

Summary of the OVC Situation Assessment in Cambodia

Quantifying orphans, children affected by HIV and other vulnerable children, some key figures:

There was little change in the overall proportion of orphans 0 to 14 years between 2000 and 2005. 8.8% of children below 18 in Cambodia were orphans in 2005. Using 2004 population projection figures, it is estimated that there were 553,000 orphans living in households in 2005, in addition to the approximately 6,121 living in orphanages. The majority of the orphans lost their father. There is great variation in orphan prevalence across the provinces. Provinces with highest proportions of orphans in 2005 include Battambang/Pailin (10%), Oddar Meanchey (9%) and Siem Reap (9%). Although the prevalence of orphans in urban and rural areas is very similar, rural areas carry the greater burden of caring for orphans because there are more children living there.

The 2007 national Consensus Building Workshop on Cambodia's HIV Estimates estimated that there are approximately 3,800 children living with HIV in Cambodia. With 1.1% of pregnant women living with HIV, and without interventions to prevent mother-to-child transmission, an estimated 1,547 babies are born with HIV each year. There are currently no available estimates for the number of children affected by HIV.

While the death of a parent places challenges on children, the sickness of a parent also has an impact on health and development indicators. Children with chronically ill parents are significantly less likely than orphans and non-orphans to possess basic materials, such as shoes and two or more sets of clothes. In 2005, 6% of children had one or both parents who had been very sick for three or more months the previous year. Consequently, one out of seven (14.4%) children aged 0 to 17 are either orphans or vulnerable due to the chronic illness of a parent.

Street children are considered among the most vulnerable children in Cambodia. A conservative estimate puts their number at 24,700, mostly in Phnom Penh, Pailin, Siem Reap and Kampong Som.

Data collected through the anti-human trafficking police reported cases show that in 2007, 771 (272 children) victims of trafficking, sexual exploitation or sexual abuse/rape were rescued. A 2006 World Bank/ILO report states that nearly 1.5 million Cambodian children aged 7 to 17 were engaged in child labour.

Understanding the situation of orphans, children affected by HIV and other vulnerable children, some highlights:

- 19% of orphans have grandparents as their head of household
- 8% of orphans are adopted/fostered or not related to the head of household
- 17% of orphans are not living with all their siblings who are also under the age of 18, adding stress to the trauma brought about by the loss of a parent
- Children who have lost their mothers are significantly more likely to be severely stunted than other children
- Poorest children (lowest two quintiles) are 3 times more likely to die before the age of 5 years than richest children (highest quintile)

- Poorest children have less access to preventive interventions such as immunisation and prevention of water-borne diseases, leading to lower survival rates (for example, 56% of poorest children are fully immunised, as compared to 76% of the richest)
- Children and adolescents in HIV-affected households are more likely to eat fewer meals and experience hunger more often than their peers in non-HIV-affected households
- Not having enough food to eat every day is significantly correlated with depression, anxiety and stress among children affected by HIV
- Among 13 to 17 year olds, orphans fare considerably worse in terms of school attendance, and this is true for both boys and girls
- In general, girls have lower rates of school enrolment than boys, and this is more pronounced for girls affected by HIV
- Discrimination and hunger are the 2 biggest predictors of signs of psychological distress among children affected by HIV
- Children who have lost their mothers are less likely to have their births registered or to have a birth certificate than other children
- AIDS-affected households have significantly lower income than non-affected households
- HIV-affected households spend much more on health care and much less on other non-health expenditures when compared to non-HIV-affected households
- Chronic illness among parents in both urban and rural areas is significantly linked to lower wealth status, and rural households fare worse

A mapping of the current response to date indicates that the coverage of social services for orphans and vulnerable children (OVC) is limited, and significant numbers of OVC do not yet receive sufficient support from government and civil society. For example, only 6 provinces have OVC impact mitigation services in more than 70% of communes, and coverage of impact mitigation services is less than 30% in 13 provinces.

Some provinces, notably Kampong Cham, Siem Reap, Prey Veng, Kampong Thom, and Kampong Speu have a high number of orphans and low impact mitigation coverage. These provinces could be considered as priority provinces for service delivery scale-up.