

Supply of and Demand for Accessible and Affordable Childcare Services in Cambodia



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ABBREVIATIONS

CDRI	Cambodia Development Resource Institute
DOE	District Offices of Education
ECCD	Early childhood care and development
ECCE	early childhood care and education
ECE	Early childhood education
FGD	Focus group discussion
GDP	Gross Domestic Product
GS-NCECCD	General Secretariat of the National Committee and Early Childhood Care and Development
HBP	home-based program
IFC	International Finance Corporation
ILO	International Labor Organization
KII	key informant interview
NC-ECCD	National Committee for Early Childhood Care and Development
MEF	Ministry of Economy and Finance
MoEYS	Ministry of Education, Youth and Sport
MoLVT	Ministry of Labour and Vocational Training;
MoSVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
NGO	Nongovernmental organization
POE	Provincial Offices of Education
SDG	Sustainable Development Goal
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
VAC	Violence against children

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EXECUTIVE SUMMARY

Cambodia's economy has been growing rapidly over the past two decades, owing in part to women's participation in the labor market. Female labor force participation is relatively high (74 percent) as compared to the regional average (59 percent); however, women are less likely than men to be in formal, better paid, and more secure forms of employment. Approximately 53 percent of working women are in vulnerable employment, compared to 41 percent of men (Kolb, Luinstra, and Singh 2020).

It is well established that improved access to childcare would reduce the time constraints of unpaid care responsibilities, increase employment and productivity, and promote economic growth. Cambodian women shoulder, on average, 90 percent of unpaid care work,¹ which is substantially higher than the global average of 76 percent (ILO 2018). Because the country's population is relatively young, most care needs are currently concentrated in childcare. Cambodian women with young children under age three are less likely to engage in the labor force and in entrepreneurship, even more so than for women living in other countries in the region (World Bank 2022). Care work also presents a major obstacle to women advancing their careers, expanding businesses, and taking up leadership roles in the workplace.

However, coverage of childcare remains very low, particularly for children under the age of three. Data from the Ministry of Education, Youth and Sports (MoEYS) indicate that about one-third of children aged three to five are enrolled in preschools, which are primarily run by the government. Formal childcare services for children under the age of three are usually privately run, and coverage is low while costs are very high. The utilization of services among the zero to three age group was just 3.2 percent in 2012/13, the latest year for which data are available. In the absence of other affordable and quality institutional options, childcare for children under three is almost always provided by mothers and family members, generally in unpaid arrangements, and at a high opportunity cost of foregone workforce participation.

The importance of childcare has been recognized in Cambodia for decades, beginning with the 1993 Constitution. The government is committed to the agenda and to providing children with care and early learning opportunities that can improve their life chances and benefit working mothers and the economy overall. The country has made strong legal and policy commitments to expand childcare services, and public investment in early childhood care and education (ECCE) has been increasing over time. However, there are notable gaps in the implementation of laws and policies, and in the coordination of quality care service delivery across the public and private sectors, resulting in a poorly functioning care sector. For the benefits of childcare to materialize, coordinated investments and initiatives are needed across the nexus of work and care.

¹ Unpaid care work consists of direct relational care activities, such as tending to and feeding children, as well as to indirect care activities, such as cooking and cleaning.

This paper aims to provide insights and recommendations to policy makers on strategies to enhance early childhood care to support the healthy development of Cambodia's children and expand the labor market opportunities and choices available to working parents, particularly mothers. The study draws on four main sources of data: a desk review encompassing existing literature, reports, policy documents, and relevant data sources; a phone survey of childcare centers, primarily preschools serving children ages three to six; a survey of households with children under the age of three in villages near garment factories; and qualitative research—focus group discussions (FGDs) and key informant interviews (KIIs) with parents, caregivers, and stakeholders in the sector.

The study finds that family demand for center-based care is curbed by insufficient operating hours and the poor quality of existing services. Most preschools and childcare centers are open for a half day or less, although privately run centers tend to be open longer. There is no official national guideline to regulate service quality for all children, leading to variable quality of care across public and private sector centers. Childcare providers for children zero to three years of age are not legally required to register with governmental institutions. There are curriculum guidelines for public preschools and home-based programs (HBPs), but they do not pertain to nonstate services or services for children under age three. The child-caretaker ratio, one of the key predictors of child outcomes in early years, is larger than the global average and caretaker recruitment is not keeping pace with population growth. Institutional mechanisms to support caretaker recruitment and training are severely lacking, as are government regulation and oversight mechanisms to ensure the quality of the workforce.

Family demand for childcare services is low and appears to be at least partly driven by the supply-side constraints. Findings from choice experiments show that the maximum of what parents are willing to pay for childcare is much lower than the average cost of most centers. Willingness to pay for childcare services is affected by the operating hours of centers, their curriculum, and the qualifications of caretakers. While cost is a constraint for enrollment in childcare, it is likely not the primary factor influencing parents to keep children at home. Research indicates that families do not have a good understanding of the benefits of center-based care and early learning interventions to children's development and their long-term welfare. Trust in childcare and concerns about the safety of services seem to be significant barriers to take-up. While women's labor outcomes are most affected by reliance on home-based care, mothers often do not have sole or final decision-making power on the choice to enroll their children.

The Royal Government of Cambodia is highly committed to developing a childcare ecosystem that supports working women and their children and strengthens the economy overall. Several components of the system are already in place, but there are still major gaps in services for the youngest cohorts of children, and fragmentation has stagnated progress in the sector. The policy priorities include increasing the supply and quality of childcare in Cambodia while also tackling the social and economic factors that limit demand (table ES1.1). On the supply side, further investment is necessary to increase the number of childcare facilities and caretakers, while also ensuring quality of service delivery, including the training and certification of childcare workers. Other supply-side interventions include fixing loopholes in labor laws related to employer-supported childcare and making childcare more accessible through longer hours of operation and expanded options for children under age three. To stimulate demand for services, awareness-raising activities should be conducted to improve parental knowledge of the importance of early learning interventions for young children and to sensitize parents and grandparents to available services. The country has a unique window of opportunity to capitalize on the current momentum and implement coordinated policy actions and investments to develop a functioning care economy.

TABLE ES1.1. POLICY PRIORITIES FOR IMPROVING CHILDCARE AND SUPPORTING WORKING MOTHERS IN CAMBODIA

Policy Objectives	Proposed Reforms and Actions
Clarify the institutional arrangements and governance framework for care.	<ul style="list-style-type: none"> • Introduce a new subdecree elaborating roles and responsibilities for supporting early childhood care and development (ECCD) for children ages zero to six, particularly children ages zero to three. • Strengthen the National Committee for Early Childhood Care and Development (NC-ECCD) as the governing and implementing body of the National Action Plan on Early Childhood Care and Development 2022–2026 and develop a road map for executing the plan.
Expand access and diversify the range of available care services.	<ul style="list-style-type: none"> • Develop childcare models that are accessible and responsive to family and community needs and develop a registration and accreditation process for childcare services. • Introduce guidelines to develop service provision for children under age three, including nonstate services. • Introduce mandates to align service operating hours with work schedules.
Improve service quality.	<ul style="list-style-type: none"> • Review MoEYS curriculum and guidelines (including recently developed guidelines for children under three) and ensure they are applied to all childcare facilities, including nonstate services. • Establish and implement minimum standards of care and quality assurance mechanisms, including integrating nutrition and child protection measures into service delivery.
Develop a workforce for childcare service delivery.	<ul style="list-style-type: none"> • Adopt caretaker competency standards and develop a certification system. • Invest in caretaker training and develop policies to ensure decent working conditions for caretakers.
Improve workplace policies and women's opportunities for decent work.	<ul style="list-style-type: none"> • Address gaps in the Labor Law provisions on employer-supported care and improve its enforcement. • Provide childcare benefits and/or services for public sector employees. • Make broader investments to improve the employment prospects of women and mothers, including reforming parental leave policies to align with national standards and establishing flexible work options in formal employment.
Address poor perceptions of childcare and care work to raise demand and reduce women's care burden.	<ul style="list-style-type: none"> • Implement awareness raising activities to improve family knowledge of the benefits of early learning interventions for children. • Invest in childcare solutions that align with the needs and demands of parents. • Scope targeted interventions to improve caretaking practices at-home.

Note: MoEYS = Ministry of Education, Youth and Sport.

INTRODUCTION AND METHODOLOGY

This report synthesizes available evidence on childcare in Cambodia to provide a holistic analysis of the policy landscape and priorities for further investment. It presents new data to describe the existing supply of services and discuss the challenges and opportunities to providing accessible and high-quality early childhood care and education (ECCE) services in Cambodia. Survey data are complemented by qualitative data collected among parents, caregivers, and stakeholders in the sector to understand the various barriers that hinder families from utilizing institutional childcare services, exploring potential solutions to improve uptake. Overall, we aim to provide insights and recommendations to policy makers on strategies to enhance early childhood care to support the healthy development of Cambodia's children and expand the labor market opportunities and choices available to working parents, particularly mothers.

High-quality, affordable childcare can lay the foundations for children's long-term success while providing economic benefits for parents. There is strong global evidence that early childhood education and childcare can boost childhood development outcomes with appropriate standards of care, safety, and pedagogy. Affordable, accessible childcare is also a game-changer for parents, especially mothers, who carry out the vast majority of unpaid care work due to gender roles prescribed by discriminatory patriarchal norms. High-quality childcare not only supports gender equality and gains in women's labor force participation, but also contributes to the long-term health and economic growth of societies by investing in the next generation.

Cambodia is highly committed to expanding access to high-quality, affordable care services for all children under age five, but gaps in coverage and quality remain. Progress has been curtailed by coordination challenges and by a shortage of data and evidence to guide policy and programming decision-making. The General Secretariat of the National Committee and Early Childhood Care and Development (GS-NCECCD) is currently working closely with relevant ministries to develop a new subdecree on childcare management to improve the supply of high-quality, accessible, and affordable services. This study aims to inform the government's policy making, planning, and programming, and to inform efforts to increase the demand for childcare among working families.

This paper draws on four main sources of data: a desk review encompassing existing literature, reports, policy documents, and relevant data sources; a phone survey of childcare centers, primarily preschools serving children ages three to six; a survey of households with children under the age of three in villages near garment factories; and qualitative research—focus group discussions (FGDs) and key informant interviews (KIs) with parents, caregivers, and stakeholders in the sector.

Desk reviews were carried by teams from the World Bank, UNICEF (United Nations Children's Fund), and Cambodian Development Resource Institute (CDRI). This included a comprehensive review of existing literature and evidence on childcare in Cambodia, including all policies, laws, and planning documents of the Royal Government of Cambodia. The policy review was complemented by an analysis of related literature, including policy reports, academic research, and government data. The review in this report provides a comprehensive picture of present-day childcare policy in Cambodia, although it does not include the results of the ongoing efforts of the Ministry of Education, Youth and Sport (MoEYS) to update and expand this policy.

The World Bank worked with CDRI to carry out a phone survey of childcare centers, primarily preschools serving children ages three to six. Centers were selected based on official lists from the MoEYS, although there is no official certification of record keeping for facilities serving children under the age of three. Childcare centers for younger children were located based on recommendations from the preschools contacted.² Data were collected from 301 preschools in 10 provinces³, with centers selected proportionally to the total number of preschools in each province and based on the availability of contact information. Centers with inaccurate or unavailable contact information were excluded from the sample, which meant that schools in rural areas were often omitted. Surveys collected information on the attributes of the services, including facilities and amenities; center policies, including ages of attendance; tuition, pedagogy and curriculum; and information on workers. Information was also gathered on the households using the centers, the outreach strategies used by the centers, and challenges faced in starting and operating centers.

Data on the households of young children are drawn from the recently completed baseline survey of an impact evaluation of community-based childcare centers in periurban areas of Cambodia. Survey data provide a representative sample of households in 22 villages with children under the age of 3 and include surveys of mothers and primary caretakers. The surveys provide data on the current economic situation of households, childcare arrangements for young children, and mothers' and caretakers' views and social norms related to childcare and women's work. Surveys also included a choice experiment with mothers of young children, which elicits their willingness to pay for childcare services and the attributes of childcare centers that influence it.

Primary qualitative data were generated from 99 in-depth interviews with parents and caregivers, 24 FGDs of parents and caregivers, and 40 KIs with national and subnational authorities such as policy makers, education officers, commune committees for women and children and other representatives from nongovernmental organizations (NGOs), childcare providers, and private enterprises. Those respondents were purposely selected from Phnom Penh and five other provinces: Battambang, Kampong Speu, Siem Reap, Svay Rieng, and Takeo.

² Only 33 facilities serving young children were found, although there are likely more informal facilities for which contact information was not publicly available.

³ The 10 provinces and Phnom Penh were selected because of high proportions of state preschools, private preschools, and community preschools based on the data from Ministry of Education, Youths and Sports. The 10 provinces represent the four geographical zones in Cambodia.

Chapter 1

THE CASE FOR CHILDCARE

Globally, the distribution of unpaid care work is highly unequal, often imposing a binding constraint on women's labor force participation and on the quality of working women's employment. There has been extensive research documenting that access to affordable childcare enhances labor market outcomes for women. Olivetti and Petrongolo (2017) conducted a comprehensive review of the evidence from high-income countries, finding a strong correlation between overall expenditure on early childcare and improved labor market outcomes for women. Similarly, Halim, Perova, and Reynolds (2023) reviewed 22 causal studies conducted in lower- and middle-income countries to find positive impacts of increased access to institutional childcare on women's labor market outcomes. Higher and better-quality female labor force participation can empower women, increase family income and welfare, and improve the growth prospects of entire economies (Devercelli and Beaton-Day 2020).

BOX 1. KEY DEFINITIONS

Formal care: This refers to care for which recipients or household members pay. It can include institutional (center-based) care, as well as residential (at-home) care.

Home-based care: Broadly speaking, home-based care falls into two types: care by someone in the child's own home who is sometimes called a nanny or au pair, and childcare provided for a group of children in a caregiver's home.

Center-based care: Centers providing care for young children are generally called daycares, nurseries, or crèches. Preschools and kindergartens can also serve such a childcare function.

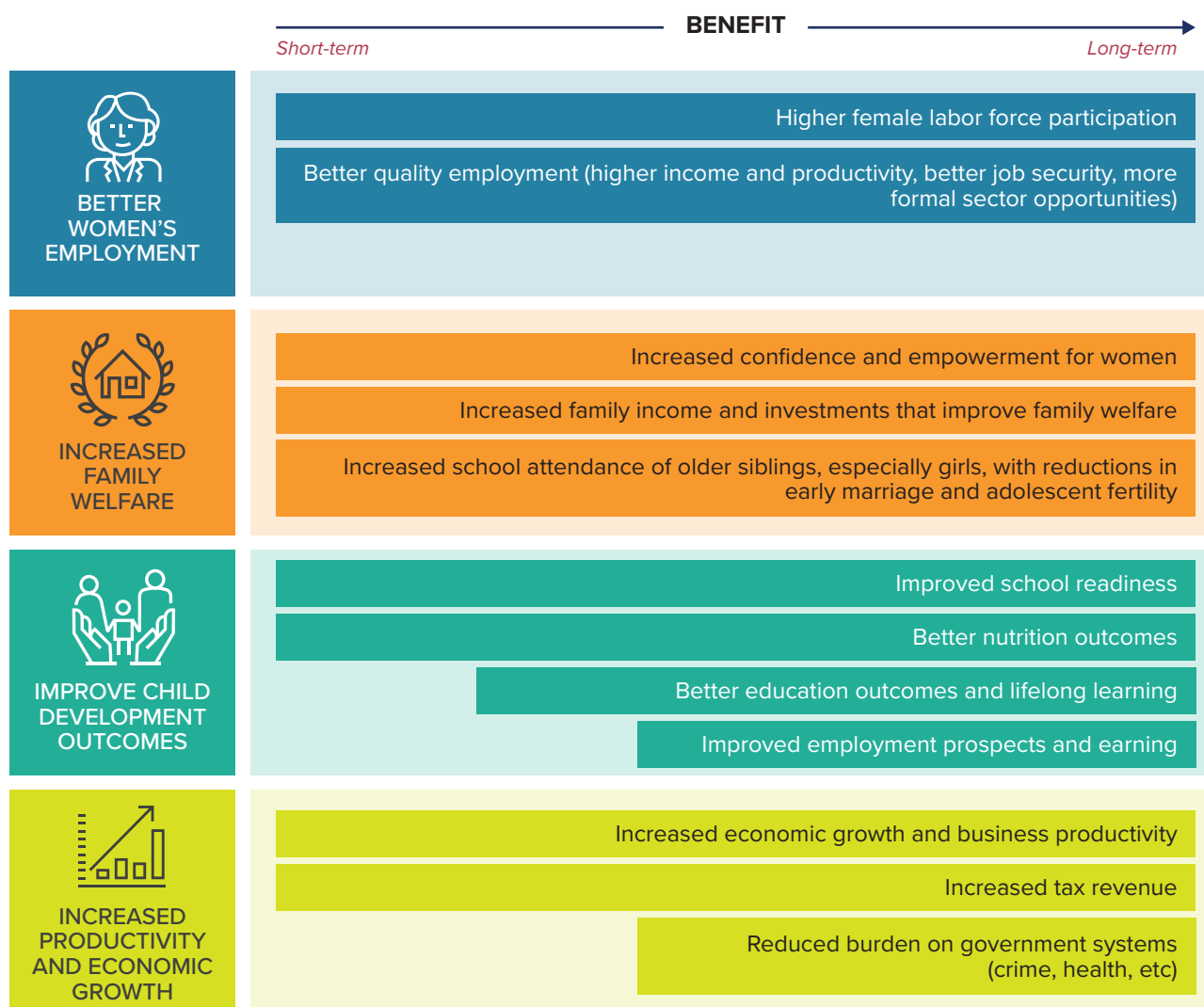
Family and other informal care arrangements: These are arrangements that assign care duties to a friend or family member. This type of care may or may not be remunerated.

Early Childhood Care and Education (ECCE): This refers to programs aimed at the holistic development of a child's social, emotional, cognitive, and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. ECCE comprises care (health, nutrition, and childcare in a nurturing environment) and education (play, socialization, guidance, and developmental activities), ideally provided in an integrated manner (UNESCO 2013).

Early Childhood Education (ECE): This helps children build strong foundations that will support a lifetime of learning.

Early Childhood Development (ECD): This comprises investments in the physical, cognitive, linguistic, and socioemotional development of young children—from before birth until they transition to primary school.

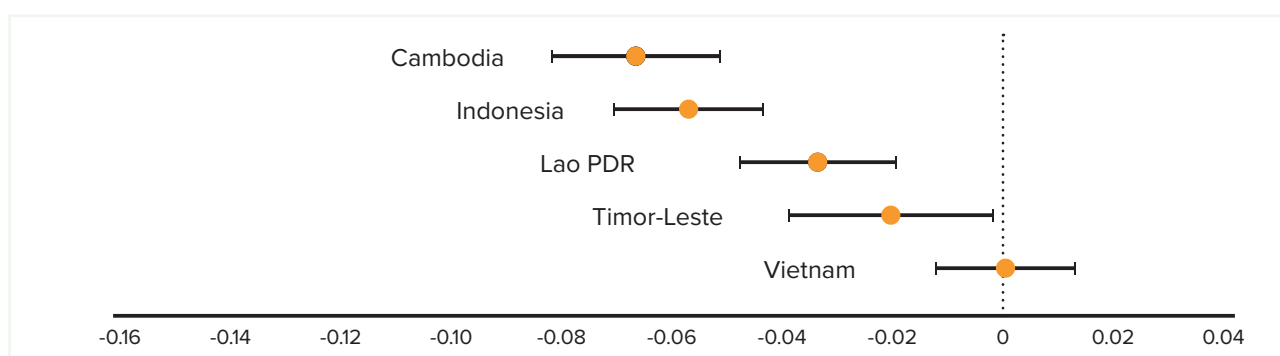
Sources: Definitions adopted from Elzir Assy et al. 2023. Definitions originally compiled from Bendini and Devercelli 2022; Devercelli and Beaton-Day 2020; and the World Bank's Early Childhood Development topic page (<https://www.worldbank.org/en/topic/earlychildhooddevelopment>).

FIGURE 1.1. OVERVIEW OF THE BENEFITS THAT ACCRUE FROM ACCESS TO CHILDCARE

Source: Devercelli and Beaton-Day 2020.

In Cambodia, women participate in the labor market at a relatively high rate (74 percent) as compared to the regional average (59 percent); however, they are less likely than men to be in formal, better paid, and more secure forms of employment. Approximately 53 percent of working women are in vulnerable employment, compared to 41 percent of men (Kolb, Lunistra, and Singh 2020). A leading reason for this gap is that Cambodian women shoulder on average 90 percent of unpaid care work,⁴ which is substantially higher than the global average of 76 percent (ILO 2018). Cambodian women with children under age three are less likely to engage in the labor force and in entrepreneurship, even more so than for women living in other countries in the region (World Bank 2022), as seen in figure 1.2. Care work also presents a major obstacle to women advancing their careers, expanding businesses, and taking up leadership roles in the workplace. Two-thirds of large companies surveyed in the country reported that female employees come to work late or leave early because of childcare responsibilities and a third of the companies experienced employees missing work or quitting for the same reason (Kolb, Luinstra, and Singh 2020).

⁴ Unpaid care work consists of direct relational care activities, such as tending to and feeding children, as well as to indirect care activities, such as cooking and cleaning.

FIGURE 1.2. CONDITIONAL CORRELATION: HAVING CHILDREN UNDER THREE AND FEMALE LABOR FORCE PARTICIPATION AMONG WORKING-AGE WOMEN

Source: World Bank 2022.

Quality early childhood interventions also yield substantial short and long-term benefits for children.

There is a large body of empirical work at the intersection of neuroscience and social science demonstrating that fundamental cognitive and noncognitive skills are produced in the early years of childhood, long before the start of primary school (Heckman 2016). Research shows that children who receive quality early interventions perform better at school, are less likely to repeat grades or drop out, and have better labor market outcomes (Heckman and Masterov 2007, as cited in Devercelli and Beaton-Day 2020). Early interventions also have positive impacts on child nutrition (Grantham-McGregor et al. 2014). The Lancet's 2007 series on child development in developing countries reported that programs with multiple components, including health, nutrition, and psychosocial stimulation, might be most successful in promoting children's early development (Engle et al. 2007).

With careful design and implementation, early childhood interventions can provide an entry-point to work with parents and caregivers to prevent violence against children (VAC) and support the recovery of child survivors. VAC, particularly physical violence, is very prevalent in Cambodia.⁵ The first VAC survey conducted in the country in 2013 found that just over 50 percent of young people aged 18 to 24 reported at least one incident of physical violence prior to the age of 18 (MoWA, UNICEF Cambodia, and US CDC 2014). Emotional violence in childhood was reported by one in five females and one in four males aged 18 to 24. Approximately 5 percent of males and females aged 18 to 24 years reported at least one experience of childhood sexual abuse prior to age 18. Cambodia's prevalence rates match the estimates of the size of the global epidemic, indicating that one out of two children ages 2–17 years suffer some form of violence each year (WHO 2020). Violence against children has lifelong impacts on their health and well-being as well as on families, communities, and nations.

⁵ Physical acts of violence include being slapped, pushed, punched, kicked, whipped, beaten with an object, choked, smothered, burned, scalded intentionally, or threatened with a weapon such as a knife, and attempted drowning. In this survey, respondents were specifically asked about physical acts of violence perpetrated by intimate partners, parents, adult relatives, or community members.

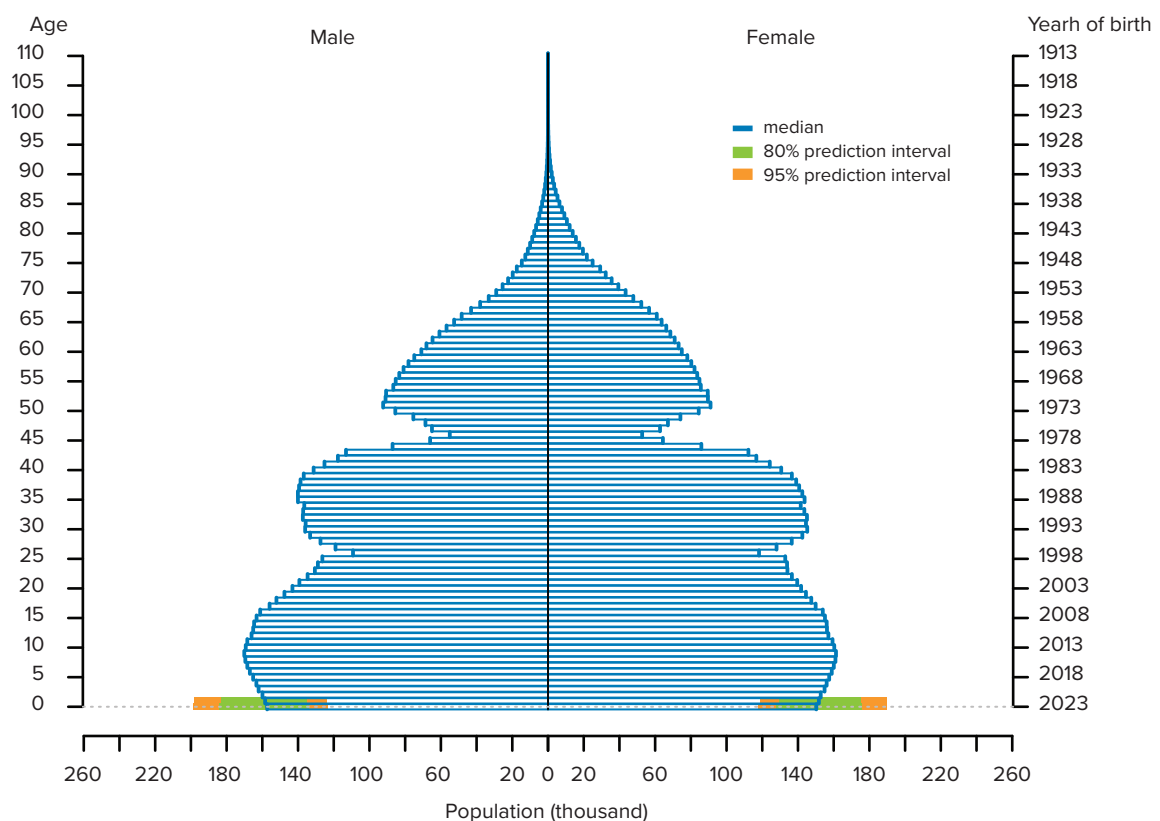
Chapter 2

THE CHILDCARE LANDSCAPE IN CAMBODIA

Demographics and Enrollment in Childcare

Cambodia has a young population (29 percent of the population is under age 15) and a very low cohort of older people, with only 6 percent of people are 65 or above. According to the General Population Census of the Kingdom of Cambodia 2019, there are around 2 million children between the ages of 0 and 5 years old, 1.1 million of whom are under age 3. The old-age dependency ratio is just 9 percent, meaning that for every 100 working-age people (age 15 to 64), there are just 9 people older than 64. This is constraining for working mothers in Cambodia, who often rely on grandmothers for care in the absence of services.

FIGURE 2.1. CAMBODIA'S POPULATION BY AGE AND SEX, 2022



Source: UN DESA, Population Division 2022.

Preschool enrollment (for children ages three to five) has been increasing, but a substantial number are still not enrolled in formal care. MoEYS data indicate that about one-third of children aged three to five are enrolled in preschools. Among them, around 67 percent attend public preschools, 17.5 percent attend community preschools, and 10 percent attend private preschools (MoEYS 2021). However, these state-funded preschool programs, available only to children over three years old, are only operating for a few hours per day.

The country has made progress on the Sustainable Development Goal (SDG) around access to early childhood care and development (ECCD) but it is still outperformed by regional peers. SDG 4.2.2. calls for 100 percent of children ages three to five to receive at least one year of preprimary education by 2030. The participation rate of children in preprimary in the year prior to the official entrance age for primary school (SDS indicator 4.2.2.) increased from 12.9 percent in 2000 to 70.5 percent in 2020.⁶ Comparatively, the average for South-East Asia is substantially higher at 83.9 percent, and in Europe and North America, it is 92.6 percent.

The utilization of ECCD services among the zero to three age group was just 3.2 percent in 2012/13, the latest year for which data are available. This shows only a modest increase from less than 1 percent in 2006/07 (Royal Government of Cambodia 2014). The Parent Education Program (introduced in 2000, formerly called the Home-Based Education Program) is the most common service type utilized for children in this age bracket; however, no recent enrollment data are available. The 2019–2023 Education Strategic Plan noted that attendance in home-based programs (HBPs) has not improved much since the prior planning period of 2014–2018 (where the 3.2percent figure is cited).

TABLE 2.1. ENROLLMENT STATUS AND NATIONAL GOALS FOR CHILDREN UNDER AGE FIVE

Age Cohort	Population	Enrollment (Latest Available)	Target Enrollment
0 to 3	1.1 M	2.3 percent	No specific target.
Age 3	0.9 M	15.2 percent (2023-24)	15 percent
Age 4		36.7 percent (2023-24)	38 percent
Age 5		65.4 percent (2023-24)	64 percent

Types of Available Childcare and Preschool Services

Only children ages three to six are covered by formal center-based care services, which are primarily run by the government. Preschools in Cambodia are overwhelmingly public or community-based. In 2023/24 there were 4,694 public; 3,290 community; and 907 private preschools.⁷ Public preschools are those that are run by the MoEYS, while community preschools are managed by communes and funded by commune budgets. Although recent investments by the Government of Cambodia have resulted in improvements to the quality standards of newly built community preschools, on average, they have a lower quality of infrastructure and materials compared to public preschools that receive funding from the MoEYS (Berkes and Bouguen 2019). Private centers are mainly run as for-profit companies, with a minority run by NGOs or cooperatives.

⁶ See Cambodia's SDG profile at <https://unstats.un.org/sdgs/dataportal/countryprofiles/KHM#goal-4>

⁷ Cambodia Ministry of Education, Youth and Sport, *Education Congress 2024*.

Formal childcare services for children under the age of three are extremely rare and usually privately run. While large employers are legally required to provide childcare facilities for their employees, enforcement is lax and coverage is very low, and employers generally prefer to provide “childcare subsidies” to employees (usually US\$10–\$20 per month). Private childcare centers providing care to children under three exist but supply is quite limited, and existing centers are generally located in urban areas and targeted to higher-income families. Fieldwork showed that the vast majority of children under three are cared for by family members in the home, while arrangements such as individual care outside the home or informal arrangements with preschools are much more common than formal center-based care. Table 2.2 details the current arrangements of care outside the household for children under six based on administrative data and qualitative work.

TABLE 2.2. CARE ARRANGEMENTS FOR CHILDREN AGES ZERO TO SIX

Type of care	Ages covered	Ownership	Oversight, regulation and curriculum	Financing	Coverage
Public preschools	3–5	MoEYS	MoEYS	Publicly funded by MoEYS with supplementary funding from international aid	24.8% of children ages 3–5 ⁸
Commune preschools	3–5	Commune Council	Commune Council; curriculum provided by MoEYS	Publicly funded by MoEYS with supplementary funding from international aid	7.9% of children ages 3–5
Private preschools	3–5 (Some also include service for younger children in nursery programs)	Private companies and individuals, NGOs, and nonprofits	MoEYS under law, although regulation in practice is rare. Curricula include MoEYS curriculum and self-developed curricula.	Tuition fees from parents, private donations, international aid, and NGO funds	5.9% of children ages 3–5
Private childcare and nurseries	0–2 (most private providers offer care only to children ages 2 and above while NGO and nonprofit centers may accept younger children)	Private companies and individuals, NGOs, and nonprofits	No legal framework for certification, oversight, or quality assurance. Curricula developed by owners or adapted from other countries.	Tuition fees from parents, private donations, international aid, and NGO funds	Unknown

⁸ Cambodia Ministry of Education, Youth and Sport, *Education Congress 2024*.

Type of care	Ages covered	Ownership	Oversight, regulation and curriculum	Financing	Coverage
Employer-provided childcare	0–2	Large employers (over 100 female employees)	No legal framework for certification, oversight, or quality assurance. Curricula developed by owners or adapted from other countries.	Private employers and voluntary contributions by parents	Unknown (Employers with over 100 female employees are required to provide childcare, but enforcement is extremely lax and very few examples have been identified.)
Informal care in public and commune preschools	2 (Some preschools will admit children just under age 3 based on informal arrangements with parents)	MoEYS	None (No formal regulations for children under age 3). Children taught using MoEYS curriculum for children 3–5.	Informal payments by parents (generally US\$5–20 per month)	Unknown
Informal individual caregivers	0–6	Private individuals in local communities (most often educated women seeking additional income)	None	Informal payments by parents (usually US\$60–130)	Unknown

Source: World Bank 2024.

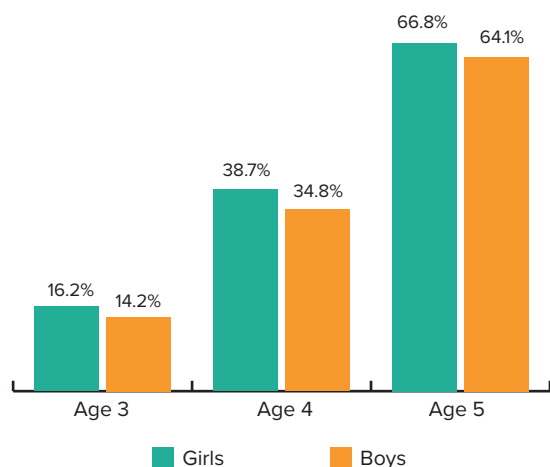
Note: MoEYS = Ministry of Education, Youth and Sport; NGO = nongovernmental organization.

Childcare Coverage and Availability

While the percentage of children enrolled in preschool is increasing, coverage remains incomplete, especially under age five. As of the 2023/24 school year, 38.1 percent of children ages three to five were enrolled in formal preschools. Enrollment increases with age. While roughly 65 percent of five-year-olds were enrolled in early childhood education, coverage fell to 15 percent for three-year-olds (figure 2.2). Enrollment rates are slightly higher for girls than for boys in all age groups. Younger children attend community and public⁹ preschools at similar rates, while older children mainly switch to public preschools (figure 2.3), which may be perceived to have a higher quality of early childhood education.

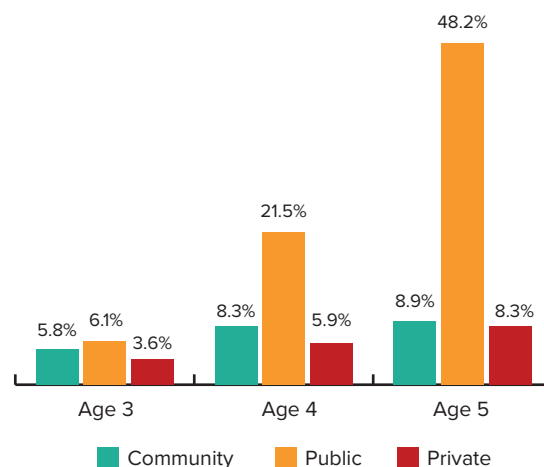
⁹ While both community and public preschools are funded by governments, the MoEYS refers to those that are funded and supervised only by commune governments as “community preschool” or “community kindergarten” in its official terminology

FIGURE 2.2. PERCENTAGE OF CHILDREN ATTENDING PRESCHOOL IN 2023/24



Source: MoYES 2024

FIGURE 2.3. PRESCHOOL ATTENDANCE BY AGE AND TYPE OF SCHOOL, 2023/24



Source: MoEYS 2024

The coverage of formal center-based childcare services for children below the age of three remains very low. While the MoEYS does not report on the coverage of or enrollment in early childhood education services for children below the age of three, a World Bank survey of preschools and childcare centers in Cambodia found that 22 percent offered services for children under the age of three and almost none admitted children under two. There are likely many more informal arrangements, such as daycares run out of private homes or informal childcare at preschools, but the lack of certification for these services means that they are difficult to locate or assess.

Public and Private Finance for Childcare

International evidence suggests that countries that allocate a higher proportion of spending on childcare and early learning tend to have higher enrollment rates (Devercelli and Beaton-Day 2020). Globally, evidence suggests that families are willing to pay for childcare and early learning services, especially if they believe these services to be of high quality. However, the ability of families to pay fees is highly sensitive to economic shocks, as was seen during the COVID-19 pandemic. Private-sector solutions are possible, but many private providers struggle to enter the market and deliver services at a price point that poorer families can afford. Public investment is critical, especially for the poorest families, for whom even very low-cost services are likely to be unaffordable.

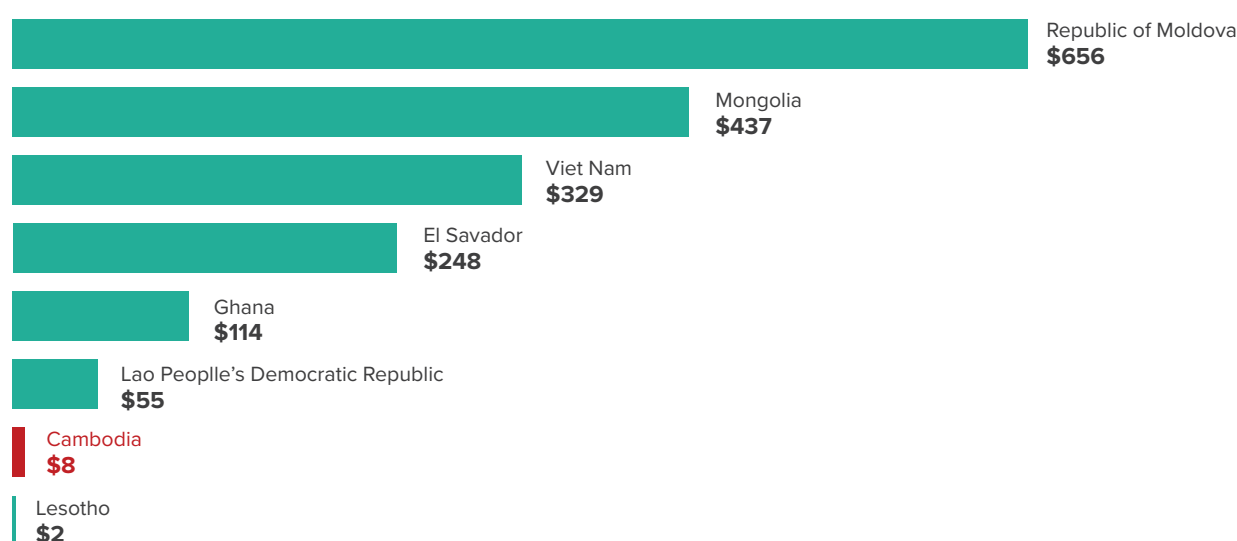
Cambodia has increased funding for education over time, but spending remains lower than the regional average. Education spending made a small increase from 1.6 percent of gross domestic product (GDP) in 2012 to 3.4 percent of GDP in 2020 (spending has stayed at about 3 percent since 2017), according to UNESCO statistics and UNICEF Cambodia's annual report (2021).¹⁰ The education share dropped to 2.9 percent of GDP in 2021, possibly related to the shrinking economy during the COVID-19 pandemic in 2020 (UNICEF Cambodia 2021). However, even the prepandemic spending is lower than the East Asia and Pacific (excluding high income) regional average, which is closer to 4 percent (though it also dropped to

¹⁰ See UNESCO Institute for Statistics' "Government Expenditure on Education, as % of GDP – Cambodia" available at <http://uis.unesco.org/en/country/kh> (accessed July 13, 2022).

about 3.2 percent in 2019).¹¹ As a share of government expenditure, education accounted for 11.8 percent in 2019, which is lower than the regional average ranging between 14 percent and 16 percent since 2015.¹²

Likewise, public investment in ECCD has been increasing but still only comprises a small share of the overall education budget. Public investment in ECCD has increased concurrently with the overall Cambodian education budget. ECCD's share of the sector budget was 0.6 percent in 2006 and now accounts for approximately 6 percent of the sector budget (MoEYS 2019b; Royal Government of Cambodia 2014). In 2022, at the UNESCO Conference on Early Childhood Care and Education, member states (including Cambodia) committed to invest at least 10 percent of total education spending in preprimary education and to ensure that salaries and working conditions of preschool personnel are at least at par with those of primary education teachers.

FIGURE 2.4. GOVERNMENT EXPENDITURE ON PREPRIMARY EDUCATION PER PREPRIMARY-AGE CHILD (ENROLLED AND NOT ENROLLED) IN SELECT LOW- AND MIDDLE-INCOME COUNTRIES



Source: UNICEF 2019.

The Public School Operation Fund, supported by development partners, is an important channel of funding to public schools. In 2020, 213 public preschools received approximately US\$600,000 from this fund (MoEYS 2019b). Community preschools, on the other hand, have been supported by development partners, primarily UNICEF (UNICEF 2022). The government provides them with a monthly cash transfer if they meet defined quality standards. Approximately 1,305 community preschools are eligible for these monthly subsidies (UNICEF 2022).

¹¹ See the World Bank's "Government Expenditure on Education, Total (% of GDP) – Cambodia, East Asia & Pacific (Excluding High Income)" available at <https://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS?locations=4E> (accessed July 13, 2022).

¹² See the World Bank's "Government Expenditure on Education, Total (% of Government Expenditure) – Cambodia, East Asia & Pacific (Excluding High Income)" available at <https://data.worldbank.org/indicator/SE.XPD.TOTL.GB.ZS?locations=4E-KH> (accessed July 13, 2022).

National Laws, Policies, Plans, and Programs

Global Commitments

Cambodia has demonstrated its commitment to the well-being and development of children through active participation in global initiatives and agreements. The country aligns with the United Nations Convention on the Rights of the Child, emphasizing the rights of children to education, healthcare, and protection. Additionally, Cambodia has committed to achieving the SDGs through setting priorities for an inclusive and equitable quality life for all, with a particular emphasis on early childhood education. In line with SDG 4, the government has committed to guarantee at least one year of free preprimary education. The country's efforts also resonate with the principles outlined in the World Fit for Children initiative, ensuring a comprehensive framework for the promotion and protection of children's rights. These international commitments underscore Cambodia's proactive approach to fostering a nurturing environment for its youngest citizens.

National Laws and Policies

The importance of childcare has been recognized in Cambodia for decades, with Article 73 of the 1993 Constitution declaring, *"The state shall give full consideration to children and mothers. The state shall establish nurseries and help support women who have numerous children and inadequate support."* At the national level, childcare is supported through several key ECCD policies as presented in chronological order.

FIGURE 2.5. TIMELINE OF KEY LEGISLATION AND REGULATIONS IN CAMBODIA



Cambodia is one of the 26 economies out of 189 in the world in which employers are legally required to provide or support childcare services for employees (World Bank 2019). The 1997 Labor Law of Cambodia includes important provisions for employer-supported care in Articles 186 and 187 (box 2.1).

BOX 2.1. ARTICLES 186 AND 187 FROM THE LABOR LAW OF CAMBODIA OUTLINING CHILDCARE SERVICE STIPULATIONS

Article 186: Managers of enterprises employing a minimum of one hundred women or girls shall set up, within their establishments or nearby, a nursing room and a crèche (childcare center). If the company is not able to set up a crèche on its premises for children over eighteen months of age, female workers can place their children in any crèche and the charges shall be paid by the employer.

Article 187: A Prakas (ministerial order) of the Ministry in charge of Labor shall determine the conditions for setting up hygienic environment and supervising these nursing rooms and crèches.

However, there are notable shortcomings in the Labor Law and in its implementation. The Law only applies to enterprises employing women. To promote a gender-equal labor market, the law should include all enterprises of a certain size employing men and women. The law does not pertain to smaller enterprises (employing fewer than 100 women) and does not provide benefits to women in the informal and public sectors. It is also weakly enforced. A 2020 ILO assessment of factory compliance found that 72 percent (283) of factories surveyed were noncompliant, offering no form of support for childcare (Better Factories Cambodia 2020). Moreover, the law does not provide details on how childcare costs outside the factory are covered. As a result, most employers who do comply opt to provide a childcare allowance, of which the amount can range from as low as CR 10,000 to CR 60,000 (US\$2.5 to US\$15) per child per month (Kolb, Luinstra, and Singh 2020). The wording of the law specifying the threshold for female employees only may also provide perverse incentives for employers to avoid hiring women, particularly if enforcement of the policy is strengthened.

The 2007 Law on Education stipulated the right to nine free years of public education for all Cambodian children (MoEYS 2019a). Importantly, it decreed that early childhood education is the preparatory level of schooling and that the state will support ECCE between the ages of zero to kindergarten.¹³

BOX 2.2. ARTICLES 15 AND 16 OF CAMBODIA'S LAW ON EDUCATION OUTLINING PUBLIC EDUCATION STIPULATIONS

Article 15: Early childhood education is the preparatory study [level] of the education system. The education system of Cambodia is comprised of public and private education. The Ministry in charge of Education shall issue the regulation on education system.

Article 16: The state shall support early childcare and childhood education from the age of zero to before kindergarten, generally provided at childcare centers in communities or at home. Kindergarten education shall commence education prior to primary education for preparation to attend primary school. The Ministry in charge of Education and other relevant ministries and institutions shall determine the meanings of early childcare and childhood education.

Cambodia's Labor Code provides for paid maternity leave, but benefits are not covered by the state. The legally required maternity leave of 90 days is lower than the global recommended minimum of 14 weeks, and there are currently no legal requirements for paternity leave (World Bank 2024). Government employees are entitled to full salary compensation during maternity leave while private employees receive only half benefits. Leave policies apply only to women who have been at their current employer for at least one year.¹⁴

In 2010, Cambodia introduced its National Policy on Early Childhood Care and Development (Royal Government of Cambodia 2010). This policy outlines roles and responsibilities for eleven ministries and relevant stakeholders to work together in supporting ECCD for children up to the age of six. The policy is implemented through the National Action Plan on Early Childhood Care and Development 2022–2026 and focuses on achieving three broad goals: providing early childhood care and development services to children ages zero to six; ensuring inclusive care and development for children; and coordinating ministries, public agencies, and civil society organizations to jointly work towards establishing ECCD services.

¹³ See Cambodia Ministry of Education, Youth and Sport, Law on Education, October 19, 2007. Available at https://planipolis.iiep.unesco.org/sites/default/files/ressources/cambodia_education_law.pdf (accessed July 13, 2022).

¹⁴ Labor Code, Arts. 182 and 183; Prakas on Revision of Arts. 2, 4, 5, 6, 7, 8, and 10 of Prakas No. 109 LV/PRK., dated 17 March 2016, on Health Care Benefits, Art. 71

There are also several guidelines and *prakas*—an official proclamation, usually a ministerial or interministerial decision—that regulate specific elements of ECCD service delivery, namely:

- The 2008 Minimum Standards on Alternative issued by the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY)
- The 2017 Sub-Decree 245 on Community Preschool Management issued by MoEYS
- The 2018 *Prakas* 90 on Assessment Procedures for Community Preschools issued by MoEYS
- The 2018 *Prakas* 91 on Minimum Standards of Community Preschool on by MoEYS
- The 2019 *Prakas* 1563 on Recognition of Standards for Community Preschools by MoEYS
- The 2021 *Prakas* on Procedures to Implement Kinship and Foster Care issued by MoSVY
- The 2021 *Prakas* 468 on Minimum Standards for Community Preschools
- The 2022 Guidelines (#1362) on Management and Operation of Parent Education, issued by Ministry of Interior
- The 2023 Standard Guideline for Community Preschool issued by MoEYS.

National Plans

The **Education Strategic Plan (ESP) 2019–2023**¹⁵ sets three broad goals for ECE: increasing access to ECE services for all children as measured against specific enrollment targets by 2023 (27 percent of three-year-olds, 45 percent of four-year-olds, and 64.5 percent of five-year-olds); improving the quality of preschools as measured against learning standards targets and increasing the supply of qualified preschool teachers to achieve a student-to-teacher ratio of 1:25 (currently 1:40); and enhancing the capacity of the ECE subsector to implement school-based management, which provides support to teachers and grants to schools for learning materials and to improve community engagement in school operations.

Additionally, **Cambodia's Education 2030 Roadmap** outlines long-term strategies and targets for the education sector. It emphasizes the importance of improving the access to and quality of ECCD by: developing integrated, multisectoral ECCD policies and encouraging coordination among different line ministries responsible for service provision; conducting a feasibility study of introducing at least a year of compulsory, free preprimary schooling for five-year-old children (SDG Goal 4.2.2.); expanding access to integrated ECCD services (including education, health, nutrition, and child protection) with a special focus on children with disabilities, ethnic minorities, and children from rural and disadvantaged communities; and improving the quality of ECCD programs by establishing quality standards, developing a national curriculum, increasing the qualifications of ECCD personnel, and addressing monitoring and evaluation gaps.

Launched in 2022 (Mol 2022), the **National Action Plan on Early Childhood Care and Development 2022–2026** is an interministerial collaborative effort aimed at realizing Cambodia's national vision for ECCD, which states: *"All Cambodian children, from conception to age under six, especially disadvantaged, vulnerable and poor children, shall be provided with care and development services, in line with the Constitution of the Kingdom of Cambodia."* The plan sets out five key priorities for the five years: provide opportunities for quality, equitable, and inclusive early childhood education; promote early childhood health and care; provide adequate nutrition to women and young children; ensure safety and security of young children; and provide responsive care, protection, and development for young children.

¹⁵ A new ESP 2024–2028 has been prepared but is not yet approved for implementation.

The **Positive Parenting Strategy (2017–2021)** is also a key instrument to support ECCD and addresses violence against children.¹⁶ It aims to support positive parenting of children 0–18 years by strengthening the knowledge, skills, and confidence of caregivers, parents, and parents-to-be. While the strategy takes a comprehensive approach to preventing VAC within the household, it does not address educational institutions, including preschools and childcare centers, including child protection measures and training for teachers and caretakers on preventing violence. The strategy has reached the end of its operation period, but the Ministry of Women’s Affairs (MoWA) plans to continue its implementation after an assessment by UNICEF.

National Programs

The MoEYS rolled out the **Parent Education Program** (Formerly called the Home-Based Education Program) in 2000. Under this program, the ministry works with community volunteers or focal parents to provide ECCD parenting support to groups of parents, primarily mothers, of children ages zero to six years. In March 2022, the Ministry of Interior issued guidelines to all communes (called Sangkats) for the management and operation of parent education programs and to encourage them to make allocations for the program in their annual budgets. However, activities remain small-scale and are mostly operated by local NGOs. According to the data of students enrolled from 2015 to 2019, on average, approximately 100,000 children were enrolled each year. However, the program does not provide care for children, focusing instead on providing information to parents.

The **Community-Based Childcare for Garment Factory Workers Project (2020–2024)** project has helped to implement some of the government’s plans and strategies. The project was financed by a US\$2.7 million grant by the Japan Social Development Fund and administered by the World Bank. The project also engaged the International Finance Corporation (IFC) to encourage private sector participation and the sustainability of the childcare centers beyond the project’s lifecycle. The project sought to address the childcare needs of garment factory workers in Cambodia (90 percent of whom are women). In partnership with the NGO Planète Enfants & Développement, thirteen childcare centers were established in periurban areas, designed to serve children between the ages of three months and three years. To date, the project has benefited 240 households in Kampong Speu and Kampong Cham provinces, where more than 112,000 people (84 percent women) are employed in approximately 120 garment factories. While childcare centers established through the project provided a very high level of care and received a high level of satisfaction from beneficiary families, enrollment as of project closure remained lower than expected, reflecting limited demand from communities.¹⁷ Going forward, a follow-on phase intends to explore alternative models of community-based and community-run care, given that current results suggest that high-cost childcare centers may not be financially sustainable or highly demanded options at present.

¹⁶ UNICEF is conducting an evaluation of the strategy to inform a follow-on strategy.

¹⁷ A preliminary analysis of the factors limiting demand for childcare in garment factory worker villages can be found in chapter 4 of this report, while further research with a more in-depth analysis is forthcoming.

Government Bodies Responsible for Providing and Regulating Childcare and ECCD

The Ministry of Education, Youth and Sport (MoEYS), through its Early Childhood Education Department, is responsible for setting policy in this area at the central level (MoEYS 2019a). The General Secretariat of the National Committee on Early Childhood Care and Development (GS-NCECCD), operating under MoEYS, plays a pivotal role in steering policies and initiatives related to ECCD in the country. Some of its specific functions include developing policy guidelines and regulations concerning early childhood development; monitoring and approving the establishment of public and private preschools, community preschools, and home-based programs (HBPs); and overseeing and coordinating support for national and subnational implementation.¹⁸

At the provincial and municipal levels, education policy is overseen by 25 provincial and municipal offices of education (MoEYS 2019b). **Provincial Offices of Education (POEs)** are responsible for implementing MoEYS policies and programs; preparing the provincial ESP and monitoring its implementation; and preparing the provincial education budget. **District Offices of Education (DOEs)** are intermediaries between MoEYS and schools. There are 197 DOEs across the country and their functions include preparing progress reports, district education budgets, and an annual work plan in line with the provincial ESP; supervising primary schools within their jurisdiction; and undertaking school inspections twice annually to ensure planned activities are being carried out (MoEYS 2019a).

The **Commune Council** is an elected body at the commune level that is responsible for monitoring and oversight activities of ECCD services. Specifically, the Council finances and manages community preschools and HBPs (MoEYS 2014); approves the registration of community preschools and is expected to participate in the remuneration of community preschool teachers;¹⁹ and reviews and approves the action plans and budgets prepared by each preschool in its jurisdiction. Along with the POEs and DOEs, the Council also reviews the license applications of private schools.²⁰

Quality Assurance Mechanisms

Childcare providers for children zero to three years of age are not legally required to register with governmental institutions. Consequently, there is no accreditation body or a national quality control or assurance mechanism. Private preschools are required to register for a business license at the city or district level, but only for childcare provision for children aged three and above; not for “nursery” classes for the zero to three age group.

There is no official national guideline to regulate service quality for all children. National policies and guidelines do set benchmarks for curriculum, facilities, teacher qualifications, and safety standards in public schools. However, there is no national subdecree (*Prakas*) to regulate the quality of childcare service for all children under age three (Kolb, Luinstra, and Singh 2020). The MoEYS, in collaboration with relevant government agencies, oversees the implementation of standards in public preschools. The enforcement, however, is weak. MoEYS does not monitor or inspect services other than to collect and

¹⁸ See Royal Government of Cambodia, *Sub-Decree No.84 on Organization and Functioning of Ministry of Education, Youth and Sport*, available at https://data.opendatacambodia.net/laws_record/sub-decree-on-the-organization-and-functioning-of-ministry-of-education-youth-and-sport (accessed July 13, 2022).

¹⁹ See UNESCO’s “Cambodia: Non-State Actors in Education” profile at <https://education-profiles.org/eastern-and-south-eastern-asia/cambodia/~non-state-actors-in-education> (accessed July 14, 2022).

²⁰ See UNESCO’s “Cambodia: Non-State Actors in Education” profile at <https://education-profiles.org/eastern-and-south-eastern-asia/cambodia/~non-state-actors-in-education> (accessed July 14, 2022).

verify enrollment data in public centers. At the local level, provincial and municipal authorities are often involved in conducting on-the-ground inspections of public services and providing support to educators, but with little guidance or oversight.

Private preschools are largely unregulated. An IFC survey of employer-provided private childcare found that most respondents were not aware of any quality guidelines for private childcare (Kolb, Luinstra, and Singh 2020). The government’s ESP for 2019 to 2023 mentions that a *Prakas* on private preschool management lays the foundations of improving quality in private preschools, yet an extensive search for this document has yielded no results.

There are curriculum guidelines for public preschools and HBPs, but they do not pertain to nonstate services or services for children under age three. The curriculum for state and community preschools and HBPs for three- to five-year-olds is developed by MoEYS and in line with the Early Learning and Development Standards established by UNICEF. Nonstate preschools are not required to follow a particular curriculum.²¹ MoEYS approves private preschools’ curriculum, which they set themselves and present for approval during their registration process (Kolb, Luinstra, and Singh 2020).

Qualification requirements for the childcare workforce vary depending on the specific childcare setting and its own oversight mechanisms. Generally, individuals working in ECCE are encouraged to have at least a secondary education level or equivalent, but formal education requirements are seldom enforced. Teachers in public preschools must have qualifications to teach at the preprimary level—a two-year degree following a completed 12th grade. However, teachers in community preschools are only required to complete a 35-day training, with 10-day preservice training and an annual 6-day in-service training (Rao and Pearson 2015).

Preschool enrollments have outpaced the rate at which new teachers enter the sector. Cambodia’s education system was methodically destroyed during the Khmer Rouge period. The government estimates that 75 percent of teachers were killed when the regime was in power (Benveniste, Marshall, and Araujo 2008). A concerted effort on the part of the government, together with international partners and NGOs, has revived the education system and dramatically increased the number of teachers, but there is still substantial progress to be made to recruit and train teachers at preprimary levels. Enrollment has increased by about 10 percent per year in recent years. However, teacher ranks have only grown by 5.5 percent (MoEYS 2019a). There is only one teacher training college providing preprimary teacher degrees to about 200 graduates per year (UNICEF 2022). In the 2020/21 school year, there were only 5,450 preschool teachers, of whom 5,177 were female (MoEYS 2021).

²¹ See UNESCO’s “Cambodia: Non-State Actors in Education” profile at <https://education-profiles.org/eastern-and-south-eastern-asia/cambodia/~non-state-actors-in-education> (accessed July 14, 2022).

Chapter 3

THE SUPPLY—SERVICE TYPES AND CHARACTERISTICS

Administrative data on preschools and childcare facilities are limited, but a survey of providers offers valuable information on the nature of childcare supply. While the MoEYS maintains records of officially registered preschools, other data on facilities, attendance, and caretakers are not publicly available. Meanwhile, the lack of regulation or recognition of childcare for children under two means that data on providers are extremely limited, though fieldwork suggests that these facilities are extremely limited, consisting of private providers in urban areas targeting higher-income working households and a few programs run by NGOs and nonprofit organizations. The childcare supply survey carried out by the World Bank and CDRI provides valuable original data on the nature of institutions offering care for children under age six, including capacity, target population, expenditures, and key aspects of quality and infrastructure. Survey data reveal that there are major differences between public, commune, and private providers, with private providers offering more qualified caretakers, improved facilities, lower caretaker-to-child ratios, and wider options of opening hours and accepted ages. However, costs to parents are much higher in private facilities, and key aspects of center quality are associated with higher cost.

This chapter analyzes data from a sample of 301 preschools and childcare facilities, including public, commune, and private providers. Providers were located through preschool registration information from the MoEYS, although the lack of updated contact details for many centers meant that the sample may not be representative of lower-cost facilities or those in rural areas. The sample includes both government-run and private facilities (table 3.1), with private facilities run mainly by for-profit companies (table 3.2). While there is no registration or recognition of childcare facilities for children under three, a significant minority of private institutions as well as a handful of public preschools reported accepting younger children.

TABLE 3.1. TYPES OF PRESCHOOLS IN PROVIDER SURVEY

	N	Percent	Cumulative
Private Preschool	133	44.19	44.19
Public Preschool	73	24.25	68.44
Community Preschool	95	31.56	100.00
Total	301	100.00	

Source: World Bank 2024. Original calculations for this publication.

TABLE 3.2. OWNERSHIP OF PRIVATE PRESCHOOLS IN PROVIDER SURVEY

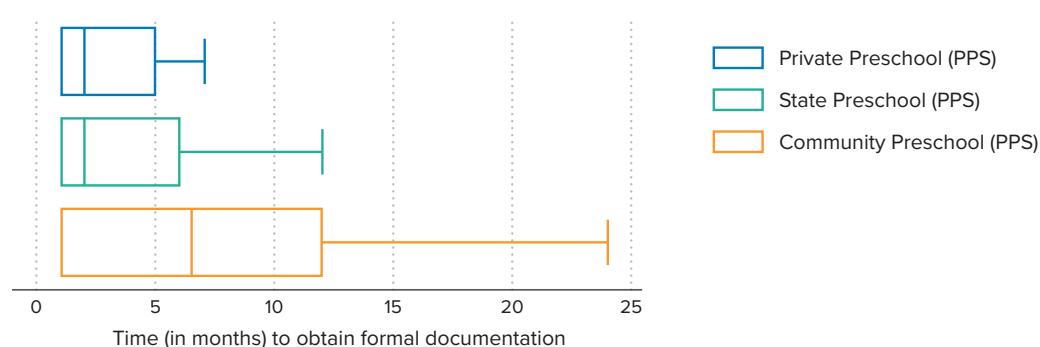
	N	Percent	Cumulative
Profit company	101	75.37	75.37
Nonprofit organization	15	11.19	86.57
Cooperative	9	6.72	93.28
Other*	9	6.72	100.00
Total	134	100.00	

Source: World Bank 2024. Original calculations for this publication.

Formalization

Most institutional childcare centers report being formalized, although most cannot name the type of documentation. Sixty-five percent of childcare centers surveyed reported that they had some type of formal documentation. The most common documentation provided was a license from the MoEYS, although others mentioned certifications from communes or district governments. Centers that received formal documentation in 2017 or later reported that the process was relatively simple, with only 15 percent stating that it was slightly or moderately difficult. Formalization took, on average, four months between submission and approval, though this was longer for community preschools (figure 3.1). However, 35 percent of centers were unable to name what formal documents they possessed, while many other center representatives provided incorrect answers such as teaching certificates or lists of students.

FIGURE 3.1. AVERAGE TIME (MONTHS) TO OBTAIN FORMAL DOCUMENTATION, BY PROVIDER TYPE



Source: World Bank 2024. Original calculations for this publication.

Operating Hours

Most preschools are open for a half day or less, although privately-run centers are open longer. State preschools are mandated to provide service for 3 hours a day, and 91 percent of those surveyed reported being open for 3 to 3.5 hours a day. Community preschools do not fall under the same regulatory regime, and 31.5 percent reported being open for less than three hours daily. Private preschools are open somewhat longer, reflecting the different profile of households served, although 76.7 percent report being open for 3.5 hours per day or less. Twelve percent of private preschools reported opening hours of longer than 6 hours. Global evidence suggests that while half-day preschool may provide some alleviation of mothers' time burden, it is still difficult for them to pursue full-time or paid work as they are still required to take care of children half of the day (Halim, Perova, and Reynolds 2023). However, it may increase the hours worked for women who are already employed, and in the case of Cambodia, may allow grandparents who would ordinarily provide childcare to pursue work or other occupations.

TABLE 3.3. OPERATING HOURS BY TYPE OF CHILDCARE CENTER

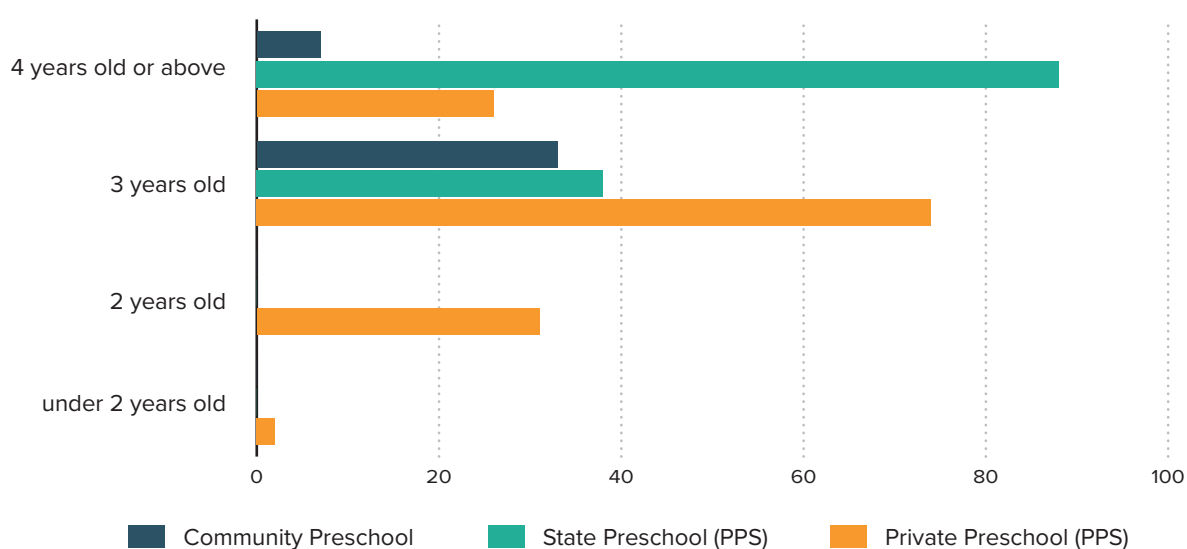
	N	Mean	SD	Min	Max
Community Preschool	95	3.204	1.168	1	9
Private Preschool	133	5.807	2.150	2.5	12.5
Public Preschool	73	3.588	0.988	2	8

Source: World Bank 2024. Original calculations for this publication.

Ages Served

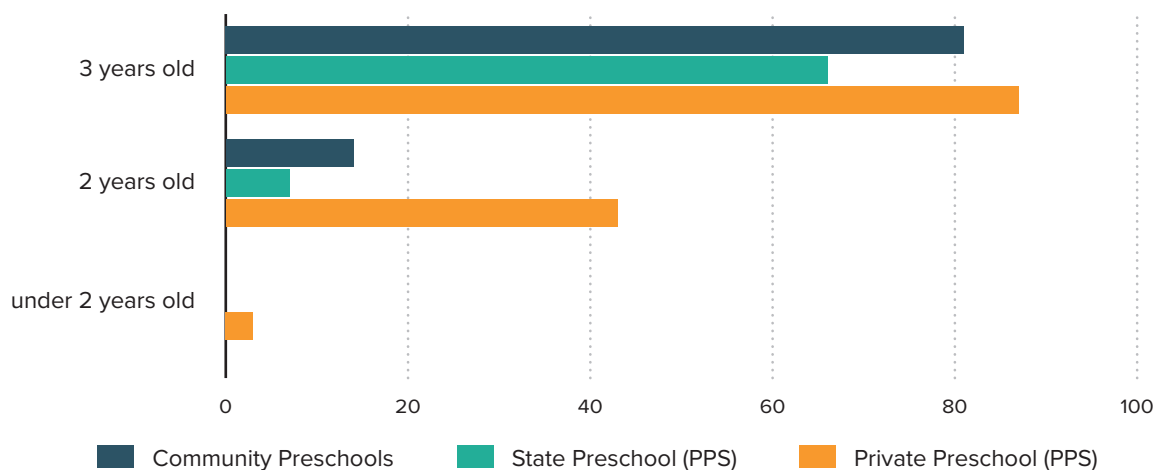
The vast majority of available care is for children ages three years old and above. State-run and community preschools are mandated to provide care to children ages three to six, although qualitative work found that in some cases, they are willing to accept children slightly under the age of three on an informal basis. Of preschools and childcare centers surveyed, only 33 accepted children under three when interviewed in the research survey, all of which were private preschools (figure 3.2). However, when contacted in a “mystery shopper” survey by enumerators posing as parents wishing to enroll their children in childcare, a larger proportion of private centers and some state-run and community preschools reported admitting younger children (figure 3.3). The discrepancies may reflect uncertainties related to the lack of formal recognition for early childhood education of younger children, as well as informal arrangements on the part of public and community preschools. Meanwhile, state-run preschools were less likely than community preschools to accept children below the age of four.

FIGURE 3.2. MINIMUM AGES ACCEPTED BY TYPE OF CHILDCARE CENTER



Source: World Bank 2024. Original calculations for this publication.

FIGURE 3.3. MINIMUM AGES OF CHILDREN ADMITTED (MYSTERY SHOPPER SURVEY)



Source: World Bank 2024. Original calculations for this publication.

Curriculum

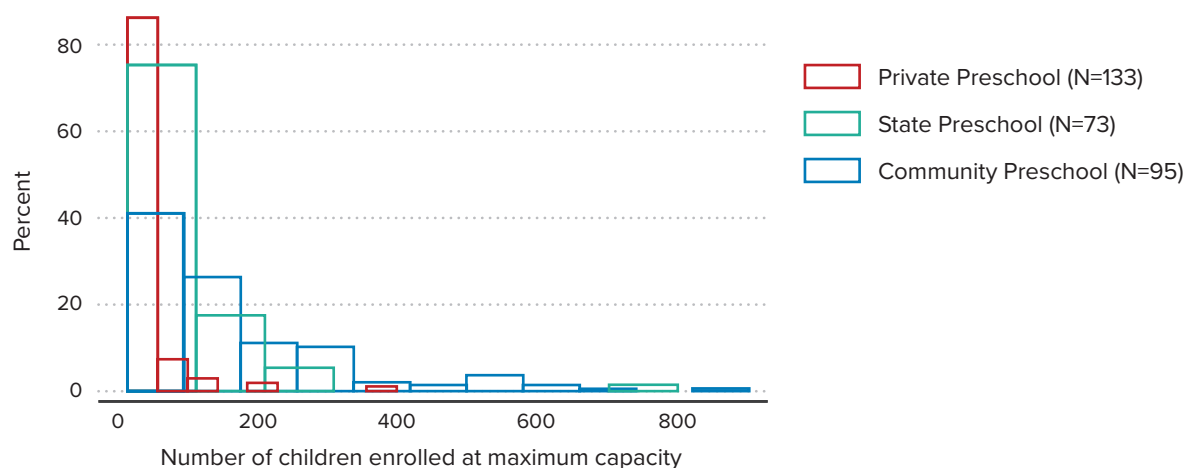
Most preschools reported using the official curriculum of the MoEYS, although in practice, application is variable. Most childcare centers of all types reported using the official government curriculum when asked, although some instead described specific activities such as painting or drawing or learning Khmer. In practice, many preschool teachers may adapt the MoEYS curriculum to fit the needs and development of their students, while others report being unfamiliar with the curriculum as a whole (Kolb, Luinstra, and Singh 2020). Beyond the official curriculum, private preschools and community preschools were more likely to report carrying out play-based activities such as artwork, educational games, or learning to sing and dance, while state-run schools reported more education-centered activities such as learning Khmer, English, or basic mathematics. This may be related to the older average age of students in state preschools and the common perception that preschools should be primarily responsible for preparing children for primary education rather than childcare.

There is no official curriculum for children under the age of three, and activities are either developed by centers or drawn from other countries. In semistructured interviews, providers of care for children under the age of three reported designing their own curricula for young students or adapting from materials developed elsewhere, such as in Hong Kong SAR, China; Japan; or Singapore. Most childcare centers interviewed in the supply survey that admitted children under 3 did not report learning-related activities for younger children, with most activities including basic care such as accompanying children to the bathroom, feeding and cleaning them, and ensuring their safety while playing. The lack of an official curriculum for younger children may make it less likely that childcare centers in Cambodia have an impact on early childhood development outcomes, particularly for centers with lower resources that may not have the time or expertise necessary to create an effective curriculum or adapt one from elsewhere.

Facility Capacity and Child-Caretaker Ratios

Capacity varies widely by the type of center, with private centers being, on average, much larger than public or community preschools. Private institutions surveyed reported a median maximum capacity of 100 children, while public preschools had a median maximum capacity of 60 children and community schools, 35. The largest institutions also tended to be private, with 25 percent having a capacity of 200 or more children.

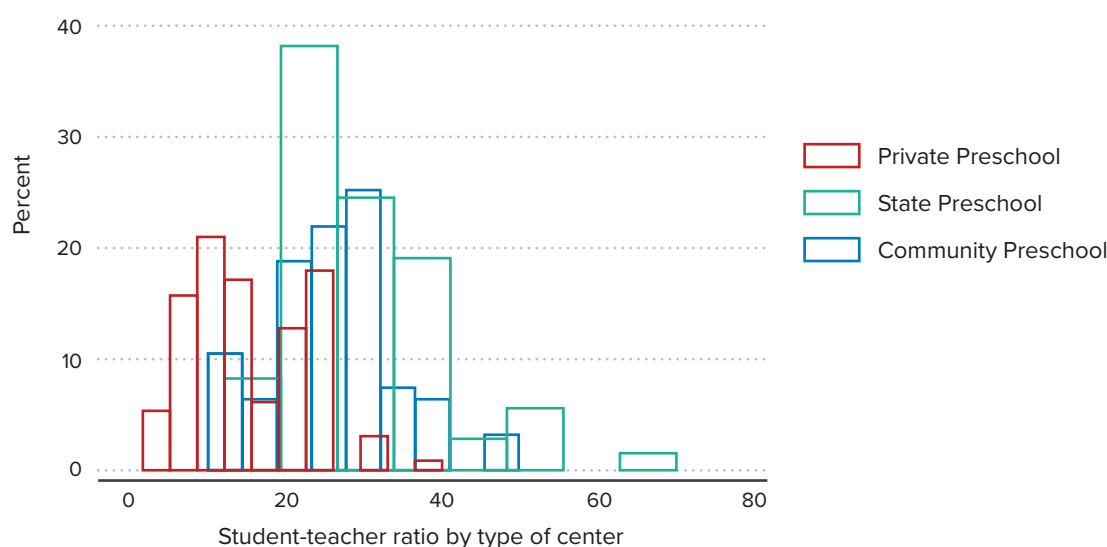
FIGURE 3.4. MAXIMUM CAPACITY OF CHILDCARE CENTERS BY TYPE OF CENTER



Source: World Bank 2024. Original calculations for this publication.

The child-caretaker ratio in Cambodian preschools is larger than the global average. Smaller pupil-teacher ratios and class sizes are a key predictor of child outcomes in early years and allow teaching staff to build better relationships with children (UNICEF 2019). The 2019 Cambodian average of 37.9 children per teaching staff is somewhat higher than the average of 34 to 1 in low-income countries in 2017 (MoEYS 2021; UNICEF 2019). Ratios in public preschools are much larger than private and community preschools, with an average of 40 students per teaching staff compared to 14 to 1 and 21 to 1, respectively. This is likely driven by a minority of large and/or understaffed schools. However, the 2022 supply-side survey found similar ratios for private and community preschools, but an average ratio of 24 to 1 in public schools (figure 3.5). The MoEYS has recognized the need for further investment in human resources in the early childhood education sector as a policy priority given increasing pupil to teacher ratios (MoEYS 2021).

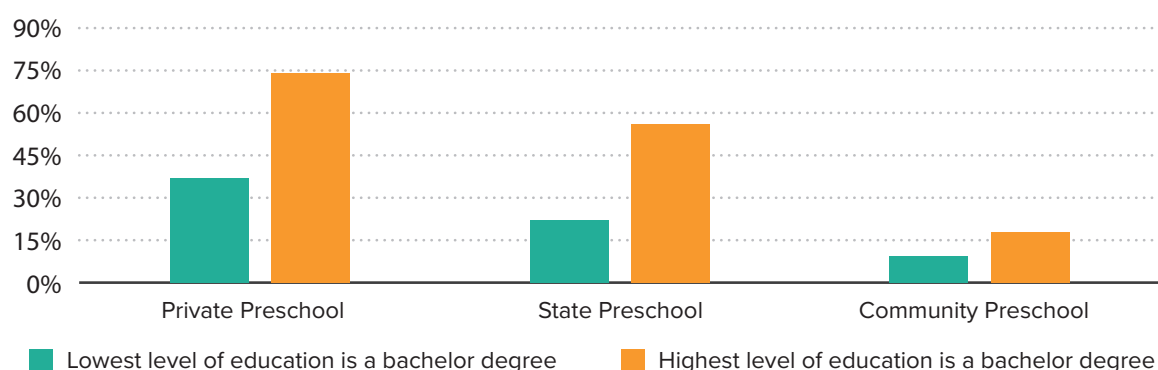
FIGURE 3.5. STUDENT-TEACHER RATIO BY TYPE OF PRESCHOOL



Source: World Bank 2024. Original calculations for this publication.

Caretaker Qualifications

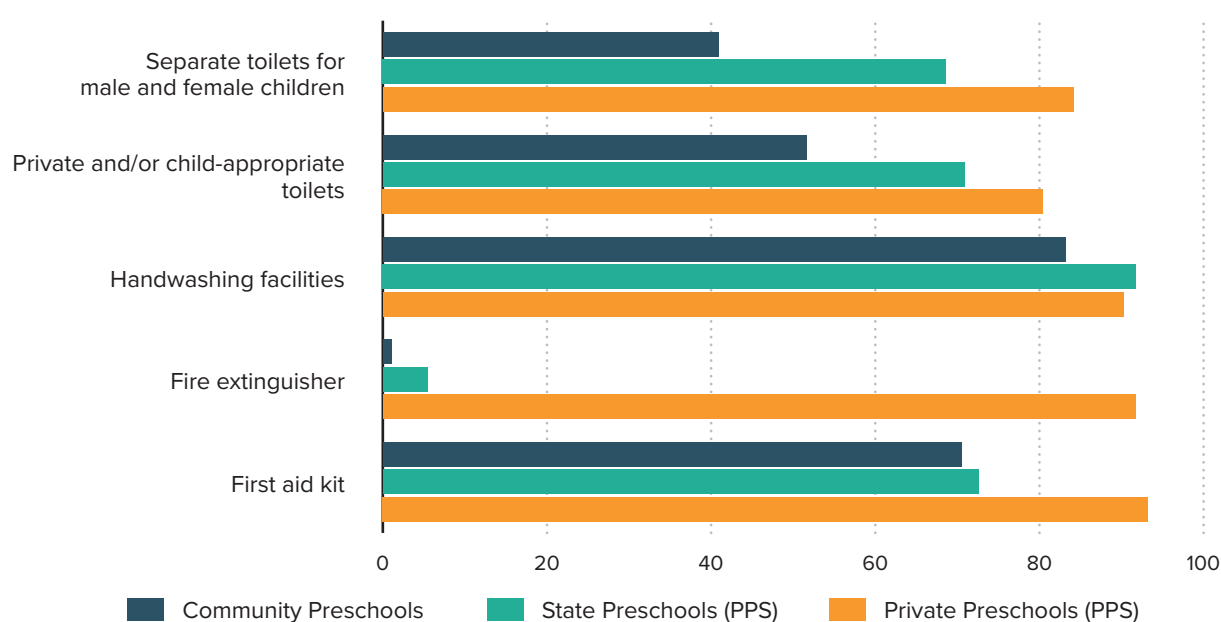
Many childcare workers have secondary education or less, although this varies by the type of center. Most preschools surveyed had at least some childcare workers with a minimum of a secondary school or high school degree, including 78 percent of state preschools and 90 percent of community preschools. Sixty-six percent of centers reported that their caregivers received a specialized certification for working with children, although 43 percent of community preschools reported that no caretakers had any certification. Finally, 53 percent of preschools reported that they either provided their own training to workers or gave them financial support for continuing their education. See figure 3.6.

FIGURE 3.6. EDUCATION LEVELS OF CARETAKERS BY TYPE OF PRESCHOOL

Source: World Bank 2024. Original calculations for this publication.

Health and Safety of Facilities

State-run and community preschools frequently lack basic health and safety features. While most preschools surveyed had handwashing facilities and first aid kits, other features were less common (figure 3.7). Most private preschools reported having all items mentioned, while almost all state-run and community preschools lacked fire extinguishers, and many did not have first aid kits or private toilets. In addition to physical safety, regulations regarding VAC are unclear. While the Government of Cambodia has adapted a comprehensive strategy to address VAC, the most recent action plan does not include preschools or elementary schools (MoWA 2020). Policies on regulating safety in public preschools are also unclear and poorly enforced and there are no policies in place for childcare centers serving children under three. There are also no official curricula or trainings provided to preschools on VAC, including methods of pedagogy and reporting mechanisms for parents or teachers who witness violence.

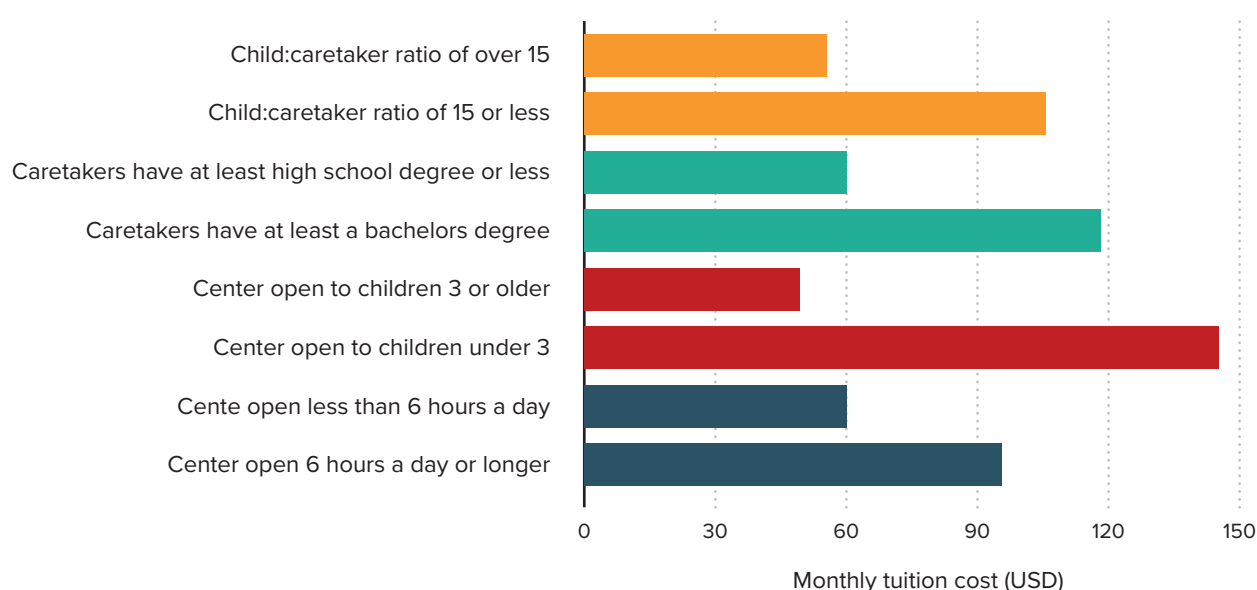
FIGURE 3.7. HEALTH AND SAFETY FEATURES BY TYPE OF PRESCHOOL

Source: World Bank 2024. Original calculations for this publication.

Tuition and Operating Costs

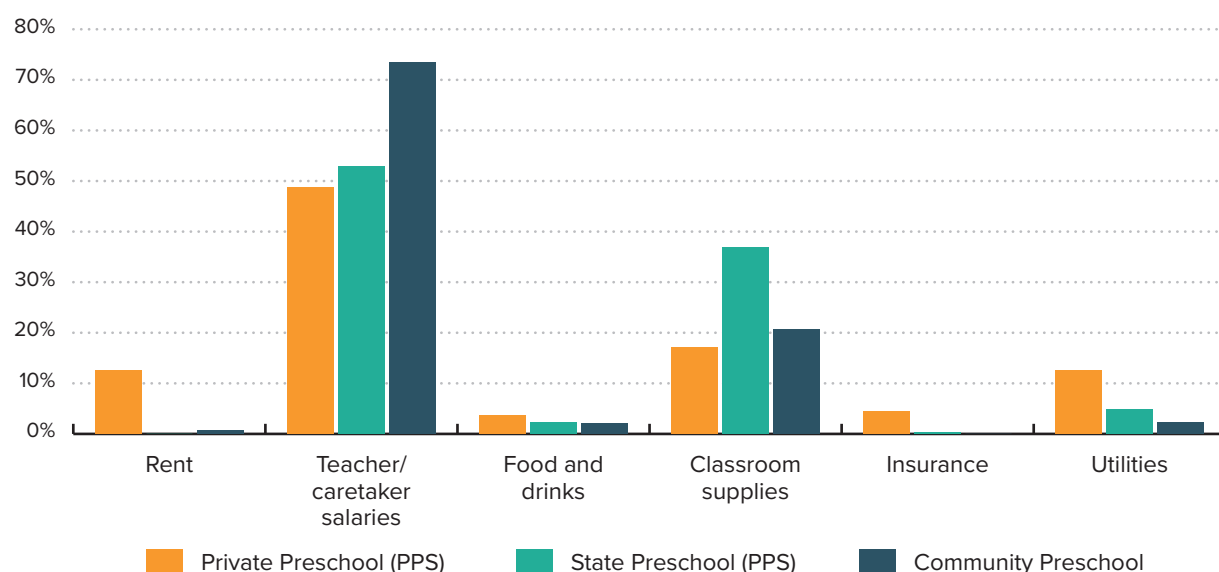
Tuition costs at private centers vary by operating hours, ages served, student-teacher ratios, and teacher qualification. State-run and community preschools receive funding from the MoEYS or commune governments, although parents may still be expected to cover costs of uniforms or materials. Private childcare centers contacted in the childcare availability survey charged an average of US\$82 per month, although this varied widely by center. Some attributes of private childcare centers were associated with higher tuition costs. On average, centers that were open for longer hours, offered services for children under three, had more caretakers with college degrees, and had lower child-caretaker ratios were more expensive (figure 3.8).

FIGURE 3.8. FACTORS ASSOCIATED WITH HIGHER OR LOWER TUITION IN PRIVATE CHILDCARE CENTERS



Source: World Bank 2024. Original calculations for this publication.

Caretaker salaries and educational supplies are the largest expense for childcare providers. All types of providers reported that salaries were their largest expenses, with teacher salaries making up almost three-quarters of expenses for community preschools (figure 3.9). State-run preschools spend a relatively larger percent of their budget on supplies, while private providers face costs that are not generally paid by public preschools, including rent and insurance. Food and drinks are a very small percentage of expenses as most preschools are open only for a few hours. Eighty-nine percent of operating costs of private centers are covered by fees paid by parents, while over 90 percent of costs for state-run and community preschools are covered by subsidies, grants, or vouchers paid for by the government. Approximately 10 percent of all types receive support from donors or foundations. This support is significant when it is received, covering an average of 34 percent of costs for state preschools, 45 percent for community preschools, and 66 percent for private preschools.

FIGURE 3.9. BREAKDOWN OF EXPENSES BY TYPE OF PROVIDER

Challenges Faced by Childcare Centers

Center operators consider the lack of materials and staff as the biggest challenge to their schools.

Both public and community preschools frequently stated that the greatest obstacles to operation were insufficient infrastructure and materials, including needing additional buildings and lacking toilets, teaching materials, and desks and chairs. Difficulty in finding and hiring teaching staff was another frequently cited challenge among all types of preschools. Private centers were more likely to cite issues with the behavior of students or parents as obstacles to operation. In qualitative interviews, private operators also mentioned the low demand for childcare among parents, particularly for children below the age of three.

Large employers and private childcare providers are unconvinced of the business case for investing in services for children under three. A 2020 IFC survey of employers found that compliance with the legal requirement that companies provide childcare services was extremely low. Most large employers preferred to provide small childcare allowances, and while 33 percent of employers reported having childcare facilities, only 4 facilities were found to be actually functional (Kolb, Luinstra, and Singh 2020). Qualitative interviews with large employers as part of this study found that most were unwilling to make investments in childcare facilities, with one large employer stating that female employees may become nervous or distracted at work if their children were being attended to in childcare. The potential private returns for employers through increased productivity and reduced absenteeism were difficult to observe and those surveyed stated that they perceived investing in facilities as a cost without a benefit. Private childcare providers interviewed similarly stated that expanding care to younger children was not a priority as they did not perceive sufficiently high demand among households.

Chapter 4

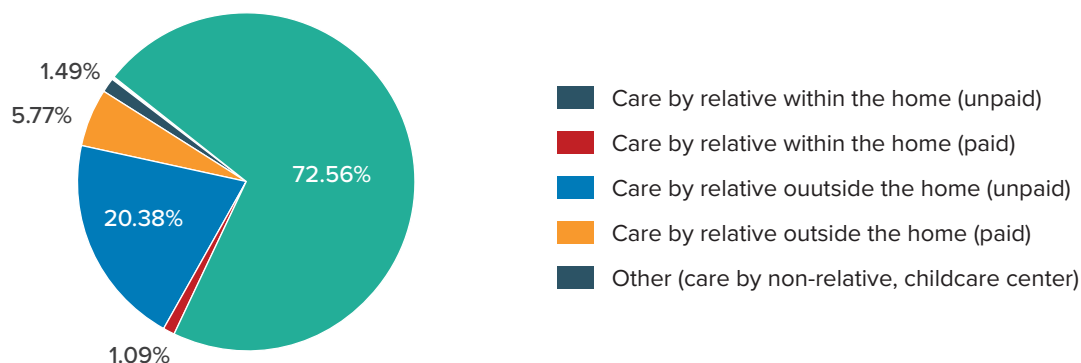
DEMAND FOR CHILDCARE

Demand for childcare is low due to unfamiliarity with the concept, a lack of trust in childcare institutions, and satisfaction with current care arrangements. Although most households in Cambodia lack access to childcare services for children under three, data gathered from childcare centers and households reveal that this is partially due to low perceived need. Young children are almost always cared for by relatives within the home, usually mothers or grandmothers, depending on household employment situations. While mothers often note the disadvantages of their current situation, including negative impacts on their employment and well-being as well as shortcomings in care by grandparents, almost all households surveyed stated they were satisfied with their arrangements, a primary factor behind low demand. Demand is also constrained by a lack of familiarity with and trust in childcare institutions. Parents and grandparents consider it safer to have children cared for by family members, while the advantages of the stimulation and nutrition provided at childcare centers are not fully understood. Most existing childcare centers and preschools serve households where both parents are employed, and employed mothers express the highest demand for institutional childcare, though data from households suggest that working mothers may be also less able to make decisions regarding care, with fathers and grandmothers less open to childcare.

Who Takes Care of Young Children?

Care of children under age three is almost always provided by family members, even in households with working parents. A survey of 1,500 households in periurban areas in Kampong Speu and Kampong Cham provinces found that most young children are cared for by relatives within the home, generally in unpaid arrangements (figure 4.1). The multigenerational nature of Cambodian households means that most children have grandparents available to provide childcare. Seventy-two percent of households listed grandparents as caretakers of children under three while 48 percent reported them as the primary caretakers, providing care more often than mothers or fathers. While arrangements are usually unpaid, parents often provided grandparents with a monthly stipend, particularly in cases where they were still of working age and stayed home to provide childcare.

FIGURE 4.1. CARE ARRANGEMENTS FOR CHILDREN AGES ZERO TO TWO IN HOUSEHOLDS OF WORKING MOTHERS



Source: World Bank 2024. Original calculations for this publication, based on household survey.

Parents are generally satisfied with their current childcare arrangements, although this satisfaction is not unqualified or universal. Virtually all mothers surveyed in garment factory worker villages reported that they were satisfied with their current childcare situation, with 89.4 percent reporting being “very satisfied” and a further 10.1 percent reporting being “somewhat satisfied.” However, in qualitative interviews, many mothers privately expressed concerns about the quality of care their child was receiving from relatives, including concerns about their child’s nutrition, socialization, health, and safety. Mothers interviewed noted that their children were often left unsupervised or allowed to play with smartphones for hours on end, while grandparents often fed them mainly unhealthy snacks or energy drinks. One mother stated, *“My child does not answer after we call her name a few times, especially while she is playing with the smartphone, and observably, her communication with friends seems to have diminished. She also makes a fuss when we do not allow her to have it.”*

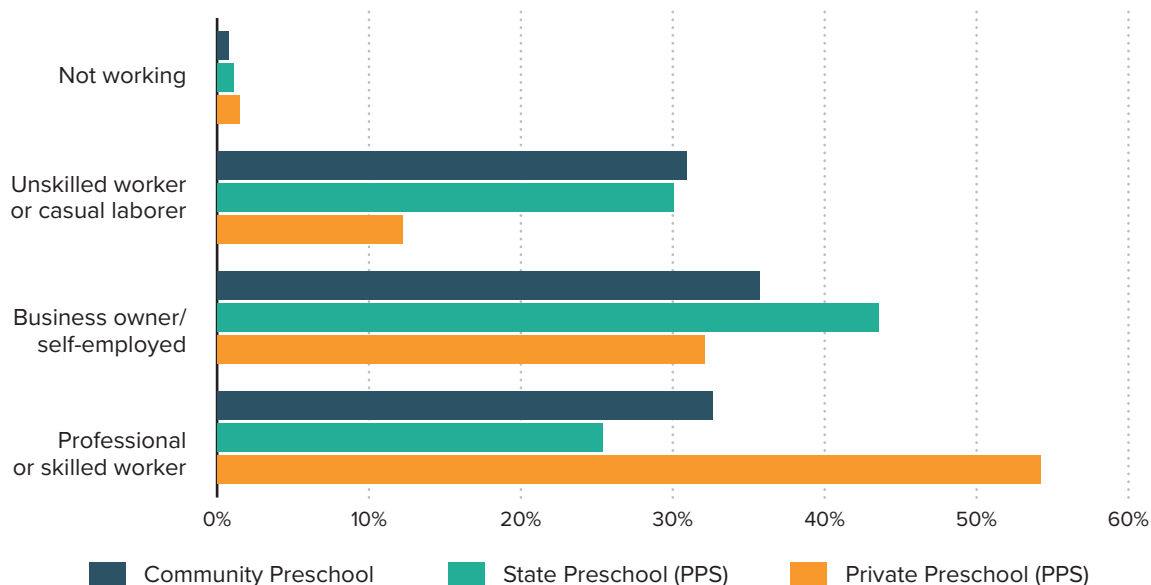
Working mothers perform a disproportionate amount of childcare and frequently leave the workforce.

Employed mothers surveyed in garment factory worker villages reported spending an average of 5.4 hours per day on weekdays taking care of children, and 26.5 percent reported that they had missed work at least once in the previous month due to sick children or other child-related duties. In qualitative interviews, mothers reported difficulties concentrating on work due to the stresses of caring for young children, and most nonworking women interviewed had dropped out of the workforce due to childcare needs. The presence of grandparents or other relatives in the home can provide major benefits for mothers, allowing them to continue working while their children receive care from a trusted family member. A working mother stated in a qualitative interview, *“Taking care of my child while working is difficult. Since my daughter drinks milk, I need to wake up at dawn to clean her bottle, prepare her milk, and cook her porridge. After finishing these tasks, I prepare myself for work. Sometimes, I am late for work as well. When I go to work, my mother helps take care of her. Without her help, I might have given up on my job.”* Women are most likely to leave the work force when there are no other caretakers present, or when relatives are unable to provide satisfactory care. One mother said, *“When my mother looked after my daughter, she always got to eat whatever she wanted. She got sick for almost two weeks in a month because of unhealthy food. That is why I quit my job to look after her full-time.”* Fathers generally take on only a limited amount of childcare work, usually transporting children to school or playing with them, even in cases where the mother was the primary income earner in the household.

Who Uses Childcare?

Preschools are mostly utilized by households with working parents, although profession and income brackets vary widely. While there is no available household-level data on the profile of families who choose to enroll their children in early childhood education, managers of preschools estimated that almost all parents of enrolled children were employed or self-employed (figures 4.2 and 4.3). However, center managers reported that the preschools and childcare centers served households from a variety of professions and income brackets (figure 4.4). Private preschools are more likely to serve the children of skilled and professional workers and those in upper-middle income households, but private providers also report serving households from a range of income brackets. While household-level data are needed for a more complete picture of demand, it appears that the lack of family to take care of children due to employment-related time constraints may drive demand more than other household characteristics.

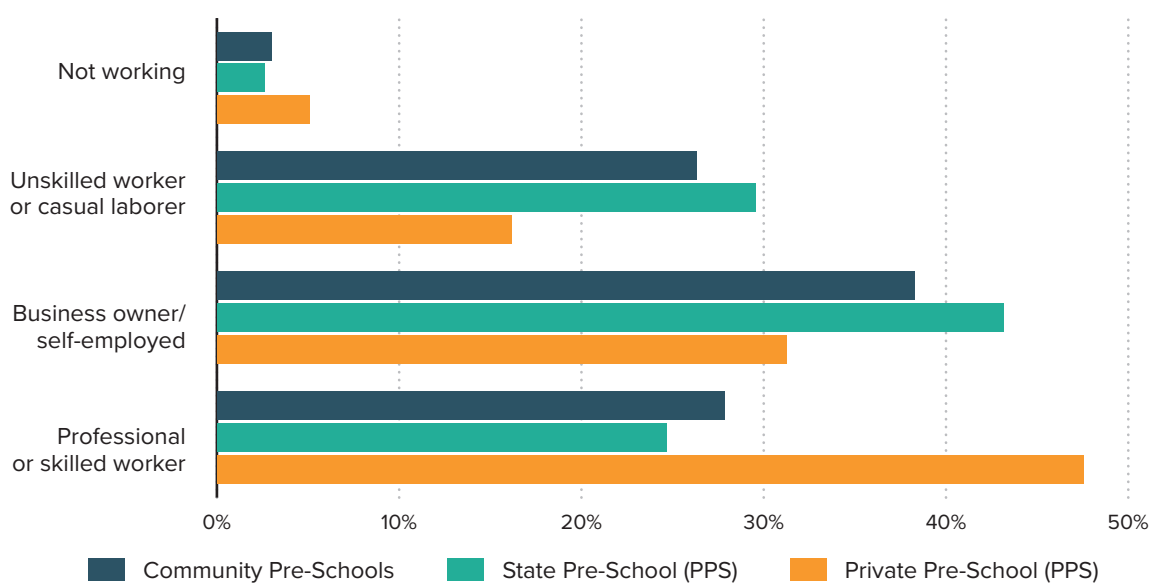
FIGURE 4.2. OCCUPATIONS OF FATHERS OF CHILDREN IN CHILDCARE



Source: World Bank 2024. Original calculations for this publication, based on childcare availability surveys.

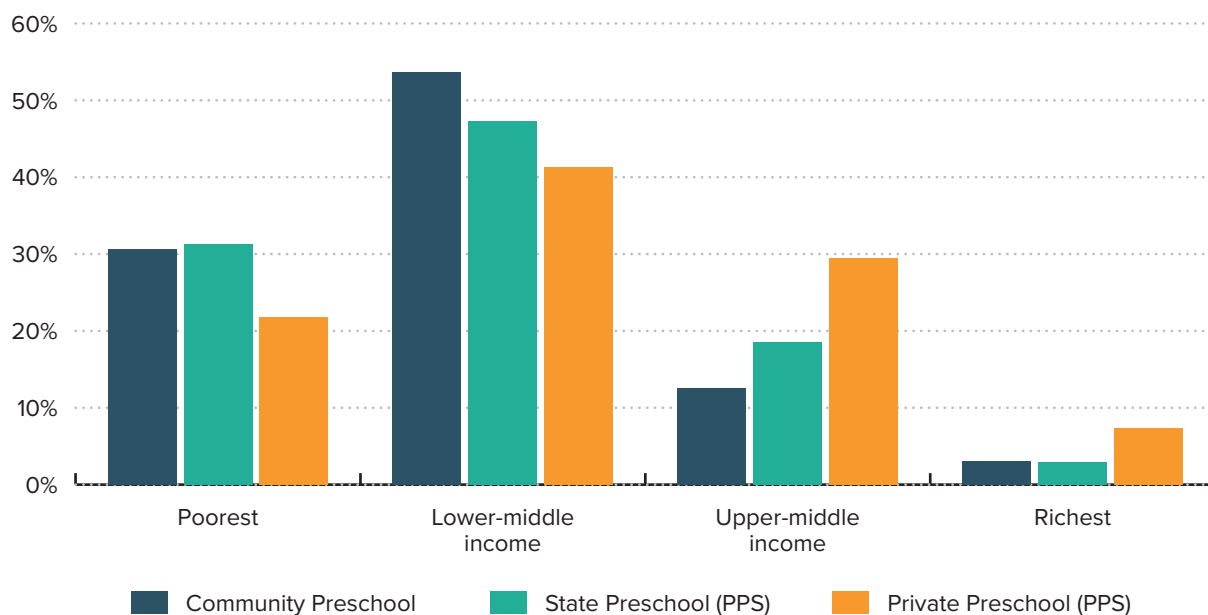
Note: Center managers were asked to estimate percentages for each employment category and totals may not add up to 100 percent.

FIGURE 4.3. OCCUPATIONS OF MOTHERS OF CHILDREN IN CHILDCARE



Source: World Bank 2024. Original calculation for this publication, based on childcare availability surveys.

Note: Center managers were asked to estimate percentages for each employment category and totals may not add up to 100 percent.

FIGURE 4.4. INCOME BRACKETS OF HOUSEHOLDS WITH CHILDREN IN PRESCHOOL AND CHILDCARE

Source: World Bank 2024. Original calculations for this publication, based on childcare availability surveys.

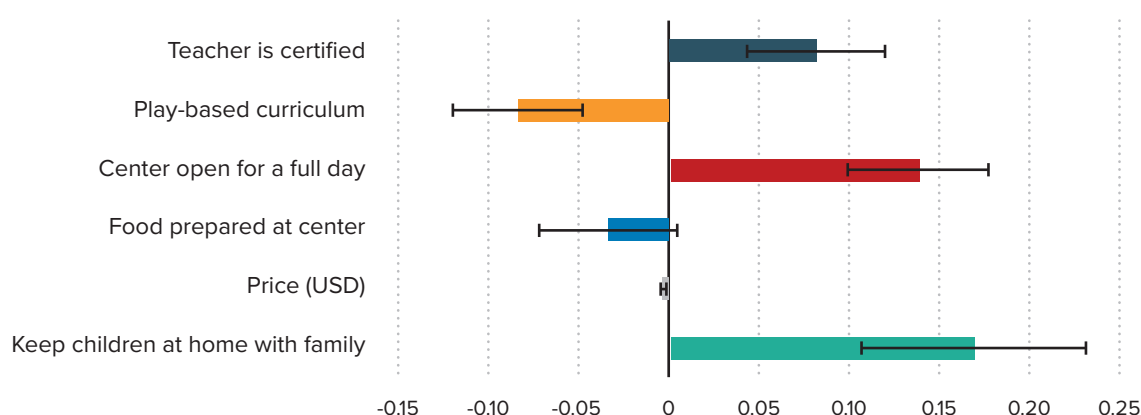
Note: Center managers were asked to estimate percentages for each income bracket and totals may not add up to 100 percent.

Willingness to Pay for Childcare Services

A choice experiment carried out with mothers of young children in villages near garment factories found that maximum willingness to pay for childcare is much lower than the average cost of most centers. In the choice experiment, mothers of children under the age of three were presented with two options for childcare centers with randomized characteristics, including price and center amenities. They were requested to rank the centers in order of preference against the third option of keeping their child at home to be cared for by the household. The ranked choice experiment allowed the team to elicit the maximum amount parents would be willing to pay for childcare services before choosing to keep their children at home.²² On average, mothers reported that they would prefer to keep children at home if childcare cost more than US\$17 per month, lower than monthly tuition for 78 percent of all private childcare centers and 94 percent of childcare centers that offer services to children of that age group.

Willingness to pay for childcare services is affected by the centers' hours of operation, curriculum, and the qualifications of caretakers. Mothers were more likely to choose centers that were open for a full day, reflecting the needs of households in areas with high rates of female employment and needs that are generally unmet by public preschools (figure 4.5). They were also more likely to choose centers where caretakers were certified rather than uncertified and sourced from the local community. Mothers strongly preferred young children be taught using a curriculum based on reading and writing rather than a play-based curriculum, even when asked about children under age three.

²² A working paper with a more complete analysis of the ranked choice experiment is forthcoming.

FIGURE 4.5. FACTORS IMPACTING WILLINGNESS TO PAY FOR CHILDCARE

Source: World Bank 2024. Original calculations for this publication.

Barriers to Demand

Available evidence suggests that the low supply of childcare in Cambodia is partially related to low demand from parents, particularly for young children. Cambodia's high rates of female labor force participation and increasing household incomes might suggest strong market potential for childcare options. However, the low level of state investment and paucity of private alternatives, particularly for children under the age of three, appear to be linked to a low demand from households even when mothers are not staying home to care for children. Qualitative and quantitative data suggest that this is due to a mix of unfamiliarity with (and mistrust of) institutional childcare, the presence of other household members who can provide childcare, and a lack of knowledge of the benefits of childcare and early childhood education for young children.

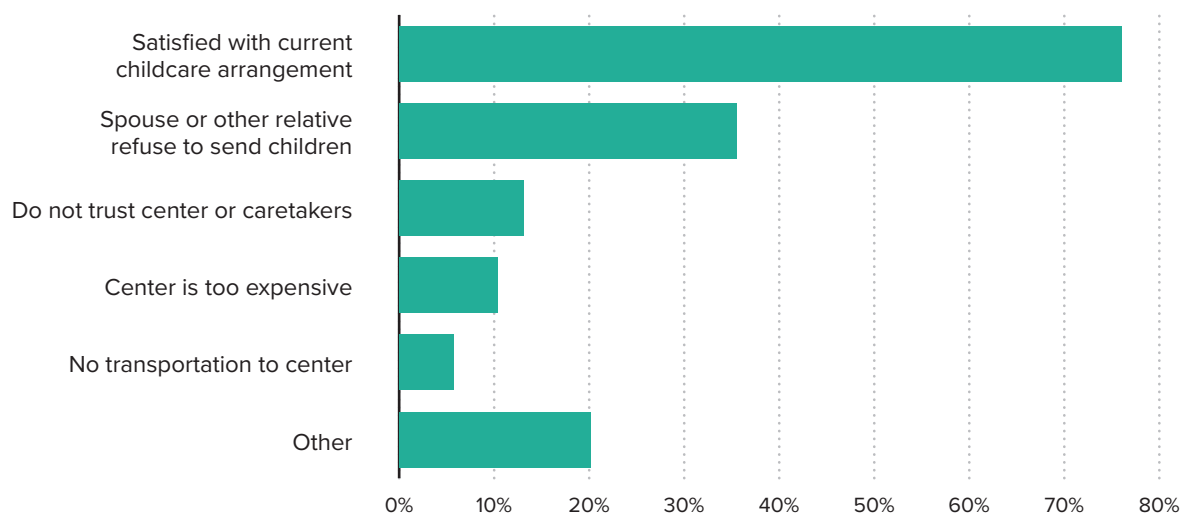
While cost is a constraint for enrollment in childcare, it is likely not the primary factor influencing parents to keep children at home even when childcare options are available. Ranked-choice experiments suggest that most households are unwilling (or unable) to pay the tuition costs charged by private childcares offering services to young children. However, cost does not appear to be the primary constraint to demand. Households participating in the ranked choice experiment were also randomly allocated vouchers for either 50 percent or 100 percent discounts²³ at childcare centers in or near their villages. Vouchers were accompanied by an information campaign in the villages on the importance of early childhood development outcomes and the advantages of childcare centers. Six months after the voucher lottery, only 5.4 percent of households chose to redeem the vouchers and enroll their children in childcare, including 4.4 percent of households receiving 50 percent discounts and 8.2 percent of households receiving full discounts. While households receiving vouchers were about twice as likely to enroll in childcare as those who were not, the low take-up rate even when institutional childcare is offered free of charge indicates that households have other reasons for preferring to keep their children at home.

Parents are generally happy to keep children home with family and do not see the benefits of institutional childcare. When households that received vouchers were asked why they chose not to redeem them, 75 percent stated that it was because they were satisfied with their current arrangements (figure 4.6). While qualitative work indicates that mothers often perceive shortcomings of the care their child receives from other relatives, childcare centers may, nonetheless, not be perceived as preferable options. In qualitative

²³ The full cost of childcare in eligible childcare centers was US\$45 per month.

interviews, mothers in villages with available childcare centers indicated that enrolling their child would be a last resort, to be taken up only if the child's grandmother or other female relatives were unable to provide care.

FIGURE 4.6. REASONS VOUCHER WINNERS CHOSE NOT TO ENROLL IN CHILDCARE



Source: World Bank 2024. Original calculations for this publication.

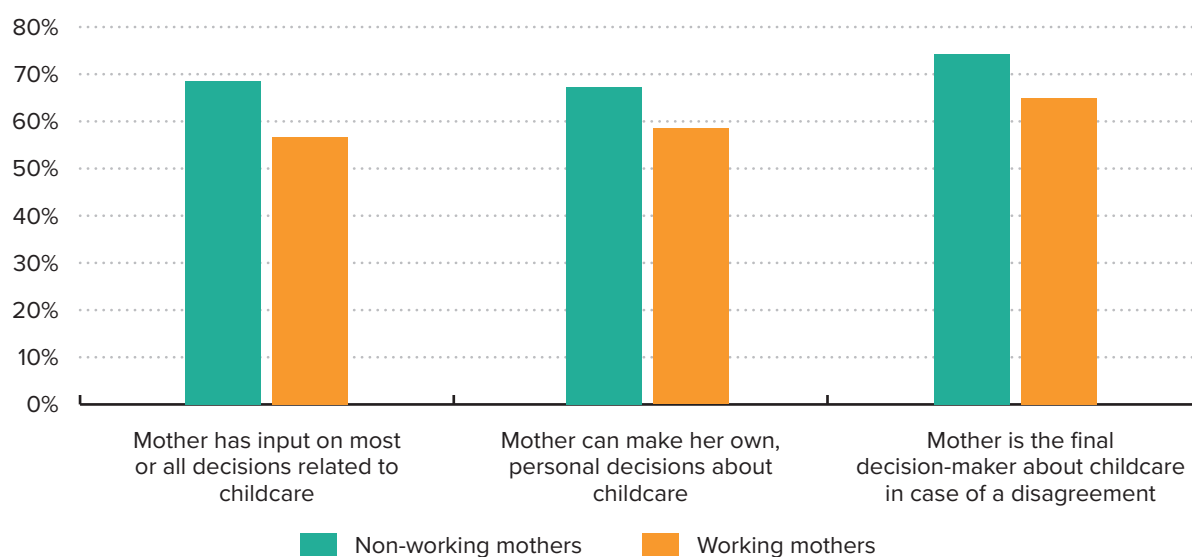
Note: Respondents were allowed to provide multiple reasons and totals will not add up to 100 percent.

Trust in childcare is a significant barrier to take-up. About 13 percent of voucher winners stated that they chose not to enroll their children because they did not yet fully trust in childcare centers. Qualitative interviews suggest that this is partially because of the unfamiliarity with the model of institutional childcare for young children, which runs contrary to normative expectations that this should be the responsibility of mothers and other relatives. Also, the available options may not always meet the demand of parents. In areas with high-quality services, parents expressed mistrust of a play-based curriculum and were concerned by the lack of certified caretakers. In qualitative work, parents expressed that they expected childcare centers to prepare their children for school and concentrate on basic math or reading rather than play. In general, during qualitative interviews, parents were most concerned about their child's safety and viewed care by grandparents as the more trustworthy option even if their child's nutrition and stimulation were lacking. There is also a general distrust of childcare as a concept for young children. In a survey of garment factory worker villages, 95.5 percent of mothers agreed with the statement that *"it is better if children are looked after by someone in their family all of the time,"* with 74.4 percent stating they completely agreed. Social media has played a role in their perception of childcare centers. Multiple parents contacted in semistructured interviews reported viewing videos online of child abuse in care facilities, with one mother opining, *"It is not safe to have someone else look after them. I saw on a Facebook video that the informal care provider's treatment towards the kids is cruel. I felt traumatized."*

Preferences within households for childcare may differ, and mothers do not always make the final decision. Qualitative interviews with family members in households with young children found that mothers were the most likely to see the value of institutional childcare, both as a way of relieving their domestic work and of providing higher-quality care for their children. One mother stated, *"I need it [a childcare center]. My mother-in-law looks after my children, but she has a lot of work to do at home, so she does not have enough time to take care of my children at all. Sometimes, when she needs a rest, I must leave work early to take care of my children."* However, the grandparents and particularly fathers of

young children tended to be much less convinced of the benefits of childcare and stated that they did not trust nonfamily members to provide adequate care. In garment factory worker villages, the second most stated reason mothers gave for refusing vouchers for childcare was that another family member refused to send the child even if they were willing to enroll them. While mothers are usually decision-makers about day-to-day matters regarding their children, they often do not have the final say, particularly with regards to major decisions such as enrollment in childcare centers. This is especially the case when they are not the primary caretakers of young children. In garment factory worker villages, employed mothers reported having somewhat less decision-making power when it came to decisions over children's education and enrollment in childcare (figure 4.7). In the Cambodian context, it may be that the women most likely to see the benefits of childcare are also those least able to decide whether to utilize it.

FIGURE 4.7. MOTHERS' DECISION-MAKING POWER OVER CHILDREN'S EDUCATION AND CHILDCARE



Source: World Bank 2024.

The benefits of childcare are not well understood by households. Qualitative interviews indicated that the strongest demand for institutional childcare is likely to come from mothers who are employed or wish to return to work, and who do not have relatives who can easily provide care. Mothers viewed the primary advantages of childcare as the time savings it provided them, allowing them to dedicate more time to paid employment. The benefits of childcare for early childhood development were less clear and less salient; while mothers interviewed wished for their children to receive good nutrition and proper socialization, they did not consider these as important as having children in the care of a trusted relative. Grandmothers who provided care for young children did not generally view play or socialization as important for child development, and rather placed priority on having the child safe and in the home. While play-based learning is well-supported by international evidence (Van Oers and Duikers 2012), parents in Cambodia do not seem to view it as a form of education.

Chapter 5

RECOMMENDATIONS

A sequenced and multipronged strategy is necessary for increasing the coverage and quality of childcare in Cambodia (table 5.1). The increasing numbers of children enrolled in preschool is a strong signal of the Government of Cambodia's dedication to improving ECCE. However, there is much work to be done in increasing the coverage of care options for younger children, as well as improving the quality of existing options and shifting attitudes toward care among Cambodian families.

Findings from this study point toward six broad policy objectives for improving Cambodia's care economy:

- Clarify the institutional arrangements and governance framework for care.
- Expand access and diversify the range of available care services.
- Improve service quality.
- Develop a workforce for childcare service delivery.
- Improve workplace policies and women's opportunities for decent work.
- Address perceptions of childcare and care work to raise demand and reduce women's care burden.

TABLE 5.1. SELECTED POLICY OBJECTIVES AND PROPOSED REFORMS AND ACTIONS

Policy objectives	Proposed reforms and actions	Prioritization	Key agencies
Clarify the institutional arrangements and governance framework for care.	<ul style="list-style-type: none"> • Strengthen the National Committee for Early Childhood Care and Development (NC-ECCD) as the governing and implementing body of the National Action Plan on Early Childhood Care and Development 2022–2026. • Introduce a new subdecree to elaborate the roles and responsibilities for relevant stakeholders to support ECCD for children up to age six, including children ages zero to three not covered by current policy. • Develop a road map to implement the National Action Plan on Early Childhood Care and Development 2022–2026. 	Short-term	<ul style="list-style-type: none"> • Office of the Council of Ministers • MoEYS • MoLVT • NC-ECCD agency members
Expand access and diversify the range of available care services.	<ul style="list-style-type: none"> • Develop childcare models that are accessible and responsive to family and community needs. • Introduce guidelines to develop service provision for children under age three, including nonstate services. • Introduce mandates to align service operating hours with work schedules. • Develop a registration system and accreditation process. 	Short-term	<ul style="list-style-type: none"> • MoEYS • NC-ECCD agency members • Development partners • NGOs • State and nonstate childcare providers

Policy objectives	Proposed reforms and actions	Prioritization	Key agencies
Improve service quality.	<ul style="list-style-type: none"> Review MoEYS curriculum and guidelines and adapt it to apply to nonstate services. Develop a standard curriculum and guidelines for children under age three. Establish and implement minimum standards of care and quality assurance mechanisms. Integrate nutrition and child protection mechanisms into service delivery. 	Short-term	<ul style="list-style-type: none"> MoEYS NC-ECCD agency members Development partners NGOs State and nonstate childcare providers
Develop a workforce for childcare service delivery.	<ul style="list-style-type: none"> Adopt caretaker competency standards and develop a certification system. Invest in caretaker training. Develop policies to ensure decent working conditions for caretakers. 	Medium-term	<ul style="list-style-type: none"> MoEYS NC-ECCD agency members Development partners NGOs State and nonstate childcare providers
Improve workplace policies and women's opportunities for decent work.	<ul style="list-style-type: none"> Address gaps in the Labor Law provisions on employer-supported care and improve its enforcement. Provide childcare benefits and/or services for public sector employees. Reform parental leave policies to align with international standards. Establish flexible work options in formal employment (public and private). Make broader investments to improve the employment prospects of women and their opportunities to engage in decent work. 	Medium-term	<ul style="list-style-type: none"> MoLVT MoEYS MoWA MEF Subnational government Employers (public and private)
Address perceptions of childcare and care work to raise demand and reduce women's care burden.	<ul style="list-style-type: none"> Implement awareness-raising activities to improve family knowledge of the benefits of early learning interventions for children. Scope targeted interventions to improve caretaking practices at home. 	Medium-term	<ul style="list-style-type: none"> MoEYS NC-ECCD agency members Private sector Development partners NGOs Communities

Source: World Bank 2024.

Note: ECCD = Early Childhood Care and Development; MEF = Ministry of Economy and Finance; MoEYS = Ministry of Education, Youth and Sport; MoLVT = Ministry of Labour and Vocational Training; MoWA = Ministry of Women's Affairs; NC-ECCD = National Committee for Early Childhood Care and Development; NGO = nongovernmental organization.

Policy objective 1: Clarify the institutional arrangements and governance framework for care. Study findings show that a lack of clarity on the roles and responsibilities across different tiers of governance, the private sector, communities, and development partners is undermining coordination, accountability, and transparency in service delivery. Collaborative efforts to address childcare challenges are often stymied, perpetuating systemic inefficiencies and exacerbating gaps in service provision.

- **Introduce a new subdecree to elaborate the roles and responsibilities for relevant stakeholders to support ECCD for children ages zero to six, including children under three.** The 2010 Cambodia National Policy on Early Childhood Care and Development outlines roles and responsibilities for eleven ministries to work together in supporting ECCD for children up to the age of six. However, the institutional arrangements and governance structures need to be updated and further elaborated, including on clarifying the responsibilities of subnational agencies and the private sector. Furthermore, the regulations and institutional framework for children below the age of three need to be defined as they are not covered by current policy.
- **Strengthen the NC-ECCD as the governing and implementing body of the National Action Plan on Early Childhood Care and Development.** NC-ECCD's functionality and technical capacity to develop and expand childcare services should be strengthened and implemented as part of the national and sectoral action plan. A clear road map with a focus on childcare service delivery should be developed within NC-ECCD to implement the National Action Plan.

Policy objective 2: Expand access and diversify the range of available care services. As discussed throughout this paper, there are large gaps in services, particularly outside urban areas and for younger children. Most existing preschools and childcare facilities service households where women are employed. The highest unmet demand for childcare likely comes from working mothers and those who dropped out of the labor force to provide childcare. Services for children ages three and under are almost nonexistent and are not covered by existing policies or regulatory frameworks.

- **Develop childcare models that are accessible and responsive to family and community needs.** Further research is necessary to determine the most effective childcare models to support mothers and boost early childhood development, while also being acceptable for households. This may include piloting low-cost childcare options for households that may be unable or unwilling to pay for care in private institutions. Data suggest that even middle-class households are unwilling to pay for childcare at rates offered by most private providers. However, global evidence suggests that poor and vulnerable households are those that receive the strongest benefits from childcare. In some areas, home-based daycare may be more cost-effective and familiar than center-based childcare and can be a promising alternative, provided minimum standards of care are assured. Public investment in low-cost options, such as state-run childcare centers for young children and subsidies for poor households using private childcare centers, can help close gaps in coverage.
- **Introduce a policy to guide service provision for children under age three, including nonstate services.** There are no policies in place to regulate services for children under three. The government is currently preparing new policy measures to guide national and subnational governments, development partners, employers, childcare providers, and communities on service provision for this youngest cohort of children. The policy will provide clarity on the roles and responsibilities of state and nonstate actors, the mechanisms for coordination, the required investments, and childcare service delivery modalities.
- **Introduce mandates to align service operating hours with parents' work schedules.** Study findings indicate that willingness to pay for childcare services is affected by the centers' insufficient operating hours. Community and public preschools, on average, operate for less than 4 hours per day and only 12 percent of private preschools reported operating longer than 6 hours per day. Mandates and incentive structures are needed to encourage providers to extend their operating hours, thereby enabling women's increased participation and productivity in the labor market.

- **Develop a registration system and accreditation process.** Study findings indicate that lack of registration is a concern for parents. Inadequate registration requirements and lack of a harmonized national system also severely limit the collection of statistics on the supply of services and their quality, as highlighted throughout this study. Registration and accreditation systems and processes are essential to professionalize the sector and need to be accompanied by incentives to encourage registration, communication tools, and monitoring mechanisms to ensure that providers comply.

Policy objective 3: Improve service quality. Quality childcare is essential to keep children safe, boost child development outcomes, and encourage uptake of childcare services by parents. Findings from this study indicate that trust in childcare and concerns about the safety of services seem to be significant barriers to take-up.

- **Review the existing MoEYS curriculum and guidelines and apply them to nonstate services.** The existing curriculum and guidelines should be reviewed to ensure they align with international best practices and tested to ensure the contents are applicable across the Cambodian context.
- **Institutionalize curriculum for children under three in existing childcare facilities.** The MoEYS and other ministries have jointly developed a curriculum and guidelines for children ages zero to six that has been rolled out in community-based childcare centers. This curriculum can be endorsed to other facilities in Cambodia, including in future publicly supported childcare centers.
- **Establish minimum standards of care and quality assurance mechanisms.** There are no minimum standards to ensure the quality of services. The potential benefits to children will not accrue if the quality of care is poor, and study findings show that quality of services matters to parents and factors into their demand for services. The government should establish minimum standards covering all types of operators—government, private, NGOs, and company-affiliated. Standards can be based on international best practices that fit the Cambodian context, such as guidelines developed by the World Bank’s Invest in Childcare initiative (table 5.2).
- **Integrate child nutrition and protection mechanisms into service delivery.** At present, there are no existing regulations covering VAC in childcare centers. Mechanisms should be put in place to mitigate the risk of VAC occurring in childcare services and build the capacity of caretakers to prevent and respond to VAC. Child-friendly reporting channels and referral pathways to child services should be developed. Systems for monitoring risks and the implementation of mitigation measures need to be developed, including through the engagement of civil society and community monitoring mechanisms. Nutrition should be integrated into the childcare services delivery as an important element of child health and development. Integration of nutrition should engage all stakeholders involved.

TABLE 5.2. RECOMMENDED ESSENTIAL ELEMENTS OF QUALITY FOR CHILDCARE SERVICES

	Variables	Elements
STRUCTURAL QUALITY	Physical environment	Safe environment (free of hazards, secured premises, and with ventilation, light, and accessible exits), adequate space, age-appropriate toilet and handwashing facilities, age-appropriate furniture, bright decorations
	Program characteristics	Provision of drinking water and age-appropriate food and a manageable ratio of adults to children (higher ratios for younger children)
	Materials	Variety of age-appropriate play and learning materials (can be low-cost, natural, locally made materials)
	Workforce	Training in child development, ongoing support and professional development, lead person with overall responsibility and suitable other people in contact with children, fair compensation, and decent working conditions
↓ Structural quality lays foundations to enable the target program characteristics and quality interactions		
PROCESS QUALITY	Activities & pedagogy	Daily routines that are discussed with children, with age-appropriate play-based activities or curricula that cover cognitive, socioemotional and motor domains, and time for food and naps
	Health, hygiene & wellbeing	Attention to children's health, well-being, and protection, including processes for ill or injured children, noting and responding to child protection concerns, teaching good hygiene, and waste management
	Interactions	Warm and responsive caregiver-child interactions that foster strong bonds and protect children from psychological harm, positive discipline strategies, age-appropriate communication, opportunities for child-to-child interactions, engagement with parents

Source: Kelly and Beaton-Day 2024 (forthcoming)

Policy objective 4: Develop a workforce for childcare service delivery. The current stock of caregivers is insufficient and not keeping pace with population growth in the country. The lack of a trained workforce limits the quality of care delivered and depresses parental demand.

- **Adopt caretaker competency standards and develop a certification system.** The government should develop practitioner qualification frameworks that outline competencies and standards for childcare workers and create viable employment pathways for practitioners. To mitigate VAC, a screening system should be developed to test workers' attitudes toward violence against women and VAC, and behavioral codes and an accountability framework should be instated for all providers. Quality assurance systems should be developed to guide practitioners and improve their approaches through monitoring, feedback, and technical assistance.
- **Invest in caretaker training. Institutional capacity for caretaker training needs to be developed.** Currently, there is no designated institution for the training of caregivers in the country. Training could be rolled out by revamping existing caregiver training programs under the MoEYS and by leveraging partnerships with nonstate actors such as NGOs and accredited training organizations. Capacity-building may be particularly necessary for facilities offering care for children under the age of three, which requires specific skills and infrastructure and are not yet covered in any official curriculum.

- **Develop policies to ensure decent working conditions for caretakers.** Decent terms and conditions, fair compensation, and a safe, stimulating work environment are critical to attract and retain a quality childcare workforce. The government should strengthen labor and social protection policies to support decent work for care workers. Care workers should also be supported by policies to promote workforce development, skills upgrade, qualification certification and recognition, and career advancement.

Policy objective 5: Improve workplace policies and women's opportunities for decent work. There are significant gaps in legislation, and in the enforcement of existing laws, that hinder women's ability to work after having children. Low quality of employment can also impose health risks and restrict women's participation in paid work during pregnancy. Expanding access to care services needs to be accompanied by legal reforms and policies to improve women's access to decent work opportunities on a level playing field with men.

- **Address gaps in the Labor Law provisions on employer-supported care and improve its enforcement.** The law should be reformed to apply to all enterprises of a certain size employing men and women, and to address the age gap of children to adopt maternity leave. Clear guidance and government instructions are needed to specify the attributes of a functional childcare center, the calculation of childcare allowance, and the legal consequence of noncompliance. Guidance is also needed to clarify the monitoring function of government agencies (national, provincial, district, or commune) and outline how compliance audits will be undertaken, as well as the resources required for such functions. Further assessment of government capacity for enforcement is required, as well as potential unintended consequences such as disincentivizing companies from hiring women or mothers.
- **Cover childcare services for public sector employees and consider providing on-site childcare.** While large employers are required to provide childcare or childcare subsidies to their workers, the existing Labor Law does not cover employees in the public sector. The government may consider providing the same benefits to their employees, including providing childcare centers in or near workplaces or providing subsidies to employees wishing to enroll young children in other services. Childcare services for public sector employees could provide a model for the private sector as well as encourage retention of qualified civil servants who may otherwise leave the workforce due to care needs.
- **Implement reforms that address paid parental leave and expand women's choice as they balance childbearing and work.** The fact that policies cover only women and benefits are not fully administered by the government may disincentivize employers from hiring women and discourage women from seeking out formal labor. These provisions should accompany investments in childcare service delivery so that parents (mothers and fathers) can provide quality care to infants in their earliest days and to ensure women's reentrance to the workforce after childbirth, should they choose to do so. The government should consider covering 100 percent of maternity leave benefits and making paternity paid leave available to fathers.
- **Establish flexible work options in formal employment (public and private).** Administrative measures can include allowing employees to start later or finish earlier to allow parents to drop off or pick up their children from daycare or school. Companies that run multiple shifts can minimize night shifts for parents, especially new ones, and companies that operate branch offices can provide flexible options so that employees with children can relocate to worksites that are closer to their homes. Employers should also comply with the law on breastfeeding breaks and allow mothers to determine the timing for these breaks.

- **Make broader investments to improve the employment prospects of women and their opportunities to engage in decent work.** Despite Cambodian women's relatively high engagement in the labor force, they are less likely to be in formal, better paid, and more secure forms of employment. In a qualitative interview, a rural nonworking mother shared: *"I used to be a food vendor, and I stopped during my pregnancy period because I was weak, and my fetus was not doing great."* Active labor market policies are needed to support women into better jobs. This is critical for improving economy-wide growth, advancing gender equity, and improving the health and welfare of women and their children.

Policy objective 6: Change caretaking behaviors at-home and increase demand for childcare services.

Within households, the distribution of care work is highly uneven, with fathers playing only a limited role in caretaking. Qualitative findings suggest that fathers tend to oppose the idea of sending their children to childcare centers, especially in the early months. Their opinions might shift if they were more engaged in caretaking. Qualitative evidence also indicates that children left in the care of grandparents do not always receive the attention and stimulation needed to promote healthy development. Study findings clearly indicate that caretakers' lack of knowledge of early childhood development is a barrier to demand for services.

- **Implement awareness-raising activities to improve family knowledge of the benefits of early learning interventions for children.** Awareness raising is needed with parents and grandparents to build trust in childcare and convince them of the long-term benefits of early learning. Further research is needed to understand the most effective methods of communication with households to ensure that the benefits of early childhood education are well understood. Demand-side interventions should focus initially on areas with quality services, or else be sequenced after quality improvements.
- **Scope targeted interventions to improve caretaking practices at home.** The government should review the content and evaluate the impacts of the MoEYS' Parent Education Program and MoWA's Positive Parenting Program. These programs, which primarily target mothers, could be expanded to include targeted support and behavior change communication to extended family members, particularly grandmothers and fathers. Interventions should encourage a redistribution of unpaid care work and engage fathers to be more supportive of women's employment choices. These programs should also be reviewed to ensure alignment with international best practices on the prevention of VAC. If successful, parenting interventions could be scaled and delivered through preschools and childcare centers.

Study Limitations and Future Directions

This study reviews all available data on childcare in Cambodia, but some key questions require further research. As formal, institutional childcare services in Cambodia are quite rare, particularly for children under three years old, the available data on supply and demand have some key limitations. While the survey of preschools and childcare centers aimed to create a geographically representative sample, the lack of contact information for many centers means that some in rural areas are likely to be excluded. Data are also lacking on informal childcare arrangements that cover many households, particularly in rural areas. Additionally, data on demand for and perceptions of childcare are limited to a small geographical area. Nationally representative data collection on care arrangements, perceptions, and childcare demand will provide valuable additional information on the Cambodian childcare situation and would provide useful inputs to policy makers and childcare providers wishing to better target interventions and outreach activities.

Better understanding of the costs and benefits of childcare for households, governments, and private providers is desirable for prioritizing policies and investment. Data from households in garment factory worker villages, where female labor force participation is high and childcare may provide large benefits, suggest that the willingness to pay for childcare is much lower than the cost of services that are currently offered. Data on the benefits of childcare services for employment, productivity, and psychological well-being would help in guiding public and private investment in childcare. On a larger scale, there is a need for estimates of the costs of various policy options such as investments in expanding the supply of childcare, improving childcare center quality, and providing subsidies to households. Operating costs of current childcare centers provide a useful guide, but further mapping of current childcare supply (including informal options) and the costs of quality improvements is necessary. More research is also needed to quantify the costs and benefits to employers in an informed business case.

Further evidence from Cambodia and other countries can inform the types of interventions that are best suited to the local context. While current preschools and childcare centers serve households from across the income distribution, low coverage, particularly for younger children, means that most Cambodians are currently underserved. However, revealed preferences from childcare interventions suggest that formal, center-based care is an unfamiliar model that households may be reluctant to invest in. Beyond sensitization and communication with households, there is a need to explore alternative models such as lower-cost care or home-based daycare models, as well as the advantages and disadvantages of different care providers such as local and national governments, NGOs, employers, and private companies. Evidence may be drawn from other countries in the region with more extensive childcare and early childhood education infrastructure, such as Thailand and Vietnam, as well as developed countries with strong supply such as France and Japan.

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