer and there are many other things to do in Cambodia.



### #1: Be awestruck by Angkor Wat



Angkor, the former capital of the ancient Khmer Empire, is one of the greatest and most spectacular religious sites in the world. Construction of this elaborate temple complex - built in honour of the Hindu god Vishnu - began in AD 879 but the site was lost to history for centuries before being rediscovered by Frenchman Henri Mahout in 1860.

### #2: Dive into Cambodia's Water Festival

As in neighboring Thailand, the changing seasons in Cambodia are marked with major festivals, and the biggest of all is Bom Om Touk, held in October or November, when the flow of the Tonle Sap River changes direction. Alongside three days of merrymaking, rainbow-colored boats race each other along the Tonle Sap.

### #3: Fire some artillery

Firing a weapon of war is probably not your standard tourist activity, but then Cambodia's not your standard tourist destination. For a price, visitors can take control of high-grade weaponry on countryside shooting ranges all over the country, from machine guns and hand grenades to rocket launchers.



### #5 Swing by Phnom Penh's Royal Palace

Phnom Penh's showpiece attraction was built in the 1860s, and it cuts a handsome figure on the skyline, crowned by a series of stupas and towering spires. The royal family were driven from the palace during the

Khmer Rouge era, but the monarchy was restored in 1993. The adjoining Silver Pagoda houses a number of ancient and revered Buddha statues.



#### #6: Move to Khmer rhythms

Classical Khmer dance is one of Asia's great dance traditions and displays have become a popular tourist attraction. Many international hotels around Siem Reap stage tourist shows, but you can see spontaneous dances across the country during monastery feast days. Also listen out for the haunting psychedelic rock of Ros Sereysothea, who vanished during the conflict.

#### #7: Cruise the Mekong

The boat trip from Phnom Penh to Siem Reap is one of Asia's legendary traveler journeys, and by far the most atmospheric way of reaching the Angkor temples. On the journey along the Mekong River and out onto Tonle Sap lake, you'll absorb some of the spirit of Cambodia's life-giving waterways. The trip upstream to Battambang is even more scenic.



## PUBLIC HEALTH OVERVIEW

### OVERVIEW

Cambodia is about to become a lower middle-income country. Significant gains have also been made in the rebuilding of the health system through an extended process of health reform beginning in the 1990s. Health status has substantially improved since 1993. Mortality rates significantly dropped and life expectancy at birth was 62.5 years in 2010, a 1.6-fold increase from 1980. Cambodia is on track to achieve the Millennium Development Goal targets. Since the beginning of the reform, the Ministry of Health (MOH) has increasingly assumed the leading role in health-system planning and development, in partnership with the development agencies. The MOH is solely responsible for the organization and delivery of government health services, through 24 MOH Provincial Health Departments, 81 health Operational Districts each with a Referral Hospital delivering a Complementary Package of Activities, and a number of Health Centers providing a Minimum Package of Activities. Reforms in health service management and administration are being implemented.

A first step is the conversion of almost one third of all health Operation Districts to the status of Special Operating Agencies, which enjoy a greater degree of autonomy in human resource and financial management and receive additional funds through a direct Service Delivery Grant. The conversion is to provide greater management autonomy, increased staff incentives and more efficient service delivery. The Cambodian health market has a wide variety of health-care providers. The emphasis placed on economic growth has not been fully reflected in government support to the development of the social sectors, including health care. One consequence has been the rapid growth of a disparate and loosely regulated but extensive sector of private health-care providers. While the public sector is dominant in the promotion and prevention activities for essential reproductive, maternal, neonatal and child care health, and major communicable diseases control, the private practitioners remain particularly frequented for curative care.



According to the 2010 Cambodian Demographic and Health Survey, only 29% of unwell or injured patients sought care first in the public sector, while 57% sought care for their last episode at private providers. While government funding for health care has increased significantly, it remains at only 1.4% of GDP. Official development assistance is stable at 15-20% of total health expenditure. The out-of-pocket payments provided 61% of the total health expenditure. National data indicate that the overwhelming proportion of out-of-pocket expenditure is paid to private providers. A number of demand-side financing schemes provide social health protection, including Health Equity Funds,

voucher schemes, voluntary community-based health insurance and (to a small extent) private health insurance. An ongoing process of national health reform began in the 1990s. Reform has been guided by a long-term process of national health planning. The most recent is the Health Strategic Plan for 2008-2015. Development partners have helped collectively to shape health policy-making, in support of MOH objectives outlined in the Health Strategic Plans. Recent health reforms have focused on strengthening the MOH's capacity to manage health-service delivery. Providing access for the poor is at the heart of health reforms. The longer-term health system aim is to move towards universal coverage.

There are a number of challenges remaining. Achieving the goal of universal coverage requires improved collection and use of health care data and a long-term view. The improvements in government commitment to health need to be maintained. The heavy reliance on out-of-pocket spending must decline. The adoption and effective implementation of the draft Health Financing Policy is the first important step. Donor support is essential, but greater alignment of donor programs to the national priorities is needed. This is also important when the period of piloting and experimentation, particularly in the supply of services and health financing area, is over. Health-system policy needs now to return to strengthening the supply side. Improving the quality of care is now the most pressing need in health-system strengthening. In the public sector this requires attention to funding, management processes and the remuneration of public-sector workers. For the private sector, it poses the immediate necessity for extended regulation, accreditation and enforcement.

**Basic statistics**

Indicators	Statistics	Year
Population (thousands)	15135	2013
Population aged under 15 (%)	31	2013
Population aged over 60 (%)	8	2013
Median age (years)	24	2013
Population living in urban areas (%)	20	2013
Total fertility rate (per woman)	2.9	2013
Number of live births (thousands)	388.8	2013
Number of deaths (thousands)	86.5	2013
Birth registration coverage (%)	62	2010
Cause-of-death registration coverage (%)	...	
Gross national income per capita (PPP int \$)	2890	2013
WHO region	Western Pacific	2013
World Bank income classification	Low	2013

... Data from 2007 onwards not available.

Source:  
Country statistics and global health estimates  
by WHO and UN partners

For more information visit the Global Health Observatory  
(<http://www.who.int/gho/en/>)

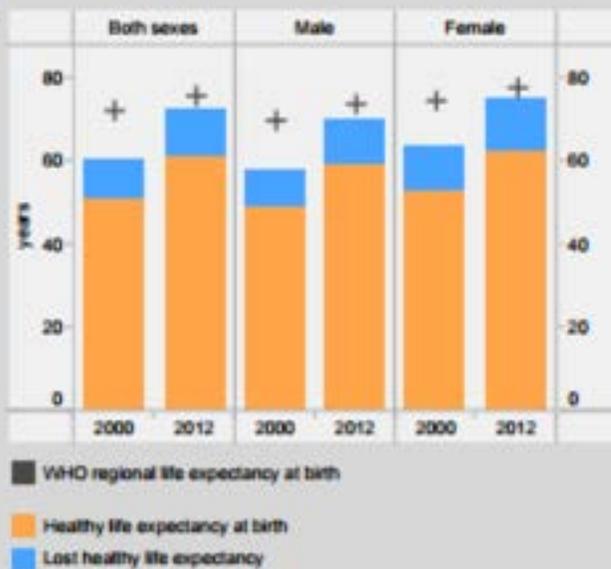
Last updated: January 2015

**Life expectancy (years), 2012**

		Country	WHO region	World Bank income group
Life expectancy	At birth	72	76	62
	At age 60	24	21	17
Healthy life expectancy	At birth	61	68	53

Life expectancy at birth for both sexes increased by 12 year(s) over the period of 2000-2012; the WHO region average increased by 4 year(s) in the same period.

In 2012, healthy expectancy in both sexes was 11 year(s) lower than overall life expectancy at birth. This lost healthy life expectancy represents 11 equivalent year(s) of full health lost through years lived with morbidity and disability.



### Top 10 causes of death

Ischaemic heart disease was the leading cause of death, killing 8.5 thousand people in 2012

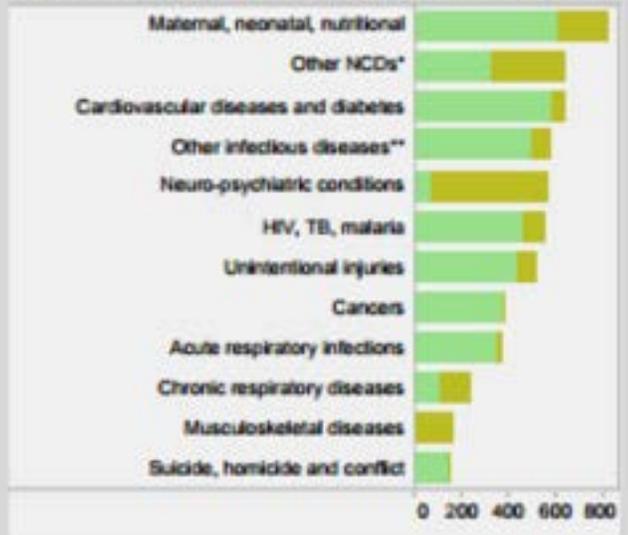
	No of deaths (000s) 2012	Crude death rate 2000-2012	Change in rank 2000-2012
Ischaemic heart disease (10.1%)	8.5		▲
Tuberculosis (9.6%)	8.2		▼
Stroke (8.7%)	7.4		▲
Lower respiratory infections (7.8%)	6.6		▼
HIV/AIDS (3%)	2.5		▲
Road injury (2.8%)	2.4		▲
Preterm birth complications (2.7%)	2.3		◊
Liver cancer (2.4%)	2.0		▲
Birth asphyxia and birth trauma (2.2%)	1.8		▼
Congenital anomalies (2%)	1.7		▲

Rank ■ decreased ■ increased ■ no change

### Burden of disease, 2012

Disability-adjusted life years (DALYs) are the sum of years of life lost due to premature mortality (YLL) and years of healthy life lost due to disability (YLD).

DALYs, YLL and YLD (thousands) by broad cause group



\*Other noncommunicable diseases (NCDs) including non-malignant neoplasms; endocrine, blood and immune disorders; sense organ, digestive, genitourinary, and skin diseases; oral conditions; and congenital anomalies.

\*\* Infectious diseases other than acute respiratory diseases, HIV, TB and malaria.

■ YLL ■ YLD

### HEALTH INFRASTRUCTURE

The Ministry of Health initiated a health sector reform process in the early 1990s and, in 1996, approved the Health Coverage Plan, formulated with WHO support, which divides the country into 73 operational districts within the 24 provinces. Each operational district covers a population of 100 000-200 000 and comprises 10-20 health centers, each covering populations of about 10 000, and a referral hospital. Health centers are expected to deliver a ‘minimum package of activities’ that includes basic curative, preventive and promotional services, provided both in the facility and through outreach. Community participation is obtained through health centre management committees. Referral hospitals provide a ‘complementary package of activities’. National institutes, national hospitals, national programs and training institutions provide the third level of services. As of 2010, there were eight national hospitals, 77 operational districts, 81 referral hospitals, 997 functional health centers and 117 health posts. The Ministry of Health comprises three directorates at central level—health services, finance and administration, and inspection—with the Minister of Health as chief executive. The structure, roles and functions are being reviewed as part of an institutional strengthening process. The private health sector has been expanding rapidly in the past decade, absorbing a substantial part of out-of-pocket expenditure. Many public health civil servants have initiated private activities to complement their official government salaries to earn a living wage. In addition, not-for-profit NGO providers supply a significant volume

of hospital and diagnostic services. Enforcement of private practice regulation needs to become a more prominent aspect of the Ministry of Health's work.

## COMMUNICABLE AND NON-COMMUNICABLE DISEASES, HEALTH RISK FACTORS AND TRANSITION

The Cambodian surveillance system includes an indicator-based, passive, zero-reporting weekly surveillance system that reports morbidity and mortality from 12 reportable diseases and syndromes, and a 'rumor-based' system that detects outbreaks and unusual health events in a timely manner. Training in surveillance is ongoing at all levels of the health care system. In addition, there has been a major push to develop cross-cutting policy frameworks for infection control in health care settings, and a laboratory policy was formulated in 2009.

The leading reportable diseases remain unchanged, being acute respiratory infections (ARI) and acute watery and/or bloody diarrhea. Malaria continues to affect mostly the poorer communities living in forested areas, where over 3 million people are at risk. The total number of treated malaria cases in public health facilities decreased in 2010 to 49 356, following a year of rise. It has been noted that the overall trend since 2000 (129 167 cases) is downward, but during years when the La Niña climate phenomenon is experienced and rainfall is increased, such as in 2003, 2006 and 2009, the number of malaria cases spikes. When La Niña ends, the long-term downward trend continues. In addition, capacity for early diagnosis and appropriate treatment by village malaria workers (VMW) and mobile malaria workers (MMW) in around 1400 villages, out of the total 3908 villages at risk, has been maintained. This has resulted in a significant number of cases being diagnosed by VMW among patients who would otherwise have sought care in the private sector, which has been underreporting. The number of reported malaria deaths in public health facilities has followed a similar long-term downward trend. The management of severe malaria has also improved, and the case-fatality rate (CFR) among severe malaria patients at referral hospitals continued to decrease from 10.4% in 2005 to 5.3% in 2010. The proportion of confirmed malaria cases among all cases treated in public health facilities increased from 54% in 2003 to 82% in 2010, indicating better diagnosis; 100% of cases treated by VMWs are now confirmed as malaria. The malaria incidence rate was 407 per 100 000 population in 2010, a reduction from 616 per 100 000 population in 2009. The country is right at the center of the global multi-drug-resistant malaria problem because of the presence of artemisinin-tolerant malaria parasites, especially in the Cambodia-Thailand border area. At the moment, an intensified containment effort, with the aim of eliminating the tolerant parasites, is a priority objectives for Cambodia; a short-term containment project (2009-2011) is being implemented and there is a medium-term plan (2011-2015) to sustain and scale up containment activities.



In March 2011, the Government formally committed itself to elimination of malaria over the next 15 years. Dengue fever (both simple and severe) has become a serious public health problem in the last two decades, the latter being the number one cause of mortality in pediatric wards during the dengue transmission season. The national dengue incidence rate from hospitalized cases was 0.9 per 1000 population in 2003, 0.7 in 2005 and 0.9 per 1000 in 2009. In 2006, however, the rate increased to 1.3 per 1000 due to outbreaks in several provinces, characteristic of the three-to-five-year cyclical pattern of dengue disease. The worst year for dengue on record was 2007, when 39 851 cases, with 407 deaths, were reported (CFR = 1.03%) and the incidence rate was 2.8 per 1000. As a result of the rise in herd immunity against DEN-3, the number of reported

dengue cases decreased significantly in 2008 to 9542 cases with 65 deaths (CFR=0.68%). Due to improved clinical management of severe dengue and increasing awareness among the general population, the case-fatality rate declined steadily from more than 4% in 1995 to 0.3% in 2010, with 12 500 cases and 38 deaths. Therefore, while further prevention and treatments efforts are still needed to maintain targets, they appear to be in reach. The national immunization program continues to improve its coverage. For 2009, the Ministry of Health continued to apply the 2008 census data for the denominator.



The official DPT-HepB3 coverage rate increased to 95% and measles coverage to 92%. A pentavalent Hib-containing vaccine was successfully introduced into the national immunization program in 2010 with support from GAVI until 2015. This is expected to reduce mortality due to pneumonia and meningitis. The Government has continued to promote fixed-site immunization at health centers, while maintaining outreach activities to outlying villages. Despite a decrease in tuberculosis incidence of 1% per year, Cambodia has the highest incidence in the Western Pacific Region, at 442 cases/100,000 population/year (2009). In 2009, 39,202 new cases were notified under the national TB program. A treatment success rate of over 90% has been maintained consistently for over a

decade. The estimated HIV prevalence among incident TB patients decreased from 11.8% in 2003 to 6.4% in 2009. The identification and treatment of multi-drug-resistant (MDR) TB has begun on a small scale, and programmatic management of MDR-TB is expected to begin in 2011. The HIV prevalence rate among adults aged 15-49 years decreased from 2% in 1998 to 0.7% in 2010 due to strong prevention activities among entertainment workers since the beginning of the epidemic.

Prevention programs have been expanded to other most-at-risk populations (injecting drug users [IDU] and men who have sex with men [MSM]). Voluntary and confidential counseling and testing services have been scaled up to 246 sites (521 097 people aged 15 and older were tested for HIV in 2010 and told their results), while home-based care has been scaled up to 356 teams, covering 848 health centers. Services for people living with HIV (PLHIV) are provided through a continuum-of-care package, available in 44 operational districts in 20 provinces, with 42 799 patients on antiretroviral treatment in December 2010. Universal access to antiretroviral treatment has been achieved. The percentage of pregnant women tested for HIV and given their results increased from 49.8% in 2002 to 81.1% in 2010, and the percentage of HIV-positive pregnant women receiving ARV prophylaxis to reduce mother-to-child transmission jumped from 11.2% in 2007 to 50% in 2010. For TB/HIV, the 3Is approach (Intensified TB case-finding among PLHIV, Isoniazid preventive therapy for PLHIV, and TB Infection control) was adopted in 2010. In 2009, 70% of notified TB patients had a known HIV test result. A national survey in 2006 found hepatitis B virus among 3.4% of five-year-old children. In 2008, among blood donors there was a 0.6% prevalence rate for HIV, 7.1% for hepatitis B, 1.2% for hepatitis C and 1.5% for syphilis. In the same year, 24.1% of blood collected was donated by voluntary, non-remunerated blood donors, the remainder being collected from family replacement donors (72.5%) and paid donors (3.4%). Some progress was made in 2009 in quality assurance systems for blood safety, but this needs to be sustained, as well as efforts to increase voluntary blood donation. Although Cambodia suffered several decades of war and civil unrest, as well as more recent rapid socioeconomic development, there is little information on the prevalence of mental illness, although several small studies have shown high levels of depression among adults and behavioral problems among children and adolescents. Mental health services are available at 35 health centers nationwide and at 25 outpatient departments; there is one psychosocial rehabilitation center in operation and two psychiatric inpatient units have been established. In 2005, 8800 psychiatric cases were

assisted and 56 000 consultations provided by the Government's national program for mental health, which does not include the more substantial services offered by NGOs around the country. Increasing use of illicit drugs, especially amphetamine-type stimulant use by young people, sex workers, MSM and those in labor-intensive activities, are putting such people at risk of contracting HIV/AIDS, with a prevalence rate of 1.1% among non-injecting drug users in 2006 and 24% among injectors, as well as increasing their risk for other health problems, especially TB and hepatitis B and C. Currently, there are only two Government-approved needle/syringe programs, both of which are in Phnom Penh and are being implemented through NGOs.

In July 2010, the first methadone maintenance therapy (MMT) program for opiate-dependent people, especially IDU, began a one-year pilot phase through the Ministry of Health in collaboration with two local NGOs, with 100 people expected to be enrolled in the service by mid-2011. A comprehensive approach to community-based drug-use issues, including prevention, harm reduction, treatment and aftercare, has been developed by the Government and its United Nations and civil society partners, with initial implementation in Banteay Meanchey province, to scale up the national response through the health and social sectors. Cambodia has a significant and growing burden of non-communicable disease (NCD). A STEPS survey in 2010 found that 2.9% of adults aged between 25 to 64 years had diabetes, with prevalence twice as high in urban areas (5.6% urban vs 2.3% rural). At the same time, 11.2% of adults had high blood pressure, prevalence being higher in men than in women (12.8% vs 9.6%) an in urban than rural areas (16% vs 10%). Eight out every 10 people in the surveyed population had one or two risk factors for developing a non-communicable disease, and one in every 10 had three or more risk factors. A nationwide survey of adult tobacco use (18 years and older) in 2010 found that 42.5% of men (1 313 000) and 3.5% of women (135 000) were cigarette smokers, while 13.8% of women and 0.8% of men chewed tobacco. Those data indicate that, during the past five years, the total number of tobacco users (approximately 2 million) has remained constant (National Adult Tobacco Survey of Cambodia, 2011).

It is hoped that the recently passed Sub-decree on measures for the banning of tobacco product advertising can reverse the alarming trend in the Cambodian media, where promotion of tobacco exceeds public education about tobacco harm. Alcohol consumption is rampant and is on the increase. The STEPS survey in 2010 revealed that almost two thirds of total respondents (aged between 25-64 years) were alcohol drinkers; over half were reportedly current drinkers (in the previous 30 days) and one in every 10 had been drinking in the previous 12 months. It was also reported that men are 2.4 times more likely to be current drinkers than women, and men are around 10 times more likely than women to be engaged in heavy episodic drinking in the past 30 days, in both urban and rural areas (STEPS survey country report, September 2010). The number of violent incidents, traffic accidents and domestic violence incidents due to alcohol is alarming. Deaths and injuries due to road traffic accidents are among the highest in the Region. In 2010, there were 6941 road crashes resulting in 1816 fatalities, 6718 severe injuries and 9170 minor injuries with a mortality rate of 12.8 per 100 000 population. Due to rapid economic growth and changes in lifestyle, the burden of environment-related diseases is an increasing concern, accounting for 26% of the total burden of disease, according to recent WHO estimates. In 2009, WHO reported that the environmental burden of disease due to unsafe drinking-water and poor sanitation and hygiene was 10 900 deaths per year and 26 DALYs/1000 population/year. Compared with other countries in the Region, Cambodia has the second-highest environmental disease burden. While environmental risk factors are generally associated with non-communicable diseases and injuries, in Cambodia they are also strongly associated with communicable diseases.

## MATERNAL AND NEWBORN HEALTH

The maternal mortality ratio (MMR) is high, at 472 per 100 000 live births, and remained unchanged between the last two CDHS in 2000 and 2005. The 2008 Census further confirmed that high rate with its finding of an MMR of 461. Postpartum hemorrhage is the leading cause of maternal death, followed by eclampsia, infections and complications of abortions. Maternal death contributes 17% to overall mortality in women aged 15-49 years. Weaknesses in vital registration statistics and the routine health information system make it difficult to

monitor changes in MMR between surveys, but there are indications of improvement. Renewed attention to maternal health and the introduction, in 2008, of performance incentives for facility-based deliveries have resulted in a sharp increase in the proportion of births assisted by trained health professionals. In 2010, 52% of the expected number of births took place in a public health facility, compared with 39% in 2008 and 26% in 2007. Trained health staff assisted 70% of expected births, compared with 58% in 2008 and 46% in 2007, a figure that includes private service providers.

There are multiple reasons for the high MMR, of which inadequate access to emergency obstetric and newborn care (EmONC), the low level of knowledge and competency among health professionals, the low facility-delivery rate, the low level of modern contraceptive use (28% in 2009) and the high rate of unsafe abortions are the most important. Barriers to good quality delivery services include official and unofficial fees, limited physical access for rural populations, and the sometimes unprofessional conduct of staff. Limitations in access to EmONC, including emergency blood transfusions and Cesarean sections, are of particular concern, the latter being less than half the minimum 5% recommended by WHO.

A national EmONC assessment, followed by development of an EmONC Improvement Plan, was undertaken in 2009 and began implementation in 2010. The Safe Motherhood protocols for health centers and referral hospitals are under revision and will be based on the latest best practice and evidence. There is a chronic shortage of midwives, which has led to raising of the intake at the five public midwife training institutions. A new direct-entry, three-year midwifery course began in 2008 and will see around 400 new midwives graduating in 2011. Of note, since late 2009, there has been at least one midwife in every health centre, although about 60% are primary midwives with only 12 months of training. This is a major achievement considering that, in 2008, there were still 79 health centers without a midwife and, in 2005, there were 146 health centers without a midwife. A High-level Midwifery Taskforce has been charged with developing a plan for a comprehensive reform of midwifery services, and the Reproductive Maternal, Newborn and Child Health (RMNCH) Taskforce has been charged with developing a fast-track initiative for improving reproductive, maternal, newborn and child health, focusing particularly on interventions with the potential to rapidly decrease maternal and neonatal death rates. Infant and under-five mortality rates have both declined significantly over the past 25 years, with the most dramatic declines happening since the late 1990s; comparison between the two most recent five-year periods in the preliminary results for CDHS 2010 show infant and under-five mortality declining by 20% and 29%, respectively, to 45 and 54 deaths per 1000 live births, bringing Cambodia on track to meet its MDG 4 target in 2015. Socioeconomic characteristics, such as living in an urban environment, the mother's educational level and the mother's household wealth, influence infant and child survival substantially.

Respiratory infection remains the leading cause of death among children under five years of age (30%), followed by diarrhea (27%), dengue hemorrhagic fever (11%), severe acute malnutrition and measles. The proportion of deaths in the neonatal period now accounts for 54% of the total under-five deaths. One quarter of children who die in the neonatal period have a history of poor feeding after initially feeding well, indicating sepsis, while 7% have symptoms suggestive of neonatal tetanus.



There are ongoing efforts to improve the quality of child health services. Coverage of integrated management of childhood illnesses (IMCI) services reached 100% of health centers in 2010. Infant and young child feeding practices have improved. The rate of exclusive breastfeeding for the first six months of life rose significantly from 11% in 2000 to 60% in CDHS 2005, 65.9% in the 2008 CAS and 74% in the preliminary results of CDHS 2010. An important step towards full adherence to the International Code of Marketing of Breastmilk Substitutes was



taken in 2005 when the Government issued a Sub-Decree on the implementation of the Code. The anaemia rate among woman of reproductive age (15-49 years) decreased from 58% in 2000 to 47% in 2005, and from 66% to 57%, and further to 44% in 2010 (CDHS preliminary results), among pregnant women. Anaemia in children aged 6-59 months decreased from 62% (2000, 2005) to 55% (2010). The first National Nutrition Strategy (NNS 2009-2015), with the overall goal of reducing maternal and child morbidity and mortality by improving nutritional status, was approved by the Ministry of Health in 2009.

The prevalence of child under-nutrition, which has been retrospectively recalculated based on the new WHO growth standards, decreased between 2000 and 2005 from 17% to 8% for weight-for-height, from 39% to 28% for weight-for-age and from 49% to 43% for height-for-age (stunting). However, the Cambodia Anthropometric Survey (CAS) 2008, undertaken to assess the impact of increased food prices and the current economic crisis, reveals that the improvements seen in the earlier part of the decade have stagnated and possibly worsened, with chronic child malnutrition one of the highest in the Region, at 40%, and an underweight rate of 29% and wasting rate of 8.9% in children under five years of age. Those rates are not appreciably different in the preliminary results of the 2010 CDHS. The rate of wasting has reached 10% or greater in nine provinces and some urban poor areas. Only four out of 10 newborn babies are weighed at birth, and the proportion of low-birth-weight babies is 8%. There are indications of increasing disparities in both health outcomes and service utilization between the rich and the poor, and between urban and rural populations. The Government is committed to improving maternal and child health and to achieving MDGs 4 and 5, but the available government and external resources are insufficient to meet the challenges.

The Ministry of Health has taken important steps to reduce child mortality at the policy and planning level, but it will take substantially larger investments to achieve universal coverage of the 12 Child Survival Score Card interventions of the Cambodia Child Survival Strategy by 2015 and the Fast-track Initiative Road Map for Reducing Maternal and Newborn Mortality (2010 -2015).

## FLAG



The national flag of Cambodia (Khmer: ទង់ជាតិ កម្ពុជា Tung-Cheat, "National flag") in its present form was originally adopted in 1948 and readopted in 1993, after elections restored the monarchy.

Since around 1850, the Cambodian flag has featured a depiction of Angkor Wat in the centre. The current flag, with a blue border and red central (the stripes are in the ratio 1:2:1) was adopted following Cambodia's independence in 1948. It was used until 9 October 1970, when a new flag was introduced for Lon Nol's Khmer Republic that lasted until the takeover of the Khmer Rouge in 1975. The subsequent state of Democratic Kampuchea, which existed from 1975 to 1979, used a red flag with a three-towered Angkor Wat design retained in yellow. The People's Republic of Kampuchea was established in 1979, after the Vietnamese invasion of Cambodia.

The Kampuchean National United Front for National Salvation (FUNSK) revived the flag adopted by the Khmer Issarak in the days of anti-French resistance for the new state. This flag had the same colour pattern as the DK flag, but with a yellow five-towered Angkor Wat silhouette. When the PRK renamed itself as "State of Cambodia" (SOC) in 1989, the flag's lower half became blue. The UNTAC flag was used during the 1992-1993 transitional period along with the flag of the SOC within Cambodia.

In 1993, the 1948 Cambodian flag was readopted. The current Cambodian flag, together with that of Afghanistan, hold the distinction of being the only two flags in the world to feature a building in their design. Red and blue are traditional colors of Cambodia.

The flag used today is the same as that established in 1948, although since then five other designs have been used. Almost all made use of the image of the temple of Angkor Wat in one form or another. This famous temple site, which dates from the 12th century, was built by the Mahidharapura monarchs. It has five towers, but these were not always all depicted in the stylised version used on flags. The monarchy was restored in September 1993, the 1948 flag having been readopted in June of that year.

## COUNTRY OVERVIEW

### GENERAL OVERVIEW

"Cambodia" is the traditional English transliteration, taken from the French "Cambodge," while "Kampuchea" is the direct transliteration, more faithful to the Khmer pronunciation. The Khmer "Kampuchea" is derived from the ancient Khmer kingdom of Kambuja. Kambuja is the ancient Sanskrit name of the Kambojas, an early tribe of north India, named after their founder Kambu Svayambhuva.

Since independence, the official name of Cambodia has changed several times, following the troubled history of the country. The following names have been used since 1954:

- *Kingdom of Cambodia* under the rule of the monarchy from 1953 through 1970;
- *Khmer Republic* under the Lon Nol led government from 1970 to 1975;
- *Democratic Kampuchea* under the rule of the communist Khmer Rouge from 1975 to 1979;
- *People's Republic of Kampuchea* under the rule of the Vietnamese-sponsored government from 1979 to 1989;
- *State of Cambodia* (a neutral name, while deciding whether to return to monarchy) under the rule of the United Nations transitional authority from 1989 to 1993;
- *Kingdom of Cambodia* reused after the restoration of the monarchy in 1994.

The Kingdom of Cambodia, although it has been in existence since 2,000 BC, is generally a young sovereign nation. As it is still feeling its way from being totally free, it is expected to do poorly with regards to world rankings of human development indices.

The current government leadership of King Sihamoni and Prime Minister Hun Sen are trudging on the right path as they have piqued interest of the world with their rich historical treasures. The Angkor Wat temple can rival any ancient structure with regards to sophistry and artistic flavors making it one of the most visited tourist destinations in Asia and the world. Right now, Cambodia is beset by so many problems. Poverty is currently the worst enemy of the government but with the discovery of exploitable oil in the country, perhaps the solution to the problem that affects 1/3 of the population has a possible point of alleviation. If this cannot be a solution, at least some basic services like free hospitalization and better educational programs will have funds to draw from, in the end would benefit the country as a whole as the people would be healthier and would possess more skills.



The nation could be a real economic power in the region if the government would concentrate on uplifting the lot of the people. Cambodia only numbers around 14 million to 15 million, a relatively low population when compared to other Asian nations, making strategic development plans easier to project and realize. The oil and newly found mineral deposits in the northern part of the country could be great economic contributors plus the robust tourism industry, together would keep the country afloat for many years to come if corruption and under the table dealings would not get into the picture.

### CLIMATE AND WEATHER

Cambodia, as most South Asian nations, experiences two distinct seasons, the wet and dry seasons. During the months of May to October, people in Cambodia call the umbrella their best friend as the Southwest Monsoon brings in 75% of Cambodia’s annual rain. Usually, the rainy season drenches the land more from July to September because the peak of the rainy season is observed from these months. The saying “When it rains, it pours,” must have been talking about Cambodia’s peak rainy season as the downpour occurs 2 days out of 3 days. Getting wet from the rain is the least problem Cambodians get during this wet season but rather the floods and diseases that come with the stocked water. Road maintenance is quite a challenge for road engineers as the incessant downpour deteriorate the sturdiness of the roads. During this season, temperatures drop to around 22°C.

November to April would be the dry months in this side of the world as the Southwest Monsoon winds have already passed by the country and is off to pestering another country. Cambodia experiences a relative calm during the months of January to February making it the best time for tourists to visit and explore the splendor of the country. January to February has still the Northwest Monsoon blowing without the rains and so the temperature is relatively cool with an accompanying low relative humidity. When going to Cambodia for the purpose of seeing the famous Angkor Wat, the best time go there is when there is a bit of rain, probably towards the end of October to November. Angkor Wat is just teeming with life as lush greenery surrounds the ruins and the different bird life come out to frolic in the last days of rain.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year
Record high °C (°F)	35.1 (97)	38.1 (100.6)	40.0 (104)	40.5 (104.9)	40.0 (104)	39.2 (102.6)	37.2 (99)	37.8 (100)	35.5 (95.9)	35.1 (95)	34.4 (93.9)	37.2 (99)	40.5 (104.9)
Average high °C (°F)	31.5 (88.7)	32.5 (91)	34.9 (94.8)	34.9 (94.8)	34.3 (93.7)	33.5 (92.3)	32.5 (90.5)	32.5 (90.5)	32.3 (90.1)	31.1 (88)	29.9 (85.8)	30.1 (86.2)	32.5 (90.5)
Daily mean °C (°F)	26.7 (80.1)	27.9 (82.2)	29.5 (85.1)	30.0 (86)	29.8 (85.6)	29.3 (84.7)	28.6 (83.5)	28.6 (83.5)	28.3 (82.9)	27.5 (81.5)	26.3 (79.3)	25.9 (78.6)	28.2 (82.75)
Average low °C (°F)	21.9 (71.4)	23.0 (73.4)	24.1 (75.4)	25.0 (77)	25.3 (77.5)	25.0 (77)	24.7 (76.5)	24.6 (76.3)	24.3 (75.7)	23.8 (74.8)	22.7 (72.9)	21.7 (71.1)	23.8 (74.9)
Record low °C (°F)	12.8 (55)	15.2 (59.4)	19.0 (66.2)	17.8 (64)	20.8 (69.1)	21.2 (70.2)	20.1 (68.2)	20.0 (68)	21.1 (70)	17.2 (63)	16.7 (62.1)	14.4 (57.9)	12.8 (55)
Average rainfall mm (inches)	25.5 (1.004)	11.5 (0.453)	55.0 (2.165)	101.0 (3.975)	111.6 (4.394)	177.1 (6.972)	195.3 (7.725)	172.0 (6.772)	248.8 (9.795)	318.9 (12.555)	135.0 (5.315)	50.3 (1.981)	1,635.6 (64.394)
Average rainy days (≥0.1 mm)	2.8	2.4	5.2	5.6	16.4	16.6	19.8	21.4	19.8	24.0	11.9	4.8	153.4
Average relative humidity (%)	73	71	71	73	77	78	80	81	84	84	78	73	77

### GEOGRAPHY

Cambodia has an area of about 69,900 square miles (181,040 square kilometers). The country shares a border with Thailand to its west and northwest, with Laos to its northeast, and with Vietnam to its east and southeast. In the south it faces the Gulf of Thailand.

The geography of Cambodia is dominated by the Mekong River, colloquially known as *Tonle Thom* or "the great river," an important source of fish. Much of the country sits near to or below sea level, and its main source of water from the Mekong reverses its water flow in the wet season into the neighboring Tonle Sap River. Cambodia falls within several geographic regions. The largest part of the country—about 75 percent of the total—consists of the Tonle Sap Basin and the Mekong Lowlands. This densely populated plain, which is devoted to wet rice cultivation, is the heartland of Cambodia. To the southeast is the Mekong Delta, which extends through Vietnam to the South China Sea. The Cardamom Mountains the Elephant Range lie to the southwest,

and the Dangrek Mountains are to the north. Higher land to the northeast and to the east merges into the Central Highlands of southern Vietnam.



About 75 percent of the country lies at elevations of less than 330 feet (100 meters) above sea level. The highest elevation is Phnom Aoral, near Pursat in the center of the country, at 5948 feet (1813 meters).

Temperatures range from 50° to 100°F (10°-38°C). Southwest monsoons blow inland bringing moisture-laden winds from the Gulf of Thailand and Indian Ocean from May to October. The heaviest precipitation is from September to October. The northeast monsoon ushers in the dry season, which lasts from November to March, with the driest period from January to February. Natural hazards include flooding and occasional droughts.

Natural resources include timber, gemstones, some iron ore, manganese, phosphates, and hydropower potential. Illegal logging throughout the country, and strip mining for gems in the western region along the border with Thailand, have resulted in soil erosion, habitat loss and declining biodiversity.

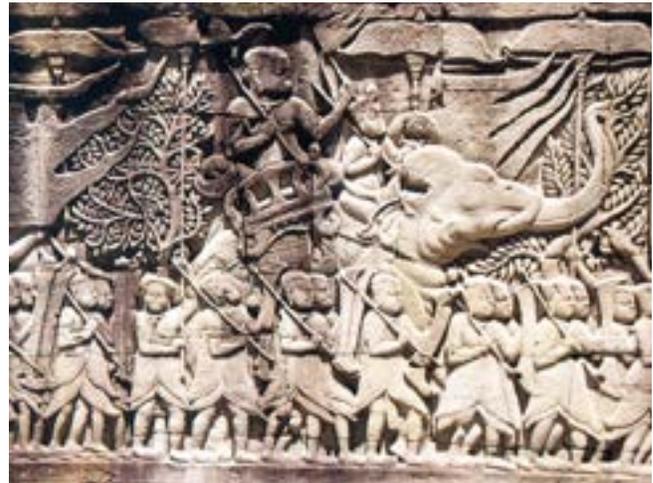
The destruction of mangrove swamps threatens natural fisheries. In rural areas, a majority of the population do not have access to potable water. Toxic waste dumping from Taiwan sparked unrest in Kampong Saom (Sihanoukville) in December, 1998.

Phnom Penh is the largest population center, with two million of Cambodia's 15 million people. Monduliri, the hill province in the northeast bordering Vietnam, is the largest province by area but ranks lowest in population density.

## HISTORY

Prehistoric Cambodia is sparsely known, as a large area of modern-day Cambodia was under water at 6000 years ago. Evidence of cave dwellers has been found in the northwest. Carbon dating indicated ceramic pots found in the area were made around 4200 B.C.E. Archaeological evidence indicates that a Neolithic culture that may have migrated from southeastern China inhabited parts of the region during the first and second millennia B.C.E.

The first advanced civilizations appeared in the first millennium C.E. During the third, fourth, and fifth centuries, the Indianized states of Funan and Chenla coalesced in what is now present-day Cambodia and southwestern Vietnam. These states had close relations with China and India. Their collapse was followed by the rise of the Khmer Empire, a civilization which flourished in the area from the ninth century to the thirteenth century.



The Khmer Empire remained powerful until the fifteenth century. A series of capitals was constructed at Angkor during the empire's zenith. Angkor Wat, the most famous and best preserved religious temple at the site, is a symbolic reminder of Cambodia's past as a regional power.

After a long series of wars with neighboring kingdoms, Angkor was sacked by the Thai and abandoned in 1432. The court moved to Lovek where the kingdom sought to regain its glory through maritime trade. The attempt was short-lived, however, as continued wars with the Thai and Vietnamese resulted in the loss of more territory and the conquering of Lovek in 1594. During the next three centuries, The Khmer kingdom alternated as a vassal state of the Thai and Vietnamese kings.

In 1863 King Norodom, who had been installed by Thailand, sought the protection of France. In 1867, the Thai king signed a treaty with France, renouncing suzerainty over Cambodia in exchange for the control of Battambang and Siem Reap provinces. The provinces were ceded back to Cambodia by a border treaty between France and Thailand in 1906.



Cambodia continued as a protectorate of France from 1863 to 1953, administered as part of the French colony of Indochina. After war-time occupation by the Japanese empire from 1941 to 1945, Cambodia gained independence from France on November 9, 1953. It became a constitutional monarchy under King Norodom Sihanouk.



In 1955, Sihanouk abdicated in favor of his father in order to be elected Prime Minister. Upon his father's death in 1960, Sihanouk again became head of state, taking the title of prince. As the Vietnam War progressed, Sihanouk adopted an official policy of neutrality until 1970 when he was ousted by a military coup led by Prime Minister General Lon Nol and Prince Sisowath Sirik Matak, while on a trip abroad. From Beijing, Sihanouk realigned himself with the communist Khmer Rouge rebels who had been gaining territory in the remote mountains and urged his followers to help in overthrowing the pro-United States government of Lon Nol, hastening the onset of civil war.

Operation Menu, a series of secret B-52 bombing raids by the United States on suspected Viet Cong bases and supply routes inside Cambodia, was acknowledged after Lon Nol assumed power; U.S. forces briefly invaded Cambodia in a further effort to disrupt the Viet Cong. The bombing continued and, as the Cambodian communists began gaining ground, eventually included strikes on suspected Khmer Rouge sites until 1973. **Estimates of the number of Cambodians killed during the bombing campaigns vary widely.** The Khmer Rouge reached Phnom Penh and took power in 1975, changing the official name of the country to Democratic Kampuchea, led by Pol Pot.

Solid estimates of the numbers who died between 1975 and 1979 are not available, but it is likely that hundreds of thousands were brutally executed by the regime. Hundreds of thousands died of starvation and disease (both under the Communist Party of Kampuchea and during the Vietnamese invasion in 1978). Some estimates of the dead range from one to three million, out of a 1975 population estimated at 7.3 million. The American CIA estimated 50,000-100,000 were executed and 1.2 million died from 1975 to 1979. Many were in some way deemed to be "enemies of the state," whether they were linked to the previous regime, civil

servants, people with education, or of religion, critics of the Khmer Rouge or Marxism, or simply offered resistance to brutal treatment. Hundreds of thousands more fled into neighboring Thailand.



In November 1978, Vietnam invaded Cambodia to stop Khmer Rouge incursions across the border and the genocide of Vietnamese in Cambodia. Warfare between the Vietnamese and Khmer Rouge holdouts continued throughout the 1980s. Peace efforts began

in Paris in 1989, culminating two years later in October 1991 in a comprehensive peace settlement. The United Nations was given a mandate to enforce a ceasefire, and deal with refugees and disarmament.

After the brutality of the 1970s and the 1980s, and the destruction of the cultural, economic, social and political life, it was only at the end of the twentieth century that reconstruction began and political stability returned. The democracy established following the conflict was shaken in 1997 during a coup d'état, but has otherwise remained in place.



In January 2003, there were riots in Phnom Penh prompted by rumored comments about Angkor Wat by a Thai actress wrongly attributed by a Cambodian newspaper, and later quoted by Prime Minister Hun Sen. The Cambodian government paid US\$6-million in compensation for the destruction of the Thai embassy

## DEMOGRAPHICS

United Nations Children's Fund (UNICEF) has designated Cambodia the third most land-mined country in the world, attributing over 60,000 civilian deaths and thousands more maimed or injured since 1970 to the unexploded landmines left behind in rural areas. Most victims are children herding animals or playing in the fields.

Civil war and its aftermath have had a marked effect on the Cambodian population. The median age is 20.6 years, more than half of the population younger than 25, and there are more women than men.

With a population of almost 15 million people, Cambodia is ethnically homogeneous. More than 90 percent of its population is of Khmer origin and speaks the Khmer language, the country's official language. The remainder include Chinese one percent, Vietnamese five percent, Cham, Khmer Loeu, and Indians.

The Khmer language is a member of the Mon-Khmer sub-family of the Austroasiatic language group. French, once the lingua franca of Indochina and still spoken by some, mostly older Cambodians as a second language, remains the language of instruction in various schools and universities that are often funded by France. Cambodian French, a remnant of the country's colonial past, is frequently used in government, but many younger Cambodians and those in the business-class, have favored learning English.



The domestic unit is a nuclear family consisting of parents and children. Residence after marriage is often with the parents of the bride. Aged parents often live with their adult children. Inheritances are divided equally among children without regard to gender or age order, although the child who supported the parents in their old age may be favored.

Cambodians have a strong sense of personal property. Under communism, the state promoted egalitarianism, and personal wealth was not easily detected. Since 1991, extremely wealthy individuals have appeared among government officials and business people, while most others remain poor. Cambodians have exaggerated respect for a small class of civil servants who are perhaps defined more by influence than by wealth. There is sensitivity to wealth, especially in decisions about marriage partners. Wealth was traditionally worn on the person as jewelry. Poor families live in houses of bamboo and thatch. Better-off families live in traditional wood houses on stilts. Richer families live in houses of stone or cement. Possession of cars and consumer goods mark wealth.

## EDUCATION

During the reign of the Khmer Rouge from 1975 to 1979, education in Cambodia was the first one to be disintegrated by Pol Pot's Communist leaning government. Back then, schools nationwide were ordered to be closed. Teachers were among the first victims of the Khmer Rouge's purging as they radically were preparing a massive indoctrination program for the youth. In fact, 90% of the teachers that time were killed while the rest fled the country or stayed in anonymity.

Vietnam, who occupied Cambodia in 1980 as a result of Pol Pot's transgressions into Vietnamese territories, slowly re-integrated education. However, not all were able to gain access to the new educational system but was only available to children of civil servants. One catch also during that time was that lessons were biased to the Vietnamese culture.

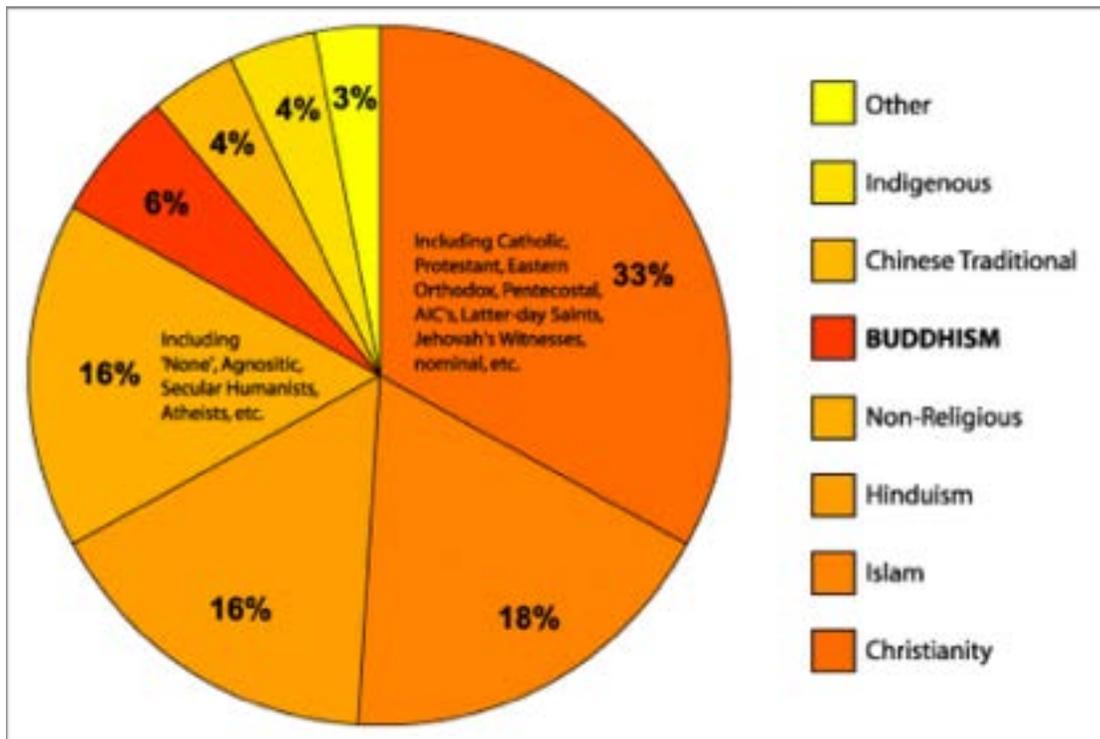


Currently, post-Vietnam occupation and back to the Cambodia's monarchial rule, education has improved greatly. The constitution now promulgates a compulsory education for everyone. All eligible students have free access to education for nine years. However, as much as it is put into law, providing this basic service is not widely enforced. Problems like lack of qualified teachers, low student attendance in the rural areas still persist. There are not many who are willing to teach as salary and benefits are

unattractive while students from the rural areas prioritize helping their families cultivate the fields.

Presently, Cambodia still has a high illiteracy rate where 76.25% of men and 45.98% of the women have yet to know their ABCs. The Ministry of Education Youth and Sport has a strategic plan in place and have already launched programs like the National Development Strategic Plan 2006-10, Cambodia Millennium Development Goals, and the Education for All National Plan 2003-2015 to give Cambodian children hope for a brighter future.

## Religion



Cambodia is one of the bastions of Buddhism, particularly Theravada Buddhism. Buddhism has been ingrained in Cambodian culture that missionaries from other religions would have a hard time penetrating into as Buddhism has been practiced since, at the very least, 5 B.C. and was decreed as the standard faith from the 13th Century onwards. Currently, 95% of Cambodian nationals adhere strictly to the doctrines of Theravada Buddhism. That alone gives an indication how strong the roots of Buddhism are in this former French protectorate as there is no curtailment of religious freedom enforced.

Theravada Buddhism is considered to be the oldest school of thought in Buddhism. Proponents of this branch of Buddhism claim that Theravada Buddhism is the closest in terms of teachings and ideals from the original as it is the oldest form of Buddhism dating back to 250 B.C.

The word Theravada literally means "Teaching of Analysis". As early as 250 B.C., Buddhism has been teaching followers to do critical thinking and use reasoning more instead of blind faith. Adherents are also taught to heed the advice of the elders and of the wise. Another famous teaching of this branch of Buddhism is that human suffering is caused by the "tanha" (cravings) which with it are carried are the "kilesas" (defilements). Theravada Buddhists believe that these defilements are the forces that drive inhumanities. Perhaps, the teaching



that will be most remembered about Theravada is the doctrine of the “Four Noble Truths.”

The remaining 5% of the population are either followers of Islam, Animism, Hinduism or Christianity. These other religious sects use to have higher numbers but due to Pol Pot’s purging, the members of these sects who are known disciples were summarily executed during the reign of the Khmer Rouge.

## CULTURE

Khmer culture, as developed and spread by the Khmer empire, has distinctive styles of dance, architecture and sculpture, which have strongly influenced neighboring Laos and Thailand. Angkor Wat (*Angkor* means “city” and *Wat* “temple”) is the best preserved example of Khmer architecture from the Angkorian era and hundreds of

other temples have been discovered in and around the region. The Tuol Sleng Genocide Museum, the infamous prison of the Khmer Rouge, and Choeung Ek, one of the main “killing fields” are other important historic sites.

Rice is the staple grain, while fish from the Mekong and Tonle Sap also forms an important part of the diet. The Cambodian per capita supply of fish and fish products for food and trade in 2000 was 20 kilograms of fish per year or two ounces per day per person. Some of the fish can be made into *prahok* (a Khmer delicacy) for longer storage.

Cambodian cuisine is relatively unknown to the world compared to that of its neighbors Thailand and Vietnam, but has been described not as spicy as Thai cuisine. A home meal is served on a mat on the floor or with the diners seated on a bamboo platform. Adult males and guests eat first and food preparers last. Breakfast consists of rice porridge or rice noodles. Lunch and dinner may include a spiced broth with fish or meat and vegetables, fish, fresh vegetables eaten with a fish-based paste, and stir-fried vegetables with chopped meat. A strong-smelling fermented fish paste called “*prâhok*” is the hallmark flavoring of Khmer food. Display of fruit is a mark of abundance. “*Teuk tnaot*,” a liquid tapped from sugar palms and fermented, generally is not taken with meals.

During festivals, elaborate and painstakingly seasoned dishes are prepared, such as curries, spiced fish sauces, complex stir-fries, and a variety of sweets. At temple festivals, each family presents carefully prepared dishes to the monks.

Cambodian folk music is influenced by ancient forms as well as Hindu forms. Religious dancing, depicting stories and ancient myths, are common. Some dances are accompanied by a “*pinpeat*” orchestra, which includes a “*ching*” (cymbal), “*roneat*” (bamboo xylophone), “*pia au*” (flute), “*sralay*” (oboe), “*chappay*” (bass banjo), gong (bronze gong), “*tro*” (violin), and various kinds of drums. The 1960s saw a revival in classical dance, led by Princess Norodom Bopha Devi.



Cambodian modern music is divided into two categories: "Ramvong" is slow dance music, while "ramkbach" is closely related to Thai folk music. In the province Siem Reap, a form of music called "kantrum" has become popular; originally Thai, kantrum is famous for Thai and Cambodian stars like Darkie. Modern music is usually presented in Cambodian Karaoke VCDs, usually of an actor, actress or both making the actions, usually by lip-synching the lyrics to the background song.



*Bonn Om Teuk* (Festival of Boat Racing), the annual boat-rowing contest, is the most attended Cambodian national festival. Held at the end of the rainy season when the Mekong River begins to sink back to its normal levels allowing the Tonle Sap River to reverse flow, approximately 10 percent of Cambodia's population attends this event to play games, give thanks to the moon, and watch

fireworks.

Popular games include cockfighting, and kicking a *sey*, which is similar to a footbag.

Soccer is one of the more popular sports. The Cambodia national soccer team managed fourth in the 1972 Asian Cup but development has slowed since the civil war. Volleyball, bodybuilding, field hockey, rugby, and baseball are gaining popularity while traditional boat racing maintains its appeal. Martial arts is also practiced, the most popular being Pradal Serey, which is similar to Muay Thai. Other styles such as karate, kung fu and taekwondo are rapidly catching on.



## POVERTY

Poverty in Cambodia hasn't always been that bad. In fact, in the 1950s the country was one of the most advanced economies in Southeast Asia. But today, the country counts among the poorest in the world by many economic and social indicators.

It's a baffling thing for those who visit Cambodia to see a country blessed with such natural riches that could definitely provide for everyone, all while witnessing a dire misery. What happened to Cambodia? Thirty years of extreme violence and political instability due to the Khmer Rouge - the communist movement that took over the country in the 1970s.

The Khmer Rouge had this great idea, quite common among communists at the time: “let’s kill all the educated people”. This obviously resulted in a massive economic slump and... well, a massacre. The idea was to build a rural Cambodia free of poverty and central power. What they ended up with is the record of the biggest amount of landmines in the world.



The country has the advantage of a small population (14m) which should mean more resources for everyone, especially when compared to Thailand or Vietnam which have around 90m inhabitants. But basic hygiene conditions are not up to the lowest standards yet, with over 10% of kids who die before reaching the age of 5 and a life expectancy around 50 years old. Despite great efforts lately, poverty in Cambodia remains widespread and part of the daily life of millions of Cambodians.

In fact, poverty has been slashed from nearly 50% to 35% between the mid-1990s to the mid-2000s. However the story remains the same worldwide: GDP growth and economic liberalization has often benefitted the urban population while the rural one hasn’t seen much improvement. And in a country like Cambodia, it’s quite a problem considering that the majority of the population lives in rural areas.

Still, many regions have managed to develop reasonably well, while others have direly lagged behind and lacked government help - which despite recent improvements, remains quite corrupt and inefficient.

### **POVERTY AND THE ENVIRONMENT**

An unexpected effect of poverty in Cambodia is the impact on the environment. The illegal and/or destructive exploitation of natural resources poses a huge threat to the future of Cambodia. The country is steadily losing its forests and their resources.

If this goes on, it makes no doubt that “mother nature” won’t be able to sustain this sort of development. The core of the challenge is however that these destructions happen because of poverty. So, just cracking down on illegal farming in Cambodia won’t change the fact that starving people will do anything they can to survive. After all, when you consider everything Cambodia has been through (French colonization, civil war, US bombardment) and 2-3 million deaths during the Khmer Rouge between famine and executions, its slow-ish recovery isn’t all that bad.

### **POVERTY AND HEALTH**

Today, extreme poverty in Cambodia caused by diseases and under-developed health care is the biggest challenge the nation has to face. At the end of the Khmer Rouge regime, there were roughly 50 doctors left in a country of 14 million people.

In the 1990s, even after democracy was “brought” to the country in 1993-94, healthcare was still the most problematic aspect of poverty in Cambodia. Almost half of the Cambodians who lost their land in the 90s actually sold it in order to pay for health bills. Would you have enough money, it’d still be a better idea to go to Thailand for treatment since both private and public hospitals are just as bad.

The problem is therefore that any money that people spend on health care is somewhat wasted because of bad diagnosis and healthcare providers delivering the wrong treatment. Most villages have their own “pharmacies”



during consultations: from “doctors” affirming that the contraceptive pill causes cancer to the prescribing of completely random courses of antibiotics, serious mistakes often aggravate the condition of patients. Additionally, when the regulation of drugs was re-introduced in 1994 it was already too late and unregulated drugs were found everywhere.

### **AGRICULTURE AND POVERTY**

As Cambodia has been gradually integrated to the world system, it’s becoming more and more interconnected and interdependent with other countries. Among other things it means that the country is more vulnerable to global economic crises. But the country hasn’t realized yet that it also means it has more opportunities for business. In particular, regions that border Thailand have access to a huge market and better infrastructures too.

Nonetheless, many old issues remain concerning agriculture. There is still a dire lack of expertise and savoir-faire about agricultural techniques, including on the proper use of irrigation. As much as new strategies like micro-finance can help, they can’t make up for the absence of concrete knowledge on how to manage agricultural production & business. Not to mention that many villages simply don’t have easy access to roads and thus going to a nearby city simply to sell your production can turn into a real week-long pilgrimage



which are more like local stores selling unregulated medications. Another issue is that health workers are clearly underpaid by the government. A full time salary puts most health workers straight below the poverty line. This in turn leads to more corruption, extortion of fees and bribery. In most cases then, Cambodians end up paying for free services or paying much more than they should.

With 1 in 2 consultations resulting in a potentially unsafe treatment, there is definitely room to improve in the Cambodian healthcare system. One solution was to rely on importing foreign medicines to make sure that the drugs were properly dosed. But more problems arise

## SURVIVAL GUIDE

### ETIQUETTE

As Cambodia emerges as a tourist destination, it is still blessed with being one of the least developed of all countries in Southeast Asia. This means it has been able to maintain much of the fabled customs, traditions and beliefs of its rich and colourful past. Khmer people are wonderfully welcoming of travellers, but to gain a truly rewarding experience, all visitors should learn some of the fundamental principles of Cambodian etiquette and customs to make their trip all the more enjoyable.



As a nation of Buddhists, the Cambodian society reflects a hierarchical yet collective philosophy, one where people are expected to interact in harmony. Put simply, young individuals have no sway over a group of elders, and communication is the most obvious example of this, where people are addressed based on their role as a family figurehead or junior - no matter if those concerned are related. The young are students; the elders are teachers, regardless of the situation.

Cambodians are unwavering friendly, gentle, complimentary and gracious, a character built on the Buddhist concept of 'face'. Raised voices, cursing, over-reaction and forcefulness are all considered to be

undignified and embarrassing. As a visitor it is an essential lesson to make your time in Cambodia enjoyable. Do not shout, do not argue or lose your temper and do not treat locals like second-class citizens - treat everyone with respect and a friendly smile, and things will work themselves out far easier. A display of anger is a lack of self-control. Causing anyone, including yourself, to lose 'face' by making a scene will reflect badly on them and on you, so stay calm and keep smiling - just like the locals.

As a collective society, individuals take second place to family, the neighborhood or the company. Etiquette maintains a sense of harmony, and protecting the 'face' of others and yourself is important to maintaining a positive outlook. Face can be roughly defined as a combination of dignity, honor and reputation that can be gained or lost.

Remember, Cambodia has only recently emerged from decades of war and isolation. Do not expect the waiter or taxi driver to have the same level of service as in the West. Do expect them to be far more genuine. Do not compare the Khmers with their local, more tourist-familiar neighbors such as Vietnam and Thailand. Two thousand years of rivalries have left many sensitive about their more developed cousins.

### MEETING AND GREETING

The first point of contact often causes confusion with many travelers unsure of how to act. The best bet is to wait for the other person to greet you first, and then return the same greeting. Don't rush up to anyone with a friendly arm around the shoulders or a hug. Though the handshake has grown in popularity (men only), as a rule, touching women is a complete no-no.

You are more likely to be met with the traditional sampeah, which is similar to the Indian Namaste or Thai Wai. This involves placing both hands together at chest height while bowing forwards. The higher the hand position

and lower the bow, the higher the respect. Men should be addressed with the honorific title of Lok, women with Lok Srey, followed by their first name. Note that the family name is the first name in Cambodia, followed by the given name.

### HEAD AND FEET

The head is the highest and holiest point of the body and as in many cultures, closest to the gods. In Khmer culture, the head is also home to a person's soul, making touching the head, or pointing your feet at it, completely taboo. No matter how cute they are, do not pat children on the head.

The feet are the lowest point of the body and are considered impure or dirty, especially given the lack of decent footwear among many Khmers. It is extremely disrespectful to point your feet at anyone or anything with religious significance. Tuck your legs sideways beneath you when sitting; crossed legs are a sign of impoliteness.

With your hands, do not point at anyone with a single finger. Instead, use open palm gestures at all times. If waving someone to come towards you, or flagging down transport, the hand should be extended palm down with the fingers waved inwards - an upside-down version of Western beckoning.

### DINING AND GIFTS

When eating with Cambodians, be mindful of the hierarchy of those present. Always wait for the most senior person to be seated and let them start before you do. Don't start eating right away, as you will be deemed greedy and disrespectful, or talk about business at the dining table. Never place chopsticks vertically in a bowl – this is a reminder of incense which evokes memories of the dead.

Presents are rarely given, even at birthdays, and many Khmers may not even know their actual date of birth.

However, if invited to a celebration or to dine with the locals, a small token of your appreciation (food or flowers) will make a good impression. Never give a knife as a present, it a symbol of cutting your friendship. Similarly, anything white should be avoided as this is the color of death and mourning. If you are given a present, do not open it in front of your host.

### CLOTHING

Dress modestly, especially when visiting temples or at the beach. In wats and pagodas such as the Royal Palace, long sleeves and pants/skirts should be worn. Exposed flesh is just plain rude, particularly in holy places. When entering pagodas, make sure to remove your shoes and any headwear, and, in the presence of monks, always sit lower. Women are forbidden from touching monks. If playing in the water, dress as the locals do, and don't walk around shirtless or in skimpy bikinis (especially guys). Khmers swim fully clothed and shower in a sarong, and while bathing this way takes some skill, you will benefit from increased karma.

### LANGUAGE

The beautiful and exotic country of Cambodia, officially known as the Kingdom of Cambodia and formerly referred to as the Khmer Empire, is a sovereign nation situated in the southern half of the Indochina Peninsula in Southeast Asia. The country shares borders with Thailand to the northwest, Laos to the northeast, Vietnam to the east and the Gulf of Thailand to the southwest.

Cambodia has a population of over 14.8 million inhabitants, making it the world's 70-most populous country. The official religion of the country is Theravada Buddhism, which is practiced by approximately 95 percent of the Cambodian population. Minority groups living in the country include Vietnamese, Chinese, Chams and over 30 different hill tribes, each with their own distinct culture, language and traditions.

### Languages Spoken In Cambodia

The overwhelming majority of the Cambodian population, even those that are not native to the country, speak the language known as *Khmer*, the official language of the country. Ethnic Khmer living in Thailand, in Vietnam, and in Laos speak dialects of Khmer that are more or less intelligible to Khmer speakers from Cambodia. Minority languages present in Cambodia include Vietnamese, Cham (and other Austronesian languages), and the languages of the various hill tribes.

### The Khmer Language and Cambodia

The Khmer language belongs to the Mon-Khmer family of the Austroasiatic phylum of languages. American linguists David Thomas and Robert Headley have divided the Mon-Khmer family into nine branches: Pearic in western Cambodia and eastern Thailand; Khmer in Cambodia, Thailand, Vietnam, and Laos; Bahnaric in Vietnam, Laos, and Cambodia; Katuic in Vietnam, Laos, and Cambodia; Khmuic in Laos, Thailand, and China; Monic in Burma and Thailand; Palaungic in Burma, China, and Thailand; Khasi in Assam (India); and Viet-Muong in Vietnam. Of the languages in the Mon-Khmer family, Vietnamese has the largest number of speakers (about 47 million); Khmer, has the next largest (about 8 million).

Khmer, also known as Cambodian, is by far the most popular language in Cambodia. With approximately 16 million speakers, it is the second most widely spoken Austroasiatic language in the world (after Vietnamese). Khmer has been considerably influenced by Sanskrit and Pali, especially in the royal and religious registers, particularly through the religions of Hinduism and Buddhism. It is also the earliest recorded and earliest written language of the Mon-Khmer family, predating Mon and, by a significant margin, Vietnamese. The Khmer language has influenced, and also been influenced by, Thai, Lao, Vietnamese, Chinese and Cham, all of which, due to geographical proximity and long-term cultural contact, have merged together in peninsular Southeast Asia.

Khmer, in contrast to Vietnamese, Thai, Lao, and Chinese, is a non-tonal language. What this means is that native Khmer words may be composed of one or two syllables, and although the language is uninflected, it does possess a rich system of affixes, including infixes, for derivation. Generally speaking, Khmer has nouns (including pronouns as a special subcategory), verbs (including static verbs or adjectives), adverbs, and various kinds of words called particles (including verbal auxiliaries, prepositions, conjunctions, final particles, and interjections). Many Khmer words change from one part of speech to another, depending on the context. The normal word order is subject-verb-object, and adjectival modifiers follow the nouns they modify.

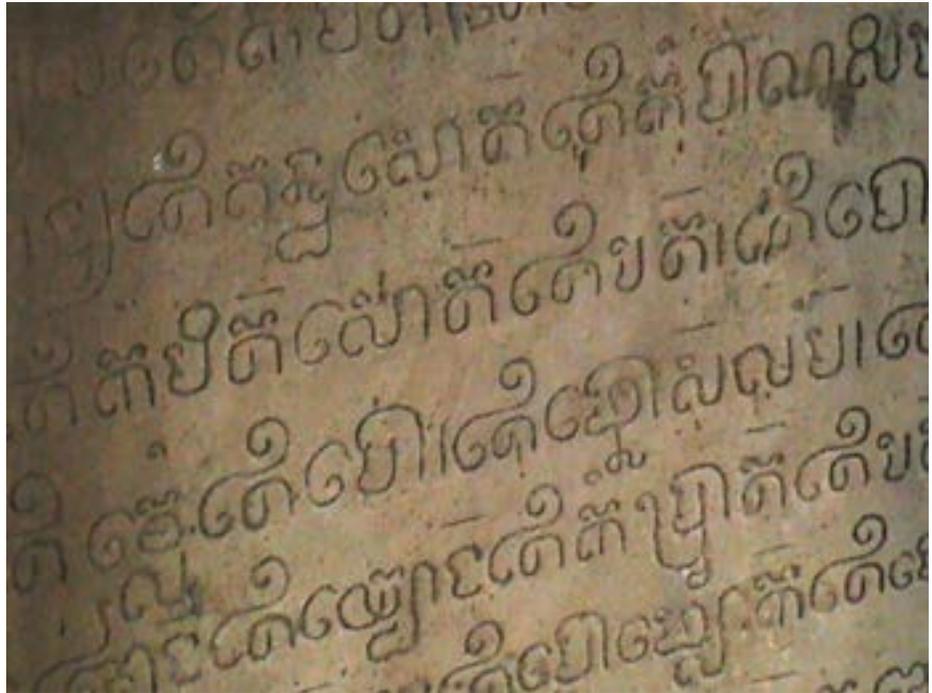
As mentioned above, Khmer is a member of the Austroasiatic language family, the most archaic family in an area that stretches from the Malay Peninsula through Southeast Asia to East India. Austroasiatic, which also includes Mon, Vietnamese and Munda, has been studied since 1856 and was first proposed as a language family in 1907. Despite the amount of research, there is still doubt about the internal relationship of the languages of Austroasiatic family. Most classifications place Khmer in the eastern branch of a Mon-Khmer sub-grouping. In these classification schemes, Khmer's closest genetic relatives are the Bahnaric and Pearic languages. More recent classifications doubt the validity of the Mon-Khmer sub-grouping and place the Khmer language as its own branch of Austroasiatic, separate from the other 12 branches of the family.

Khmer is written in a script derived from a south Indian alphabet. The language has symbols for thirty-three consonants, twenty-four dependent vowels, twelve independent vowels, and several diacritic. Most consonants have reduced or modified forms, called subscripts, but only when they occur as the second member of a consonant cluster. Vowels may be written before, after, over, or under a consonant symbol.

Some efforts to standardize Khmer spelling have been attempted, but inconsistencies persist, and many words

have more than one accepted spelling. A two-volume dictionary prepared under the direction of the Venerable Chuon Nath of the Buddhist Institute in Phnom Penh is the standard work on Khmer lexicography.

Khmer is divided into three stages—Old Khmer (seventh to twelfth century A.D.), Middle Khmer (twelfth to seventeenth century A.D.), and Modern Khmer (seventeenth century to the present). The earliest inscription in Khmer, found at Angkor Borei in Takev Province south of Phnom Penh in Cambodia, dates from A.D. 611.



### The Vietnamese Language and Cambodia

Due to the proximity between Cambodia and Vietnam, many inhabitants of the former speak the Vietnamese language as either their first or second language.

Vietnamese is the national, official language of Vietnam and the native language of the Vietnamese people. It is also the language of choice for over three million native Vietnamese residing elsewhere, including Cambodia. The Vietnamese vocabulary has borrowings from Chinese, and once used a modified set of Chinese characters called “chữ nôm.” Today, the Vietnamese alphabet is based on a Latin alphabet with additional diacritics for tones and certain letters.

Like Khmer, Vietnamese was identified more than 150 years ago as part of the Mon-Khmer branch of the Austroasiatic language family (a family that also includes various tribal and regional languages, such as the Munda and Khasi languages spoken in eastern India, and others in southern China). Later, Muong was found to be more closely related to Vietnamese than other Mon-Khmer languages, and a Viet-Muong sub-grouping was established.

Like in other east Asian countries, the lexicon of Vietnam is heavily influenced by that of the Chinese, especially words relating to science and politics. Some 30-60 percent of the vocabulary has naturalized word borrowings from China, although many compound words are composed of native Vietnamese words combined with naturalized word borrowings (for example, having Vietnamese pronunciation). One can usually distinguish between a native Vietnamese word and a Chinese borrowing if its meaning does not change when the tone is shifted. As a result of French occupation, the Vietnamese language has since had many words borrowed from the French language, for example ca-phe (from the French café). Nowadays, many new words are being added to the language’s lexicon due to heavy Western cultural influence; these are usually borrowed from English, such as the word TV, expressed in the Vietnamese written form as “tivi.”

Like other southeast Asian languages, Vietnamese has a comparatively large number of vowels. These

Vietnamese vowels are all pronounced with an inherent tone, one that is centered on the main vowel or group of vowels.

### **Other Languages Spoken in Cambodia: The Austronesian Languages**

Although the vast majority (95 percent) of the Cambodian people speak the Central Khmer language, there are a few other languages that can be heard throughout various regions of the country, including several Austronesian languages. The Austronesian languages are spread over vast areas of Asia and the Pacific, from Madagascar to Easter Island and from Taiwan to Malaysia. Four Austronesian languages—Cham, Jarai, Rade, and Malay—are spoken in Cambodia. Of these four languages, Cham is spoken by the largest number of people in Cambodia, followed by Jarai.

#### **The Cham Language**

Cham is the language of the Cham people of Southeast Asia, and formerly the language of the kingdom of Champa in central Vietnam. A member of the Malayo-Polynesian branch of the Austronesian family, it is spoken by 100,000 people in Vietnam and up to 220,000 people in Cambodia. There are also small populations of speakers in Thailand and Malaysia.

Other Chamic languages are spoken in parts of Vietnam (Raglai, Rhade, Jarai, Chru, and H'roi) and on the Chinese island of Hainan (Tsat). Cham is related to the Malayo-Polynesian languages of Indonesia, Malaysia, Madagascar, and the Philippines. It once had a much wider extent and possibly much larger number of speakers, as it was the primary language of the Champa empire.

Prior to 1975, there were only about 100,000 speakers of Western Cham. The term Western Cham is used to distinguish between the Cham languages spoken in Cambodia and the Eastern Cham languages spoken in the coastal areas of central Vietnam. Western Cham is written using an Arabic script, or, since the late 1960s and the early 1970s, in a Romanized script devised by Protestant missionaries. The traditional Cham script, based on an Indian script, is still known and used by the Eastern Cham in Vietnam, but it has been lost by the Western Cham.

Like the Khmer language, the Cham language is also non-tonal. Words may contain one, two, or three syllables. Cham contains much linguistic borrowing from Arabic, Malay, and Khmer. The normal word order is subject-verb-object, and, as in Khmer, modifying adjectives follow the nouns that they modify. Most Cham in Cambodia are bilingual, speaking both Cham and Khmer, and many also know Arabic and Malay.

#### **The Jarai Language**

The Jarai language is a Malayo-Polynesian language spoken by the Jarai people of Vietnam and Cambodia. The speakers of Jarai number approximately 335,000. They are the largest of the upland ethnic groups of Vietnam's Central Highlands known as Degar or Montagnards.

The Jarai language belongs to the Chamic subgroup of the Malayo-Polynesian languages, and is thus related to the Cham language of Cambodia and central Vietnam. A number of Jarai also live in the United States, having resettled there following the Vietnam War.

Influenced by the surrounding Mon-Khmer languages, words of the various Chamic languages of Southeast Asia, including Jarai, have become disyllabic, with the stress on the second syllable. Additionally, Jarai has further evolved in the pattern of Mon-Khmer, losing almost all vowel distinction in the initial syllable. While trisyllabic words do exist, they are mostly all loanwords.

### The Rade Language

The Rade (Rhade) language is a Malayo-Polynesian language spoken mainly in southern Vietnam, although there are also a number of speakers in Cambodia. Like Jarai, Rade is a close relative of the Cham language, with several thousand speakers in the northeastern region of Cambodia. Both Rade and Jarai are written in Romanized scripts based on the Vietnamese alphabet.

Rade has a rich oral tradition which includes many epic tales that have been transcribed and published.

### The Malay Language

Although the Malay language is not native to Cambodia, there are several thousand people in the country that speak it as either a first or second language.

Like Cham, Malay is a major language of the Austronesian family. It is the national language of Brunei, Malaysia, and Indonesia and it is one of four official languages of Singapore. It is spoken natively by 40 million people across the Malacca Strait, including the coasts of the Malay Peninsula of Malaysia and the eastern coast of Sumatra in Indonesia, and has been established as a native language of part of western coastal Sarawak and West Kalimantan in Borneo. The total number of speakers of the language is more than 215 million.

Standard Malay, also called Court Malay, was the literary standard of the pre-colonial Malacca and Johor Sultanates, and so the language is sometimes called Malacca, Johor, or Riau Malay (or various combinations of those names) to distinguish it from the various other Malayan languages.

The history of the Malay language can be divided into five periods: Old Malay, the Transitional Period, the Malacca Period (Classical Malay), Late Modern Malay, and modern Malay. It is not clear that Old Malay was actually the ancestor of Classical Malay, but this is thought to be quite possible the earliest surviving manuscript in Malay is the Tanjong Tanah Law in post-Pallava characters. This 14th-century pre-Islamic legal text was produced in the Adityavarman era (1345-1377) of the Dharmasraya Kingdom, a Hindu-Buddhist kingdom that arose after the end of Srivijayan rule in Sumatra. The laws were for the Kerinci people who today still live in the highlands of Sumatra.

### The Hill Tribes in Cambodia

Among the many minority groups who live in Cambodia are the various hill tribes who have called this region home for hundreds, if not thousands of years. These groups, which account for approximately 2 percent of the Cambodian population, are not ethnic Khmer, as are the vast majority of Cambodians, and thus speak a different language than their lowland counterparts..

The hill tribes of Cambodia were originally called phnong or samre, meaning savage. However, the Cambodian government began calling them Khmer Loeu (Highland Khmer) in the 1960s, apparently to create unity among the highland tribal groups and the lowland Khmer. Most hill groups come from a very different cultural background than lowland Cambodians, and most have different languages, customs, survival strategies, religions, and appearances.

The Khmer Loeu hill tribes, which include thirteen distinct minority groups, live in remote highland areas in the plateaus and mountainous areas on the edges of Cambodia. Members of these tribes live without regard to country borders, often in settlements that span both Cambodia and the neighboring countries of Laos and/or Vietnam. This is made possible by the isolation and ruggedness of the terrain, making political boundaries

difficult to control. Through the centuries, tribes have mostly managed to avoid contact with lowlanders and to travel fairly freely across political boundaries.

During the 1960s, the Cambodian government sent the army to the hill tribes in an attempt to teach them the Khmer language and culture. Their goal? To assimilate (absorb) these tribes into Cambodian society. Many tribes-people, however, resented these efforts.

In the late 1960s and early 1970s, the Communist Khmer Rouge were able to recruit a number of young tribesmen to their cause. The illiterate tribal youth, unfamiliar with any element of civilization, became the prototype (model) of the Khmer Rouge army. Like other Cambodians, tribe members were forced to abandon their traditional religious rituals, customs, and activities.

In 1978, the Vietnamese pushed the Khmer Rouge from power in Cambodia. Today, most tribe members live as they did before the Democratic Kampuchea years of the late 1970s. As of the late 2000s, the government no longer tries to teach the Cambodian language and culture to the hill tribes. Instead, the government claims that tribal languages and customs will continue to be respected.



## USEFUL PHRASES

English	ភាសាខ្មែរ (Khmer)
Welcome	សូមស្វាគមន៍ (sohm swaakohm)
Hello (General greeting)	ជំរាបសួរ (johm riab sua) - frm surs dey (inf)
How are you?	អ្នកសុខសប្បាយទេ (niak sohk sabaay te?)
Reply to 'How are you?'	ខ្ញុំសុខសប្បាយទេ ចុះអ្នក? (kh'nyohm sohk sabaay, coh neak?)
Long time no see	ខានជួបយូរហើយ [k'h'a:n cuəp ju: haəj]
What's your name?	អ្នកឈ្មោះអី? (niak ch'muah ei?)
My name is ...	ខ្ញុំឈ្មោះ ... (kh'nyohm ch'muah ...)
Where are you from?	អ្នកមកពីប្រទេសណា? (niak mao pii prateh naa?)
I'm from ...	ខ្ញុំមកពី ... (kh'nyohm mao pii ...)
Pleased to meet you	ខ្ញុំត្រេកអរណាស់ដែលបានស្គាល់លោក (kh'nyom trawk aw naa dael baan skoal loak)
Good morning (Morning greeting)	អរុណសួស្តី (arun soou sduii)
Good afternoon (Afternoon greeting)	ទិវាសួស្តី (tivaa soou sduii)
Good evening (Evening greeting)	សាយ័ណ្ណសួស្តី (saayan soou sduii)
Good night	រាត្រីសួស្តី [riətrəi suəsəi]
Goodbye (Parting phrases)	លាសិនហើយ (lia suhn hao-y) ជួបគ្នាថ្ងៃក្រោយ (juab kh'nia th'ngay)
Good luck	សូមឲ្យបានជោគជ័យ (soam aoy baan joak jaay)
Cheers! Good Health! (Toasts used when drinking)	ផល់មួយ (jul mouy) លើកដាច់ (lerk dach)
Have a nice day	Mien tingay la-aw
Bon appetit / Have a nice meal	អញ្ជើញពិសាឲ្យបានឆ្ងាញ់ (anjoe-in pisaa ao-y baan ch'ngain)

English	ភាសាខ្មែរ (Khmer)
Bon voyage / Have a good journey	ទៅអោយបានសុខ (tuoo aoy baan sok)
I understand	
I don't understand	មិនយល់ទេ (min yuhl dtay)
Please speak more slowly	សូមនិយាយយឺតៗ (sohm niyay yeut yeut)
Please say that again	សូមនិយាយម្តងទៀត (sohm niyay m'dawng tiat)
Please write it down	សូមសរសេរពាក្យនោះឱ្យខ្លី (sohm sawse piak nooh ao-y kh'nyohm)
Do you speak Khmer?	អ្នកចេះនិយាយភាសាខ្មែរទេ? (niak jeh phiasaa kh'mai te?)
Do you speak English?	អ្នកចេះភាសាអង់គ្លេសទេ? [neak ce <sup>h</sup> phiəsa: ɔŋgle: <sup>h</sup> te:ʔ]
How do you say ... in Khmer?	ខ្មែរថាម៉េច? (... kh'mai tha mait?)
Excuse me	សុំទោស (sohm toh)
Pardon?	អ្នកនិយាយថាម៉េច (niak niyey tha mait?)
How much is this?	នេះថ្លៃប៉ុន្មាន? (nih th'lay pohnmaan?)
Sorry	សុំទោស (sohm toh)
Thank you	អរគុណ (aw kohn)
Reply to thank you	អត់អីទេ (awt ei te) សូមអញ្ជើញ (sohm anjoe-in)
Where's the toilet?	បង្គន់នៅណា? (bawng-kohn neuv ai naa?)
Would you like to dance with me?	អ្នកចង់រាំជាមួយខ្ញុំទេ? (nek chong rohm ji-mooay kinyom dtay?)
I love you	បងស្រលាញ់អូន - m>f អូនស្រលាញ់បង - f>m
Get well soon	ឆាប់ជា [c <sup>h</sup> ap ciə]
Leave me alone!	កុំប៉ះពាល់! [kom pa <sup>h</sup> poal]
Help!	ជួយខ្ញុំផង! (juay kh'nyohm phawng!)
Fire!	ភ្លើងឆេះ! (phloeng cheh!)
Stop!	ឈប់! (chohp!)
Call the police!	ជួយហៅប៉ូលីសមក! (juay hav polih mao!)

## SAFETY

Traveling to a foreign country such as Cambodia can offer the experience of a lifetime. However, in the midst of all this excitement you must also be cognizant of your surroundings and take certain precautions to ensure your safety. Like many of the countries in Africa and around the world, Cambodia has certain neighborhoods you might be wise to avoid, and the country is currently experiencing a higher than average crime rate due to an increase in gang activity in certain regions of the country.

To help you safely enjoy all that Cambodia has to offer, below we have outlined a few travel safety tips you may want to keep in mind while visiting the country.

### TRAVEL IN GROUPS

As the old saying goes, “there is safety in numbers.” Truer words have never been spoken. As you make your way through beautiful Cambodia, en route to the various sites and attractions you’ve mapped out on your itinerary, always try to travel with at least one other person (even more if you can). Research shows that criminals are less likely to approach you when they feel outnumbered.

### MAKE COPIES OF ALL YOUR IMPORTANT DOCUMENTS

Documents can easily be misplaced or even stolen in the hustle and bustle of foreign travel, creating a nightmarish situation you just don’t need. This is why you should make copies of all your important papers. This includes copies of your passport, visa, driver’s license, social security card and medical insurance card. Travel experts suggest you keep one copy of these documents on your person at all times, and at least one other copy locked in the hotel safe.

### BEWARE OF THE NIGHT

Sightseeing is an activity that should be limited to the daylight hours, as unsavory types tend to be hard at work during the nighttime, often preying on unsuspecting tourists. Enjoy your hotel during the nighttime hours, and if you must go out, try to stay in the immediate area.

### WATCH THE STRAYS

Cambodia has many stray dogs and cats roaming the streets, many of which are feral and quite dangerous. Even if the animal looks friendly, resist the temptation to pet him/her, as many of these strays are infected with diseases, including rabies.

### GET VACCINATED

Check with your doctor regarding the vaccinations that would be appropriate when traveling to Cambodia and don’t let a serious illness of some type ruin your long-awaited getaway.

### FOOD

When buying street food and snacks in more rural areas of Cambodia, take the usual precautions: don’t buy meat unless you can see it being cooked right in front of you. If you find yourself buying snacks out of a bus window, avoid anything with meat in it and try to go for fruit that you can peel.

### TRAVELING BY “TUK TUK”

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.

## CURRENCY



The riel (Khmer: ៛៛៛; sign: ៛; code: KHR) is the currency of Cambodia.

There have been two distinct riel, the first issued between 1953 and May 1975. Between 1975 and 1980, the country had no monetary system. A second currency, also named "riel", has been issued since March 20, 1980. However, this currency has never gained much public acceptance, with most Cambodians preferring foreign currency. The UN peacekeeping operation of 1993 injected a large quantity of U.S. dollars into the local economy. As a result, the dollar has become the country's common currency.[1] Riel notes are used for fractional dollar amounts as U.S. coins are not in circulation. The symbol is encoded in Unicode at U +17DB ៛KHMER

Popular belief suggests that the name of the currency comes from the Mekong river fish, the riel ("small fish" in Khmer). It is more likely that the name derives from the high silver content Mexican real used by Malay, Indian and Chinese merchants in mid-19th-century Cambodia.

### CURRENCY INFORMATION:

Riel (KHR; symbol CR) is the country's official currency but locals prefer to use dollars. Riel notes are in denominations of CR100,000, 50,000, 20,000, 10,000, 5,000, 2,000, 1,000, 500, 200, 100 and 50. Dollars notes (not coins) are widely accepted, yet visitors in small villages and shops vendors may not have change for high notes (including \$10+). It is advisable to keep hold of small Riel change wherever you can as it is very useful.

### CREDIT CARDS:

Credit cards are now more widely accepted in upmarket hotels, shops and restaurants catering to visitors. There are ATMs in **Phnom Penh**, Siem Reap and Sihanoukville. It is always best to carry cash (US Dollars if necessary) in small denominations.

**ATM:**

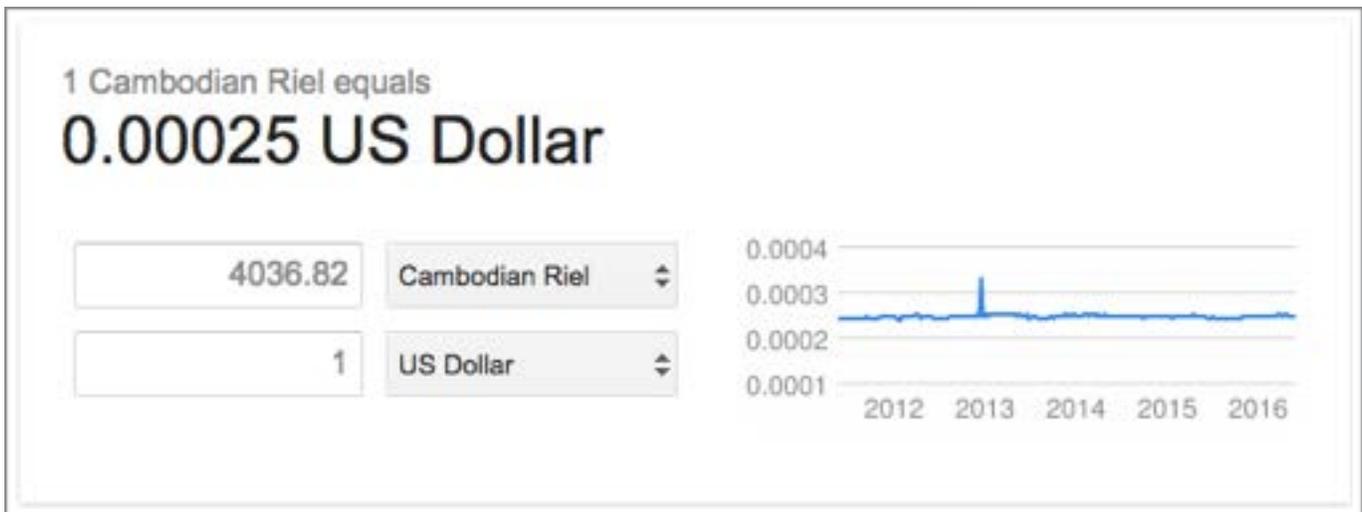
There are plenty of ATMs in Phnom Penh, Siem Reap and Sihanoukville that accept international cards including Cirrus, Plus, Maestro, Visa and MasterCard.

**TRAVELERS CHEQUES:**

Limited acceptance. Traveller's cheques are generally not recommended. Traveller's cheques in US Dollars can be changed at banks and some hotels, but can be difficult to change outside major cities.

**BANKING HOURS:**

Mon-Fri 0800-1500. Some banks are open on Saturdays 0800-1130.

**CURRENT CONVERSION RATE OF 19 MAY, 2016**

<http://themoneyconverter.com/USD/PAB.aspx>

**IMR RECOMMENDATIONS ON PERSONAL FUNDS**

- Please bring the amount that you are comfortable spending on gifts or small personal articles, including snacks.
- To determine if the currency of the country you are visiting is traded in the United States, please visit [www.travelex.com](http://www.travelex.com). Travelex has offices in all major airports and cities and you may change money before the trip for a small fee.
  - Trading in the United States is the easiest way for you to trade money.
- If the currency is not traded in the United States, you will usually be able to trade in the airport upon arrival or the team leader will arrange to change money for the team once during the trip. We do not guarantee that you will be able to change money in small towns or during clinic.
- You must bring currency newer than 2006 and in perfect condition - no tears, folds, old bills.
- New bills are preferred by the international banks, as are denominations larger than \$20. The best rate is obtained trading \$100 bills.
- If you are joining us from another country, please check the trading rules of your home currency.
- Credit cards may not be accepted outside of major cities, hotels, and large restaurants.
- IMR does not pay for alcohol. If you intend to purchase alcohol, you are required to obtain and pay with a separate bill. Please have local currency for these transactions.

## TIME IN CAMBODIA

 <p><b>Time zone</b></p> <p>ICT (Indochina Time) UTC/GMT +7 hours</p>	 <p><b>No DST</b></p> <p>No Daylight Saving Time in 2016</p>	 <p><b>Difference</b></p> <p>11 hours ahead of New York</p>
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## EMBASSY INFORMATION

### ASSISTANCE

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. Callers in the United States can also contact the U.S. Department of State's Office of Overseas Citizen Services toll free at 1-888-407-4747.

### EMBASSY LOCATION

Embassy of the United States of America  
#1, Street 96,  
Sangkat Wat Phnom,  
Khan Daun Penh, Phnom Penh

Embassy Tel: (855-23) 728-000

NOTE: For your safety, this information is also available on the back of your IMR badge.

## WEBSITES

The following websites provide information on the country you are visiting. IMR highly recommends and encourages you to view these sites prior to departure. They are frequently updated and are a tremendous resource:

- ❖ Embassy of the United States for Cambodia: <http://cambodia.usembassy.gov/>
- ❖ State Department Travel Warnings: <https://travel.state.gov/content/passports/en/country/cambodia.html>
- ❖ CIA publication: <https://www.cia.gov/library/publications/the-world-factbook/geos/cb.html>
- ❖ Travel Health online: <http://www.tripprep.com/>
- ❖ World Health Organization: <http://www.who.int/>
- ❖ Center for Disease Control: <http://www.cdc.gov/travel/>
- ❖ CDC Travel Medicine for Cambodia: <http://wwwnc.cdc.gov/travel/destinations/traveler/none/cambodia>
- ❖ CNN Weather Report: <http://www.cnn.com/WEATHER>
- ❖ Official Cambodia Tourism Site: <http://www.tourismcambodia.com/>
- ❖ UNICEF Statistics: [http://www.unicef.org/infobycountry/cambodia\\_statistics.html](http://www.unicef.org/infobycountry/cambodia_statistics.html)
- ❖ Lonely Planet: <https://www.lonelyplanet.com/cambodia>
- ❖ Wikipedia\_Cambodia : <https://en.wikipedia.org/wiki/cambodia>